Rolf van Dick

Unlocking good health through social connections

ETH Zürich
5 October 2023

An Exercise

Rank the following 11 factors in terms of their importance as predictors of mortality:

- ☐ Not smoking
- ☐ Quitting smoking
- ☐ Not being obese
- ☐ Being exposed to air pollution
- ☐ Receiving social support
- ☐ Taking appropriate medication
- ☐ Exercising
- ☐ Being socially integrated
- ☐ Being physically active
- ☐ Not drinking excessive alcohol
- ☐ Flu vaccination

(Holt-Lunstad et al, 2010, *PloS Med*; 148 studies; 308,849 Ps)

An Exercise

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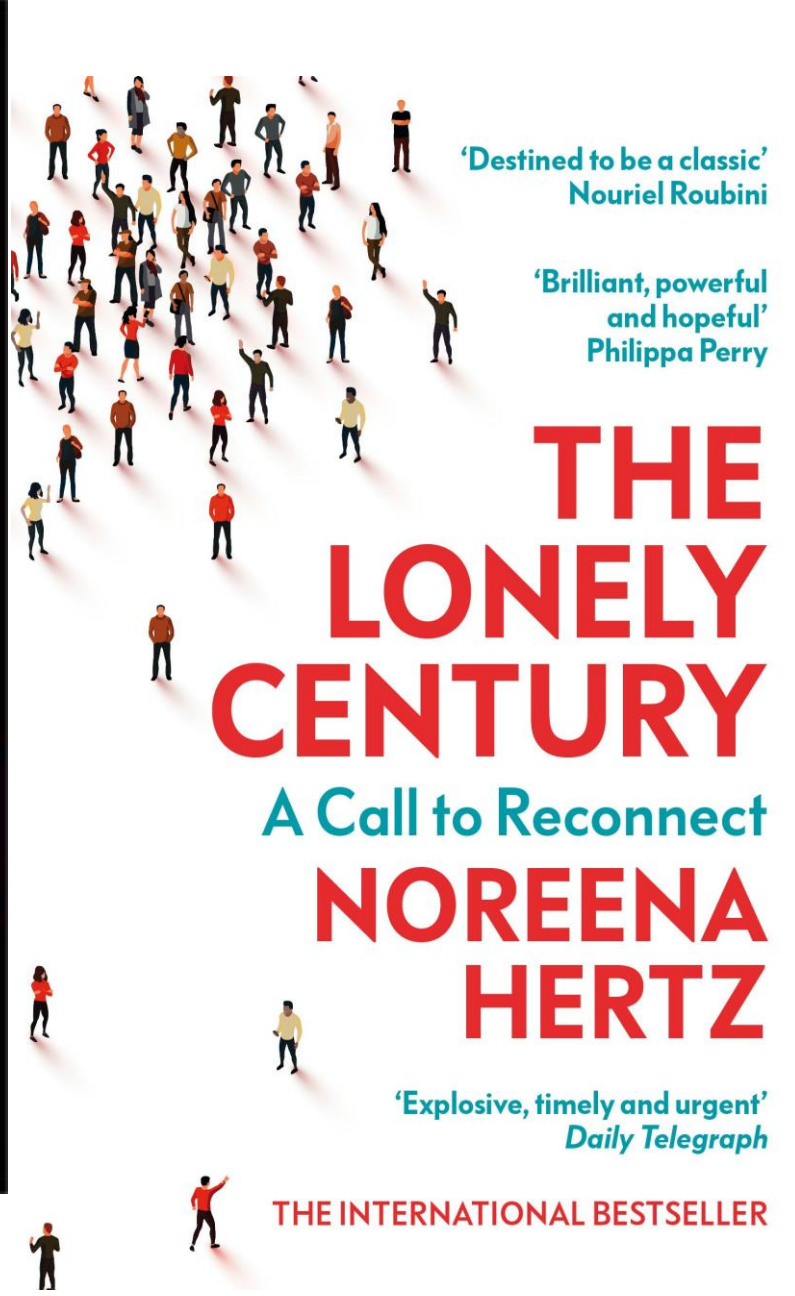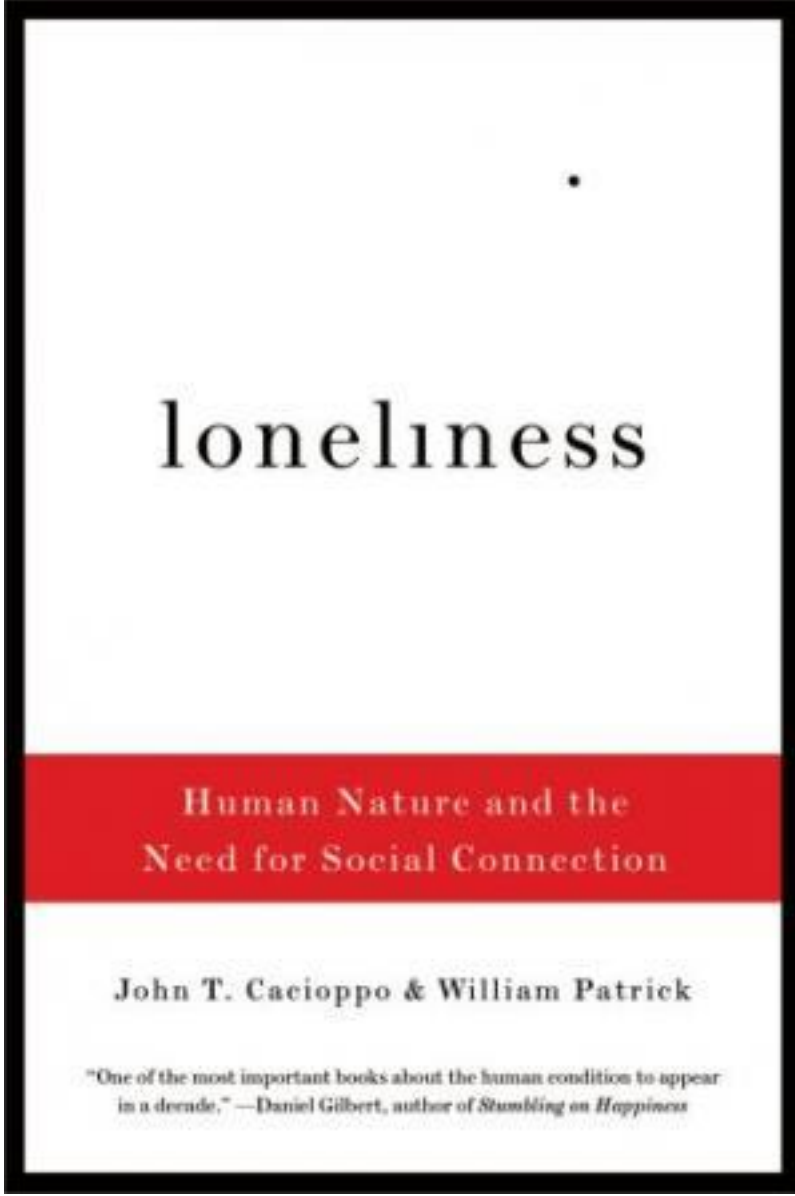☐ Not drinking excessive alcohol
☐ Flu vaccination
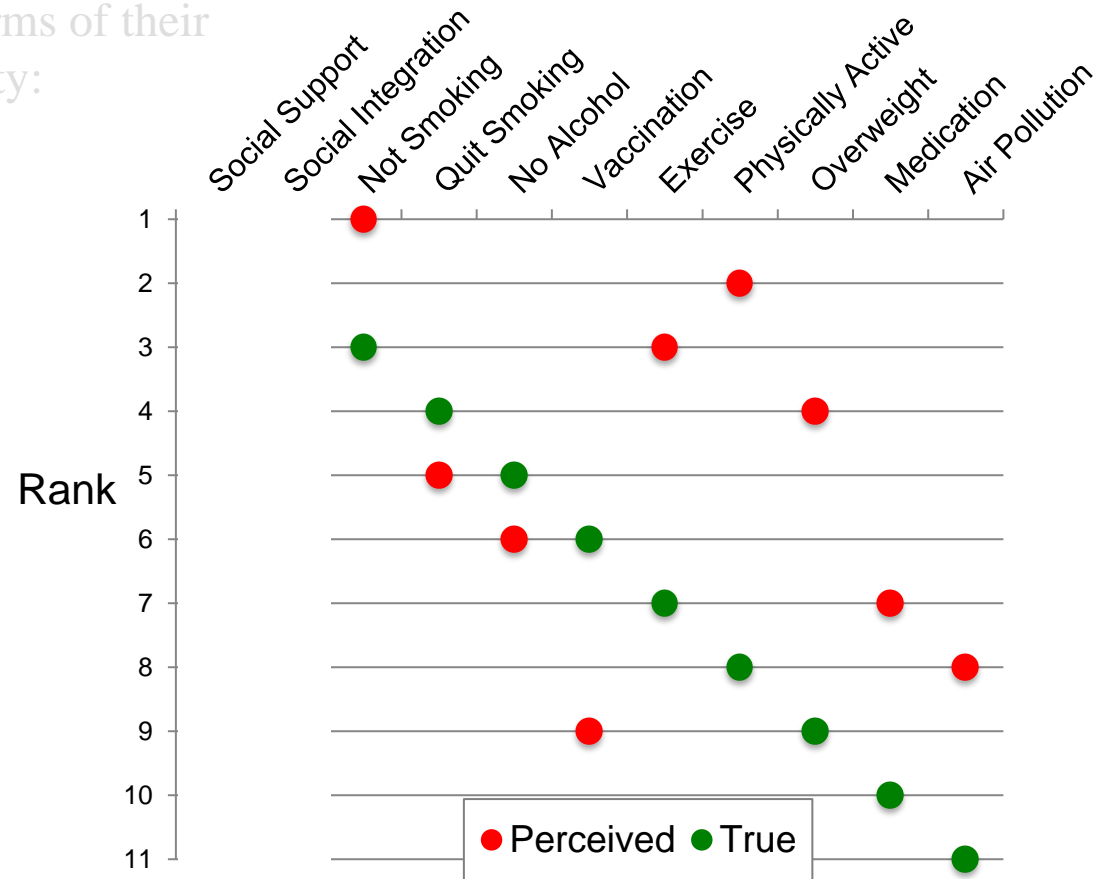
„Loneliness kills"

Holt-Lundstad et al. (2015) in another meta-analysis of > 70 prospective studies (with an average duration of 7 years, participants at the start averaged 60 years) found significant relations between mortality and...

- social isolation (29% higher likelihood of death),
- Loneliness (26%)
- Living alone (32%)

(even when controlling for age, socioeconomic status and health at the start of the study)

loneliness

Human Nature and the Need for Social Connection

John T. Cacioppo & William Patrick

"One of the most important books about the human condition to appear in a decade."—Daniel Gilbert, author of *Stumbling on Happiness*

'Destined to be a classic'
Nouriel Roubini

'Brilliant, powerful and hopeful'
Philippa Perry

THE LONELY CENTURY
A Call to Reconnect
NOREENA HERTZ

'Explosive, timely and urgent'
Daily Telegraph

THE INTERNATIONAL BESTSELLER

A BIOGRAPHY OF LONELINESS
Fay Bound Alberti

Translational Psychiatry

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ARTICLE   **Open Access**

Psycho-social factors associated with mental resilience in the Corona lockdown

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Abstract

The SARS-CoV-2 pandemic is not only a threat to physical health but is also having severe impacts on mental health. Although increases in stress-related symptomatology and other adverse psycho-social outcomes, as well as their most important risk factors have been described, hardly anything is known about potential protective factors. Resilience refers to the maintenance of mental health despite adversity. To gain mechanistic insights about the relationship between described psycho-social resilience factors and resilience specifically in the current crisis, we assessed resilience factors, exposure to Corona crisis-specific and general stressors, as well as internalizing symptoms in a cross-sectional online survey conducted in 24 languages during the most intense phase of the lockdown in Europe (22 March to 19 April) in a convenience sample of $N = 15{,}970$ adults. Resilience, as an outcome, was conceptualized as good mental health despite stressor exposure and measured as the inverse residual between actual and predicted symptom total score. Preregistered hypotheses (osf.io/r6btn) were tested with multiple regression models and mediation analyses. Results confirmed our primary hypothesis that positive appraisal style (PAS) is positively associated with resilience ($p < 0.0001$). The resilience factor PAS also partly mediated the positive association between perceived social support and resilience, and its association with resilience was in turn partly mediated by the ability to easily recover from stress (both $p < 0.0001$). In comparison with other resilience factors, good stress response recovery and positive appraisal specifically of the consequences of the Corona crisis were the strongest factors. Preregistered exploratory subgroup analyses (osf.io/thka9) showed that all tested resilience factors generalize across major socio-demographic categories. This research identifies modifiable protective factors that can be targeted by public mental health efforts in this and in future pandemics.

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Introduction

Pandemics can induce high levels of stress and result in mental health problems, including depression, anxiety,

See also Bögemann et al., in press, *JMIR Mental Health*
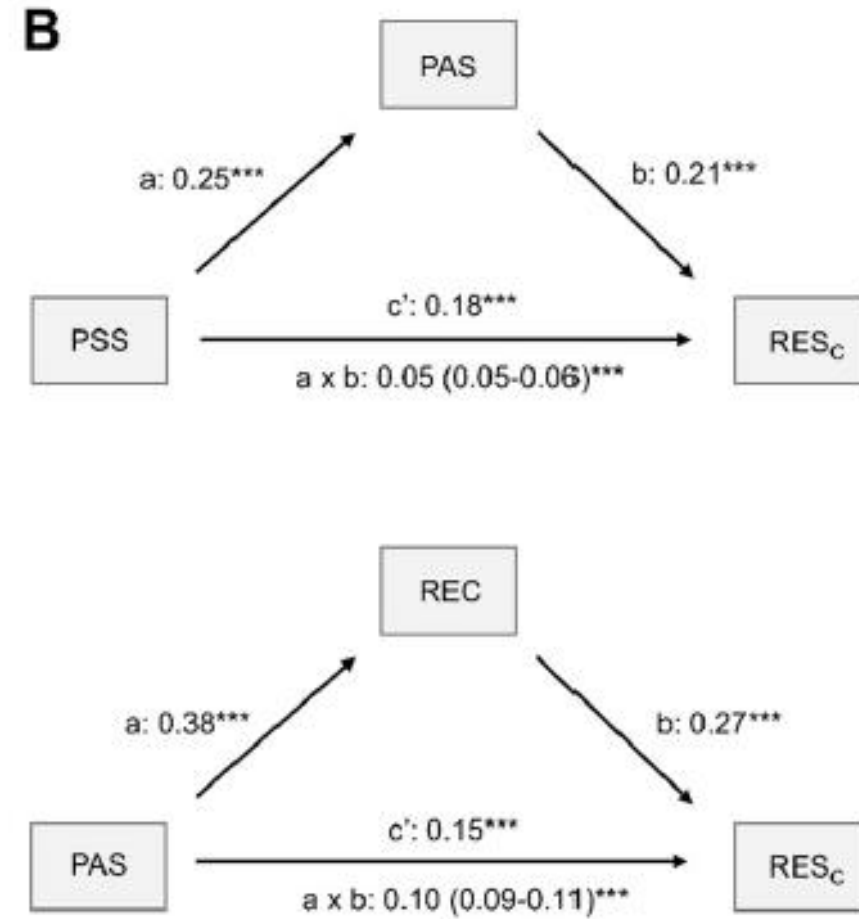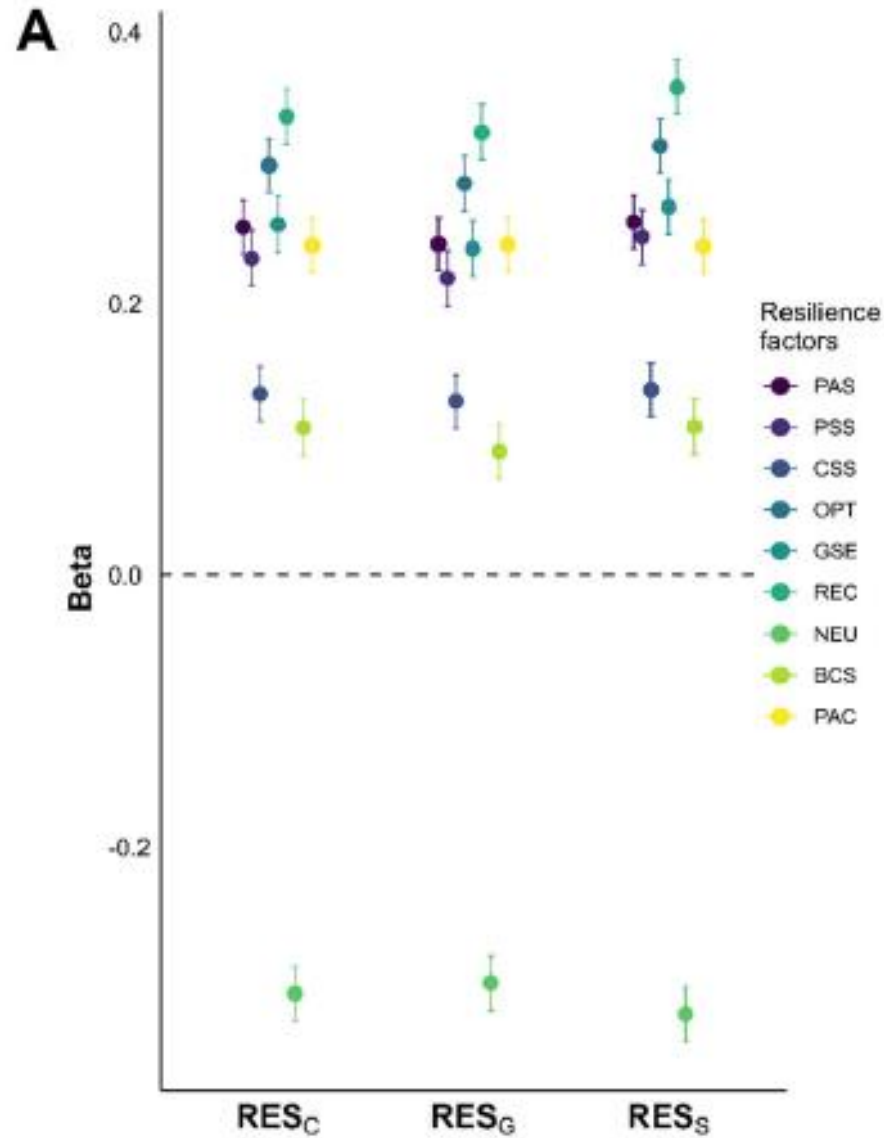
Overview

- The social identity approach

- Hypotheses

- Empirical evidence

- An exercise: Your social identity map

- More empirical evidence

- Conclusions

The social identity approach
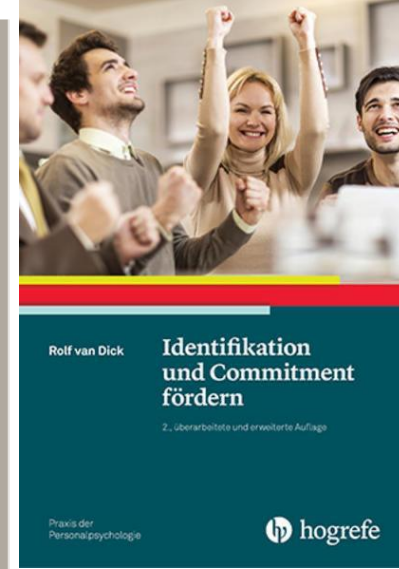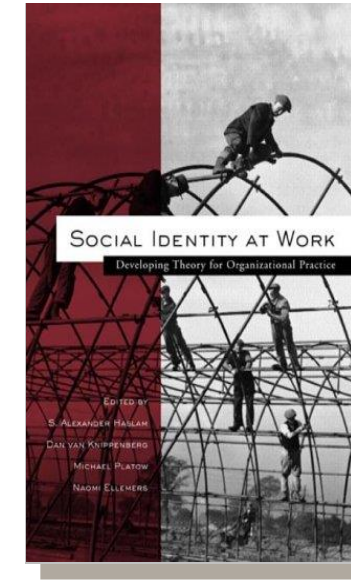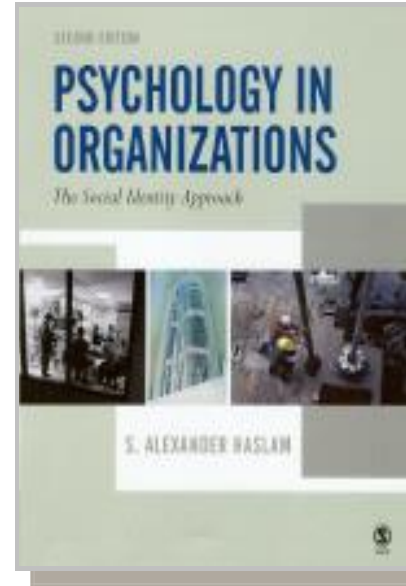
- Incorporating principles from social identity theory (Tajfel & Turner, 1979) and self-categorization theory (Turner et al., 1987).

- Argues that there is a qualitative difference between behaviour that is based on personal identity ('I') and that based on social identity ('we').

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The social identity approach

- When a social identity (a social self-category; e.g., 'us psychologists', 'us academics') becomes salient, this has a number of important implications for social and organizational behaviour (Haslam, 2004; van Dick, 2004).

- In particular, those who share this identity are more likely to:

  - perceive themselves as relatively interchangeable
  - engage in mutual influence (because they perceive themselves to have a common perspective on reality)
  - co-ordinate their behaviour with reference to emergent group norms (e.g., those that define the group as positively distinct from other groups)
  - work collaboratively to advance the interests of the group as a whole.

social identity
(Academics)
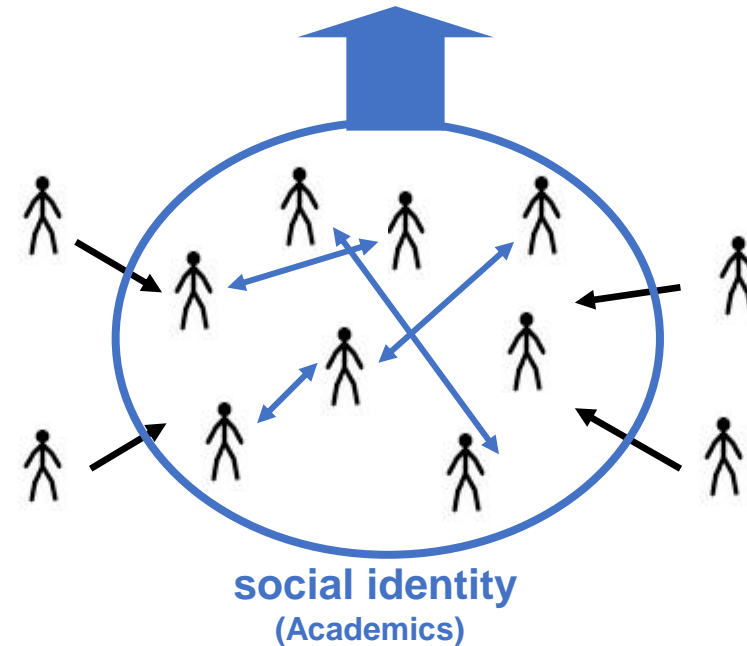
The social identity approach

- **These ideas have implications for a broad range of social and organizational issues** (e.g., Haslam, 2004; Haslam et al., 2003; van Dick, 2001, 2004; Riketta & van Dick, 2005; Lee, Park & Ko, 2015).

- e.g., leadership, motivation, turnover, productivity (e.g., van Dick et al., 2004a, 2004b, 2007; Ullrich, Christ & van Dick, 2009; Wieseke, Ahearne, Lam, & van Dick, 2009)

- e.g., citizenship: To the extent that people define themselves in terms of social identity, they should be more willing to engage in behaviour which promotes the interests of the group to which that identity relates — even if this involves personal cost. (e.g., Christ, van Dick, Wagner, & Stellmacher, 2003; van Dick et al., 2006)

But do they have any implications for well-being and mental health?

Social identity, well-being and mental health:
Hypotheses (van Dick & Haslam, 2012)

- To the extent that they define themselves in terms of shared group membership, individuals should provide, receive, and benefit from the social support of fellow ingroup members (Branscombe et al., 1999; Postmes & Branscombe, 2002).

- Among other things, this is because social identity provides the basis for a shared cognitive framework which means any help will be interpreted in the spirit in which it is intended. This is also associated with identity-based trust (reduced paranoia).

- It should also mean that individuals have greater potential for collective self-actualization. This should manifest itself in an enhanced sense of collective accomplishment.

Social identity, stress and mental health: Measurement of identification/ shared identity

- When someone praises my organization, it feels like a personal compliment.

- When someone criticizes my organization, it feels like a personal insult.

- I am very interested in what others think about my organization.

- When I talk about my organization, I usually say "we" rather than "they".

- My organization's successes are my successes.

(e.g., Mael & Ashforth, 1992; van Dick et al., 2004; Doosje et al., 2005)

Social identity, well-being and mental health:
First (correlational) evidence

- Van Dick & Wagner (2002): 2 studies among German schoolteachers

  - Study 1 (N=201): organizational identification – physical symptoms: r=-.30

  - Study 2 (N=283): occupational identification – physical symptoms: r=-.41; team identification – physical symptoms: r=-.28

- Wegge & van Dick (2006; N=161 call center employees):

  - Org. identification – burnout (EE: r=-.28; PA: r=.48; DP: r=-.40)

Survey data:
Employees' reports of stress and well-being (Haslam et al., *BJSP,* 2005)

- **Is social identification associated with increased social support and does this protect individuals from adverse effects of stress?**

- Survey of bar workers and bomb disposal experts ($N = 40$).

- Self-report measures
  - Social identification with workteam (2 items, $\alpha = .81$)
  - Social support (3 items, $\alpha = .81$)
  - Work stress (5 items, $\alpha = .68$)
  - Perceived stress of bomb disposal work (3 items, $\alpha = .95$)
  - Perceived stress of bar work (2 items, $\alpha = .71$)

Survey data:
Employees' reports of stress and well-being (Haslam et al., *BJSP,* 2005)

- Bar workers find handling bombs more stressful than bar work, but bomb handlers report the opposite.

- Group membership provides a basis for interpreting and normalizing stress

Perceived stressfulness of work

Type of work
- bomb work
- bar work
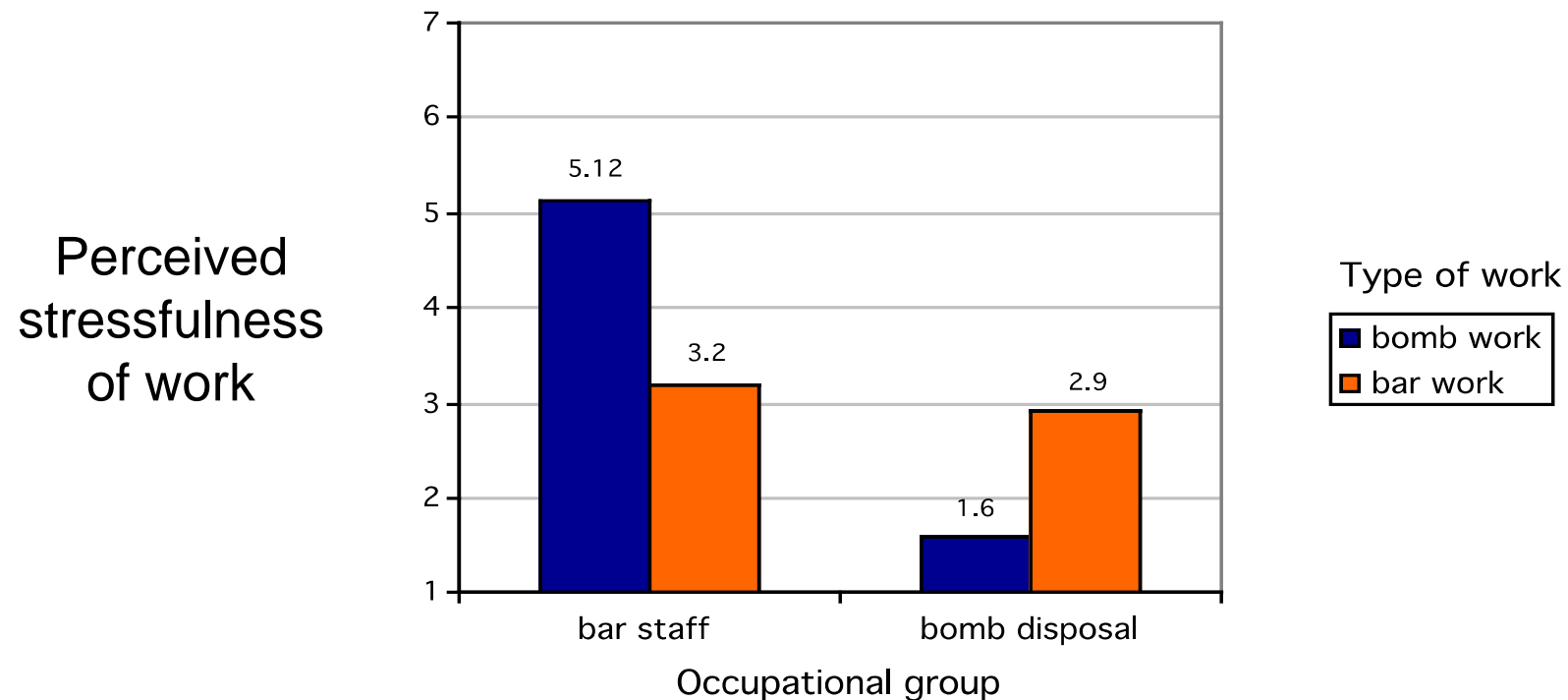
Survey data:
Employees' reports of stress and well-being (Haslam et al., *BJSP,* 2005)

- In both groups, social identification is associated with
  - (a) receipt of more social support
  - (b) less stress
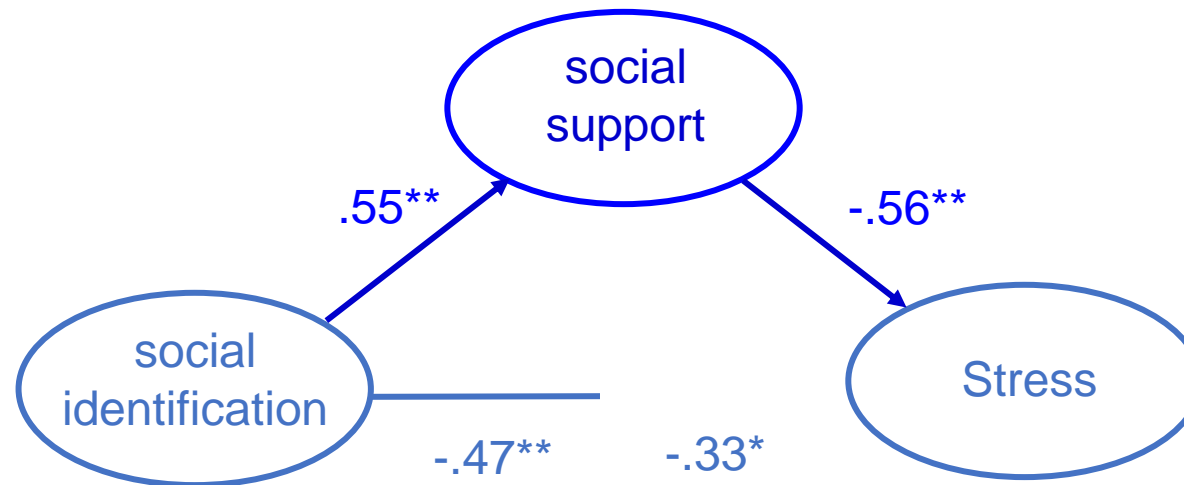
- Relationship between social identification and well-being is mediated by social support.

Processes!

192 Italian high-school teachers, 2500 Swiss teachers, 280 students
(Avanzi, Schuh, Fraccaroli, & Van Dick, 2015, W&S; Avanzi et al., 2018, TATE; Junker et al., 2019, BJSP)

- Organizational identification is associated with
  - (a) receipt of more social support from colleagues
  - (b) feelings of higher collective efficacy
  - (c) lower burnout
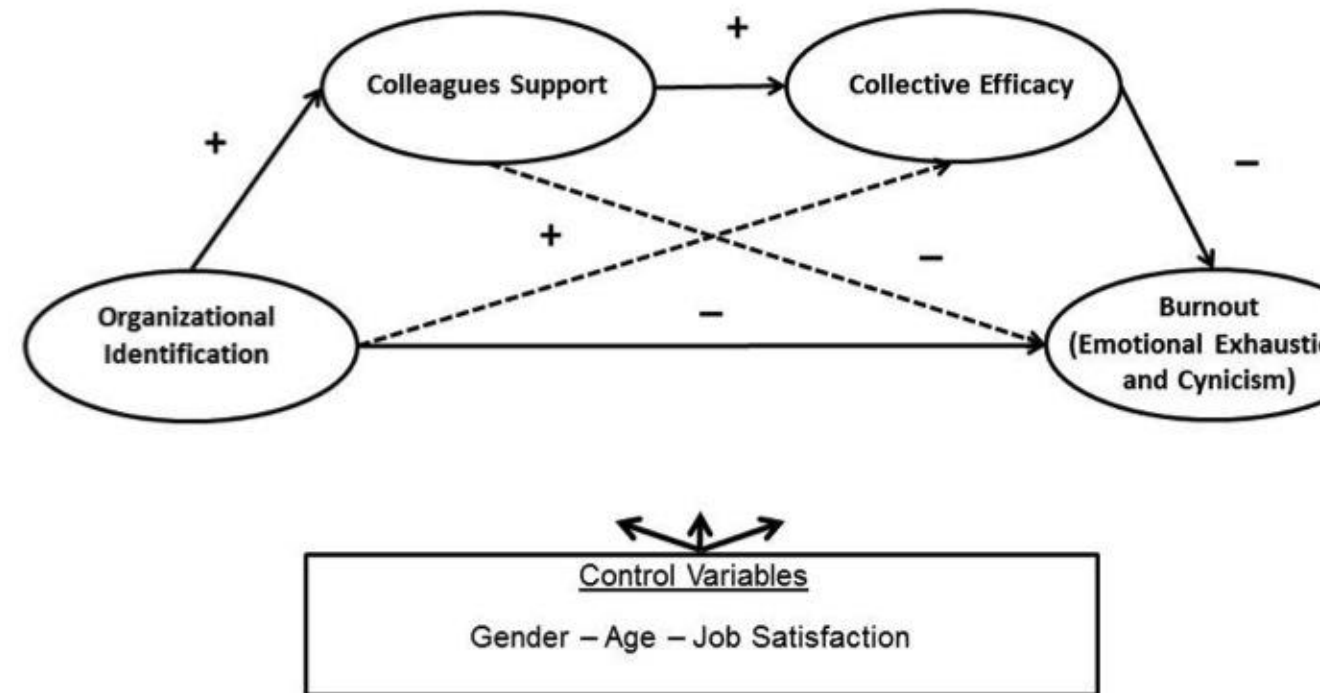
Team Identification and Burnout
Emotional and instrumental support as a trigger for two different Social Cure Mechanisms (Frenzel et al., 2023, BJSP)

► **Method**

• 4 waves

► **Sample**

• $N_{\text{Time1}} = 567$

• 47 years

• 45 % female

SEM with latent factors

Figure 1
Research Model
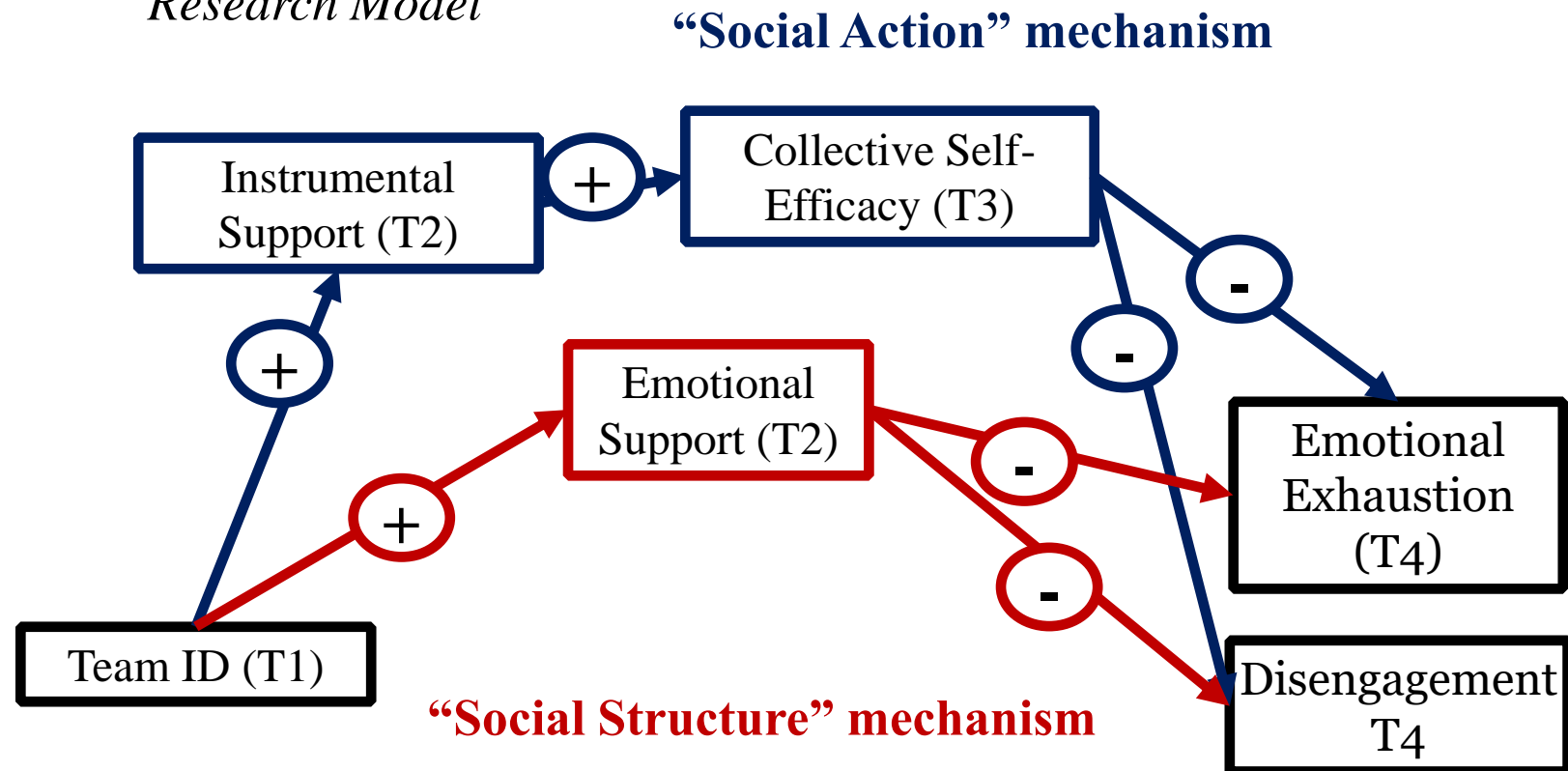
"Social Action" mechanism

Instrumental Support (T2)

Collective Self-Efficacy (T3)

Emotional Support (T2)

Team ID (T1)

Emotional Exhaustion (T4)

Disengagement T4

"Social Structure" mechanism

Experimental data 1:
Students' appraisal of stress and well-being (Haslam et al., *S&H*, 2004)

- Does social identification affect appraisal?

- Modification of classic Lazarus (e.g., 1966) study.
  - Participants exposed to message that an arithmetic task is challenging or stressful.
  - But message emanates from person described as either ingroup member (a fellow student), or outgroup member (a stress sufferer).

- Outcome measures:
  - Self-reported stress while performing task (22 items, α = .92).

Experimental data 1:

Students' appraisal of stress and well-being (Haslam et al., *S&H*, 2004)

- **Does social identification affect appraisal?**

- **Yes.** Appraisal (and associated reaction to a potential stressor) only responds to informational support if this emanates from an ingroup source.
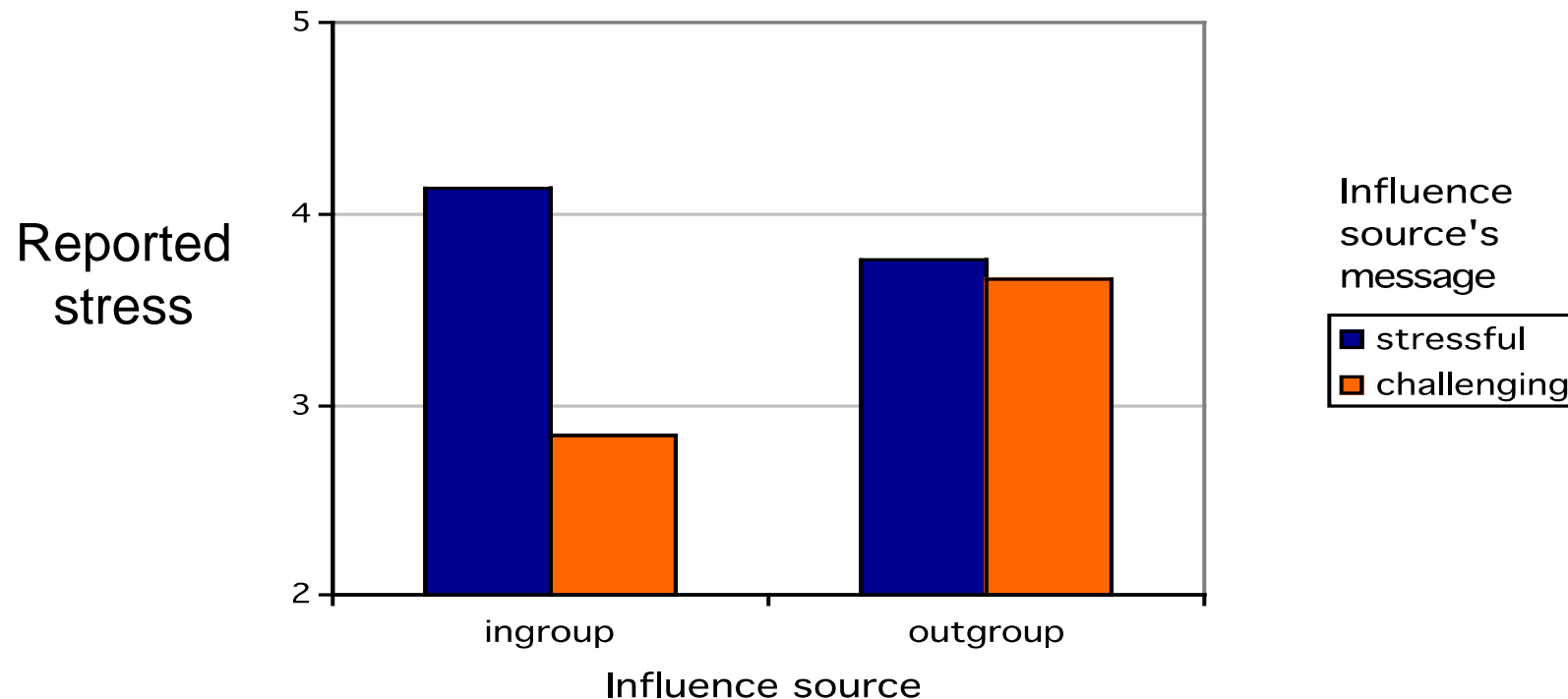
Experimental data 2:
Identity as stress buffer
(Häusser, Kattenstroth, van Dick & Mojzisch, JESP, 2012)

- **Does shared identity buffer against stress?**

  - Students were assigned to one of two conditions in groups with high versus low shared identity
  - Next, they completed the Trier Social Stress Test:
    - Giving a job talk to a jury
    - Counting backwards in steps of 17, starting from 2043

  - DV:
    - Changes in Cortisol levels

Experimental data 2:
Identity as stress buffer
(Häusser, Kattenstroth, van Dick & Mojzisch, JESP, 2012)

- **Does shared identity buffer against stress?**

—— personal Identity
···· social Identity

salivary cortisol (nmol/l)

-15 min   + 5 min   + 20 min   + 30 min   + 40 min

Experimental data 3:
Identity as stress buffer
(Frisch, Häusser, van Dick & Mojzisch, 2014)

- **Does shared identity help utilize social support?**

personal identitiy salience

Salivary Cortisol [nmol/l] vs Time [min]

Behavior of TSST-committee
- non-supportive
- supportive

Experimental data 3:
Identity as stress buffer
(Frisch, Häusser, van Dick & Mojzisch, 2014)

- **Does shared identity help utilize social support?**

Social identity salience

Behavior of
TSST-committee

■— non-supportive

▲— supportive
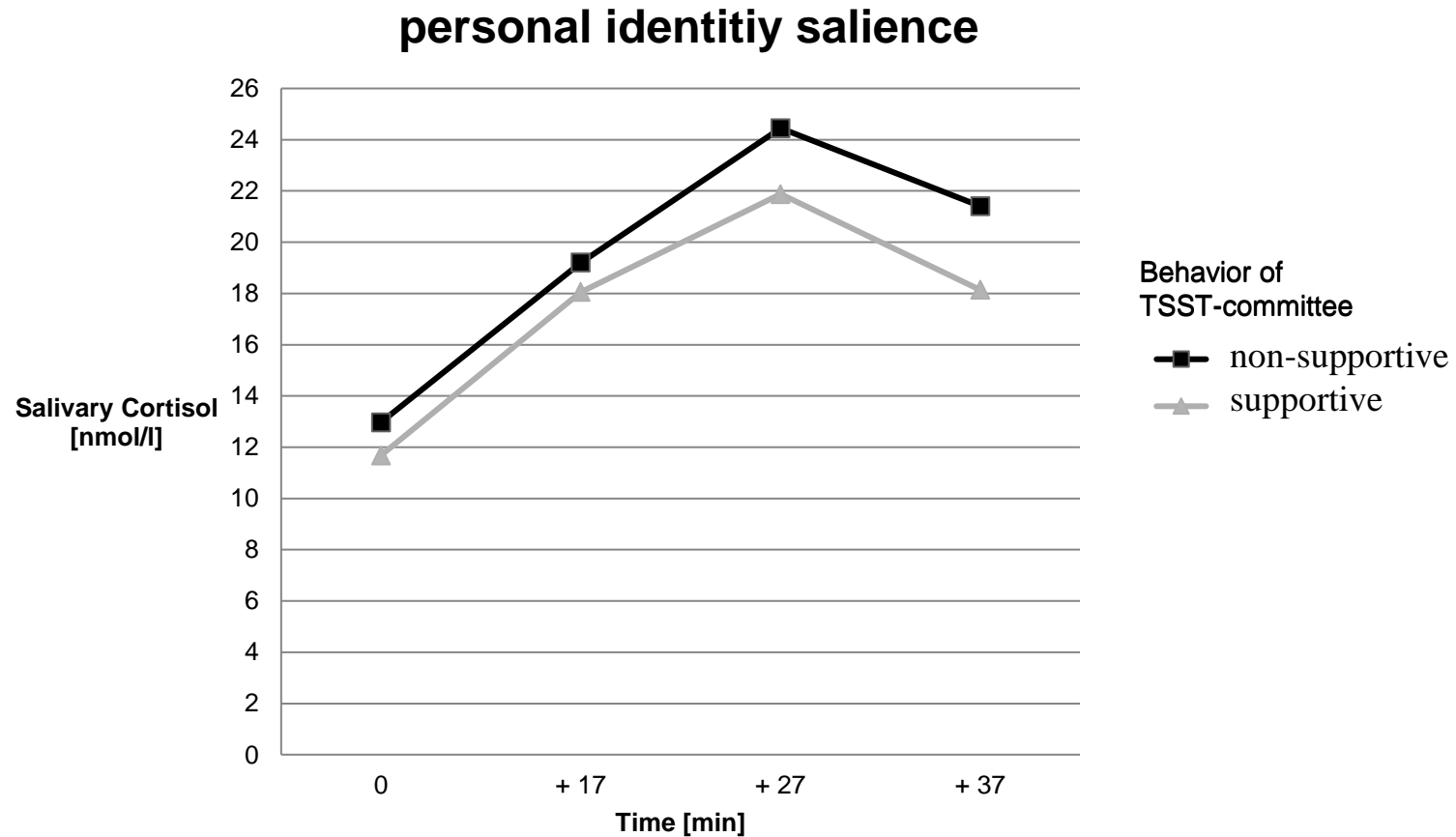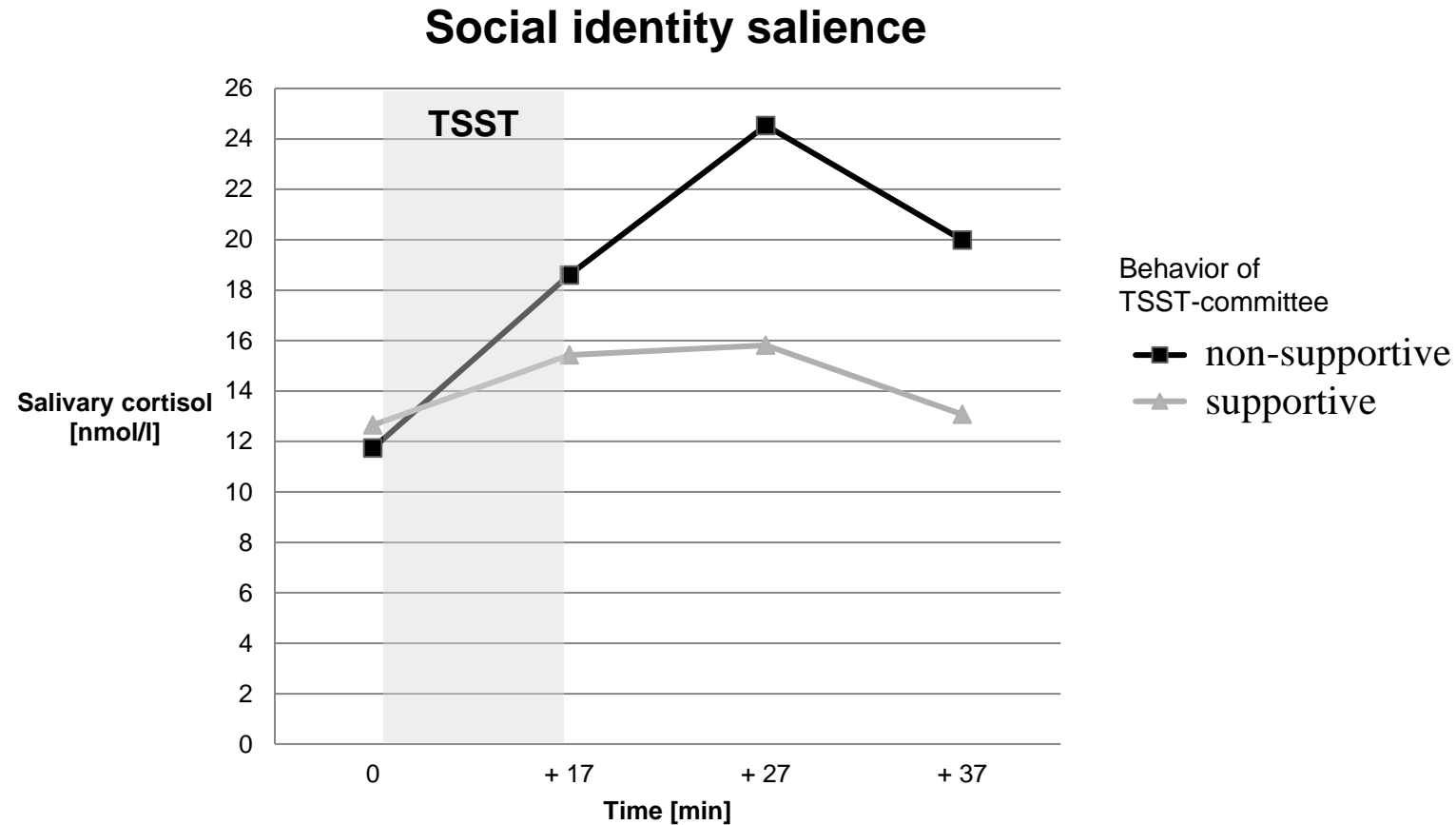
The G4H program

Stage	Description
1. Schooling	• Raising awareness of the value of groups for health and of ways to harness this.
2. Scoping	• Developing social maps to identify existing connections and areas for social growth.
3. Sourcing	• Training skills to maintain and utilise existing networks and reconnect with valued groups
4. Scaffolding	• Using therapy group as platform for new social connections and to train effective engagement.
5. Sustaining	• Reinforcing key messages and troubleshooting (held one month later as a "booster" session).

Module contents

2. Scoping	• Developing social maps to identify existing connections and areas for social growth.

❖ Reflection review: How social groups can help with everyday challenges

Activity: Mapping your social world

G4H
Groups for Health

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2. Scoping	• Developing social maps to identify existing connections and areas for social growth.

Create your own Social Identity Maps

1. *Write down the names of your groups as a function of their importance using the different sized post-it notes.*

2. *Rate how typical, or representative, you are of the group (1-10, Top L),*

3. *Indicate how many days in the month you do things with each group (0-30, Top R)*

4. *Rate how much support you receive from each group (1-10, Bottom R)*

5. *Rate how positive you feel about being a member of the group (1-10, Bottom L)*

Module contents

G4H Groups for Health

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| 2. Scoping | • Developing social maps to identify existing connections and areas for social growth. |

Create your own Social Identity Maps

6. *Indicate with lines how easy it is to be a member of your groups at the same time.*

Easy to be in both groups

Moderately easy to be in both groups

Difficult to be In both groups

Meta-analytical evidence
(Steffens, Schuh, Haslam, Jetten, & van Dick, 2017, PSPR)

- Organizational Identification – stress, health, well-being, burnout:

- 42 independent samples, 63 effect sizes, N = 16.297

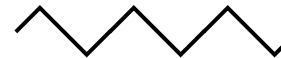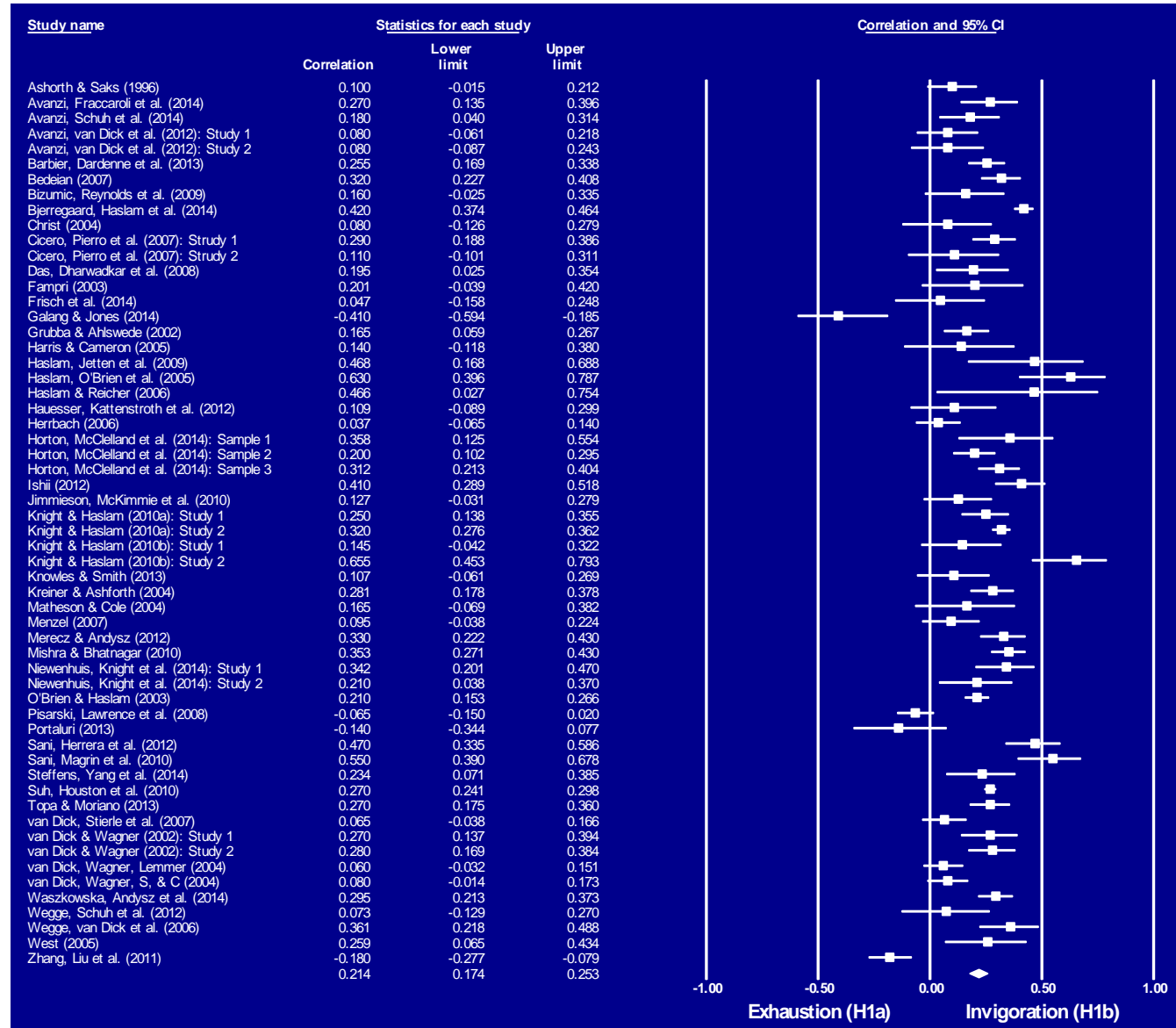| Study name	Statistics for each study			Correlation and 95% CI
	Correlation	Lower limit	Upper limit	
Ashorth & Saks (1996)	0.100	-0.015	0.212	
Avanzi, Fraccaroli et al. (2014)	0.270	0.135	0.396	
Avanzi, Schuh et al. (2014)	0.180	0.040	0.314	
Avanzi, van Dick et al. (2012): Study 1	0.080	-0.061	0.218	
Avanzi, van Dick et al. (2012): Study 2	0.080	-0.087	0.243	
Barbier, Dardenne et al. (2013)	0.255	0.169	0.338	
Bedeian (2007)	0.320	0.227	0.408	
Bizumic, Reynolds et al. (2009)	0.160	-0.025	0.335	
Bjerregaard, Haslam et al. (2014)	0.420	0.374	0.464	
Christ (2004)	0.080	-0.126	0.279	
Cicero, Pierro et al. (2007): Strudy 1	0.290	0.188	0.386	
Cicero, Pierro et al. (2007): Strudy 2	0.110	-0.101	0.311	
Das, Dharwadkar et al. (2008)	0.195	0.025	0.354	
Fampri (2003)	0.201	-0.039	0.420	
Frisch et al. (2014)	0.047	-0.158	0.248	
Galang & Jones (2014)	-0.410	-0.594	-0.185	
Grubba & Ahlswede (2002)	0.165	0.059	0.267	
Harris & Cameron (2005)	0.140	-0.118	0.380	
Haslam, Jetten et al. (2009)	0.468	0.168	0.688	
Haslam, O'Brien et al. (2005)	0.630	0.396	0.787	
Haslam & Reicher (2006)	0.466	0.027	0.754	
Hauesser, Kattenstroth et al. (2012)	0.109	-0.089	0.299	
Herrbach (2006)	0.037	-0.065	0.140	
Horton, McClelland et al. (2014): Sample 1	0.358	0.125	0.554	
Horton, McClelland et al. (2014): Sample 2	0.200	0.102	0.295	
Horton, McClelland et al. (2014): Sample 3	0.312	0.213	0.404	
Ishii (2012)	0.410	0.289	0.518	
Jimmieson, McKimmie et al. (2010)	0.127	-0.031	0.279	
Knight & Haslam (2010a): Study 1	0.250	0.138	0.355	
Knight & Haslam (2010a): Study 2	0.320	0.276	0.362	
Knight & Haslam (2010b): Study 1	0.145	-0.042	0.322	
Knight & Haslam (2010b): Study 2	0.655	0.453	0.793	
Knowles & Smith (2013)	0.107	-0.061	0.269	
Kreiner & Ashforth (2004)	0.281	0.178	0.378	
Matheson & Cole (2004)	0.165	-0.069	0.382	
Menzel (2007)	0.095	-0.038	0.224	
Merecz & Andysz (2012)	0.330	0.222	0.430	
Mishra & Bhatnagar (2010)	0.353	0.271	0.430	
Niewenhuis, Knight et al. (2014): Study 1	0.342	0.201	0.470	
Niewenhuis, Knight et al. (2014): Study 2	0.210	0.038	0.370	
O'Brien & Haslam (2003)	0.210	0.153	0.266	
Pisarski, Lawrence et al. (2008)	-0.065	-0.150	0.020	
Portaluri (2013)	-0.140	-0.344	0.077	
Sani, Herrera et al. (2012)	0.470	0.335	0.586	
Sani, Magrin et al. (2010)	0.550	0.390	0.678	
Steffens, Yang et al. (2014)	0.234	0.071	0.385	
Suh, Houston et al. (2010)	0.270	0.241	0.298	
Topa & Moriano (2013)	0.270	0.175	0.360	
van Dick, Stierle et al. (2007)	0.065	-0.038	0.166	
van Dick & Wagner (2002): Study 1	0.270	0.137	0.394	
van Dick & Wagner (2002): Study 2	0.280	0.169	0.384	
van Dick, Wagner, Lemmer (2004)	0.060	-0.032	0.151	
van Dick, Wagner, S, & C (2004)	0.080	-0.014	0.173	
Waszkowska, Andysz et al. (2014)	0.295	0.213	0.373	
Wegge, Schuh et al. (2012)	0.073	-0.129	0.270	
Wegge, van Dick et al. (2006)	0.361	0.218	0.488	
West (2005)	0.259	0.065	0.434	
Zhang, Liu et al. (2011)	-0.180	-0.277	-0.079	
	0.214	0.174	0.253	

-1.00   -0.50   0.00   0.50   1.00

Exhaustion (H1a)   **Invigoration (H1b)**

Meta-analytical evidence
(Steffens, Schuh, Haslam, Jetten, & van Dick, 2017, PSPR)

- Organizational Identification – stress, health, well-being, burnout:

  - r = .23, 95%CIs: [.18, .27] - Fail safe N= 222

The more, the merrier?

(van Dick, Junker, Erkens, Frenzel, Häusser, Mojzisch & Haslam, 2023, BJSP)

Representative surveys of the German population during the Coronacrisis (2021, two waves N=989) and the Russian war against Ukraine (2022, N=1635)

- Identification was measured with respect to one's
  - …family
  - …friends
  - …neighborhood
  - …people in your country
  - …people in Europe
  - …humanity

The more, the merrier!
(van Dick, Junker, Erkens, Frenzel, Häusser, Mojzisch & Haslam, 2023, BJSP)
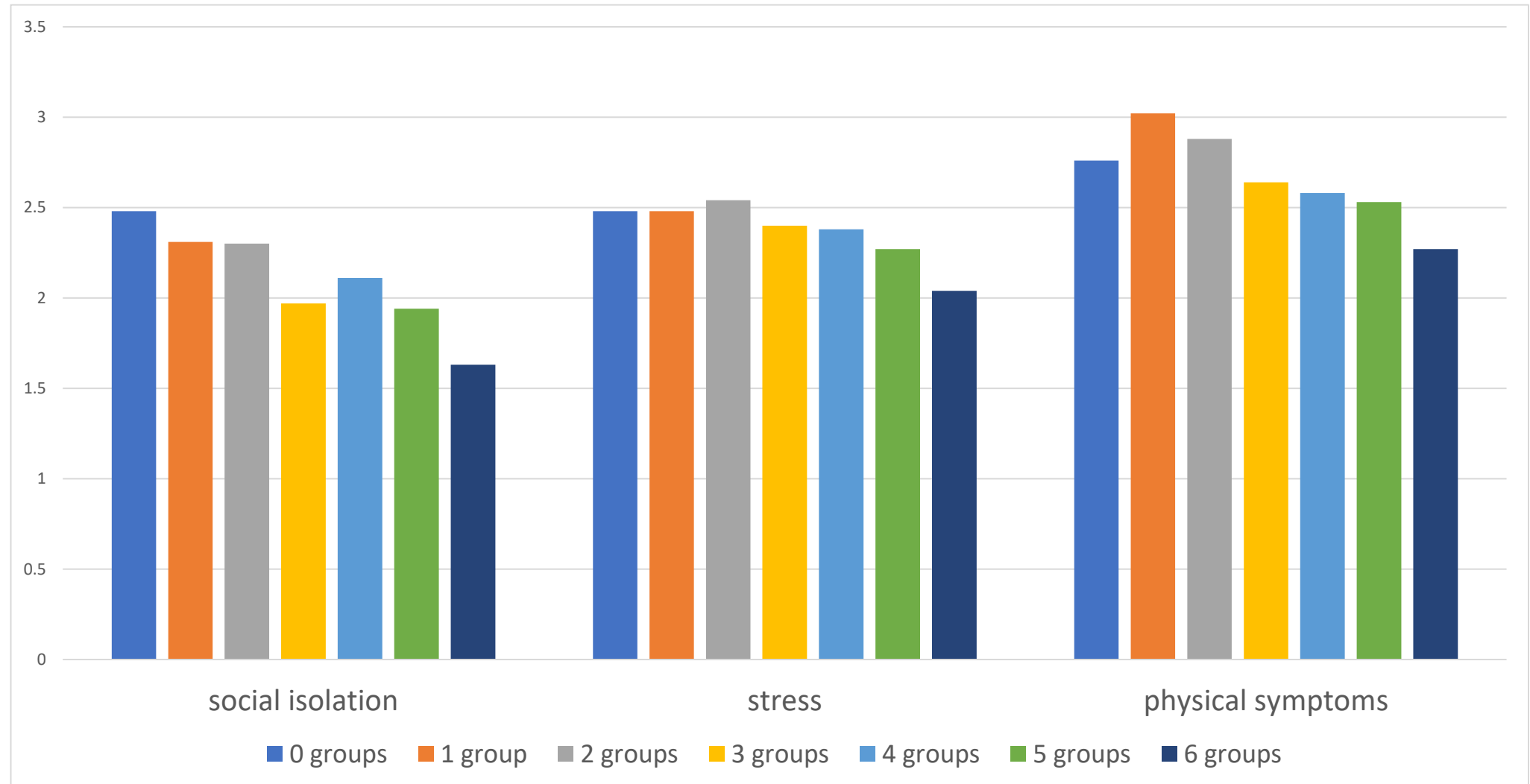
Conclusions

- Considered together, these studies provide diverse and vivid evidence that social identity processes are central to the dynamics of well-being in social and organizational contexts.

- Shared social identity provides a basis for group members to give and receive social support and to derive feelings of collective accomplishment from working collectively to overcome and remove stressors.

Practical Conclusions

1. Know about your groups – they can be very important resources

2. Invest in your groups (e.g., have lunch with your colleagues, use non-mandatory opportunities such as sports events or Xmas-parties)

3. If you have (leadership) responsibility: Create opportunities for developing and living out shared identities

ROUTLEDGE

Contains Social Identity

work group

choir

see the park

community group   family   book club

THE NEW PSYCHOLOGY OF HEALTH

Unlocking the Social Cure

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GEMEINSCHAFT Was hilft uns, gesund zu bleiben? Sport und ausgewogene Ernährung? Sicher. Doch laut Psychologen ist ein anderer, lange vernachlässigter Faktor noch entscheidender: die Zugehörigkeit zu sozialen Gruppen.
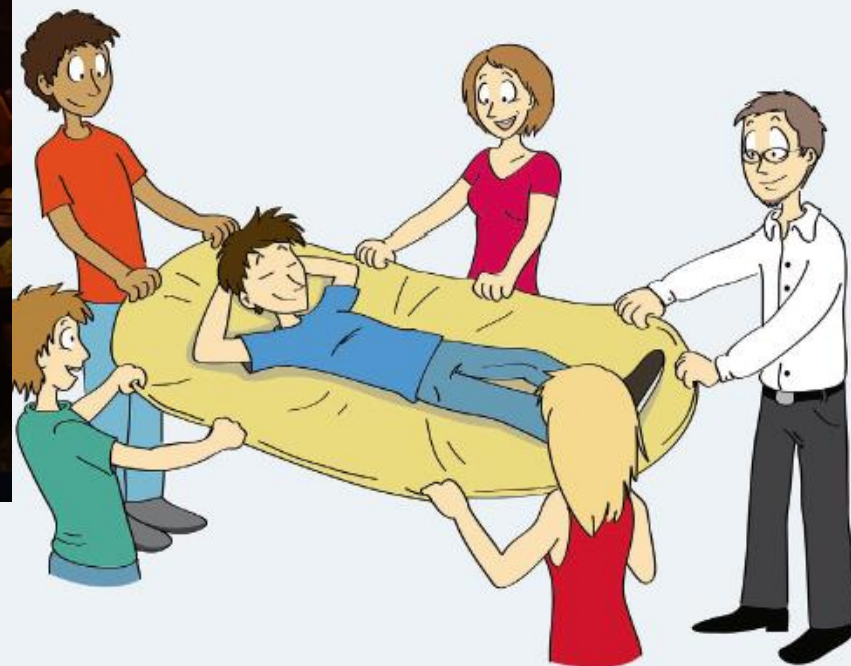
Die Heilkraft des Wir

VON CATHERINE HASLAM, NIKLAS K. STEFFENS UND ROLF VAN DICK

Rolf van Dick

Stress lass nach!

Wie Gruppen unser Stresserleben beeinflussen

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