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The *how* and the *when* of the social cure: A conceptual model of group- and individual-level mechanisms linking social identity to health and well-being

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Abstract

In this article, we aim at theoretical specification and integration of mechanisms proposed within the Social Identity Approach to Health and Well-being. We differentiate group-level and individual-level effects of shared social identity by distinguishing three different aspects: *individual identification*, *group identification*, and *individually perceived group identification*. We discuss specific group-level mechanisms (i.e., mutual social support and collective self-efficacy) and individual level-mechanisms (i.e., attribution and appraisal processes regarding stressors and resources) for each of the three aspects. A core conclusion is that the positive effects of shared social identity on health and well-being crucially depend on its close relationship with social support, and that although social support is an interindividual phenomenon, it is intraindividual mechanisms—attribution and appraisal—that shape the psychological partnership between social identity and social support. Therefore, we put special emphasis on cross-level interactions between group- and individual-level mechanisms, which have been widely neglected in earlier research.

KEYWORDS

group-level, social Identity, social support, well-being

1 | INTRODUCTION

The Social Identity Approach (SIA; Tajfel & Turner, 1981; Turner, Oakes, Haslam, & McGarty, 1994) describes qualitative changes in cognition, emotion, and behavior as a consequence of a person´s self-definition as an individual versus a member of a group. Originally, the SIA was developed to describe *inter*group behavior, particularly intergroup conflict, but also described *intra*group effects (Tajfel & Turner, 1981). The SIA focused on group-level processes, that is, the effects of sharing identities, values, and norms, as well as on group members' collective behavior (Tajfel & Turner, 1981). Roughly a decade ago, the SIA was adapted to the domain of health and well-being (Haslam, Jetten, Postmes, & Haslam, 2009). In adapting the SIA to predict individual-level outcomes such as psychological well-being or physical health, the group-level perspective on the underlying processes prevailed. In other words, it has been proposed that group members' sharedness of values and norms as well as collective behavior of the group favor individual group members´ health and well-being.

Regarding the specific mechanisms that link shared social identity to health and well-being, we perceive a notable disintegration of theoretical concepts on the one hand, and the operationalizations in empirical research on the other hand. While the theoretical argument focuses on group-level effects of *sharing* a social identity among group members and on group-level processes (e.g., mutual support), previous empirical studies nearly invariantly used individual-level approaches to assess social identification (i.e., measuring *individual* identification

of a group member) and the underlying mechanisms (e.g., perceived support; see van Dick, Ciampa, & Liang, 2018 for a discussion).

In this article, we aim at theoretical specifications and theoretical integration within the Social Identity Approach to Health and Well-being (Haslam et al., 2009). Our theorizing is guided by three major objectives: first, we propose that future work on the SIA to Health and Well-being should reintegrate the group-level to realign theory with empirical work. To do so, we conceptually distinguish between three different aspects of social identity, namely *individual identification*, *group identification*, and *individually perceived group identification*.

Second, different underlying mechanisms for the social identity–health link have been proposed in earlier research. We integrate these mechanisms into one coherent theoretical framework. In particular, we specify and differentiate "social cure" mechanisms that operate at the group-level, the individual-level, and those in which group- and individual-level interact (i.e., cross-level mechanisms). Thereby, we account for individual attribution and appraisal processes that have not yet been tested sufficiently within the SIA to Health and Well-being framework. Moreover, we put a special emphasis on interdependencies between group- and individual-level effects, which have been widely neglected in earlier research.

Finally, we outline theoretical as well as practical implications of the unified theoretical framework, which allows for the derivation of new specific propositions yet to be tested as well as theory-driven development of interventions.

2 | THE SOCIAL IDENTITY APPROACH TO HEALTH AND WELL-BEING

The SIA to Health and Well-being predicts that a shared identity of a group affects health and well-being of its individual group members. Similar to the original SIA perspective, the mutual coordination of the group members´ behavior in order to achieve collective goals has been suggested to be a crucial mechanism for its beneficial effects. Specifically, a shared social identity has been proposed to provide the basis for group-based prosocial behaviors such as ingroup favoritism (Tajfel, 1982; Volz, Kessler, & Cramon, 2009) or mutual social support (van Dick & Haslam, 2012).

In stark contrast to this theoretical reasoning, most previous empirical studies testing the SIA to Health and Well-being have investigated these group-level effects from the individual group members` perspective (see Steffens et al., 2017, for a meta-analysis). The "typical" study in this field measures or experimentally manipulates the individual's identification with a group as a predictor of his or her health and well-being (e.g., Van Dick, Lemoine, et al., 2018). To the best of our knowledge, only one study (Escartín, Ullrich, Zapf, Schlüter, & van Dick, 2013) has used a group-level operationalization of shared identity as a predictor in addition to the individual's identification. It has to be noted that this study was on workplace bullying, so it was not a direct test of the SIA to Health and Well-being. Similar to other studies, Escartín et al. (2013) used a self-report measure of individual identification (sample item: "When someone criticizes my team, it feels like a personal insult"). However, in addition to using individual identification as a predictor, Escartín et al. also included the team's average identification as a predictor in their model. Average individual identification was used as a proxy of sharedness of social identity and the analyses revealed that this group-level predictor was related to workplace bullying.

Further evidence for group-level effects of shared social identity on health and well-being comes from the meta-analysis by Steffens et al. (2017). In an exploratory analysis, Steffens et al. found that the standard deviation of the mean of individual identification within a group was a significant predictor of health and well-being. Members of groups with lower standard deviations showed better well-being as compared to members of groups with higher standard deviations. The meta-analytical findings could be interpreted as showing that the homogeneity regarding individual identifications of the group members plays a crucial role.

Beyond the field of health and well-being, the importance of applying a multi-level approach to social identity is also illustrated by research in the domain of team performance. In a longitudinal study of team performance in sports (Thomas et al., 2019) group-level identification, but not individual-level identification, positively predicted team performance. Hence, it highlighted the importance of investigating group-level processes in addition to individual-level mechanisms.

3 | DISTINGUISHING GROUP- VERSUS. INDIVIDUAL-LEVEL EFFECTS

Despite the common use of individual identification as a predictor, from a theoretical perspective, individual identification cannot be equated with shared social identity. To illustrate this, imagine the case of a group in which members strongly differ in the degree to which they identify with this particular group. In such a case, an individual's identification could be very high, whereas the shared consensus on how much the group matters to all group members would be low. That is, sharedness of a social identity refers to the degree to which group members are congruent in their (high) identification with and (positive) perception of the group. As previous empirical research typically measured individual identification as a predictor of health and well-being, we have only very limited information on whether the proposed group-level mechanisms (i.e. mutual support) actually apply to group-level identification, as has been proposed from a theoretical perspective (van Dick & Haslam, 2012).

The fact that positive effects have been found even when individual identification was used as a predictor (Steffens et al., 2017) could be interpreted in two ways: first, individual identification (strongly) correlates with group-level identification and is therefore a proxy of group identification. Second, in addition to the proposed group-level mechanisms, there are also specific stress-buffering mechanisms on the individual level. That is, individual identification might unfold stress buffering effects independent of group-level processes. Specifically, we argue that these individual-level mechanisms are attribution and appraisal processes regarding stressors and resources.

In order to conceptually sharpen group-level versus individual-level effects, a distinction between three aspects of social identity is necessary, including not only the individual identification and shared group identification, but also the individually perceived group identification. In the following, we define each of these aspects and discuss specific pathways of how they are linked to health and well-being.

3.1 | Individual identification

We define individual identification as the degree to which an individual identifies with a group, i.e., the experienced strength of overlap between the self and the group (see also Bergami & Bagozzi, 2000). Individual identification should increase health and well-being, as it influences the perception and effectiveness of received social support. Specifically, we propose that individual identification moderates the relationship between received social support and health and well-being. That is, the effectiveness of received social support should critically depend on individual identification, with received social support being more effective when individual identification is high, as compared to when individual identification is low. We argue that this is due to individual identification affecting the attribution process regarding the assumed underlying motives of support and the perceived benevolence of supportive behavior of the other group members.

In an experimental study, Frisch, Häusser, van Dick, and Mojzisch (2014) found that social support received from persons with whom the participants identified was indeed a more effective stress buffer as compared to support received from persons with whom the participant did not identify. In this study, participants first received either a social identity or a personal identity manipulation together with two confederates (see Frisch, Häusser, van Dick, & Mojzisch, 2015 for an audio-visual description of the procedure). Next, they underwent a stressful mock job interview, the Trier Social Stress Test (TSST; Kirschbaum, Pirke, & Hellhammer, 1993), in which the two confederates played the role of interviewers and acted either supportively (e.g., nodding, smiling) or unsupportively (e.g., frowning, dismissive) in a non-verbal manner. The supportive behavior of the interviewers buffered the cortisol stress reaction only in the social identity but not in the personal identity condition. Further evidence for a moderating effect of individual identification on the effectiveness of received social support comes from a field study with an employee sample by Jimmieson, McKimmie, Hannam, and Gallagher (2010). This cross-sectional study revealed that the effectiveness of (self-reported) received social support to increase job satisfaction was moderated by team identification. A positive effect of perceived co-worker support on job satisfaction was found only for employees showing high levels of team identification, but not for employees showing low levels of team identification.

As an underlying psychological mechanism for this moderation, we argue that individual identification with a group alters the perception and attribution of social support received by others. Building on theorizing regarding perceived benevolence (Haslam, Reicher, & Levine, 2012), we postulate that individual identification with a group is likely to alter the perception of the benevolence of support received from other group members. Haslam et al. (2012) state that the interpretation of received social support is structured by the identity-based relationships between those who give and receive support. Similarly, Nadler and Halabi (2006) found that high identifiers even showed unwillingness to receive support from outgroup members (as they were afraid that accepting help from outgroup members might jeopardize their social status). We argue that strongly identified group members tend to perceive ingroup support as more benevolent when compared to weakly identified group members. That is, highly identified individuals should be more likely to attribute prosocial motives underlying the support provided by fellow ingroup members. They would do so, as they perceive and interpret the behavior of the other group members as serving a mutual goal and driven by ingroup-enhancing motives (Frisch et al., 2014; Haslam et al., 2012). In contrast, less identified group members should tend to attribute the support provided to less altruistic motives as in this case no identity-based positive relationship and no mutual interests are assumed. For example, in such a case they might suspect reciprocity expectations of the support provider, and therefore the support does not come "for free" but implies future obligations. Moreover, the support recipient might also attribute the supportive behavior to reputational concerns of the support provider. Such attributions would accentuate self-serving motives rather than altruistic motives of the support provider, thereby jeopardizing the effectiveness of the supportive behavior to buffer stress.

According to Semmer et al. (2008), a key feature of social support making it (in)effective is its emotional meaning. If the helpful act communicates benevolent or altruistic motives, it is likely to produce positive effects for health and well-being. For example, if you are an inpatient in a hospital and a friend comes by bringing you the latest newspaper, it is not having the newspaper that produces the positive effect on your well-being (though it might reduce boredom), but the implied underlying message of being cared for.

Indirect empirical evidence for the idea that individual identification alters the perception of social support comes from a recent experimental study by McKimmie, Butler, Chan, Rogers, and Jimmieson (2019, study 2), which tested whether the salience of a shared social category would lead participants to interpret the behavior of other group members to be more supportive during a group problem-solving task. It has to be noted though, that identity salience cannot be equated with individual identification, as group membership can be salient, yet an individual group member might not strongly identify with this group. Participants were made to believe that they would interact with the other group members via text messages. These messages, however, were not received from other participants, but were predetermined and standardized. After completion of the task, participants were asked to rate the amount of support received by other group members. Consistent with predictions, participants in the high salience of the social category condition reported having received more social support, as compared to the condition in which the social category was not made salient. Hence—although

identical—the messages from ingroup members were perceived as more supportive as compared to messages received from outgroup members, which might have been—at least to some degree—due to a more favorable attribution of their messages in terms of benevolence.

Taking the findings together, we predict that individual identification moderates the effectiveness of received social support as a stress buffer. Moreover, we argue that this effect is driven by altered attributions assuming benevolent versus self-serving motives underlying the supportive behavior. Hence, we propose a mediated moderation (see Figure 1):

Proposition 1 *Individual identification moderates the effectiveness of received social support in buffering stress. Received social support is more effective when individual identification is high, as compared to when individual identification is low.*

Proposition 2 *This moderation effect is mediated by perceived benevolence. When individual identification is high, received social support is perceived to be more benevolent, as compared to when individual identification is low.*

3.2 | Group identification

We define group identification as the average individual identification of the group members within a group, while also accounting for the heterogeneity in individual identifications. Expanding on the original propositions by van Dick and Haslam (2012), we propose mutual social support (provided and received) and increased collective self-efficacy as the primary mechanisms linking group identification to health and well-being. This mediating mechanism builds on the idea that group members' individual actions are coordinated (or combined) to reach mutual goals (Haslam, O´Brien, Jetten, Vormedal, & Penna, 2005). In this sense, group members should be more inclined to support each other the more *all* members identify with this group. Hence, we define high group identification as homogeneous high levels of individual identification of all group members.

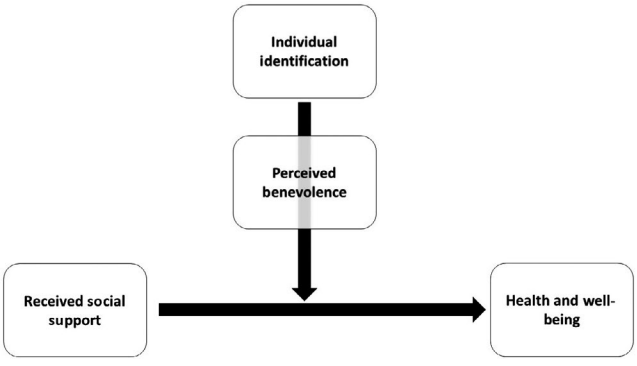

FIGURE 1 Individual identification moderates the effectiveness of received social support to buffer stress (Proposition 1) due to differences in perceived benevolence (Proposition 2)

There is growing empirical evidence suggesting that social identification increases the extent to which group members provide and receive social support (e.g., Avanzi et al., 2018; Butler, McKimmie, & Haslam, 2018; Drury, Novelli, & Stott, 2015; Haslam et al., 2005; McKimmie et al., 2019; Steffens, Jetten, Haslam, Cruwys, & Haslam, 2016). For example, in two samples of bomb disposal officers and bar staff, Haslam et al. (2005) found that perceived (self-reported) social support mediated the effect of identification on self-reported stress. Similarly, in an analysis of a near disaster at a music event, Drury et al. (2015) found that identification with the crowd increased expectations of receiving help. As noted above, this previous research tested the proposed mediation using measures of individual identification as a predictor and individual ratings of received social support as a mediator; thus, the theoretical prediction that group identification would increase mutual social support (provided and received) has not been tested yet. We argue that group identification would be an even stronger predictor as compared to individual identification. If an individual group member strongly identifies with a group and provides support, it does not necessarily mean that the other group members feel the same and are more likely to help this individual in return.

Further elaborating on group-level effects, van Dick and Haslam (2012) suggested extending the proposed causal chain by also taking collective self-efficacy into account. Collective self-efficacy refers to the expectation regarding the group´s capability to navigate troubled waters and to cope with stressors. The repeated experience of mutual social support in the face of threats gives rise to positive expectations. Hence, in a two-step serial mediation, group identification should increase the likelihood of mutual support, which, in turn, should bolster collective self-efficacy, which then increases well-being.

First empirical evidence for this proposed two-step mediation comes from a study with Italian teachers (Avanzi, Fraccaroli, van Dick, & Schuh, 2015). This study found that the relationship between individual identification and burnout was serially mediated by perceived social support and collective efficacy. Recently, Junker, van Dick, Avanzi, Häusser, and Mojzisch (2019) replicated the two-step serial mediation in two studies with undergraduate students. One of the studies was a field experiment (i.e., identification was manipulated), providing further evidence for the assumed causal direction. It has to be noted, however, that again these studies provide no direct test of the effects of group identification as they tested individual identification as a predictor. Moreover, these studies measured self-reported received social support; hence they do not allow us to distinguish between actually provided and perceived social support.

More generally speaking, it was particularly the group-level mechanisms of social support and collective self-efficacy that fell prey to the dissociation of theoretical reasoning and empirical studies by only accounting for individual identification. We assume that previous research testing group-level mechanisms, while using individual identification as an individual-level predictor, potentially underestimated the strength of the proposed relationships. This again illustrates the importance of differentiating between individual-level

and group-level mechanisms of social identity. Taking them together, as a mechanism linking group identification to individual health and well-being, we propose a two-step mediation (see Figure 2):

Proposition 3 *The effect of group identification on health and well-being is mediated by (a) mutual social support and (b) collective self-efficacy in a two-step serial mediation.*

3.3 | Individually perceived group identification

In addition to the (objective) sharedness of group identification, we deem it important to account for a group member´s *perceived* sharedness of group identification and therefore introduce individually perceived group identification as a third aspect of social identity. As the primary mechanisms linking individually perceived group identification to health and well-being, we propose alterations in appraisal processes regarding stressors and coping opportunities, building on classical work by Lazarus and Folkman (1984).

The transactional model of stress (Lazarus & Folkman, 1984; Peacock & Wong, 1990) postulates that stress results as a consequence of two successive appraisal processes. When confronted with a specific situation a person appraises whether this situation is a potential threat (*primary appraisal*). If the situation is classified as a potential threat, in a subsequent appraisal process, this person assesses her capabilities to cope with this threat (*secondary appraisal*). Earlier research emphasized that social factors play an important role in the primary and secondary appraisal processes (Schwarzer & Knoll, 2007). With regard to the effects of individually perceived group identification, we postulate that individuals who perceive group identification to be high show a shift in their appraisal of stressors and coping opportunities from an individual perspective to a group-based perspective. In line with this, McKimmie et al. (2019) found that higher levels of individual identification were associated with more positive primary and secondary appraisals of a challenging experimental task (though, again, this was not a direct test of the effects of individually perceived group identification).

We argue that in primary appraisal, an individual would not assess if a given situation constituted a threat to "me" but if it was a threat to "us". This shift should result in less perceived threat as the group as a whole is less vulnerable compared to an individual group member. For example, being confronted with an upcoming exam, it can be reassuring to realize that others have to pass the same test, too. Therefore, appraising whether the exam is a threat to "us" might result in a more favorable assessment as compared to an appraisal of whether it is a threat to "me" (at least some of "us" will be smart enough to pass the test). Hence, this proposition builds on Schachter´s classic "misery loves company" effect, that is, the mere presence of others reduces the perceived threat of a situation.

A similar shift should apply to the secondary appraisal, where resources and coping opportunities of "us" are assessed instead of "me". This again would result in a more favorable assessment as the group possesses more coping resources, as compared to the individual group member. Individually perceived group identification is closely linked to expectations regarding other group members´ adherence to mutual goals and their likelihood to engage in collective behavior, and these expectations play a major role in the shift in the appraisal processes.

The idea of a shift in appraisal processes has been described previously in the social identity literature (e.g., Haslam & van Dick, 2011), but yet remains to be directly tested in empirical studies. First, more indirect evidence for the proposed shift in appraisal processes comes from an experimental study by Haslam, Jetten, O´Brien, and Jacobs (2004). In this study, self-reported stress in a task differed as a function of the information source and information content regarding the stressfulness of this task. Prior to the task, participants received the information that this task was either stressful or challenging and this information was provided by either an outgroup member or an ingroup member. A stress buffering effect of the information that the task was challenging and not stressful was only found if this information was provided by an ingroup member. This finding could be interpreted in terms of a shift of the appraisal processes, as in the ingroup condition the appraisal of the threat and the coping resources of the situation might have relied on a stronger group-level perspective. It has to be acknowledged, however, that other processes such as social comparison processes might also account for the effect.

Building on the idea of altered appraisal processes, we propose that positive effects of high individually perceived group identification are due to a shift to a group perspective (see Figure 3):

Proposition 4 *The effect of individually perceived group identification on health and well-being is mediated by a shift in the appraisal of stressors (primary appraisal) and the appraisal of the coping opportunities (secondary appraisal) from an individual to a group perspective.*

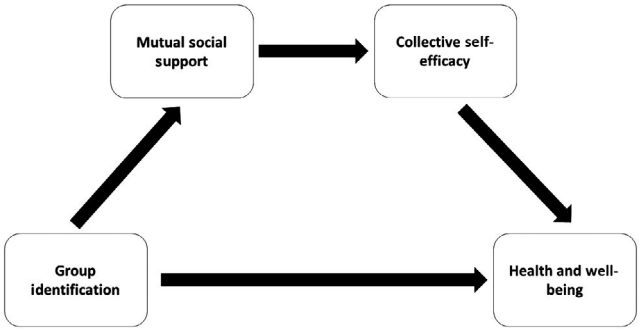

FIGURE 2 Two-step serial mediation via mutual social support and collective self-efficacy of the effect of group identification on well-being and health (Proposition 3)

4 | INTERDEPENDENCIES AND CROSS-LEVEL INTERACTIONS

Although we advocate a differentiation between the three aspects of shared social identity and propose different specific mechanisms linking each of them to health and well-being, we want to emphasize

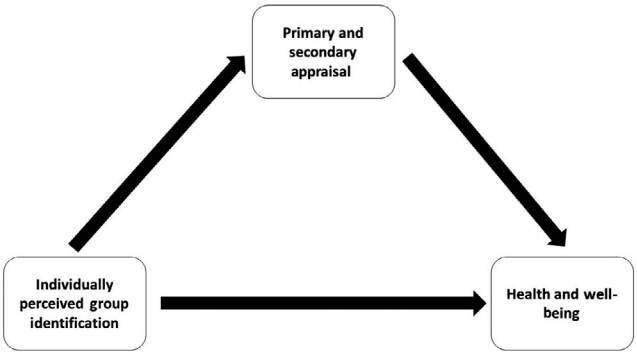

FIGURE 3 Appraisal processes as a mediator of the effect of individually perceived group identification on well-being and health (Proposition 4)

that we do not state that the three aspects are independent of each other. Most obviously, group identification, defined as group members´ average individual identification, is an aggregate of individual identification and, therefore, both constructs are correlated (see also Jans, Leach, Garcia, & Postmes, 2015 for a discussion on how individual identification can be influenced by group identification and vice versa). This might also be the reason for why empirical studies that used individual identification to test group-level mechanisms (i.e., the mediation by mutual social support and collective efficacy) found significant effects despite neglecting the group-level nature of the construct (Avanzi, Schuh, Fraccaroli, & Dick, 2015; Junker et al., 2019).

Also, individually perceived group identification might be influenced by individual identification, due to egocentric biases, particularly the false-consensus effect (Marks & Miller, 1987; Ross, Green, & House, 1977). That is, the perception of group identification is likely to be biased in the direction of one´s own individual identification with the group. If an individual is highly identified with a group, they might tend to overestimate the sharedness of identification of the group members. Contrarily, if a group member is only weakly identified with a group they might underestimate other group members' identification.

Finally, interdependencies between group identification and individually perceived group identification are also likely. This might be the case especially when group identification is very salient, that is, obviously high (for example, in a successful sports team) or obviously low (for example, in a work team about to be torn apart in a merger process). Consequently, intercorrelations between the three aspects of social identity are highly likely. The extent of this overlap, however, is not only a conceptual question, but first and foremost an open empirical question. Due to the neglect of the group level in earlier research, we have only very limited information regarding correlations between the three aspects of social identity. In any case, the interdependencies also represent challenges for study designs and approaches to measure these constructs (see implications for research section).

Beyond interdependencies and the conceptual overlap between the three aspects, cross-level interactions between individual identification and group identification are also of theoretical interest and should be accounted for. As humans do not act in a "social vacuum", we assume that the effects of individual identification might be modulated by group identification. Specifically, we state that (stronger) deviations from group identification (i.e., being more or less identified than the average group member) are likely to have consequences for well-being. We dub this interdependency between individual identification and group identification *relative identification*. We are not aware of any studies directly accounting for relative identification, but from a theoretical perspective, deviations from the group mean could have consequences for health and well-being.

If a person has a less-than-average identification, group norms could act as a stressor, as such group norms might be not congruent with individual norms. Moreover, relatively low identified group members might perceive themselves (and might be perceived by other group members) as an "outgroup" within the ingroup. In the case of relatively high identification, the predictions are less straightforward. On the one hand, the group could be a particularly effective resource for relatively highly identified group members—especially regarding the appraisal and attribution processes as stress buffers. On the other hand, due to overcommitment and high involvement, such group members might tend to strongly invest in the group, accepting additional effort and walking the extra mile to pursue group goals, at the expense of pursuing individual goals (Avanzi, van Dick, Fraccaroli, & Sarchielli, 2012). Beyond putting additional demands on the relatively highly identified group member, this also increases the likelihood of being exploited by the other (less identified) group members, for example, due to free-riding (Kerr & Bruun, 1983).

Due to the lack of empirical data regarding the effects of relatively high or relatively low identification on health and well-being, we refrain from formulating clear-cut predictions regarding cross-level interactions. Nonetheless, we want to emphasize that it is highly plausible that an incongruence of individual identification and group identification matters and should be accounted for. Thus, we put forward Proposition 5:

Proposition 5 *Incongruence between individual identification and group identification can affect health and well-being.*

5 | THEORETICAL INTEGRATION

In an attempt to arrive at a deeper understanding of the underlying mechanisms linking social identity to health and well-being, our conceptual analysis distinguishes between individual-, group-level, and cross-level effects by differentiating between three aspects of social identity and by postulating specific mechanisms for each aspect. Moreover, we explicitly discuss the sharedness of social identity (which has been at the heart of the SIA, but has been widely neglected in previous research). The differentiation between individual- and group-level effects and their interaction constitutes the major contribution of our conceptual analysis. In a nutshell, we argue that individual identification is linked to health and well-being due to a mediated moderation, with individual

identification increasing the perceived benevolence of received social support, when it is provided by other ingroup members, which, in turn, increases the effectiveness of such support and which then increases health and well-being (Proposition 1 and 2). For group identification, we postulate a two-step mediation on health and well-being via mutual social support and collective self-efficacy as the underlying mechanism (Proposition 3). Finally, for perceived group identification we propose an altered appraisal process by which stressors are perceived to be less threatening and, therefore, increase health and well-being (Proposition 4). All proposed relationships are presented in Figure 4.

In conclusion, a core assumption of our conceptual analysis is that the positive effects of shared social identity on health and well-being crucially depend on its close relationship with social support. As an important qualification of this conclusion, we argue that although social support is an interindividual (or intragroup) phenomenon, it is the specific intraindividual mechanisms—attribution and appraisal—that shape the psychological partnership between shared social identity and social support. Moreover, we discuss how individual identification and individually perceived group identification can unfold their positive effects exclusively through individual-level processes rather than group-based behavior, by altering appraisals of stressors and resources.

6 | IMPLICATIONS FOR RESEARCH

Our conceptual analysis has several implications for future research on the SIA to Health and Well-being. Most obviously, it makes a strong case for refocusing on the group-level. At heart, the SIA is a psychology of groups, which somehow became indistinct due to the strong reliance on self-report measures of individual identification in earlier research. The reliance on individual-level approaches to identification is understandable, as group-level accounts ask for more complex research designs and complicated measurement. Nonetheless, our conceptual analysis reveals that it is worthwhile to accept this challenge. We recommend future studies to combine group- and individual-level data, and to account for interactions between both levels. When accounting for interactions, special emphasis should be put on patterns of incongruence, that is, cases in which individuals more or less strongly identify with their group compared to the group average. This could be achieved, for example, by using polynomial regression techniques (Edwards & Parry, 1993) that allow effects of individual identification and group identification to be distinguished, but also effects of incongruence between both levels to be tested. That is, consequences of above-average-identification and below-average-identification could be identified while simultaneously testing the direct effects of the levels of individual identification and group identification.

We argue that the construct of shared social identity should be understood in terms of three distinguishable, though interdependent, aspects. These interdependencies are certainly challenging in terms of measurement. As a basic approach, we suggest that group identification should be defined as group members´ average individual identification (while standard deviation should also be accounted for), which is better than not considering the group-level at all. This, however, results in a confound of individual identification and group identification (see also Bliese, Maltarich, Hendricks, Hofmann, & Adler, 2018). Therefore, we deem it important to develop additional approaches to measure group identification. Naturally, as the level of analysis is the group, this precludes the use of self-report measures (the group as a whole cannot respond to questionnaire items). Alternatively, observations of interactions within the group regarding pre-defined behavioral markers of group identification (for example, the use of "we" in the group´s conversation or the spatial distance between group members) might be a way to capture group identification without relying on individual identification of single group members. Yet, as social identification undeniably remains a highly subjective psychological state, such behavioral markers should be understood as complementing, not replacing, the operationalization of group identification as aggregated individual identification.

Similarly, research is now required to develop measurement approaches for individually perceived group identification, as well as for the proposed mediating processes of perceived benevolence and perspective shift in appraisal. To the best of our knowledge, there is

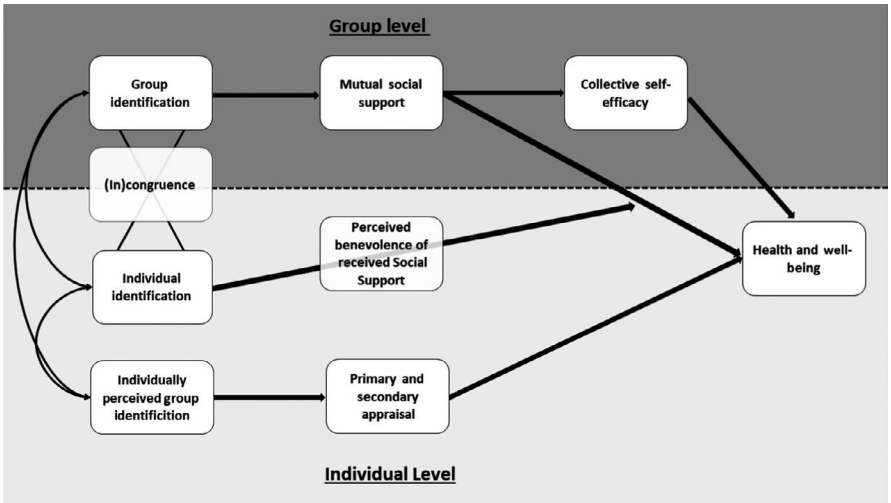

FIGURE 4 Full model linking the three aspects of social identity to health and well-being and illustrating individual versus group level processes and their interplay

no instrument measuring individually perceived group identification. As this aspect represents the subjective perception of an individual group member, there is no way around self-reports, considering all problems associated with their use, such as self-report biases (Donaldson & Grant-Vallone, 2002) and common-method biases (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Self-report questionnaires (Thomas et al., 2017) which distinguish between personal and collective identity motives (e.g., "I see this team as forming a cohesive whole") provide a useful starting point to developing new instruments to capture the individual group member´s perceptions of group identification.

Regarding the proposed mediator of perceived benevolence of received social support, existing approaches might be adapted. For example, Semmer et al. (2008) measured the emotional meaning of social support, that is, if social support was signaling caring, understanding, and esteem. In a similar vein, McKimmie et al. (2019) measured to what degree the behavior of ingroup members was perceived to be helpful. Both approaches, however, fall short in terms of measuring the attributed motives and—as a consequence—the perceived benevolence of the supportive act. In our eyes, ascribed motives and perceived benevolence crucially depend on the relationship between support provider and support receiver, and are, therefore, the primary mechanism underlying the moderating effect of individual identification on the effectiveness of social support as a stress buffer. Regarding primary and secondary appraisal processes as the mediator of the effect of individually perceived group identification on health and well-being, existing approaches (e.g., Dugdale, Eklund, & Gordon, 2002; Lazarus & Folkman, 1984; O´Brien, Terry, & Jimmieson, 2008) could be adapted to more explicitly map potential shifts in appraisals from an individual perspective versus a group perspective.

Previous research testing the interplay between shared social identity and social support used self-report measures of received social support, that is, they measured the perception of social support (Avanzi et al., 2015; Haslam et al., 2004; Junker et al., 2019). Importantly, this could be seen as only a rough estimate of *actually provided* social support, as we argue that high individual identification is likely to alter the interpretation of social support. This interpretation might even lead highly identified individuals to perceive high levels of social support, even if actually provided social support is weak. McKimmie et al. (2019) showed in an experimental study that social identity had an effect on self-reported perceived social support, even though the behavior of the other group members (online text messages) was held constant. Likewise, we deem it important to establish experimental studies manipulating group identity and test if this has an effect on actually provided social support (for example, by observing and coding intra-group behavior in a stressful situation).

7 | EXPANDING SCOPE AND BROADER IMPLICATIONS

Our analysis focuses on effects of social identity on well-being and health, particularly in the context of acute stress. We discuss (re) appraisal process and mutual support in the face of a threatening situation. However, the key idea of our analysis—a distinction between individual- and group-level with three different aspects of social identity—might also be important when examining other phenomena related to social identity. The SIA to Health and Well-being has recently been extended to related fields such as depression (e.g., Cruyws, Haslam, Dingle, Haslam, & Jetten, 2014), addiction (e.g., Dingle, Cruyws, & Frings, 2015), post-traumatic stress disorder (Muldoon et al., 2017), and ageing (e.g., Haslam, Steffens, et al., 2019). We argue that our conceptual analysis can also help to increase explanatory power in these domains, though strength and even direction of effects might differ. For example, for vulnerable groups such as the elderly or drug users, a shift in appraisal processes from the individual to the group level might increase rather than decrease perceived threat. In the case of depression, the effect of group identification on mutual support might be less pronounced as this group might lack the capabilities for effective mutual support (see also the next section on boundary conditions). Despite these potential differences, a clearer distinction between the three aspects of social identity and an analysis of cross-level effects will provide more information and help to align theoretical argument and empirical operationalization.

From a broader perspective, our conceptual analysis illustrates the merits of a clearer distinction between individual-level processes and group-level processes when researching group phenomena. We give two specific examples to support this argument. First, studies show that the effectiveness of intergroup contact is context-dependent. A series of longitudinal and cross-sectional studies by Christ et al. (2014) showed that group-level effects, in particular more tolerant norms, acted above and beyond individual-level processes that reduce prejudice as a result of intergroup contact (e.g., access to prejudice inconsistent information or reappraisal of the ingroup, see Pettigrew, 1998). Another example is group performance that critically depends on the individual-level (such as learning) and group-level processes (such as coordination; Faber, Häusser, & Kerr, 2017; Hackman & Morris, 1975). We argue that in virtually all group phenomena individual-level processes and group-level processes can be identified and distinguished. We therefore strongly encourage future research, not only in the domain of social identity, to more clearly distinguish between individual-level and group-level processes (and their interaction) when studying group phenomena.

8 | BOUNDARIES OF THE SOCIAL CURE

Although our conceptual model applies to a broad variety of situations and diverse types of groups and its scope might even expand beyond the field of health and well-being, there are also some boundary conditions we wish to address. As a general underlying assumption, our conceptual model implies positive effects of group memberships—and this might indeed hold for most types of situations and groups. However, certain group memberships could turn out to be rather a curse than a cure. We want to emphasize three specific boundaries of the positive effects of social identification. First, if groups lack

resources for mutual support (e.g., economically deprived groups or insufficient psychological capabilities for effective support) this would limit the mediation effect described in Proposition 3. In such groups, group identification would increase mutual social support to a lesser extent. In addition, groups might differ in the specific type of effective social support they could provide for their group members (e.g., financial support vs. emotional support).

Second, we argue that social identification, and particularly individually perceived group identification, results in a shift towards group-based cognitions. This, however, should not only be the case for appraisal processes, but can also increase salience and adherence to group norms. This cognitive shift towards the group level becomes problematic if group norms promote unhealthy behavior. Wakefield, Bowe, Kellezi, McNamara, and Stevenson (2019) argued that strongly identified individuals tend to adhere to group norms even if they promote risky behavior or behavior that increases an individual's vulnerability (such as excessive drinking, disaffirmation of safer-sex practices, anti-help-seeking norms, or working overtime).

Third, several variables might directly affect the three aspects of social identification, but they might also moderate the proposed pathways. Factors such as group size, permeability, or whether the group is stigmatized or positively valued, are likely to play a role. For example, group size could correlate negatively with group identification as people might more strongly identify with smaller groups (due to stronger personal bonds). Moreover, high individually perceived group identification might produce negative rather than positive effects in stigmatized groups. Although we acknowledge the existence of such potential moderators, we opted for parsimoniousness here (Ockham's razor) and refrained from modeling such moderators in our analysis for the sake of clarity and applicability. Nonetheless, we encourage considering potential moderators in future research and practical applications.

Furthermore, we would also like to emphasize that the extensions to the SIA to Health and Well-being presented in this article do not account for temporal dynamics and identity change. However, we want to point out that interdependencies between the three aspects of social identification and their cross-level interactions are not necessarily stable over time. A very interesting case is a change in group composition or groups in the process of schism. This can produce a threat to group identification as such processes give rise to perceptions of identity subversion (Sani & Pugliese, 2008; Sani & Reicher, 1998). In particular, if some group members feel that the group´s identity is undermined by a majority within the group or due to a change in group composition, individual identification and individually perceived group identification are likely to be reduced, resulting in higher levels of cross-level incongruence for these group members.

9 | PRACTICAL IMPLICATIONS

Besides implications for future study designs and measurement instruments, our conceptual analysis also provides recommendations for practical applications of the SIA to Health and Well-being. Given the substantial and reliable effects of shared social identity on health and well-being (Steffens et al., 2017), there is increasing activity aiming to unlock the "social cure". In past years, several interventions building on the SIA to Health and Well-being have been developed and implemented in diverse domains and populations, for example, care home residents (Haslam et al., 2010), white-collar workers (Knight, Haslam, & Haslam, 2010), university students (Haslam, Cruwys, Haslam, Dingle, & Chang, 2016), distressed adults (Haslam, Cruyws, et al., 2019), and women diagnosed with breast cancer (Morris, Chambers, Campbell, Dwyer, & Dunn, 2012). The relevance of the "social cure" is also increasingly acknowledged in clinical contexts (e.g., Cruwys, Haslam, Dingle, Jetten, et al., 2014).

Most "social cure" interventions aim at building (or strengthening) shared social identities. Traditionally, a key element of such interventions comprises shared activities, providing a group with a mutual goal, and implementing shared values and goals while pursuing this goal (Morris et al., 2012; see Lacerenza, Marlow, Tannenbaum, & Salas, 2018; Martin, Carron, & Burke, 2009; Miller, Kim, Silverman, & Bauer, 2018 for overviews and meta-analysis). In other words, these intervention programs tend to address group identification and group-level effects, for example, by providing a frame for the experience of mutual support and mutual success, giving rise to high collective self-efficacy. More recently, intervention programs have been developed that do not only focus on the group level, but also put a stronger emphasis on the individual level. For example, a crucial element of the Groups4Health program (G4H; Haslam, Cruwys, Haslam, & Dingle, 2015; Haslam et al., 2016) is psycho-educative interventions on the individual level. As part of the G4H program, participants map their individual social identities, reflect on their individual identification with groups they belong to, and are educated about the curative potential of belonging to and identifying with groups. Hence, in contrast to classic team-building interventions that aim at increasing group identification (and as a "byproduct" increase individual identification of the group members), the G4H intervention directly addresses individual-level processes of shared social identities. A recent meta-analysis (Steffens et al., 2019) provides promising evidence for the effectiveness of G4H interventions in diverse clinical and non-clinical contexts.

As several clinical interventions building on social identity mechanism have already been implemented (e.g., Borek et al., 2019; Cruyws, Haslam, Dingle, Jetten, Haslam, Dingle, Haslam, & Jetten, 2014; Cruwys, Haslam, Fox & McMahon, 2015), we encourage clinicians and health professionals to apply a broader view of social identification when planning such interventions, accounting for the multi-level nature of this psychological construct. Hence, group-level processes, individual-level processes as well as their interaction should be captured in interventions and treatments. Moreover, when the interventions are addressing a group as a whole, special emphasis should be put on the homogeneity of individual identification to avoid cross-level identification incongruence.

A further practical implication of our analysis refers to the concept of identity leadership (Steffens et al., 2014; Van Dick,

Lemoine, et al., 2018). The identity leadership approach emphasizes the role of leadership in the development and shaping of a shared group identity. It states that leaders influence group identification, by acting as a role model, by advancing the group, and by actively managing the group identity (crafting who "we" are). Somehow similar to the classic team-building interventions, identity leadership focuses on group identification and group-level processes. Our analysis pronounces the importance of also addressing the individual identification of the single group members. Hence, if leadership behavior plays a crucial role in the development of a shared social identity, it should also address the individual identification of the group members. This, however, should go beyond relying on model learning by acting as a prototypical exemplar of being a member of the group (Barreto & Hogg, 2017; Hogg, van Knippenberg, & Rast, 2012), and should explicitly tap into the individual-level processes, for example, by facilitating group-based appraisal and attribution processes of the individual group members.

Moreover, effective identity leadership has to account for differences in group members' individual identification, as high variance in individual identification might not only undermine group identification but also increase the likelihood of incongruence between the individual and the group as a whole. In other words, identity leadership should not only aim at increasing identification, but also at increasing sharedness of identification.

Our analysis revealed that the health-promoting effects of a shared social identity are due to a complex interplay between individual-level and group-level effects. Consequently, the social cure is most likely to emerge when interventions and leadership behavior account for both levels.

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CONFLICT OF INTEREST

The authors declare no conflict of interests.

TRANSPARENCY STATEMENT

In this article no original empirical data is reported.

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