multiple group membership scale

Using the 1 to 7 scale below, note how much you disagree or agree with each the three following statements (mean score 5.27 in kids study):

1	2	3	4	5	6	7
strongly disagree	moderately agree	agree completely				
					0- 7 score	
	I am a member o					
	I am active in lot	s of different groups				
	I have friends in	lots of different group)S			
In the table below,	list up to 6 different g	roups that you're a m	ember of and in the	e column to the right	note how important e	each group is to you:

1	2	3	4	5	6	7
not important	very little	little	moderate	considerable	very considerable	very important
		which		0- 7 score		

Please consider *a.*) Political party, trade union or environmental groups (11.5%) *b.*) Tenant or resident groups, Neighbourhood Watch (12.6%). *c.*) Church or other religious groups (16.2%). *d.*) Charitable associations (14.7%). *e.*) Education, arts, music groups or evening classes (9.7%). *f.*) Social clubs (14.2%). *g.*) Sports clubs, gyms, exercise classes (18.7%). *h.*) Any other organisations, clubs or societies (18.4%).

Note: In the Jetten research, mean number of group memberships in Study 1b (retired Chinese adults, average age 68) was 3.28 (SD 0.71). In the more relevant large representative UK sample studied by Cruwys (wave 4, N=5055, average age 63), the mean number of group memberships (from the list of 8 provided over the page) was only 1.62 (with 70% in the range 0.23 to 3.01 ... out of a maximum of 8). Change in number of group memberships at 2 and 4 year follow-up was the crucial variable.

Jetten, J., et al. (2015). "Having a lot of a good thing: multiple important group memberships as a source of self-esteem." <u>PLoS ONE</u> **10**(5): e0124609. Membership in important social groups can promote a positive identity. We propose and test an identity resource model in which personal self-esteem is boosted by membership in additional important social groups. Belonging to multiple important group memberships predicts personal self-esteem in children (Study 1a), older adults (Study 1b), and former residents of a homeless shelter (Study 1c). Study 2 shows that the effects of multiple important group memberships on personal self-esteem are not reducible to number of interpersonal ties. Studies 3a and 3b provide longitudinal evidence that multiple important group memberships predict personal self-esteem over time. Studies 4 and 5 show that collective self-esteem mediates this effect, suggesting that membership in multiple important group memberships act as a social resource that fuels personal self-esteem because people take pride in, and derive meaning from, important group memberships. Discussion focuses on when and why important group memberships act as a social resource that fuels personal self-esteem ... A large body of work shows that people with more social group memberships have better psychological well-being, are healthier and live longer than those who belong to fewer social groups. Much of this work has emphasized the contribution of social support in achieving these positive outcomes. Yet while this research has generated important insights, the focus on social support has steered discussion away from the potential benefits that mere belonging to important groups can provide. That is, those that are psychologically important and internalized as part of social identity — that have the potential to boost self-esteem. This is because it is only when group memberships are a basis for defining the self that individuals can effectively utilize the psychological resources they provide. In the present pape

Cruwys, T., et al. (2013). "Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse." <u>Social Science &</u> <u>Medicine</u> 98: 179-186. A growing body of research suggests that a lack of social connectedness is strongly related to current depression and increases vulnerability to future depression. However, few studies speak to the potential benefits of fostering social connectedness among persons already depressed or to the protective properties of this for future depression trajectories. We suggest that this may be in part because connectedness tends to be understood in terms of (difficult to establish) ties to specific individuals rather than ties to social groups. The current study addresses these issues by using population data to demonstrate that the number of groups that a person belongs to is a strong predictor of subsequent depression (such that fewer groups predicts more depression), and that the unfolding benefits of social group memberships are stronger among individuals who are depressed than among those who are non-depressed. These analyses control for initial group memberships, initial depression, age, gender, socioeconomic status, subjective health status, relationship status and ethnicity, and were examined both proximally (across 2 years, N = 5055) and distally (across 4 years, N = 4087). Depressed respondents with no group memberships who joined one group reduced their risk of depression relapse by 24%; if they joined three groups their risk of relapse reduced by 63%. Together this evidence suggests that membership of social groups is both protective against developing depression and curative of existing depression. The implications of these results for public health and primary health interventions are discussed.

Cruwys, T., et al. (2014). "Feeling connected again: Interventions that increase social identification reduce depression symptoms in community and clinical settings." Journal of Affective Disorders 159: 139-146. Background Clinical depression is often preceded by social withdrawal, however, limited research has examined whether depressive symptoms are alleviated by interventions that increase social contact. In particular, no research has investigated whether social identification (the sense of being part of a group) moderates the impact of social interventions. Method We test this in two longitudinal intervention studies. In Study 1 (N=52), participants at risk of depression joined a community recreation group; in Study 2 (N=92) adults with diagnosed depression joined a clinical psychotherapy group. Results In both the studies, social identification were larger for depression symptoms than for anxiety symptoms or quality of life. Limitation Social identification is subjective and psychological, and therefore participants could not be randomly assigned to high and low social identification conditions. Conclusions Findings have implications for health practitioners in clinical and community settings, suggesting that facilitating social participation is effective and cost-effective in treating depression.