



Making support work: The interplay between social support and social identity



Johanna U. Frisch^{a,*}, Jan A. Häusser^a, Rolf van Dick^b, Andreas Mojzisch^a

^a Institute of Psychology, University of Hildesheim, Germany

^b Department of Psychology and Sports Sciences and Center for Leadership and Behavior in Organizations at Goethe-University Frankfurt, Germany

HIGHLIGHTS

- We examined the interplay of social identity and support in a stressful situation.
- The Trier Social Stress Test (TSST) was used to induce socio-evaluative stress.
- Social identity and social support were manipulated orthogonally.
- Support buffered cortisol responses only if a shared social identity was salient.
- The social identity approach offers a promising framework to study stress responses.

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ABSTRACT

Previous research has found mixed results regarding the stress buffering effects of social support. In an attempt to explain these findings, we build on the social identity approach. Specifically, we hypothesize that social support is more likely to buffer stress reactions if a shared social identity between the provider and recipient of support is evoked. Using the Trier Social Stress Test (TSST), participants were confronted with either a supportive or an unsupportive committee. Beforehand, the salience of either a shared social identity between the participant and the committee or a personal identity was manipulated. As predicted, a supportive TSST committee buffered the neuroendocrine stress reaction only if a shared social identity between participants and the committee was established. For self-reported strain, no such pattern was observed. This study provides the first experimental evidence for the idea that the effectiveness of social support depends on the match of underlying identities.

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Introduction

Be it during drama or concert performances in school, oral examinations at university, job interviews, talks at conferences or at company meetings, or even speeches at dinner parties—from cradle to grave we face countless situations where we are evaluated by others. By giving rise to feelings of social-evaluative threat, that is, the fear that important aspects of the self might be evaluated negatively (Dickerson & Kemeny, 2004), these situations may produce stress. More specifically, according to the classic stress theory of Lazarus (1966), the subjective experience of stress, along with bodily and behavioral reactions, results from a two-step appraisal process. The first step is an appraisal of the potential harmfulness of a given situation (primary appraisal). The second step is an appraisal of one's potential to cope with that situation (secondary appraisal). According to this approach, stress arises if individuals

appraise a given situation as potentially harmful or threatening for their well-being (or as in the case of social-evaluative threat, for their self-esteem) and realize that their own resources are not sufficient to cope with the stressor (Lazarus & Folkman, 1984).

Luckily, we often do not have to master these stressful situations alone as we receive social support from others. This support can take various forms such as emotional support (i.e., the provision of empathy, esteem and concern), instrumental or tangible support (i.e., the provision of material aid), or appraisal support (i.e., the provision of information that leads to alternative assessments of the stressor itself or one's ability to cope with it) (Cohen & McKay, 1984; cf. also House, 1981). Social support can unfold its beneficial effects at different stages of the stress process. It can directly affect both appraisal processes, thereby preventing the development of stress in the first place and it can help in dealing with the consequences of the stress reaction (Cohen & Wills, 1985; Haslam, 2004).

In particular, there is converging evidence showing that emotional social support can attenuate physiological stress reactions, such as cortisol secretion (Heinrichs, Baumgartner, Kirschbaum, & Ehlert, 2003;

* Corresponding author at: University of Hildesheim, Institute of Psychology, Marienburger Platz 22, 31141 Hildesheim, Germany.

E-mail address: frischo@uni-hildesheim.de (J.U. Frisch).

Rohleder, Beulen, Chen, Wolf, & Kirschbaum, 2007, Study 4), or increased blood pressure and heart rate (e.g., Lepore, Allen, & Evans, 1993; Phillips, Gallagher, & Carroll, 2009). However, emotional social support is not always effective and sometimes has no (e.g., Allen, Blascovich, Tomaka, & Kelsey, 1991; Anthony & O'Brien, 1999; Taylor et al., 2010) or even detrimental effects, that is, social support may amplify stress reactions instead of buffering them (e.g., Bolger & Amarel, 2007; Maisel & Gable, 2009). Bolger, Zuckerman, and Kessler (2000) suggest that emotional social support can also be perceived as a threat to one's self-esteem and can lead to feelings of being ineffective. Hence, it seems that social support is more likely to unfold its beneficial effects when interpreted without distrust and in the positive spirit it is offered.

One of the studies reporting no effect of emotional social support was conducted by Taylor et al. (2010). This study is of particular interest since it extends the previous research by changing the role of the support provider. Unlike most other studies, which have focused on examining the effects of social support provided by someone (e.g., friends, family members or confederates) who was not directly part of the stressful situation, the support in Taylor et al.'s study came from the source of social-evaluative threat itself. Indeed, there are many everyday life situations in which support could only be provided by the 'stressor' itself. For example, imagine a researcher presenting at a conference. Here, the audience is the source of social-evaluative threat but, at the same time, the people in the audience are also the only providers of support available (e.g., the audience can express nonverbal positive feedback for the person giving the talk). Intuitively, for the stress response of the person giving the talk, it should make a difference whether or not the audience is providing such support.

Taylor et al. (2010) used an adapted version of the Trier Social Stress Test (TSST; Kirschbaum, Pirke, & Hellhammer, 1993). In the TSST the participants take part in a mock job interview during which they are evaluated by a committee that remains neutral. In their study, Taylor et al. (2010) manipulated the behavior of the TSST committee, while otherwise attending to the TSST standard protocol. Thus, instead of being neutral and giving no performance feedback, the TSST committee behaved in either a supportive (i.e., mainly emotional support by demonstrating interest, esteem and empathy) or an unsupportive way. The results turned out to be surprising: A supportive committee did not attenuate cortisol stress reactions. Strikingly, the cortisol levels in the supportive condition were not significantly different from those in the unsupportive condition. This finding raises the question of why participants in this study did not benefit from social support, and, more generally, which factors may facilitate the effectiveness of social support.

The interconnectedness of social identity and social support in reducing stress

To explain the results by Taylor et al. (2010), we argue that the relationship between the provider and the recipient of social support needs to be taken into account. A variable that is closely related to our concept of self as well as to our perception of and behavior towards others is social identity, that is, "that part of an individual's self-concept which derives from his knowledge of his or her membership of a social group" (Tajfel, 1978, p. 63).

Building on social identity theory (Tajfel & Turner, 1979) and self-categorization theory (Turner, 1985)—often embraced as the social identity approach (Haslam, 2004)—it has been shown that a shared social identity is positively associated with health and well-being (for an overview see Haslam, Jetten, Postmes, & Haslam, 2009). Both correlational (e.g., Haslam, Jetten, & Waghorn, 2009; Haslam & Reicher, 2006) and experimental studies (Häusser, Kattenstroth, van Dick, & Mojzisch, 2012; Wegge, Schuh, & van Dick, 2012) demonstrate that a shared social identity comes with reduced levels of stress. For example, evidence for the mere impact of a shared social identity has been provided by Häusser et al. (2012). They found that participants sharing a

social identity during a stressful situation had an attenuated cortisol reaction compared to participants that were not sharing a social identity.

In addition to these *direct* effects of social identity on health and well-being, it has been argued that social identity is also an important variable *moderating* the effectiveness of social support (Haslam, 2004; Haslam, Jetten, Postmes, & Haslam, 2009; Haslam, Reicher, & Levine, 2012). Specifically, Haslam et al. (2012) proposed that a shared social identity serves as a basis for giving and receiving social support as well as for a favorable interpretation of support. A shared social identity provides group members with a common interpretive framework and induces feelings of trust, which foster the interpretation of support as being wholehearted and altruistic instead of some kind of hidden criticism. So far, however, there is no empirical evidence for the notion that a shared social identity moderates the effectiveness of social support, that is, the idea that the stress-buffering effects of social support depends on the existence of a shared social identity between the provider and the recipient of support. For example, the Häusser et al. (2012) study only provides evidence for the direct (i.e., main) effects of social identity on stress reactions, but did not test whether social identity also moderates the effectiveness of social support. In particular, Häusser et al. neither manipulated nor measured social support (in fact, it was not even possible for participants in this study to provide social support for each other, since throughout the whole study participants were explicitly not allowed to interact with each other).

If we now take a fresh look at the study of Taylor et al. (2010), there is no indication that the committee and the participant shared a social identity. The context of the TSST, that is, taking part in a job interview, even seems to be a typical trigger for rendering one's personal identity salient—that is, the individual considers him- or herself to be a singular *I* with unique personality traits and individual attributes (Turner & Onorato, 1999/2010). Thus, we propose that the findings of Taylor et al. can be explained by the fact that, in the typical TSST setting, there is no shared social identity between the committee and the participant. To underpin this idea, we need to show that a supportive committee is more likely to reduce the participants' stress response if a shared social identity between the committee and the participant is induced. Thus, we hypothesize that emotional social support is more likely to work as a buffer against stress if the provider and recipient of social support share the same social identity. More generally, we aim to test the hypothesis that "the impact—and the curative potential—of social support is heavily conditioned by its psychological partnership with social identity" (Haslam et al., 2012, p. 170).

The present study

The present study sought to provide an experimental test of this hypothesis by orthogonally manipulating identity salience and social support. We induced social-evaluative stress by employing the TSST. In line with Taylor et al. (2010), the TSST committee members in the present study acted either emotionally supportive or unsupportively. However, extending Taylor et al., prior to the TSST, a shared social identity between the TSST committee and the participant was established for half of the participants, whereas a personal identity was made salient for the other half.

The TSST has been shown to be a very potent stressor that produces various psychological and physiological stress reactions. On a psychological level, feelings of insecurity, anxiety, stress (e.g., Hellhammer & Schubert, 2012) or shame (Dickerson, Gruenewald, & Kemeny, 2004) are evoked. Physiologically, the TSST triggers an increased release of cortisol and higher heart rates, as well as elevated blood pressure and several other biological stress markers (for a review see Kudielka, Hellhammer, & Kirschbaum, 2007). In the present study we focused on measuring salivary cortisol as an indicator of the physiological stress response since it has been shown to be a reliably affected by the TSST (Dickerson & Kemeny, 2004; Hellhammer, Wüst, & Kudielka, 2009). Moreover, cortisol has been proposed as a more specific indicator of

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