

Title: A commentary on ‘The effects of identification with a support group on the mental health of people with multiple sclerosis’

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In a recent paper Wakefield, Bickley and Sani [1] conclude that identifying strongly with a multiple sclerosis (MS) support group was associated with improved mental health in patients with MS. We welcome this work and appreciate that social identity has important implications for health and well-being [2] being proponents of this position ourselves [3]. In particular, the Wakefield et al [1] paper demonstrates that patients who reported high support group identification also reported better mental health and greater satisfaction with life relative to those with lower identification. However we believe that this paper like all good papers, prompts a number of questions worthy of further discussion.

The premise for examining this topic stemmed from the observation that some MS social support group interventions fail to improve quality of life and mental health[4]. Importantly, the objective of the social support groups themselves are not always homogenous; there is often variation in who leads and delivers them, what is covered and the types of skills taught. These are important sources of variation that relate to explanations of poor outcomes [5] that are not considered in the current paper. It is we believe important to at least consider, this heterogeneity as an issue and to consider how this heterogeneity might be antecedent to levels of identification with the support group- given its demonstrated importance in this paper, as a predictor of distress.

Second, the role of social support alongside social identity needs to be considered as a potential driver of the observed effect, as social support mitigates against depression in MS patients [6]. Thus, an alternative explanation of the findings could be that social support itself increases in response to the support intervention, as one would expect, and that this unmeasured factor could better explain the results. As has been suggested elsewhere [2,7], it is also likely that social identity exerts its influence on health by facilitating social support. That is, a stronger sense of identity with shared group members allows informational exchanges to be seen as trustworthy and reliable, which increases the availability of social support, resulting in improved health outcomes. This interactive pathway is of course both difficult to theorise and measure, however a test of this type of reciprocal effect is worthy of serious study and will

enlighten the psychological and therapeutic processes at work in support group contexts.

Finally, we were intrigued to see that gender, which was significantly associated with support group identifications not controlled for in the regressions. Females reported stronger identification than males. Were women more or less depressed? The authors suggest that this is because women relate to others more easily, and are also more likely than men to look outside their spousal relationship for social support. This is a plausible explanation, and is in line with our contention that perceived social support must be considered alongside support group identification. However, in this study, women made up a much higher proportion of those with Relapsing-remitting MS and Primary-progressive MS as opposed to Secondary-progressive MS (see Table 1, p. 422). And support group identification in this latter group was not related to better mental health outcomes. Here it would seem that the content of these identities are at play and interacting with the role of the social support group. Being female may act to facilitate shared identification and associated social support as suggested by the authors. On the other hand having a progressive MS diagnosis, an illness identity with serious negative associations may bring little in terms of benefits. In future research might usefully investigate independent effects of gender, possibly based on readiness to perceive and/or accept social support, in association with more negative illness associations..

In conclusion, the paper from Wakefield and colleagues [1] offers an interesting and worthwhile addition to our understanding of the function of support groups for the chronically ill. We wish them well with their programme of research and believe with further consideration of the social psychological processes at work, we may achieve a clearer understanding of how to improve mental health and wellbeing outcomes for those affected by chronic illness. Taking into account the type of social support group, and the ways in which people perceive the availability of support, as well as understanding how gender moderates these processes would be promising venues for future research.

References

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