PERCEPTIONS OF SOCIAL SUPPORT AVAILABILITY AND COPING BEHAVIORS AMONG GAY MEN WITH HIV

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Abstract:

Analyzing face-to-face, semistructured interviews, we discuss how perceptions. of social support availability are formed among gay men coping with HIV. Experiences of receiving support increased perceived availability for specific types of support from specific individuals, hut receiving support also gave these men a general sense that someone would be available for assistance. Other aspects of social relationships, such as closeness and role expectations. contributed to gay men's perceptions of support availability. The results suggest that when people with common problems cope together, collective knowledge of support availability may emerge from observations of others' support exchanges as well as from discussions of support experiences. Individuals or groups of individuals may actively create and modify their perceptions of support availability when they cope with anticipated problems. Thus, the study provided an opportunity to integrate concepts of coping and social support into the collective action and social constructionist frameworks.

Article:

Like other chronic diseases, HIV creates diverse problems in the lives of those infected by the disease. Dealing with HIV is particularly difficult due to its unpredictable progression. the stigma, and the constantly changing knowledge about the disease. These factors emotionally exhaust those with HIV as they try to understand their illness and develop ways to improve their health (Weitz 1989; Seigel and Krauss 1991). Researchers have investigated, in particular, how people with HIV receive or exchange social support to cope with these problems. Gay men. the largest group among the HIV infected in the United States, engage in distinct coping behaviors and social support exchanges. Regardless of their HIV status, gay men tend to include many friends as well as lovers in their support networks but only a small number of family members (Kurdek 1988; Pearlin, Mullan, Aneshensel. Wardlaw, and Harrington 1994). As their symptoms progress, however, some gay men turn to their family members and health care professionals for assistance (Hays, Catania. McKusick, and Coates 1990).

Many researchers who study social support among gay men with HIV are interested in its consequences for mental health. Gay men with HIV have been found to be more distressed than

the general population (Hays, Catania, et al. 1990; Hays. Chauncey, and Tobey 1990; Hays,Turner, and Coates 1992; Ingram, Jones, Fass, Neidig. and Song 1999), in part due to changes in their physical conditions (Seigel, Karus, and Raveis 1997) and other HIV/AIDS-related worries (Hays, Catania, et al. 1990). Social support butlers the distress caused by HIV symptoms and reduces distress independent of HTV symptoms (Hays, Catania, et al. 1990; Hays et al. 1992).

Some dimensions of social support are important in explaining its effects on mental health. Among several types of support, for example, informational and emotional support seem to be more beneficial (Hays. Chauncey, et al. 1990: Hays et al. 1992). Information and advice are useful for people with HIV who feel uncertain about how quickly symptoms may progress and how they need to be treated; emotional support helps gay men to cope with severe stigma and their emotional responses to HIV. The composition of support networks also influences the effectiveness of support. For example, gay men Whose social networks include large proportions of other gay men and people with HIV are less distressed than those with small proportions of such network members (Hays et al. 1990). Support from these network members is effective not only because they provide useful information and advice hut because they give these men opportunities to reciprocate support.

Although many early studies were based on an implicit assumption that social interactions are inherently beneficial for mental health, unhelpful interactions may take place independent of helpful interactions and thereby undermine psychological wellbeing (Rook 1984). Thus, another set of studies investigated what types of support are unhelpful to gay men with HIV and their influences on mental health. By applying an existing scale of negative interactions (the Unsupportive Social Interactions Inventory), Kathleen M. Ingram, David A. Jones, Robert J. Fass, Judy L. Neidig. and Yong S. Song (1999) categorized negative interactions that people with HIV encountered such as insensitivity, disconnecting, and blaming (see also an earlier qualitative study of gay men with HIV 'Hays et al. I994]). They found that negative interactions were associated with high levels of distress, independent of positive interactions, and that positive and negative interactions were only moderately related. Furthermore, the effects of social support seem to depend on the extent to which it meets recipients' needs. This is consistent with a survey by Karolynn Seigel, Daniel Karus. and Victoria Raveis (1997) that showed that the increase in unmet needs for social support during a four-month period was more strongly associated with increased distress than were the changes in the number of potential support providers.

In this article, we describe how gay men with HIV come to perceive other people as sources of social support. Previous HIV researchers have given little attention to perceived availability of support. Although its important consequence for mental health has been established, little is known about what contributes to perceptions of support availability and what support availability really means to people who cope with HIV. Explaining this particular aspect of the social support process will lead to a better understanding of how it influences mental health among gay men. At the same time, the broader social support literature may benefit from studies of gay men with HIV because such research can point to unique coping behaviors and social support exchanges that general studies fail to identify. Furthermore, the present study may help to construct alternative models of coping and social support, for existing theories and models cannot explain

the way relevant variables relate to each other in this specific population. Our study of gay men with HIV contributes specifically to the further development of the concept of perceived availability of support. We describe below how perceived support availability has been conceptualized and discuss past findings and theoretical and methodological issues regarding the concept.

LITERATURE REVIEW

Received versus Perceived Support

Researchers have specified several dimensions of social support, including the content of support (practical, informational, and emotional), provision versus receipt, description versus evaluation. and enactment versus availability (Tardy 1985), Of these dimensions, we focus on enacted versus available support. "Enacted social support" refers to a transaction or exchange of support that has actually taken place. Although enacted support can he either provided or received, depending on whether one focuses on the starting or ending point of the resource flow, we discuss mainly received support. In contrast, "available social support" refers to the degree to which individuals have access to social support. In empirical studies, measures of social support availability (Sarason, Levin, Basham, and Sarason 1983) generally ask about perceptions of access to various types of social support in hypothetical situations. For this reason, available social support is also called "perceived social support." Perceived support can be relationship-specific or generally available (Sarason, Sarason, and Pierce 1994; 1995). "Relationship-specific availability" refers to one's perception of whether a specific individual would he available for help; "generally available perceived support" refers to a general sense that social support could be mobilized in one's network, which may not he a mere aggregation of all relationship-specific support available.

Little is known about the relationship between perceived and received support, In their review of past studies, Christine Dunkel-Schetter and Tracy L. Bennett (1990) concluded that individuals tend to perceive less support to be available than they actually receive and that perceived and received support are only weakly correlated. This pattern is caused in part by inaccurate reports of received support. which may result from failure to recall, subjective evaluations of whether others' attempts to help were sufficient enough to be considered as support, or conscious efforts to suppress memories of support received in order to sustain self-efficacy and a sense of independence (Antonucci and Israel 1986; Dunkel-Schetter and Bennett 1990; Sarason et al. 1995). Individuals may also inaccurately estimate support availability. Many factors, such as the recipients' personality traits, coping skills, coping styles, and personal network characteristics, may influence whether or not social support exchange will take place, although they may not he aware of these factors.

The Effects of Received and Perceived Support on Mental Health

Received and perceived support seem to influence mental health to different degrees. Analyzing cross-sectional data acquired from 1,269 married adults, Elaine Wethington and Ronald C. Kessler 11986, p. 80) found that knowing a person whom the respondent could "count on for help" was associated with fewer symptoms of depression and anxiety (i.e.. the main effect). In addition, they found that the effect of support availability was stronger for those who had experienced one or more undesirable life events in the past year (i.e.. the buffering effect). However, the effects of received support were not strong after perceived support availability was

controlled. A similar pattern (i.e., perceived support having a stronger effect than received support) can he observed across a number of studies (Cohen and Wills 1985; Dunkel-Schetter and Bennett 1990: Kessler 1992). Explaining how perceived support buffers the distress caused by life events. Wellington and Kessler (1986) argued that people who perceive support feel more secure about their coping situations, which allows them to appraise the stressors as less threatening. In addition, when individuals perceive that they have other people on whom they can depend, they are motivated to cope with the problems directly, which, in turn, eliminates the stressors or reduces their magnitude.

Methodological problems that pervade social support studies may -artificially overemphasize the effects of perceived support in comparison to those of received support. First, measures of perceived support generally assume that the target person needs help, whereas measures of received support do not ask whether the person had a need for social support. Unwanted received support may counteract its beneficial effects when aggregate measures (the total amount or frequency of received support) are used, as in Wethington and Kessler's (1986) study.

In addition, perceived and received support are often conceived and measured at different stages in the coping process. Perceived support is conceptualized as a coping resource that individuals have prior to the occurrence of life events (Lazarus and Folk- man 1984). This assumption about the time order is necessary in order to meaningfully test the buffering effect of perceived support (Eckenrode and Wethington 1990). In contrast, received support is usually mobilized after the life events. Therefore, if mental health outcomes are measured immediately after the life events, the initial increase of received support may suppress the beneficial effects because received support may gradually improve mental health over time (Turner and Turner 1999). Cross-sectional studies are particularly vulnerable to this problem.

Perceived Support as an Individual Trait

Perceptions of support availability can be conceptualized as an individual trait because they are stable over time (Sarason et al. 1983, 1994; Sarason, Sarason, and Shearin 1986). Brian Lakey and Patricia B. Cassady's (1990) survey of 101 college students showed that adequacy of perceived support was correlated more strongly with other individual traits (e.g., anxiety. dysfunctional attitude, and self-esteem) than it was with received support. In the study, undergraduate students rated helpfulness of behaviors and then recalled the behaviors that they rated as helpful. The results showed that perceptions of low support availability were associated with low helpfulness ratings of given behaviors and with recalling of fewer supportive behaviors. Thus, perceived support availability may function as a cognitive mechanism to help people process information about what support they. received and how helpful the received support was. The stability of perceived support availability should not be overemphasized. however. because these studies examined only the stability over a limited time period or cross-sectional correlations with other individual traits. Even if perceived support availability is fairly stable, one should not automatically attribute this to individual traits, because it may reflect instead the stability of social environments that contribute to perceptions of support availability.

Sources of Perceived Support

Because researchers have conceptualized perceived support availability as a stable individual trait that precedes life events, they have paid little attention to what influences perceived support. Although the literature shows fairly consistently that received support does not influence perceived support, some studies have found positive associations. For example, although received support was not generally related to perceived support in the study by Wethington and Kessler (1986), support received from the spouse was positively associated with (general) perceptions of support. Interviewing people who experienced hurricanes Hugo and Andrew. Fran H. Norris and Krzysztof Kaniasty (1996) found that those who reported that they had received tangible, emotional, and informational help within the two-month period after the hurricane were more likely to report that they had someone who could provide these three kinds of support. Received support was measured retrospectively in both studies; hence, the causal direction of received and perceived support cannot he determined. Nonetheless, these two studies suggest that the positive association between the two may occur at least in some specific relationships and situational contexts.

Individuals may derive support availability from some other aspects of social relationships. Researchers have argued that being embedded in social networks or having many social ties increases the amount of received support (Kahn and Antonucci 1980; Antonucci 1985: Wellman and Wortley 1991); Lin and Peek 1999), hut the relationship between social ties and perceived support is complex. Lee Ann Bass and Catherine H. Stein's (1997) survey of 102 undergraduates showed that they identified more people to whom they felt close than people they perceived as being available for support. Their networks included friends (as opposed to family members) and new acquaintances, but respondents did not necessarily think of these individuals as available to help them. Another explanation of why having social ties does not always increase perceived availability of support is that individuals experience problems and demands, as well as positive interactions (such as social support), in their relationships with others. As Karen S. Rook (1984) demonstrated, having supportive social ties does not necessarily decrease the number of social ties associated with problems and demands. Moreover, negative interactions undermine psychological well-being independent of supportive interactions. A similar pattern may be observed about the relationship between received and perceived support; negative interactions with others or their unhelpful behaviors may decrease perceived availability of support independent of received positive support.

Perceived availability of support is also influenced by certain life events. Some life events, such as divorce and a friend's death, directly reflect changes in social relationships (Thoits 1982). Other life events, such as losing a job or moving to a different place, often induce changes in social networks. If one loses potential support providers due to these events, one's perception of support availability may decrease. In addition to one's own life events, life events that potential support providers experience have some effect on how one perceives support availability. For example, modeling the effects of natural disasters and social support on mental health. Kaniastv and Norris (1997) argued that natural disasters not only undermine perceived support availability by weakening existing social networks, hut that such life events also diminish people's resources and ability to help others. Knowing that others are in similarly difficult situations, people lower their expectations for others to provide support. However, this deteriorating effect of life events on perceived support can he prevented to some extent, primarily because social networks may mobilize support for people who are in need, and those who received support become secure

about their access to support. in other words, the direct negative effect of life events on perceived support can be counteracted by the indirect positive effect through received support (i.e., the social support deterioration deterrence effect). Norris and Kaniasty (1996) tested this hypothesis in their study of hurricane victims. Receiving support from others after hurricanes significantly reduced the negative effects of damages due to the hurricanes (including threats to life, injury. financial loss, and loss of personal and sentimental goods) on perceived support. However, this deterrence effect through support mobilization may be limited to certain types of life events. This is because people may not be willing to provide help for those who experience some types of life events, particularly stigmatized ones (Shinn. Lehmann, and Wong 1984). This argument is consistent with the finding that people with more physical HIV symptoms receive less support than those with fewer symptoms (Turner, Hays, and Coates 1993).

In sum, past studies have shown that perceived support availability has a stronger effect than received support on mental health. Although it makes intuitive sense that received support increases perceived availability, such an effect was observed only in a few studies that examined limited contexts. The weakness of the association between received and perceived support can be attributed, at least to some extent, to individual differences in how people process information on received support. Individuals may also perceive support availability on the basis of other components of social relationships. Unsatisfactory support or negative interactions associated with demands and conflict seem to be an important component of social relationships. This issue also reminds us that we know little about what decreases perceived availability of support. Life events are associated with both positive and negative changes in perceived support availability. Although some life events reflect or induce loss of possible support providers, receiving support may subsequently improve the deteriorated perceptions of support availability.

The purpose of the present study is to discover how received support may influence perceived support and to explore what other aspects of social relationships may influence perceived support by describing social support and coping behaviors among gay men living with HIV. Studying gay men with HIV is particularly important because of their unique coping behaviors. First, many gay men with HIV cope collectively. On a small scale, they have contact with others in the same situation and exchange support. On a larger scale, gay men with HIV have played active roles in establishing HIV organizations and support groups that have institutionalized social support exchanges. Second, HIV is a chronic disease (Seigel and Krauss 1991), and studying individuals infected with HIV will contribute to the existing social support models that are currently limited to those describing short-term coping behaviors. Third, people with HIV not only cope with their HIV diagnosis and other ongoing problems, such as unemployment, financial problems, and interpersonal conflict, but their coping attempts target problems that they might encounter in the future, whereas existing social support models often focus on ongoing problems.

METHODS

The data were originally collected for the broader purpose of describing social support exchanges and everyday interactions in which gay men with HIV engaged with their network members (Deno 1998). Although the authors collaborated in designing the study, the first author conducted all of the interviews and coded the data as described below.

Population and Sample

The population for this study is gay men who tested HIV positive and who lived in a mid-sized urban city in the South. A nonprobability sampling strategy was employed to obtain interviewees, The first author posted flyers at a gay bookstore, gay clubs, and coffee shops and distributed flyers among clients at HIV organizations through their case managers. In addition, a snowball sampling technique was used to solicit the participation of some respondents through a gay club owner and a physician who specialized in HIV and AIDS treatment. After each interview, the first author asked interviewees to call or give flyers to other gay men with HIV who might be interested in participating in the study.

In all, fourteen gay men with HIV were interviewed. The small size of the sample, together with the nonprobability sampling technique, limit the generalizability of findings. Moreover, the strength of relationships or the size of effects cannot he inferred from this small, nonrepresentative sample. The purpose of this study is not to test hypotheses, however, but to describe how gay men with HIV come to perceive other people as sources of social support and to discover what other factors may influence perceptions of support availability. The depth of the interviews was more important for this purpose than the sample size. The first author continued interviews until he began to see the same patterns repeatedly.

Three men in the sample did not live in the city where the study was conducted, but they belonged to HIV organizations or came to see a doctor in the city. Three respondents knew each other through an HIV organization, and one of these men knew a fourth respondent. The mean age of the respondents was 41 years; ages ranged from 26 to 54 years. Three men identified themselves as black, one had a mixed background of black and Asian. and the others were white. Respondents were relatively well educated; except for one respondent, all had completed high school, and the sample also included four college graduates, two with master's degrees, and one with a doctoral degree. Although all respondents identified themselves as gay, three of them had been married to a woman previously. They were divorced at he time of the interviews, except for one respondent, who had been separated from his wife for a long time but was not legally divorced. Half of the sample were in a dating or committed relationship with a man at the time of the interviews. Only four respondents were working at the lime. Among those who were not working, one was unemployed, and the rest had either retired or gained disability status.

Comparing these demographic characteristics of the sample to those of the HIV- infected population reported by the county, the sample overrepresented whites. The sample also included a relatively high proportion of well-educated gay men and those who were financially well off, which might have influenced the amount of resources and the strategies that they used to cope with HIV.

Interview Procedure and Questionnaire

Face-to-face, semistructured interviews took place between March and June 1997 in respondents' homes, a private office in the sociology department at a university, offices in HIV organizations, or hospital offices. The interviews were audiotaped after receiving permission from respondents. Interviews averaged about ninety minutes.

During the interview. each respondent nominated his three closest network members, and the interview focused on these network members, because previous research shows that confidants are an important source of support and have a stronger effect on psychological well-being (Cohen and McKay 1984: Hays, Chauncey, et al. 1990). Among the forty-two close network members (three named by each respondent), seven were the respondents' lovers or partners, ten were family members, and all others were friends. These close network members whom respondents considered as friends were also related to them as their doctors. ex-lovers, HIV/AIDS organization workers, current or previous coworkers. and roommates. The interviews included closed-ended questions about the content and frequency of social support that respondents received from their closest network members as well as their satisfaction with that support. Respondents elaborated on their answers in open-ended questions. A similar set of questions addressed respondents' everyday interactions with their closest network members. Additional closed-ended questions assessed network members' demographic characteristics. Another section of the interview included questions about two possible future social support situations: (1) if they got sick (again) and needed help with practical matters, how they would go about asking for help, and (2) if they needed to talk to someone about their concerns, how they would go about asking for help. The interviews were semistructured and included other topics as well. Some useful insights emerged from. respondents' comments on their relationships to HIV organizations and descriptions of their hospitalization experiences and medical emergencies. Thus, whole interviews conducted for the original study were used as data for the present article, not just the answers to the questions that focused specifically on the topic.

Coding and Analytical Procedures

The recorded interviews were transcribed and entered into the computer software program, The Ethnograph (Seidel 1998). Textual data included respondents' answers to the open-ended questions. To organize the data, a list of text codes was constructed; these codes mainly referred to a priori concepts and included types of support (practical, financial, informational. and emotional), perceived helpfulness of support (helpful versus unhelpful), types of interaction (routines, rituals, and intensive discussion), role expectations, reciprocity of support, and organizational settings (HIV organizations, gay churches, and gay clubs). The first author attached these codes to segments of textual data wherever the codes appeared relevant explicitly or implicitly. The second author examined the resulting codes, suggested additional concepts, and commented on consistency of application. The data codes were revised in response to those comments so that the two authors agreed on how the codes were applied.

Our goal was to code as many of the concepts illustrated by the data as possible rather than to compare codes across interviews. After the coding was complete, it was possible to use The Ethnograph to search for segments in which respondents said they received support or explained their perceptions of support availability. A subset of data consisting of these segments was sorted again with codes that represented the relationship between received support and perceived support availability. as shown in the next section. Boolean logic was used to design searches to examine what other factors influenced perceptions of support availability and to understand the contexts in which respondents formed and maintained their perceptions.

RESULTS

In this section. we first discuss how respondents explained their perceptions of support availability by interpreting their experiences of receiving support. We elaborate on the effects of received support by discussing several aspects of received support. We then address our second research question: What other aspects of social relationships increase perceptions of support availability? Finally, our discussion shifts from the dyadic level to the collective level, and we explore how support experiences in informal social networks or formal HIV organizations may contribute to perceptions of support availability. Throughout this article, we use pseudonyms to identify respondents and their network members.

Received Support as a Source of Perceived Support

Despite the weak association between received support and perceived support observed in past quantitative studies, our respondents often explained their perceptions of support availability by referring to past experiences of receiving support. However. t he process was complex. Below we explicate this finding with respect to three patterns. The first pattern is when respondents who had received support from a specific individual for HIV-related matters thought that the same individual would provide the same type of help in the future. For example, Sean described his best friend and another friend whom he came to know as his case worker at an HIV organization: "My friends, Joan and Jack worked as a unit to make sure that somebody is here Fin my apartment] 24 hours a day. They would take shifts." Sean described how these friends helped him get groceries and clean his apartment and offered other practical assistance when he became very sick. Like him, half of the respondents had been very sick in the past. and they often mentioned people who had helped them when they nominated prospective support providers. The second type of received support that contributed to respondents' perceived availability of HIV-related support was associated with things that did not relate to HIV, including giving rides, taking care of pets, and repairing cars and household equipment. George, who was already retired and lived in a trailer by himself, described the time when his lover helped him to deal with his back pain:

> Recently, my phone got messed up. It would ring, and I can pick it up. hut there was nothing there. It kept ringing. I have an answering machine. It would pick up after the fourth ring. if I'm not here. Well, it wasn't answering because the call wasn't coming through. He could not get through, so he came. which ...may not mean much for some people. hut he ealls, and he knew I was supposed to be here. He knew I had a back problem.... He couldn't get through. He knew that the answering machine should've picked it up, which it didn't, so he came to check. If I need something. he would be there. He is very concerned.

George reported a few similar incidents where he received support from his lover, In general, when respondents felt certain that specific others would help them with HIV- related matters (or with whatever they needed), they had previously received support from those persons repeatedly for various matters, and they were in very close relationships with them. George emphasized that his lover was always an effective support giver who attended to his needs. Thus, just receiving support might not have been enough for respondents to think that the person would be available for help: rather, received support gave them opportunities to evaluate whether the person could be a potential support giver for HIV matters.

The third type of received support is different from the previous types in that it gave respondents a general sense that they could get HIV-related help from whoever was available at that time. Only half the respondents had experienced serious AIDS-related health problems, but most of the

rest had some mild symptoms, such as occasional fever, diarrhea, and weight loss. Many also dealt with psychological devastation, financial problems, and interpersonal problems with their family and colleagues because or their own and others' reactions to HIV/AIDS diagnoses and changes in their physical health. In their struggles with these difficulties, respondents learned that they could get support from someone, even if their previous support providers were not available. For instance, referring to his friends' availability, Adam said,

> Most of the time [they are available]. They are the two I would go to more or help, and if they aren't able to do it. they have resources to find somebody to do it. Its not like I have to go out and sit all day making phone calls just to get somebody to take me to the doctor.

As this comment indicates, perceived availability of nonspecified others sometimes resulted from respondents' knowledge of indirect ties.

Aspects of Received Support that Moderate Its Effects on Perceived Support

In the three patterns described above, respondents derived a sense of support availability from their past experiences of receiving support; however, not all prior support experiences contributed to their perceptions of support availability to the same degree. Rather, some aspects of received support seemed to moderate how received support influenced perceived availability. These aspects of received support were also important in explaining some cases in which received support decreased perceived support availability.

The first aspect of received support is the extent to which it succeeded in meeting respondents' needs. In dealing with HIV and other related problems, respondents had learned what kinds of support people were not able or willing to provide. For example. many respondents had learned that people were, in general, ignorant about HIV, such as the meaning of T-cell counts (although T-cell counts, of course, had a significant meaning to respondents because these numbers indicated how healthy or sick they were, and the men tried to estimate from them how much longer they would live). Respondents also pointed out that sonic people in their networks, typically their family members, not only knew very little about HIV hut also avoided talking about HIV with them. Therefore, for information on HIV and treatments, respondents often relied on other people with HIV. the staff of HIV organizations, doctors, and medical personnel.

Respondents had set goals about how to cope with HIV and various problems associated with it, and they employed various strategies to achieve those goals. When they received support from others, however, they learned that some support givers did not agree with respondents' coping goals and strategies. Ben described how his mother treated him:

> She still treats me like I am five. She always tells me to watch my money." [You don't need to buy that. You] don't need to go here. [You] don't need to go there. [You] don't need to go out tonight because [you] have to be up early in the morning."

Although Ben felt that he needed to watch his health, he felt that the Lifestyle that his mother imposed restricted his social activities too much, which he considered to be important. Thus, although he occasionally asked her for money because he was unemployed, he usually shared his concerns with his lover and friends_ who understood the way in which he wanted to deal with HIV There was some variation in coping strategies even among gay men with HIV, Many

respondents coped with HIV by enjoying their lives and believing that they would become or stay healthy, and they tried to distance themselves from people who they thought were too pessimistic about their future or too critical about how respondents dealt with the disease.

The above examples show that intended support provision could he unhelpful to people with HIV. Although past studies have shown that unhelpful behaviors decrease recipients' satisfaction with the relationships and increase distress (Rook 1984: Ingram et al. 1999). it is not clear how these behaviors may influence perceived availability of support. In the above example, Ben thought that his mother was willing to help him hut that she did not give a particular kind of support that he wanted.Thus, in explaining how receiving support increases or decreases perceived support availability, we must consider predicted effectiveness and desirability of support as well as predicted willingness of the prospective support provider.

Closeness, Emotional Support, and Everyday Conversation

Emotional attachment is another aspect of received support that moderates its effects on perceived support. Previous studies (Pearlin et al. I994) have shown that closeness and intimacy influence support exchange in social relationships. hut this relationship seems to be reciprocal in a sense that past experiences of support exchange can change the closeness of the relationships. Respondents came to know the staff of HIV organizations. some of whom provided various types of assistance and remained friends with them after they stopped giving help to respondents. Some existing ties became stronger after respondents confided in their network members and coped with HIV-related problems together. Thus, respondents sometimes described their experiences of receiving support with a lot of emotional attachment to the person. For instance, Adam talked about his best friend:

> She's been always there. She's been with me through two ex's and my brother dying. She's been there through, like, good times and had times. It's important to know she is there and I can call when I needed her. She is the only person I can turn to when an emergency turns up and I can't get hold of anybody else.

Such expressions as "she was there for me" or "he is always there" frequently came up in the interviews when respondents explained who would he available if they needed help. Being there to share the problems and cope with them together became emotional moments in the histories of respondents' relationships with others and contributed to perceived availability of these individuals as support providers.

For minor issues and daily concerns, respondents both gave support to and received support from their partners or lovers and close friends as part of their everyday interactions. This type of support. what respondents called "emotional support.- was different from earlier examples of received support that mostly dealt with assistance with practical matters. The following respondents described the emotional support that they exchanged with their lovers or partners and close friends:

> **Adam**: He's there emotionally whenever I get frustrated with my diagnosis.
> **James**: He is a very good listener. He listens when l need to talk. He seems to know the right questions to ask to help me formulate questions to put things into perspective.
> **Jay**: We spend a little time each day talking and letting off steam about work. I let him complain or talk about his job for a while. He'll let me talk about mine.
> **Ben**: [He] just tell[s] me I am okay and that people will be there for me. [and I will be] there if he needs me.

These comments seem to match the concept of emotional support that social scientists use (i.e., demonstration of loving. caring, and sympathy: Cohen and McKay 1984: Thoits 1985: see also Barnes and Duck 1994). Emotional support was also different from practical support in that respondents saw the former as a continuous part of social relationships or routinized activities, rather than as isolated incidents. Thus, continuous exchange of emotional support gave respondents a sense that some network members were close or intimate enough to provide support.

As in Ben's quote above. emotional support sometimes targeted perceived support availability itself; network members let respondents know that they (or others) would be available to help respondents. Because emotional support mostly took place in everyday interactions, it helped respondents and their network members to develop a mutual understanding of needs. Such contexts also allowed respondents to ask for support casually. Kevin described his everyday conversation with his lover: "Basically I let him know everything that I am doing." He added that because he and his lover understood potential problems in each other's life, they did not have to ask each other for help hut, instead, provided support spontaneously. In addition, as in practical support, a person can learn in everyday conversations whether the other person is willing to help and has the abilities to help (Barnes and Duck I994). In sum, emotional help and everyday conversation seem to increase perceived support availability by targeting it directly, making it easier to request support or initiate support exchange, and providing opportunities to learn about others' willingness and abilities for support provision.

Explicit Arrangements of Support Exchange

When asked about their everyday conversations with their lovers or partners and friends, respondents usually reported that they talked about how their days went and what they did at work. In other words, they talked about "what everyone else talks about," as George put it. However, respondents occasionally shared their concerns about their health and whether they could get help if they became ill. In some cases, respondents made explicit arrangements about what their network members should do when they became ill or were close to death. For example, Adam said that he and his lover decided whom his lover should call and notify when he became hospitalized. Similarly. although he had not had any symptoms since being diagnosed as HIV positive eleven years ago, James discussed his possible medical emergency with his ex-lover in great detail:

> He will get hills to pay, arrange funeral. He is the one I have trusted to carry on everything the way I want. Everything is paid for. He knows where the will is, If anything happens to me or if I can't lake care of myself. he knows what action to take because he's already gone through all that [with me].

Surprisingly, researchers have not mentioned that individuals make explicit arrangements for future support exchange. The researchers' failure to recognize support arrangements probably results from their primary interests in demonstrating or testing the buffering effect of social support for recent life events and ongoing strains. In the support and coping literature, a similar concept, "social mobilization" refers to a process where resources are solicited for individuals in need as they respond to their life events or problems, and the effects of social support mobilized in the networks are assumed to counteract the damaging effect of the stressors on mental health (Wheaton 1955; Lin 1986; Eckenrode and Wethington I990; see also Kaniasty and Norris 1997).

However, the coping attempt that we document here is distinct from social mobilization in two ways. First, whereas social mobilization is one's or others' reaction to recent life events or ongoing problems, the arrangement of support receipt targets future stressors. Second, whereas social mobilization increases received support, the arrangement of support exchange increases perceived availability first and may increase received support if the person actually experiences the anticipated problem. It is also important to keep in mind that people play an active role in increasing their perceived availability by making arrangements for support situations. Individuals make such attempts because they are aware of the benefits of having available support; it allows them to appraise the problematic situation as less threatening and gives them a sense of security that motivates them to attack the problems directly. Thus, in coping with anticipated problems. perceived support availability can he an outcome of coping attempts, as well as a coping resource used in subsequent attempts.

Role Expectations

So far we have discussed how perceptions of support availability among gay men with HIV were influenced by received support, closeness and intimacy expressed in emotional support, everyday conversations, and explicit arrangements of future support. When explaining their perceptions of support availability, however, respondents sometimes described some characteristics of social relationships with others that did not directly relate to received support. Explanations for perceived support often pointed to role expectations in close relationships. For example. respondents commented that a certain individual would be available "because she is my mother" or "because he is my lover." Obviously, some role relationships reflected closeness and intimacy, and received support that increased perceived support took place in those relationships. It is important to note, however, that role relationships that respondents cited in explaining their perceptions of support availability included specific expectations for social support pro-vision.That is, respondents thought they had a right to receive support from their lovers and family members (and an obligation to provide them with support). Those expectations are not constructed within each relationship. Rather, people in society know that they should help their significant others and family members. This is probably why respondents did not and could not elaborate on why they expected support from their family members and lovers.

Collective Support Exchange and Support Availability

We have mainly discussed cases where perceived support was based on direct receipt of support or on social interactions in dyadic relationships. Although these processes are consistent with those discussed in the coping literature, where researchers tend to treat coping as an individual process, they do not fully explain respondents' perceptions of support availability. Below we describe how gay men with HIV coped collectively by helping each other and what impact this collective coping had on their perceptions of support availability.

Most respondents had some other men with HIV in their social networks, Some knew each other before they were diagnosed as HIV positive, but many others became acquainted through HIV organizations. In their social networks, they both gave and received HIV-related support and helped each other with other issues. The relationship between received and perceived support was complex at this level because they did not always receive support from the same individual in the network whom they had helped. For example, two men in the sample, George and James,

were close friends and also had a mutual friend, Todd, through a discussion group at an HIV organization. James described the time when Todd became sick:

Todd has been sick and has been in the hospital. George. and myself were there. We were there for him. Since I've never been sick, I've never called him or anything.... He needed my help, and I was there for him.

As Todd received support, James and George observed each other helping him. This incident was mentioned by both respondents when they explained support availability for themselves. George also specifically identified James as an available support giver (although he did not nominate Todd).

Another respondent, .lay reported a similar feeling toward his two close friends, explaining how he could get help:

I know I can always depend on those two people. if I need financial support, if I need someone to talk to. if I need transportation I when my car breaks down, or whatever. We can rely on each other. We do that to each other. We are always there for each other. I talk on a daily basis to those two best friends.

Thus. these examples suggest that by participating in support exchange at the network level. individuals can learn that social support may he mobilized for any network member in need.

Gay men with HIV also experienced collective social support in formal settings on a larger scale. As mentioned earlier, all of the men in this study had made at least some contact with HIV organizations and had received support from these organizations when they were first diagnosed with HIV or when they became very sick.They were generally satisfied with the support they received from those HIV organizations and often expressed their gratitude to the staff and volunteers in the interviews. Although respondents tended to identify specific individuals when they explained how they would get HIV-related help. many respondents also mentioned that HIV organizations were a reliable source of support. Kevin, who had been hospitalized, commented on the largest HIV organization in the city by saying. "They've gotta be the best help I've been able to get anywhere."

However, respondents were not receiving any intensive support from HIV organizations at the time of the interviews (except for Eric, as described below) and did not feel a need to do so, although some were involved in HIV organizations as volunteers and organizers. Perceived support availability in dyadic social ties and availability in HIV organizations were different on this point: whereas perceived support availability tended to he based on ongoing relationships or received support that took place in those relationships, respondents believed they could get support from HIV organizations even if they did not maintain regular contact with the organizations. Weak ties also helped respondents to contact others they would not reach otherwise, which then provided them with new information and also increased their sense of community by facilitating social contact with diverse others in the community (Adelman. Parks, and Albrecht 1987). Fred described the process of his integration into the HIV community in this way:

My particular situation, since I was married and had a child at that time—basically that relationship ended. For me. I was sort of. basically, taken out of the community. nay community. I was without a community. I had to start from scratch developing a new community for myself. It took a while. Most of the new relationships that I developed,

developed around me being HIV positive. These are other people who are HIV positive. or their partners are HIV positive.

Fred later became the director of an HIV organization. His case is somewhat extreme. hut other respondents also increased direct and indirect connections to the HIV community while losing contact with some of their family members and friends.

Group Discussion and Collective Knowledge of Support Availability

One of the HIV organizations in the area had an informal discussion group, and three respondents were regular attendants. The discussion group provided useful information and opportunities to meet others with HIV. Nick described the group's discussion topics:

Seems like the further we go along this disease, there's more to learn. There are more drugs. more treatments, there are more just even chit-chat and gossip about who's a good doctor, who's not a good doctor. And a lot of that goes on in here. What your doctor did and what he didn't do. Dealing with social services and doctors and hospitals. All that red-tape is something that is also very useful to listen to and needs to be discussed. You get some help with that. The information ... was the most important thing that I needed to get my hands on right away.

Such discussion of support experiences might have reinforced each other's perceptions of support availability.

Although researchers have treated perceptions of support availability as individual perceptions, our results suggest that support availability can he collective knowledge that groups of people form and maintain when they cope collectively with shared problems. Related to this. Rebecca L. Collins (1998) pointed out that gay men with HIV tend to consider themselves as better off than other people with HIV in part because they think that they can get support from existing gay communities and personally know other gay men with HTV. Using social identity theory (Tajfel and Turner I986), Collins argued that favorable perceptions of their own group (and unfavorable perceptions of other groups) result from their identification with gay men as a group. Although such in- group and out-group bias can stem from mere categorization of people with different attributes (e.g., gay versus straight) according to social identity theory, discussions with other gay men with HIV probably reinforced their favorable views about support availability compared to other groups. Collective coping efforts are particularly important for groups that face stigma (Crocker and Major I989). In fact, none of the three respondents in our study who were regular participants in the discussion group felt a need to attend the meetings any more. Rather, they thought that they should attend the meetings for new members who might he experiencing the same problems that they once had. Nick passionately described his duty in the discussion group:

I also think it's very important for those of us who've been through some of this to he there for people who are just finding out, kind of role models for them. Give them a little hope and encouragement. People tend to he very upset when they first find out. and they come to meetings for a while. Some of them drift away, [and] naturally, after a while, find ways of coping with the situation.

In addition to practical information about how to cope with HIV, new members learned that other gay men with HIV had managed to receive support, which helped the collective knowledge about support availability to he passed onto new members.

Organizational Structure of Collective Support Exchange

Another aspect of social support exchange in HIV organizations that seemed to contribute to respondents' perceived availability was how social support was institutionalized. HIV organizations provided various services, including transportation, counseling, recreational activities; and various workshops. These services were scheduled regularly so that clients knew when and where they could receive them. HIV organizations also assigned case workers to those who needed intensive help. For example, one respondent. Eric. had been sick for a long time, and he had never been financially secure. Because he did not have anyone whom he could ask for help, Eric relied on his case worker for daily, practical matters, such as getting groceries or finding and moving to a new apartment. Case managers at HIV organizations coordinated these case workers and volunteers so that new clients and those who lost their case workers due to their resignation could receive help. Thus. in HIV organizations, support exchange was based not on an informal tie to a case worker or volunteer but on the institutional setting; the process of support mobilization was formalized in the organizations.

DISCUSSION

We described how gay men with HIV exchange support and how they come to perceive support availability. We first addressed how received support may increase perceived support availability. Although received support increases perceived support in some cases, individuals generalize their experiences of received support in complicated ways. One could receive a specific type of support and derive availability for the same type or different types of support Support received from a specific individual may also contribute to a general sense that the person could get support from whoever would be available. The results also indicated that the effects of received support on perceived support depend on whether the support is effective in meeting recipients' needs and compatible with their coping styles. From their past experiences of receiving support, individuals learn the potential support givers' skills and styles of providing support.

Role expectations and closeness are two important aspects of social relationships that seem to increase perceived support availability. Some role relationships include specific expectations. The effects of closeness seem to be intertwined with those of received support in three ways. First, received support that increases perceived support availability takes place in close relationships. Second. closeness and intimacy are expressed in daily interactions and conversations. Individuals signal that they will be available to each other while sharing their concerns regarding major and minor issues. Third, those conversations also facilitate support requests by helping the participants to develop a mutual understanding of needs and coping styles and by reducing feelings of intimidation and embarrassment associated with support requests.

Studying collective coping behaviors among gay men with HIV showed that perceptions of support availability may emerge beyond dyadic contexts, and it suggested two ways to experience support that do not require direct receipt of support. First, individuals observe other group members exchanging support. Second, they can exchange information about support they received or their perceptions of support availability. These processes can take place in small informal networks or in large formal organizational settings. In these collective coping processes, "perceptions" of support availability are not associated with specific individuals; rather, they are

developed and maintained as collective knowledge among those who share the same problems and then passed along to new members of the group. Collective coping also relates to the institutionalization of social support. institutions may organize support exchange by scheduling support and specifying roles of support givers and recipients. Institutions may increase perceived availability, particularly because they secure the source and process of support exchange. It is promising that collective knowledge of support availability promotes mental health. For example, examining distress levels of individuals in three sets of various groups and organizations. Kenneth I. Maton (1989) demonstrated that social support at the collective level (measured by aggregated individual perceptions and receipt of support) had main effects and buffering effects, beyond the effects of individual-level support. Maton did not systematically differentiate received from perceived support in his study. hut it would have been interesting if he had investigated whether the relative significance of received and perceived support that past researchers observed at the individual level (i.e., the latter having a stronger effect than the former) was also at the collective level.

Anticipatory coping among gay men with HIV suggested another possible approach to the exploration of the concept of perceived support. Individuals can make explicit arrangements with others about how they will get help in the future. At the collective level, organizations incorporate new members as soon as they start experiencing the problem and needing help. This coping attempt to increase support availability is important in two ways. First, individuals or groups of individuals may manage perceptions of support availability through anticipatory coping. Researchers have conducted very few studies to investigate what influences perceived support, and available studies imply a structural view (e.g., demographic characteristics determine perceived as well as received support) or see support availability as a stable cognitive trail. However, people may consciously try to increase perceived support at both the individual and collective levels, which may reduce the distress that results from the anticipation of problems and also facilitate coping if they actually experience a problem in the future. Second, knowing that people attempt to cope by increasing perceived support availability, we must reconsider where social support is placed in the model of coping. Those researchers who are concerned with testing the buffering effect of perceived support availability tend to assume that perceived availability precedes stressors and that they do not have causal effects on each other. However, anticipated stressors may precede perceived availability and motivate individuals to increase perceived availability. Viewing it from another perspective. perceived support can be both a target and an outcome of coping, as well as a resource to cope with stressors. Thus, models of coping need to reflect these reciprocal and continuous aspects of the process.

Although the present study was adequate for the purpose of examining theoretical possibilities regarding perceived support processes, it has some methodological weaknesses. First, the sample size was small so that respondents could be interviewed in depth. Future studies using larger samples will allow for more rigorous examination of the findings. Second, given that respondents volunteered to participate in the study, they might have been in better coping situations and perceived support availability more positively than those who did not participate in the study. Related to this issue, men in the sample might have had more network members, particularly other gay men with HIV. than those who did not participate in the study. Thus, the collective coping process and collective knowledge about support availability described here might take place only among a limited portion of gay men with HIV. Third, the study shares a

limitation with many previous HIV studies due to the cross-sectional design. Because respondents reported their experiences of receiving support in retrospect, their current conditions, including perceived support, at the time of the interviews, might have influenced how they reflected on their prior support experiences. In the future, longitudinal studies would allow for such processes to be studied prospectively.

Duration of HIV diagnosis varied across respondents. One respondent found out that he was HIV positive less than a year before the interview, and four had known for three to five years. Another five respondents had known that they were HIV positive for six to eleven years. Although past studies (Turner et al. 1993) suggest that people with many HIV symptoms receive less social support than those who are healthy, due to others' rejection, many respondents in our study. including those who had been diagnosed for a long time, did not feel that getting help was difficult. Although it is difficult to assess how the duration of HIV diagnoses and health status influenced perceptions of support availability, the results indicate that these variables closely relate to the factors that we discussed earlier. Longtime capers in our sample might have felt secure about their support availability because of their good health conditions except for some minor symptoms and side effects of medications. In other words, these respondents did not need much help (at the time of the interview) other than emotional support to deal with their worries and concerns about their future health conditions. Moreover, most respondents who had been HIV positive for a long time and had been sick before had successfully received support previously and therefore felt secure about their sources of social support. Having to deal with the disease for a lung time also meant that they had more time to reconstruct their social networks. For example, joining an HIV organization was a strategy that some respondents took to establish supportive ties, as mentioned earlier. In sum, the duration 'of HIV diagnosis and health status seem to influence perceptions of support availability through changes in needs for support, experiences of receiving support, and coping attempts to construct supportive networks. However, a more extensive study is needed to disentangle these effects of coping duration and health conditions.

CONCLUSION

This research contributes to both the HIV literature and the coping and support literature. The distinction between received support and perceived support is helpful describing how gay men with HIV exchange support and how these men come to perceive support availability. At the same time, this study of gay men with HIV provides a view that diverges from the existing coping and support literature in two ways. First, agents play roles in the formation and maintenance of support availability. Individuals interpret their experiences of received support and other social interactions with others. As a coping strategy, individuals may create or modify their social environments to increase support availability. Second, individuals may act collectively to manage their support availability. Perceptions of support availability may emerge from collective support exchange, and collective knowledge is maintained through generations in the community.

This study also provided an opportunity to tie coping and social support to collective action and construction of reality among groups of people who live with common illness and other shared problems. Coping behaviors and support availability may he strongly influenced by the stigma associated with their problems, as for gay men with HIV. Fear of rejection and discrimination

from others may undermine a sense of support availability. At the same time, when the problem (or stigma associated with it) becomes a basis for identification, the establishment of this identity provides an opportunity to approach and be approached by others who identify themselves in the same way. The current article focuses on the collective coping process where individuals exchange support in order to meet each other's needs, but people may also act as a group to attack the common problem that constrains their lives. Extending the argument. the emergence of collective action and social movements may be motivated or initiated by individual coping attempts, particularly to increase support availability. A similar argument can be made about the social construction of knowledge: Varying beliefs and perspectives across social groups about themselves as groups and about the problems that their members share can be interpreted in light of individual and collective coping attempts to solve the problem and increase social resources.

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