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Gender Differences in Social Support, Self-Salience, and Mental Health

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Gender Differences in Social Support, Self-Salience and Mental Health

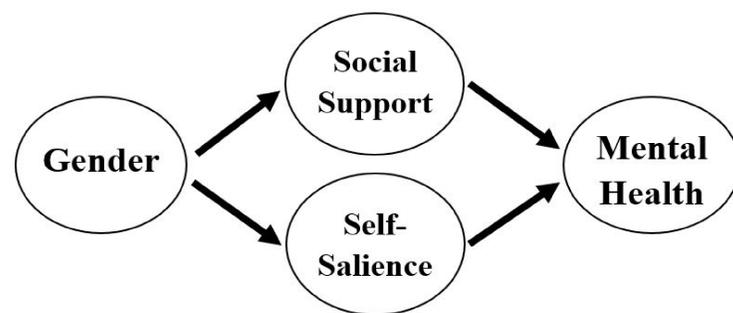
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Introduction

Men and women tend to manifest distinct mental health outcomes. Specifically, women report higher levels of internalizing symptoms, such as depression and anxiety, whereas men report higher levels externalizing symptoms, such as alcohol abuse (Rosenfield, S., Lennon, M. C., & White, H. R., 2005; Rosenfield, S., & Smith, D., 2010). However, it is unclear what mechanisms shape the gender differences in mental health outcomes. This research will explore two key possible mechanisms: social support and self-salience. This research will help us better understand the processes leading to different mental health outcomes for men and women and provide insights into reducing mental health problems in the United States.

Conceptual Model



Research Questions and Hypotheses

- How and why mental health outcomes vary by gender?
- To what extent do social support and self-salience explain the gender differences in various mental health outcomes?
 - H1: Women will have more social support resources than men.
 - H2: Lower social support among men will explain their higher externalizing symptoms compared to women.
 - H3: For self-salience, men will prioritize their own needs above other's needs and have less permeable boundaries between their self and others.
 - H4: Differences in self-salience by gender will explain women's higher internalizing symptoms compared to men.

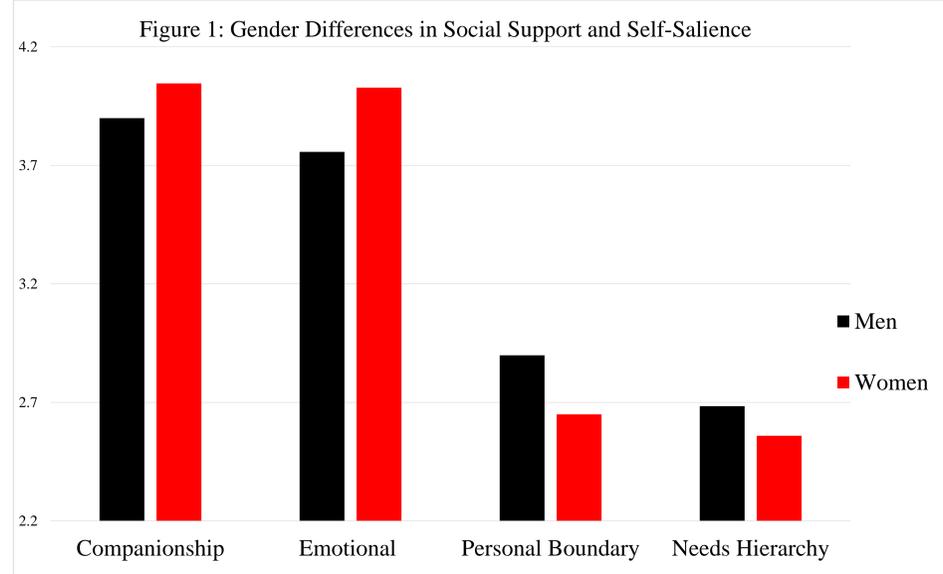
Sample

The National, Health, Well-being and Perspectives Study is a mail survey administered to a nationally representative sample of US adults in 2015. For this poster, we analyze the survey data from 705 respondents. Women comprise 61% of the sample and men make up 39%. The sample is majority white (79.86%) and the average age is 55.5.

Acknowledgement

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Findings



- Figure 1 shows significant differences for social support resources by gender. Women have more companionship ($F=6.39, p<.05$) and emotional support ($F=13.68, P<.001$) than men.
- Figure 1 also shows significant gender variation in self-salience. Men are more likely to not let other people's emotional experiences affect their own ($F=12.91, p<.001$) compared to women. Men are also more likely to prioritize their own needs before others compared women ($F=5.12, p<.05$).

Measures

Mental Health Concepts (Dependent)

- Internalizing:** entails *depressive* and *anxious* symptoms experienced in the past 30 days such as "I felt tense" and "I felt that nothing could cheer me up."
- Externalizing:** includes *alcohol abuse* and *aggression* manifest in the past 12 months such as "I had trouble controlling my drinking" and "I did something I later regretted because I had been drinking."

Mediator Concepts

- Self-salience:** 5-points agreement scale with statements about -
 - Personal Boundary:* how much other's emotional states shapes one's own emotional state, for example "What people think of me does not affect how I feel"
 - Needs Hierarchy:* the extent a person prioritizes the needs of others above their own. "It is hard for me to satisfy my own needs when they interfere with the needs of others."
- Social Support:** 5-point frequency scale with statements about -
 - Companionship:* spending leisure time with friends or family. "With whom you enjoy doing things"
 - Emotional Support:* receiving love and support from friends or family. "Who listen to you when you need to talk" and "Who make you feel cared for".

Table 1: OLS Regression of Mental Health on Social Support and Self-Salience^a

	Internalizing Symptoms			Externalizing Symptoms		
	Model 1 beta	Model 2 beta	Model 3 beta	Model 4 beta	Model 5 beta	Model 6 beta
Females	.10**	.13***	.07*	-.11**	-.09*	-.12***
Social Support						
Companionship		-.12**			-.08†	
Emotional		-.15***			-.08†	
Self-salience						
Personal boundary			-.17***			-.13***
Needs Hierarchy			-.06			.17***
R-squared	.206	.257	.240	.104	.122	.137

(N= 705)

^a All models control for age, race, marital status, education attainment, physical health, religious attendance, and own home.

† $p<.10$, * $p<.05$, ** $p<.01$, *** $p<.001$

Models 1 & 4: Women experience more internalizing (beta = .10, $p<.01$) and less externalizing symptoms than men (beta= -.11, $p<.01$).

Models 2 & 5: Higher levels of support resources reduce both internalizing and externalizing symptoms. Gender differences in:

- internalizing increase by 30%. Support act as suppressor.
- externalizing decrease by 16%. Support acts as mediator.

Models 3 & 6: Less permeable personal boundaries reduce both internalizing and externalizing symptoms. Placing one's needs above others increases levels of externalizing symptoms, but has no effect on internalizing.

- Personal boundary mediates gender differences in both internalizing (28%) and externalizing (9%) symptoms.
- Gender differences in externalizing increase by 27% after taking into account needs hierarchy. Needs hierarchy acts as a suppressor.

Discussion

The results from these analyses provide support for portions of the research hypotheses. Women have higher social support (companionship and emotional support) compared to men (H1). These differences partially mediate men's higher levels of externalizing symptoms (H2). Men are less likely than women to let other people's emotion and experiences affect their own (H3). These differences partially mediate women's higher levels of internalizing symptoms (H4).

Regardless of gender, individuals can improve their mental health by having more social support resources, drawing clearer boundaries between their self and others, and putting others' needs before their own.

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