

Collective self-esteem and the onset of chronic conditions and reduced activity in a longitudinal study of aging[☆]

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Abstract

Collective self-esteem (CSE) is an individual's self-evaluation as a member of social groups. It is thought to promote health and well-being in later life by moderating the harmful effects of losing personal control over these experiences. In this study of 144 community-dwelling older adults in Manitoba, Canada, among those with lower health-related perceived control, respondents with higher CSE at baseline developed significantly fewer chronic conditions over the next 6 years. An expected negative relationship between age and activity level, which respondents higher in CSE showed, was not observed among respondents with lower CSE, whose activity level in the sample age range (78–98 years) was already very low. Higher CSE thus appeared to delay the decline of activity and chronic health that would otherwise accompany age and the absence of perceived control.

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Introduction

Social integration contributes positively to people's health throughout their lives (House, Landis, & Unger, 1988). Other circumstances being equal, people with more numerous or more positive social ties are

reliably healthier and have a lower risk of imminent death. To explain this phenomenon, a substantial literature has formed around the concept of social support, which encompasses material aid, information, or emotional comfort that is exchanged within a social network, together with the perception that one can count on aid or comfort from specific individuals in times of need (Cohen, 1988). Although other psychological features of social integration are routinely acknowledged to exist, they have received less attention in health research. These features include an individual's active participation in, identification with, and pride in belonging to certain communities, relationships, and social roles (Brisette, Cohen, & Seeman, 2000). Apart from aid or comfort, these self-representational aspects of belonging come together in a person's *social identity*, which refers to knowledge of oneself as a member of social groups or relationships, and the

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feelings that are associated with this knowledge (Tajfel, 1982).

Does social identity play a role in producing health in later life? We have designed this research to investigate this topic, with two specific aims. The first aim is to determine whether feeling positively about one's social identity predicts objective indicators of healthy aging, such as being free of chronic health problems and remaining physically active. The second aim, contingent on the first, is to establish boundary conditions on this relationship, in the nature of older adults' striving to control their health.

Social identity and health in later life

A burgeoning topic of research in social psychology for many years, the concept of social identity has rarely appeared in health and aging research. When it has appeared in this context, researchers have most often regarded social identity as a liability, or as a mechanism of exposure to identity-relevant stressors from which poor health can result (Contrada & Ashmore, 1999; Krause & Borawski-Clark, 1994; Thoits, 1991).

For example, a series of studies by Cole, Kemeny, and Taylor (1997) examined the rate of HIV progression in seropositive gay men, plus many other physical health risks in their seronegative counterparts. Most participants in these studies shielded themselves from the threat of homophobic social rejection by partially concealing their gay identity, and these participants, compared with those who were openly gay, showed a faster rate of HIV progression or an elevated risk of other physical health problems. Being open, however, did not benefit approximately 20% of the applicable cases who also scored highly on a measure of their sensitivity to homophobic social rejection. Thus, in both the concealed and the open groups, this research found that the threat of homophobic rejection claimed lives sooner, the more acutely it was felt.

Although a negative view of social identity prevails in the health and aging fields, some researchers have conceived of social identity as a positive coping resource (Thoits, 1983). For example, Collins (1998) found that gay pride, among gay men who were HIV-positive, was associated with less passive and avoidant coping, greater perceived social support and new friendships since being diagnosed with HIV, and less anxiety and depression. Some closely related concepts to social identity, including one's perceived usefulness to others or social engagement in a helping role, have been associated with lower mortality and slower cognitive decline

among older adults in Japan and Spain (Béland, Zunzunegui, Alvarado, Otero, & del Ser, 2005; Okamoto & Tanaka, 2004). In the strongest research to date, conducted by Levy, Slade, and Kasl (2002), older adults who naturally hold or are experimentally primed with positive stereotypes of aging perform better than those with negative stereotypes on a wide array of functional health-related outcomes, including perceived control, will to live, (non-)disability, and survival.

Thus, it seems possible that social identity is related to health, not merely as a liability for members of disadvantaged groups, but as an intrinsic feature of human development that may have protective as well as harmful effects on health. To elaborate on this theoretical proposition, we have drawn upon two previously separate research streams.

Collective self-esteem and control striving

The first stream, which has furnished a measure of social identity for our research, describes the nature and implications of collective self-esteem. This construct, originally developed by Crocker and Luhtanen (1990), refers to an individual's global self-evaluation as a member of the social groups or categories to which he or she belongs. Self-perceptions of worthiness as a member, personal value placed on membership, and public respect for one's groups or categories, are all components of an individual's collective self-esteem. Past research shows that these components can account for individual differences in psychological well-being, based on one's collectivist orientation or religious identification (Bettancourt & Dorr, 1997), and that collective self-esteem is positively related to psychological well-being, holding personal self-esteem aside, among members of racial minority groups (Crocker, Luhtanen, Blaine, & Broadnax, 1994). Thus, collective self-esteem seems to describe an aspect of social integration that is both *abstract*, in that it transcends various sizes and kinds of groups, and *functionally relevant*, in that it affects well-being.

The second stream describes the nature and implications of striving for control over the lifespan (Heckhausen & Schulz, 1995). Research in this stream has furnished a theoretical framework that, we believe, anticipates the relevance of collective self-esteem for health in later life. To feel that one has control over important outcomes in one's life has well-known positive effects on physical health and longevity (Chipperfield, 1993). Normal aging, however, often presents one with situations that objectively limit one's control

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