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Social Science & Medicine 48 (1999) 1517–1530

SOCIAL
SCIENCE
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MEDICINE

Social comparison as a mediator of response shift

F.X. Gibbons*

Department of Psychology, Iowa State University, Ames, IA 50011, USA

Abstract

Previous research in the domain of social comparison theory has suggested that the same factors that have been hypothesized as antecedents to response shift, primarily significant life events, also prompt an increase in interest in social comparison. Based on this research, it is suggested that social comparison, or more specifically, change in social comparison, is a mediator of the relation between significant life events and the change in self-perspective - or response shift — that they often produce. Evidence supporting this claim is reviewed and new data are presented. Finally, the implications of this mediational relation, including those relevant to the design of interventions, are discussed. © 1999 Elsevier Science Ltd. All rights reserved.

Keywords: Social comparison; Mediation; Response shift

Introduction

A central question in the study of health behavior and indeed the entire discipline of psychology, is how people respond to change. Negative life events happen. How we react to these events has a profound impact on our physical and mental health, including our perceived quality of life or subjective well-being (Silver and Wortman, 1980). This paper concerns one kind of psychological reaction to change, namely, response shift. The term, according to Sprangers and Schwartz (1999), refers to “changes in the meaning of one’s self-evaluation of a target construct”. Three types of response shift have been identified: “(a) change in the respondent’s internal standards of measurement (i.e., scale recalibration); (b) redefinition of the target construct (i.e., concept redefinition); and (c) change in the respondent’s values (i.e., the importance of component domains constituting the target construct)” (Sprangers and Schwartz, 1999). These alterations may occur

quickly (a type of “conversion experience”, Rothbart, 1981), or they may evolve gradually over time (e.g., acknowledging the decline of aging). Most of the research to be discussed here falls into the former category and involves changes in individuals’ *valuations* of different dimensions (e.g., an ability or attribute) that come about as the result of specific, discrete events, such as illness or injury.

The specific focus of this paper is on a social psychological process that is thought to occur frequently in situations that are also conducive to response shift. That process is social comparison (SC): comparing oneself, one’s status and/or one’s situation with that of others. The central argument to be made is that the typical antecedents to response shift — significant life events, such as health problems and the threat associated with them — often effect a change in the amount and the type of SC that occurs. In particular, the *level* at which the individual compares is usually lowered while the *amount* of SC in which the individual engages typically increases. This altered SC behavior can and often will, alter perspective on the self, on one’s status, etc. In other words, it can pro-

* Fax: +1-515-2946424.

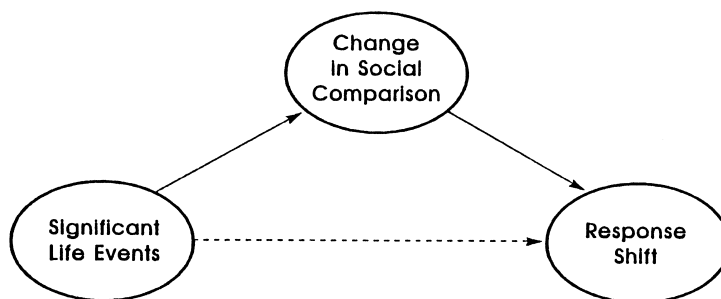


Fig. 1. Social comparison as a mediator of the relation between life events and response shift.

duce a response shift. Thus, SC is proposed as a *mediator* of the relation between significant life events and response shift (other mediators are discussed in the review paper of Sprangers and Schwartz (1997)). The basic model is presented in Fig. 1.

Surprisingly, although the importance of response shift has been recognized and discussed by some researchers (Breetvelt and VanDam, 1991; Sprangers, 1996), the concept has received very little empirical attention. Consequently, most of the research reviewed here in support of the mediation argument will be drawn from other areas and then related to the topic at hand. This research suggests that a certain type of social comparison, called downward comparison, can lead to a change in self-evaluation that is indicative of a response shift. The paper begins with a discussion of research that has assessed the relation between stress, such as that associated with health threat and SC. Studies are then described that examine the role of SC in perceptions of health; the results of a lab study that provides some empirical evidence of response shift are presented, followed by discussions of situations in which SC-based response shift can have negative consequences and then moderators of response shift impact. Finally, the paper concludes with a discussion of future research possibilities and an overview of the SC/response shift relation.

Social comparison and stress

People socially compare in order to obtain information about themselves (Gibbons and Gerrard, 1991). The process is relatively automatic — it is “spontaneous, effortless and unintentional...” (Gilbert et al., 1995; cf. Wood, 1996) and it is quite common. Nonetheless, the need to know how one is doing is likely to increase significantly during periods of stress, such as that produced by health problems (see Buunk and Gibbons, 1997, for a review). Although there is little direct evidence of increases in SC as a result of experiencing health problems (most such occurrences

are unanticipated and thus pre-/post-event assessments of comparison activity are rare), there is considerable indirect evidence in the literature to support this assumption. First, Gibbons and Buunk (1999) reported a positive correlation between their individual difference measure of social comparison tendencies (the INCOM) and a measure of perceived stress. As far as physical health is concerned, there are also a number of supporting studies. For example, Kulik and Mahler (1997) found that men awaiting cardiac surgery were particularly interested in comparing themselves and their situations with other cardiac patients. Helgeson and Taylor (1993) reported that a majority (60%) of their cardiac rehabilitation patients reported engaging in SC with other patients, but suggested that this figure may be an underestimation due to reluctance to admit such comparisons (cf. Hemphill and Lehman, 1991; Wood, 1996). Tennen and Affleck (1997) reported that fibromyalgia patients frequently compare themselves with others who are similarly afflicted, some doing it on a daily basis. In fact, more than a dozen studies have been conducted that have examined the SC habits of cancer patients and rheumatoid arthritis patients (see Tennen and Affleck, 1997) and many of them lead to essentially the same basic conclusion: health problems generally intensify interest in SC and that interest appears to covary with problem difficulty (Vanden Borne and Pruyn, 1985; Molleman et al., 1986).

The fact that health problems enhance interest in social comparison is quite consistent with the original Festinger (1954) statement of SC theory. Health problems produce uncertainty and, according to the theory, uncertainty increases the need for information and, therefore, the desire for comparison (Gibbons and Buunk, 1999; Taylor et al., 1990; cf. Molleman et al., 1986). Support for this assumption comes from another correlational study. Vander Zee et al. (1996) reported a negative correlation between the Gibbons and Buunk (1999) measure of SC tendencies and cancer patients’ perceptions of their health and an even stronger, positive correlation ($r = 0.42$, $p < 0.001$) between the SC scale and the measure of health dis-

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