group identification scale

Using the 1 to 7 scale below, note how much you disagree or agree with each the four statements in relation to each of the identified groups:

1	**2**	**3**	**4**	**5**	**6**	**7**
strongly disagree	moderately disagree	slightly disagree	neither agree nor disagree	slightly agree	moderately agree	strongly agree

	immediate or extended family	local community	chosen group: friends, hobby, etc
I feel a bond with my [group]			
I feel similar to the other members of my [group]			
I have a sense of belonging to my [group]			
I have a lot in common with the members of my [group]			
average score for the group			

Note 'family' can be defined in whatever way you wish e.g. immediate family, extended family, and so on. Similarly 'local community' can represent your neighbourhood, village, city area, or any other way you may define it. The 'chosen group' could be any of a number of social groups such as sports team, group of friends, hobby or interest group, etc.

For each of the three groups, add the four numbers in the column below it and divide by four to get the group's average score. If the average for a group is below 5, then it's not considered that this group is identified with. If the average score for a group is 5 or more then the group is considered to be identified with. This means one can score between 0 (indicating that one did not identify with any of the three groups) to 3 (indicating one identified with all three groups).

Higher scores are associated with better physical and psychological health (see over), so particularly for those scoring 0 or 1 it makes good sense to consider joining or becoming more involved with a group that could be identified with.

Sani, F., et al. (2012). *"Comparing social contact and group identification as predictors of mental health."* <u>British Journal of Social Psychology</u> **51**(4): 781-790.

      Current research on social integration and mental health operationalizes social integration as frequency of interactions and participation in social activities (i.e., social contact). This neglects the subjective dimension of social integration, namely group identification. We present two studies comparing the effect exerted by social contact and group identification on mental health (e.g., depression, stress) across two different groups (family; army unit), demonstrating that group identification predicts mental health better than social contact.

Sani, F., et al. (2015). *"Greater number of group identifications is associated with lower odds of being depressed: evidence from a Scottish community sample."* <u>Social Psychiatry and Psychiatric Epidemiology</u> **50**(9): 1389-1397.

      Purpose Group identification has been shown to be associated with reduced risk of depression, but this research has important limitations. Our aim was to establish a robust link between group identification and depression whilst overcoming previous studies' shortcomings. Methods 1824 participants, recruited from General Practice throughout Scotland, completed a questionnaire measuring their identification with three groups (family, community, and a group of their choice), as well as their intensity of contact with each group. They also completed a self-rated depression measure and provided demographic information. Their medical records were also accessed to determine if they had been prescribed antidepressants in the previous 6 months. Results The number of group identifications was associated with both lower self-rated depression and lower odds of having received a prescription for antidepressants, even after controlling for the number of contact-intensive groups, level of education, gender, age, and relationship status. Conclusions Identifying with multiple groups may help to protect individuals against depression. This highlights the potential importance of social prescriptions, where health professionals encourage a depressed patient to become a member of one or more groups with which the patient believes he/she would be likely to identify.

Sani, F., et al. (2015). *"Greater number of group identifications is associated with healthier behaviour: Evidence from a Scottish community sample."* <u>British Journal of Health Psychology</u> **20**(3): 466-481.

      Objectives This paper investigates the interplay between group identification (i.e., the extent to which one has a sense of belonging to a social group, coupled with a sense of commonality with in-group members) and four types of health behaviour, namely physical exercise, smoking, drinking, and diet. Specifically, we propose a positive relationship between one's number of group identifications and healthy behaviour. Design This study is based on the Scottish portion of the data obtained for Wave 1 of the two-wave cross-national Health in Groups project. Totally 1,824 patients from five Scottish general practitioner (GP) surgeries completed the Wave 1 questionnaire in their homes. Methods Participants completed measures of group identification, group contact, health behaviours, and demographic variables. Results Results demonstrate that the greater the number of social groups with which one identifies, the healthier one's behaviour on any of the four health dimensions considered. Conclusions We believe our results are due to the fact that group identification will generally (1) enhance one's sense of meaning in life, thereby leading one to take more care of oneself, (2) increase one's sense of responsibility towards other in-group members, thereby enhancing one's motivation to be healthy in order to fulfil those responsibilities, and (3) increase compliance with healthy group behavioural norms. Taken together, these processes amply overcompensate for the fact that some groups with which people may identify can actually prescribe unhealthy behaviours. Statement of contribution What is already known on this subject? Researchers from a number of disciplines – especially social epidemiologists – have investigated the link between social ties and health behaviour in the past. These researchers have shown that, overall, greater ties predict healthier behaviour. However, the vast majority of studies have operationalized 'social ties' as the amount of contact (e.g., frequency of interactions) with close others or members of relevant groups, while generally neglecting the subjective dimension of ties with others and groups (e.g., sense of belonging and affiliation). More recently, some researchers have begun to look at the link between group identification and health behaviour. However, to date, this new research approach has focussed on the linear association between identification with one specific group and health behaviours. What does this study add? * This is the first quantitative study looking at the impact of one's number of high group identifications on four crucial health behaviours (smoking, drinking, exercise, and diet) in a large community sample. * This is the first study that looks at how number of group identifications and number of contact-intensity groups compare, in terms of their effects on health behaviours.