



Stressful life transitions and wellbeing: A comparison of the stress buffering hypothesis and the social identity model of identity change



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ABSTRACT

The relationship between stressful life transitions and wellbeing is well established, however, the protective role of social connectedness has received mixed support. We test two theoretical models, the Stress Buffering Hypothesis and the Social Identity Model of Identity Change, to determine which best explains the relationship between social connectedness, stress, and wellbeing. Study 1 (N=165) was an experiment in which participants considered the impact of moving cities versus receiving a serious health diagnosis. Study 2 (N=79) was a longitudinal study that examined the adjustment of international students to university over the course of their first semester. Both studies found limited evidence for the buffering role of social support as predicted by the Stress Buffering Hypothesis; instead people who experienced a loss of social identities as a result of a stressor had a subsequent decline in wellbeing, consistent with the Social Identity Model of Identity Change. We conclude that stressful life events are best conceptualised as identity transitions. Such events are more likely to be perceived as stressful and compromise wellbeing when they entail identity loss.

1. Introduction

Life transitions, such as moving cities, starting university, or being diagnosed with a serious illness, can be a source of personal growth and development. At the same time, life transitions can also be viewed as *stressors*, which place people at risk of a range of negative psychological and physiological effects (Baum, 1990). Life transitions are linked to the development of psychological distress and clinically significant major depressive disorders (Hammen, 2005; Paykel, 2003). Studies have also shown that life transitions strongly predict the onset of first and subsequent episodes of depression (Kendler et al., 1999). Major depression is one of the leading causes of disability worldwide (Ferrari et al., 2013) and poses a significant economic burden (Mrazek et al., 2014). Therefore maintaining wellbeing and preventing the onset of depression in response to such life transitions is a public health priority.

1.1. Social support as a buffer

Early stress research made use of standardised schedules of stressors to make predictions about the effect of stress on individuals. For example, the Social Readjustment Rating Scale (SRRS; Holmes and

Rahe, 1967) is an inventory of 43 stressors that have been ranked in terms of their impact and are subsequently used to predict whether an individual is at risk for adverse health outcomes. For example, the SRRS score for receiving a serious health diagnosis (53; ‘personal injury or illness’) is considerably higher than the SRRS score for moving city (20; ‘change in residence’). However, this approach was criticised for overlooking the subjective appraisal process through which a person evaluates stressors (Cohen et al., 1983; Lazarus and Folkman, 1984). Many individuals who experience severe stressors do not develop depression (Lazarus et al., 1952), and so there has been an increasing focus on *perceived* stress and the factors that may facilitate coping. In particular, there has been research on social support as a protective factor (or “buffer”) against psychopathology, which people can draw upon during stressful experiences, including life transitions. Indeed, the *stress buffering hypothesis* posits that social support protects individuals from the pathogenic consequences of stressor exposure (Cohen, 2004; Cohen and McKay, 1984; Cohen and Wills, 1985). More specifically, stressors are proposed to increase the risk for depression, particularly when a person has limited rather than substantial social support. This hypothesis is represented in Fig. 1 in the forms that it is most often posited, where social support moderates the effect of a) all stressful life events, b) severe stressful life events, or

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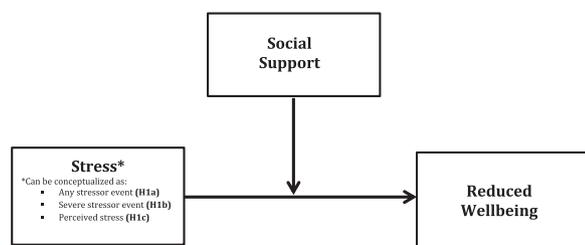


Fig. 1. Three alternative conceptualizations of the stress buffering hypothesis. Note that stress can be operationalised as: experiencing any stressful event (H1a), experiencing a stressor externally rated as more severe than other stressors (H1b) and ratings of perceived stress (H1c).

c) perceived stress, on wellbeing.

However, evidence for the stress buffering hypothesis has been mixed and inconclusive. Both stress and social support have been separately established as direct longitudinal predictors of wellbeing. That is, exposure to negative life events (i.e. stressors) have been found to predict an increase in depressive symptoms (Cohen et al., 1987; Dubois et al., 1992; Lewinsohn et al., 1994; Monroe et al., 1983; Nolen-Hoeksema et al., 1992; Windle, 1992). Similarly, deficits in social support predict an increase in depressive symptoms over time (Dubois et al., 1992; Lewinsohn et al., 1994; Sheeber et al., 1997; Windle, 1992). However, this effect does not appear to be specific to social support. Rather, social relationships more generally are a key protective factor in both prevention of and recovery from mental illness (for a review, see Cruwys et al., 2014a).

While both stress and social support predict wellbeing, evidence for the *interactive* model is less clear, especially when tested longitudinally (Lazarus, 2000; Väänänen et al., 2005; Zimmerman et al., 2000). Cohen et al. (1986) measured stress, social support and depression among American college students over 11 and 22-week intervals, and found little longitudinal evidence for the stress buffering hypothesis. In fact, in a review of 58 longitudinal tests of the stress buffering hypothesis, only 5% of tests found support for the interaction between stress and social support as a significant predictor of depression – a proportion equivalent to the Type I error rate (Burton et al., 2004). Thus, while it is clear that stress and social support are implicated in depression, the direction and nature of this relationship remains in question (e.g., Schwarzer and Leppin, 1991; Semmer et al., 2008). Alternative models are needed to better explain the relationships between stress, social connectedness and depression.

1.2. A social identity model of stressful life transitions

An alternative framework that speaks to the relationships among stress, social connectedness and depression is the social identity approach, which is comprised of social identity theory (Tajfel and Turner, 1979) and self-categorization theory (Turner et al., 1987). *Social identity* refers to that part of the self-concept that is informed by one's social group memberships (Tajfel and Turner, 1979). While initially developed to understand and explain intergroup phenomena such as discrimination and stereotyping, social identity is gaining prominence as a framework for explaining the health benefits of social connectedness, including its relationship with wellbeing (Sani et al., 2012), social support (Haslam et al., 2008) and stress (Haslam et al., 2005; Haslam and Reicher, 2006; Jones et al., 2012). We will address each of these in turn.

The social identity approach has been applied to understand psychological wellbeing (Haslam et al., 2009), and the experience of depression in particular. Social identification has been proposed to be the “active ingredient” in social relationships that provides their protective benefit against depression. Indeed, social identification has been found to be more strongly associated with depression than social contact (Sani et al., 2012, 2015). Joining a social group has been found

to increase the likelihood of depression recovery and prevent relapse (Cruwys et al., 2013), with studies suggesting that social groups are therapeutic only when they are underpinned by social identification (Cruwys et al., 2014b). The reason social identification is theorised to be so powerful is that it can be conceptualised as a psychological resource, that both informs one's self-definition and provides a foundation for meaningful interaction with others (Jetten et al., 2014).

Similarly, the social identity approach suggests that social support is not a free-floating resource that can originate from any social relationship. Instead, social support emerges from group memberships, such that it is both more likely to be given (Drury et al., 2016; Levine et al., 2005; Platow et al., 1999) and received in the manner it was intended (Haslam and Reicher, 2006) within the context of a salient shared group membership. For instance, in one study, Manchester United football club fans were quick to help others wearing Manchester United shirts, but slow to help those wearing rival team shirts. However, when the social identity of those participants was defined more broadly, as *football* fans rather than Manchester United fans, participants were equally likely to help another fan, irrespective of what team shirt that individual was wearing (Levine et al., 2005). Other studies have also shown that perceptions of social support flow from social identification (Haslam et al., 2005), and that only social support that comes from an in-group member buffers against perceived stress (Frisch et al., 2014). The upshot of these findings is that the various benefits provided by social support – instrumental, emotional, material, financial – are more likely to be available and utilised when a salient social identity exists between the provider and recipient of support. However, social support and social identification have never been directly compared in terms of their utility for understanding the relationship between life transitions and mental health. We argue that social support may have more predictive power if conceptualised in terms of the resources received from social group memberships.

Finally, the social identity framework has also been applied in the context of stress. Researchers have established that people experience less perceived stress and are more resilient following stressors in the context of salient social identification (Haslam et al., 2004; Haslam et al., 2005; Haslam and Reicher, 2006). For instance, people who have been reminded of their social identities are more persistent and recover more quickly from physical stressors such as a cold-pressor task (Jones and Jetten, 2011). Similarly, people find public speaking less stressful if they have previously been reminded of a shared social identity with the audience (Häusser et al., 2012), and are more resilient in the face of traumatic experiences when they can draw upon social identification (Bombay et al., 2014; Drury, 2003). It has been argued that a key reason for these findings is that salient social identities determine the degree to which a person perceives a stressor as threatening to the self (Levine, 1999; Levine and Reicher, 1996).

The social identity approach has also examined stressful life transitions in particular, using a framework called the Social Identity Model of Identity Change (Jetten et al., 2009). One proposition of this model, which differs from the predictions of the stress buffering hypothesis, is that one's social networks and sources of support are usually *affected by* a life transition. The social identity approach states that life transitions involve a change from one identity to another – bachelor to husband, or adolescent to adult. The social group memberships and resulting social support that was available prior to the life transition are unlikely to be the same or, perhaps, as rich, after the transition. The social identity model of identity change further posits that it is multiple group memberships that represent the true buffer against poor outcomes in a life transition. These multiple group memberships may be maintained across the transition and provide identity continuity (Haslam et al., 2008; Iyer et al., 2008), or may be new social groups that a person is able to access for the first time after the transition (Beckwith et al., 2015). Evidence for changes in social identity during life transitions has been found in the context of moving to university (Iyer et al., 2009), the transition to motherhood

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