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For better or for worse? Social comparison and coping with health problems

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General Discussion

Being confronted with serious illnesses such as cancer is a threatening experience that asks for a reevaluation of what you are and what you strive for. But less serious illnesses may also evoke emotional and practical problems that have to be dealt with. The present thesis focused on readjustment to health problems. Social comparison was examined as one particular strategy that may be helpful when adapting to threatful situations. In addition, an issue that has received little attention in the literature was examined, namely the influence of personality on social comparison processes in relation to health problems. After presenting a summary of the present findings, some of the major issues that may rise from the present thesis will be discussed, i.e.: (1) the role of social comparison in coping with health problems, (2) personality and social comparison, (3) the measurement of social comparison, and (4) the practical implications. The chapter ends with some concluding remarks.

Summary of the Present Findings

In Chapter 2 and 3 a mediating model was presented explaining how downward comparison may contribute to subjective well-being when well-being is threatened by health problems. It was shown that physical distress was related to psychological distress, which in turn induced a downward comparison process. This downward comparison process resulted in a perception of being better off than others in a similar situation, that is, in a

favorable relative evaluation. Whereas psychological distress negatively affected perceptions of how well one was doing in comparison with others, selectively comparing downward thus had the reverse impact, contributing to a feeling of being better off than others. While both physical and psychological distress had strong direct effects on subjective well-being, relative evaluations explained further significant variance. In Chapter 2 this model was used in order to explain the absence of sex-differences in subjective well-being in population samples, despite clear differences in physical and psychological problems. It was found that although women reported more psychological and physical distress than men, women in contrast to men engaged more often in downward comparison and consistently felt more than men did that their health was better than that of most others. No gender differences in general health evaluations were found. Interestingly, social comparison had a stronger impact on the general subjective well-being of women than of men, suggesting that particularly women try to maintain their sense of well-being by selectively comparing themselves with others who are doing worse.

In Chapter 3 the model was used to explain why, despite the fact that cancer patients suffer from more physical and psychological distress than healthy subjects, they seem not to differ in subjective well-being. By engaging in a downward comparison process, cancer patients may maintain a sense of well-being despite the problems they are faced with. The fact that the model was well supported both among two samples of individuals who were relatively healthy or who suffered from mostly minor health problems, and among a sample of individuals suffering from cancer suggests that we are dealing here with a general behavioral model specifying how social comparison processes may contribute to well-being when well-being is threatened by stress. A difference between both population samples and the cancer sample was that among individuals who suffered from mostly minor health problems, physical distress affected only indirectly, through psychological distress, perceptions of how well one was doing compared to others, whereas among cancer patients relative evaluations also seemed to be affected directly by the amount of physical distress they experienced. In other words, among both population samples perceptions of how well one was doing relative to others seemed to be dominated by cognitive processes, whereas among cancer patients such relative evaluations were also affected by physical distress.

In Chapter 5, using a more naturalistic method instead of self-report questionnaires in order to measure social comparison processes, the adaptive value of downward comparison was again supported. Patients with Hodgkin and non-Hodgkin's disease kept a diary of their daily social comparisons for a period of a week. For each comparison, patients evaluated in addition to their relation to the comparison other and the dimension on which they compared themselves, how they were doing compared to the comparison target, how they felt after the comparison, and the amount of control they perceived over the comparison dimension. With multilevel analyses it was shown that the more downwardly comparisons were directed the more positive affect patients experienced following the comparison. For comparisons with others who were doing equally well, it was found that the more control patients perceived over the dimension on which they compared themselves, the less negative affect they experienced following the comparison. It must be noted that although downward comparisons evoked less negative affect than upward comparisons, the comparisons that patients reported did not display a tendency to make particularly downward comparisons. Patients compared themselves about equally often with others who were worse off, others who were better-off, and others who were doing just as well. Interestingly, and in contrast to what is usually found, a small majority of the comparisons concerned comparisons with healthy individuals rather than with fellow patients.

In Chapter 4 and 6 basic personality variables were related to social comparison processes. Previous studies showed that the need for comparison, its affective consequences and the tendency to make self-enhancing comparisons may be affected by individual difference variables such as Type-A behavior, self-esteem and chronic depression. In Chapter 4 different aspects of social comparison were related to Eysenck's (1970) personality dimensions (neuroticism, extraversion and psychoticism). Although the relationship between personality and social comparison processes was not very strong, some interesting patterns emerged, particularly with respect to neuroticism. Individuals high in neuroticism displayed a higher need for comparison, engaged more often in upward comparison, and reported more negative affective consequences of both upward and downward comparisons. Surprisingly, extraverts were more inclined to compare downwardly than introverts. No consistent relationships between psychoticism and social

comparison processes were found. In Chapter 6 the relation between personality and social comparison was examined in an experiment in which breast cancer patients were provided with information about a fellow patient who was either doing better or doing worse than themselves. This study examined the influence of neuroticism as a possible moderator of the affective reactions to such upward and downward comparison information. Patients reacted more positively to upward comparison information than to downward comparison information. Moreover, neuroticism was related to responding more negatively and less positively to social comparison information. Finally, it was found that although respondents did not differ in their reactions to downward comparison information, individuals low in neuroticism showed more positive affective reactions to upward comparison information than individuals high in neuroticism. The effects remained after controlling for pre-experimental depression, suggesting that this effect cannot be attributed to a tendency to experience more negative feelings among individuals high in neuroticism. Thus, the findings from both studies suggest that neuroticism is associated with less self-enhancing comparisons. Whereas individuals low in neuroticism tend to contrast themselves against downward targets and to identify themselves with upward targets, individuals high in neuroticism tend to do exactly the opposite, that is, they seem to identify with those worse off and to contrast themselves against subjects who are doing better. Resultingly, they experience negative feelings as a result of both upward and downward comparisons.

The Role of Social Comparison in Coping with Illness

Affective Consequences of Social Comparison

What can be concluded from the present research about the comparison processes among individuals suffering from health problems? Wills (1981) argued that individuals who are confronted with stressful events tend to engage in downward comparisons in order to feel better about themselves. Taylor and Lobel (1989) studied the role of social comparison in coping with illness and argued that explicitly evaluating oneself against downward comparison targets may serve important emotion regulating purposes. The studies presented in