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Social Support Theory and Measurement

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The intent of this chapter is to provide researchers with the background to make informed decisions when selecting measures of social support. Our premise is that these decisions should be informed by theories of how social relationships influence health and well-being. More generally, social support research should have a basis in theories about how social relationships influence our cognitions, emotions, behaviors, and biology.

Our approach is to present brief overviews of three important theoretical perspectives on social support research: (1) the stress and coping perspective, (2) the social constructionist perspective, and (3) the relationship perspective. The stress and coping perspective proposes that support contributes to health by protecting people from the adverse effects of stress. The social constructionist perspective proposes that support directly influences health by promoting self-esteem and self-regulation, regardless of the presence of stress. The relationship perspective predicts that the health effects of social support cannot be separated from relationship processes that often co-occur with support, such as companionship, intimacy, and low social conflict. Brief summaries of these perspectives are presented in Table 2.1.

It is the premise of this chapter that any statement about social support mechanisms must be qualified by the fact that many different interpersonal processes and constructs have been included under the rubric of social support and that each of these has its own unique association with health (Heller & Swindle, 1983).
Table 2.1  Summary of Theoretical Perspectives on Social Support

<table>
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<th>Perspective</th>
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<th>Aspect of Support Emphasized</th>
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<th>Support Operates</th>
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<tr>
<td>Supportive actions</td>
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<td>Supportive behaviors provided by others</td>
<td>Reports or observations of supportive behaviors</td>
<td>by promoting coping</td>
<td>Stress buffering</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Stress and coping theory and research</td>
<td>Perceived availability of actual support</td>
<td>Perceptions of availability of specific types of support</td>
<td>by promoting less negative appraisals of stress</td>
<td>Stress buffering</td>
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<tr>
<td>Social cognition</td>
<td>Experimental social psychology; Pragmatist Philosophy</td>
<td>Global, evaluative cognitive representation of others</td>
<td>Global evaluations of support quality or availability</td>
<td>by influencing evaluations of self and others</td>
<td>Main effects</td>
</tr>
<tr>
<td>Symbolic interaction</td>
<td>Sociology; Pragmatist Philosophy</td>
<td>Social roles</td>
<td>Social roles</td>
<td>by providing identity</td>
<td>Main effects</td>
</tr>
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<td>Relationships</td>
<td>Research in personal relationships</td>
<td>Companion-ship, undermining, intimacy</td>
<td>Various</td>
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<td>Main effects</td>
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For example, perceptions of available support, actual help received, seeking support and network characteristics (e.g., size, social integration, and social density) are at best moderately correlated and appear to represent different constructs (Barrera, 1986; Cohen & Wills, 1985; Dunkel-Schetter & Bennett, 1990; Heller & Lakey, 1985; Lakoy & Drew, 1997; Sarason, Sarason, & Pierce, 1990). Thus, theories about support’s relations to health must consider the diversity of constructs in the literature and how each uniquely influences health.

THE STRESS AND COPING PERSPECTIVE

The most influential theoretical perspective on social support hypothesizes that support reduces the effects of stressful life events on health (i.e., acts as a stress buffer) through either the supportive actions of others (e.g., advice, reassurance) or the belief that support is available. Supportive actions are thought to enhance coping performance (Figure 2.1), while perceptions of available support lead to appraising potentially threatening situations as less stressful (Figure 2.2). This perspective is linked closely with research and theory on stress and coping (Laz-
Figure 2.1 The supportive actions approach predicts that received support enhances coping, which buffers the relation between stress and health outcomes.

Supportive Actions

The stress-support matching hypothesis (Cohen & McKay, 1984; Cutrona & Russell, 1990) is perhaps the most explicit statement of how supportive actions should promote coping. The hypothesis is that social support will be effective in promoting coping and reducing the effects of a stressor, insofar as the form of assistance matches the demands of the stressor. According to this view, each stressful circumstance places specific demands on the affected individual. For example, having someone lend you money may be useful in the face of a temporary job loss but useless in the face of the death of a friend. Similarly, having companions and confidants might be extremely useful when addressing the loss of a friend but less helpful when faced with a sudden economic demand.

Appropriate measures of social support

Because this perspective emphasizes the actual assistance provided by others during stress, studies of these processes focus on measures of received support described in chapters 4 and 5. They include instruments in which respondents report the frequency of the support they received over a given period of time in...
Figure 2.2. The appraisal perspective predicts that beliefs in the availability of support (perceived support) influence appraisals of stressful situations, which buffers the effects of stress on health outcomes.

response to either specified (e.g., Cohen & Lichtenstein, 1990; Coriell & Cohen, 1995) or unspecified stressful events (e.g., Barrera, Sandler, & Ramsey, 1981). Measures have also been developed in which observers count the number of supportive behaviors provided in a given interaction (e.g., Cutrona, Suhr, & MacFarlane, 1980; Heller & Lakey, 1985); or rate the quality of an observed interaction (e.g., DeGarmo & Forgatch, 1997). Inappropriate in this context are measures of perceived support that ask for subjective and global evaluations of social support quality or availability (Sarason, Sarason, & Pierce, 1990).

Hypothesized mediators and analytic issues

Because this perspective predicts that supportive actions promote health and well-being by promoting coping, measures assessing coping efforts and styles should be included in studies of received support. A review of coping measures is beyond the scope of this book. However, a variety of measures of coping are available with extensive data on their reliability and validity (Endler & Parker, 1995; Moos & Schaefer, 1993; Ptacek & Gross, 1997). Some measures ask respondents to report the coping response used in response to a specific stressor (Folkman & Lazarus, 1988) Other measures ask respondents to report what they characteristically do to cope with stress (Carver, Scheier, & Weintraub, 1989). Another type of measure assesses individuals' skill in carrying out a given type of coping. For example, measures of social problem-solving skills have been developed in which respondents indicate how they would solve a social problem and trained judges rate the quality of these responses (e.g., Fisher-Beckfield &
McFall, 1982). The key issue is whether supportive actions alter coping styles or increase coping efforts.

Because this perspective predicts that received support promotes well-being by protecting people from the effects of stress, measures of stress should be included as well. Detailed reviews of the measurement of stress are provided elsewhere (Cohen, Kessler, & Gordon, 1995). However, note that the nature of the stress measure will differ depending on the type of sample under study. Life events checklists or interviews sample a wide range of potential stressors and would be appropriate for general community or college student samples (Turner & Wheaton, 1995; Wethington, Brown, & Kessler, 1995). Measures of stressor severity would be appropriate for samples that are defined by the occurrence of a specific stressor (e.g., caregivers of Alzheimer’s patients; Lawton, Moss, Kleban, Glicksman, & Rovine, 1991). People who receive more social support should display a weaker correlation between the amount of stress and health problems than those who receive less social support. The details of appropriate statistical tests of such stress-buffering effects can be found in Cohen and Wills (1985) and Cohen and Edwards (1989).

Because this perspective predicts that enhanced support protects people from stress by improving their coping performance, studies from this perspective should specifically examine such effects. In studies restricted to stressed populations (e.g., chronically ill, unemployed, caregiver for the elderly), analyses designed to test mediation can be used to examine the hypothesis that receipt of support influences health outcomes through its effects on coping (e.g., Baron & Kenny, 1986; Newcomb, 1990). Meditational testing is more complicated in designs that include both stressed and nonstressed control groups to test the stress-buffering hypothesis.

**Unresolved research issues**

Do measures of supportive actions adequately reflect the amount and quality of the social support received? The most common measures of supportive actions involve self-reports of how much support of various types has been received. However, several scholars have expressed disappointment that such measures have been poor predictors of perceptions of available support and of health (Barrera, 1986; Dunkel-Schetter & Bennett, 1990). This paradox may reflect the fact that receipt of support is often an indirect marker of the magnitude of stress experienced by the receiver (Barrera, 1986; Cohen & Wills, 1985). Although the amount of support received and the need for support are often confounded, some argue that more objective received support measures may reduce the degree of confounding. Measures of received support through behavioral observation have been developed (e.g., Cutrona et al., 1990; chapter 5). One goal of future research should be to compare behavioral observation to self-report measures.

Are support effects stronger if support is matched to the demands of the stressor? The stress-support matching hypothesis (Cohen & McKay, 1984; Cutrona & Russell, 1990) suggests that received support is more likely to predict outcomes
when the support is matched optimally to the demands of the stressor. To take this approach, investigators would first need to determine the demands each stressor presents. This determination could be done on theoretical grounds, by measuring study participants’ perceptions of demands, or by drawing on other empirical investigations. Measures of received support could then be tailored to reflect these demands. Ideally, one could show that received support that matched stressor demands moderated stressful events, but mismatched received support failed to buffer events (see Cohen & Hoberman, 1983; Tetzloff & Barrera, 1987; for examples of this approach).

How is support related to coping? Important research questions remain on the link between received support and coping. Although this perspective specifically predicts such a link, there have been surprisingly few studies examining the relation between received support and coping (e.g., Frazier, Tix, Klein, & Arikian, in press; Lakey & Heller, 1988; Manne & Zautra, 1989). (There are studies that examine links between perceived support and coping [e.g., Fondacaro & Moos, 1987; Holahan, Moos, & Bonin, 1997; Holahan, Moos, Holahan, & Brennan, 1997]; however, perceived and received support are distinct constructs with only a modest relation to each other.) Additional research on the effects of received support on coping is imperative. For example, does received support promote the initiation and maintenance of coping efforts? Do people change the way they cope in response to received support? What types of received support are most effective in positively influencing coping efforts and styles?

Appraisal

Alternatively, social support might protect persons against the adverse effects of stressors by leading them to interpret stressful situations less negatively (Figure 2.2; Cohen & Hoberman, 1983; Cohen & McKay, 1984). According to Lazarus and colleagues’ influential theory of stress and coping, how people interpret situations (i.e., appraisals) is very important in determining an event’s stressfulness (Lazarus, 1966; Lazarus & Folkman, 1984). There are two types of appraisals: primary and secondary. Primary appraisals involve judgments of whether the event is a threat. These judgments involve questions such as “Am I in trouble?” on dimensions such as harm-loss, threat, or challenge. Secondary appraisals involve evaluations of personal and social resources available to cope with the event. Such evaluations involve questions such as “What can I do about it?” More negative appraisals are hypothesized to lead to greater emotional distress (Lazarus & Folkman, 1984).

Cohen and Hoberman (1983; cf. Wethington & Kessler, 1986) hypothesized that the belief that support is available reduces the effects of stress by contributing to less negative appraisals. Consider the recent death of the husband of a frail elderly woman. A threatening primary appraisal might be “Now I am truly alone in the world.” A negative secondary appraisal might be “I won’t be able to take care of myself.” However, if the bereaved believed that she was surrounded by a group of loving, helpful, and committed people, these appraisals might be less threat-
enning. The primary appraisal might be modified to "I have lost my husband, but there are many dear people I am close to" and the secondary appraisal might be changed to "I can count on others to help me with shopping and home maintenance." According to Lazarus's theory, these revised appraisals should lead to less severe emotional reactions to the event. As with received support, perceptions of support availability should be most effective in altering appraisals if they counter the specific needs elicited by the stressful event (Cohen & Hoberman, 1983; Cohen & M. Kay, 1984).

**Appropriate measures of social support**

Because this perspective emphasizes beliefs in the availability of support, measures of perceived support are most appropriate for tests of this model (chapter 4). Measures of perceived support ask respondents to make evaluations of the quality or availability of different types of support. Testing the optimal matching hypothesis requires a measure of perceived support that distinguishes between different support functions (see chapter 4). For example, the Interpersonal Support Evaluation List (Cohen & Hoberman, 1983; Cohen, Marmelstein, Kamarck, & Hoberman, 1985) assesses perceptions of the availability of four different types of support: appraisal, belonging, esteem, and tangible support.

**Hypothesized mediators and analytic issues**

Because this perspective predicts that the beneficial effects of perceived support operate by influencing appraisal, a comprehensive test of this model would include appraisal measures. Unfortunately, there are few well-developed measures of the appraisal process (see review in Monroe & Kelley, 1995). Examples of existing measures include overall ratings of the extent to which life is stressful (Cohen, Kamarck, & Marmelstein, 1983) and ratings of specific life events on dimensions that correspond to primary and secondary appraisal (e.g., Peacock & Wong, 1990).

This perspective also predicts that perceived support operates by reducing the effects of stress. Thus, investigators should test buffering effects, which would require measures of life stressors. Furthermore, because the model hypothesizes that support buffers stress through appraisal processes, measures of appraisals should be included and mediational analyses conducted. This perspective predicts that higher levels of perceived social support should be associated with an attenuated relation between stress and poor health.

**Unresolved research issues**

*How is perceived support related to appraisal?* Although some studies have investigated links between perceived support and appraisal (e.g., Cohen & Hoberman, 1983; Dunkel-Schetter, Folkman, & Lazarus, 1987), relatively few have examined how beliefs in the availability of different types of support (e.g., tangible, belonging, or esteem support) are related to primary and secondary appraisals.
(Cohen & Hoberman, 1983; Dunkel-Schetter, Folkman, & Lazarus, 1987) Greater understanding of the link between perceived support and appraisal would be an important contribution.

Is perceived support more effective if it matches the demands of the stressor? The appraisal perspective predicts that beliefs about support will influence appraisals insofar as the perceived support matches the demands of the stressor (Cohen & Hoberman, 1983). Because this perspective emphasizes the role of appraisal in determining reactions to stressful events, stressor analyses should focus on appraisals. For example, events might be classified according to the extent to which they involve threats to self-esteem or activate appraisals that tangible resources are needed (Cohen & Hoberman, 1983).

If perceived support influences appraisals, does perceived support then indirectly influence coping? This research question would promote the integration of the supportive actions and appraisal perspectives. The appraisal perspective predicts that perceived support will influence appraisals. Lazarus’s stress and coping theory predicts that appraisals directly influence coping. If so, perceived support should influence coping.

THE SOCIAL CONSTRUCTIONIST PERSPECTIVE

Social cognition and symbolic interactionism provide an alternative perspective on social support. Although these two views differ in their recent intellectual tradition and methods, they share common origins in pragmatist philosophy and thereby share many core assumptions (Barone, Maddux, & Snyder, 1997). Based upon the pragmatic philosophy and social psychology of James, Dewey, and Mead, the perspective views reality, including social support and the self, as social constructions. Social constructions refer to the assumption that people’s perceptions about the world do not reflect ultimate reality. Instead, people construct theories and concepts about the world that reflect their social context (Dewey, 1917/1997). However, because there is frequently no clear social consensus, there are important individual and group differences in how people interpret their worlds (Kelly, 1969).

Applying the constructionist perspective to social support suggests new predictions and emphases not found in the stress and coping perspective. First, this perspective suggests that there may be no clear consensus across individuals or groups as to what constitutes supportive behaviors. Second, it predicts that the self and social world (including social support) are inextricably linked. In other words, the experience of “self” is largely a reflection of how one is viewed by others (Mead, 1934).

Social Cognition

One modern manifestation of social constructionism is social cognition (Barone et al., 1997), and several authors have applied social-cognitive thought to under-
standing social support (e.g., Lakey & Cassady, 1990; Lakey & Drew, 1997; Mankowski & Wyer, 1997; T. Pierce, Baldwin, & Lydon, 1997; Sarason, Pierce, & Sarason, 1990). This approach to social support draws heavily from social-cognitive theories of personality and psychopathology (e.g., Beck, Rush, Shaw, & Emery, 1979; Markus, 1977). Social-cognitive views of social support are concerned primarily with the perception of support. A major premise is that once a person develops stable beliefs about the supportiveness of others, day-to-day thoughts about social support are shaded to fit these preexisting beliefs. In comparison to those with low levels of perceived support, those with high levels should interpret the same behaviors as more supportive, have better memory for supportive behaviors, display greater attention to supportive behaviors, and be able to think about support with greater ease and speed (Baldwin, 1992; Lakey & Cassady, 1990; Lakey & Drew, 1997; Mankowski & Wyer, 1997; T. Pierce et al., 1997). Although “objective” characteristics of the social world have an influence on perceived support, perceived support is influenced more strongly by support recipients’ impressionistic understanding of supporters’ personality characteristics than by the actual support that is provided (Lakey, Ross, Butler, & Bently, 1996).

In explaining the mechanism by which social support is related to health, social-cognitive views of social support draw from cognitive models of emotional disorders (e.g., Beck et al., 1979). Negative thoughts about social relations are thought to overlap with and stimulate negative thoughts about the self, which, in turn, overlap with and stimulate emotional distress (Figure 2.3; Baldwin & Holmes, 1987; Lakey & Cassady, 1990; Sarason, Pierce, & Sarason, 1990). For example, there is evidence that perceived support is associated strongly with self-

![Figure 2.3](image-url)
evaluation (Barrera & Li, 1996; Lakey & Cassady, 1990; Maton, 1990; Rowlinson & Felner, 1988) and that priming cognitive representations of different social relations influences self-evaluation and emotion (Baldwin, Carrell, & Lopez, 1990; Baldwin & Holmes, 1987; Baldwin & Sinclair, 1986).

Appropriate measures of social support

Because social-cognitive models emphasize generalized beliefs about the supportiveness of others, general measures of perceived social support are the most appropriate. Chapter 4 discusses measures of perceived social support in detail. General measures of perceived support ask respondents to judge the availability or quality of social support from their social network.

Hypothesized mediators and analytic issues

Although one can derive stress-buffering predictions from the social-cognitive perspective, the most clear prediction is that the relation between perceived support and health does not depend on the level of stress. For example, a component of this approach is that negative thoughts about social relationships are themselves sufficient to elicit negative emotion (Beck et al., 1979). Because the social-cognitive perspective hypothesizes that perceptions of support availability influence thoughts about the self, measures of the self should be included, and mediational analyses should be conducted. A review of measures of self-evaluation is provided in Blascovich and Tomaka (1991).

Unresolved research issues

How do people make support judgments? The link between support perceptions and the actual help that people receive is not as straightforward as support researchers originally believed (Barrera, 1986; Lakey & Drew, 1997). A primary goal for future work in this area is to determine the processes involved in making judgments about the availability of social support. One approach has focused on the role of biases in the perception and memory of supportive people and actions that serve to perpetuate existing beliefs about support (see Lakey & Drew, 1997, for a review). More recent research has focused on how people combine information about supporters to make support judgments (Lutz & Lakey, 1999).

Which personal characteristics of supporters influence judgments of support? Basic research in person memory and judgment suggests that cognitive representations of others typically are dominated by trait concepts and global evaluations, rather than by memories of specific acts (Hastie & Park, 1986; Klein, Loftus, Traffon, & Fuhrman, 1992; Stull & Wyer, 1988). Support judgments may be influenced more strongly by the recipients' global evaluations of targets and views of the targets' personalities than by the memory of specific supportive actions. For example, Lakey, Ross et al. (1996) studied how judgments of target
personality and recipient-supporter similarity were related to judging targets’ supportiveness. These types of studies require measures of perceived support that refer to the supportiveness of specific persons. Pierce, Sarason, Sarason, Solky-Butzel, & Nagle’s (1997) Quality of Relationship Inventory was designed for such a purpose, and the Social Provisions Scale (Cutrona & Russell, 1987) has been adapted to study specific relationships as well.

However, the most important determinants of perceived support probably reflect the unique relation between support recipients and supporters (Kenny, 1994; Lakey, McCabe, Fasicaro, & Drew, 1996). How does supportiveness emerge from the unique pairing of some dyads but not others? Support recipients may use different information about targets in making support judgments (Lakey, Drew, & Sirl, 1999; Lutz & Lakey, 1999). For example, one support recipient may value no-nonsense advice, whereas another recipient may value humor. In addition, different recipients may elicit different supportive behaviors from the same targets. One support recipient may elicit more kindness from one set of targets than would another support recipient; the latter recipient may elicit more kindness from another set of targets. Addressing questions such as these requires a unique set of designs that go beyond the focus of this chapter (see Kenny, 1994; Lakey, McCabe et al., 1996).

How is perceived support related to the self? Another key research issue is the link between thinking about relationships and thinking about the self. Much of this work uses experimental methods whereby thinking about specific relationships activates different self-evaluations (Baldwin & Sinclair, 1996; Baldwin et al., 1990). However, it is possible to investigate links between the self and relationships with correlational methods. For example, Higgins and his colleagues have developed measures of self-discrepancy that assess the extent to which respondents’ self-concepts conflict with how they believe others view respondents (Higgins, Klein, & Strauman, 1985). Linville (1987) has used a self-report measure of self-complexity, and Mikulincer (1997) has used questionnaire measures of integration and differentiation of the self.

What categories do people naturally use in thinking about support and social relations? Relationships researchers have elaborated a number of concepts to think about relationships, including supportiveness, companionship, intimacy, and undermining, to name a few (see chapter 5). Support researchers also make fine distinctions between different types of social support (e.g., tangible or emotional support). But do the people we study share our concepts of support? Could the support questions that we ask participants call to their minds a completely different set of concepts than we intended? Social support research has yet to identify the naturally occurring concepts that people use to think about their relationships. Do concepts like supportiveness mean different things to different people (Lutz & Lakey, 1999)? If so, what are the implications for the assessment of social support?
Symbolic Interactionism

Another modern manifestation of social constructionist thought is symbolic interactionism (Stryker, 1980). The major premise of the symbolic interactionist perspective on social support is that the regularization of social interaction, rather than the provision of support per se, is responsible for the maintenance of well-being (Thoits, 1985). Thus, according to the symbolic interactionist perspective, our social environments directly promote health and well-being by providing people with a way of making sense of the self and the world. Social support operates by helping to create and sustain identity and self-esteem (Figure 2.4).

According to Stryker's (1980) version of symbolic interactionism, meaning and identity are derived, in part, from the roles we occupy and create within a social context. People adopt a wide range of different roles, such as father, scholar, musician, son, husband, athlete, and so on. Role concepts that are shared among a group of people help to guide social interaction by providing a common set of expectations about how people should act in different roles. Roles also provide a sense of identity because people use roles as basic conceptual tools in thinking about the self. Evaluations of the self are based on role performance, which is presumed to be rooted in social interactions.

According to Mead (1934), people learn to regulate themselves by applying the standards of the group to their own conduct: "Self-criticism is essentially social criticism, and behavior that is controlled by self-criticism is essentially behavior controlled socially" (p. 255). This aspect of constructionist thought provides a mechanism for facilitating behaviors that could promote health, such as physician visits or increased exercise, and inhibiting behaviors that might be detrimental to

![Diagram](Roles/Support → Identity → Health)

Figure 2.4 The symbolic interactionist perspective predicts that social roles/support identity, which leads to health outcomes
health, such as excessive alcohol and tobacco consumption (House, Landis, & Umberson, 1988).

**Appropriate measures of social support**

Role measures of social integration and social networks (chapter 3) fit with the symbolic interactionist view. These measures are thought to assess the extent to which persons are involved in a broad social network. A core aspect of one type of social integration measure is the number of roles in which individuals participate. Most research within the symbolic interactionist tradition uses these role-based measures. The major question in selecting such a measure is whether the roles that are included represent the range of important social roles in the population that is being studied (chapter 3).

**Hypothesized mediators and analytic issues**

Because this perspective hypothesizes that social roles promote well-being through building and sustaining identity and self-esteem, studies should include measures of self-esteem and identity. Although there are a large number of measures of self-esteem available, there are fewer nonrole measures of identity (Thoits, 1999). However, measures of self-processes developed by those working from the social-cognitive perspective may be helpful. Examples of measures that might tap pathways linking social roles to psychological well-being include the complexity of self-representations (Linville, 1987), self-discrepancies (Higgins et al., 1985), and differentiation and integration (Mikulincer, 1997).

Although from symbolic interactionism one can derive the hypothesis that diverse social roles protect people from the effects of stress, this perspective most clearly predicts that roles will influence well-being regardless of the presence of stress (chapeters 1 and 3; Thoits, 1985). Because multiple roles have their effects through building identity and self-esteem, measures of these constructs should be included, and mediational analyses should be conducted. For example, many roles should be related to greater differentiation of the self-concept, which should be related to greater self-esteem, which, in turn, should be related to greater well-being.

**Unresolved research issues**

_What are roles related to identity?_ Although symbolic interactionism is clear in predicting that social roles promote a sense of identity and self-esteem, relatively little work has demonstrated links between specific roles or number of roles and identity. This work would be especially worthwhile because it would promote an integration between symbolic interactionism and social cognition. Basic research in social cognition has applied an impressive range of theory and methods for studying information processing about the self: For example, the Stroop Task has been adapted to test hypotheses about the accessibility of various self-concepts (Williams, Mathews, & Macleod, 1996) and the Self-Referent Encoding Task has
been developed to probe how aspects of the self are organized in memory (Kihlstrom & Klein, 1994; Rogers, Kuiper, & Kirker, 1977). Priming methodologies have been developed to investigate whether thinking about certain relationships makes specific representations and evaluations of the self more accessible (Baldwin et al., 1990; Baldwin & Sinclair, 1996). Thus, many hypotheses about the relation of roles to the self could be tested in new ways by borrowing concepts and methods from social cognition.

Are subjective evaluations of social roles important? Although most research on roles counts the number of roles in which people participate, an increasing number of studies are including subjective evaluations of roles, especially role importance or commitment (e.g., Brown, Bifulco, & Harris, 1987; Lakey & Edmundson, 1993; Simon, 1992, 1997; Thoits, 1992). Cognitive models of psychopathology (e.g., Beck et al., 1979) have placed great emphasis on how subjective evaluations of important domains of life are related to depression and anxiety. There is also evidence that including subjective evaluations of roles greatly enhances the strength of the relation between roles and emotional distress (Lakey & Edmundson, 1993; Simon, 1997).

Are social roles the most basic naturally occurring constructs in social thought? Symbolic interactionism could benefit social cognition by providing new ideas about the constructs that naturally organize social thought. Mainstream social-cognitive research has been criticized as lacking a true relational quality because many studies primarily involve thinking about trait adjectives (Fiske, 1992; Fiske & Haslam, 1996). A provocative question is whether social-cognitive research is studying cognition about relationships or cognition about trait adjectives. Fiske (1992) has argued that naturally occurring social thought is organized according to relational qualities such as communal sharing and authority ranking rather than in terms of trait adjectives. The concept of roles might provide another valuable way of thinking about the constructs people naturally use in thinking about relationships.

THE RELATIONSHIP PERSPECTIVE

A third perspective on social support conceptualizes support as part of more generic relationship processes (chapter 5). This approach does not represent a coherent perspective linked to a preexisting research literature or intellectual tradition. Instead, it is a group of hypotheses that attribute social support to other relationship qualities or processes. These relationship qualities reflect neither actual help during times of stress nor beliefs about support per se. We believe that this perspective will become increasingly important and provide alternative ways of thinking about social support. One possibility is that our cognitions about our social environment are strongly interrelated and overlapping and that measures of support cannot be discriminated from closely associated concepts such as low conflict, companionship, intimacy, and social skills.
The following definitions of some of these interrelated concepts provide some flavor of their potentially strong associations and overlap with measures of both social networks and social support. Several of these concepts involve descriptions of positive ties between people. For example, companionship involves "shared leisure and other activities that are undertaken primarily for the intrinsic goal of enjoyment" (Rook, 1987; p. 1133; chapter 10). Relationship satisfaction is defined as global, subjective evaluations of relationships (Hendrick & Hendrick, 1997) and intimacy as the "bonded, connected, and close feelings people have toward each other" (Barnes & Sternberg, 1997).

Other concepts describe negative ties. Of particular note is the concept "social conflict," which includes criticism, breaking of promises, or fighting for limited resources. Some studies have found that conflict is a better predictor of health than perceived social support (Fiori, Becker, & Coppel, 1983; Pagel, Erdly, & Becker, 1987; Rook, 1984). Finally, there are dispositional characteristics that influence interpersonal skills. Examples include extraversion and agreeableness. Another notable example is adult attachment styles, which are internal working models of the self and the availability of others. These relatively stable working models are thought to develop in response to the availability of caregivers during childhood (Bowlby, 1969; chapter 5).

There has been little theoretical explication of why relationship qualities such as companionship, intimacy, low conflict, and attachment should lead to emotional and physical well-being. The mechanisms that have been proposed tend to be the same as those hypothesized to link social support concepts to health and include elevating self-esteem (Rook, 1987; Lakey, Tardiff, & Drew, 1994), contributing to positive appraisals, and promoting active coping with stressful events (Bartholomew, Cobb, & Poole, 1997; Sarason, Sarason, & Pierce, 1990).

Another hypothesis drawn from the relationship perspective is that positive, stable, and secure relationships may fulfill a basic, biological need (Baumeister & Leary, 1995; Bowlby, 1969; Leary & Downs, 1995). At one point or another, most of the founding scholars in social support have invoked such a need to explain social support effects (Caplan, 1974; Cobb, 1976; Kaplan et al., 1977; Lowenthal & Haven, 1968). For most of human history, survival has depended upon integration into a social group. Humans in isolation were probably quickly eaten by other animals, killed by other humans, or starved. Thus, the recognition that one was not accepted by the social group or that the social group would not come to one's aid if needed foreshadowed almost certain death. It seems obvious that isolation would become strongly tied to lower self-esteem and control and to heightened levels of negative affect (e.g., Leary & Downs, 1995). Although hypotheses about basic psychological needs are difficult to test empirically (Baumeister & Leary, 1995), the field of evolutionary social psychology is developing strategies for such empirical tests (Buss, 1996).

**Appropriate measures of social support**

Because of the diversity of the hypotheses that some other aspect of relationships accounts for support effects, it is difficult to say that a given type of social support...
measure is most appropriate. Because these hypotheses offer alternative explanations for given social support effects, the choice of a specific social support measure will usually be determined by the research that originally established the social support effect to be explained. For example, an investigator who wanted to test the social conflict hypothesis for an effect originally established with a social network measure could choose the social network measures used in the original research. To test a relationship perspective hypothesis, an investigator will need measures of the relationship processes that are hypothesized to account for social support. Chapter 5 provides a review of a wide range of such measures and a discussion of which might be appropriate in specific contexts.

Hypothesized mediators and analytic issues

In contrast to most other perspectives, the relationship perspective hypothesizes that other relationship qualities lead to both support and health (Figure 2.5). Support is related to health only because it shares a common cause with other relationship processes. Using conflict as an example, this perspective predicts that people with low support are more likely to have poor health only because low support is associated with social conflict. However, only conflict has a causal relation to poor health.

Unresolved research issues

Do nonsupport relationship processes account for the link between social support and health? An important research agenda is to conduct tests of the hypotheses that relationship processes such as intimacy, companionship, conflict, and attachment style underlie social support effects. For example, Rook (1987) found

Figure 2.5. Examples of hypotheses from the relationships perspective. Support and health outcomes both result from companionship, low conflict, and intimacy. The latter three variables overlap substantially.
that companionship was a stronger predictor of well-being than social support in most analyses. Kaul and Lakey (1999) found that generic relationship satisfaction and perceived support were closely related and that relationship satisfaction could account for perceived support's relation to mental health. In contrast, Reis and Franks (1994) found that social support could account for intimacy's relation to most physical and mental health measures.

A number of studies have shown that adult attachment styles, reports of parental bonding, and perceived support are related (Bartholomew et al., 1997). Anan and Barnett (1999) have shown that attachment style, assessed via the strange situation in preschoolers, predicts perceived support in later childhood. However, there have been fewer studies assessing the extent to which attachment style can account for relations between perceived support and health.

_How are relationship processes such as generic quality, intimacy, companionship, and low conflict linked to health?_ One pathway through which these processes might influence health is by altering the appraisal of stressful events. They might also influence psychological, behavioral, and biological determinants of health, including self-esteem, negative and positive affect, health practices, or endocrine or immune function (see chapter 1). Additional evidence for relations between these concepts and health outcomes, and for the mechanisms responsible for such effects, could provide further insight into their importance in explaining social support processes.

_Taking a true relationship approach in research_ One challenge in relationships research is developing methods and conceptual tools for studying processes that are a function of relationships rather than individual differences. In both relationships and social support research, research participants typically are assigned a single score that represents their standing on a relationship variable. This score is then analyzed in comparison with other individuals by using statistics such as multiple regression or structural equations. The problem for relationships research is that this way of thinking about and analyzing data is identical to how personality variables are treated. However, relationship processes are a function of neither the support recipient nor the supporter, but reflect their unique relation. Recent developments in social relationship methodology (i.e., the Social Relations Model; Kenny, 1994) and generalizability theory (Cronbach, Gleser, Nanda, & Rajaratnam, 1972; Lakey, McCabe et al., 1996) allow investigators to distinguish between effects due to support recipients, supporters, and relationships, but these methods are underutilized.

CONCLUSIONS

1. Social support research and interventions should be guided by theory so that each study can add to our understanding about how social support influences health and well-being. Too many studies address whether social support is related to health without providing information about how support contributes to health.
2. Investigators must choose social support measures carefully. Measures are not interchangeable. Different measures reflect specific theoretical orientations and are likely to be related to some mechanisms and outcomes but not others. In designing support studies and interventions, it is crucial that the investigators clearly articulate the theoretical perspective that guides their thinking and choose measures that are congruent with that perspective.

3. More research is needed on the determinants of social support. Successful intervention requires an understanding of how social support arises and the determinants of supportive people and supportive actions. Unfortunately, the field has neglected these questions, and interventions have suffered as a result.

In conclusion, we hope we have shown that it is possible and desirable to conduct theoretically based research on social support. In addition, we hope that we have helped investigators see how, by considering theoretical traditions within social support research and by including measures that fit within these traditions, they can help their research make more important contributions to the literature.

REFERENCES


Social Support Measures


Social Support Measures


