Toward a Theory of Social Support: Closing Conceptual Gaps

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We define social support as "an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient." We then discuss the assumptions and implications of this definition and address several gaps in the support literature. Specifically, we consider the costs and benefits of supportive exchanges for both participants, the dual and possibly incongruent perceptions of support held by the provider and the recipient, and the importance of non-network sources of support. In addition, we distinguish between the health-sustaining versus health-compensating functions of support and how these functions link with the resources provided in supportive exchanges. We next address the factors that can influence support effects and suggest a broad range of outcomes for both the provider and the recipient. Finally, we distinguish the dimensions of support from the contextual variables that can influence its quality and effectiveness.

The era of unrestrained enthusiasm that has dominated social support research and interventions for over ten years is coming to a close. Without dismiss-

ing the important contributions already made to our understanding of this phenomenon, investigators are now arguing the need for more systematic and rigorous research (cf. House & Kahn, in press; Kessler & McLeod, in press; Thoits, 1982). Relevant to the need for improved methodology is the problem of *conceptual ambiguity* in this field (Antonucci, 1983; Oritt, Behrman, & Paul, 1982; Thoits, 1982; Wallston, Alagna, DeVellis, & DeVellis, 1983). Until now, predictive validity has been emphasized in much of the research, while construct validity has been neglected (Heller & Swindle, 1983). The costs of this emphasis are threefold. First, disparate methods are used to assess the effects of social support (Depner, Wethington, & Ingersoll-Dayton, 1984), severely limiting efforts to integrate research findings meaningfully. Second, taxonomies generated to capture the complex and multidimensional nature of support are continuing to expand: they now run the risk of including all aspects of interpersonal transactions (Rook, 1983), thereby obscuring what is uniquely support. Finally, critical conceptual gaps persist that need to be identified *and addressed* before empirical methods are improved and a theory of support develops.

First, a clear distinction must be made between the *content* of supportive exchanges and the purposes or *functions* of social support. Because this distinction is not made, little attention is given to how support is supposed to work, how it does work, and what its effects are. Second, studies on support include network characteristics (e.g., size, density); in operationalizing the concept, however, researchers do not always specify the connections between *networks* and *support*.

Third, implicit in a network approach is the recognition that support involves at least two individuals. Yet most investigators do not recognize that issues relevant to interdependent relations and characteristics of *all participants* may significantly influence the phenomenon.

Fourth, a distinction needs to be made between *harmful interpersonal relations* and the potentially *harmful effects of supportive exchanges*. Several researchers discuss the potential stress of relationships (Rook & Dooley, in press; Shinn, Lehmann, & Wong, 1984; Wellman, 1981). However, we believe that further distinctions need to be made among interactions that are intentionally harmful, those that are unintentionally harmful, and those that seem harmful but are actually beneficial. This point underscores the importance of considering both provider and recipient perspectives.

Fifth, it is necessary to consider the difference between the *short-* and the *long-term* effects of social support. For the most part, outcome measures are restricted to global indices of mental and physical health. Thus, investigators ignore *when* they intercept these ongoing health phenomena (Cohen & Syme, in press), and they overlook the *immediate* effects of supportive exchanges.

Sixth, most of the recent theoretical and empirical work on support is embedded within a stress and coping paradigm. This implies that support is only relevant to health when individuals are stressed. We contend that a clear, the-

oretical distinction needs to be made between the health-*sustaining* and the *compensating* (i.e., stress buffering) aspects of this phenomenon (Depner, Wethington, & Korshaven, 1982; House, 1981). That is, we believe that support is important to mental and physical health in the absence as well as in the presence of stress, but that support operates differently in these two situations.

The last problem we consider involves the *contextual nature* of support. Social scientists argue that many phenomena cannot be adequately understood or investigated without a full consideration of the ecological factors that influence them (cf. Altman, 1982; Bronfenbrenner, 1979; Schwartz, 1982; Stokols, 1983; Trickett, 1983). By considering context, researchers are forced to distinguish clearly between *dimensions* of support (e.g., its specific functions and resources) and *situational variables* (e.g., organizational structure, physical design).

In spite of important conceptual strides, confusion remains regarding what social support *is,* what it is *not,* how it *operates,* and what are its real and potential *short-* and *long-*term effects. In our remaining discussion we introduce a definition of support and use it as a point of departure to explore the phenomenon and address the seven conceptual gaps identified above.

Defining Social Support

Social support is *an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient.*

There are several ways in which this definition differs from others. First, we include the concept of *exchange,* the *perceptions* of at least *two participants,* and a broad outcome measure. Further, because the outcome is tied to the perceived intentions of either participant, the actual effects of support may be positive, negative, or neutral. Finally, we do not limit support to network members nor to a stress paradigm.

Social Support as an Exchange Process

The inclusion of the term *exchange* in our definition of social support makes explicit our assumption that support necessarily involves at least two individuals and that there are potential costs and benefits associated with the exchange for both participants (Altman & Taylor, 1972; Homans, 1961; Thibaut & Kelley, 1959). Research from the areas of reciprocity and prosocial behavior offer clues as to how the participants might evaluate these costs and benefits.

Reciprocity

Theorists suggest that exchange-derived models are relevant to support (Antonucci, 1983; Berkman, 1983; Heller & Mansbach, 1984; House & Kahn,

in press; Rook & Dooley, in press). Cobb (1976), for example, argues that belonging to a network characterized by *mutual obligations* is a component of social support, Gottlieb (1983) discusses the threat posed by inequity to the stability of supportive relationships, and Shinn et al. (1984) consider how an obligation to reciprocate might stress relations. The concepts of reciprocity (Gouldner, 1960) and indebtedness (Greenberg, 1980) are particularly relevant to the motives and actions of the recipient in supportive exchanges.

The concept. Gouldner (1960) posits that a norm of reciprocity operates within this culture in that people usually return the benefits they receive from others. Reciprocity can be influenced by recipients' perceptions of providers' real costs and intentions in providing the benefit, as well as by the degree to which the benefit actually helps the recipient (Shumaker & Jackson, 1979).

Greenberg (1980) takes the concept of reciprocity a step further by arguing that accepting a benefit may place the recipient in an uncomfortable state of tension (indebtedness): as a result, the recipient will want to reduce this discomfort by, for example, not accepting a benefit or by directly reciprocating it. Such options, however, are not always available. Sometimes we are forced to accept assistance when an opportunity to reciprocate in kind is limited or unavailable. When this occurs, people find alternative ways to reduce their discomfort. They may, for example, refuse to accept more help even though they continue to need it (Castro, 1974). They may also deride the person who helped them (Castro, 1974; Gross & Latoni, 1974; Shumaker & Jackson, 1979), help someone else if they cannot reciprocate directly (Kahn & Tice, 1973), or reevaluate the original exchange to decrease their perception of debt (Shumaker & Jackson, 1979).

Implications. Two implications can be drawn from the reciprocity model. First, if people feel they will not be able to return a benefit, they may be less likely to seek assistance or accept it when offered. In situations where help is needed over an extended period of time (for example, in cases of chronic disease), the recipient's inability to reciprocate fully may become increasingly apparent and asking for help may become especially difficult.

Second, if reciprocity is prevented, then the relationship between providers and recipients may diminish. Recipients, for example, may derogate providers or the resources received to reduce feelings of discomfort. Over time this can cause social ties to disintegrate, and make recipients more vulnerable to stressors.

There are ways of minimizing the negative effects of reciprocity. First, providers can be sensitized to the recipients' needs to feel they are contributing equitably to the relationship. Second, recipients might be encouraged to assist someone other than the provider. Although research suggests that such opportunities do not eliminate a sense of debt, they do appear to reduce the tension associated with indebtedness (cf. Shumaker & Jackson, 1979). The mutual caregiving that occurs in self-help groups represents one way in which this occurs.

Third, some of a recipient's burden can be moved from the informal network to a formal support system. For example, clergy, health professionals, and therapists may be valuable sources of support when circumstances cause disturbances in a relationship's normal balance between helping and receiving (cf. Dunkel-Schetter, 1984). Formal support providers do not usually require reciprocity in the same way that informal support providers do. Furthermore, formal providers are less likely to be threatened by the needs of the recipient, require little effort to sustain the linkage, and are often able to provide the recipient with more expert information than informal providers (Shumaker, 1983). Finally, the recipient's needs can be shared among several such sources (Chesler & Barbarin, 1984).

Limitations. There are limitations in the degree to which exchange concepts, derived from economic theories, are relevant to support (cf. Chesler & Barbarin, 1984). In its broadest sense, social support is the essence of being "social": it is mutual nurturing and caring. Exchange models provide methods for addressing the interdependency of relationships involved in supportive exchanges and suggest ways in which this interdependence may affect support seeking and acceptance, as well as the overall quality of relationships over time. The process of giving and receiving is more fluid than is implied by economic modeling, however, and the imposition of exchange concepts can trivialize the phenomenon by reducing mutual caring to a cost/benefit analysis. The reciprocity model implies that the nurturance we offer one another is quantifiable and that, on some level, a value is affixed to the resource. In reality it is difficult to affix a value to what is gained by providing assistance to someone cared for.

A final point that should temper investigators' applications of this concept is that reciprocity is less formalized with intimates than with more distant friends (Gouldner, 1960). The "accounting" is less exact among close friends (Walster, Walster, & Berscheid, 1978; Rubin, 1973). There is little doubt, however, that an extended imbalance in exchanges will eventually threaten even the closest relationships; research on reciprocity can tell us how support will be affected when this occurs.

Thus, the value of the reciprocity model for social support derives from its attention to factors that inhibit people's willingness to seek and accept help. By being sensitive to situations in which the norm of reciprocity is salient (e.g., among distant friends or over extended periods of recipient need) investigators can assess whether people lack access to support or are unwilling to become indebted to others.

Prosocial Behavior

The concept. Although reciprocity concerns interdependent relationships, empirical investigations focus on the recipients' motives. Most research on pro-

social behavior emphasizes the providers and what factors influence their decisions to assist. For example, an individual's decision to help appears to follow a sequence of "mini" decisions, which include recognizing the need for assistance, interpreting the dilemma as an emergency, and deciding that the provider possesses the necessary skills and resources to act (Latane & Darley, 1970; Latane & Nida, 1981). Each point in this sequence can be influenced by the characteristics of the recipient (e.g., attractiveness), characteristics of the provider (e.g., mood, values about helping), and the number of other people present.

Implications. There are several ways in which findings from the prosocial literature may be useful for social support. First, attention is focused on the elements that influence providers' decisions to offer assistance. Data suggest that recipients must signal their need for assistance (at least in distress-related circumstances). Also, the providers' *ability* and *willingness* to read this signal accurately may be influenced by a number of complex factors, including social skills, mood, and values about giving help, as well as characteristics of the setting (cf. Raven & Rubin, 1983).

Another interesting implication has to do with diffusion of responsibility. Although the presence of more providers appears to *decrease* the probability of intervention, Latane and Nida (1981) argue that the person in need of assistance (i.e., the recipient) may *believe* that having more people present *increases* the likelihood that he or she will be helped. This suggests that people with a large and *dense* social network may assume that support is available when they need it. Providers, however, may be less likely to offer support when their responsibility for assistance is shared with others. Thus, in some instances network size may work against the best interests of the recipient.

Limitations. There are several limitations in the applicability of prosocial behavior research for social support. First, the research emphasis is on factors that *precede* a decision to intervene. In considering support, we are trying to understand the *act* of support itself; *who* provides *what* and for *what intended outcomes.*

Second, research on prosocial behavior is usually limited to single acts of assistance. Social support measures, however, often assess ongoing relationships. Furthermore, research on prosocial behavior involves the actions of one or more *strangers* toward another stranger. Thus, for example, diffusion of responsibility probably diminishes when people know one another. People are more likely to help friends than strangers, are better able to interpret and respond to their friends' needs, and can anticipate future assistance from their friends.

In spite of the limitations of prosocial research, we can gain some important insights. As we discuss below, certain examples of prosocial behavior may

represent a subset of support. Also, helpful acts are moderated by person and place characteristics that have already been identified in the prosocial research area, and these same moderators may influence whether people provide support.

Participants in Social Support Exchanges

There are two implications to the inclusion of at least two people in our definition of social support. First, it suggests the need to consider the *relationship* of the actors to one another and how this relationship might influence support. Second, it implies that there are *two perspectives* toward social support and that these may differ.

Relationship Between Actors: Support Among Strangers

Our definition of support deliberately excludes network membership as a *necessary* dimension of the phenomenon. Most conceptualizations of support, however, limit the phenomenon to transactions among members of the same network (cf. Cobb, 1976; Forland & Pancoast, 1978; Hirsch, in press; Pilisuk & Minkler, 1980; Wellman, in press). Thoits (1982), for example, defines the support system as "that subset of persons in the individual's total social network upon whom he or she relies for socioemotional aid, instrumental aid, or both" (p. 148).

Social support usually occurs between people who are members of the same network. There are, however, important exceptions that should be considered in a complete model of the phenomenon. Helpful acts may occur when people are in distress and strangers come to their aid (e.g., prosocial behaviors, discussed above). People expressing friendship toward one another, for example, the smile or friendly greeting from a passing stranger or acquaintance, also could be interpreted as a form of mutual nurturance. Research from the area of self-disclosure provides further insights as to how strangers can be involved in supportive exchanges.

Self-disclosure is defined as ". . . the explicit communication . . . of some personal information" (Sermat & Smyth, 1973, p. 332). Many of the resources associated with supportive exchanges (e.g., intimate interactions, reassurances, and empathy) occur within disclosure situations (Barrera & Ainlay, 1983; Lefcourt, Martin, & Saleh, 1984; Miller & Lefcourt, 1983). Self-disclosure usually occurs between people who know one another. It does not occur in intimate relationships alone, however. Studies show that people often disclose personal aspects of themselves to total strangers—a fellow passenger on an airplane, another patient in a doctor's waiting room, the patron at a bar—and these disclosures are hypothesized to occur and be rewarding *because* of the anonymity of the participants (Rubin, 1973; Spinner, 1978). That is, people who

are unable or unwilling to unburden themselves to friends may welcome the opportunity afforded by an anonymous encounter.

In addition to face-to-face encounters, examples of anonymous self-disclosure abound in today's increasingly technological society. Crisis center hotlines provide the highly stressed caller with immediate feedback, which may simply involve listening, or may entail providing caring responses and referral services. Similarly, a growing number of radio talk shows provide participants with direct responses to their problems and listeners with vicarious information. The accelerated growth of home computers has provided an additional avenue for anonymous support. With the purchase of a modem, people can communicate with other "users"; programs have been developed to assist people in linking up with the resources of strangers (Van Gelder, 1983).

Support exchanges may also occur between a recipient and a stranger who is an expert in a particular field (e.g., a therapist, lawyer, physician, or minister). In fact, an important task in supportive interventions is the determination of whether an individual's existing network is adequate or whether "outside help" is more appropriate.

Thus, when researchers limit their measures of social support to resources provided by network members, they may be ignoring other important resources. People may prefer, in some situations, to seek assistance from a professional support provider or to discuss a personal problem with a stranger, rather than seek support from family or friends (cf. Cauce, Felner, & Primavera, 1982). An interesting advantage of anonymous or stranger support is that the sense of indebtedness felt when receiving assistance may be eliminated or reduced. How support from network members compares to support from strangers is an empirical question that merits investigation.

Perceptions of the Participants

Because at least two people[1] are always involved in a supportive exchange, there will be distinct perceptions of the exchange that may not converge. Most research assesses support perceptions from the egocentric view of the recipient (see Antonucci, 1983, and Chesler & Barbarin, 1984, for recent exceptions). As noted by House and Kahn (in press): "Thus far, almost all measures of support, and also of social relationships and networks, have relied on the self-report of the focal person (recipient) about how others behave or how the focal person perceives their behavior" (p. 16). As a result, we know almost nothing about the perceptions of the provider or the degree of congruence between the two actors'

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[1]We confine our discussion of social support to dyadic relationships. However, we recognize that support can occur among several members of a network simultaneously (e.g., friends organizing to help one network member who is in crisis; cf. Chesler & Barbarin, 1984).

Recipient's Perceptions of the Exchange	Provider's Perceptions of the Exchanges		
	Helpful	Neutral	Harmful
Helpful	Congruent	Incongruent	Incongruent
Neutral	Incongruent	Congruent	Incongruent
Harmful	Incongruent	Incongruent	Congruent

Fig. 1. Degree of congruence in perceptions of interpersonal exchanges: provider versus recipient. Shaded cells are nonsocial support exchanges; unshaded cells represent different forms of social support exchanges.

perceptions, yet degree of congruity has important implications for the quality and the effects of support, as well as for the probability that it will continue.

In Fig. 1 we present a taxonomy of the possible perceptions held by the provider and the recipient of interpersonal *exchanges*. For simplicity, we reduce all possible perceptions to three categories: helpful, neutral, and harmful. Five examples of perceived interpersonal exchanges presented in Fig. 1 are social support[2] although only one cell represents congruent perceived support. The remaining four exchanges are not social support since *both* actors perceive the exchanges as either neutral or harmful.

On the surface these may appear to be simple distinctions. Yet there is confusion over supportive versus nonsupportive exchanges. Although theorists recognize that interpersonal relations are not always supportive (e.g., Antonucci, 1983; Rook & Dooley, in press; Shinn et al., 1984) there remains some question as to whether or not harmful relationships fall within the domain of social support (cf. Thoits, 1982). The literature now includes concepts such as negative support and negative buffers. These concepts, however, fail to broaden our understanding of the phenomenon and appear instead to confuse the issue.

Three important points should be noted. First, *perceptions* of exchanges are *not* synonymous with the *effects* of exchanges. Even when a resource exchange is perceived by both actors as helpful, its actual impact on the recipient may not be so.

Second, most supportive exchanges occur between individuals in on-going relationships. Each cell in Fig. 1 represents a "snapshot" of a relationship at a

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[2]At this point we feel it inappropriate to suggest a hierarchy among these five forms of support with respect to degree of helpfulness to the recipient. Their possible variance in effectiveness is an empirical question. We are merely providing a simple taxonomy of congruency outcomes where dual perspectives are involved.

particular time. This same relationship, however, can include exchanges that could over time fall within all nine cells. What is important for that relationship is where *most* of the exchanges fall.

Third, we do not mean to imply that people are always thinking about what they are doing and why. In most cases, exchanges are automatic and, probably, not evaluated by either participant. Awareness of the quality of an exchange might be triggered by crisis events when need for support is high, by a long absence of supportive exchanges, by an unusually positive or negative exchange, or by the request of a researcher for a report on the quality of a relationship.

Sources of incongruity. Situations in which both provider and recipient perceive an exchange as supportive represent the optimal form of *perceived* support. There is a clear match between the recipient's perceived needs and the provider's response to those needs. Over time, such a match has the highest probability of engendering an ongoing, satisfying relationship. The more complex forms of support are those in which the perceptions of providers and recipients are incongruent. There are several possible sources of incongruity. For example, incongruity may occur when providers and recipients have different goals (Hirsch, in press). Heller and Swindle (1983), describe a situation in which parents provide advice to their adolescent who responds by running away. These researchers ask, "Is this social support?" According to our model, the answer is yes from the parents' perspective; from the child's perspective, however, the answer is no. This difference derives from the different ways in which these actors interpret the adolescent's needs and goals.

Incongruity can also occur when actors in an exchange have different models of helping (Brickman, Rabinowitz, Karuza, Coates, Cohn, & Kidder, 1982). In developing models of people's assumptions about the responsibility for problems and solutions, Brickman et al. (1982) suggest that people usually have specific ideas regarding when it is appropriate to help another individual and how this assistance should be provided. If providers and recipients differ in their ideas about how assistance should be offered, then recipients are unlikely to receive what they feel is needed.

Recipients may also be *unwilling* to define clearly the type of resource they require in a particular situation. For example, some individuals are reluctant to make a direct request for assistance. In addition, recipients may wish to avoid being placed in a dependent role.

Recipients may also be *unable* to provide information about their needs. People in crisis situations, for example, rarely exhibit consistency in their needs and demands. They are often in the process of trying to make sense of the situation (Taylor, 1983) and of determining a coping strategy. Finally, recipients may *lack the interpersonal skills* required to solicit assistance in an unambiguous manner.

Providers are encumbered by the same potential impediments as recipients. For example, they may not be able to empathize with the plight of others, and may be unable to "read" the requests for assistance. They may also be unwilling to give the type of assistance requested by the recipient. That is, providers may feel that they "know what is best" and ignore requests from the recipient that do not conform to their ideas about what sort of assistance is necessary. Finally, providers may be hesitant to help because they don't know what is needed and are afraid their efforts will do more harm than good (cf. Chesler & Barbarin, 1984).

Types of incongruity. Incongruent support occurs when the recipient perceives the exchange to be helpful, but the provider perceives it to be *harmful.* In work situations, for example, employees who are threatened by the advancement of co-workers may pass on erroneous information in the guise of assistance, when their true intent is to cause their co-workers to perform poorly.

There are many examples of incongruent social support in which providers feel they are being *helpful,* while recipients feel they are not. The bereaved are often recipients of well-meaning but inappropriate remarks from friends and relatives (cf. Kushner, 1983; Schiff, 1977). Comments such as, "It's probably for the best," "Don't take it so hard," "She's better off now," or "You can always have another child," do little to alleviate and may actually exacerbate the pain of someone who has suffered the death of a loved one. Yet these responses are not uncommon and merely exemplify the difficulty people have in dealing with the grief of others and knowing how to be supportive. Brickman et al. (1982) refer to these types of exchanges as "secondary victimization," or "the process by which victims are victimized once again by awkward or ineffective efforts to help them" (p. 378).

Implications of incongruity. Incongruent forms of support do not provide a realistic picture of an individual's support *resources,* and measures of resources that tap into such exchanges may be unreliable. Harmful exchanges that are perceived by recipients to be helpful, for example, may eventually cause harm, and the recipients' misperceptions of the exchanges could prevent the recipients from preparing for such an unexpected outcome. In a crisis situation this type of incongruent support could prove to be particularly deleterious, as the recipients could learn about their misperceptions when they are most vulnerable. Alternatively, providers may be surprised by and reject their assumed roles as supportive individuals in the recipients' lives.

Incongruent social support exchanges in which the recipient does not perceive the exchange as helpful also have important implications. In these situations, the recipients may resent what they perceive to be insensitivity on the part of their friends. Similarly, providers may feel frustrated by their unappreciated

attempts at assistance. Both situations, moreover, could seriously endanger the stability of the relationship (Brickman et al., 1982).

Thus, to understand social support fully, attention must be addressed to the different perspectives that can occur in supportive exchanges. The possible differences between perspectives of recipients and providers have important implications for the reliability and validity of support measures, as well as for the quality of interpersonal relations. By investigating *both* perspectives we begin to see how discrepancies arise and how they can be reduced or even eliminated. Hence, intervention strategies might be more appropriately directed toward reducing sources of incongruity rather than at increasing network size. As long as social support remains, at least empirically, in the head of the recipient we will have a distorted picture of recipients' available support resources and the effectiveness of our interventions will be severely limited.

The How and Why of Social Support: Functions and Resources

Although definitions of support vary considerably, the assumption underlying all models and empirical investigations of this phenomenon is that supported people are physically and emotionally healthier than nonsupported people. There is, however, a surprising absence of models that indicate *how* social support promotes well-being (cf. Cohen & Syme, in press; Conway, 1983; Thoits, 1982). One step toward understanding the process of support is to clearly distinguish between what support is supposed to do for the recipient, its *functions*, and how these functions can be achieved, the *resources* provided in supportive exchanges.

Resources in Supportive Exchanges

More attention has been focused on identifying and categorizing the resources provided in supportive exchanges than any other dimension of social support (cf. House, 1981; Pilisuk & Minkler, 1980; Wellman, in press). Some of the resources mentioned in the literature are behavioral assistance, feedback, guidance, information, comfort, intimacy, money, services, and lay referrals. Several taxonomies have been proposed to organize these resources into meaningful groups (cf. Cohen & McKay, 1984; House, 1981; Rook, 1983). Emotional sustenance, material or tangible assistance, and information, for example, have been suggested as classifications that encompass all of the resources associated with support.

To understand how support works, we believe it is critical to link resources to the hypothesized functions of support. Specification of these linkages allows a consideration of both the desired outcomes (i.e., outcomes consistent with the

function), and the achieved outcomes of support (i.e., the full range of possible effects).

Health-Sustaining Functions of Social Support

According to most models of support, its overall function is to enhance the recipient's well-being—that is, to enhance the overall physical and mental health of the individual. This general task can be reduced to several specific functions.

Gratification of affiliative needs. One frequently suggested purpose of social support is to gratify basic affiliative needs (Kaplan, Cassel, & Gore, 1977; Thoits, 1982). Support can meet people's needs for the contact and companionship of others, and thereby mitigate the deleterious effects of isolation and loneliness. Through support people can obtain the feelings of belonging that satisfy their affiliative needs. The resources associated with this function could include expressions of caring, love, understanding, concern, intimacy, and an enhanced sense of belonging (e.g., the inclusion of the recipient in group activities).

Self-identity maintenance and enhancement. Support has also been linked to recipients' self-identity (cf. Mitchell, Billings, & Moos, 1982). Thoits (1983), for example, argues that the self is composed of a set of discrete identities. She suggests that it is through our interactions with others that our personalities develop—that we acquire an awareness of, at a minimum, our social selves. Similarly, according to social comparison theory (Festinger, 1954), people evaluate and clarify their belief systems by comparing their own opinions, attitudes, and beliefs to those of others. The resources associated with the self-identity function of support might include feedback regarding aspects of the self and models of appropriate behavior in ambiguous or stressful situations (e.g., self-help groups).

Social interactions can produce both positive and negative self-identities. Scapegoating, labeling, stereotyping, and stigmatizing are all examples of how we can obtain a negative sense of self through our interactions with others. For example, some recipients may accept assistance, recognize their need and the appropriateness of the resource to that need, but still *feel* badly about themselves (e.g., identify themselves as dependent, needy).

Self-esteem enhancement. The self-identity function of support refers to the general issue of learning who we are. In contrast, supportive exchanges can also serve to *validate* a person's sense of own value and adequacy (Gottlieb, 1983). Resources relevant to the self-esteem function include reassurance and affirmation of worth, approval, praise, and expressions of respect for the recipient.

All of the above functions of support are relevant to the health-sustaining nature of the phenomenon. They reflect some ways supportive relationships can promote well-being in the absence of severe stress. These functions may also come into play during stressful circumstances, and their effectiveness prior to stress can determine how much strain a person experiences under stress. That is, if people receive ongoing support that provides them with a sense of security, bolsters their self-esteem, and strengthens their self-identity, then they are less likely to be vulnerable to stressors than people who have not received such support (Mitchell et al. 1982; Wallston et al. 1983).

Stress-Reducing Functions of Social Support

Cognitive appraisal. Several researchers associate support with cognitive appraisal (cf. Cohen & McKay, 1984; Heller & Swindle, 1983). Cognitive appraisal has been divided into two components in stress literature: primary and secondary (Lazarus & Launier, 1978). Primary appraisal refers to a threatened individual's *interpretation* of a potential stressor. At this pre-stress stage, support exchanges can broaden the individual's interpretation of the event and promote its clearer understanding. During primary appraisal, supportive resources include verbal information about the event and modeled responses to it.

If an event is interpreted as a threat, secondary appraisal comes into play. This is also the point at which coping or "the strategies for dealing with threat" (Lazarus, 1966) become relevant. Secondary appraisal refers to people's assessment of their available coping resources. Support can interface with this stage of the appraisal process by broadening the number of coping options. The resources provided include modeled emotional and behavioral coping strategies, referrals to appropriate professional service agencies, encouragement to seek assistance, and the provision of information and problem-solving techniques.

The specificity model of support. In addition to influencing cognitive appraisal, social support can function directly as a coping strategy by providing the recipient with the resources needed to meet the specific needs evoked by the stressor. Cohen and McKay (1984) argue that stressors can be categorized according to the different needs they create for the stressed individual. The success of support as a coping resource depends on how well the resource exchanged meets the recipient's stress-related needs (see also Brownell, 1982; House, 1981; Shinn et al., 1984). If the stressor involves loss of a job, for example, then an important resource might be the provision of money or other forms of tangible assistance (Brownell, 1982).

Cognitive adaptation. In her recent model of cognitive adaptation, Taylor (1983) hypothesizes that people undergo three processes to cope *cognitively* with

threatening events: a search for the meaning of the event, an attempt to regain mastery over their lives, and the enhancement of self-esteem. As she notes, support can play an important role in each of these processes. We have already discussed some of the resources associated with enhanced self-esteem. In terms of meaning and mastery, relevant resources could include information about the threat, methods for regaining control, and modeled behaviors for coping (e.g., self-help groups).

Social support versus coping. Social support can interface with almost every coping strategy mentioned in the stress literature, and since coping and support are related phenomena it is not surprising that support is often defined as a coping resource (cf. Heller & Swindle, 1983; Hirsch, in press; Pearlin & Schooler, 1978). However, the concepts are not synonymous; there are clear distinctions between support and coping. Social support can exist independently of coping (i.e., health-sustaining functions), and coping resources (e.g., money, stamina, intelligence) and strategies (e.g., relaxation techniques) can occur in the absence of support. A clearer understanding of the associations among these phenomena should strengthen models of stress and coping as well as measures of stress moderators.

Potential Effects of Social Support

Outcome variables used in support research have been severely limited (Heller & Mansbach, 1984). In selecting measures of the effect of support, researchers focus on what it *should* be doing (i.e., its functions) rather than what it *could* be doing in particular circumstances. Several aspects of an exchange can influence the range of possible outcomes.

Factors Influencing the Effects of Social Support

Person–environment fit. Several investigators have applied variations of the concept of person–environment fit to the area of social support (cf. Caplan, 1974; House, 1981; Shinn et al., 1984). The basic premise underlying these models is that the effectiveness of an exchange depends on the fit between recipients' needs and resources. It is important to keep in mind that *lack of fit does not necessarily mean lack of support.* It does mean, however, that the effects of support can vary.

Perceptions of the exchange. The degree of congruence between recipients' and providers' perceptions of the exchange (see Figure 1) can also influence the effects of support. Sensitivity to the potential sources of discrepancy in these perceptions should affect the choice of outcome measures selected by investiga-

tors. In studying adolescent populations, for example, measures addressing feelings of autonomy versus dependency could tap into the differing ways in which parents and adolescents perceive the same exchanges.

Resources exchanged. The specific resources provided in an exchange will influence the obtained effects. Although a resource may fit a specific function of support and its provision may be appropriate to the recipient's needs, it may still have effects that go beyond the function being served. For example, parents might respond to their adult child's job loss by sending him or her money; this would meet the child's immediate need, but may also reinstate an earlier sense of dependency.

Short- versus long-term effects. The effects of support can also change over time (Rook & Dooley, in press). First, an immediate positive effect can dissipate, become stronger, or become negative over time. Hobfoll and Wolfish (1982), for example, found that some friends of women who were to undergo breast biopsies recommended that the women ignore this diagnostic procedure and try herbal remedies. The immediate effect could have been to calm the recipient. (Note that Hobfoll & Wolfish, 1982, did not test this effect.) Over time, however, the effect could be extremely negative.

The effects of support may also be negative initially, but become positive later. A typical example would be encouraging a friend to stop smoking; the smoker may resent this at first, but in time come to appreciate one's concern and assistance.

Finally, exchanges can produce consistent short- and long-term effects. That is, an exchange might be immediately positive and remain so, or be immediately negative and remain negative over time. Furthermore, an exchange can have an immediate (and even powerful) effect which disappears over time. For example, people often join a support group to change undesirable behaviors (e.g., smoking or over-eating) and, as long as they participate, behavior changes occur. Yet it is not unusual for people to relapse once they leave the support group.

Effects of Support on the Recipient

In designing support studies, investigators need to consider the ways in which support outcomes might be affected by fit, the perceptions of the actors, resources provided, and short- versus long-term effects, and choose their range of outcome measures accordingly. By considering only the effects of the resource exchanged on the recipient, for example, we are able to generate a broad range of outcomes that are not traditional in the support area (see Table 1).

Group membership, for example, can make one feel secure and enhance

Table 1. Social Support Resources and Their Potential Effects on the Recipient

Resources[a]	Effects[a]	
	Immediate	Long-term
Health-Sustaining Functions		
Expressions of caring, love, understanding, and concern; intimacy Protection from harm	+ feeling cared for and valued + enhanced positive mood state − feeling smothered, controlled	+ enhanced sense of personal security + increased bonding (attachment) + emotional well-being − dependency
Inclusion in group activities	+ sense of social integration + increased perception of number of friends and support − enhanced feeling of obligation to conform to group norms − indebtedness	+ security − thwart development of individual identity − model poor health habits
Reassurance of worth; approval; praise, expressions of respect	+ self-confidence + w/r to stress, prevention of coping being hampered by self-recrimination − over-confidence; uncritical view of judgments − w/r to stress, narrow consideration of options	+ positive self-esteem + emotional well-being − dogmatism − egotism
Feedback about behaviors, beliefs, etc. Model in ambiguous and threatening situations	+ reduced ambiguity + reduced fear + feeling of purpose − learn inappropriate responses	+ strong self-identity + emotional well-being − poor physical health
Listening; promoting self-disclosure	+ emotional release + feeling cared for − embarrassment	+ strong self-identity + reduced anxiety • − low self-esteem
Stress-Reducing Functions		
Verbal information regarding: severity of threat and its objective reality, potential coping strategies, lay referrals, referral to other network members Modeled responses to threat	+ clear interpretation of threat + confidence + reduced helplessness − sense of inadequacy if models are "super copers" − increased perception of threat (e.g., "sour grapes" in work setting)	+ physical and emotional well-being + sense of personal strength + sense of efficacy − depression − low self-esteem − fear; anxiety
Tangible assistance: money, skills, services, task sharing	+ more able to meet demands + confidence − indebtedness − embarrassment	+ physical and emotional well-being + positive self-esteem − resentment − dependency

[a]These are examples and not exhaustive lists.

one's sense of belonging. At the same time, however, there are real costs associated with groups—including pressures to conform (cf. Cartwright & Zander, 1968). The peer pressure of adolescent groups provides an interesting example of the possible dual outcomes of this resource. While group membership meets people's affiliative needs, pressures to conform might cause people to behave in unhealthy ways (e.g., to smoke or use drugs).

Attentive listening may also be provided. In stressful circumstances, listening to a troubled individual can be an important expression of support that helps the individual discharge feelings and work through issues. Disclosure, however, can also have negative effects. Recipients may feel embarrassed about the information they have shared, and even resent the "prying" friend's concern. (More effects related to support resources are presented in Table 1.)

Effects of Support on the Provider

Costs of providing support. The literature on "burn-out" focuses on costs experienced by formal support providers (e.g., teachers, medical practitioners, or social workers). Similarly, informal providers may "pay" for their roles in a number of ways. Being available to someone in need can be emotionally draining (Chesler & Barbarin, 1984; Kessler, McLeod, & Wethington, in press; Wortman & Dunkel-Schetter, 1979). In their reanalysis of several data sets, Kessler et al. found that women are more likely than men to recognize and respond to the needs of others, to be involved as supporters in crises, and to be influenced by the life crises of network members. They concluded from this that "the emotional costs of caring for those in one's network accounts for a substantial part of the pervasive mental health disadvantage of women" (p. 10).

In addition to emotional strain, there are several other costs that providers may experience. The provision of some resources includes the expenditure of time and money (e.g., transportation, loans, or babysitting). Over time, recipients' need for such tangible resources may become a difficult burden.

The act of assisting another person can alter providers' attitudes toward recipients. That is, providers may come to view recipients as too needy or weak. Such an attitude change may be dramatic, and even harmful, to a relationship when the recipient has previously been self-reliant and independent.

Stress in the lives of others can increase providers' sense of personal vulnerability. That is, they may become more aware of the risks that exist in their own lives.

Finally, certain sources of stress for a recipient can also impact on the provider. The diagnosis of a chronic disease in a loved one, for example, affects the sick person's family and friends indirectly (Wortman & Dunkel-Schetter, 1979). Natural disasters or company lay-offs can affect members of the same

social network directly. In such situations, providers must give support when they too need it, and this may make the supportive role itself stressful.

Benefits of providing support. As costly as being supportive may be, it is the benefits of providing support that keep people in mutually nurturing relationships. The major benefit for providers comes from knowing that, because of them, others' lives may be better (cf. Baston, Fultz, & Schoenrade, 1984). "The ability to be nurturant is a fulfilling and self-validating experience" (Kessler et al., in press, p. 16). There are several other ways in which providers may gain from their role.

Providing support may increase their sense of efficacy. Furthermore, providers can vicariously experience a broad range of life events and develop a repertoire of coping strategies that may be useful in the future.

A recipient's disclosure of personal information is an implicit act of trust and, therefore, a compliment to the person who listens (Archer & Cook, 1984). Self-disclosure also may represent the recipient's willingness to develop a relationship with the provider, or to strengthen an existing relationship (Archer & Cook, 1984).

Providing support to someone in the same network increases the probability that one's own needs will be met in the future. For example, House and Kahn (in press) speculate that the reason women benefit especially from same-sex relationships is because there is more reciprocity between two women than between two men, or between a man and a woman.

To summarize, a number of factors influence the effects of support on recipients and providers. Even in the simplest examples, multiple effects can occur which may be positive or negative, and may change over time. Future investigators need to consider outcome measures that are responsive to these issues. Including multiple outcome measures will allow researchers to better understand the underlying processes and to be sensitized to the possible neutralizing or negative effects of some resources.

The Context of Social Support

Social scientists discuss the possible influence of context on social support (cf. Eckenrode & Gore, 1981), identify what factors may comprise context (Cohen & Syme, in press) and how the embedded nature of support can influence its effectiveness within a stress and coping paradigm (Shinn et al., 1984). However, as support is described in more complex and multidimensional terms (Heitzman & Kaplan, 1983; Thoits, 1982; Wilcox, 1981), confusion arises regarding its dimensions versus its contexts. We have already elaborated on the key *dimensions* of support (e.g., functions, resources, exchange properties). We

now consider its *effective context,* the range of contextual factors that may affect its form and occurrence (Stokols, 1983).

Characteristics of the Participants

Personal characteristics. Theorists have suggested several aspects of recipients that may influence their ability to develop social relationships and their skills in soliciting appropriate assistance (cf. Jones, 1984; Lefcourt et al., 1984; Unger & Wandersman, in press). These recipient characteristics include affiliative needs, privacy needs, stability of self-concept, autonomy, locus of control, and relational skills (e.g., empathy). Added to these are demographic factors such as age, sex, and race (cf. Antonucci, in press; Vaux, in press). Research addressing the degree to which these or other individual difference variables alter a support exchange is still limited. Moreover, the small amount of research that does exist focuses on characteristics of the recipient. Yet, as we have argued throughout this article, the provider is an important part of the supportive exchange and characteristics of this individual are equally critical to understanding the support phenomenon.

Network characteristics. The structure of recipients' *and* providers' networks is also an important contextual aspect. Network density, size, and the relationship between the provider and recipient, for example, can influence a recipient's satisfaction with support (cf. Gottlieb, 1981; Gourash, 1978; Hirsch, 1979). Although it is not clear that a detailed network analysis enhances our understanding of support sufficiently to justify its expense (House & Kahn, in press), findings from laboratory studies focusing on *particular* structural variables (e.g., relationship between participants, network dispersion) and how they are associated with dimensions of support (e.g., degree of congruity in dual perspectives) should improve understanding of the phenomenon and the effectiveness of interventions.

Characteristics of Place

Organizational environment. Shinn et al. (1984) consider aspects of an organization that may influence the development and maintenance of support networks. Cooperative settings, for example, are more likely to enhance support than competitive ones (see also House, 1981; Rook & Dooley, in press). The social organization of *all* life domains (that is, neighborhood/community, work place, family, school, recreational) will influence the types of networks that emerge, as well as our ability to effectively utilize available support resources. Thus, when investigating support within a particular domain, an assessment of

how the organizational climate interfaces with support is important, especially if the long-term aims of the researchers are to develop sound interventions.

Physical environment. A critical determinant of the *development* of friendship networks is the design of the physical environment (cf. Festinger, Schachter, & Back, 1950; Fleming, Baum, & Singer, in press; Shumaker & Reizenstein, 1982; Zimring, 1982). Also, the physical layout of a setting influences the interactions among prospective network members (Altman, 1975). Yet we are not aware of any studies of social support, or of any support interventions, that consider the designed environment. This oversight is especially important if one notes that the designed environment plays a critical role in facilitating or thwarting the functions of support (cf. Shumaker & Reizenstein, 1982). For example, physical designs that provide for privacy are more likely to promote private communication and self-disclosure (Shumaker, 1979). Nondistracting settings can facilitate an exchange of information and promote problem-solving (Kaplan, 1983). Finally, settings that provide opportunities for contact with others without forcing interaction can promote social comparison and role modeling.

Summary and Research Questions

Summary

This paper has presented our definition of social support as the basis for a model that involves an exchange between at least two persons, and which is perceived by at least one of the participants to be intended to enhance the well-being of the recipient. It then explored the implications of such a model, simultaneously addressing gaps in the literature.

We began by drawing upon the reciprocity and prosocial behavior literature, which suggest how recipients and providers may consider the relative costs and benefits of participating in a supportive relationship. We emphasized the importance of the perspectives of both providers and recipients. In this context, we considered non-network sources of support and the importance of congruence between the participants' perceptions.

In order to understand how support enhances well-being, we distinguished between its functions and the resources provided in a supportive exchange, and specified linkages between these two dimensions. We distinguished between the health-sustaining functions and the stress-related functions of support. We also considered factors that can influence the effects of support, and described a wider range of effects than have been represented in the traditional support literature. Finally, we distinguished between dimensions of support itself and the contextual variables that can influence its quality.

Research Questions

Research findings over the past 15 years provide strong evidence for a positive association between support and personal well-being (cf. Cohen & Syme, in press, for a current review). It is not surprising, therefore, that interventions designed to enhance support have been implemented. Until we have a clear understanding of *how* support operates, however, *any* intervention may be premature and represent wasteful expenditures of limited funds. Therefore, it is incumbent on research scientists to provide a clear picture of this phenomenon and to explain, conceptually and empirically, when and how support influences well-being. The model of support presented in this article addresses the *process* of support; several research questions are imbedded within it.

We agree with researchers who argue that, to insure ecological validity, social support should be studied in field settings (cf. Dunkel-Schetter, 1984). An experimental approach is also useful, however, in that it allows investigators to tease apart some of the subtler aspects of the phenomenon. Many of the research questions posed below can be addressed in laboratory settings.

1. During what types of supportive exchanges are reciprocity and indebtedness most salient to the participants? For example, how do factors such as the duration or intimacy of a relationship relate to feeling obliged to reciprocate support? Does the duration of a need for support affect the salience of the norm? Similarly, are there ways to attenuate negative effects of the reciprocity norm on support?

2. What situational factors are more likely to elicit assistance from friends? Is there a diffusion of responsibility among network members? If so, how strong is the effect and what network structure variables (e.g., density, size) are most likely to engender diffusion?

3. How does support from strangers compare to support from network members? Are there situations in which the former is more helpful than the latter?

4. What factors influence the congruence between participants' perceptions of the supportive exchange? For example, how do their relationship (e.g., kin, friend, spouse), their social competency skills, and situational factors influence perceptions of support? Are incongruent exchanges better for recipients than no support at all?

5. How are providers affected by their role? How does the impact of support on providers influence the support given recipients? What types of resource exchanges have the most enduring effects on the recipient? And when does the same resource exchange produce both positive and negative effects?

6. Finally, to disentangle context from the support phenomenon, studies are needed which investigate the convergence and divergence of related phe-

nomena (e.g., personality characteristics of the participants). More specifically, what contextual variables significantly influence support processes? Which contextual variables inhibit and which ones enhance the occurrence of supportive exchanges?

In this paper we identified and addressed conceptual gaps in the social support area. Although we discuss these issues as part of our model of support, we recognize that the concepts described here will benefit from further consideration. By providing further attention to these gaps, social scientists will clarify the understanding of support. More importantly, they will be able to design and implement interventions that reinforce those aspects of supportive exchanges that truly enhance the personal well-being of all participants.

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