



## Receiving support, giving support, and self-reassurance: A daily diary test of social mentality theory☆



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### ABSTRACT

Social mentality theory suggests that the ability to be reassuring and compassionate to oneself relies on evolved systems of care-seeking and caregiving with others. Using a daily diary methodology and multilevel modelling, the present study examined between-persons and within-person effects of received social support and given social support on self-reassurance. Ninety-nine students completed daily diary measures of self-reassurance, received support, and given support for seven days. Findings showed that individuals who, on average, received and gave more support than others were more self-reassuring. Additionally, individuals were more self-reassuring on days they received and gave more support than usual. Lastly, averaged over the week, the highest level of self-reassurance was predicted by the combination of high received support and high given support, while deficits in self-reassurance was predicted by the combination of low received support and high given support. Findings are consistent with social mentality theory showing that the degree of care-seeking and caregiving with others, on a daily basis and averaged over time, predicts the capacity to be self-reassuring.

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### 1. Introduction

The way we relate to ourselves, especially when faced with personal difficulties and failures, has a powerful influence on our well-being. Being kind, compassionate, and reassuring towards ourselves is associated with greater life satisfaction, happiness, positive affect, and social connectedness (Barnard & Curry, 2011; Neff, Rude, & Kirkpatrick, 2007). Furthermore, the ability to be self-reassuring/compassionate is protective against psychological distress, including anxiety and depression (Castilho, Pinto-Gouveia, Amaral, & Duarte, 2014; Gilbert et al., 2008; Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006). Given the robust relationship between self-reassurance/compassion and psychological health, it is important to understand the factors that facilitate this adaptive way of relating to the self.

Drawing from evolutionary perspectives, Gilbert (1998, 2000) has argued that self-to-self relating is based on innate psychobiological systems originally evolved for social interaction. These systems, termed social mentalities, coordinate patterns of thought, affect, and behaviour to orient us to form social roles with others that are essential for survival. For example, the care-seeking mentality coordinates interactions

with others who can provide support and resources in times of need. Conversely, the caregiving mentality coordinates the provision of support and resources to others who are in need. Humans have evolved higher-order cognitive abilities such as self-awareness and imagination, which have allowed for intrapersonal relating in the absence of external others. Thus, social mentalities are thought to be activated when relating to oneself in the same way they are activated when relating to others. Specifically, it is theorized that when one is being self-reassuring, both care-seeking and caregiving mentalities are simultaneously activated (Gilbert, 2005). The care-seeking mentality notices distress and signals need for care, while the caregiving mentality responds with compassion directed at the self.

Positive relationships between self-reassurance/compassion and caregiving constructs have been demonstrated in previous studies. Self-compassionate individuals exhibit greater concern for others (Neff & Pommier, 2012) and greater compassionate motivation towards their roommates (Crocker & Canevello, 2008). Within romantic relationships, self-compassionate people are perceived by their partners to be more caring and supportive (Neff & Beretvas, 2012). Additionally, an experimental study showed that recalling memories of giving care to others led to increased state self-compassion (Breines & Chen, 2013). A positive relationship between self-reassurance/compassion and care-seeking has also been documented. Self-compassionate (Neff & McGehee, 2010) and self-reassuring individuals (Irons et al., 2006) exhibit greater attachment security, which implies the willingness and ability to seek and receive care from others.

To our knowledge, there is only one study that examines the combined effect of both care-seeking and caregiving on self-reassurance/

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compassion. Hermanto and Zuroff (2016) showed that self-reassurance/compassion was predicted by the interaction of care-seeking and caregiving. Individuals who had the highest trait levels of self-reassurance/compassion were those who were high care-seekers and high caregivers in accordance with social mentality theory. Furthermore, individuals who had deficits in trait self-reassurance/compassion were those who were high caregivers but low care-seekers. This pattern is consistent with Bowlby's (1977) concept of compulsive caregiving, in which giving care to others is unduly prioritized over receiving care.

Previous studies in this area have largely relied on cross-sectional assessment at a single time point. Cross-sectional studies allow for comparisons between people but do not permit the examination of changes within an individual. Such designs are limited in their capacity to test the underlying theory because social mentalities are not static properties of individuals, but rather dynamic, changing states. Furthermore, daily diary assessment reduces the retrospective bias associated with survey designs that typically ask participants to respond in a broad and general way. Thus, the objective of the present study was to test the social mentality theory of self-reassurance using a daily diary methodology and multilevel modelling. In multilevel models, lower-level observations (in this case, daily reports) are nested within higher levels (in this case, individuals) to allow for the investigation of within-person effects (how experiences vary from day to day for the average individual) and between-persons effects (how a given individual's weekly average experience differs from the experiences of other individuals). Overall, this analytic approach allows for a more rigorous examination of how self-reassurance varies within and across individuals as a function of stable and momentary influences of care-seeking and caregiving mentalities. Additionally, we aim to extend prior findings by examining received social support and given social support as more precise measures of care-seeking and caregiving respectively.

In the present study, participants were assessed at the end of the day for seven days on their daily levels of self-reassurance, received social support, and given social support. First, we hypothesized that self-reassurance would be positively associated with received and given support at both the daily (within-person) and the average, weekly (between-persons) levels. Second, we hypothesized that self-reassurance would be predicted at both levels by a synergistic interaction of received and given social support, with the highest levels of self-reassurance reported when both received and given support are elevated. We interpret Gilbert's theory as implying that engaging in self-reassurance depends on the simultaneous activation of both the care-seeking and caregiving systems. In other words, either capacity will promote self-reassurance, but simultaneous capacities for care-seeking and caregiving will further enhance self-reassurance. Lastly, given prior findings about deficits in self-reassurance (Hermanto & Zuroff, 2016), we hypothesized that the lowest levels of self-reassurance would be predicted by the combination of low received support and high given support at both the within-person daily level and between-persons weekly level.

## 2. Method

### 2.1. Participants

Participants were recruited through advertisements posted online on Facebook, Craigslist, and the university classified ads. Participants were required to be undergraduate students between the ages of 18 and 25, and fluent in written English. One-hundred and twenty-two participants (59 men, 63 women) began the study. Twenty-three participants (18.9%) who completed fewer than five diaries or who missed two consecutive diaries were omitted to eliminate possible sources of lower quality data. All reported effects remained significant and the pattern of interaction remained the same regardless of whether these 23 participants were included or excluded from the analyses. The final sample consisted of 99 participants (48 men, 51 women) with a mean age of 20.5 ( $SD = 1.76$ ). Participants were of Caucasian background

(73.4%), South Asian (13.8%), Chinese (5.3%), Black (2.1%), Latin American (2.1%), West Asian (2.1%), Korean (1%), and unspecified (5.1%).

### 2.2. Procedure

The study involved a laboratory session and a daily diary component. In the laboratory session, participants learned about the study, provided informed consent, and completed a battery of questionnaires online. We only report data from the demographics questionnaire for the purpose of the present study. For seven days following the laboratory session, participants were emailed a link to complete online daily diary measures of self-reassurance, received social support, and given social support. They were asked to complete the measures between 6 p.m. that evening and 4 a.m. the following morning. Diaries completed after 4 a.m. the next day were considered missed. Participants were informed that they could miss up to one diary, and that if this occurred, they would be emailed an additional diary link at the end of the 7-day period. Participants were compensated \$16 for the initial laboratory session, \$2 for each completed diary, and a \$20 bonus for completing all seven diaries.

### 2.3. Daily measures

The daily measures were modified versions of widely used and validated questionnaires. The instructions and items were revised to have participants focus on their experiences and behaviours of the past day.

Reliability was assessed using Geldhof, Preacher, and Zyphur's (2014) procedure for computing omega for multilevel data. Between-persons reliability indicates the extent to which differences in weekly average scores across individuals are consistent across items. Within-person reliability indicates the extent to which daily changes in item scores around their mean are similar across items. Between-persons and within-person omegas are presented in Table 1. Between-persons reliability was high for all variables. Within-person reliability was high for self-reassurance, and marginally acceptable for received social support and given social support.

#### 2.3.1. Self-reassurance

Self-reassurance was assessed using a shortened 5-item version of the Reassured Self subscale of the Forms of Self-Criticism/Self-Reassuring Scale (FSCRS; Gilbert et al., 2004). Participants indicated the extent to which they were reassuring of themselves during the past day when dealing with setbacks or failures (e.g., "I was able to feel lovable and acceptable" and "I encouraged myself for the future"). Items were rated on a 5-point Likert scale ranging from 1 (*not at all like me*) to 5 (*very much like me*).

**Table 1**

Between-persons correlations (below the diagonal), within-person correlations (above the diagonal), means, standard deviations, intraclass correlations, and reliabilities.

	1	2	3
1. Self-Reassurance	–	0.21**	0.24**
2. Received Social Support	0.39**	–	0.53**
3. Given Social Support	0.33*	0.93**	–
Mean (between)	3.59	3.80	3.89
SD (between)	0.56	1.08	0.91
Mean (within)	0.00	0.00	0.00
SD (within)	0.49	1.07	1.05
ICC	0.57	0.51	0.43
Reliability (between)	0.99	0.98	0.98
Reliability (within)	0.99	0.55	0.60

Note. Within-person means are defined to be 0.00. Between-persons means and all standard deviations are maximum likelihood estimates. Reliabilities are omegas computed following recommendations of Geldhof et al. (2014). ICC = intraclass correlation.

\*  $p < 0.01$ .

\*\*  $p < 0.001$ .

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