Relational self-construal moderates the effect of social support on life satisfaction

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ABSTRACT

While social support is associated with a host of important physical and psychological benefits, these effects are not always straightforward. Still, the moderating factors that might underlie individual differences in reactions to social support are not well-understood. In the current studies, we examined individual differences in relational self-construal in the typically positive relationship between social support and life satisfaction. In Study 1 ($N = 79$) relational self-construal moderated the relationship between social support and life satisfaction such that social support was especially beneficial for those with high relational self-construal. We replicated this effect in Study 2 ($N = 284$), and also found that social support was especially important for individuals with high relational self-construal in the context of high feelings of stress. These studies suggest that social support has differently gauged effects on life satisfaction depending on an individual's relational self-construal.

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1. Introduction

It is a practical truism that social support helps humans navigate through the ups and downs of life; as the Beatles pointed out, we get by with a little help from our friends. Social support has been defined as information that leads an individual to believe that he or she is cared for and loved, is esteemed and valued, belongs to a network of communication and mutual obligation, or any combination of these factors (Cobb, 1976). Perhaps unsurprisingly, social support is associated with abundant positive outcomes. These benefits encompass the lifespan, protecting against low birth weight in the beginning and death near the end (Cobb, 1976; Cohen, 2004). In the years in between, social support has been found to encourage coping with crisis and change, as well as to promote health benefits including recovery from illness, stronger immune function, depression avoidance, lower incidence of escapist drinking, lower cholesterol levels, and lower rates of mental illness (Baron, Cutrona, Hicklin, Russell, & Lubaroff, 1990; Cobb, 1976). Additionally, social support seems to protect people in crisis from a variety of ailments including arthritis, tuberculosis, coronary heart disease, and the common cold (Cobb, 1976; House, Landis, & Umberson, 1988; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Psychologically, social

support also predicts outcomes such as better adjustment and lowered rates of delinquency (Friedlander, Reid, Shupak, & Cribbie, 2007; Sheets & Mohr, 2009; Yoshikawa, 1994). Central to the current analysis, life satisfaction, the cognitive evaluation of the global quality of one's life (Diener, Emmons, Larsen, & Griffin, 1985) and a central component of well-being (Diener, Suh, Lucas, & Smith, 1999), has been found to be positively predicted by social support in a number of samples (e.g., Kong, Ding, & Zhao, 2014; Kong, Zhao, & You, 2012; Newsom & Schulz, 1996; Pinquart & Sorensen, 2000; Siedlecki, Salthouse, Oishi, & Jeswani, 2014; Song, Kong, & Jin, 2013).

Contradictory research findings, however, have challenged the notion that social support is a universally beneficial process. Indeed, some research has found that social support is related to *increased* distress. For example, in samples of new mothers and pregnant adolescents, support was found to be *positively* correlated with depressive symptomatology and stress (Barrera, 1981; Carveth & Gottlieb, 1979). Similarly, students giving speeches were more anxious after receiving support than were students who received no support (Bolger & Amarel, 2007). Importantly, this counterintuitive effect does not seem to be explained by reverse causation (increased distress prompting social support seeking and receipt) (Gleason, Iida, Shrout, & Bolger, 2008) as studies utilizing lagged models have predicted increased distress from the previous day's support (Bolger, Zuckerman, & Kessler, 2000; Shrout, Herman, & Bolger, 2006). Researchers have looked to individual

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differences to explain these inconsistencies (Cohen, Lakey, Tiell, & Neeley, 2005; Coyne & DeLongis, 1986; Gleason et al., 2008), but previously tested factors, including relationship satisfaction and self-esteem, have failed to account for individual differences in distress reactions to social support.

Similarly, the relationship between social support and life satisfaction is not consistent across the literature. Some studies have found a *negative* relationship between social support and well-being, particularly in older adults (e.g., Lee, Netzer, & Coward, 1995; Silverstein, Chen, & Heller, 1996). Interestingly, Thomas (2010) found that for older adults, receiving support from a sibling or spouse was positively associated with well-being, but this relationship was reversed when the support came from one's children. This negative relationship might be due to the inconsistency between drawing this support and the parent role (Lee et al., 1995). It seems that the positive effects of social support can be overwhelmed by an incongruency between receiving support and a person's sense of self. Song et al. (2013) found that the positive relationship between social support and life satisfaction was mediated by core self-evaluations, specifically self-esteem, generalized self-efficacy, neuroticism, and locus of control. An additional aspect of the self that seems particularly relevant to this relationship is the relational self-construal, as we will now consider.

1.1. Relational self-construal

Views of the self can be construed, framed, or conceptually represented in different ways (Markus & Kitayama, 1991). Much research has focused on cultural differences in the manner in which groups and roles influence views of the self. For instance, individuals in collectivistic cultures such as Japan typically hold a highly interdependent self-concept, in which the self is defined based upon group membership and social roles, whereas those in individualistic societies such as the United States tend to have a highly independent self-concept, in which the self is based on unique characteristics of the individual (Kanagawa, Cross, & Markus, 2001; Markus & Kitayama, 1991).

Moving from these broader group and role identifications, there are also differences in the manner in which individuals incorporate their close relationships into views of the self. An individual holding a relational self-construal defines himself or herself based upon close relationships (Cross, Hardin, & Gercek-Swing, 2011; Cross & Madson, 1997), which are then combined with personal attributes to make up an individual's self-concept (Cross, Morris, & Gore, 2002). The behavior of highly relational people is determined by the individual's perception of the thoughts, feelings, and actions of relevant others, and they are motivated to find ways to fit in with others and to build a wide range of interpersonal relationships (Cross, Bacon, & Morris, 2000; Cross et al., 2011). Individuals high on the relational self-construal prioritize goals involving the development of self-defining relationships and the maintenance of connectedness within these close relationships, and they garner self-esteem from the fulfillment of these relational goals (Cross & Madson, 1997).

Relational self-construal predicts social preferences and processes. For example, highly relational individuals are more willing to open up about themselves to enhance relationships, even with strangers (Cross et al., 2000). In a study of roommate pairs, relational self-construal was positively correlated with emotional disclosure to the roommate (Gore, Cross, & Morris, 2006). Conversely, individuals low on this dimension are less likely to express their emotions to others as this would suggest dependence upon others which would threaten autonomy, a concept at the core of this view of the self (Cross & Madson, 1997). In fact, there is even a negative correlation between closeness (which can be gained through

disclosure) and well-being for more independent individuals in roommate pairs (Cross & Morris, 2003).

The relationship between social support and well-being has been examined in the context of culture (Uchida, Kitayama, Mesquita, Reyes, & Morling, 2008), which serves as a proxy for the interdependent self-concept (i.e., focuses on groups and roles).[1] However, the relational self-construal, which focuses directly on the self in terms of close relationships rather than these broad group level roles, has not been considered in the social support literature to date. Importantly, individual differences in relational self-construal have been shown to moderate the effects of other processes (i.e., self-consistency) on well-being (Cross, Gore, & Morris, 2003). As such, the current work represents an examination of the role of relational self-construal in the relationship between social support receipt and life satisfaction. If highly relational individuals are motivated to strengthen close relationships and garner self-esteem from these connections, then perceiving the receipt of high levels of social support might be associated with high levels of life satisfaction. Accordingly, we expect social support to be more beneficial when its receipt fits within an individual's conceptualization of the self in close relationships (i.e., an individual with a highly relational self-construal).

1.2. Overview of current studies

In the current studies, we sought to directly examine the potential role of relational self-construal in the association between social support and life satisfaction. We propose that the beneficial effect of social support on life satisfaction is moderated by the support recipient's relational self-construal. More specifically, social support will benefit those with a highly relational self-construal to a greater extent than it does those lower in this domain. After testing this effect, we add a measure of perceived stress in Study 2. Since support is often sought, offered, and received in conjunction with stressful life circumstances (e.g., Cobb, 1976; Cohen & Wills, 1985), we expect that social support will be especially crucial for those with a high relational self-construal in a context of stress.

2. Study 1 method

2.1. Participants

Participants were 79 undergraduate students (54 women) who completed an online survey in partial fulfillment of a research participation requirement for a General Psychology course. Participants ranged in age from 18 to 21, $M = 18.35$, $SD = 0.58$, and 96% were white/Caucasian.

2.2. Materials

The materials for this study were included with questionnaires for another, unrelated, study. These additional measures were not examined in reference to this research question and will not be discussed further.

2.2.1. Perceived social support

Perceived social support refers to a support recipient's cognitive appraisal that he or she is connected to close others (Barrera, 1986) and was measured with the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988). This 12-item

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[1] Uchida et al. (2008) found a positive relationship between emotional support and positive affect in samples from Japan, Philippines, and United States. This relationship was fully mediated by self-esteem for U.S. participants, but not for participants from the Asian cultures. For members of the independent American culture, social support was beneficial to well-being only to the extent that it increased self-esteem.