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THE SOCIAL, PSYCHOLOGICAL, AND STRUCTURAL DETERMINANTS OF SOCIAL SUPPORT

by

HEATHER ANNE TURNER

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of
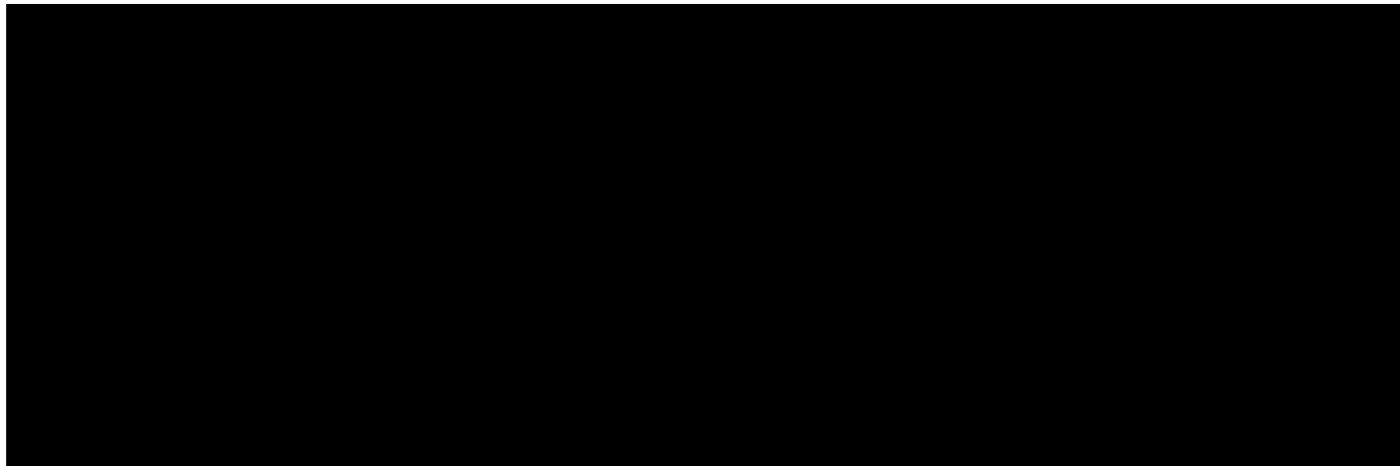
DOCTOR OF PHILOSOPHY

in

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in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA

San Francisco

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ABSTRACT

The Social, Psychological and Structural Determinants of
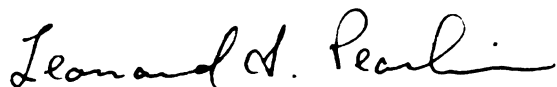Social Support

by

Heather A. Turner

Doctor of Philosophy in Human Development and Aging

University of California, San Francisco, 1990

This dissertation identifies factors and conditions that contribute to individuals' perceptions of social support. The effects of sociodemographic, personal, situational and network determinants on both emotional and instrumental types of support are assessed. The study involves secondary analyses of a crossectional community sample of 850 non-disabled adults living in southwestern Ontario, Canada. Two sets of analyses are presented. The first entails the identification of simple bivariate correlates of support. The second set involves multiple regression analyses examining the determinants within a hypothesized causal model. By testing the model, interrelationships among the determinants and their independent effects are assessed.

Factors having independent positive effects on emotional support include gender (high = women), self-esteem, mastery, empathy, femininity, network size, frequency of network contact, and number of confidants. Factors showing independent adverse effects on emotional

support include the proportion of the total network consisting of family members, frequency of negative interactions with family, and negative interaction frequency with friends. Instrumental support is positively influenced by employment, empathy, frequency of contact with family, and friend contact. Negative effects on instrumental support include life events, and frequency of negative interactions with both friends and family. A significant interaction between gender and marital status was evident. Although divorced and married women showed similar scores on support, divorced men were significantly disadvantaged on both instrumental and emotional support in comparison to married men. Direct and indirect paths in the main effects model are presented. Limitations of crossectional data, issues involving gender differences in support, reciprocal processes in giving and receiving support, variations in types and sources of support, and future research and policy implications are also addressed.

Leonard I. Pearlin
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CHAPTER 1

INTRODUCTION

1.1 Study Objectives

The present research seeks to examine the factors and conditions that contribute to social support. Specifically, the study will focus on four sets of conditions that potentially affect social support: 1) "macro-structural" or socio-demographic factors, such as age, gender, socioeconomic status, marital status and employment status; 2) "micro-structural" or network factors, including social network size, composition, frequency of contact, social participation, existence of confidants, and quality of network interactions; 3) environmental or situational conditions, in the form of life event stressors, role loss, and financial strain; and 4) personal or individual factors consisting of mastery, self-esteem, personality (empathy and sex-role orientation) and psychological health status. In examining social support as an outcome, a special emphasis is placed on perceptual indicators of support.

The study assesses the explanatory power of these four categories of variables, their interrelationships, and the specific elements within each. It is expected that some factors will have primarily direct effects on social support, while others will have indirect effects through one or more other factors. Thus, in addition to determining the

additive effects of these variables on social support, factors that serve indirect and mediating functions will also be identified. In this way, the research can provide clues as to the processes that may underlie the availability and experience of social support.

The present research involves the secondary analyses of a crossectional community sample of 850 adults. The large sample gives the present research good statistical power for testing more complicated multivariate relationships. In assessing a normal community sample, one can explore the characteristics, correlates and potential determinants of social networks and support as they naturally occur in the population. Such research may eventually help us to understand the processes that create differential access to support and that underlie relationships between social support and health. Moreover, identifying the factors that promote social support naturally may point to potential avenues for developing support interventions. In particular, the identification of potentially modifiable support determinants may have important implications for social policy.

1.2 Background

1.2.1 The Significance of Social Ties: The importance of social relationships for health has been long recognized by social scientists. Indeed, scientific interest in this area was evident over a century ago in the classic works of Emile Durkheim. Durkheim (1950) argued that suicide rates could be

explained by the level of social integration a group or society provided for its members. By comparing the suicide rates of different religious groups, married and non-married individuals, and people with different levels of education, Durkheim showed that the more social bonds people possessed and the more tightly integrated they were into a community with common norms and beliefs, the less likely they were to commit suicide. This represented the first significant sociological research linking the broader social environment to personal behavior and well-being.

Beginning in the 1950's, a considerable amount of research was directed at assessing the impact of social integration on more basic aspects of health. Taken together, such research has convincingly shown that socially isolated individuals tend to be in poorer physical and psychological health and have higher rates of mortality than individuals who are more integrated.

Marriage, one of the most fundamental, intimate ties among adults, is often considered a primary indicator of social integration. Studies have consistently found that those who are not married, whether single, separated, divorced or widowed, experience significantly higher mortality rates than married people (Kraus and Lillienfeld, 1959; Carter and Glick, 1970; Ortmeyer, 1974; Berkman and Syme, 1979). While this effect tends to be stronger for men, the protective influence of marriage generally cuts across age, gender, and race, and appears to hold true for all

causes of death. Other indices of social integration such as frequency of contact with family and friends, church membership, household composition, and participation in formal and informal organizations have also been found to reduce the risk of mortality (Berkman and Syme, 1979; Tibblin et al., 1986; Orth-Gomer and Johnson, 1987; Welin, et al., 1985).

As with mortality, there is a considerable amount of evidence pointing to the relevance of social ties for physical and mental health. For example, a number of studies have found social integration indices to be significantly related to coronary heart disease (CHD). Again, marriage has been shown to reduce the risk of CHD even after controlling for other risk factors, such as cholesterol level and blood pressure (Weiss, 1973). The negative effect of marriage and other aspects of social affiliation on the incidence of CHD has also been supported in a number of prospective studies (see Berkman, 1985 for review).

Turning to the psychological realm, several large community based studies have found a strong positive relationship between marital status and psychological or emotional well-being (Campbell, 1981; Veroff et. al., 1981; Williams et. al., 1981). Many studies have also found negative associations between a variety of social affiliation indicators (such as number of friends and relatives, membership in clubs and church, and frequency of social interaction) and measures of psychological distress

(Lin. et. al., 1979) and depression (Kessler and Essex, 1982; Aneshensel and Stone, 1982).

1.2.2 Social Support and Health: In the 1970's, the importance of social integration for health was revitalized and expanded with the concept of social support. While the measurement of this "new" concept has varied considerably, it generally refers to the more functional aspects of social integration: the psychological and material resources an individual receives from others. Thus, indices of social integration such as marital status, household composition, social participation and group affiliations are generally believed to represent crude indicators of social support. That is, social affiliations are believed to be important for health primarily because of the support benefits they provide to the individual.

To understand the conceptualization of social support and the process by which it influences health, it is useful to scan the social support literature. While the accumulation of literature on social support is far too extensive to allow for a comprehensive review, it is important to recognize the scope, consistency and magnitude of evidence linking social support to health.

A considerable body of evidence shows a significant association between social support and various aspects of psychological and emotional well-being. For example, social support has been found to be positively associated with life satisfaction and happiness (Linn and McGranahan, 1980), and

inversely related to general psychological distress (Cobb, 1976; Dean and Lin, 1977; Turner, 1981; Turner, 1983). Many studies also show a relationship between a variety of social support measures and depression (Brown et al., 1975; Pearlin, et al., 1981; Scheafer et al., 1981; Kessler and Essex, 1982), anxiety (Barerra, 1981; Billings and Moos, 1981), and other psychiatric symptoms (Miller and Ingram, 1977; Linn et. al, 1979). Social support has also been found to be associated with a variety of physical or somatic symptoms (Gore, 1978; Miller and Ingram, 1977;) as well as physical recovery from heart attacks (Gruen, 1975) and surgery (see Mumford et al., 1982). Similarly, studies have found social support to reduce emotional distress among individuals recovering from physical illness (Spiegal et al., 1981) and injury (Bordow and Poritt, 1979). Relationships have been found between social support and psychological adjustment to divorce (Wilcox, 1981), retirement (Lowenthal and Haven, 1978), and widowhood (Lieberman, 1982), in addition to community adjustment among ex-psychiatric patients (Turner et al., 1970; Holman and Shore, 1978). Further, social support has been related to reductions in pregnancy and birth complications (Nuckolls, et al., 1972; Sosa, et al., 1980), blood pressure (Graham and Kaplan, 1978; Earp and Ory, 1979), mortality in the general population (Berkman and Syme, 1979) and mortality among the aged (Blazer, 1982). While many studies were methodologically flawed, and thus open to alternative

interpretations, one can argue that the number of studies conducted (both animal and human studies), the range of health outcomes examined, the array of study designs employed (ie. from crossectional to experimental) and the different life stages involved (ie. from birth to death), suggests a highly robust, causal association. Indeed, it seems clear that social support plays a significant role in promoting health and well-being.

1.2.3 The Social Support Process: There are two general hypotheses regarding the mechanisms by which social support exerts its influence on health. One, the <u>direct or main effects hypothesis</u>, suggests that support enhances health and well-being irrespective of stress level. In other words, people who have no special need for social support will benefit from it as much as those in need. There are several ways in which social support may have a generalized effect on health. By providing individuals with a set of stable, socially rewarding roles, social networks may promote positive self-evaluation and a sense of personal control and mastery (Thoits, 1986). These psychological states may, in turn, promote health by influencing individuals' health behavior, overall positive affect, or their immune system functioning (see Cohen and Syme, 1985). Further, supportive relationships may provide individuals with regular positive experiences and help them to avoid negative ones, thereby reducing the likelihood of stressful occurrences (Cohen and Wills, 1984).

The <u>buffering hypothesis</u>, on the other hand, argues that social support functions to protect people from the deleterious effects of stress and, therefore, is most effective when stress is greatest. These moderating effects are detected in a statistical interaction between social support and stress, whereby the support-health relationship becomes stronger under higher levels of stress. Investigators have suggested a number of processes by which support may reduce the negative impact of stressful experience (House, 1981; Gore, 1981; Cohen and McKay, 1984). First, social support may influence the perception that an event is stressful. That is, it may help individuals to redefine the situation such that it is appraised as less stressful. Second, social support may some how tranquilize the neuroendocrine system, making people less reactive to stress. Finally, social support may directly influence health behavior, allowing individuals to better deal with stress and thus reduce the likelihood of a deleterious outcome.

While there has been a considerable debate regarding which of these two hypotheses is valid, recent research suggests that social support likely has both main and buffering effects (see Cohen and Syme, 1985). However, it is this latter function of support that is of particular significance from an intervention point of view. That is, given that health care resources are always limited, the ability to identify individuals who are in most need and can

most benefit from social support is of particular importance.

1.2.4 The Social Support Concept: What is social support? There is far from any consensus on how social support should be defined and measured. Indeed, social support seems to mean many things to many people. For example, it has often been used to describe the existence, quantity, type, or structure of social relationships. These tend to represent relatively objective aspects of social ties (ie. marital status, number of relations, frequency of contact with friends or the characteristics of social networks)

However, social support is most commonly used to describe the functional content and quality of relationships. There has been an enormous number of classifications of functions or types of support. House (1981) has provided a taxonomy of four basic support functions that seem to represent the most common components of social support among the vast array of conceptualizations found in the literature. The four types are: 1) Emotional support, including esteem, affect, trust, concern and listening; 2) Appraisal support, involving affirmation, feedback and social comparison information; 3) Informational support, comprising advice, suggestions, directives and information useful for problem solving; and 4) Instrumental support, composed of assistance in the form of money, labor, time, or changing the environment.

Barrera (1987), provides a different line of organization to the many operationalizations of social support. Instead of distinguishing between different support functions, he categorizes concepts more according to whether they are objective or subjective in their measurement. He differentiates between three broad categories of support. One category, "social embeddedness", refers to the "connections that people have to significant others in their social environments" (pp. 415). The presence of such social ties are considered important because they represent potential support resources that could be called upon in time of need. This concept represents a more objective measure of social support that indexes the extent of one's social network or simply the availability of others within one's social environment. A second conceptualization is referred to as "perceived support". This is a measure that reflects a subjective appraisal of the quality one's connectedness to others. This concept of social support attempts to capture "individuals' confidence that adequate support would be available if it was needed or to characterize an environment as helpful or cohesive" (pp. 417). The final category of social support, "enacted support", represents the behavioral component of support. It refers to the actual support that one receives -- the actions others perform when they are rendering assistance. This category of support is more problem oriented,

representing the helping behaviors others provide when subjects are confronted with stressful circumstances.

The classifications of social support outlined by House (1981) and Barrera (1987), while very different, can be viewed as complimentary to one another. That is, all of House's support functions can be assessed either by determining the actual occurrence of supportive behaviors (enacted support) or by assessing the individual's perceptions of the availability of supportive others (perceived support). Indeed, many of the measures of support found in the literature can be classified along these two intersecting dimensions.

1.3 The Importance of Perceived Social Support

There certainly is a variety of reasonable ways to conceptualize and measure social support. However, it is my contention that, whatever the function, subjective or perceptual indicators of social support are of particular significance. This view emphasizes the individual's experience of being supported rather than the objective circumstances. In other words, whether or not support is actually available or actually received is less important than one's perceptions of its availability or one's perceptions of others' actions. Thus, it is not the "helping" behaviors per se that are health protective, it is how they are perceived and interpreted.

In this way, social support influences health outcomes through an appraisal process. As Lazarus (1966) claims, social relationships, personal coping efforts and the actions of others are processed through an emotional-cognitive filter that gives them meaning and value. Indeed, the idea that one's perceptions of the world mediate between the actual world and one's reactions to it, is a major premise of social psychology. The influential work of George Herbert Mead (1956) emphasized that humans do not respond to the actual gestures of others but to their perceived meaning; thus, human communication and behavior is symbolically interactive. William I. Thomas (1926) expanded and reinforced this idea by arguing that social life should be viewed from the inside, as people actually experience it. Thomas articulated this key element of the symbolic interactionist approach in what has become known as the "Thomas Theorem": "if men define situations as real, they are real in their consequences" (Thomas and Thomas, 1926: 572). By this token, social support that perceptually is real should have the greatest impact on health.

Indeed, indices that measure individuals' perceptions of social support have most consistently shown negative associations with psychological distress (Barrera, 1986). Longitudinal studies have further provided impressive evidence of prospective relationships between perceived support and subsequent distress. It has also become evident that support perceptions cannot be completely accounted for

by an objective set of conditions, resources or even actual "supportive" transactions. While it is likely that such social resources and well-intended actions very often lead to the perceptions of being supported, it will not necessarily be the case. Social resource characteristics such as network size, frequency of contact with friends and family, and marital status, have generally shown only moderate associations with measures of perceived support (see Barrera, 1986). Evidence also suggests that actual transactions intended to be supportive are not always perceived as such (Wortman and Lehman, 1985).

Wethington and Kessler (1986) considered the buffering effects of both received and perceived support in the same study. These investigators found that 1) perceptions of support were more strongly related to psychological distress than were actual support transactions, and 2) the impact of actual transactions on distress were mediated by support perceptions. That is, received support largely affected psychological distress indirectly, through its impact on support perceptions. This study suggests that the actual social support qualities that are most important for promoting health are, to a significant extent, cognitively mediated. It now becomes important to understand the mechanisms by which supportive actions become translated into one's perceptions of being supported. Specifically, we need to identify factors that influence perceptions of

support and mediate in the relationship between support transactions and support perceptions.

While ideally one would like to acquire measures of actual support in addition to perceived support, such measures are often problematic. Even though receiving aid or support when it is needed represents an important premise behind the social support concept, measures of actual supportive transactions are often unrelated and sometimes even inversely associated with health (Barrera, 1986; Cohen and Wills, 1985). While there may be different possible explanations for this, it seems most likely that individuals who show the most symptoms tend to seek and/or receive the most support transactions. This confounding likely hides any significant positive effects of supportive actions.

Given the theoretical significance of perceived support and the empirical evidence of its greater impact on health, the present research places special emphasis on this conceptualization. Since measures of actual support are unavailable in this data set and given the inherent problems of relying on such measures, social resource factors will serve as proxies of actual support. More accurately, they are treated as factors that may potentially, but not necessarily, determine individuals' perceptions of social support. Thus, this research, in part, examines the conditions that may interact with or mediate in the relationship between actual social resources and support perceptions.

1.4 Determinants of Social Support: Significance of the Work

As discussed earlier, it has become well-accepted and well-supported that social relationships play an important role in maintaining health and well-being. However, while this evidence may be exciting both scientifically and in terms its implications for social policy, an essential question remains largely unanswered: who gets social support and why? In particular, what are the factors that influence perceptions of social support? A greater understanding of the support-health relationship would inevitably require an understanding of the broader social and psychological structures that determine the quantity and quality of social relationships and support in society. Indeed, identifying the factors that influence social support is necessary before we can identify the processes that underlie the causal linkages between support and health, instead of merely knowing that such links exists. Further, only by knowing the factors that promote and inhibit support could we accurately determine how social support may be used in prevention and intervention strategies.

The need to research and understand the determinants of social support is becoming increasingly recognized in the field. Indeed, there has been a recent call in the social support literature by several prominent researchers for future research in this direction. House, et. al. (1988) writes "Although social relationships have been extensively

studied during the past decade as independent, intervening and moderating variables....almost no attention has been paid to social relationships as dependent variables. The determinants of social relationships, as well as their consequences, are crucial to the theoretical and causal status of social relationships in relation to health" (pg. 544). Barrera (1986) states that future research should "involve identifying the causal antecedents of support variables" (pg 440). He expresses the need to determine the factors that influence support perceptions, the mobilization of supports and an individual's "embeddedness" in his/hers social environment. Broadhead, et. al. (1983) also discusses the need for research in this area: "Variables such as community characteristics, socioeconomic status, social roles, social coping skills, and other personal and social characteristics should be investigated prospectively as possible factors in the building and maintenance of socially supportive networks" (pg. 535). Cohen and Will (1985) place special emphasis on the need for future research on how perceptions of support are formed and maintained. They discuss the need to "elucidate which aspects of the social environment are perceived as supportive..." (pg. 352).

The research presented here could begin to address this call in the literature. That is, by considering a variety of macro and micro-structural conditions, situational factors, and individual variables associated with perceived social

support, it is hoped that this study can contribute to this important research objective.

1.5 Determinants of Social Support: Relevant Literature

1.5.1 Socio-Demographic and Macro-Structural Factors

Gender: There is a considerable amount of literature suggesting that gender has an significant impact on support-relevant social interactions, perhaps more than any other social status variable (Vaux, 1985). It has been found that women often differ from men in the size and composition of their social networks, the amount of support they report receiving, and the extent to which they benefit from such support.

Quantitative indices of network structure often show women to have significantly larger networks than men (Antonucci and Akiyama, 1987; Campbell 1980; Veroff, et al., 1981; Fischer, 1982). In particular, women tend to maintain more kin relationships (Booth, 1972; Marsden, 1987; Fischer, 1982). In addition to these network characteristics, women generally report receiving more social support, than do men (Burda et al., 1984; Butler et al., 1985; Leavy, 1983). Women may be particularly advantaged in receiving emotional support (Hirsch, 1979; Stokes and Wilson, 1984; Burda, et al., 1984).

The functions and sources of support also appear to vary by gender. For example, women are more likely to report a confidant relationship than are men but, compared to men,

are much less likely to identify their spouse as a confident (Lowenthal and Haven, 1978). Consistent with this finding, several studies have found that women experience more support from same-sex friends, where as men rely most heavily on their wives for support (Bell, 1981; Antonucci and Akiyama, 1987; Veroff et al, 1981; Fischer, 1982). The fact men tend to benefit more from being married, in terms of their physical and mental health, is also consistent with these findings. Taken together, the evidence suggests that women not only receive more social support, but are also better providers of support.

The apparent gender differences in social support may be a function gender-specific social roles. Certainly, the traditional roles of homemaker and employee present different opportunities for establishing, maintaining and utilizing social relationships (Vaux, 1985). The significance of roles is underscored when one considers how the impact of different types of support vary across gender. Holahan and Moos (1982) found that support in the work environment was substantially more important for men than it was for women. Family support, however, was more strongly related to the psychological well-being of women, particular women who were unemployed, than it was for men. Thus, both the availability and importance of different types and sources of support are likely to vary across role domains.

In addition to the influence of occupying certain social roles, gender variations in support are likely

affected by sex-role orientation. That is, sex roles inevitably impact social interaction patterns. Bem (1974) describes the masculine role as "instrumental", characterized by independence and rationality, while the feminine role is "expressive", emphasizing compassion and supportiveness. Thus, feminine characteristics appear more compatible with seeking and providing social support. Indeed, findings show that women are more likely to emphasize intimacy and disclosure in their relationships than are men (Bell, 1981). Burda, et al. (1984) examined sex-role differences in support using Bem's (1974) classification for sex-role orientation (masculine, feminine, androgenous, or undifferentiated). These investigators found that feminine and androgenous individuals reported significantly more global support, emotional support and perceptions of family support than did masculine and undifferentiated individuals. Moreover, three out of five of the gender differences in support (those reflecting the more qualitative or perceptual aspects) were to some extent mediated by sex role orientation.

Age: Another socio-demographic characteristic that likely influences social support is age. While there are few studies that actually compare social support across age or life-cycle stages (Vaux, 1985), there is some evidence that support may decrease with age. Most notably, as people get older, their social network often gets smaller. According to Marsden (1987), network size is largest among young and

middle-aged adults. Indeed, one study suggests that persons over 65 have a mean supportive network size of just over 2 (Fischer, 1982; Fischer and Oliker 1983; Marsden, 1987). According to Fischer (1982), "the older the respondents were, all else equal, the less social activity they engaged in, the smaller their networks (in particular, the fewer non-kin they named), the less reliable their social support, the more spatially circumscribed their ties, and the less intense their relations" (pg. 253). Further, Vaux and Harrison (1983) found a significant negative association between age and the size of networks providing emotional, practical, financial and informational support. In a sample of older low-income women, Heller and Mansbach (1985) found age to be inversely related to network size contact with confidants, and contact with kin. Zautra (1983) also found age-related differences in social support. In this study, young women (age 18-24) reported the greatest amount of support while older men (age 55+) reported the least amount of support.

As with gender, the social roles an individual occupies may play an important part in explaining age variations in social support. At each point in the life course an individual occupies an array of roles, many of which are explicitly age-related. The experience of aging inevitably involves role losses; people retire from their jobs, and often experience the loss of a spouse or close friends. Even roles that are maintained, such as the role of parent,

frequently change in their functions and expectations. Since role domains provide the settings and opportunities for relationships to develop and be maintained, the role losses and changes that accompany aging can certainly impact social support. According to Kahn and Antonucci (1981), recurring role loss is likely to be particularly devastating to individuals dependent on role membership for support. They emphasize the need to consider the properties of the individual's support network when assessing patterns and outcomes of aging. This network of supporters that surrounds the individual as he/she moves through the life-cycle can be described as their "convoy" of social support.

<u>Socio-Economic Status</u>: Social class represents another potentially important factor that can structure social support conditions. Several investigators have reported significant positive relationships between indicators of social class and various ratings of social support (Bell, et al., 1982; Thoits, 1982; Turner and Noh, 1981). For example, Veroff, et al. (1981) found that education was positively related to frequency of contact with family and friends and extent of participation in formal organizations. People of higher education had more sources of support and used those sources more often than did the less educated. Similarly, Fischer (1982) found that, after controlling for other support-related variables, education was positively related to the extent of social activity, network size, amount of companionship reported, degree of intimacy in relationships,

and geographical range of network ties. The more educated also reported a larger proportion of non-kin in their networks. Income also had a sizable independent effect on social support. The greater the household income, the more non-kin network members, and the more practical support and companionship they received.

Liem and Liem (1978), even suggest that the well-known social class differences in mental illness might be accounted for these class differences in social and material support. This contention was supported by Myers, et al. (1974) who found that the degree of social integration represented a important factor accounting for the greater impact of stressful life events on people of lower social class.

1.5.2 Network Characteristics/Micro-Structural Factors

While factors such as network size, frequency of contact, network composition, and organizational participation have often been used as indicators of social support, one can also view them as potential determinants of perceived social support. Indeed, Vaux and Harrison (1985) state that, given the importance of subjective appraisals of support, "a priority in social research is a better understanding of factors, especially network characteristics, which promote this subjective support." (pg. 247). The objective circumstances that dictate the availability of social resources may, in fact, represent baseline requirements for perceiving social support. That

is, without adequate social resources, one may have little opportunity to experience being supported by others. While this study will also examine the factors affecting social participation and network characteristic, the primary objective will be to determine how these more objective social resources influence one's perceptions of being supported.

Network Size: Research examining the effects of network size on perceptions of support has shown some mixed results. Sarason et al. (1983) found that among a sample of college students, the number of potential supporters across a variety of situations was positively related to support satisfaction. Among mature women students (mean age 37), Vaux and Harrison (1985) found that the size of mode-specific networks (ie. emotional, socializing, financial, and practical assistance networks) were among the most important network factors predicting perceptions of and satisfaction with support. Network size has also been correlated with measures of loneliness (Russel, et al., 1980), a concept likely to be closely related to perceived support.

Some studies have shown a more complex relationship between network size and support. Stokes' (1983) analyses revealed a curvilinear relationship between size and satisfaction, with network satisfaction being greatest at middle values of network size and lower for both vary large and very small networks. This is consistent with the work of

Polister (1980) who found a curvilinear relationship between network size and its ability to satisfy one's needs. While increasing the size of one's network may increase the likelihood of receiving social support, it can also heighten demands and the potential for conflict.

Finally, a few studies have found no significant relationship between network size and support perceptions or satisfaction (Sandler and Barrera, 1980; Barerra, 1981).

Network Composition: When considering the influence of network composition on perceptions of support, Vaux and Harrison (1985), found the proportion of close friends in the network and the existence of a spouse to be the important predictors. Levin and Stokes (1986), examined the effect of network composition on the experience of loneliness. These investigators found that, after controlling for support received, loneliness was positively related to the percentage of family members in the network. They suggest that social support from non-relatives may be more psychologically rewarding because it is attributed to self-worth, as opposed to ascribed role obligations.

While there is some evidence linking network characteristics to support perceptions, there is relatively little research that has addressed this issue. The research that has been done has generally revealed only modest correlations. Indeed, the study by Vaux and Harrison (1985) discussed above, found that support resources barely accounted for one-third of the variance in social support

perceptions. Similarly, a study by Turner et al. (1983) showed relatively low correlations (mean=.27) between a number of social resource measures (ie. frequency of visits, marital status, number of close friends) and perceived social support. These findings are consistent with Eckenrode's (1983) claim that social networks represent possible resources with only the potential to provide assistance. Obviously, other factors must be involved in the perceptions and utilization of potential support.

Confidant Relationships: Some research suggests that the significance of network characteristics for perceptions of support may lie more in the quality of network ties. For example, several studies have found that having at least one confident is important for people to feel that their social networks are supportive (Lowenthal and Haven, 1968; Conner et al., 1979) Similarly, Stokes (1983) found that the number of confiding relationships in one's network represents a more powerful predictor of support satisfaction than any other network characteristic. Thus, possessing trusting, intimate relationships in which sensitive and private matters can be discussed may be an important prerequisite for perceiving social support.

Quality of Network Interactions: It also seems likely that the quality of interactions with network members would influence support perceptions. When considering the impact of "frequency of contact" on support, one cannot assume that all interactions are positive. Indeed, there is evidence

that negative interactions constitute an important share of the problems people experience in their daily lives (Pearlin, 1982). Further, negative interactions have been found to have little overlap with supportive ones (Rook 1984; Barrera, 1981). That is, positive or support interactions and negative or conflictive interactions appear to represent relatively independent dimensions, and thus are not simply opposite ends of the same continuum.

The potential importance of distinguishing between positive and negative interactions is highlighted by the apparent strength of the impact of conflictive relations on well-being. Indeed, Barrera (1981) in a study of pregnant teenagers, Rook (1984) in a study of elderly widows, and Fiore, et al. (1983) in a study of Alzheimers caregivers, all found that measures of conflictive social relations explained more variance in psychological outcomes than did measures of supportive relations.

One can take these finding one step further and hypothesize that the relationship between actual negative interactions and psychological distress may be due their particularly strong impact on perceived support. In fact, social psychological research suggests that an asymmetry exists in peoples' response to positive and negative experiences. Negative information about or encounters with others tend to be weighted more heavily when making evaluations than are positive ones (ie. Hodges, 1974; Katz, et. al., 1975). The possibility that actual interactions can

importantly influence perceptions of support is given some
support by Wethington and Kessler's (1985) research. These
investigators found that much of the relationship between
actual support transactions and adjustment was through their
influence on support perceptions. That is, supportive
behaviors indirectly affected distress by influencing
perceptions of future support availability.

1.5.3 Individual or Personal Factors

In addition to identifying the structural and
interactional factors that influence social support, it is
important to determine the extent to which personal
characteristics shape support perceptions. According to
Stokes (1985), "individual differences may influence one's
perception of a situation; people differ in the degree to
which they feel unsupported, not cared for, and lonely in
response to a given social state" (pg 982). Qualities of an
individual's self-concept may be important in explaining
these individual variations. For example, Kobasa and
Puccetti (1983) claim that "what one perceives and says
about one's social environment may be a reflection of the
way one is thinking about oneself..." (pg. 846). Similarly,
Levin and Stokes (1986) acknowledge that subjective measures
of support may be influenced by affective states and
personal dispositions, including one's self-perceptions.
Thus, while investigators have often viewed self concept as
a characteristic that is influenced by social support (ie.
Pearlin et. al., 1981), it can also represent an antecedant

to support perceptions. Two aspects of self-concept are examined in this study: self-esteem and mastery.

Self-Esteem: Self-esteem, simply put, represents the judgments one makes about one's own self-worth (Rosenberg, 1965; Pearlin et al., 1981). Thus, self-esteem deals with the evaluative and emotional aspects of the self-concept. According to symbolic interactionist theory, the central element in self-concept development is the reflected appraisals of others. In other words, one's self-concept is a product of one's perceptions of how one appears to others. Cooley (1902) in his influential theory of the "looking glass self", states that the self has three principle elements: "the imagination of our appearance to the other person, the imagination of his judgment of that appearance, and some sort of self-feeling, such as pride or mortification" (pg. 152). It is this final element that represents self-esteem.

Given that people's self-esteem is inherently tied to their involvement in social life and their subjective perceptions of others, it seems plausible that it would impact social support. People with low self esteem may: 1) be less likely to initiate new relationships or intensify existing ones; 2) have poor social skill, and therefore, be less able to develop and maintain relationships; or 3) assume others view them negatively, and therefore, do not perceive the support that exists. Thus, low self-esteem may affect support by influencing the likelihood or ability to

develop relationships or by directly altering people's perceptions of their relationships. In any case, there is some evidence suggesting that such an association exists.

Specifically, some supportive evidence can be found in the literature on loneliness. Several studies have found inverse associations between loneliness and self-esteem (Jones, 1982; Hojat, 1982; Jones, et al., 1981; Russel, et al., 1980). Levin and Stokes (1986) found a curvilinear relationship. At low levels, self-esteem was negatively related to loneliness, while at higher levels, self-esteem and loneliness were unrelated. While social support and loneliness reflect different constructs, they overlap considerably (Jones, 1982). This may be particular true when considering measures of perceived support. For example, Sarason (1976) claims that the "sense that one was a part of a readily available, mutually supportive network of relationships upon which one could depend" protects one from experiencing "sustained feelings of loneliness" (pg. 1). Thus, one might expect similar associations between self-esteem and perceived support.

Mastery: Mastery represents the degree to which individuals view themselves as being in control of the important forces that affect their lives (Pearlin et al., 1981). Thus, individuals with high mastery, or an internal "locus of control", see themselves as causally important in influencing their own life outcomes. On the other hand, people with low mastery, or an external locus of control,

possess a more fatalistic view of life. They are more likely to believe that important life occurrences are due to external forces, rather than personal actions. Some research suggests that individuals with high mastery (or an internal locus of control) are more likely to believe in the efficacy of support, are more active help-seekers, and are more likely to use support as a means of coping, than are individuals with low mastery (Anderson, 1977; Strickland, 1978; Phares, et al., 1968). Two studies (Sander and Lakey, 1982; Lefcourt, et al., 1984) found that internals benefited more from the moderating effects of social support. In other words, support was more influential in buffering the impact of life events on well-being for internals than for people with an external locus of control. These investigators suggest that this relationship may be due to the more instrumental use of social supports by internals (Lefcourt et al., 1984). Although their findings indicated that internals did not receive more support than externals, it seems possible that those who make more effective use of their social supports may be more likely to perceive being supported by others.

Personality: It seems likely that individuals' perceptions of social support could also be influenced by more stable personality dispositions. While I know of no research that has empirically examined the effects of personality on support, such relationships have been suggested by a number of investigators (ie. Heller, 1979; Heller and Swindle,

1983; Cohen and Syme, 1985, Kiesler, 1985). Although the most commonly hypothesized association involves the disposition of sociability, other characteristics such as masculinity-femininity (sex role orientation) and empathy may also influence support perceptions. Indeed, feminine characteristics have been found to be related to help seeking and the utilization of available resources (Vaux et. al, 1987). As discussed earlier, personality attributes such as these, may help to further specify relationships between structural factors (ie. gender) and social support.

The social environment can not be completely independent of the individual. Certainly, the way people view themselves and their world, as well as their individual tendencies to behave and feel in certain ways, influence what the social environment actually provides and their perceptions of it.

Distress and Disorder: Research on social support typically assumes, on the basis of correlational evidence, that social support has a main causal effect on mental health and well-being. However, it is equally plausible to hypothesize that distress or poor mental health function as determinants of low social support.

A considerable body research has shown an inverse relationship between social support and mental health indicators, such as depression and anxiety (ie. Brown et al., 1975; Miller and Ingram, 1977; Barrera, 1981; Billings and Moos, 1981). There is also evidence suggesting that

these negative affective states are experienced as undesirable to others. For example, depressed people are consistently described as difficult and unpleasant to relate to (Coyne, 1976). Indeed, Coyne (1976) and Stack and Coyne (1983) showed that even in brief encounters, depressed persons induced negative mood (hostility, depression and anxiety) in others and got rejected. These findings are consistent with Sarason, et al.'s (1986) suggestion that symptoms of depression and anxiety are generally inconsistent with the attraction of others, the development of relationships, and the availability of and satisfaction with support.

Evidence suggests that a negative mood induction is not limited to severely depressed patients but can also arise in interactions with mildly disphoric persons (Stack and Coyne, 1983). Thus, even persons exhibiting relatively mild distress and negative mood may experience some reductions in social support. Moreover, even when distress initially elicits supportive behavior, lack of improvement can lead to frustration, ambivalence and even negative responses on the part of the supporter (Coates and Wortman, 1980). Thus, when distress endures over time, withdrawal of support and adverse reactions may be particularly likely.

Evidence for the impact of mental health status on social support can also be found in the schizophrenia literature. While findings indicate that individuals with severe mental disabilities can benefit from support services

(see Test, 1981), it is also recognized that poor social interactions is as much a symptom of schizophrenia as a cause (Beels, 1981).

In addition to actually inhibiting the development and maintenance of supportive relationships, poor mental health can also effect one's perceptions of relationships. That is, independent of actual supportive transactions, support perceptions may be influenced by concurrent affective states. Depression, which is characterized by high negative affect (Watson and Clark, 1984), may be particularly influential in this regard. For example, evidence suggests that loneliness is both related to depression (Russel, et al., 1980) and the tendency to perceive situations negatively (Jones et al., 1981; Perlman and Pepleu, 1981). The negative bias that accompanies depression may also help to explain variations in perceived support. Since depressed individuals are more likely to view themselves and their personal experiences in a negative light, they may tend to misperceive or underrate the support provided to them.

One way depression may affect perceptions is through its influence on memory. The literature on affect and memory suggests that mood states significantly influence the likelihood of recall of mood congruent events. Specifically, several studies have found that depressed subjects are more likely to underrecall positive material and/or overrecall negative material in comparison to controls (see Blaney, 1986 for review). Thus, the experience of depression and

other negative affective states may invoke more negative memories and less positive memories of social interactions.

Thus, there are two ways in which a poor psychological state can influence support perceptions: 1) by creating negative interactions with others and/or causing others' withdrawal of actual supportive behaviors; and 2) by negatively biasing their general outlook on the world and/or causing selective recall of social interactions.

Since the present research uses crossectional data only, it should noted that the effect of psychological distress (ie. depression) on social support cannot be adequately assessed. Thus, in most analyses, depression is excluded. However, given the preceding argument, a subset of analyses are conducted that assume the causal direction runs, to some extent, from depression to support. This allows some assessment of how psychological distress may be involved in a causal process that influences perceptions of social support.

1.5.4 Situational Factors

<u>Stress</u>: A number of investigators have acknowledged probable reciprocal links between social support and stressors (Thoits, 1982; Gore, 1982; Eckenrode and Gore, 1981). Thus, while social support is most often treated as a stress mediator or antecedent, it can also represent an outcome of stress. Indeed, a variety of stressful events could have an impact on social support by directly altering its availability. The death of someone close, divorce or

marital separation, residential relocation, and losing one's job are all events that entail the attenuation of networks and the loss of potential sources of support. Thus, role loss is one way that support can become diminished. More ongoing stressors can also lead to diminished support. For example, House (1981) found that various occupational strains, such as working long hours or working late shifts, can sometimes disrupt support from friends and family. Certain stigmatizing conditions can also represent stressors that reduce others' willingness to provide support. For example, people are often uncomfortable interacting with victims of AIDS, cancer, and mental illness (Wortman and Dunkel-Schetter, 1979; Siegal, 1987), and thus may be less likely to offer support.

CHAPTER 2

METHODS

The purpose of the original study from which this data was drawn, was to examine social and psychological adjustment among the physically disabled and to identify the factors that affect such adjustment (see Turner and Noh, 1988). To facilitate this goal, a representative community sample of disabled individuals was drawn as well as a sample of non-disabled matched by age, gender and area of residence. The present study utilizes this matched comparison sample only. Thus, this research examines determinants of social support among a crossectional sample of non-disabled adults who are living in the community.

2.1 Procedure and Sample: In 1981-82, a representative sample of physically disabled adults from 10 counties of Southwestern Ontario, Canada was obtained through a two-stage cluster sampling technique. Investigators randomly selected Canadian Census enumeration areas and then selected every nth household within each area from a random start. Rural households were deliberately oversampled. Screening interviews were conducted at over 10,000 households to identify respondents with physical impairments. A total of 967 interviews with physically disabled individuals were conducted, representing 70% of all those identified as disabled. Follow-up interviews were conducted 4 years later

in 1985-86. Seventy-six percent (n=731) of the original sample were interviewed in the second wave.

The comparison sample was assembled during this second wave. Cases matched with the original 967 respondents on age, gender and area of residence were randomly selected from the 1981-82 census records for the same ten counties. Contact letters were sent and potential respondents were telephoned about one week later for a screening interview. The same question used to identify disabled subjects was used to screen for non-disabled individuals. Comparison subjects were not included if they or any member of their household had a self-defined physical disablity. A total of 850 comparison respondents were successfully interviewed. Table 1 describes the demographic characteristics of this sample. Because respondents were matched to disabled subjects on age and gender, this sample understandably has a greater number of older people and a slightly higher proportion of women.

TABLE 1

SAMPLE CHARACTERISTICS

	N	%	$\overline{X}$	SD
Age			59.6 (md=63.0)	15.5
Gender				
Male	387	45.5		
Female	463	54.5		
Education (yrs.)			11.8 (md=12.0)	3.4
Marital Status				
Single	48	5.6		
Married	624	73.4		
Separated/Divorced	41	4.8		
Widowed	137	16.1		
Employment Status				
Full-time	307	35.5		
Part-time	102	12.2		
Retired	283	33.3		
Unemployed/Housewife	151	17.7		
Other	12	1.4		

2.2 Concepts and their Measures

The following is a brief description of the principle measures used in the present research. In order to conserve space, only measures that: 1) were newly created for the study; 2) have been used infrequently in the field; or 3) represent modified versions of established scales are included in the appendices.

Reliability was assessed by calculating a Cronbach's alpha coefficient (Cronbach, 1951) for each of these scales. Cronbach's alpha is an estimate of the internal consistency of a measure. The size of the coefficient, however, is a function of both the average correlation among items and the number of items in the scale. In essence, Cronbach's alpha assesses whether the items are consistently measuring the same domain of content. The coefficient ranges for 0 to 1.00, such that values approaching 1.00 indicate high reliability and low values indicate poor consistency among items. Measures of internal consistency are generally good estimates of reliability since the major source of measurement error usually stems from the sampling of content (Nunnally, 1967). Items that were dropped from a measure to increase the scale's reliability are indicated in the appendix.

Social Support

Modified Kaplan Scale: This scale represents an adaptation of an instrument developed by Kaplan (1977), originally based on the support conceptualizations of Cobb (1976). It is composed of a series of short vignettes whereby respondents relate their own support experience by identifying with characters in a story. The scale employed in these studies uses seven of Kaplan's 13 original vignettes. Slight modifications were made in 5 of the 7 vignettes and 2 entirely new vignettes were added. Cronbach's alpha for this 9-item scale in the present study is .78. (Appendix, pg. 143-147).

Provisions of Social Relations (PSR) Scale: This scale was designed to reflect the "provisions" of social relationships conceptualized by Weiss (1974). Items intended to measure five of the six support provisions (attachment, social integration, reassurance of worth, reliable alliance and guidance) were constructed, creating an 15-item scale (Appendix, pg. 148-149). The alpha coefficient for the total scale is .78 among this non-disabled community sample.

Instrumental Support: The preceding two instruments assess respondents' experiences of being emotionally supported. More specifically, they measure individuals' perceptions of the availability of others in providing emotional support, should it be needed in the future. However, another important aspect of social support, instrumental or practical support, was also assessed in this study.

Instrumental support was measured using a modified version of Barerra's (1981) scale. The six items reflect respondents' perceptions of how reliable their network would be in providing various types of instrumental or material assistance (Appendix, pg. 150). The alpha coefficient for this scale is .77. Respondents were also asked how difficult it would be for them to ask for this kind of instrumental help (Appendix, pg. 150)

Network Characteristics

Different aspects of network structure, network qualities and potential availability of support resources were assessed.

Network Size and Composition: Respondents were asked to indicate the number of family members living close by (within an hours drive) and the frequency of their contact with them. The same questions were asked with reference to friendships (see Appendix, pg. 151-152). With this information, measures of both the size and composition of networks were constructed. Measures of the extent of network contact and proportion of contacts by sources were also created. Thus, in addition to assessing number and types of network ties, the intensity of network involvement could also be determined.

Social Participation: Another network factor involves the extent of respondents' participation in voluntary clubs and organizations. Respondents were asked to indicate the number

of clubs they belonged to and their frequency of participation in each of six organization categories (Appendix, pg. 153). In the present study, only the measure of the number of club or organization memberships is used. Thus, this assessment of social participation focuses on the quantity or range of organizational ties, rather than their intensity.

Confidants: In addition to examining objective indices network structure, the existence of confidants was also assessed. Specifically, a 3-point measure representing number of confidants was constructed (0=no confidant, 1=one confidant only, 2=at least 2 confidants). The relationship and gender of confidants, in addition to respondents' comfort with disclosure, were also assessed (Appendix, pg. 154).

Negative Interaction: A subset of a measure, developed by Karen Rook, was used to assess the frequency in which respondents' experience negative interactions with network members. The original 8-item scale, designed to assess both negative and positive interactions, was asked both in reference to family and relatives, and then with regard to friendships. Factor analyses did, in fact, reveal two very distinct dimensions (positive and negative) in both the family interaction and friendship interaction measures. These results are consistent with Rook's (1984) contention that support and conflict represent two independent constructs and are not simply opposite ends of the support

continuum. The present study, however, uses only the negative interaction sub-scale because of the possibility of confounding between positive interactions and support. That is, while frequency of negative interactions clearly represents a concept that is distinct from support, the measure of positive interactions may be too similar to support indices to be assessed as a determinant. The negative interaction scale yielded alpha coefficients of .80 when considering family members, and .76 with regard to friends (Appendix, pg. 155-156).

Personal Characteristics

Mastery: Mastery was assessed using a seven-item scale developed Pearlin and Schooler (1978). Respondents rated each item of a five-point scale ranging from "strongly agree" to "strongly disagree". This scale has been used successfully in numerous studies and its psychometric properties are well established. Its alpha coefficients in the present study is .72.

Self-Esteem: Self-Esteem was measured using an instrument developed by Rosenberg (1979). This scale is also well-established in the literature. It is composed of six-items reflecting different "self-statements" or beliefs. Respondents rate each statement on a five-point scale ranging from "strongly agree" to "strongly disagree". The alpha coefficient for the Rosenberg self-esteem measure is .79 in the present study.

<u>Personality</u>: Two different personality dispositions are assessed in the present study. Sex-role orientation is measured using 7 items from the Masculinity-Femininity Scale developed by Spence and Helmreich (1978). For this scale, respondents rank themselves on a 5-point scale that falls between two extreme characteristics (ie. not at all aggressive and very aggressive) (Appendix, pg. 157). The alpha for this measure is .63. Empathy is assessed with a 7-item scale developed by Ronald Kessler at the University of Michigan. Respondents rated each statement on 5-point scale ranging from "very much like me" to "not at all like me" (Appendix, pg. 158). The alpha for this scale is .72 in the present study.

<u>Psychological Distress</u>: A measure of Depressive symptomatology developed by the Center for Epidemiologic Depression Scale (CES-D) was used to assess psychological distress. Respondents indicated how often they had experienced each of 20 symptoms on 4 point scale ranging from "rarely or none of the time" to "most or all of the time". The validity and reliability of this scale are well-established (Radloff, 1977). In the present study, Cronbach's alpha coefficient for the CES-D is .87.

<u>Situational Factors: Stress</u>

<u>Life Events</u>: An extensive life events schedule was employed in the original study. It was composed of 31 items or events for which there were five response categories: did not

happen, happened to respondent, happened to spouse, happened to a child, and happened to friends or relatives. Respondents were to answer positively only if the event had occurred within the past year. Items represented selections from the original scales of Holmes and Rahe (1967), Henderson et al. (1981) and Sarason et al. (1978) (Appendix, pg. 159-161). In the present research, this events schedule is used to construct three separate measures: role loss events, other life events occuring to the respondent, and life events occuring to network members.

Financial Strain: Degree of financial difficulty was also assessed. Respondents indicated how difficult it was for them to meet the costs of six different expenses on a 3-point scale ranging from "very difficult" to "not at all difficult" (Appendix, pg. 162). Cronbach's alpha is for this scale is .76.

CHAPTER 3

CORRELATES OF SOCIAL SUPPORT

The goal of this study is to identify potential determinants of social support and begin to outline the possible mechanisms and processes by which individuals come to experience being supported by others. Simply put, who has social support, and how or why do they have it?

In addressing this objective, analyses focus on four sets of conditions, each hypothesized to influence social support: socio-demographic characteristics, personal attributes, situational factors and network features. The results presented in this chapter are primarily descriptive in nature. The intention is to begin by identifying factors that covary with and possibly influence individuals' perceptions of support. Following from the foci stated above, four general questions are addressed: 1) Is social support equally distributed across individuals of varying social and demographic characteristics or do certain structural conditions limit perceived access to support?; 2) Are there certain individual or personal characteristics that make individuals more skilled attainers of support?; 3) Are there situational factors that increase or decrease the likelihood that individuals will acquire support?; and 4) Are there enabling conditions characterizing one's immediate social network that contribute to the attainment of social support? Zero-order correlations among all factors and

social support are presented in Table A of the appendix
(pg.142).

Having identified correlates of support, chapter 4
places all these demographic, personal, situational and
network factors into a conceptual model. By testing a model
that considers relationships among factors, one can
determine their independent effects on social support and,
in so doing, can begin to understand potential causal
processes.

3.1 Does level of support vary among individuals of different demographic and social characteristics?

The social and structural positions people hold in
society create the barriers and opportunities that shape
life conditions, including the structure and content of
their social relationships. Characteristics such as age,
gender and socioeconomic status are among the most
influential of these macro social-structures. Foremost,
these factors dictate the types of social roles people play
and the opportunities they have within those roles.

Most roles are explicitly age and gender related. As
one moves through the life course, new roles are acquired
and old roles are relinquished. Even more permanent roles,
such as that of parent, change in content as individuals
age. Moreover, the type of roles one possesses, the content
of those roles, and the character of age-related role
transitions, generally differ by gender. The expectations

and trajectories associated with the roles of worker and spouse, for example, are not equivalent for men and women. Taken one step further, we would expect all these role variations to be affected by socioeconomic status. Job opportunities, quality of work environment, and expectations within family roles will inevitably be influenced by the level of one's education and economic resources.

Clearly, the social-structural characteristics of age, gender and SES greatly impact individuals' social roles. These roles, in turn, provide the settings and situations that allow relationships to develop. With this in mind, one would expect the role-related factors of age, gender, and education to influence social support. As a first step, simple bivariate relationships were examined between each of these three sociodemographic variables (age, gender and education) and two types of support: emotional support and instrumental support. Two different measures of emotional support were assessed.

None of the three structural factors are related to instrumental support. Gender, however, is related to both the Kaplan (r=.127, p<.001) and the PSR (r=.096,p<.01) measures of emotional support, with women scoring significantly higher than men. Education shows a positive association with the Kaplan measure of support. Education was also positively related to the PSR measure of support, but only for women. From these correlations, it appears that well educated women tend to experience the highest levels of

emotional support. Surprisingly, age was not related to any of the support measures.

As discussed earlier, the structure and conditions of people's lives revolve largely around their involvement in major social roles. Indeed, virtually all human activity is to some extent connected to role activity. Thus, roles provide the essential tools for developing and shaping social ties. The roles of worker and spouse are among the two most common and influential adult roles. Both represent "core" roles -- roles that are primary in the lives of adults. For women, family roles have been assumed to be the core roles. Indeed, the role's of wife and mother have traditionally been considered crucial to a woman's identity (Erikson, 1968) and essential for her psychological well-being (see Barnett and Baruch, 1987). In contrast, it is generally assumed that the most important role for men is their occupation. Indeed, theories on male development have focused almost exclusively on mens' career trajectories (ie. Levinson et. al., 1978; Vallant, 1977). Since the likelihood of possessing these roles, as well as their assumed social and personal significance, vary with structural factors (such as gender), they may help to further explain the influence of structure on social support. The relationships between social support and two core roles, employment and marriage, were examined.

First, bivariate associations between employment status (0=unemployed, retired, housewife; 1=employed full time,

part time) and each measure of support were assessed. Employed people scored significantly higher on instrumental support than did non-employed people ($r=.110$; $p=.001$). This association was consistent for both men and women. However, splitting the sample by gender did reveal an additional relationship. For women, employment was positively associated with the Kaplan measure of emotional support ($r=.100$,$p=.03$). There was no such relationship for men. Thus, despite the fact that employment is not generally considered an important role for women, women derived greater support benefits from this role than did men.

Interestingly, the opposite pattern emerged when marital status was considered. That is, marriage enhanced social support for men but not for women. Specifically, there were significant support differences between divorced and married men on all types of support ($p<.01$), while divorced and married women showed no differences. Moreover, while differences on PSR scores between widowed and married men approached statistical significance ($p=.06$), they were equivalent for widowed and married women. Thus, while the loss of a wife is associated with reduced support among men, losing a husband does not affect womens' support.

These findings bring into question the assumed "importance" of these core roles for men and women. Indeed, it appears that, at least with regard to emotional support, the marital family role is more important for men while and the worker role more has greater significance for women.

These finding are, in fact, consistent with research assessing the impact of social roles on psychological and physical health. Given the typical association between social support and numerous health indicators, one might expect social roles to be related to well-being in the same ways they appear to be related to social support.

Veroff et al. (1982), in a national probability sample, found that men rated their family roles as more important than their occupational roles. Pleck (1985) found that family roles had more of a positive impact on mens' psychological well-being than did the role of paid employee. Moreover, a substantial body of literature has a most cases shown the marital role to be more important for the physical and psychological health of men that it is for women (Gove, 1972; Cleary and Mechanic, 1983; Ortmeyer, 1974; Berkman, 1985;). The loss of the marital role also appears to have a particularly detrimental impact on men, both in terms of divorce (Wallerstein and Kelly, 1980) and widowhood (Stroebe and Stroebe, 1983; Kraus and Lilienfeld, 1959). In contrast, several studies have found that non-married women, including those who are divorced and widowed, score equally high on measures of psychological health as married women (Baruch and Barnett, 1986; Gigy, 1980; Sears and Barbee, 1977). Moreover, women occupying the role of paid employee have been found have significant physical and psychological health advantages over women who occupy only family roles (Bell, 1982; Thoits, 1983; Verbrugge, 1983). Also consistent

with the present study, are findings on gender differences in retirement outcomes. Specifically, several investigators have found retirement to be a more stressful event for both married and unmarried women than for men (Jacobson, 1974; Levy, 1980; Prentis, 1980). They generally attribute these findings to the greater importance attached by women to work-based social ties.

Thus, findings from this study, together with existing literature, suggest that social support and well-being are differentially influenced by gender-related social roles. Ironically, the roles that appear to most influence men's and women's support and well-being are not their assumed "core" roles. Instead, women appear to be more advantaged by paid employment than are men, while men benefit more from the marital role. The reason for these findings may be due more to gender variations in support seeking and utilization than to differences in access. As will be discussed in Chapter 4, men are more likely to seek emotional support from their spouses than are women. Thus, the marital role tends to yield greater support benefits for men. Women, on the other hand, more often depend on same-sex friendships as their primary sources of support. Thus, women may be more likely to take advantage of the expanded network and opportunities for friendship development created by the employee role.

In summary, instrumental support appears to be distributed relatively equally among individuals of varying

structural characteristics. Emotional support, however, seems to differ by gender and level of education, with higher educated women experiencing the greatest levels of emotional support. Marital and occupational roles also influence social support, highlighting the impact of structural conditional on access to support. The fact that the effect of these role varies with gender may also point to structural differences in support utilization, particularly with regard to emotional support.

However, identifying relationships between structural factors and social support does not explain the processes underlying them. Indeed, characteristics such as age, gender and education are generally indices of other, more elucidating, conditions or factors. To understand the processes that shape people's experiences of support, one must attempt to specify explanatory factors that intervene in or modify these structure-support associations. There are a number of personal characteristics, situational factors and network variables that represent potential determinants of support and that may also be shaped by socio-structural factors. These more complex processes and interrelationships will be examined and discussed in Chapter 4. For now, it will be useful to first identify the personal, situational and network factors that are, in fact, correlated with individuals' experiences of social support.

3.2 Are there certain personal or individual characteristics that make people more skilled attainers or perceivers of support?

As discussed in Chapter 1, it is reasonable to believe that certain personal attributes could aid or hinder one's abilities to develop relationships and seek support. It also seems possible that personal characteristics could affect social support by directly altering individuals' perceptions of their social environment. Four such characteristics are assessed in this study: mastery, self esteem, empathy, and sex role orientation (masculinity-femininity).

As detailed earlier, both mastery and self-esteem represent aspects of self-concept. Specifically, mastery refers to the degree to which individuals view themselves as in control of important life outcomes, while self-esteem reflects one's judgments of self-worth (Pearlin, et. al., 1981). It seems likely that mastery and self esteem could impact social support by: 1) bolstering self confidence -- a socially desirable attribute that may make individuals more attractive companions; 2) influencing social skills that help individuals develop and maintain friendships; 3) affect individuals' willingness or ability to mobilize support resources; and 4) directly alter people's perceptions of others. This latter process hypothesizes that individuals who view themselves as ineffective or unworthy may assume others also view them in the same manner.

Bivariate analyses showed relatively strong positive relationships between both self-concept measures and all three indices of social support. Self esteem yielded correlations of $r=.358$ (p<.001) and $r=.341$ (p<.001), with the Kaplan and PSR measures of emotional support. Self-esteem was also significantly related to instrumental support, although the correlation was more modest ($r=.154$; p<.001). Similar correlations were found between mastery and the Kaplan ($r=.329$; p<.001), PSR ($r=.319$; p<.001) and instrumental ($r=.154$; p<.001) support measures.

It should be remembered that, since these data are crossectional, we are not justified in making definitive statements about causal direction. As will be discussed later, it is most reasonable to suspect that the causal direction is, to some extent, reciprocal. Moreover, since mastery and self esteem are most definitely related, we do not yet know the strength of their independent associations. We are also unable, at this point, to identify the processes by which mastery and self esteem can impact support. If they affect support by increasing relationship development skills, we would expect them to impact support indirectly through network size and quality. However, if mastery and self esteem influence support by altering one's general perceptions or by increasing one's effectiveness at support mobilization, we would expect them to be related to support independent of network characteristics. The independence of

these relationships and the processes that govern them will be analyzed and discussed in Chapter 4.

The other two personal characteristics to be assessed are sex role orientation (masculinity-femininity) and empathy. It seems likely that these qualities would be compatible with expressive functions of relationships, and hence, may promote self disclosure and the seeking of more intimate social ties. Thus, one might expect these personality dispositions to promote social support, particularly support that is expressive or emotional in character.

As expected, femininity and empathy were positively associated with the social support measures. Femininity showed a correlation of .308 (p<.001) with the Kaplan and .221 (p<.001) with the PSR measure. Similar relationships were found between empathy and the two emotional support measures (Kaplan: r=.208, p<.001; PSR: r=.193, p<.001). Less expected were the modest correlations between instrumental support and both femininity (r=.123, p<.001) and empathy (r=.114, p<.001). A more clear picture of these relationships may be found in later analyses in which other factors, such as education, are controlled.

Interestingly, it is likely that femininity and empathy also contribute to one's ability to give support effectively. That is, nurturance, concern, and being in tune with other's feelings are attributes that make individuals good sources of support, as well as likely

candidates for receiving support. These relationships may, in fact, help to explain the associations between gender and emotional support. Since women tend to possess more feminine and empathic qualities, these characteristics may account for the typical gender differences in both giving and receiving emotional support. The possibility that these factors serve intervening or mediating functions is explored in Chapter 4. Since it is very likely that femininity and empathy are themselves related, their independent effects will also be assessed in subsequent analyses.

3.3 Are there situational factors that influence the likelihood that people will acquire or experience support?

A great deal of research has examined the role of social support within the stress process. Of special interest has been the potential for social support to buffer the negative impact of stress on health. More recently, investigators have acknowledged the importance of context in determining the effectiveness of social support (eg. Cohen and Syme, 1985). Indeed, one would not only expect "context" or situational factors to influence the support effectiveness, but also to determine whether social support is even needed, offered or utilized. The occurrence of discrete stressors and the existence of more chronic strains can themselves represent situational factors that impact one's experience of support.

There are a number of possible ways in which this may happen. First, stress may function to increase social

support. In this scenario, stress would heighten the need for support, which in turn would increases the amount or likelihood that support is offered. Those in greater need may also be more likely to utilize this support and hence acquire more than individuals who are not experiencing stress.

One could also hypothesize that life events have a negative effect on social support. Certain loss events, such as death of a friend, divorce, or being fired or laid off at work, can significantly attenuate one's social network, thereby reducing the availability of support. Time consuming chronic strains, such as long hours at work or other excessive commitments, can also reduce support by disrupting normal interactions with friends and family. In a less obvious manner, stress may decrease support by "burning out" social resources. Excessive demands can exhaust supporters ability to give support. Moreover, when those receiving it do not show improvement or benefit, the supporter can become frustrated and resentful, eventually withdrawing supportive actions. Finally, stress can impact support indirectly by creating psychological distress or depression. As discussed earlier, negative psychological states can, in turn, decrease social support by reducing others willingness to provide support or by negatively biasing one's perceptions.

Four situational factors were assessed in this study: chronic financial strain, role loss, life events, and network events (life events that occur to network members).

It was reasoned that network events could influence support by decreasing the ability of network members to provide support. Indeed, events occurring to network members may not only reduce the energy they have for giving support, but may also increase their own demands for support from the respondent.

Financial strain was negatively related to all three support measures: the PSR ($r=-.113$; $p<.001$), the Kaplan ($r=-.113$; $p<.001$) and instrumental support ($-.085$; $p<.01$). The summary measure of life events was also negatively associated with the PSR ($r=-.124$; $p<.001$) and instrumental support ($r=-.066$; $p<.05$) measures. Surprisingly, there was no significant bivariate relationship between role loss and any type of support. Also, network events were unrelated to all the support measures.

In general, bivariate analyses revealed negative associations between situational factors and social support. It appears that, whatever the reason, individuals who are experiencing stressful circumstances are receiving and/or perceiving less support than those who are not experiencing stressors. Of particular importance appears to be a more chronic, ongoing stressor -- financial strain. Indeed, chronic stress may be especially likely to erode social resources, such that supporters become less able or less willing to provide support over time. However, the fact that emotional support was more affected than instrumental

support, despite being less directly relevant to financial problems, suggests possible indirect effects. For example, Pearlin et. al. (1981) found that chronic economic strains lead to significant negative changes in mastery and self esteem. Given that these two aspects of self concept appear to also affect social support, particularly emotional support, financial strain may have indirect effects on support through a negative impact on self esteem and mastery. The summary measure of life events (potentially stressful occurrence that may or may not develop into more enduring strains) were more moderately related to support. Again, whether the effect of life events is direct or they affect support indirectly, by eroding aspects of self concept or by creating psychological distress, cannot yet be determined.

The hypothesis that role loss is negatively related to social support was not supported in this study. While it was anticipated that role loss could attenuate one's social network thereby reducing the availability of support, it may be that individuals can readily find substitutes when role related sources of support are lost. Alternatively, we may find that network size does not importantly affect support. This will become more clear as the model is expanded and elaborated. Finally, although it was believed that network events could affect support by reducing the ability of network members to give support, this was not support by the data.

3.4 Are there enabling conditions characterizing one's social network that contribute to the attainment of support?

It seems likely that the conditions that characterize social networks could function to regulate social support, regardless of the individual characteristics people possess or the situations they confront. For example, the structure of one's network may affect the availability of potential supporters, the ease in which it may be accessed, and the network's ability or effectiveness in responding to support needs. Similarly, the quality of network relations likely affects the individual's willingness to seek support as well as the willingness and ability of the supporter to give it.

Network Structure: By network structure, I refer to the social conditions or resources that affect one's potential for acquiring social support. While one cannot assume the existence of network resources entails the provision of support, it seems plausible that a certain level of such resources may represent a necessary (although, not sufficient) condition for social support to be experienced. Five structural characteristics or conditions of networks were assessed: total network size, frequency of contact with network members, the proportion of network comprising family, the proportion of network contacts involving family, and the number of memberships in voluntary organizations.

Simple bivariate correlations between these five social resource conditions and the three measures of support were generated. Total network size showed positive correlations

with the Kaplan (r=.151, p<.001), PSR (r=.074, p<.05) and instrumental support (r=.067, p<.05). Network contact revealed similar but stronger correlations with all three measures: the Kaplan (r=.223, P<.001), the PSR (r=.240, p<.001), and the instrumental support measure (r=.149, p<.001). Interestingly, the proportion of family members within the network was inversely related to the two measures of emotional support, the Kaplan (r=-.132, p<.001) and the PSR (r=-.131, p<.001), but not to instrumental support. Similarly, negative correlations were found between the proportion of network contacts involving family and both the Kaplan and PSR support measures (r=-.105, p<.01; r=-.081, p<.05; respectively). Again, this index of family contact was unrelated to instrumental support. Finally, group membership was positively associated with both the Kaplan (r=.115, p<.001) and PSR (r=.071, p<.05) measures of emotional support.

Some interesting patterns emerged from these simple bivariate analyses. In general, network structures or conditions appear to play a more important role in enabling emotional support than in affecting instrumental support. It has been suggested elsewhere that strong ties are more influential in providing emotional support, while weak ties can be beneficial in providing instrumental or more practical types of assistance (ie. Lin, 1986). The fact that, in this study, network characteristics have little power in explaining instrumental support may reflect a lack

of measurement of weaker ties. When being asked about friends, respondents were asked to indicate only those people whom they felt close to -- not acquaintances or people they know casually. Thus, it may be that our measures do not adequately tap the range of social ties important for acquiring instrumental types of support.

While the total number of people in one's network positively contributes to social support, the proportion of those network members that are family, appears to have detrimental effects. Similarly, while frequency of contact with network members generally heightens perceptions of support, the proportion of those contacts that occur with family is negatively related to support. These findings likely reflect differences in the normative basis upon which these relationships are formed. Specifically, it may be that friendships are experienced as more rewarding than family relationships because they are developed and maintained on a voluntary basis. Since friends are made out of mutual interest and attraction, their existence may be more likely to enhance feelings of esteem and self-worth. Further, the voluntary nature of friendships allows one to pick and chose as friends only those individuals who are, in fact, supportive. Thus, while family will remain family whether or not they are supportive, it is likely that friends are, to a large extent, selected on the basis of their supportive behavior. As will soon be discussed, these findings may also reflect the quality of interactions within

the network. While the number of family in the network was related to the frequency of negative interactions with family, number of friends was not related to negative interactions with friends. Thus, to the extent that such interactions reduce perceptions of support, this may help to explain the why family dominated networks are not as beneficial as those comprised primarily of friends.

In addition to the size and composition of networks, network structure is also determined by group memberships. The number and range of organizations in which one is involved adds to the number and range of roles one occupies and one's opportunities for accessing and acquiring support. Indeed, diverse social ties may increase availability by giving individuals alternative sources of support with different types of experience and areas of expertise. Although membership in voluntary organizations showed no bivariate association with instrumental support, it was significantly related to both emotional support measures. Thus, while one might have expected a greater range of group memberships to also increase the pool of practical supporters, these findings suggest organizational involvement may be sought, foremost, to fulfill one's needs for companionship and affiliation.

<u>Network Quality</u>: In addition to the structure or conditions within social networks, it is likely that the quality of relationships and interactions with network members would also contribute to one's experience of support.

As discussed in the introductory chapter, one cannot assume all contacts from family and friends are positive and support enhancing. Indeed, interpersonal problems or conflicts represent common life experiences. Further, there is evidence suggesting that negative interactions and those that are positive or supportive represent independent dimensions, and not simply opposite ends of the same construct (Rook, 1984). However, while negative interactions and conflict are independent of support, one might expect support perceptions to be lower among individuals who experience frequent negative interactions with network members. Given these considerations, the impact of negative interactions on perceptions of support was assessed. Since network factors involving friends influenced support differently than those involving family, it was decided to also assess negative interactions separately for friends and family.

Both negative interaction measures were significantly related to all three indices of support. Interesting, negative interactions with family and friends were equally detrimental to support perceptions. The correlations between the Kaplan measure of support and negative family and friend interactions were -.152 and -.143, respectively (p<.001, for

both). The PSR support measure showed correlations of -.244 with negative family interactions and -.260 with negative friendship interactions (p<.001, for both). Both family and friend measures were also similarly related to instrumental support (r=-.115 and r=-114, respectively; p< .001).

It is interesting to note that the effect of negative family and friend interactions on emotional support are very similar, despite the finding that contact with family has a generally less positive influence on support. Thus, while family are generally less effective at bolstering emotional support, poor family interactions are just as effective at reducing support. As mentioned previously, these findings may reflect differences in the frequency of negative contacts among family and friends. That is, it may be that individuals are more likely to have conflict with family members because: 1) circumstances surrounding family relations provide more opportunity for conflict to occur and/or 2) unlike friendships, family relations cannot dissolve simply because conflict arises. Indeed, a comparison of means does show a higher level of negative interactions with family than with friends ($\bar{X}$=1.85 and $\bar{X}$=1.55, respectively). However, the greater frequency of negative interactions among family does not necessarily explain the lower correlations between family contact and emotional support. Instead, we may find the influence of family contact to be independent of frequency of negative family interactions. This scenario would suggest that, at

least in terms of perceived emotional support, family may be more powerful in the harm they can do than in the good they can do. Subsequent analyses that assess the independence of associations will enable a more accurate picture of how network factors affect support.

Another potentially important quality of social networks involves the existence of confidant relationships. While I am treating "confidant" as a network quality, it more accurately describes a quality of individual relationships (Pearlin, 1982). They are relationships characterized by trust and intimate exchange; qualities found in what Cooley (1915) describes as primary relationships. By their very nature, confidant relationships should foster supportive exchanges that are, foremost, emotional in nature. Considerable social support research has been directed towards the issue of confidants. Several investigators have suggested that access to at least one confiding relationship may be the most important feature of supportive social networks (Gottlieb, 1981; Conners et al, 1979; Lowenthal and Haven, 1968).

While the existence of a confidant has, itself, been used as an index of social support, it cannot alone count for individuals' scores on social support. Bivariate correlations between the social support measures and a computed confidant variable (scored 0 for having no confidant, 1 for having a single confidant and 2 for having at least two confidants) were $r=.084$ for instrumental

support, r=.114 for the Kaplan measure, and r=.324 for the PSR measure of emotional support. While these correlations are not high enough to claim equivalence between having a confidant and experiencing social support, they very likely contribute to support. Indeed, confidants appears to have considerable influence on individuals' emotion support experiences. The independent effects of having confidants in one's network will be described in the following chapter.

CHAPTER 4

DETERMINANTS OF SOCIAL SUPPORT:

TESTING A CONCEPTUAL MODEL

The analyses presented in Chapter 3 allowed us to identify the factors that covary with social support. Thus, in essence, we have compiled a general description or profile of individuals with varying levels of social support. However, we still know very little about the causal processes that underlie these bivariate relations. Further, since many of factors being assessed are undoubtedly interrelated, simple correlations can be misleading when used to construct causal explanations.

The purpose of this chapter is to further examine these potential determinants of social support by considering the relationships among them and their placement in a hypothesized causal process. Figure 1 represents a conceptual model specifying possible direct and indirect effects of the four sets of factors on social support. Rational for the associations depicted in this model lies in the review of the literature presented in chapter 1. Although there are other plausible models, there is some conceptual and empirical basis for believing this hypothesized model may be particularly appropriate.

As discussed earlier, sociodemographic characteristics represent structural conditions having important

FIGURE 1
A CONCEPTUAL MODEL

SOCIODEMOGRAPHIC FACTORS

Age

Gender

Education

Marital Status

INDIVIDUAL FACTORS

Self Esteem

Mastery

Personality
-Empathy
-Masculinity-Femininity

SITUATIONAL FACTORS

Life Events

Role Loss

Financial Strain

NETWORK

STRUCTURAL FACTORS
Size
-Friends
-Family

Frequency of contact
-Friends
-Family

Social Participation

QUALITY FACTORS
Frequency of Negative Interactions
-Friends
-Family

Number of Confidants

PERCEIVED SOCIAL SUPPORT

Emotional Support
-Modified Kaplan
-Provisions of Social Relationships (PSR)

INSTRUMENTAL SUPPORT

implications for individuals' access to and involvement in social relationships. It is anticipated that the structural factors of age, gender, education, and marital status may affect perceived support directly and/or indirectly by influencing one or more of the other 3 sets of determinants.

Individual or personal attributes and situational factors are hypothesized to influence perceived support directly and/or indirectly through their effects on network characteristics. Thus, it is hypothesized that mastery, self esteem, empathy and femininity will affect network structure by influencing one's ability and willingness to form and maintain social relationships. These aspects of self concept and personality may also affect network quality by influencing the nature of interactions with network members in addition to one's abilities or predispositions towards establishing intimate, confiding relationships.

It is hypothesized that situational factors, in the form of stressors and role loss, could influence support: by directly attenuating the total pool of potential supporters (ie. decreasing network size), by eliminating a particular type of relationship (ie. loss of a confidant), by reducing or increasing access to and/or receipt of support (ie. changes in network contact), or by creating strains that may influence the frequency of negative interactions or conflict with network members. While they cannot be assessed in the present study, personal and situational factors are believed to reciprocally affect one another. Thus, it is expected

that individual characteristics would influence the likelihood of stressors occuring while stressful circumstances, in turn, are likely to negatively affect aspects of self concept.

Finally, both the structure and quality of network, influenced by socio-demographic, individual, and situational conditions, are themselves hypothesized to directly affect perceptions of social support. That is, it is expected that a sufficient level of support resources must be in place before social support can be experienced. Without a minimum number of available supporter, an adequate amount of contact, or the existance or absence of certain qualities within the network, there may be no opportunity or potential for support to occur.

Consistent with the hypothesized model, data analysis preceded in three steps or stages. By generating three different sets of regression equations, each set corresponding to a different stage of the model, the accuracy of the relationships and potential support-acquiring processes were tested.

To assess the first stage of the model, individual and situational factors were regressed on socio-demographic variables. Thus, the initial step was to examine the impact of general background characteristics on these two predictor domains. In the second step, each network characteristic was regressed on the three preceding sets of factors: sociodemographic characteristics, individual factors and

situational variables. Thus, independent and total effects of all these variables on network indicators were assessed. The last stage of the analysis represents the full model. Three measures of social support were regressed on every predictor in the model, including all sociodemographic, individual, situational and network factors.

Stage 1: Predicting Personal and Situational Factors

Table 2 presents the standardized regression coefficients obtained from regressing each of the personal variables (self esteem, mastery, empathy, masculinity-femininity) and situational variables (life events, role loss, network events, financial strain) on all sociodemographic factors (age, gender, education, marital status, employment status).

Sociodemographic factors explained between 3 and 19 percent of the variance in personal factors. Age showed a significant negative relationship to mastery and empathy, controlling for the other background factors. Significant positive associations were found between education and self esteem, mastery, empathy and femininity. Gender was also a significant predictor of some personal factors. Women scored significantly higher than men on empathy but lower on self esteem. Marital status generated significant regression coefficients with respect to empathy and mastery. Single and widowed individuals scored significantly lower than married people on empathy, and divorced respondents scored

TABLE 2

STEP 1: DETERMINANTS OF PERSONAL AND ENVIRONMENTAL FACTORS
STANDARDIZED REGRESSION WEIGHTS

DEPENDENT VARIABLES

INDEPENDENT VARIABLES	Esteem	Mast	Empathy	Masculine Feminine	Life Events	Role Loss Events	Network Events	Financial Strain
Age	-------	-.123**	-.138***	-------	-.471***	-------	-------	-.243***
Sex	-.075*	-------	.348***	-------	.100**	-------	-------	-------
Education	.083*	.170***	.123***	.137***	-------	-------	-------	-.143***
Marital Status	-------	-------	F=3.275	F=2.958	-------	F=2.519	-------	-------
-single	-------	-------	-.064*	-------	-------	.091*	-------	-------
-divorced	-------	-------	-------	.103**	-------	-------	-------	-------
-widowed	-------	-------	-.175*	-------	-------	-------	-------	-------
Employ. Status	.113*	-------	-------	-------	-------	-.102*	-------	------
$F_{6,842}$	6.658***	10.459***	26.847***	4.089***	30.728***	2.538*	-------	8.160***
R^2	.053	.081	.185	.034	.206	.021	-------	.065

***$p \leq .001$
**$p \leq .01$
*$p \leq .05$

significantly higher than married respondents on femininity. Finally, employment status was positively associated with self esteem.

Sociodemographic factors explained a significant proportion of variance in three of the four situational factors: life events (R =.21), financial strain (R =.07) and role loss (R=.02). Age generated relatively high negative Beta coefficients when predicting both life events and financial strain. Gender was also positively related to life events with women experiencing significantly more events than men. Education showed a significant negative association with financial strain, controlling for all other personal and situational factors. Finally, both marital status and employment status were related to role loss. Single and unemployed individuals were more likely to experience role loss events than married, employed people. None of the sociodemographic factors were significantly related to network factors

Discussion: Sociodemographic factors were generally more successful in explaining variance in personal factors than situational variables. Age was a particularly powerful predictor, showing independent negative effects on several factors. Although older people were disadvantaged in terms of mastery and expressed less empathy, they experienced lower levels of stress (life events and financial strain) than did younger people.

It may be that the physical and social limitations imposed by the aging process function to reduce feelings of personal control. At the same time, declines in involvement within certain domains of social life will reduce the likelihood of certain life events occurring. Indeed, many role-related events (eg. pregnancy and child birth, job related events, marriage and divorce) are associated with earlier life-course stages. Older people, who are no longer supporting children, may also experience fewer financial burdens. While one might have expected older people to have greater health care expenses, it should be remembered that: 1) respondents were screened for having no physical disability and 2) Canada practices a socialized system of health care. Finally, while it was expected that older people would score higher on role loss events, this relationship was not significant. This lack of association may reflect the skewed age distribution of this sample. Since the median age of the sample is 59, there may be insufficient variance to show significant age effects in role loss events.

Gender and education were also important predictors. Women scored lower in self esteem and experienced more life events than did men. These findings are consistency with literature focusing on gender differences in the impact of stress on psychological health. Specifically, there is evidence suggesting that women may experience greater exposure to stress (Gove, 1972; 1978) in addition to

showing greater "vulnerability" to stress (Kessler, 1979). Although a number of different hypotheses are plausible (see Kessler, et.al., 1985), being disadvantaged with respect to personal resources (ie. self esteem and mastery) may help to account for the greater vulnerability among women. The finding that women express greater empathy was also expected. As Miller (1976) argued, women are generally socialized to recognize and understand the needs of others. Indeed, expressing empathy may represent a quintessential aspect of female function (Bernard, 1971).

Individuals with higher education were advantaged in many respects. As anticipated, education was associated with higher income and, therefore, lower financial strain. The resources and experiences acquired through education also function to increase personal resources (self esteem and mastery) in addition to heightening feminine and empathic qualities. Finally, being employed, consistent with the valued work ethic in our society, appears to help bolster self esteem. Interesting, employment has no effect on mastery, which may be more dependent on control-related characteristics of the job itself. The finding that employment status is associated with role loss is not surprising, since several of the role loss events reflect loss of employment.

Stage 2: Predicting Network Factors

The second stage of data analysis involved the identification of factors that affect both structural and qualitative network characteristics. Table 3 displays standardized regression coefficients obtained from regressing each of these 8 network factors on all variables that precede them in the model (sociodemographic, personal and situational determinants).

Network Structure. Five factors represented network structure: number of family members living close by, number of friends living closeby, frequency of contact with family, frequency of contact with friends, and involvement in voluntary organizations.

Only age and education were found to have independent effects on the number of family members living within an hour's drive. Older people and more educated individuals had fewer family members living close by. These factors accounted for 6.7 percent of the variance in number of family members. Age, employment status, and network events were related to number of friends, with older and employed people reporting having more friends. These structural variables accounted for 4.1 percent of the variance in this network factor.

Education was the only variable independently associated with the frequency of family contact, with more educated people reporting less contact (B=-.21, R =.06). Age, education, marital status, empathy, network events

TABLE 3

STEP 2: DETERMINANTS OF NETWORK FACTORS
STANDARDIZED REGRESSION WEIGHTS

DEPENDENT VARIABLES

INDEPENDENT VARIABLES	# Family within hour drive	# Friends within hour drive	Frequency of family contact	Frequency of friend contact	Participant in volunteer orgn.	Negative interaction friends	Negative interactions-family	# of Confidants
Age	-.239***	-----	-.165***	-----	-----	-.277	-.404	-----
Sex	-----	-.162**	-----	-----	-----	-----	.112	-----
Education	-.105**	-----	-.211***	-.075*	.272***	-----	.158	-----
Marital Status	-----	-----	-----	F=4.476**	F=2.936*	F=5.629***	-----	-----
-single	-----	-----	-----	-----	.069*	-----	-----	-----
-divorced	-----	-----	-----	-----	-----	-----	-.072	-----
-widowed	-----	-----	-----	.124**	-.093**	-----	-.076	-----
Employment Status	-----	.095*	-----	-----	-----	-----	-.098	-----
Self esteem	-----	-----	-----	-----	-----	.097	-----	-----
Mastery	-----	-----	-----	-----	-----	-.080	-.200	-----
Empathy	-----	-----	-----	.121**	.094*	-.108	-.113	-----
Masculine-Feminine	-----	.111**	-----	-----	-----	-----	-----	-----
Life Events	-----	-----	-----	-----	-----	-----	-----	-----
Role Loss	-----	-----	-----	.067*	-----	-----	-----	-----
Network Events	-----	-----	-----	.079*	-----	-----	-----	-----
Financial Strain	-----	-----	-----	-----	-----	-----	-----	-----
F15,832	3.783***	2.247**	3.449***	4.368***	6.094***	8.081***	19.97***	2.336**
R²	.067	.041	.059	.072	.104	.129	.265	.041

***p ≤.001
**p ≤.01
*p ≤.05

and financial strain were all significantly related to the frequency of contact with friends, after controlling for the other determinants. Age and education both showed negative associations. Single and widowed people had more contact with friends than married people. Those exhibiting more empathy and experiencing more financial strain and network events also had more friend contact. All these factors together accounted for 7.2 percent of the variance in frequency of contact with friends.

The final structural network factor, participation in voluntary organizations, was significantly related to three of the predictors. Education and femininity showed significant positive effects on participation in organizations and divorced people participated less in comparison to married individuals. The determinants together accounted for 10.4 percent of the variance in organizational participation.

Network Quality. Three factors comprise network quality: frequency of negative interactions with family, frequency of negative interactions with friends, and number of confidants.

Three structural variables (age, gender and marital status) and both self concept factors (mastery and self esteem) were significantly related to negative family interaction. A strong negative regression coefficient for age indicated much less family conflict among older people, while women generally experienced more such conflict than

men.   Single, divorced and widowed individuals all experienced less frequent negative interactions with family, in comparison to married people. Individuals higher in self esteem and mastery reported experiencing negative family interaction less frequently than those scoring lower on these two aspects of self concept. All these factors accounted for 26.5% of the variance in negative family interaction.

Frequency of negative interactions with friends was related to two structural factors (age and employment status) and both the self concept variables (mastery and self esteem).   As with family, older people report negative interactions with friends less frequently, than do younger people. Individuals who are employed experience more negative friend interactions than people who are not employed. Finally, similar to the family interaction findings, individuals with lower mastery and self esteem experience negative interactions with friends more frequently than those scoring lower on these two variables. These factors account for 12.9% of the variance in frequency of negative interactions with friends.

Only one variable, gender, significantly predicted number of confidants, with women reporting more confiding relationships than men. Four percent of the variance in number of confidants could be explained by these independent variables.

<u>Discussion</u>:   A few observations concerning this stage of the analysis are worth noting. First, while it was hypothesized that personal and situational factors would affect structural network characteristics, as a whole, they do not appear to represent important predictors. Possessing feminine characteristics and being empathic appear to be the only factors that contribute to network structure. These relationships seem reasonable since nurturance and understanding of others would likely contribute to developing and maintaining friendships, as well as the desire to participate or volunteer in social organizations. Indeed, it appears that characteristics that would likely enhance one's own ability to be supportive, contribute most to the availability of potentially supportive others.

It is certainly not surprising that number of friends and contact with friends are related to number of network events. The causal direction most certainly runs from friends to events. Interestingly, this finding points to the potential negative impact of possessing a social network. That is, while one may often benefit from having an available network, there may also be costs. Stressful circumstances of network members can create a "contagion of stress" that spreads from one member of the network another (Wilkins, 1974; Eckenrode and Gore, 1981). Certainly, the more friends one has, the greater the likelihood one will be exposed to others' stressful circumstances.

While personal and situational factors are relatively poor predictors of network structure, many sociodemographic characteristics remain significant even after controlling for the other determinants. The finding that older people have fewer family members living close by may reflect greater geographical mobility among middle-aged adults. That is, while middle-aged adults may have adult children living close by, they may be less likely to live near their own parents. Older people, however, do not report less contact with family members. While they may have less family living near them, they appear to have relatively frequent contact with the few that are geographically close. This is consistent with the finding that, despite high rates of geographical mobility, the majority of older people in the U.S. live close to and have frequent contact with at least one child (Shanas, 1979).

Lower levels of friend contact among the elderly may reflect physical mobility difficulties that limit social activities requiring travel. Although they report having more friends within an hours drive, the oldest age groups may be less likely to visit or be visited by friends who live outside their immediate neighborhood.

The relationships between education and network factors likely reflect the greater geographic mobility, involvement in career and increased opportunity for diverse contacts

among the more educated. Being employed, and thus having coworkers, also helps to increase the pool friends one has living closeby.

Greater contact with friends among single and widowed individuals likely represent a substitution for involvement with spouse. However, the fact that divorced people do not share this increased involvement with friends and also participate less in voluntary organizations than do married people, may reflect the severity of social displacement they experience. While they have lost a primary family relationship, they do not appear to replaced it with other sources of social contact. This group may be particularly disadvantaged in their social resources.

Some interesting relationships with network quality factors also emerged. Although situational factors had no significant impact on network quality, the personal factors of mastery and self esteem were associated with negative interactions with both family and friends. Thus, while these aspects of self concept did not impact number or contact with network members, they do appear to affect the quality of those relationships. As discussed earlier, feelings of poor self-worth and lack of personal control may contribute to poor communication and social interaction skills, which in turn influence the quality of relationships. People with low mastery and self esteem may also be more likely to interpret intended "neutral" interactions negatively because they assume others view them as undesirable. Finally, people

with poor self concept may simply be difficult or unpleasant to be around, increasing the likelihood that negative interactions occur. Of course, as will be discussed in the next chapter, the relationships between self esteem, mastery and network interactions are probably reciprocal. That is, it is very likely that network qualities also help to shape self concept.

Sociodemographic factors also appear to influence network qualities. Interestingly, while bivariate analyses showed that women experienced significantly more support than men, they also experienced significantly more negative interactions. This finding may indicate greater emotional involvement in family matters among women, in comparison to men. That is, to the extent that women's roles involve closer ties to home and family, women may be more affected by both the benefits and costs of family relations.

Extent of family involvement may also account for the relationship between marital status and negative family interactions. More frequent family conflict among married individuals, in comparison to single, divorced and widowed people may simply be due to the greater range of family relationships. Since the measure refers exclusively to family members who do not live with the respondent, negative interactions may, to a large extent, involve conflicts with in-laws.

A similar explanation can account for the employment status finding. Just as employment increases the potential

pool of friends who can provide support, it appears that being employed also provides more opportunity for conflict among friends and coworkers. In general, these relationships suggest the duality network relations. While more extensive networks and more intensive involvement in network relationships can increase the potential for social support, it also increases the likelihood of negative interactions occurring. These findings also confirm the notion that supportive experiences and negative or conflictive ones do, in fact, represent independent constructs. That is, while negative interactions can affect support perceptions, it is possible to experience high levels of both social support and conflict. Finally, older people reported experiencing considerably less conflict (negative interactions) with both family and friends, than did younger people. This finding is consistent with some literature on aging and social relationships (Cicirelli, 1986; Clausen, et. al., 1981; Gary, 1986).

Only one factor, gender, significantly predicted the final network quality factor: number of confidants. This finding is consistent with earlier studies that found women more likely to report having any confidant (Miller and Ingam, 1976; Lowenthal and Haven, 1968) and report a larger number of confidants than men (Stokes and Levin, 1986). Indeed, descriptive data for the present study show that men were almost twice as likely as women to report having no confidant at all (13.4 and 6.9%, respectively). Men were

also twice as likely as women to report having only one confidant (17.1 vs 8.6%), whereas a larger proportion of women reported having at least two confidants (84.4 vs 69.5%). These differences are statistically significant (p<.001). Clearly, men in this sample are disadvantaged in terms of having confidants.

It is reasonable to expect that men and women would differ in the extent to which they acquire and utilize confidant relationships. Some research has shown that women tend to form dyatic relationships, whereas men tend to include three or more people (Bell, 1981; Elder and Halinan, 1978). Moreover, womens' relationships emphasize trust, intimacy and self-disclosure, while the group orientation that men possess focuses more on shared interests and activities (Bell, 1981; Buunk, 1983). Thus, the character or quality of womens' relationships may be more conducive to forming and maintaining confidant ties than mens' relationships.

Stage 3: Predicting Social Support

This stage of analysis tests the full model depicted in Figure 1. Each of the three measures of support (Modified Kaplan, PSR, and Instrumental) were regressed on all four sets of variables simultaneously: sociodemographic factors, personal (individual) factors, situational factors and network factors. The results are presented in Table 4.

TABLE 4

FULL MODEL: DETERMINANTS OF SOCIAL SUPPORT
STANDARDIZED REGRESSION WEIGHTS

DEPENDENT VARIABLES

INDEPENDENT VARIABLES	Kaplan Emotional Support	PSR Emotional Support	Instrumental Support
Age	-------	-------	-------
Sex	.126***	.079***	-------
Education	-------	-.070*	-------
Marital Status	-------	F=4.664**	-------
-single	-------	-------	-------
-divorced	-------	-.082**	-------
-widowed	-------	-.082**	-------
Employment Status	-------	-------	.117**
Self esteem	.204***	.200***	.078*
Mastery	.134***	.173***	-------
Empathy	.095**	.123***	.085*
Masculinity-Femininity	.147***	-------	-------
Life Events	-------	-.075*	-.081*
Role Loss	-------	-------	-------
Network Events	-------	-------	-------
Financial Strain	-------	-------	-------
# Of family members	-------	-------	-------
# Of friends	.161***	.078*	-------
Family contact	.069*	.087**	.079*
Friend contact	.186***	.169***	.092**
Participant in volunteer organization	-------	-------	-------
Neg. Interaction-friends	-.073*	-.148***	-.080*
Neg. Interaction-family	-.083*	-.126***	-.092*
# Of confidants	.073**	.243***	-------
$F_{20,822}$	18.428***	23.011***	4.144***
R^2	.345	.400	.107

***p ≤.001
**p ≤.01
*p ≤.05

The 22 independent variables entered into the regression equation together accounted for 34.5 percent of the variance in the modified Kaplan measure of social support. Of all the sociodemographic factors, only gender remained significant after controlling for the other determinants, with women experiencing significantly more support than men. Four of five of the personal variables (self esteem, mastery, empathy and femininity) had independent positive effects on social support. Three network structure factors also showed positive associations with the Kaplan measure of social support: number of friends living close by, frequency on contact with friends, and frequency of contact with family. Finally, all three variables assessing network quality independently predicted the Kaplan support measure. As expected, support was inversely related to negative interactions with family and friends, and positively related to the number of confidants in the network.

In the second regression equation, the Provisions of Social Relationships (PSR) measure was regressed on the same 22 variables. These factors together accounted for 40 percent of the variance in the PSR variable. While most of the relationships were consistent with those of the Kaplan measure, there were additional factors having significant effects on the PSR measure. Most of the sociodemographic factors showed significant independent relationships. Women showed higher scores on the PSR than did men, years of education had an inverse association, and divorced and widowed individuals scored lower than married people on the PSR

measure of social support. As with the Kaplan measure of support, self esteem, mastery and empathy were all positively related to the PSR. Also consistent with the Kaplan analyses were associations with both the network structure and network quality factors. Number of friends, friend contact, contact with family members, and number of confidants were positively related to the PSR support measure, while negative interactions with family and friends showed negative coefficients. Finally, life events showed a negative relationship to the PSR measure of social support.

The third regression equation testing the hypothesized model assessed the impact of the 22 determinants on instrumental support. Of all the sociodemographic factors, only employment status showed significant effects, with employed individuals reporting greater instrumental support. Significant positive associations were found between instrumental support and two of the individual factors, self esteem and empathy. Life events were negatively associated with instrumental support. As with the other two measures of support, number of friends, contact with friends, and family contact all yielded positive regression coefficients. Finally, two of network quality factors: negative interactions with family and negative friend interactions showed inverse associations with instrumental support.

<u>Main Effects Model: Summary and Discussion</u>: To summarize analyses relating to the model, several key findings will be discussed.

<u>Sociodemographic Factors</u>. Of all the demographic factors assessed, only gender remained a significant predictor of both the PSR and Kaplan support measures. That is, women still perceived more social support than men, even after controlling for differences in personal, situational and network variables. Thus, while gender appears to affect emotional support indirectly, through variables such as empathy and number of confidants, these other determinants do not completely account for or explain the gender-support relationship. Instead, much of the relationship remains direct. A more indepth discussion of the gender-support relationship is presented later.

Although they occurred only for the PSR measure, associations between marital status and social support are also worth noting. Divorced and widowed individuals were less likely to experience support than were married individuals, independent of their level of network resources. Thus, despite having more contact with friends than married people, widowed individuals experience less support. Divorced people experience less support both indirectly by having lower friendship contact and directly - independent of network factors. Again, these finding suggest how disruptive losing a spouse can be on one's network resources and social support.

Employment status also showed direct and indirect effects on social support. It terms of emotional support, the impact of being employed was completely indirect. Specifically, being employed affected emotional support by positively influencing self esteem and increasing the number of friends living closeby. Employment affected instrumental support both indirectly, by increasing the number of friends, and directly -- independent of other factors. It appears that having a network of other employed coworkers, whatever its size, functions to increase the availability of others who are able to supply tangible types of assistance.

Personal Factors.   The personal resources of self esteem, mastery and empathy showed independent positive effects across both the emotionally-oriented measures of support.

Two alternative hypotheses were posited regarding the association between aspects of self concept (self esteem and mastery) and social support. One hypothesis concerned the impact of self esteem and mastery on network factors, which in turn would affect support perceptions. That is, it was believed that these aspects of self concept could influence support perceptions by increasing one's ability to develop and maintain friendships and by influencing the qualities of network relationships. A second hypothesis concerned the possibility that self esteem and mastery could influence support perceptions directly. That is, it was reasoned that persons with low esteem and/or mastery may be more likely to believe that others view them negatively and therefore would

not perceive all the support that exists. Both hypotheses were, to some extent, supported by the data.

Stage 2 of the analysis found no relationship between network structure factors and either self esteem or mastery. However, both self concept variables were independently related to frequency of negative interactions with both family and friends. Thus, in keeping with the hypothesized model, mastery and self esteem, in part, affected social support indirectly through their impact on quality of network interactions. Since the final stage showed both variables to be associated with the Kaplan and PSR, independent of network quality, these aspects of self concept appear to also have direct effects on emotional support.

The personal characteristic, empathy, also showed both direct and indirect effects on support perceptions. Empathy was positively related to frequency of contact with friends, which in turn had a positive association with social support (Kaplan and PSR). Empathy also influences these measures of support when network factors are controlled and, therefore, has a direct impact on support. It seems likely that being in tune with other people's needs and problems would enable one to be a good supporter. Further, it seems plausible that individuals who are supportive of others would find it easier to develop and maintain rewarding relationships. It may also be that people who are aware and supportive of others are more likely to be aware of the support they themselves get. In any

case, it appears that empathic qualities both enhance network resources and heighten subjective perceptions of support.

Network Structure.   Frequency of contact with friends and family were related to all three measures of support, while number of friends was associated with both emotional support measures. The finding that number of friends in the network was positively associated with support, but not number of family members, likely reflects the different nature of those relationships. Family members will remain as family members whether those relationships are positive or problematic. Such relations are ascriptive - they are not chosen or modified at will. However, one is free to give up friendships that are not rewarding. Thus, one might expect number of friends to represent a better indicator of the number of supportive relationships, than the size of one's family.

While number of family members did not influence support perceptions, frequency of contact with family did show a positive association with support. This finding can likely be attributed to variations in the quality of family relations. One is more likely to seek contact with family members that are pleasant and enjoyable than those who are not. That is, while one may not have choice over who their family members are, they have more choice over who they interact with and how often. Thus, frequency of contact with family, as with friend contact, likely reflects interaction with the more positive network relations.

Network Quality. While contact with family and friends, in general, functions to heighten social support, clearly not all contacts are positive. When negative interactions do occur, they reduce support perceptions. Also, while family generally appear to contribute less positively to support experiences than friends, they can have an equally powerful negative impact.

As expected, having confiding relationships within one's network significantly contributes to individuals' experiences of social support. However, while number of confidants was related to both emotional support measures, it did not affect instrumental support. One might expect these findings since a confidant, by definition, would serve an emotionally supportive function not an instrumental one. That is, while the trust and intimacy one gets from a confidant relationship would likely contribute to the types of support reflected in the PSR and Kaplan measures, it is less relevant for more tangible, practical aspects of support.

The Role of Depression

As discussed earlier, there is reason to believe that one's psychological health can represent an antecedent of social support, as well as an outcome. For example, while it is generally acknowledged that support has direct and mediating effects on depression, it is likely that the causal direction of such relationships are, to some extent,

reciprocal. That is, it is plausible that a proportion of the variance in a given support-depression association could be attributable to the impact of depression on support.

Negative psychological states, such as depression, can inhibit the development and maintenance of social relations, erode psychological resources or directly alter subjective perceptions of support. For example, some determinants (eg. life events) may have impacted social support indirectly through their effect on psychological health. It is also possible that depression could create spurious relationships between certain factors (eg. mastery, self-esteem) and social support.

In order to: 1) assess the independent relationship between depression and social support, and 2) determine the robustness or independence of the associations found between the other determinants and social support, another set of regression analyses were performed. Each measure of support was regressed on all of the determinants together, with depression included in the equation. Any changes in the regression coefficients and significance levels of the determinants, after controlling for depression, were noted.

Results indicated a significant independent association between depression and all three measures of social support although it was more strongly related to the two emotional support measures. Specifically, depression was negatively related to the Kaplan (B=-.117; p<.001), the PSR measure of support (B=-.213; p<.001) and the instrumental support measure

(B=-.090; p<.05). The inclusion of depression, however, did not appreciably affect the other coefficients. That is, the associations between social support the other determinants remained significant and the magnitude of the coefficients were relatively unchanged. There were only two exceptions. One, the inclusion of depression eliminated the association between life events and the PSR measure of support. In this case, depression likely represents an intervening variable -- an outcome of stress that, in turn, influences social support. The second exception involved the relationship between self esteem and instrumental support. This association was also reduced to non-significance when depression was entered. In this case, the association was likely spurious, due to the independent cause of depression on both variables.

Other than these two exceptions, it appears that the impact of these determinants on social support are quite robust and relatively unaffected by the associations between depression and the three support measures.

The Function of Personal Factors

It was discovered earlier that mastery, self-esteem and empathy had both direct effects on emotional support as well as some indirect effects through network characteristics. It is also possible, however, that personal factors function as mediators in the network-support relationships. For example, one might expect network resources to be more strongly related to social support for individuals with higher self esteem and

mastery than for those with lower levels of these personal resources. By this token, social resources would become translated into support through a cognitive process that involves one's perceptions of self-worth and personal control. Similarly, negative interactions or conflict may be particularly likely to reduce general support perceptions among individuals who already possess poor self concept. One could also interpret these interactions as network factors mediating the impact of personal resources on support. That is, people's views of themselves may help to bolster perceptions of support only if they posses an adequate level of social resources.

To test whether either of these two hypotheses is correct, a set of 15 interaction terms (mastery, self esteem and empathy by family contact, friend contact, negative family interactions, negative interactions with friend, and number of confidants) were added to the full model regression equation. Neither this set as a whole nor the individual interactions terms made a significant independent contribution to either of the three measures of support. Therefore, it must be concluded that the effect of personal factors and network characteristics on social support are not multiplicative, but instead follow an additive model.

Gender and Social Support

In specifying a conceptual model, it was hoped that one could begin to identify the processes and mechanisms that regulate social support relationships. Of special interest was the association between gender and emotional support. Consistent with other research, bivariate relationships were found between gender and both emotional support measures (Kaplan and PSR), with women scoring significantly higher than men. It was hypothesized that this frequently found relationship may be explained by differences in personal and social network factors. That is, it may be that women tend to report having more social support because they are more likely to possess support-related characteristics, such as femininity (female role orientation), and empathy, and/or because they have more network resources available to them.

The first step of analyses found women to be advantaged only in terms of empathy. Indeed, they were disadvantaged in comparison to men on two other factors having significant associations with support: self esteem and life events. Thus, while "being female" may heighten support through its positive impact on empathy, it also has indirect negative effects by reducing self esteem and increasing exposure to life events.

Step 2 analyses showed no important gender differences in network structure factors, after controlling for other demographic, personal and environmental variables. However, gender was significantly associated with two of the network quality factors: frequency of negative family interaction and

number of confidants. Women experienced more conflict with family and reported having more confidants than did men. Since both these variables are themselves independently related to social support, they represent paths through which gender indirectly effects support. Specifically, being female increases support by having a positive impact on number of confidants, but decreases support by positively influencing negative family interactions.

Despite the relationships between gender and these other determinants, the third stage of the analyses showed gender was significantly related to both the Kaplan and the PSR measures of support, even after controlling for all other factors. That is, gender has significant direct effects on emotional support, independent of the other determinants included in the model. It appears that, at least in this sample, variations in social resources and personal characteristics cannot fully explain gender differences in social support.

Gender Interactions: In order to try to explain the gender differences in social support, other possibilities were explored. It was first reasoned that, although an additive model involving personal and network factors could not account for the gender association, it may be better explained by a multiplicative model. Specifically, it seemed plausible that personal and/or network factors may be more important for women then they are for men. That is, while these characteristics did not appreciably differ by gender, their

relative impact on support could vary significantly. For example, it is reasonable to believe that normative expectations of how one should behave (ie. being empathic, feminine, asking others for assistance) would vary for men and women. Personal characteristics expected of women, but not of men, may be more beneficial in yielding support for women than they would for men. Similarly, if it is more acceptable for women to ask for support, they may be more likely to both elicit and receive support.

To test this possibility, two sets of regression analyses were performed. The first included all variables from the full model plus a set of multiplicative terms representing the interactions between gender and each of the four personal variables (mastery, self esteem, empathy, and femininity). The second analysis involved the full model equation plus a set of interactions representing gender by each of the eight network factors. Results showed that neither of the two sets nor the individual interaction terms were significantly related to the Kaplan, the PSR or instrumental support measures. It would appear that the personal characteristics of mastery, self esteem, empathy, and femininity are related to support similarly for each gender. Access to family, friend and organizational network resources, as well as possessing a confidant and experiencing negative interactions with friends and family, are also equally beneficial (or detrimental) to both men and women.

It was found in previous bivariate analyses that the effect of marital status and employment status on social support varied by gender. Thus, it was thought possible that the particularly detrimental impact of divorce on men and/or the especially beneficial effect of employment on women, may help to explain the continuing associations between gender and emotional support. In order to determine: 1) whether these interactions still exist after controlling for other factors in the model and 2) whether they account for the apparent "direct" effects of gender on emotional support, two additional sets of regression analyses were performed. In the first, the block of (marital status X gender) interactions were added to the full main effects equation. The second set of analyses included all variables in the full model plus the (employment status X gender) interaction term.

The set of marital status interactions approached statistical significance in predicting scores on both the Kaplan (F 3,814=2.434; p=.06) and PSR (F 3,813=2.421; p=.06) support measures. As expected, only the interactions involving the divorced verses married contrast were significant. Specifically, the difference between divorced and married men was significantly greater than the difference between divorced and married women on both the Kaplan (p<.01) and PSR (p<.05) measures of emotional support, even after controlling for all other determinants. Unstandardized regression coefficients representing the effect of being divorced on emotional support for men and women are presented below.

KAPLAN:

Men: b (divorce)= -.394 + .428(0)= -.394

Women: b (divorce)= -.394 + .428(1)= .034

PSR:

Men: b (divorce)= -.350 + .279(0)= -.350

Women: b (divorce)= -.350 + .279(1)= -.071

Again, these findings suggests the importance of wives in providing emotional support to men. Indeed, Chiriboga et. al. (1979) found even divorced men to be significantly more likely than women to report that, in the ideal situation, the most helpful person to them would be their spouse. It may be that women are less affected by divorce because their husbands represent less important sources of support for them. As will be discussed shortly, same-sex friendships, that are unlikely to dissolve with marital disruption, may be more prominent sources of emotional support for women. Moreover, women may be more likely then men to seek a variety of other sources of support following divorce. For example, some research has found that women are more likely to use multiple categories of helpers, participate in support groups, utilize professional counselling, and turn to their children and doctors for support following divorce (Brown and Fox, 1979; Chiriboga et. al., 1979).

Interestingly, while neither marital status nor gender showed main effects with respect to instrumental support, the effect of being single as opposed to married was negative

among women (b=-.184) but positive among men (b=.113). This interaction was statistically significant (p<.05). Although the explanation for this finding is unknown, it could possibly reflect the tendency for men to be more frequent providers of instrumental support in comparison women. Single women, very few of which have children, may be least likely to have adult men in their social networks, while single men may be most likely to have male dominated networks. Although the interaction between marital status and gender remained significant when tested within the full model, it did not fully account for the gender-support relationship. That is, gender was still significantly related to both measures of emotional support after controlling for this interaction.

Although bivariate analyses found the emotional support of women to be more positively influenced by employment, this interaction was not confirmed once other determinants in the model were controlled. It is possible that the (employment X gender) interaction was due to differential effects of employment on self concept. That is, it may be that the employment role, which is non-traditional for women, is particularly influential in bolstering their sense of self confidence, competence and accomplishment. Alternatively, employment may be more beneficial to women because it expands their network of emotional supporters. Since men are more likely to seek emotional support at home (see following sections), they may be less likely to benefit from expanded network opportunities. In any case, there appears to be no

"direct" differences between men and women in the employment-support relationship, nor does this interaction affect the gender-support relationship.

<u>The Issue of Confidants</u>: It was found that men and women differ substantially in the number of confidant relationships they possess, as well as the likelihood of having any confidant at all. Further findings showed number of confidants to significantly increase perceptions of emotional support. Given its particular importance to emotional support and the considerable variations by gender, it was hypothesized that having confidant relationships may account for gender differences in social support. This hypothesis was not supported. While number of confidants may explain a portion of the gender-support relationship, gender still shows substantial direct effects after controlling for the confidant factor. It was further reasoned that possessing a confidant may be more important for the emotional support perceptions of women, than for those of men. However, no significant gender X confidant interactions were found. Thus, while confidants are important for experiencing emotional support and are more common among women, simply having a confidant cannot explain or account for the gender-emotional support relationship.

<u>Who Are Confidants?</u>: In addition to gender differences in likelihood of possessing a confidant, one might expect that men and women would vary in terms of the characteristics of their confidants. That is, it seems likely that structural differences in gender-related social roles and daily life

experiences would influence one's opportunities for developing different types of relationships. Two further questions were addressed: 1) Do men and women vary in terms of the gender and types of relationships they have with their confidants? and 2) Do differences in confidant characteristics affect one's experience of social support?

It was found that, of all women having at least 1 confiding relationship, 75% named another woman as their primary (or only) confidant. While one might expect men to show a similar preference for same-sex confidants, the majority also named a woman as their primary (or only) confidant (51%). There were clear gender differences in the tendency to name one's spouse as a confidants. Men were twice as likely to name their spouse as their primary or only confidant (30%) than were women (15%). However, even the majority of unmarried men chose a woman as a confidant (55%) and unmarried women were even more likely to name a women confidant (83%) than were married women. Thus, it appears that women are viewed as either more desirable or more accessible confidants than are men. Indeed, women tend to be used for this support function regardless of whether the target of support is a man or woman. Even in the absence of a spouse, men are likely seek another female to substitute as a confidant. Women tend to chose female friends or relatives as confidants whether or not they are married.

The predominance of women as emotional supporters has been discovered by a number of researchers (Lowenthal and

Haven, 1968; Antonucci and Akiyama, 1987; Belle, 1987; Fischer, 1982). Indeed, some investigators have argued that women are simply more effective social partners, while men lack training in supportiveness skills (Wheeler, et. al. 1983; Bernard, 1971). From these finding, it seems reasonable to infer that women tend to make better confidants than do men. As discussed earlier, male relationships tend to be based on shared activities and interests whereas women are inclined to develop more intimate ties characterized by self disclosure and communication. As a consequence, one might expect women to have more experience and better skills in providing the type of support reflected in confidant relationships.

If women are more skilled confidants, one might expect that individuals with female confidants would experience more support than those having male confidants. It also seem possible that the particular role relationship one has with one's confidant could also impact the quality of support. An analysis of variance was performed to assess whether the gender and/or the relationship of the confidant significantly affected social support and whether either of those associations varied by the respondent's gender.

Results showed no significant main effects or conditional effects of these factors on any of the social support measures. Thus, it appears that while women, in general and wives, in particular, are more often chosen as confidants, people are not necessarily disadvantaged if they chose other types of confidants. Indeed, it is likely that only

individuals who prove to be "good" confidants would even be considered as confidants. That is, confidants, by definition, must make good emotional supporters. However, while effective confidants can be either gender and can arise from all different types of relationships, the predominance of women likely reflects their greater availability, social skills, or socialization towards giving emotionally related support.

CHAPTER 5

DISCUSSION

The purpose of this chapter is to highlight and discuss key findings, theoretical issues and questions of measurement that deserve further attention. First, however, it will be useful to summarize relevant results.

Summary: Assessment of the bivariate correlates of social support, while potentially misleading, did provide some interesting insights. Foremost, was the importance of social roles in influencing support experiences. It was reasoned that since the structure and conditions of people's lives revolve largely around their involvement in major social roles, role occupancy may influence social support. Further, since the likelihood of possessing certain roles, as well as their personal and social significance, varies by sociodemographic characteristics (such as gender), role occupancy may also help explain the influence of these structural factors on support.

Indeed, findings indicated that while women generally scored higher on both measures of emotional support, there were also significant gender X social role interactions. Interestingly, employment was positively related to emotional support (Kaplan) for women, but not for men. The opposite pattern emerged when the impact of marriage was considered. Specifically, being married (as opposed to divorced) was positively related to all types of support for

men, but not for women. It was suggested that these findings may bring into question the presumed importance of core roles for men and women.

Assessing the independent effects of sociodemographic factors and role occupancy within the hypothesized model showed gender as a significant predictor of emotional support, even after controlling for all other factors. Employment status also remained a significant determinant of instrumental support, independent of the other variables. While the interaction between gender and marital status remained significant, gender differences with respect to the effect of employment status disappeared when assessed within the full model.

Both self concept factors, mastery and self esteem, as well as both personality variables, empathy and femininity, were positively correlated with social support. These relationship, for the most part, remained significant when other factors were controlled. That is, these personal resources appear to independently influence support, particularly emotional support. Moreover, there were additional indirect effects of personal factors on support. Specifically, empathy affected support through some network structure factors and both mastery and self-esteem influenced emotional support through network quality factors.

Situational variables, in general, showed the least power in explaining social support. While bivariate analyses

showed correlations between financial strain and each measure of support, these relationships disappeared once other factors were accounted for. Although life events were independently related to support within the full model, later analyses showed these association to be entirely indirect; life events influenced social support through their effects on depression.

Both network quality and network structure factors, in general, appear to represent relatively strong predictors of social support (particularly emotional support). This was true when assessing both bivariate relationships and independent associations within the model. Network size contributed to emotional support when considering number of friends, but not in terms of numbers of family ties. Similarly, while both contact with friends and family contact were significantly associated with emotional support, the relationship was stronger for friendships. While larger numbers of friends and more contact with them appears to be of greater importance for emotional support perceptions, negative interactions with friends and family showed equally strong negative effects. The number of confiding relationships individuals possessed was positively related to emotional support, no matter what their source.

The Issue of Causality. A limitation of this study concerns the difficulty establishing causal direction in many of the support-determinant relationships. Indeed, I expect that

many of these associations have reciprocal links. It was acknowledged, for example, that depression is most commonly treated as an outcome of support. For this reason, depression was not included as a determinant in the model, but instead was used as a "control" to establish the independence of other relationships. However, it is also likely that depression does affect the likelihood of receiving support and/or functions to negatively bias support perceptions. Longitudinal research that assesses the reciprocal links between social support and depression is still needed.

Another causally ambiguous set of relationships concerns those between self concept and social support. The relationships between support and both mastery and self esteem are also, very likely, reciprocally related. Indeed, self concept and social support may be so closely linked that it is very difficult to separate their causal order. One reason may be that individuals who have a strong sense of mastery, possess high self esteem, and are self-confident and self-reliant, likely receive support without ever asking for it or overtly "needing" it. As Pearlin (1985) discusses, people with these personal resources constantly yet unknowingly receive support because they have the "ability to form and sustain relationships marked by intimate exchange and by communication that penetrates beneath superficial levels" (pg 46). While such individuals may just naturally build supportive relationships, the

support they receive is likely to further reinforce and strengthen personal resources. Thus, self esteem, mastery and possessing intrinsically rewarding and supportive relationships are likely to be reciprocally intertwined. Changes in any one can lead to changes in the others.

Needing less, getting more? Keeping in mind the likelihood of reciprocal links, several findings suggest that individuals who may be most in need of social support, may experience the least amount of it. Individuals with good self concepts, and therefore, likely to be skilled, self-reliant copers, clearly experience the most social support. Moreover, those with greater financial resources, who are less burdened by stressors, and who are more psychologically healthy, also experience more social support. Given what we know about the importance of social support in reducing the negative effects of stressors and alleviating psychological distress, it appears that those who can use support the most, may be the least likely to experience it.

It is unclear whether these relationships represent the responses of social networks or biases in the perceptions of the respondent. It is likely that both, to some extent, operate. Individuals with low mastery and self esteem, and poor psychological functioning, are likely to be unskilled at developing and maintaining supportive relationships. It is also possible that they invoke negative responses from their network members since they, themselves, are likely to

be unrewarding companions. Thus, while individuals with poor self-concept did not have smaller social networks or less frequent contact, they did have a poorer quality of relations. Specifically, people with lower mastery and self esteem had more frequent negative interactions with both friends and family. In addition, individuals with negative views of themselves and the world, in general, are more likely to assume others view them negatively. Since mastery, self esteem and depression also had direct effects on social support, independent of network factors, it is likely that the biasing of perceptions also occurs.

Gender and Support: Relationship Qualities. While clear gender differences in perceptions of emotional support were found, they could not be fully explained by variations in personal characteristics, social resources, or exposure to environmental factors. Nor could these gender differences be accounted for by differential effects of these factors on social support. Instead, it appears that the greater support experienced by women may be a function of qualitative differences in the nature of male and female relationships. Norms for appropriate male behavior tend to inhibit help seeking, emotional expressiveness and self-disclosure (DePaulo, 1982, Lowenthal and Haven, 1968). Women, on the other hand, are encouraged to develop intimate relationships that promote nurturance and emotional exchange (Miller, 1976; Gilligan, 1982).

Consistent with these norms, this study found women more likely to possess at least one confidant - "someone in whom they could confide and share their most private thoughts". Moreover, when respondents who had a confidant were asked: "how much can you really open to him/her without having to hold back your feelings", women reported significantly greater ease of self-disclosure ($p<.01$). Women were also more likely to be the givers of emotional support, as reflected in the proportion of women named as confidants both by women and by men. While the predominance of women as confidants likely reflects greater emotional support skills in general, it was found that men could also possess those skills. That is, when men were named as confidants, emotional support did not suffer. Finally, since the qualities that would make women, as a whole, more effective givers and receivers of support are affective in nature, we would expect women to experience more emotional support than men. We would not, however, expect women to experience more instrumental support. This was also supported by the data - women scored significantly higher on the Kaplan and PSR support measures but not on the instrumental measure of support.

Despite experiencing more emotional support, women were also more likely to report more frequent negative interactions with family. Greater emotional expressiveness and exchange in womens' relationships, may not only increase the opportunity for supportive interactions, but also

increase the likelihood of conflictive ones. Thus, while emotional involvement with others can foster emotional support from those relationships, it may also increase the chances of being hurt by them.

Giving more, getting more? While no actual data were obtained on respondents' giving of support, there is some suggestion that individuals possessing characteristics conducive to effective support giving are more likely to experience support themselves. This appears to be particularly true for emotional support. As previously discussed, women both report higher levels of emotional support and are more likely to be named as confidants than are men. Individuals scoring high on empathy, independent of their gender, also tend to experience higher levels of emotional support. It seems reasonable to expect that those who are particularly perceptive and responsive to others emotions will be more desirable and effective providers of emotional support. Thus, as with gender, having an empathic disposition appears to facilitate both the giving and receiving of support. Similarly, possessing feminine qualities, whether one is a man or woman, is positively related to emotional support (Kaplan). Again, it seems likely that femininity, generally characterized by greater affect, expressiveness, and nurturance, would contribute to one's ability to give emotional support. Thus, as with both

gender and empathy, feminine qualities seem to be related to both the giving and receiving of support.

Consistent with social exchange theory, we might expect that these support relationships are a function of equal exchanges among participants. According to these theories, rewards (such as social support) gained from a given relationship, should be proportional to one's investments or costs in that relationship (Homans, 1961; Foa, 1970). Further, it has been found that resources are not completely interchangeable. While money can be exchanged with other resources, rewards involving intense emotional investment, such as love, are exchanged only with similar rewards in return (Foa and Foa, 1980). Thus, we might expect that satisfaction in relationships where one extends emotional support (ie. behavior leading individuals to believe they are loved, cared for, and esteemed), is to some extent dependent on receiving emotional support in return.

In general, individuals with feminine and empathic dispositions, likely seek out or develop relationships that are qualitatively different than those sought by individuals with more masculine and less empathic characteristics. Individuals with these qualities, like women in general, are probably more likely to develop relationships marked by intimacy, self-disclosure and emotional exchange. The giving and getting of emotional support then becomes structured into these relationships, being reciprocally exchanged.

<u>Types and Sources of Support</u>.   Another issue worth
addressing concerns variations in types and sources of
support. As one might expect, factors that affect emotional
support are not necessarily equivalent to those influencing
instrumental support. Similarly, different potential sources
of support, such as friends and family, are not equally
efficient in creating positive support experiences. Even the
factors affecting the existence of these different potential
sources are not always the same. Finally, the magnitude of
the impact of different support sources will further vary by
the type of support being provided. While variations in type
and source determinants are not extensive in this study, a
few are worth noting.

One very evident difference in factors influencing the
two types of support involves individual or personal
resources. Specifically, self-esteem, mastery, empathy, and
masculinity-femininity (Kaplan only) are relatively powerful
determinants of emotional support but have only weak or
insignificant effects on instrumental support.   One might
expect this if, for example, self-esteem and mastery
influence support primarily through the projection of self-
perceptions. Self concept involves beliefs and emotions an
individual has about herself, while emotional support, as it
is assessed in this study, involves her perceptions of the
beliefs and emotions others have about her. Thus, to some
extent, emotional support may represent "reflected" self
concept. In any case, personal factors are clearly more

strongly linked to one's emotional support perceptions than to one's experience of instrumental support.

Women experience more emotional support than men but not more instrumental support. As discussed earlier, this is likely a function of the greater emphasis on intimacy and emotional expressiveness in female relationships. Similarly, confidant relationships, by their very nature, bolster emotional support but do not significantly contribute to instrumental support functions.

The single factor that appears to influence instrumental support in particular is employment status. While the true explanation for this cannot be determined, it is possibly related to the type and number of social ties one tends to acquires through the employment role. Specifically, employment may enable one to accumulate a considerable number of ties that are weaker than those considered within one's network of close friends but, nonetheless, diverse and helpful for instrumental support functions.

There is reason to believe that certain types of problems or objectives are better resolved or achieved through associations with weak ties (Granovetter, 1973). Lin (1986) points out that while successful expressive actions are more likely to occur through the use of strong ties, instrumental actions are probably better met through ties that are more diffuse and varied. That is, having access to large numbers of diverse social resources, resources that

are different from one's own, is likely to be more effective in achieving specific instrumental goals. Weak and dissimilar ties are more likely to provide access to a wide range of social resources than are strong and "homophilous" ties (Lin, 1986).

With this reasoning in mind, it is possible that the ties one acquires in the employment role are likely to be both more numerous and more diverse than those defined as "people you feel close to". Further, these different types of ties are themselves likely to have access to their own sets of social resources. Thus, having even weak ties with other employees can create "bridges" to other networks. Therefore, many of the ties acquired through employment may function to increase access to social resources that would otherwise be unavailable in one's network of close ties. While such ties may be important for acquiring instrumental support, they would not be effective in providing emotional support. The findings from this study support this contention.

Findings involving network determinants also suggest how the effectiveness of different support sources may depend on the type of support. Specifically, it appears that having large numbers of close friends and/or having frequent contact with them is more important for emotional support than having similar qualities in one's family network. These findings are consistent with other research showing that the proportion of relatives in the network is associated with

loneliness and reductions in support satisfaction (Vaux and Harrison, 1985; Stokes, 1983). As discussed earlier, it may be that friendships are experienced as more supportive than family relations because they are developed and maintained on a voluntary basis. While family relations are, to a large extent ascribed, friends are formed primarily from mutual attraction and admiration. Thus, friends may be more emotionally rewarding and esteem enhancing because their motivations are attributed to desire rather than obligation. Following this hypothesis, friendships should not have the same effect on instrumental functions, relative to family, since this type of support does not hold the same affective, esteem-related content. Indeed, the effects of family and friend contact on instrumental support were very similar in magnitude.

As a caveat, it should be remembered that family members who are living with the respondent (ie. spouse) are not included in the family network measures. One might expect that primary family ties, such as the marital relationship, are more likely to have qualities important for emotional support than are relatives who typically live outside the household.

The Issue of Measurement. A major problem in social support research concerns the issue of measurement. In addition to the numerous definitions and conceptualizations of social support scattered in the literature, there is an even more incredible array of support measures. Indeed, when trying to

integrate and understand the vast accumulation social support research, there appears to be almost as many measures as studies. The enormous variety of measures being used in this field makes it extremely difficult to interpret discrepant findings. For example, disparate results, even on the same sample, could emerge because the measures tap different support constructs, some measures tap the construct more reliably or accurately than others, or because the measures are affected by different sources of measurement error or bias.

While differences are not great, there are discrepant findings in this study that are also difficult to explain. These involve the two measures of emotional support used as outcome variables in this study: the modified Kaplan instrument and the Provisions of Social Relationships (PSR) measure. The most prominent differences in findings across these two measures include a greater number of independent relationships between socio-demographic factors and the PSR, and stronger associations between network quality factors and this same support measure.

Following the general conceptualization outlined by Cobb (1976), both emotional support measures focus on individuals' perceptions of support. In essence, these instruments are intended to measure the clarity or certainty with which individuals experience being loved, valued, and able to count on others should the need arise (Turner et.al, 1981). However, while the two measures are based on the

same general definition of support, they are operationalized differently and follow different measurement formats. The modified Kaplan uses a story identification technique in which respondents are asked to choose between characters portrayed in short vignettes. The PSR, on the other hand, is comprised of a series of item statements on which respondents rate their agreement or disagreement using a Likert response scale.

Given these different measure formats, it is possible the discrepant findings are simply artifacts of the measurement techniques. That is, the different methods for asking the questions may have different sources of measurement error. For example, measurement techniques may vary in how "sensitive" they are to respondents of lower education or respondents in older age categories. They could also differ in how they are influenced by transient mood states, fatigue or response sets. Indeed, even placing the measures at different points in the questionnaire can introduce measurement bias.

In addition to different measurement techniques, the two emotional support measures are somewhat different in content. Specifically, while the Kaplan does not consist of specified dimensions, the PSR was intended to measure a number of distinct support functions. Further, while the vignettes comprising the Kaplan measure do not refer to specific social relationships (the term "people" is used),

the PSR consists of a mixture of items that refer specifically to friend and family sources of support.

Whether the discrepant findings in this study are a result of variations in the content of the two instruments or differences in the measurement formats cannot be determined from these analyses. Indeed, they may not reflect either of these problems. Disparate results may simply represent random measurement error inherent in most social science measures. In any case, while it is beyond the scope of this study, future research using these measures may benefit from exploring possible variations in the content of the two measures, as well as format related measurement bias.

Future Research and Policy Implications. This study suggests the importance of considering social support within a complex causal network. Social support experiences can be influenced by social-structural factors, stressful circumstances, psychological distress, personal resources of the recipient and network resources in the environment. While this study was essentially exploratory, it does suggest some directions for future research.

For example, it would be useful to further explore the social and cognitive processes by which objective support resources become translated into perceptions of social support. Longitudinal studies assessing the reciprocal links between support and psychological factors, such as depression, self concept and personality dispositions is

essential for ultimately understanding the processes by which these factors come to influence health. Some findings suggest the need to look more closely at the "micro-processes" that underlie the acquisition of social support. For example, it may be useful to examine the giving and getting of support within more intimate primary relationships, to better understand how these two functions can become intertwined and mutually reinforcing. Further examination of the effects of weak and strong ties on different functions of support, and the circumstances by which they are acquired, are also worth further attention. In order for future research to identify determinants of social support in greater depth than was possible in the present study, it is important that the measures include specific sources and type dimensions. By specifying narrower models that incorporate more refined dimensions of support, one can more precisely identify the processes by which individuals come to experience social support. Finally, future research would benefit from the inclusion of received support, in addition to perceived support measures, in order to assess the links between support availability, actual support-related behavior and subjective appraisals of support.

Clearly, research in the area of social support and health has gained considerable attention and appeal among social and health scientists. While the field certainly merits attention on scientific grounds alone, some of its

appeal rests in its potential for public policy. That is, if social support enhances health and reduces negative effects of stress, it could possibly be used as a method for intervention. Indeed, unlike many other factors that influence health, social support, as an environmental influence, can potentially be modified. Thus, at least in theory, social support holds some promise as a strategy in public health policy.

A few insights concerning social policy can be ascertained from the current study. For example, findings suggests that efforts to promote health and well-being by increasing social support should begin with an assessment of personal resources. Individual's positions in the social structure, the roles they occupy and the characteristics of their current social network should also be taken into account to help determine specific support deficiencies and needs.

Focusing on the benefits of social networks would have different implications for intervention than would concentrating on the negative influences of networks. The first suggests augmenting positive interactions, perhaps by enlarging peer networks or introducing confidants into the network. For example, support groups could be formed among individuals whose supports are inadequate or para-professional counselors could be provided to individuals who lack confiding relationships. The second focus suggests reducing negative interactions among existing network

members, perhaps by decreasing contact with troublesome sources or by implementing group therapy programs. In either case, research on support determinants can provide some ideas on designing public policy interventions.

While the potential to modify support seem promising, there is much to be discovered before social support can be consistently and effectively integrated into public policy. First, while this study has attempted to identify the types of factors that influence naturally occurring social support, there is no guarantee that such factors can be simulated or artificially induced into people's lives. One cannot simply assign friends to people, appoint them confidants, or command their network to be more supportive. Further, implementing formal support groups and extending professional counselling may not have the same effects on support perceptions or the same consequences for health as informal or naturally occurring resources.

Second, while the current study may be helpful in identifying individuals who are at risk for experiencing support deficiencies, one must also have knowledge of exactly how support would be beneficial once it is acquired. This inevitably will depend on the problem being confronted and the type of support being extended. Thus, in addition to identifying those with support problems and the factors responsible for those deficiencies, successful intervention would also require: identifying target populations that could benefit most from increases in support, such as those

experiencing elevated levels of stress; identifying the types and sources of support most effective in alleviating the particular stressors being experienced; and devising strategies for effectively enhancing social support. Such strategies may need to include means for reinforcing support determinants (such as those identified in this study) that tend to exist naturally in people's lives. That is, it may be especially useful to develop interventions that not only provide formal support but that do so in ways that strengthen the development of natural support networks.

While this study has not provided conclusive evidence on the factors that promote and inhibit social support, it is hoped that it has given some insights and directions for future research and policy development.

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APPENDICES

TABLE A: Zero-Order Correlation Coefficients Among All Sociodemographic, Personal, Situational, Network and Social Support Variables (p < .05)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1.Age	1.0																									
2.Gender	NS	1.0																								
3.Education	-.30	.08	1.0																							
4.Single	-.17	.18	.18	1.0																						
5.Divorced	-.08	NS	NS	NS	1.0																					
6.Widowed	.39	.25	-.09	-.11	-.10	1.0																				
7.Employ. Status	-.59	-.19	.21	NS	.10	-.29	1.0																			
8.Esteem	-.16	-.11	.11	NS	.09	-.11	.18	1.0																		
9.Mastery	-.21	-.22	NS	.09	NS	-.09	.20	.43	1.0																	
10.Empathy	-.24	.33	.20	NS	.08	-.07	.12	.08	.13	1.0																
11.Masc.-Femin.	NS	NS	.14	NS	.11	NS	.21	.39	.32	.13	1.0															
12.Financial Strain	-.19	NS	-.07	NS	.09	-.07	.10	-.10	-.12	NS	-.09	1.0														
13.Role Loss	NS	.07	NS	.09	NS	NS	-.07	-.10	NS	NS	.19	.16	1.0													
14.Life Events	-.44	.13	.14	NS	.08	-.12	.21	NS	NS	NS	.18	NS	.16	1.0												
15.Network Events	NS	NS	.14	NS	.11	NS	NS	-.07	NS	NS	.10	NS	NS	.10	1.0											
16.Network Size	-.10	-.12	NS	NS	NS	-.07	.11	-.10	NS	NS	.12	NS	.07	.08	.10	1.0										
17.Prop. Family	-.12	NS	-.13	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	.19	.19	1.0									
18.Network Contact	NS	.14	-.14	NS	.12	.12	NS	NS	.11	NS	NS	.07	.08	.12	.07	.08	1.0									
19.Prop. cont. w/fam.	.10	-.15	-.08	NS	NS	NS	-.10	NS	NS	NS	NS	.07	.07	.64	.21	1.0										
20.# Volun. Organiz.	NS	NS	.26	NS	-.07	NS	.08	.08	.07	NS	.13	-.08	NS	NS	NS	NS	-.07	1.0								
21.Neg. Fam. Inter.	-.42	.12	.12	NS	NS	NS	.22	-.13	-.15	.12	-.08	-.07	.13	.27	.11	NS	NS	-.07	1.0							
22.Neg. Friend Inter.	-.29	.09	.13	NS	NS	-.11	.22	-.09	-.08	-.08	-.10	.08	NS	.14	.08	.11	NS	NS	.10	.49	1.0					
23.# Confidants	NS	.16	.09	NS	NS	NS	.10	.07	.07	.10	.08	NS	NS	-.12	.07	.07	-.09	.15	.15	NS	NS	1.0				
24.Instr. Support	NS	NS	NS	NS	NS	NS	.11	.15	.15	.11	.12	-.08	NS	NS	.07	NS	NS	.15	NS	-.11	-.11	.08	1.0			
25.Kaplan Support	NS	.13	.10	NS	NS	NS	.20	.36	.33	.21	.31	-.11	NS	NS	.19	NS	NS	-.13	-.22	.11	NS	-.15	.19	.30	1.0	
26.PSR Support	NS	.10	NS	NS	NS	NS	.11	.34	.32	.19	.22	-.11	NS	NS	-.12	.07	-.09	.24	.08	NS	NS	-.26	.32	.34	.51	1.0

Perceived Social Support Measures

Modified Kaplan

We would like to know your thoughts and feelings about yourself and the people who matter to you. After reading each set of descriptions, please tell me which description best applies to you.

DEBBIE	LESLIE	ROBIN
People are devoted to Debbie and love her. They always support her, listen to her and sympathize with her. They care about her a lot.	People are usually fond of Leslie. They can be sympathetic, but do not always listen to her or support her.	People are not devoted to Robin. They do not support her, listen to her or sympathize with her. They do not care about her or love her.

7.1 Check one.

☐   ☐   ☐   ☐   ☐

I'm like Debbie.   I'm halfway between Debbie and Leslie.   I'm like Leslie.   I'm halfway between Leslie and Robin.   I'm like Robin.

JANE	SONIA	VIKI
People rarely let Jane know that she is wanted. She does not really make a difference to them and they are rarely concerned about her. She does not matter to them.	People sometimes let Sonia know that she matters. Sometimes they think that she makes a difference to them.	People constantly let Viki know that she is wanted. She really makes a difference to them. They are concerned about her and she matters.

7.2 Check one.

☐   ☐   ☐   ☐   ☐

I'm like Jane.   I'm halfway between Jane and Sonia.   I'm like Sonia.   I'm halfway between Sonia and Viki.   I'm like Viki.

MICHELLE	JILL	PAULA
People always think that Michelle is a friend. They like talking with her and spending a lot of time with her. She always has lots of people around. She is seldom alone.	Jill has friends and is a good person to be with, but she isn't always surrounded by people.	Paula is mostly alone. She rarely sees people or spends time with them. She is most often by herself.

7.3 Check one.

☐   ☐   ☐   ☐   ☐

I'm like Michelle.	I'm halfway between Michelle and Jill.	I'm like Jill.	I'm halfway between Jill and Paula.	I'm like Paula.

JENNY	DELORES	SHELLEY
Jenny rarely has a close friend that she can count on. She does not know that they will always be there for her to lean on and she does not support them.	Delores sometimes has a close friend who is there for her and who she can count on.	Shelley always has a close friend that she can count on. She does not have to worry about whether they will be there for her to lean on. She gives them the same support.

7.4 Check one.

☐   ☐   ☐   ☐   ☐

I'm like Jenny.	I'm halfway between Jenny and Delores.	I'm like Delores.	I'm halfway between Delores and Shelley.	I'm like Shelley.

CARRIE	RHODA	SHARON
People believe that Carrie will make the right decisions and do the right things. They have confidence and faith in her.	Some people have confidence and faith in Rhoda. Sometimes they think that she will make the right decisions and do the right things.	People rarely believe that Sharon will make the right decisions or do the right things. They hardly ever have confidence in her.

7.5 Check one.

☐   ☐   ☐   ☐   ☐

I'm like Carrie.   I'm halfway between Carrie and Rhoda.   I'm like Rhoda.   I'm halfway between Rhoda and Sharon.   I'm like Sharon.

ANNE	JULIE	MARY
Anne rarely spends time with other people. When she wants to do things, she hardly ever has anyone to do things with her.	Julie sometimes spends time with other people. When she wants to do things, sometimes there are other people around to do things with her.	Mary is almost always with other people. Whenever she wants to do things, she knows that one or another of her friends will be there to do things with her.

7.6 Check one.

☐   ☐   ☐   ☐   ☐

I'm like Anne.   I'm halfway between Anne and Julie.   I'm like Julie.   I'm halfway between Julie and Mary.   I'm like Mary.

RUTH	GILLIAN	JEAN

Ruth knows that people care a lot about her. She has their attention and support.

Gillian sometimes has people's attention and support. She sometimes feels that they care about her.

Jean is uncertain that people care about her. She gets little attention or support.

7.7 Check one.

☐ I'm like Ruth.

☐ I'm halfway between Ruth and Gillian.

☐ I'm like Gillian.

☐ I'm halfway between Gillian and Jean.

☐ I'm like Jean.

PHYLLIS	MARTHA	TINA

Phyllis is rarely admired and praised. There are very few people who think Phyllis is important and worthy.

Martha is sometimes admired and praised by some people. She is not always being reminded of her worth.

Tina is constantly being admired by people. They always praise her and think that she is important and worthy.

7.8 Check one.

☐ I'm like Phyllis.

☐ I'm halfway between Phyllis and Martha.

☐ I'm like Martha.

☐ I'm halfway between Martha and Tina.

☐ I'm like Tina.

BETH	FAYE	KAREN
Beth does not have a lot of different people she can lean on. She does not belong to a group of people who know each other and who would help one another when needed.	Faye sometimes has people she can lean on. She belongs to a group of people who sometimes help one another when needed.	Karen knows that there are a lot of different people she can lean on. She belongs to a group of many people who know each other and who always help one another out when needed.

7.9 Check one.

☐	☐	☐	☐	☐
I'm like Beth.	I'm halfway between Beth and Faye.	I'm like Faye.	I'm halfway between Faye and Karen.	I'm like Karen.

Provisions of Social Relationships (PSR)

Now I would like to know something about your relationships with other people. For each of the statements I read to you please use the scale on this page to tell me the number of the category that best describes you.

1. very much like me
2. much like me
3. somewhat like me
4. not very much like me
5. not at all like me

a) When I'm with my friends
I feel completely able to
relax and be myself.   1   2   3   4   5

b) I share the same approach to
life that most of my family and
friends do.   1   2   3   4   5

c) People who know me trust me and respect me.   1   2   3   4   5

d) No matter what happens, I know that my
family will always be there for me should I
need them.   1   2   3   4   5

e) When I want to go out to do things I know
that many of my friends would enjoy doing
these things with me.   1   2   3   4   5

f) I have at least one person that I could tell
anything to.   1   2   3   4   5

g) Sometimes I'm not sure if I can completely
rely on my family and friends.   1   2   3   4   5

h) People close to me let me know they think I'm
a worthwhile person.   1   2   3   4   5

i) I feel very close to some of my friends.   1   2   3   4   5

1. very much like me
2. much like me
3. somewhat like me
4. not very much like me
5. not at all like me

j) People in my family have confidence in me. 1 2 3 4 5

k) There are some problems that I can't share
with anyone. 1 2 3 4 5

l) People close to me provide help in finding
solutions to my problems. 1 2 3 4 5

m) My friends would take the time to talk over
my problems, should I ever want to. 1 2 3 4 5

n) I know my family will always stand by me. 1 2 3 4 5

o) Even when I am with my friends I feel alone. 1 2 3 4 5

Instrumental Support

Most of us need various kinds of assistance from time to time. Thinking about family members or friends who <u>do not live with you</u>, how likely is it that they would:

           1. very likely
           2. likely
           3. not sure
           4. unlikely
           5. very unlikely

Look after your home/apartment (pets, plants etc.) while you are away?	1	2	3	4	5
Loan you over $100.00?	1	2	3	4	5
Help you to do things such as house or car repairs, painting, moving?	1	2	3	4	5
Loan you things such as tools, equipment, household items, car etc.?	1	2	3	4	5
Provide you with a place to stay if you needed one?	1	2	3	4	5
Drive you somewhere if you needed a ride?	1	2	3	4	5

Sometimes people feel uncomfortable asking for these kinds of help even though they believe that they would receive it. How difficult would it be for you to ask for these kinds of help? Would it be:

           1. impossible
           2. very difficult
           3. somewhat difficult
           4. a little difficult
           5. not at all difficult

Social Network: Family

Now, let me ask you some questions about your family and relatives <u>who do not live with you.</u>

Not counting family members or relatives whom you live with, about how many live nearby, say within an hour's drive?

_____   **IF NONE GO TO QUESTION**
RECORD NUMBER

How often do you see them or talk to them on the phone?

     1. daily
     2. once or twice a week
     3. once or twice a month
     4. once or twice a year
     5. I hardly ever see them or talk to them

How many of them could come to your home at any time and no one would be embarassed if the house were untidy or you were in the middle of a meal?

_____
RECORD NUMBER

How many family members or relatives could you visit without waiting for an invitation? You could arrive without being expected and still be sure that you would be welcome?

_____
RECORD NUMBER

Social Network: Friends

Now, I'd like to ask you some questions about your friends. Try to keep in mind those people whom you feel close to rather than those people who are just acquaintances.

(Not counting the friends whom you live with) About how many live nearby, say within an hour's drive?

_____   IF NONE, GO TO QUESTION
RECORD NUMBER

How often do you see them or talk to them on the phone?

    1. daily
    2. once or twice a week
    3. once or twice a month
    4. once or twice a year
    5. I hardly ever see them or talk to them

How many friends could come to your home at any time and no one would be embarassed if the house were untidy or you were in the middle of a meal?

_____
RECORD NUMBER

How many friends could you visit without waiting for an invitation? You could arrive without being expected and still be sure that you would be welcome?

_____
RECORD NUMBER

Social Participation

Now, I would like to ask you some questions about clubs or organizations you may belong to.

A. Do you belong to one or more _____?
[TYPE]

IF YES, ENTER NUMBER OF GROUPS
IF NO, ENTER 0

B. (Taking into account all of these _____,) how many times
[TYPE]
per year do you take part in meetings and functions?

	TYPE	ACTIVITY	A NUMBER	B TIMES/ YEAR
a)	CHURCH RELATED GROUP	Board/standing committee Mens'/Womens' group Voluntary service (choir, usher)		
b)	JOB RELATED ASSOCIATION	Farmers' Organization Business or Professional Organization Labour Union		
c)	RECREATIONAL	Bowling League Womens Club Card Club Golf Club		
d)	FRATERNAL-SERVICE	Mason's or Eastern Star Service Club (Lions or Rotary) Hospital Auxiliary		
e)	CIVIC-POLITICAL	Parent-Teachers Association Political Party Club Chamber of Commerce		
f)	OTHER ORGANIZATIONS	Adult leader of a youth group (Boy Scouts, Brownies) Veterans' Organizations, Board member of a Community Agency		

Confidant Relationship

Among all your family <u>and</u> friends, is there someone in whom you can confide and with whom you can share your most private thoughts?

      1. no   GO TO QUESTION
      2. yes - What is this person's relationship to you?_____
           Is the person male/female? _____

If that particular person wasn't available for some reason, is there someone else who you could confide in?

      1. no
      2. yes - What is this person's relationship to you?_____
           Is the person male/female? _____

How much can you really open up to (him/her/these people) without having to hold back on your feelings? Would you say:

      1. a great deal
      2. quite a bit
      3. some
      4. a little
      5. very little if at all

Quality of Interaction: Family

Spending time with <u>family and relatives</u> including those you may live with, is often pleasant and rewarding, but there are also times when negative things can happen. Please tell me the number of the category that best describes how often your family and relatives do the following things.

1. never or almost never
2. seldom
3. sometimes
4. often

How often do they:

listen to you when you need to talk about any problems you might have?	1	2	3	4
get on your nerves?	1	2	3	4
make too many demands on you?	1	2	3	4
express interest in your well-being?	1	2	3	4
create tensions or arguments while you are around them?	1	2	3	4
comfort you when you need it?	1	2	3	4
make you feel that they care about you?	1	2	3	4
make you feel like they are taking advantage of you?	1	2	3	4

Quality of Interaction: Friends

The same kinds of positive and negative things can happen with your <u>friends</u>, including any whom you might live with. How often do your friends:

1. never or almost never
2. seldom
3. sometimes
4. often

listen to you when you need to talk about any problems you might have?	1	2	3	4
get on your nerves?	1	2	3	4
make too many demands on you?	1	2	3	4
express interest in your well-being?	1	2	3	4
create tensions or arguments while you are around them?	1	2	3	4
comfort you when you need it?	1	2	3	4
make you feel that they care about you?	1	2	3	4
make you feel like they are taking advantage of you?	1	2	3	4

Personality: Sex Role--Masculinity/Femininity

These items inquire about what kind of a person you think you are. Each item consists of a pair of characteristics with the numbers 1 - 5 in between. For example:

Not at all artistic   1 2 3 4 5   Very artistic

Each pair describes contradictory characteristics — that is, you cannot be both at the same time, such as very artistic and not at all artistic.

The numbers form a scale between the two extremes. You are to choose a number which describes where you fall on the scale. For example, if you think you have no artistic ability, you would choose 1. If you think you are pretty good, you might choose 4. If you are only medium, you might choose 3, and so forth.

a)	Not at all aggressive	1	2	3	4	5	Very aggressive
b)	Not at all independent	1	2	3	4	5	Very independent
* c)	Not at all excitable in a major crisis	1	2	3	4	5	Very excitable in a major crisis
* d)	Feelings not easily hurt	1	2	3	4	5	Feelings very easily hurt
* e)	Can make decisions easily	1	2	3	4	5	Has difficulty making decisions
f)	Gives up very easily	1	2	3	4	5	Never gives up easily
g)	Not at all self-confident	1	2	3	4	5	Very self-confident
h)	Not at all understanding of others	1	2	3	4	5	Very understanding of others
i)	Very cold in relations with others	1	2	3	4	5	Very warm in relations with others
j)	Goes to pieces under pressure	1	2	3	4	5	Stands up well under pressure

* items dropped

Personality: Empathy

Now, I'm going to read you a series of statements that people might use to describe themselves. Please listen to each statement carefully and tell me how well it describes **you** by selecting one of these categories.

How much like you is each sentence? Is it:

1. very much like me
2. much like me
3. somewhat like me
4. not very much like me
5. not at all like me

a) I tend to get emotionally involved with friends' problems. 1 2 3 4 5

b) I don't get upset because a friend is troubled. 1 2 3 4 5

c) When a friend starts to talk about his or her problems, I try to steer the conversation to something else. 1 2 3 4 5

d) Sometimes I don't feel very sorry for other people when they are having problems. 1 2 3 4 5

e) Other people's sorrows do not usually disturb me a great deal. 1 2 3 4 5

f) I am usually aware of the feelings of other people. 1 2 3 4 5

g) I feel that other people ought to take care of their own problems themselves. 1 2 3 4 5

h) Many times I have felt so close to someone else's difficulties that they seemed as if they were my own. 1 2 3 4 5

Life Events
_____

Now I'd like to ask you about experiences that people sometimes have. Some of these things happen to most people at one time or another, while some happen to only a few people. I'd like to know about things that have happened <u>over the past year</u>.

INTERVIEWER: ENTER APPROPRIATE EVENT LETTER, DESCRIPTIVE INFORMATION AND TO WHOM THE EVENT OCCURRED IN PANEL A OF GRID. FOR ANY EVENT THAT OCCURRED TO MORE THAN ONE PERSON, CONSIDER THE EVENT AS SEPARATE OCCURRENCES AND ASK A THROUGH F FOR EACH PERSON. THE TOTAL NUMBER OF ENTRIES IN THE GRID MUST EQUAL THE TOTAL NUMBER OF EVENTS CIRCLED.

First, I'd like to ask about some things that happened <u>to you, or to anyone close to you</u> (that is your spouse, children, family, relatives or close friends). Please tell me which of the following experiences happened <u>to you or someone close to you</u> in the past 12 months.

INTERVIEWER: FOR EACH POSITIVE RESPONSE, ASK TO WHOM THE EVENT OCCURRED (RESPONDENT, SPOUSE, CHILDREN, RELATIVES/CLOSE FRIENDS). CIRCLE APPROPRIATE NUMBER.

		<u>Resp</u>	<u>Spouse</u>	Children	Relatives/ Friends	<u>No</u>
a)	was there a serious accident or injury?	1	2	3	4	0
b)	was there a serious illness?	1	2	3	4	0
c)	a marital separation or divorce?	1	x	3	4	0
d)	were there continuous financial worries?	1	2	3	4	0
e)	was there a major financial crisis?	1	2	3	4	0
f)	was there trouble with the law?	1	2	3	4	0

Now I'd like to ask you just about <u>your family</u>. Please tell me which of the following occurred to <u>you, your spouse or children in the past twelve months.</u>

INTERVIEWER: FOR EACH POSITIVE RESPONSE, ASK WHO THE EVENT HAPPENED TO AND CIRCLE APPROPRIATE NUMBER.

		<u>YES</u>		<u>NO</u>
	<u>Resp</u>	<u>Spouse</u>	<u>Children</u>	
g) was there a pregnancy?	1	2	3	0
h) was there an abortion, miscarriage or still birth?	1	2	3	0
i) a child died?	1	x	3	0
j) a spouse died?	1	x	3	0
k) a close family member died?	1	2	3	0
l) a close friend died?	1	2	3	0
m) a close relationship was broken off?	1	2	3	0

Now, I'd like you to think just about <u>you and your spouse.</u> Please tell me which of the following occurred <u>to you or to your spouse in the past twelve months.</u>

INTERVIEWER: FOR EACH POSITIVE RESPONSE, ASK IF IT HAPPENED TO THE RESPONDENT OR SPOUSE AND CIRCLE THE APPROPRIATE NUMBER

		<u>YES</u>	<u>NO</u>
	<u>Resp</u>	<u>Spouse</u>	
Have you or your spouse:			
n) experienced a continuous threat of lay off from work?	1	2	0
o) been downgraded or demoted at work?	1	2	0
p) started a completely different type of job?	1	2	0
q) been fired or laid off ?	1	2	0
r) had a business that failed?	1	2	0

Have you or your spouse:

		YES	NO
	Resp	Spouse	
s) experienced a big change in the people, duties or responsibilities at work?	1	2	0
t) had troubles or arguments or other difficulties with people at work?	1	2	0
u) retired or resigned?	1	2	0

Now, I'd like to ask about some things that happened to you personally. Please tell me which of the following experiences you have had in the past 12 months.
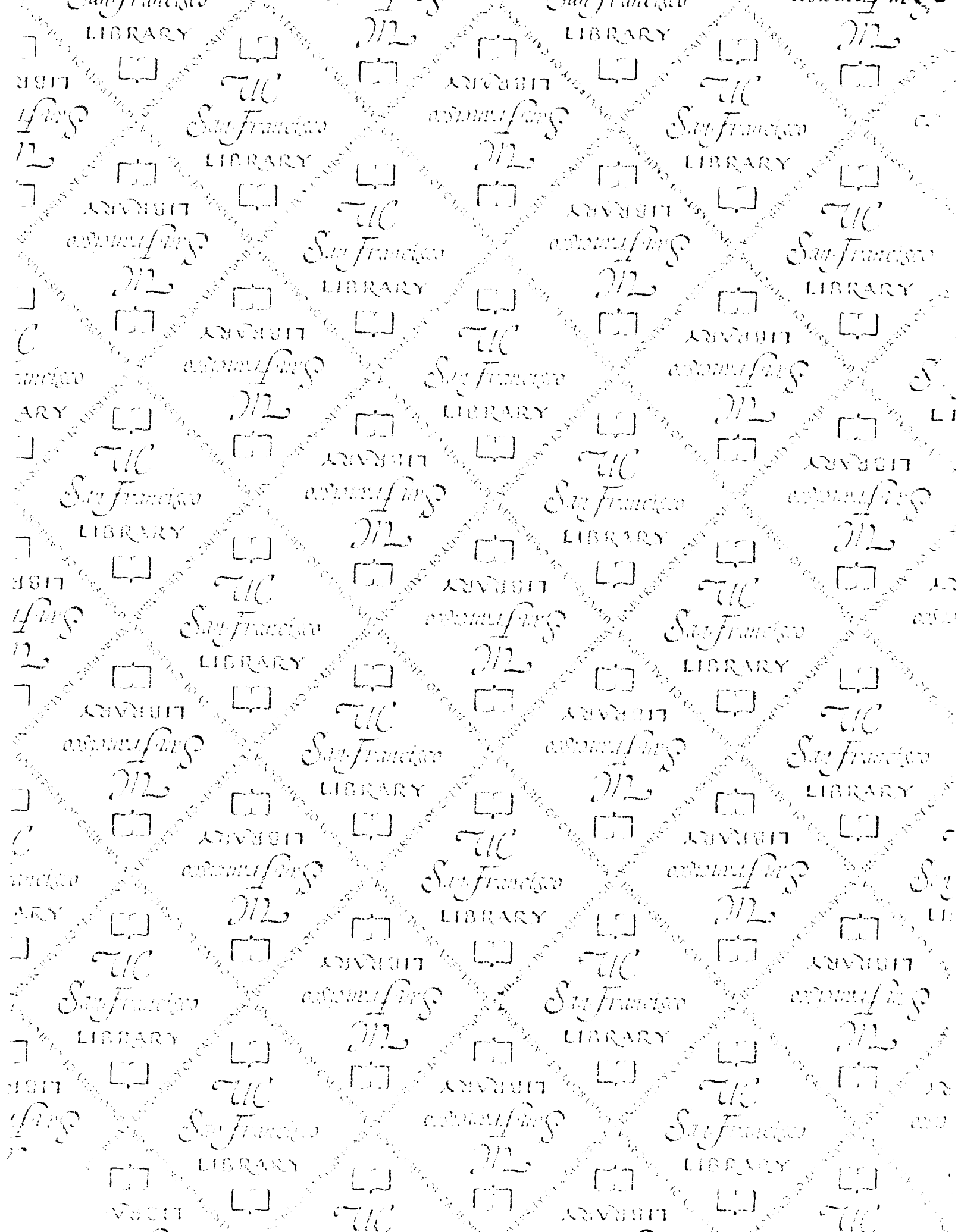
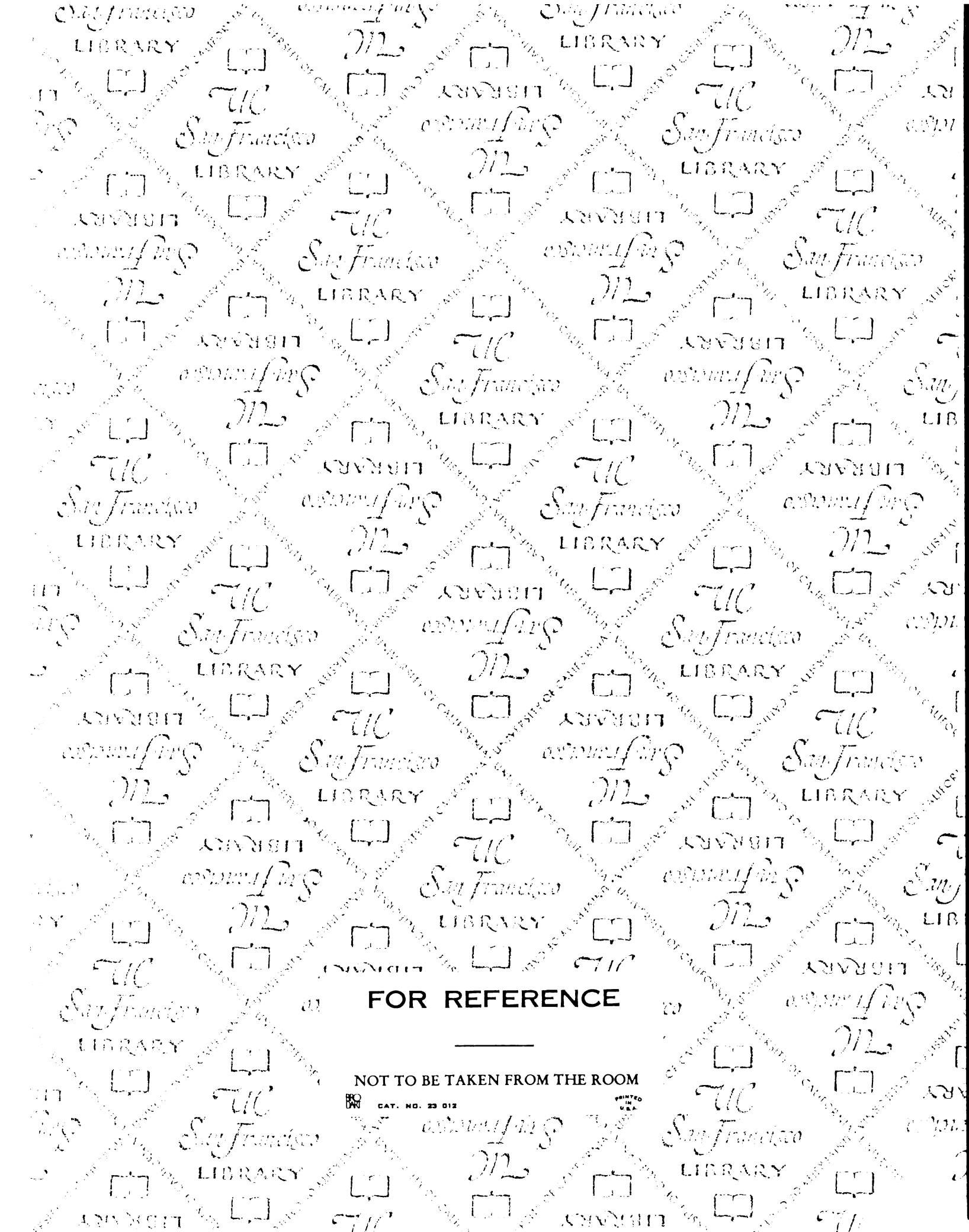INTERVIEWER: CIRCLE APPROPRIATE NUMBER

	YES	NO
v) did you get together again after a marital separation?	1	0
w) were there increasing serious arguments with your spouse or other household member?	1	0
x) were there serious problems in your relationship with a close friend, relative or neighbour not living in your home?	1	0
y) was the behaviour of one of your parents a problem for you?	1	0
z) was the behaviour of your spouse a problem for you?	1	0
aa) was the behaviour of one of your children a problem for you?	1	0
bb) did you end an engagement?	1	0
cc) were you separated from someone else close to you?	1	0
dd) did you move to a new neighbourhood or to a new town?	1	0
ee) did you go on welfare?	1	0

Financial Strain

When you think of your financial situation overall, how difficult would you say it is to meet each of the following commitments? Would you say that _____ [ITEM a-e] tends to be very difficult, somewhat difficult, or not at all difficult?

		very difficult	some-what difficult	not at all difficult
a.	housing	1	2	3
b.	food	1	2	3
c.	personal expenses	1	2	3
d.	transportation	1	2	3
e.	medical expenses	1	2	3
f.	Is there any other commitment that is difficult to meet? _____ SPECIFY	1	2	3