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Understanding the nature and dynamics of self-affirmation in non-depressed and subclinically depressed Indian adults: a thematic analysis

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Abstract

Background Self-affirmation, a crucial concept that promotes self-esteem and individual development amidst life challenges, has proven therapeutic, preventative, and enhancing benefits. However, there is limited understanding regarding its frequency among individuals experiencing subclinical depression. This research aimed to understand the dynamics of self-affirmation, threats, and self-resources in both healthy (non-depressed) and subclinically depressed Indian adults.

Methods Using a qualitative research design, forty-three individuals aged 20–30 years (18 healthy, 25 subclinically depressed individuals) were selected based on depression measurement. The data were collected through a semistructured interview. The interviews were audiotaped, transcribed verbatim and analysed using the thematic analysis method.

Results Five themes were identified for subclinically depressed: social and relational threats, the tendency to magnify threats, negative cognitions and thoughts, denial/avoidance of threats, and poor awareness of self-resources. Five themes were also identified for healthy adults: explicit awareness of threats, common humanity, early responses to threats, adversity as an opportunity and easy availability of positive cognitions. Thus, the two groups differed significantly in their type, nature, and genesis of self-affirmation. For subclinically depressed, the major threats were related to health, financial conditions, employment, and relationships. These threats were positively and adaptively present in healthy adults. The subclinically depressed participants suffered from maladaptive tendencies and insufficient self-resources, while the healthy participants used positive self-resources and positive cognitions in dealing with the threats.

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Conclusions This study highlights the significant differences in self-affirmation processes between subclinically depressed and healthy adults. This finding supports the theoretical understanding that subclinical depression is associated with maladaptive cognitive patterns and a lack of self-resources. These findings underscore the importance of cognitive-behavioural frameworks that emphasize the role of positive self-affirmation and self-resources in mental health and highlight the need for targeted interventions that can strengthen these domains in subclinically depressed individuals. Therapeutic interventions for subclinical depression should focus on improving self-affirmation practices, increasing awareness of self-resources, and attenuating negative cognitive tendencies. Practitioners should consider integrating strategies that promote positive cognitions and proactive threat management. Additionally, preventative mental health programs could benefit from incorporating modules that strengthen self-affirmation and self-resource awareness of one's resources to build resilience in the general population, particularly young adults.

Keywords Self-affirmation, Subclinical depression, Indian adults, Thematic analysis, Qualitative design

Background

Self-affirmation is about reflecting on personal values or positive relationships to boost self-esteem when faced with challenges [1]. This practice increases resilience, emotional regulation, and well-being by allowing individuals to view threats less defensively. Research shows that self-affirmation can improve mental health and decision-making and promote adaptive stress management [2, 3]. Neuroimaging studies show that self-affirmation activates brain regions associated with self-processing and reward, contributing to better mental and physical health outcomes [4–6]. Self-affirmation involves individuals' tendency to recognize their self-worth and values, thereby promoting resilience to threats to their self-concept [7]. Interventions to promote self-affirmation include reflective exercises, values clarification, and gratitude practices that help individuals strengthen their identity and improve emotional well-being, ultimately improving coping mechanisms and personal growth [8]. Self-affirmation theory posits that individuals deal with threats to their self-integrity by affirming valuable aspects of their identity in areas unrelated to the threat. By focusing on core values or strengths in other areas, they protect themselves from the negative effects of the threat and thereby maintain their overall self-worth [6].

Research suggests that self-affirmation is a significant construct that facilitates self-worth and personal growth in the face of life adversity [2, 9–12]. Recent calls for the greater incorporation of negative experiences into the science of well-being are consistent with the process of self-affirmation, given that the latter is typically activated by threats to self-regard. Individuals encounter various types of threats in their daily lives. Dealing with these threats is a challenging task that requires individuals to maintain their self-integrity. Despite the effectiveness of self-affirmation-based interventions, research to date has partially failed to uncover the mechanisms underlying positive changes in various indices of life outcomes [4, 6, 8–10].

The effects of self-affirmation can be explained by self-worth [13], self-efficacy [14, 15], self-esteem and intrinsic aspirations [16]. However, these constructs have partially failed to underscore the real underlying mechanisms of self-affirmation. Harris et al. (2018) identified three fundamental mechanisms, namely, values and principles, strengths and attributes, and social relationships, which underlie the positive effects of self-affirmation on various life outcomes [17]. The lack of proper understanding of the mechanisms of self-affirmation has obscured its proper understanding and implications. Consequently, researchers offer different explanations for the same effects. Thus, it would make a significant contribution to explicating the nature and mechanisms of self-affirmation. While quantitative methods ensure generalizability and measure their impact, qualitative designs reveal the depth and complexity of self-affirmation. The reason for using qualitative methods in self-affirmation research is to explore the nuanced, subjective experiences of individuals [18]. Epistemologically, the combination of these designs supports pragmatism, in which multiple truths coexist and data are handled flexibly [19]. This reconciliation enables deeper understanding and comprehensive insights into psychological phenomena [20].

The findings of previous studies have largely relied on laboratory studies to understand the nature and extent of the effects of self-affirmation [21, 22]. In real life, there are many threats in the form of moral dilemmas, failures of various sorts and psychopathological symptoms that result in mild to severe distress and pose an intolerable and unavoidable threat to individuals [21]. The efficacy of self-affirmation interventions should be assessed in the face of real-world threats to make their impact ecologically valid and have wider implications. A small number of studies have been conducted to assess the role of self-affirmation interventions on ruminative and negative thinking [23]. Research shows that self-affirmation interventions can reduce rumination and negative thinking by promoting reflection on personal values or positive self-attributes [24]. These interventions promote cognitive flexibility and reduce maladaptive thoughts [25, 26]. However, research remains limited and often focuses on brief writing tasks that prompt participants to affirm

personal values [24] or positive aspects of the self [23, 27], ultimately promoting self-worth and reducing negative cognitive patterns. The findings showed that self-affirmation plays a restorative role in these symptoms, which are thought to be closely associated with depression and suggesting that self-affirmation is effective for thought suppression [27] and rumination [23].

The restorative and empowering ability of self-affirmation may be important in the treatment and alleviation of depressive symptoms, which are major problems in adults today. Estimates for undiagnosed and self-medicated depression suggest that 26.50% of individuals with depressive symptoms go undiagnosed, with many resorting to self-medication via over-the-counter drugs or alcohol, which can exacerbate symptoms and delay proper treatment [28, 29]. There is limited research on the efficacy of self-affirmation in managing depressive symptoms [9]. Most treatment outcomes for depression have shown that clients face the problem of relapse after successful treatment of depressive symptoms [30–32]. Because self-affirmation has been observed to increase self-worth and lead to the development of many positive changes, these strengths can be used to curb the problem of relapse, and the later stages of treating depressive tendencies can be replaced with increased resilience, self-esteem and well-being.

To this end, the development of short-term and portable interventions for vulnerable people is urgently needed. Given the initial success of self-affirmation-based intervention plans for treating depressive symptoms, many questions remain that need to be addressed before any conclusions can be drawn about their effectiveness. For example, the basic nature and mechanisms underlying the efficacy of self-affirmation remain unclear. Many sources of self-affirmation point to cultural ties and personality traits that have yet to be understood [4, 33]. Cultural values often shape the aspects of self-identity that individuals prioritize, while personality traits such as openness or extraversion influence how people seek and internalize self-affirming experiences [2, 4, 33].

It has been further argued that self-affirmation is a fundamental motivation for maintaining self-integrity. This includes the perception of individuals as good, virtuous, and able to predict and control important outcomes [2, 11]. There are cultural differences in self-affirmation and socially shared conceptions of what it means to be a person of self-integrity [2]. It reflects the self-integrity in which one perceives oneself to conform to a culturally established notion of goodness, virtue, and agency. Therefore, self-affirmation theory examines how people maintain their self-integrity when their self-perception is threatened. An investigation of the nature and mechanisms behind the efficacy of self-affirmation through a qualitative study based on data involving participants from culturally diverse groups is needed.

Research on self-affirmation has focused primarily on its benefits for well-being and has often overlooked how it interacts with psychological threats and self-resources, particularly among individuals with varying mental health statuses. For example, research emphasizes the protective role of self-affirmation against stress [34, 35] but does not examine its effectiveness in populations with subclinical depression. Furthermore, research suggests that self-affirmation can increase resilience [36], but the specific dynamics in subclinically depressed individuals remain unclear. The literature lacks qualitative insights into how self-affirmation processes operate in the context of perceived threats and the use of self-resources in these groups. This gap suggests that there is a need for research that examines the nuanced experiences of both healthy and subclinically depressed adults regarding self-affirmation, its mechanisms, and its impact on psychological resilience. Research on self-affirmation has largely focused on Western populations, leaving a significant gap in understanding its dynamics in non-Western contexts, particularly among Indian adults. For example, studies suggest that self-affirmation can attenuate defensive responses to threats [6, 37], but these results may not be fully generalized across cultural boundaries. Furthermore, the interplay between self-resources and psychological threats remains poorly understood, particularly among individuals with subclinical depression [2]. Qualitative research examining these constructs could provide deeper insights into how self-affirmation influences coping strategies and resilience in different cultural contexts. Furthermore, existing studies often overlook the role of social and family contexts in shaping self-affirmation processes, which are crucial in collectivist societies such as India [12].

Affirmations may be helpful in treating depression because they reflect that one is valued, loved, positive, productive, important, healthy, unique, meaningful, strong, capable of knowing oneself, physically capable, and resilient [2, 10]. Simon et al. (2016) examined the most commonly used self-care strategies and reported that in the face of depressive symptoms and suicidal thoughts, participants showed their involvement in activities that included distracting social activities, the use of positive affirmations, exercise, and engaging in personal spiritual practices [38].

Depression is characterized by emotional, cognitive and physical symptoms that challenge a person's self-integrity. The basic structural components of self-affirmation can be effective because they help people reactivate their sense of self-worth, integrity and positive strengths. Feelings of worthlessness or excessive or inappropriate guilt, decreased ability to think or concentrate,

indecisiveness, negative thoughts, and recurring negative thoughts without a specific plan are some of the hallmarks of depression that are naturally challenging for sufferers [39]. Therefore, there is no need to manipulate artificial tasks to create challenges that impair an individual's self-integrity. The present study aimed to explore the nature and mechanisms underlying self-affirmation and the significant threats it poses to healthy (non-depressed) and subclinically depressed Indian adults. It also aims to understand the self-resources that the adults of both groups use to address the threats they face in their daily lives.

Methods

The present study employed a qualitative research design that consisted of identifying the participants and then asking about their understanding of self-affirmation. The study was approved by the Institutional Ethics Committee, Dr Hari Singh Gour University, Sagar, 470,003, Madhya Pradesh, India (Ethics Code: DHSGV/IEC/2021/12).

Pilot study

To gain an initial understanding of the experiences of self-affirmation, a pilot study was conducted on four healthy (non-depressed) adults and four adults with subclinical depression, aged between 20 and 30 years, with the following questions:

(1) What do you mean by threat? Can you elaborate on the nature of the threats in your life?
(2) What impact do they have on your life? And for how long?
(3) What is your general tendency to perceive life events?
(4) How do you justify what happens in life?
(5) Do you find it difficult to deal with life problems?
(6) How do you deal with these threatening situations in your life?
(7) Do you know any self-helping practices?
(8) If so, could you please explain in more detail?
(9) Do you find it useful and effective?
(10) Can you shed some light on the resources in your life that make you happy?

The insights gained from the pilot study helped formulate the type and number of questions to be asked about in the actual study. It also helped determine the length of the interviews.

Participants and their recruitment in the actual study

They were recruited from the various academic departments of Doctor Harisingh Gour University, Sagar, Madhya Pradesh, India. First, 236 male and female participants were administered the depression scale [39]. Those who scored above the 75th percentile on the depression measure were classified as adults with subclinical depression, while those who scored below the 25th percentile were classified as healthy adults. Using these criteria, fifty-four participants, including 28 healthy and 26 subclinically depressed participants aged 20 to 30 years (M = 24.65 years, SD = 3.22), initially provided written consent. Of these, 11 participants did not participate. The first group included 25 participants (mean = 24.64 years, SD = 3.24) with subclinical depression greater than the 75th percentile on the depression scale. The second group consisted of 18 non-depressed adults (mean = 24.67 years, SD = 3.29) who scored below the 25th percentile on the depression measure. The percentage of adults experiencing symptoms of depression was highest among those aged 18 to 29 years [40]. Depression is the second leading cause of death among 15 to 29-year-olds worldwide including India [41]. They were consulted personally and debriefed about the study objectives. Saturation was reached for non-depressed in the 16th participant, while it occurred in the 23rd participant with subclinical depression. Two more participants from both categories were interviewed to confirm saturation. Thus, 43 participants participated in the qualitative study. Eleven participants did not participate in the study for various personal reasons. Participants provided written consent to participate in the study and to use their data in the research. The demographic details of the participants are presented in Table 1.

Inclusion and exclusion criteria

The following criteria were adopted to include the healthy adults in the study: young unmarried adults with no known physical or mental illness, aged between 20 and 30 years, scored less than the 25th percentile on the depression scale [39], and had been involved in some form of educational activities, such as academic courses or preparing for some competitive exams.

The following criteria were used to include subclinically depressed participants: those who scored above the 75th percentile on the depression scale [39], those who had no other diagnosed physical or mental illness, those whose age ranged between 20 and 30 years, and those involved in some form of educational activity, be it academic courses or preparing for some competitive exams.

Study measures

The Depressive Episodes and Depressive Tendencies Scale [39] was used to assess and screen the participants' depressive tendencies. This scale consists of 7 items, which the participants had to answer yes or no. Cronbach's alpha was calculated using the KR-20 formula. The alpha coefficient of the scale was 0.78 [39]. The scale was adopted on a sample of 150 adults from the Indian

Table 1 *Study sample demographics*

Age	Male ($n=19$)		Female ($n=24$)	
	Subclinically Depressed ($n=11$)	Non-depressed ($n=8$)	Subclinically Depressed ($n=14$)	Non-depressed ($n=10$)
20 years	MD1	MND1	FD1 & FD2	FND1
21 years	MD2	MND2	FD3	FND2
22 years	MD3	MND3	FD4 & FD5	FND3
23 years	MD4	--	FD6	FND4
24 years	MD5	MND4	FD7 & FD8	FND5
25 years	MD6	MND5	FD9	FND6
26 years	MD7	--	FD10	FND7
27 years	MD8	--	FD11	FND8
28 years	MD9	MND6	FD12	FND9
29 years	MD10	MND7	FD13	FND10
30 years	MD11	MND8	FD14	--
Mean	25.00	24.88	24.36	24.50
SD	3.32	3.80	3.27	3.03

Note 1. MD = Male nonclinically Depressed, FD = Female nonclinically Depressed, MND = Male Non-depressed, FND = Female Non-depressed

Note 2. Age is given as an approximation

Note 3. The total number of participants was 43 ($n=43$)

population (age range = 20–30 years), consisting of 50 participants with depressive tendencies and 100 participants with non-depressive tendencies, to estimate the reliability (internal consistency) of the scale using Cronbach's alpha. The reliability of the scale for this sample was 0.86. The sets of score points determined on this scale were used to identify potential participants who were above the 75th percentile and below the 25th percentile. The scale is widely used by researchers around the globe [9, 42–44].

The Depressive Episodes and Depressive Tendencies Scale has been used to distinguish non-depressed individuals (bottom quartile) from individuals with subclinical depression (top quartile) in previous research [9, 22]. "Subclinical" refers to depressive symptoms that do not meet full diagnostic criteria for clinical depression but still cause distress or impairment [45]. While it is possible some individuals in the top quartile could be clinically depressed, the scale aims to capture those with significant depressive tendencies without crossing the threshold for clinical diagnosis. The participants in both groups were sorted according to the inclusion and exclusion criteria mentioned above. The participants were asked to provide their detailed views on values and principles, strengths, attributes and social relationships, as well as some other relevant dimensions of self-affirmation. In addition, they were also asked to report on the major life threats that seriously concern them and on which they are currently expending significant time and energy. The content of the interview was recorded with a tape recorder available on a mobile phone, and verbatim transcripts were then generated.

Data collection and data analytic strategies

The study sample was divided into two groups. The first group consisted of 18 non-depressed adults who scored below the 25th percentile on depression measure. The depression measure used in the current study has been well-validated for Indian samples in our previous studies [9, 22] and the pilot study of the current research. The second group included 25 people with subclinical depression greater than the 75th percentile on the depression scale.

Final semi-structured interview Procedure

The pilot study helped to modify the interview questions to explore self-affirmation experiences among healthy adults and adults with subclinical depression. The interview followed a standard study design protocol, ensuring a rigorous and transparent approach. To collect the data, semistructured interviews were conducted according to a previously developed protocol [46]. Each participant was informed about the purpose of the study and informed consent was obtained. They were assured of confidentiality and their right to withdraw at any time. The interview process adopted an open-to-close funnelling questioning approach, beginning with broad, open-ended questions to elicit in-depth responses and then gradually moving to more specific, focused questions. This approach ensured a natural flow of conversation while covering all necessary dimensions of self-affirmation. The final interview questions with prompts are listed in Table 2.

Fourth (AKM), fifth (ASHUKLA), sixth (AS), seventh (AC), and eighth (AP) authors conducted the interviews. The interviewers did not know with whom they were conducting interviews. Participants were asked open-ended, semi-structured interview questions that were

Table 2 *Final interview protocol and Prompts** [46]

S. No.	Dimensions	Questions
1.	Meaning of Threat	Can you describe what you understand by 'threat' in your life? Can you elaborate on any specific threats you've encountered?
2.	Impact of Threats	What impact have these threats had on your life? How long have you been dealing with them?
3.	Perception of Life Events	How do you generally perceive the events that happen in your life?
4.	Justification of Life Events	In what ways do you find yourself justifying or making sense of what happens in your life?
5.	Coping with Problems	Can you share your experiences in dealing with life's problems?
6.	Coping with Threats	How do you typically respond to threatening situations in your life?
7.	Awareness of Self-Helping Practices	Are you aware of any self-help practices? If so, could you describe them?
8.	Effectiveness of Self-Help Practices	How effective do you find these practices in managing life's challenges?
9.	Resource Identification	What resources or aspects of your life do you find most uplifting or happiness-inducing?
10.	Elaboration on Resources	Could you elaborate on how these resources contribute to your well-being?

Note*. Prompts such as "Could you explain that further?" or "Can you give an example?" were used to encourage participants to provide richer and more detailed responses

adapted, elaborated, or used flexibly according to the needs of the individual context. The entire interview was tape-recorded, and verbatim transcripts were generated. The transcription process in thematic analysis involved converting audio data into written text, which ensured verbatim accuracy to capture meaningful content. This step is essential for immersing in the data, and familiarizing the researchers with key patterns and potential themes [47]. Accurate transcription ensured analytical rigour. This study helped identify the effective components of self-integrity commonly employed by people with depressed and non-depressed symptoms. It helped develop an understanding of the differences in self-resources, threats, and coping strategies of participants in both groups and explored the frequency of self-affirming content. The qualitative data were analysed using thematic analysis [48]. The thematic analysis method involves identifying, analysing, and reporting repeated patterns of meaning (themes) within the data. It involves six steps: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report [48].

In the study, safeguards for the well-being of healthy and subclinical participants included obtaining informed consent, maintaining confidentiality, and providing debriefing sessions. Participants had access to psychological support during and after the study and were referred to counselling services if needed. Emotional responses were monitored during regular check-ins, and interviews were conducted by trained stress-response professionals. Participation was voluntary, with the option to withdraw at any time without penalty.

The thematic analysis used the realist approach, which involves identifying patterns or themes that reflect the reality of participants' experiences and meanings within a simple ontological framework. Researchers categorize data into themes based on semantic content while maintaining objectivity and focusing on observable reality. We initially derived some deductive codes based on the understanding of the previous research and theories of self-affirmation and raw interview data such as meaning and nature of threats, the nature and duration impacts of threats, mode of perception of threats, attributions of threats, challenges in facing threats, methods to deal with the threats, awareness and usefulness of self-helping practices, and life resources for happiness. These codes were derived primarily by Fourth (AKM), fifth (ASHUKLA), sixth (AS), seventh (AC), and eighth (AP) authors. We used a blend of deductive and inductive methods for the development of the codebook. The combination of inductive and deductive approaches to codebook development meant that the codebook in this case was derived a priori from the initial literature search, quantitative survey and initial reading of the raw interview data. The preliminary codebook went through many iterations in the inductive process before the final version was accepted. This approach allowed for the development of initially less structured narratives (inductive aspect) into more organized codes (deductive aspect), aligned with the research questions. The effectiveness of utilizing both methods has been documented [49]. We have always been self-aware to ensure transparency and validity and to minimize the risk of inadvertent bias in data analysis.

Codebook

We used a structured codebook which ensured consensus among multiple coders. This codebook contained the key themes and codes identified in the study and helped categorize and interpret the data aimed at understanding the dynamics of self-affirmation, threats, and self-resources in the participants of both groups. The following are some examples of the codebook for non-depressed and subclinically depressed participants:

Table 3 *Study themes of non-depressed and subclinically depressed participants*

S. No.	Subclinically depressed	Healthy adults
Theme 1	Relative dominance of social and interpersonal relationship threats	Explicit awareness of the nature and types of life threats
Theme 2	Tendency to magnify the threatening situations	Common humanity and awareness of the momentary existence of life threats
Theme 3	Frequent experiences of ruminative thinking, decreased self-esteem and maladaptive mental health tendencies	Positive early responses to life threats
Theme 4	Denial and avoidance of the threatening situation	Adversities as opportunities
Theme 5	Poor awareness of self-resources and a strong preference for social isolation	Easy availability of positive cognitions and self-resources

Thematic Codebook Example 1: Healthy Adults.
Theme: Perceived Threat.
Code: External Stressors.
Description: Healthy adults identify external pressures, such as work demands and social expectations, as threats to their well-being, influencing their self-affirmation strategies.
Thematic codebook example 2: subclinically depressed adults
Theme: Internal Threat.
Code: Self-Criticism.
Description: Subclinically depressed adults experience self-criticism as a significant internal threat, impacting their ability to engage in self-affirmation and foster resilience.

In thematic analysis, codes were generated by closely examining participant quotes, and identifying recurring ideas or concepts. Each quote was systematically reviewed, and key phrases were highlighted to form initial codes. These codes were then organized into broader themes, reflecting the underlying patterns and meanings within the qualitative data. Themes were generated by grouping related codes that emerged from interview data. The researchers identified patterns and significant concepts within the codes and organized them into broader themes that encapsulate the essence of the data. This iterative process involves refining and reviewing themes to ensure they accurately reflect the underlying narratives.

Participants' quotes served as vital data points that illuminated the dimensions and mechanisms of self-affirmation. By closely examining these quotes, researchers could identify recurring themes that reflect the multifaceted nature of self-affirmation, such as self-worth, resilience, and personal values. These dimensions revealed how individuals perceived and engaged in self-affirmation practices. Mechanisms were derived from the narratives, including cognitive reappraisal and emotional regulation, illustrating how self-affirmation influences well-being. Thus, the participants' quotes not only enriched our understanding of the dimensions of self-affirmation but also deepened our understanding of the intricate mechanisms underlying self-affirmation.

In this study, GKT, PP, and AKS conceptualized the research, prepared the design and supervised the study. AKM, ASHUKLA, AS, AC, and AP conducted the participant interviews and contributed to data analysis and identification of key themes. All worked collectively to synthesise the results and write the final report. Together, they ensured the rigorous execution of the research, from data collection to thematic interpretation. All researchers carry sufficient experience in conducting qualitative research using the thematic analysis method.

Results

The data were analysed for both categories of participants with depressive and non-depressive tendencies. Different themes were derived from the categories of participants (see Table 3). The objective was to obtain a comparative picture of the threats, challenges, coping methods and affirmative styles of both groups of participants. To ensure anonymity, the interview contents were identified using the participant number. For example, MND was assigned to the "men non-depressed" category, MD to the "men subclinically depressed" category, FND to the "women non-depressed" category, and FD to the "women subclinically depressed" category.

Themes identified for participants with subclinical depression

Theme 1: relative dominance of social and interpersonal relationship threats

The threatening situations had a variety of effects on different areas of life. Participants reported diverse emotional experiences ranging from grief, happiness, joy, sadness, anger, and frustration to ecstasy. Threatening situations triggered various depressive emotional states in the majority of the participants. There were different types of threats in their lives, e.g., health threats, financial threats, social threats, and relationship threats. Analysis of the data revealed that the majority of participants tended to perceive social and relationship threats more often than other threats. Below are some representative excerpts:

> *I often feel very insecure and lonely, had a broken relationship 10 months ago but memories that still make me sad. (FD9)*

It is very important to have warm family relationships. These factors affect the 24 × 7 work cycle. Currently, I cannot concentrate on my work, and I'm not satisfied with the way my life is going. (MD2)
I'm happy when I'm having a good conversation with my partner, but it hurts me the most when we do not talk to each other. (FD6)
Every other day, we argue about certain topics. I get scared and emotional when I think about not being together in the future. (MD7)
I am trying very hard to salvage this relationship, as it is a source of both pain and pleasure for me. (FD14)
I just cannot imagine my life without this person. It is the most threatening aspect of my life these days. (FD3)

Theme 2: tendency to magnify threatening situations

Dealing with the threatening situation takes quite a long time. For some. It is 6 days, for others almost 10 days, but the majority said they take an average of 6–7 days. The majority of participants with subclinically depressive tendencies showed a tendency to magnify threatening situations of various kinds. Below are some representative excerpts:

I have been pondering the same troubling problem for days. I cannot stop my thoughts, sometimes it lasts a week. It is very disturbing. (FD5)
I have turned up for various competitive exams many times, but for some reason, I still cannot manage to take them. I believe God does not want me to be successful. (MD10)
Sometimes it is truly difficult and frustrating to stop thinking about the event; I am truly frustrated with the constant thoughts and feel helpless about stopping these thoughts. (FD3)

Theme 3: frequent experiences of ruminative thinking, decreased self-esteem and maladaptive mental health tendencies

The interviews revealed that participants with subclinically depressive tendencies found it difficult to overcome disturbing thoughts about threatening situations. At the onset of the threat situations, they reported a variety of experiences, such as ruminative thoughts, restlessness, stress, fear, and confusion. Some representative excerpts are given below:

If something bad happens, I do not know why; it is on my mind for a few more days. (MD2)
I cannot stop this thought, and I'm having a truly hard time concentrating or getting any work done. (FD9)
I usually scream loudly and get very impatient and restless when faced with a threatening situation. (MD4)
I become very nervous and confused when something unpleasant happens around me. (FD13)
I have the feeling of losing control over the given situation, which makes me even more insecure. I cannot get over these thoughts, and it gets worse when I'm unable to figure out the solution. (MD11)

Theme 4: denial and avoidance of the threatening situation

The participants very often showed denial and avoidance of imaginary threat situations. These experiences expressed themselves in a lack of logic, incorrect explanations and poorly adapted coping strategies. The following are some representative examples of these experiences:

I'm just confused, trying to avoid the threatening situation (if I can) and feeling restless. (MD2)
Me and my friends were drinking, it was my first time, and I was strongly threatened to go home and face my parents. (FD6)
I just apologized for studying and stayed with my friends. (MD8)
Often, I'm just blank, kind of mute, trying to figure out the situation and what exactly is going on, but all to no avail. (FD12)
I'm feeling more frustrated and even I cannot express it, but this behaviour of mine is truly problematic for me. (MD10)
I cannot concentrate on other things either; I needed to talk to someone, but I kept it to myself and kept bothering myself. Maybe I have trust issues. (FD7)
I assume the other person does not understand what I'm going through and maybe making fun of it. (FD13)
I do not understand exactly what a threatening situation is. There are many ups and downs in my life, but I generally avoid thinking about negative events in my life. (MD1)

Theme 5: poor awareness of self-resources and a strong preference for social isolation

The data revealed that participants had low knowledge of their self-resources, such as self-esteem, self-control, self-efficacy, and other positive resources. In addition, the majority of participants with subclinically depressive tendencies expressed a preference for social isolation. Below, you will find some selected representative excerpts:

I do not know if there is anything in my life that I can rely on. Nothing works when needed. (FD8)
Songs are interesting to me, but these days I do not even like the most popular ones. (MD3)
I do not feel like doing anything. (FD7)

A strong preference for social isolation was also often observed in their statements. Some representative citations are listed as follows:

At the moment, I am trying to be happy and engage in activities, but I still feel unhappy and prefer to be alone. (FD14)
There are many experiences that make me think it is better to be alone. (MD10)
I used to hang out with friends, and while that makes me happy, these days I do not like not feeling good. I think life is not good. Usually, there is one or the other problem. (FD3)
A threatening situation keeps coming up, and I often feel hopeless. Nothing is of any use. Nobody helps. (MD2)
You just have to get by on your own, so there's no point in sharing life's problems with others. (FD6)
People only laugh or talk afterwards. It seems better for me to face life's problems alone. (MD9)

Themes identified for the healthy participants

Theme 1: explicit awareness of the nature and types of life threats

The participants with non-depressive tendencies showed almost opposite tendencies in their awareness of different life threats. They showed that they are familiar with nature and relevant types of life threats. For example, these participants demonstrated that they are familiar with threats related to health, social relationships, interpersonal relationships, work, the future and family. Some prominent excerpts are presented below:

There are many problems in my life. At the moment, I'm concerned about my brother's acceptance into a good facility, as we do not have good money. (MND8)
It is okay; there will always be a problem or two, but that is part of life, and I think I can handle it. (FND10)
I have problems with my girlfriend. (MND1) I often worry about my family and the way they work and communicate with each other. (FND6)

Theme 2: common humanity and awareness of the momentary existence of life threats

The analysis showed that participants with non-depressive tendencies perceive the threatening situation as temporary and changing. They consider it a significant source of growth and learning. Shared humanity is expressed in their beliefs, which reflect threatening situations that all face today or tomorrow, large or small. Below are a few selected quotes that reflect the general humanity and their awareness of the current existence of the threats:

Who is born, has to face the adversities of life? It can be large or small. It can happen today or tomorrow, but surely it will happen to everyone. It probably makes life taste better and changes. (MND4)
Complex situations make you smart. It is also good to have ups and downs in life. (FND9)
Everyone faces threats at some point in life, and most people can escape threats. (FND2)
Problems in life are opportunities that arise sooner or later for everyone. (FND7)

Theme 3: positive early responses to life threats

Participants with non-depressive tendencies respond early and engage positively in creative actions and thoughts and practice distraction and full effort immediately after encountering the threatening situation. The majority of participants stated that threats come with opportunities in life. This may be because of their common human abilities, which lead them to use their positive adaptive styles to deal with threats. Some representative citations are presented as follows:

I think about the threatening situation in different ways and then come to the conclusion that it is part of karma. (MND7)
Obviously, most things are in our hands, even the difficult phase of life teaches us. (FND6)
When faced with a new challenge in my life, the first thing I do is identify the situation of the threats and their causes, my role and the probable plan to deal with it. (MND3)
Threats in life do not come by themselves. They always bring tangible opportunities. So I develop an optimistic worldview to deal with it and to realize the positive results. (FND4)

Theme 4: adversities as opportunities

Non-depressed participants also saw opportunities in bad times in life. For example, they expressed that strange times offer people an opportunity to show their intellect

and wisdom and embrace life's uncertainties. Some prominent quotes are presented as follows:

> *I believe that I can get out of any adverse situation. Four months ago, I had an accident and suffered a serious injury, which made me frustrated because I could not do my job properly with my right hand and was dependent on others, but that time gave me a different outlook on life; I tried to do things. With my left hand, I can finally write with both hands, although writing with my right hand works better. (MND7)*
> *Whatever happens, there is always a reason that we should think positively and take. Life is truly unpredictable, so one should live happily. (FND10)*
> *Threats are life opportunities. I think God is giving me the courage and patience to get out of this situation. (MND1)*

Theme 5: easy availability of positive cognitions and self-resources

Participants with non-depressive tendencies demonstrated ready availability of useful knowledge, purpose in life, conversations with loved ones, engagement in kind acts, and social service, which are the most common self-resources. These are also the most commonly used resources to address threats in different areas of life. The following are some prominent quotes that reflect the ready availability of positive insights and self-resources:

> *Yes, many good things make me happy and help me, for example, when I'm stressed out and doing a painting and feel better afterwards. (MND6)*
> *Talking to my grandmother relieves me mentally. Whenever I have difficulties or problems in life, I make it a point to talk to her; she has an open ear and listens to me patiently, often my fear is only on her and she also offers the solutions—she is my best Girlfriend. I love you very much. I remember an incident where I was so depressed and felt like there was no one there to listen and help me. Additionally, the nature of the problem was such that I cannot tell anyone I do not trust. I told my grandmother, and she made me understand the situation. It was about my breakup. I think she is like a blessing in my life. I still feel good today; she puts a smile on my face. She is a source of strength for me. (FND6)*
> *There are many things I do that make me feel good and help me deal with the threatening situation. I go to temples every night, and I think I'm desperate or something; then, I sit in the temple, and it brings me a kind of peace and makes me feel better. (MND7)*

Discussion

The study findings revealed the nature, dimensions, genesis, and dynamics of self-affirmation resources used by participants to cope with life threats. The results also revealed differences in these resources between participants with and without subclinical depression. It is evident that the resources for self-affirmation are diverse, and their nature and dynamics are very complex and highly diverse. This study helped to gain a deeper understanding of the similarities and differences between self-resources and affirmative styles between the two groups of people.

The first aim of the study was to gain an understanding of the nature and mechanisms of self-affirmation in non-depressed participants and participants with subclinical depression. The themes and descriptions of participants with and without subclinical depression provided a detailed account of the nature, characteristics, and dynamics of self-affirmation. Examining the two groups provides important insights into how the self-affirmation process works in practice. The participants in the two groups showed significant differences in the nature, genesis, availability and use of self-resources.

Five themes were generated for participants with subclinical depression. Theme 1 implies that social and relational threats are perceived more frequently than other types of threats. Theme 2 indicates that subclinically depressed participants show an increased tendency to magnify threatening situations, while Theme 3 shows that these participants often report experiences of rumination, anxiety, anger, impatience, confusion, crying, and self-loathing. Theme 4 reflects that denial and avoidance of the threatening situation are more common among participants with subclinically depressed tendencies, while Theme 5 indicates their lack of awareness of their own resources and a strong preference for social isolation. In short, relationship threats, unrealistic perceptions, negative cognitions, denial, and a lack of awareness of one's own resources shape how people see themselves and how they function in the face of life's adversities. Previous studies have reported an exhausted self, decreased energy, diminished social relationships, and poor self-functioning. For example, the quality of social relationships is poor in individuals with subclinically depressed tendencies [50]. Diminished social relationships lead to poorer mental health outcomes through a variety of mechanisms, such as decreased positive health behaviours, lack of engagement in social activities, giving and receiving social support, and access to material resources [51]. These can lead to further consequences such as social isolation, negative social interactions, low life satisfaction and reduced quality of life [52–54].

Five themes were also identified for the healthy participants. The first theme reflects their reported awareness

of the nature and nature of their life threats. These threats affect various aspects of life, such as health, social relationships, interpersonal relationships, careers, the future and family. The second theme indicates that the non-depressed participants were well acquainted with general human conditions and the current existence of life threats. They perceive threats as an important source of growth and learning. They assumed that threatening situations are short-lived and a reality for everyone. Everyone has to face them today or tomorrow, big or small. The third theme of the non-depressed participants was positive early responses to their life threats. Healthy participants responded to their threats early and appropriately, engaged in creative actions, thoughts, and exercises, and made intense efforts to counteract the harmful effects of their life threats.

The fourth theme suggests that non-depressed participants perceive adversity as an opportunity to test their skills and wisdom and to celebrate uncertainty. The fifth theme reflects that non-depressed participants are readily available for positive cognitions and self-resources, such as purpose in life, use of close relationships, engagement in positive behaviours and community services. These discussions make it clear that the nature, genesis and dynamics of self-affirmation resources are dissimilar between individuals with non-depressive and subclinically depressive tendencies. Previous studies have shown that self-affirmation is closely related to a variety of self-resources, such as self-worth [13], resilience [7], self-control [55], self-efficacy [15], intrinsic aspirations [16], prosociality [56] and positive engagement [57, 58].

The second main objective of the qualitative study was to examine different threats and their perceptions towards healthy participants and participants with subclinical depression. Various threats have emerged when examining non-depressed and subclinically depressed participants. For example, the greatest threats are related to health, financial conditions, career and employment, family relationships, and social and interpersonal relationships. Psychopathological tendencies are also recognizable as a form of threat in subclinically depressed participants, while they are absent in non-depressed participants. Thus, the study succeeded in identifying the greatest threats for the participants of both groups. Similar to the current findings, previous studies have also identified several threats associated with depression. For example, exposure to maternal threatening behaviour is associated with depressive tendencies in adolescents [59]. Poor relationships are also closely related to depression [60]. Life threats prevent people from practising positive and adaptive behaviour patterns and prevent them from using optimal self-resources to deal with potentially threatening life situations [61].

The third aim of the study was to examine the self-resources used by both groups to cope with threats. The results of the study show that non-depressed and subclinically depressed participants differ significantly in their self-resources to deal effectively with their life threats. While participants with subclinical depression experience psychopathological tendencies and use poorly adapted self-resources and low awareness of those resources in the face of their current threats, healthy participants use positive self-resources such as self-compassion, forgiveness, realistic understanding, critical thinking, optimism, creativity, and positivity in the face of threats. The healthy participants also reported their familiarity with a variety of self-resources. These self-resources have been reported in previous studies under self-affirmation conditions. For example, self-affirmation has been found to increase positive self-feelings, self-compassion, sympathy, and trust; decrease self-criticism; and increase self-esteem [62], self-worth [12, 63, 64], pro-social behaviours [65, 66] and helping behaviours [67–69].

It is evident that everyday life is fraught with threats to the ego, ranging from the trivial (e.g., being treated rudely by an employee, being ignored by a friend) to the consequential (e.g., failing an exam, getting into an argument with a spouse). These setbacks are both common and inevitable, raising questions about how individuals manage to maintain their self-esteem and not be plagued by anxiety and self-doubt. This research shows that setbacks and challenges are ever present in everyday life and that there are also ways to offset their impact. People with subclinical depression do not have easy access to self-affirming resources as healthy people do.

Although self-affirmative resources exist, they lack awareness among those with subclinically depressive tendencies. This qualitative research provides much-needed empirical support for this key theoretical proposition behind how spontaneous self-affirmation works. In his original conceptualization, Steele (1988) proposed that the means of individual self-affirmation are determined by (a) accessibility or the degree to which a particular adjustment is accessible in the individual's cognition, memory, or imagination and (b) effectiveness versus cost or prudent use of time and resources [70]. When asked about their self-affirmative resources, they were able to acknowledge the strengths and virtues of their lives. Therefore, this suggests a lack of accessibility rather than a lack of affirmative resources. The findings indicated that self-affirmation provides a number of valuable and useful qualities that strengthen individuals' well-being, self-esteem and resilience.

The study findings showed that non-depressed and subclinically depressed individuals differ markedly in the nature, extent, and dynamics of the self-resources

available to them to cope with life threats, including threats posed by subclinical depressive tendencies. Subclinical depressive tendencies lead to reduced availability of intrapersonal, interpersonal and social resources; increased negative attributions; increased maladaptive tendencies; denial of life realities; and reduced awareness of self-resources. On the other hand, healthy participants demonstrated familiarity with life threats, compassionate behaviours, prompt positive responses, an optimistic outlook and the ready availability of self-resources.

Our study findings and extant literature suggest a bidirectional relationship between depression and self-affirmation [34]. Depression can lead to a reduction in self-affirming resources (self-control, positive cognitions, emotional resilience, well-being and mental health, self-integrity, self-image, self-worth, and self-talk) as individuals may have difficulty engaging in positive self-reflection due to negative cognitive biases. However, less access to self-affirming tendencies such as low self-esteem or self-compassion can also be a causal factor for depression. These deficits may contribute to vulnerability to depression by limiting the individual's resilience and ability to counteract negative emotions.

Limitations

The present study is not without limitations. First, the qualitative nature of the research limits the generalizability of the findings to broader populations. The sample size of Indian adults aged 20 to 30 years was small, which may not fully capture the diversity of experiences regarding self-affirmation. Second, participants' self-reports may be biased by social desirability or limited self-awareness, particularly in the subclinically depressed group. Third, the qualitative design limits the ability to infer a causal relationship between subclinical depression and self-affirmation resources. Fourth, the study focuses on subclinical depression, which may limit its applicability to individuals with more severe depressive symptoms. Fifth limitation of this study is the inadequate application of reflexivity within the analytical methodology. Although themes were identified, their depth may not have been sufficient to thoroughly explore and reflect on possible subthemes. Finally, cultural factors influencing self-affirmation have not been examined in depth and potentially important influences on participants' coping mechanisms have been overlooked. Future studies could address these gaps with larger and more diverse samples.

Implications

These findings could provide initial insights into the potential use of self-affirmation in dealing with depressive symptoms for future research and practice. Since depressed people lack awareness and the ability to cope with the distress caused by depression on their own, the use of self-affirmation interventions can be of great help. Therefore, improving the perceived availability of self-resources may be a key goal in both managing the pain of depressive tendencies and delaying the recurrence of that pain, with the net gain of positive outcomes in the form of improved well-being, self-esteem, and resilience.

Improving and consolidating positive outcomes can act as a buffer against the relapse of depressive tendencies, a major challenge for mental health professionals. Generalizations of these results may require caution for clinical populations since they are based on subclinical adult samples. Because there are cultural differences in self-affirmation [12, 64, 71] and reporting of experiences with depressive symptoms [72–74], future research may consider exploring the cultural specifics of values and expressions of self-affirmation.

Exploring the dynamics of self-affirmation, threats, and self-resources in healthy and subclinically depressed adults offers valuable insights into psychological resilience and vulnerability. Self-affirmation may buffer against perceived threats by reinforcing a positive self-view, crucial for maintaining mental health in both populations. However, the effectiveness of self-affirmation may differ, as subclinically depressed individuals might have fewer cognitive and emotional resources to draw upon, leading to reduced benefits. Understanding these dynamics could inform tailored interventions that bolster self-affirmation practices, enhancing coping strategies and overall well-being across different mental health statuses.

The findings of this study may expand therapeutic practice by providing deeper insights into the nuanced dynamics of self-affirmation in both healthy and subclinically depressed adults. In contrast to established affirmation therapies within cognitive-behavioural frameworks that focus primarily on increasing self-esteem, this research could uncover how self-affirmation interacts with perceived threats and personal resources, potentially serving as a basis for tailored interventions. For subclinically depressed individuals, such interventions could target specific vulnerabilities, promote resilience, and improve psychological well-being more effectively [13, 75].

Cultural differences have a significant impact on the role of self-affirmations in coping with depressive states in adults. In cultures that emphasize collectivism, self-affirmations are often based on social relationships and shared values. These individuals may prioritize self-esteem that comes from family and societal roles. However, in individualistic cultures, self-affirmation tends to focus on personal achievements and self-efficacy. The study found that adults with subclinical depression, regardless of their cultural background, have difficulty accessing self-affirming resources and often exhibit negative cognitions, social isolation and denial

of their strengths. Conversely, healthy people use culturally adapted self-resources effectively. This suggests that cultural context influences the type of self-affirmation resources available and the way individuals with or without depressive tendencies cope with them. Understanding these cultural nuances is critical to developing interventions tailored to improve self-affirmation practices in diverse populations.

Conclusion

Self-affirmation is an unyielding force that protects people's self-worth in the face of life's adversities. Therefore, positive cognitions, relationships, and activities are some of the possible mechanisms underlying the efficacy of self-affirmation interventions. Unlike healthy adults, individuals with nonclinical depression experience frequent relationship threats and experience negative cognitions and thoughts. Self-affirmation interventions may be effective in helping depressed people cope with their symptoms while helping healthy adults improve their well-being and positive life outcomes.

Abbreviations

SD	Standard Deviation
MND	Men Non-depressed
MD	Men Nonclinically Depressed
FND	Women Non-depressed
FD	Women Nonclinically Depressed

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Author contributions

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Data availability

The data supporting the findings of this study may be made available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate

This study was approved by the Ethics Committee of Harisingh Gour Vishwavidyalaya, Sagar, 470003, Madhya Pradesh, India with the following Ethics Code: DHSGV/IEC/2021/12. The present study follows the guidelines of the latest version of the Declaration of Helsinki. Each participant provided written informed consent to participate in the study.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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