



Social support, social comparison, and anger

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Abstract

The purpose of this research is to examine the relationship between social support, social comparison, anger and anger expression. Participants were 258 high school students who completed a questionnaire package that included the Multidimensional Scale for Social Support, the Social Comparison Scale, and the State-Trait Anger Scale. The hypothesis model was tested by correlational analysis. According to results; social support was related positively to social comparison. Also social comparison was related negatively to anger in and anger out and positively to anger control. Results were discussed in the light of literature.

Keywords: social support, social comparison, anger.

1. Introduction

Social support can be described as those social interactions and relationships that offer help or attachment and are perceived as loving or caring (Hobfall & Stephens, 1990; Hupcey, 1998), attributes to the supportive behaviours and resources of our social ties, including emotional support, intimacy, positive interaction, and tangible support (House, 1981; Williams et al, 2008). It can include providing empathy, care, love and trust (emotional

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support), actual aid in time, money and energy (instrumental support), information relevant to self-evaluation (appraisal support), and advice, information and suggestions (informational support) (House, 1981). Two basic components comprise functional support, instrumental and emotional support. Instrumental support refers to tangible assistance, such as money, information, and assistance with work. Emotional support refers to provisions of esteem and empathy, provided by listening and exemplifying compassion (Glazer, 2006).

Social support from family and friends has a positive influence on the ability to cope with negative life events. The beneficial effects of social support may occur through protecting individuals from the harmful effects of stress (Lakey & Cohen, 2000), contributing to adjustment and development (Clark, 1991), raising self-esteem (Lakey & Cassady, 1990; Kinnunen, Feldt, Kinnunen, Pulkkinen, 2008), and well-being (Sarason, Pierce, & Sarason, 1990; Cohen, & Wills, 1985).

Research on social support emphasizes its contribution to an individual's well-being and the reduction of psychological disorders (Schützwohl, Maercker, & Manz, 1999; Zimet, Dahlem, Zimet, & Farley, 1988). It reduces the intensity of the post-traumatic reactions and predicts better overall adjustment following a traumatic experience (Keppel-Benson, Ollendick, & Benson, 2002; Neria, Solomon, & Dekel, 1998), cardiovascular reactivity to mental stress (Kamarck, Manuck, Jennings, 1990), uncertainty (Albrecht & Adelman, 1987), symptoms of distress and psychopathology (Lindorff, 2000), and symptoms of illness (Dolbier & Steinhardt, 2000). Besides, studies have shown significant relations between lower social support and depression (Keiley, Lofthouse, Bates, Dodge, & Petit, 2003; Young, Berenson, Cohen, & Garcia, 2005), conduct problems (Appleyard, Egeland, & Sroufe, 2007), academic performance (Heard, 2007), depressive symptoms and hopelessness (Yang, & Clum, 1994), and lower global functioning (Crosnoe & Elder, 2004).

1.1. Anger

Anger is a common emotion that is expressed throughout the life span. It is an internal state that regulates a sort of interaction with the environment. Anger describes as comprising three components which exert a reciprocal influence upon each other in response to an external trigger or environmental circumstance (Suter, Byrne, Byrne, Howells, & Day, 2002). The first of these are cognitions, which are viewed as central to the experience of anger and

involve the angered individual's appraisals, expectations, attitudes and beliefs. The second component relates to physiological arousal. Where this occurs concurrently with an anger-related cognitive interpretation of the triggering circumstance, the physiological arousal is also likely to be subjectively labelled as anger. The emotion of anger can then give rise to Novaco's third component, behavioural reactions, which can range from verbal confrontation to physical assault or destruction of property (Daffenbacher et al., 1996).

Its expression is likely to have both positive and negative outcomes in youth (Modrcin-McCarthy et al., 1998). Anger may cause maladjustment or behaviour disorders. Although a majority of research has examined the relationship between anger and different indices of health (Chesney and Rosenman, 1985; Engebretson, Matthews, & Scheier, 1989; Groer, Thomas, Droppleman, & Younger, 1994; Hagglund et al., 1994; Thompson and Morris, 1994; Grunbaum, Vernon, & Clasen, 1997; Everson, Goldberg, Kaplan, Julkunen, & Solonen, 1998; Myers and Monaco, 2000), the manner by which anger is expressed in youth continues to be poorly understood and under investigated (Modrcin-McCarthy et al., 1998).

Evidence shows that, even in childhood, anger-prone subjects are characterized by distortions and deficits in social information processing (Crick & Dodge, 1994; Tiedens, 2001). On a socio-relational level, anger can produce interpersonal conflicts and occupational maladjustment (Daffenbacher, Oetting, Lynch, & Morris, 1996) since it may compromise cognitive functioning and judgement, produce conflicts, and not be instrumental to problem solving (Bodenhausen, 1993).

A heightened propensity to experience anger (i.e., elevated trait anger) has many negative correlates, including health problems, physical and verbal aggression, interpersonal difficulties, educational and vocational problems, coping deficits, and general negative affect (Daffenbacher, 1992, 1993; Daffenbacher, Lynch, Oetting, & Kemper, 1996; Hazebroek, Howells, & Day, 2001), forgiveness (Seybold et al., 2001; Berry and Worthington, 2001; Berry et al., 2005). Additionally, both aggressive anger expression (anger-out) and anger suppression (anger-in) have been linked to health problems, family violence, and reduced social support (Dahlen & Martin, 2005; Finney, Stoney, & Engebretson, 2002; Martin et al., 1999; Siegman, 1993; Wolf & Foshee, 2003).

1.2. Social comparison

Social comparison theory (Festinger, 1954) proposes that people evaluate themselves by comparing with others. Social comparison is a central feature of human social life (Buunk, Gibbons, 2007). It entails thinking about other people in relation to the self for the purpose of establishing, maintaining, refining, or embellishing the self-concept. Many studies have shown that comparisons with others who are superior or inferior on the judgment dimension influence how people think and feel about themselves (Zell, Alicke, 2009). Social comparison may influence adjustment to illness by influencing the evaluation of symptoms and their implications, and by suggesting coping mechanisms (Leventhal, Hudson, & Robitaille, 1997). Social comparison plays an important role in interactions between individuals and groups, and can be directed upwards or downwards, mediating self-esteem (Festinger, 1954; Suls & Wills, 1991; Wood, 1989). Negative social comparison has been found to play a role in depression (Swallow & Kuiper, 1988), and interpersonal problems (Gilbert, Goss & Allan, 1996).

1.3. The present study

Despite these findings, as far as our knowledge, no study has investigated the relationships between social support, anger, and social comparison. Thus, the aim of the present study is to examine the relationships between social support, anger, and social comparison). We hypothesized that social support would be related positively to social comparison and social comparison would be related negatively to anger expression in and anger expression out.

2. Method

2.1. Participants

Participants were 258 high school students enrolled in various high school programs at the İstanbul, Turkey. One hundred and twenty-five of the participants (48%) were females and one hundred and thirty-three of the participants (52%) were males. All of the students were between 15 and 18 years of age. Questionnaires were completed by students at the beginning of a work shop conducted by the authors.

2.2. Measures

2.2.1. Multidimensional Scale for Social Support (MSPSS)

Social support was measured using Turkish version of the Multidimensional Scale for Social Support (MSPSS, Zimet et al., 1988; Eker, Arkar, 1995). The MSPSS consists of 12 items on a 7-point Likert scale, from not suitable at all (1) to very suitable (7). The students' self-reports also provided scores on three subscales, each subscale comprising four items: (a) family social support subscale, containing items such as "I can discuss my problems with my family" and "I get help and emotional support from my family"; (b) friends' support, consisting of items such as "I have friends with whom I can share my happiness and pain" and "I can count on my friends when problems arise"; (c) the significant other's support, with items such as "I have a close person who can encourage me" and "I have a close person who supports me when I am in need". Scores for each of this scale range from 12 to 84, where a higher score expresses higher social support.

2.2.2. State-Trait Anger Scale (STAS)

The STAS (Spielberger, 1983) is a 44-item self-report instrument that examines the experience and expression of anger. Section one assesses the intensity of anger (state anger). Turkish adaptation of this scale had been done by Özer (1994) and it contains 34 items (it was not included state anger form). Section two asks participant show they generally feel (trait anger), by responding to 10 self-descriptive statements, on a four point frequency scale (1=Almost never, 4=Almost always). Section three involves 24 descriptions of reactions when angered (expression of anger). The expression of anger is divided into three subtypes; Anger expression out (involves the expression of anger through verbal or physical aggression), anger expression in (indicates anger that is felt, but not expressed) and control of the expression of angry feelings.

2.2.3. Social Comparison Scale (SCS)

Social comparison was measured by the Social Comparison Scale in 1991 (Allan, & Gilbert, 1995). Turkish adaptation of this scale had been done by Şahin, Durak, & Şahin (1993). Thirteen items were added to the original scale and forming 18- items scale. Items were rated on a six-point scale. Total scores can range from 18 to 108, with higher scores indicating positive perception about self. Coefficient alpha was 0.78 in the present sample.

3. Results

3.1. Descriptive data and inter-correlations

When Table 1 is examined, it is seen that there are correlations between social support, social comparison, trait anger, anger in, anger out, and anger control. Social support related positively to social comparison ($r = .37$) and negatively to anger in ($r = -.15$). On the other hand, social comparison was found negatively associated with trait anger ($r = -.11$), anger in ($r = -.25$), anger out ($r = -.14$) and positively to anger control ($r = .18$). Trait anger related positively to anger in ($r = .39$), anger out ($r = .64$) and negatively to anger control ($r = -.31$). While anger in was found positively associated with anger out ($r = .16$), anger out was found negatively associated with anger control ($r = -.41$).

Table 1

Descriptive Statistics, Cronbach's Alpha Coefficients, and Inter-correlations of the Variables

Variables	1	2	3	4	5	6
Social support	1					
Social comparison	.37**	1				
Trait anger	-.03	-.11	1			
Anger in	-.15*	-.25**	.39**	1		
Anger out	-.07	-.14*	.64**	.16**	1	
Anger control	-.11	.18**	-.31**	.12	-.41**	1
Mean	60.70	83.51	25.21	17.20	17.71	21.36
Standard deviation	14.67	11.91	6.36	4.30	4.80	4.96

* $p < .05$, ** $p < .01$

3.2. Gender differences

When Table 2 is examined, there were significant gender differences in social support and anger out. But there were no significant gender differences in social comparison, trait anger, anger in and anger control.

Table 1

Gender Differences in Achievement Goals

Variable	Females (N=125)		Males (N=133)		t	Sig
	Mean	SD	Mean	SD		
Social support	58.27	16.42	62.98	12.45	2.6	.01*

Social comparison	82.12	12.74	84.81	10.96	1.83	0.06
Trait anger	25.93	7.01	24.54	5.61	-1.76	0.07
Anger in	17.6	4.73	16.84	3.84	-1.41	0.16
Anger out	16.98	4.64	18.4	4.86	2.39	.02*
Anger control	21.95	4.34	20.81	5.43	1.83	0.07

* $p < 0,05$

4. Discussion

The aim of this study was to investigate the relationships between social support, social comparison, trait anger and anger expression. Findings have demonstrated that there are relationships among these variables.

Firstly, as hypothesized, social support predicted social comparison positively. Recent studies on social support demonstrated that social support protected individuals from the harmful effects of stress (Lakey & Cohen, 2000), contributing to adjustment and development (Clark, 1991), raising self-esteem (Lakey & Cassady, 1990; Kinnunen, Feldt, Kinnunen, Pulkkinen, 2008), and well-being (Sarason, Pierce, & Sarason, 1990). It reduces uncertainty (Albrecht & Adelman, 1987), symptoms of distress and psychopathology (Lindorff, 2000), and symptoms of illness (Dolbier & Steinhardt, 2000). Similarly, higher social support was found associated positively with well-being (Schützwohl, Maercker, & Manz, 1999; Zimet et al, 1988) and negatively with depression (Keiley et al, 2003; Young et al, 2005), conduct problems (Appleyard et al, 2007), academic performance (Heard, 2007), depressive symptoms and hopelessness (Yang, & Clum, 1994). Consistent with these results in this study, social support was found positively related to social comparison. But, in this study no significant relationships were found between social support and anger expression (trait anger, anger out, anger control).

Secondly, as hypothesized, social comparison would be related negatively to anger expression in and anger expression out. Research studies demonstrated that social comparison played an important role in interactions between individuals and groups, and could be directed upwards or downwards, mediating self-esteem (Festinger, 1954; Suls & Wills, 1991; Wood, 1989). Angers' expression is likely to have both positive and negative

outcomes in youth (Modrcin-McCarthy et al., 1998). Aggressive anger expression (anger-out) and anger suppression (anger-in) have been linked to health problems, family violence, and reduced social support (Dahlen & Martin, 2005; Finney et al, 2002; Martin et al., 1999; Siegman, 1993; Wolf & Foshee, 2003).

This study has several implications for future research. Firstly, further research investigating the relationships between social support, social comparison, trait anger and anger expression, and other psychological constructs are needed, to reinforce the findings of this study. In addition interventions focused on increasing social support and positive social comparison can be useful in decreasing symptoms of anger. This study has several limitations. First, participants were high school students and replication of this study for targeting other student populations should be made in order to generate a more solid relationship among constructs examined in this study, because generalization of the results is somewhat limited. Second, as correlational statistics were utilized, no definitive statements can be made about causality. Third, the data reported here for social support, social comparison, and anger are limited to self-reported data. So, the current findings increase our understanding of the relationships between social support, social comparison, and anger.

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