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**Clark, Brenda Adrienne**

THE CHARACTERISTICS OF SOCIAL SUPPORT: THEIR IMPACT UPON  
PSYCHOLOGICAL WELL-BEING AND THE EXPERIENCE OF STRESS IN  
BLACK AMERICANS

*City University of New York*

PH.D. 1987

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PSYCHOLOGICAL WELL-BEING AND THE EXPERIENCE OF  
STRESS IN BLACK AMERICANS

by  
BRENDA A. CLARK

A dissertation submitted to the Graduate Faculty in Psychology  
in partial fulfillment of the requirements for the degree  
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1987

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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### Abstract

THE CHARACTERISTICS OF SOCIAL SUPPORT: THEIR IMPACT UPON PSYCHOLOGICAL WELL-BEING AND THE EXPERIENCE OF STRESS IN BLACK AMERICANS.

by Brenda A. Clark

Adviser: Professor Anderson J. Franklin

Social support is a multidimensional concept which describes the process by which goods, information, and services are conveyed from one person to another. Its impact upon psychological well-being and stress has been hypothesized but little empirical data exists which demonstrates its areas of particular influence and efficacy. This study analyzed data from the National Survey of Black Americans (University of Michigan, 1979) where a cross sectional sample of black adults was interviewed on a range of topics pertinent to their life functioning. This study examined the responses of the 2,107 subjects who reported the occurrence of everyday life stressors and gathered data as to the composition, use, and effectiveness of their social support systems. These data were then contrasted with the self-reported degree of stress and psychological well-being.

The results indicated that while women used family, church, and friendship supports more often than men, they were less satisfied with the help received. Church support did vary with age in the males surveyed. A positive relationship between psychological well-being and age was found ( $p < .05$ ), but a strong negative correlation between psychological well-being and stress was shown ( $p < .01$ ).

Implications for service delivery to young families and women are discussed as the analysis of these groups' patterns of social system use indicates the need for more effectual social support.

## Acknowledgements

At this point I have the opportunity to express my gratitude to persons who have inspired and assisted me. My parents, the late Bernard H. Clark and Mrs. Bernadine Clark, has always epitomized the message, "It can be done!". My brothers, Bertram and Brian, and my sister, Bernice, helped me to remember that by their timely words and actions throughout this process.

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## Chapter\_One

### Introduction

The purpose of this dissertation is to examine a number of psychosocial factors which may influence the experience of psychological well-being and affect the ill effects of stress when a person is faced with problems. These psychological factors are collectively termed social support.

The anecdotal evidence of the existence of a combination of factors that enable persons faced with adverse conditions to persevere and excel surround us. As an undergraduate student of psychology I was fascinated by the accounts of dramatic aberrations in thought and actions cited in case studies and of their varying degree of progress towards a state of greater equilibrium. The lengthy, detailed history of early life, childhood, and maturation would be recounted followed by a presentation of treatment modality and subsequent developments. However, no matter how well formulated the theoretical statements or succinctly delivered the case material, one question would remain with me. Why did this person experience such a high degree of breakdown while his or her counterpart, a person with an

equal level of trauma is functioning, productive, and reasonably content?

I saw evidence of, this paradoxical situation in my community. Some very promising children fulfilled and exceeded all expectations for their future; others seemed to flounder and fail at the very point at which it seemed that they should be ready to stretch out and move forward. This scenario is not unique to the black community. It must be added that the predictive element of success or failure could not be based upon some of the usual factors cited (i.e. Scanzoni, 1971): single parent-mother headed household, low income, urban environment. Even in the presence of these factors some black children have done well in the past and continue to do so even when they are faced with even greater challenges. Today's youth must participate in the computer generation yet not be seduced by the easily available sources of drugs. It is not enough to simply get into a college, one must be eligible to enter one that will give the best preparation for one's chosen field, complete the course of studies, and face the probable necessity for graduate study.

The above example highlights the plight of youth but by logical extension the basic question also has relevance for the adult population. In the face of the vast number of factors that potentially cause breakdown and severe

disruption of functioning- why are there not more persons expressing and displaying the symptoms of impending collapse? Antonovsky (1981) states the evidence in this manner, "Given the ubiquity of pathogens - microbiological, chemical, physical, psychological, social, and cultural - It seems to me self-evident that everyone should succumb to this bombardment and constantly be dying" (p. 13). There must be some wellspring of strength that allows people experiencing high levels of adversity to go onward and achieve.

We are drawn to the term support, the definition of which captures the essence of this ability to meet adversity. Support: "to keep from falling; to bear the weight of; to sustain; to bear or tolerate; to encourage; to furnish with a means of living" (Webster's Dictionary). None of these elements seem unfamiliar to us, in fact they seem quite basic and may even fall into the category of things that are easily taken for granted. However, the processes of giving and receiving these resources and their effects upon such varied yet interrelated areas of self-esteem, physical health, economic stability, psychological well-being, and family and peer relationships bespeaks a power that should not be minimized.

Yet, social support is not a panacea for all ills. The early researchers' (House, 1981; Marmot, 1983; Turner, 1983)

original enthusiasm for this concept was dimmed as they found that social support alone, no matter how extensive, specific, or well-intentioned, could not fulfill all needs. This revelation of sorts caused some theorists (Thoits, 1982) to decry the usefulness of the concept, social support. This may have been an overly harsh analysis of the evidence which denies the full exposition of the particular contributions of social support to the experience of psychological well-being. The empirical literature suggests that the social support system may be properly identified as an important feature in a person's repertoire of means and methods for achieving psychological well-being and minimizing the ill-effects of stressful situations (Dohrenwend & Dohrenwend, 1984; Pearlin & Schooler, 1978). The influence that an individual's social context will have upon his response to the exigencies, or in psychosocial terms, the stresses of life, has only recently begun to receive any systematic attention (Cobb, 1976). The social support system has particular relevance to the black American population which embodies a unique combination of stressors and resources; a source of data from which a new perspective on this fascinating question may be drawn.

influence on health has expanded tremendously. The anecdotal evidence may be traced back to the biblical pronouncement that it is not good for man to be alone. With the advent of modern psychology, a major portion of the theoretical effort went into the analysis of the nuclear family and its effect upon the individual's development. In Freudian writings little exposition is done of the role of any 'family' members beyond the parents. The interpersonal school (e.g. Sullivan, Horney, Berne) considers the differential impact of various family members, childhood peer relationships, and later adult relationships. Yet it is more through the writings of sociologists such as Durkheim that systematic investigation into the societal influences upon the quality of human relationship was undertaken. His work, Suicide: A Study in Sociology (1951), enunciated the concern of many twentieth century sociologists that among manifestations of the rapid modernization and urbanization of society was a breakdown in social connectedness. "Durkheim believed that this loss of social integration, or 'anomie', was antithetical to psychological well-being" (Brownell & Shumaker, 1984, p.1). In his studies he found a higher percentage of suicide among those who had few personal ties. The consequences of the weakening or dearth of social ties have been postulated in both the physical and mental health domains. Due to the social group's lessened opportunity to provide this cardinal function, the transmission of societal norms, folk

### Statement of Problem

One of the features that distinguishes human beings from other organisms on the ecological table is the potential for the development of enduring ties to one or several others. These ties, social ties, may be a source of comfort or conflict to the individual. Most often it is a dual experience, yet one that has been found to be a major determinant of one's experience of life. Naturally, there are a multiplicity of other factors which have an impact upon a person. Income, class, race, gender, health, ethnicity, education, and living environment (i.e. neighborhood setting) are just a few variables which can have a profound effect on the quality of life. However, the social scientist, environmental planner, or legislator must make an informed decision as to which factor or combination of factors may be selected that are both critical to the person's and thereby society's improvement and amenable to intervention. The social network and more particularly, the process of social support have been identified as areas worthy of study, policy development, and program implementation.

The body of literature on social connections and its

knowledge, and group identity will be decreased. Historically, the four areas that have been selected for investigation in this study are acknowledged by sociologists as prime means of conveying this information. They are the family, friends, the church, and the community or neighborhood. Ideally these forces work to promote a better social climate through the maintenance and enhancement of mental and physical health. The by-products of this effort include higher productivity and an increased level of individual and group psychological well-being. While it is readily accepted that a concept such as psychological well-being is primarily subjectively judged nevertheless there exists a level where most people would objectively agree as to its relative absence or presence. We, as psychological researchers, are challenged to demonstrate evidence of its existence and to identify the salient contributors to its augmentation.

The questions central to this investigation are the presence, composition, and perceived effectiveness of social support among a national sample of black Americans experiencing an 'ordinary' level of stress. Dohrenwend, Dohrenwend, Dodson, and Shrout (1984) term this level of stress as "the daily hassles of life", however, it may be argued that the black population's mean level of stress would be expected to be higher than the national norm due to their higher degree of exposure to known contributors to

stress and illness. The interrelated conditions of economic turmoil, higher rates of health problems and complications (e.g. hypertension), inadequate housing, substandard educational programming and instruction, and a general milieu of social pressure combine to create a continuum of daily distress. Historically, the strength and resiliency of the black family have been cited as the crucial mitigating factors which have impeded the full destructive impact of the aforementioned stressors. Lin, Simeone, Ensel, and Kuo's (1979) study of social support, stressful life events, and illness states that "familial support obviously plays an important role in reducing the likelihood of stress and the onset of illness" (p.110). They cite supporting evidence (i.e. Cobb, 1976; Dean & Lin, 1977) for that widely held view and proceed to claim that research evidence "suggests that such support may be effectively provided through a person's ties to extracurricular individuals and groups as well" (p.110). These studies (i.e. Nuckolls, et al., 1972; Gore, 1978; Andrews, et al., 1978) merit discussion later in the text. However, Joseph White unequivocally asserts in The Psychology of Blacks (1984) that "prior to the advent of the comprehensive mental health care centers in the Black community in the late 1960's, there existed and still exists an informal network of individuals, extended family groups, churches, and social organizations who have been looking out for the mental health needs of the community" (p.153).

Some (Barrera & Balls, 1983) claim that government sponsored and privately owned social service agencies staffed by professionals have supplanted many of the roles traditionally filled by the 'natural' social support system. Yet, it is my observation that while income maintenance programs, physicians, and therapists perform important functions in assisting families to retain their financial, physical, and mental health, they achieve their respective success not in a vacuum but in a medium in which the social support system is a critical factor. An interesting research question involves an analysis of the impact of the 'natural' support system upon the utilization and effectiveness of the professional support system. Gourash (1978) does not address this question directly in her review of help-seeking behaviors but does claim that a major function of social networks is the "transmission of values and norms that facilitate or discourage the use of professional services" (p.416). In some subcultures, people turn to professional agencies only when assistance is not available within the network. Therefore an important issue is raised. The level of help-seeking behavior in the black community has been found to be lower than the national norm (Baker, 1977; Neighbors, et al., 1983). If these persons tend to initially turn to family and friends for aid, what type and quality of assistance are they receiving and how does it affect their mental health? Neighbors' (1984) analysis of how income and two psychosocial variables

(problem severity and problem type) affect help-seeking among black people showed that even though the low income group was more likely to have experienced a higher degree of problem severity there was no difference between their utilization of professional services and that of higher income blacks. More problems did not produce greater usage of services. Neighbors considered the lack of equity between groups to be "an encouraging finding" (p.17). "Fairity in utilization, however, is not enough if the underlying need for help is greater among low income blacks than it is for high income blacks" (Neighbors, 1984, p.17). Neighbors (1984) calls this the "unmet need". He asserts that more information is needed on how these blacks who did not seek professional help cope with their personal problems.

Community psychologists argue that "mental illness is not the 'private misery of an individual', but is intrinsically tied to the breakdown of natural sources of support in the individual's life involving family, job, friendship, and religious affiliation" (Holahan & Moos, 1982, p. 403-404). Even though there exists a substantial quantity of empirical data which advances the view of a connection existing between social support and physical and psychological health (Antonovsky, 1979; Cobb, 1976; Nuckolls, et al., 1972), little is known about how varied sources of social support relate to health.

Jackson, Chatters, and Neighbors (1982) contend that a multidimensional and multi-faceted view of mental health is "certainly appropriate in an examination of the mental health status of Black Americans" (p. 22). Their rationale is that "as an oppressed minority, many of their [black Americans'] health problems are as much as (if not more) a function of environmental factors than the outcome of intrapsychic conflict" (1982, p.22). A stress and adaptation framework (Neighbors, Bowman, Jackson, & Gurin, 1983; Shinn, Lehman, & Wong, 1984) allows for the consideration of social group memberships and particular life experiences in the understanding of an individual's response to stress.

The stress and adaptation perspective asserts that persons with elevated levels of distress are at greater risk than the norm for developing specific forms of illness. This orientation permits for a qualitative evaluation of the social conditions that influence personal distress. This intervention-based focus relies upon the identification of the population's strengths and weaknesses with an eye towards "upgrading those weaknesses and taking advantage of those strengths to reduce the occurrence and impact of stressful events" (Neighbors, et al., 1983). Preventive human service programs impact will be maximized through the informed intervention in population sub-groups known to be at risk of developing extreme levels of psychological

distress.

Two additional reasons for adapting a stress and adaptation framework are: (a) the inclusion of social and social-psychological factors that affect the help-seeking process, (b) the focus on one of the more positive aspects of black coping - successful problem solving. The efficiency of the social support system is implicated as a major contributor to the success or failure of positive adaptation in the face of stressful circumstances.

There are several levels of social systems that impinge on the psychological well-being of black people (White, 1984). The societal context, encounters with the professional world, and personal relationships are only a sampling of the strata dealt with on a daily basis. In addition one must be attuned to the diversity of "the black community". Green (1970) cautions against the tendency to consider the multiproblem, destitute, or 'street' family as typical or representative of black culture while "all other types are either deviants from this norm, irrelevant, or culturally white" (p. 269). She makes the statement that "complex societies are distinguished from simple societies by the greater number and diversity of roles which individuals play as an integral part of everyday living" (p. 271). It is not atypical for an individual to work in a corporate setting in one geographical area, participate in a

recreational club in another, serve on their local church board or committee, attend civic/neighborhood organization meetings, be a parent, sibling, or child relative to his or her nuclear family or family of origin, and embody a particular combination of the roles of aunt or uncle, cousin, nephew or niece, and friend to the extended family. It is the differential adaptation of people of African descent to American society that produces these variations of the black experience. Pearlin and Schooler (1978) would maintain that "it is because of variations in coping efficacy that people exposed to similar life strains may harbor quite different levels of stress" (p.8). Therefore, there are several possible explanations for differences in coping abilities or psychological well-being. The roles of life experiences, group membership, and personality factors, and response style may be considered. Thomas and Sillen (1972) claim that "in different persons subjected to the same stress, the response may range from constructive adaption to a breakdown of normal functioning" (p.48). The question is posed: "What kinds of people employ what kinds of responses with what kinds of advantages [success]?" (Pearlin & Schooler, 1978).

#### Purpose and Objectives

The purpose of this study is to examine the characteristics of social support and their relationship to the levels of psychological well-being and everyday-type

stress reported by participants in the National Survey of Black Americans (1979). The dimensions of social support system availability, utilization, and perceived effectiveness will be sampled across the social network domains of neighborhood, church, family, and friends in order to produce a quotient for the summed experience of social support.

The objectives of this study are to investigate:

1. The differences in the components of the social support systems of males and females.
2. The differences in the components of the social support systems of different age groups.
3. The components of social support that influence the experience of psychological well-being.
4. The components of social support that influence the experience of stress.

#### Study Rationale

The underlying premise for this study is that there is a base level of social support needed for the maintenance of psychological well-being in the face of stress. Previous research has demonstrated a relationship between social

support and coping abilities across age ranges (Gourash, 1978; Hirsh, 1985). High levels of social support were found to offer some protection against physical ailments including coronary heart disease and hypertension (Marmot, 1983; Cobb, 1976). The psychological consequences of social support can include lower rates of depression (Billings & Moos, 1984; Dressler, 1985), lessened isolation (Quam, 1983; Bankoff, 1983), and a subjective rating of feeling happier (Phillips, 1967a). While the possible negative consequences of higher levels of social contact cannot be ignored (Rook, 1984; Turner, 1983; Shinn, Lehman, & Wong, 1984) including the greater opportunity for interpersonal conflict, over-reliance or dependency upon others, and lessened drive for the development of personal ideals, the consensus remains that in spite of the possible ill effects of social contact, social support is a powerful, generally positive contributor to one's psychological well-being (Schulz & Saklofske, 1983).

Vaux and Harrison (1985) classify social support as a "metaconstruct involving several theoretically legitimate components including the support network, resources, supportive interactions, and perceptions/beliefs that one is supported" (p.246). This corresponds to the dimensions of support system availability, utilization, and perceived effectiveness used in this study. However, a review of the literature shows no previous attempt to link the dimensions

of social support with the domains (neighborhood, church, family, and friends) of its efficacy in other than a descriptive manner (Pfouts & Safier, 1981; Brownell & Shumaker, 1984; Tardy, 1985). The characteristics of a social support system that can adequately address the needs of a people exposed to a higher differential of the exigencies of life remain open to study. It follows from the evidence cited above that this is an area worthy of further inquiry.

#### Definition of Terms

The following definitions have been adopted for the purposes of this study.

Social Support is the transmission of information, materials, or services from one agent (be it individual or organizational) to a person in need with the intention of producing a positive effect.

Social Support System is the network of non-professional contacts which are the means of conveying social support and forms the "salient reference group of the individual" (Mitchell & Trickett, 1980).

Psychological Well-being is the combination of intrapersonal, interpersonal, and environmental factors

which influence an individual's experience of mental health.

Stress is the experience of stimuli that produce strain and require adaption in order to restore an established equilibrium.

Family is a fundamental social group which designates people who are genetically related or have assumed a lifestyle of regular mutual reliance.

Friends are persons who share an attachment through mutual esteem and affection.

Neighborhood is a geographic vicinity with distinctive characteristics recognized by its dwellers and others.

Church is a collective body of persons who share some commonality of theistic beliefs and who worship within an organized religious system.

#### Summary

The process of social support and the relative efficacy of the social support system are currently being regarded as areas worthy of study due to their potential impact upon an individual's degree of psychological well-being and his or

her response to the stresses of life. The traditional reliance upon the lay network by black Americans make this group's patterns of network usage of particular interest.

Wide-ranging social, educational, and political implications rest upon the systematic identification and analysis of the process by which social support has its greatest effect.

The profiles of the social support systems of persons who vary according to their reported degree of psychological well-being and degree of stress is the area in which we will conduct our study.

## Chapter Two

### Literature Review: Social Support,

### Psychological Well-being, and Stress

#### Social Support: An Emerging Definition

The term social support is being heard with increasing frequency these days. However, theorists and researchers are still in the process of producing a working definition for this popular means of designating actions, resources and ideas related to the concept of sustaining a human being's maximum efficacy.

The initial attempts at providing a conceptual basis for the documented supportive aspects of interpersonal relationships developed from an epidemiological perspective. Cassel (1974), Caplan (1974), and Antonovsky (1974) were among the first to offer research evidence that supported the hypothesis that the disruption of social ties under stressful environmental conditions could increase one's likelihood of succumbing to illness or disease. Cassel (1974) addressed the physical health implications while Caplan (1974) postulated that social support would protect individuals from the psychological consequences of stressful

circumstances. This viewpoint came to be known as the buffering hypothesis. This theory can be characterized as direct assistance or mutual aid type of intervention. Caplan's viewpoint has been summarized by Brownell and Shumaker (1985):

Social support consists of significant others who:

- (a) help people mobilize their psychological resources in order to deal with emotional problems.
- (b) share people's tasks.
- (c) provide individuals with money, materials, tools, skills, information, and advice in order to help them deal with the particular stressful situation to which they are exposed. (p. 2)

Later researchers (House, 1981; Dean & Lin, 1977; Quam, 1983; Delgado & Humm-Delgado, 1982) would differentiate between the categories of instrumental support or aid which involve behaviors that directly assist the person in need from informational support which is composed of "information useful in coping with personal and environmental problems" (House, 1981, p.23). House goes on to distinguish "appraisal support" from the more general category of emotional support. It is particularly relevant to self-evaluation and

social comparisons, factors which impinge directly upon the maintenance of adequate psychological resources. (1) He posits that "all should be considered as potential forms of support and their impact on stress and health (and the relation between these) be treated as an empirical question" (p. 24).

Sidney Cobb's (1976) outline of social support does not include the instrumental or activity-based features which characterize the aforementioned definitions. He defines social support as three classes of information:

- 1- Information leading the subject to believe that he is cared for and loved.
- 2- Information leading the subject to believe he is esteemed and valued.  
(Comparable to House's (1981) "appraisal support").
- 3- Information leading the subject to believe that he belongs to a network of communication and mutual obligation.  
(p.300).

He considers activities to be "material services" versus being a form of information. He states that "the services do not in themselves constitute such support because social

support, being information, cannot be measured as mass or energy" (1976, p.301). Cobb bases his entire definition upon the distinction between activity and information due to his belief that a person's reliance upon the goods and services that others may provide might foster dependency. It is his opinion that the three classes of information listed above stimulate independent behavior through providing a sound emotional and cognitive undergirding from which the individual may depart to be effective in his or her world. Therein lies the major objective of supportive relationships: to give the individual in need or distress the necessary resources, whether it be material or informational, to be able to meet and overcome the posed challenge. Cobb's (1976) review of the data, including studies by Nuckolls, Cassel, and Kaplan (1972), Antonovsky, (1974), Gore (1973), and C.M. Parkes (1972); focused upon the moderating effects of social support on the transitions through the life cycle and specific life events. He admitted that the areas investigated (i.e. pregnancy, birth, hospitalization, recovery from illness, employment termination, bereavement, aging and retirement) were more of question as to whether social support can moderate the effects of chronic stress such as that are experienced by air controllers" (p. 312). However, there are life events that virtually all individuals will have and experience as a threat to their equilibrium. Cobb concluded that there were enough negative findings to make it clear that social

support is not a panacea, yet the range of situations where it can be ameliorative is encouraging (p. 310).

### The Effects of Social Support

Mitchell, Billings, and Moos (1982) present the argument that social support has a direct and an indirect (or interactive) effect upon physical health and psychological well-being. The instrumental components of interpersonal relationships provide direct influence through promoting positive health behaviors, assisting with or relieving one of burdensome tasks, and generally raising the level of self-esteem. Antonovsky (1981) would assert that these behaviors would increase one's ability to fight disease, both mental and physical. He characterizes social supports as "generalized resistance resources - GRR's" also called "intepersonal relational GRR's" (1981, p.114). The major premise is that interpersonal contact permits the transmission of acts or ideas that can have a beneficial effect. However, Fischer (1983) reports of a campaign by the California state department of mental health with the title, "Friends can be good medicine". Fifty urban, suburban, town, and village neighborhoods were surveyed. While no assertion of causality was made, this survey cited several instances of the negative impact of being a friend or a social support

to another. Some examples are:

- 1- Women drained by the effort of supporting alcoholic and abusive husbands.
- 2- Adult lives narrowed because of having to care for invalid parents.
- 3- Parents in anguish over delinquent teenage children.
- 4- Friends suffering the strain of their friends' various life changes. (Those who felt such strain also reported symptoms of impaired psychological well-being. However, this was not elaborated upon or quantified.) (p. 78)

The obligation towards reciprocity for support given is also a factor in the cost of being a recipient of social support. Filisuk (1982) states that while there is the "obvious fact that not all social ties are supportive. [The] effects of repressive or otherwise destructive associations [do] not erase the association between social connectedness and health" (p. 22).

Social support may have an indirect influence upon well-being by "decreasing the number and the severity of

stressful life events in an individual's life" (Brownell & Shumaker, 1984, p.3). The supportive network can transform the nature of the stressor itself rather than simply assist the individual in handling the problem. Lazarus (1975) found that one's appraisal of a particular life event may be altered by the input from a supportive network. By cognitively redefining a seemingly massive difficulty into a series of smaller, more approachable undertakings one can achieve mastery over the situation. Other researchers (Billings & Moos, 1984; Kiecolt-Glaser & Greenberg, 1984) concur that persons with higher levels of active coping mechanisms and social support subsequently experience fewer negative life events. The availability of these coping resources may be helpful in resolving minor problems before they become stressors (p. 888).

Billings and Moos (1984) studied adults diagnosed as experiencing unipolar depression. Their results point toward the third means of looking at the effects of social support: interactive effects. Billings and Moos found that depressed persons have a paucity of social support due to (a) a lack of necessary social skills to develop and use social resources and (b) their behavior erodes existing support from friends and family members (1984). Billings and Moos try to address the causality issue. Does social support promotes good health, or is it that good health makes a person more likely to receive support? As with many debates,

the interactive hypothesis seems to best define and describe the outcome.

Thoits (1982) made a systematic review of several studies that claimed that social support was a buffer against life stress. She discusses possible reasons for only moderate levels of correlation between the number of life events experienced and the subsequent level of disturbance. She claims that according to the buffering (interactive) hypothesis, "individuals with a strong social support system should be better able to cope with major life changes; those with little or no social support may be more vulnerable to life changes; particularly undesirable ones" (p. 145). She raises three criticisms that have direct bearing upon the design of a study to measure social support. From her reviews she found that:

- 1- Most studies suffer from inadequate conceptualization and operationalization of social support.
- 2- The majority of studies has either theoretically or operationally confounded the direct effect of life events upon social support with the interactive (buffering) effect of events with the support.
- 3- Most researchers have focused upon the

buffering (interactive) effect of social support on distress, and have failed to examine the theoretically pertinent and practically significant main effect of social support upon distress. (1982, p. 145)

Thoits criticized the Nuckolls (et al., 1972) study of the support networks of pregnant women and that of Lin, Simeone, Ensel, and Kuo (1979) for their imprecise definitions of social support. Even though Cobb (1976) and House (1981) differ in their conceptualization of support, Thoits found their definitions captured more of the totality of its impact. She asserts that "these definitions explicitly direct the researcher's attention to various types, sources, and degrees of support received from significant others and to the structural properties of the support systems, foci which have been lacking in most previous work" (p. 148). The consensus is that social support is a multidimensional concept. The etiology and specific characteristics of these capacities may be debated but there is little question that people are the agents that convey these messages either individually or through an institution. The addition of 'social' to the basic definition of support identifies the manner of communication. R.J. Turner (1983) states, "What presumably distinguished social support from the broader concept (support) is that it necessarily involved the presence and products of stable human relationships" (p.

107).

### Components of Social Support

The terms 'social support', 'social bonds', and 'social (support) network' are often interchanged in the social science literature. All relate to the interplay between people and the "social orbits in which they participate" (Gottlieb, 1981, p.9) yet each characterizes a distinct aspect of the process.

The concept of a social network was originated by J.A. Barnes, an anthropologist whose classic study (1954) of a Norwegian parrish established a conceptual model for describing social interrelations. To define 'network', he said:

Each person is, as it were, in touch with a number of persons, some of which are directly in touch with each other and some of whom are not.... I find it convenient to talk of a social field of this kind as a network. The image I have is of a set of points, some of which are joined by lines. The points of the image are people, or sometimes groups, and the lines indicate which people

interact with each other. We can, of course, think of the whole of social life generating a network of this kind.

The linkages between the people in the network may be termed the social bonds. These bonds may vary in strength due to their relative importance to the targeted person, thereby determining what is commonly called emotional distance. "The relationship between network structure and individual functioning becomes meaningful in light of our ability to systematically assess specific structural (anchorage, range, density, and reasonability) and interactional (content, intensity, directedness, and frequency) characteristics" (Pfouts & Safier, 1981, p.659). Pfouts and Safier go on to define each term and describe the current state of social network research and analysis. However, for the purposes of this study, we will concentrate upon distinguishing between broad categories of the structural and interactional processes of social network functioning and how it is mediated through the process of social support.

#### The Process of Social Support

The classic network indicators: size, density, accessibility, kinship-reliance, frequency of contact, and stability" (Pfouts & Safier, 1981, p. 658) relate to the

structural elements of network performance. The concepts of support system composition, availability, and utilization may be derived from them. These components will be presented more fully in the text.

The interactional processes of network functioning involve the perceived amount and adequacy of socio-emotional and instrumental aid received from various support system members. An operational definition of the social support process as what is experienced as a result of effective utilization and mobilization of the social support network touches upon the aforementioned structural components for indeed they must be present and active in order for support to be evidenced, but it goes beyond that to tap the perceptual - measurement dimension: How effective is the help received? This crucial determinant gives us an indication of whether the structural elements were existent, effective, and how they were experienced. At this juncture, we will look at several researchers' theories as to the causes of difference levels of social support system efficacy.

#### The Social Support System

Before we proceed, we are called upon to distinguish the social support system from the social network. Greenblatt, Becerra, and Sereatetinides (1981) title one section of

their article "Social Networks as Social Support Systems" and thusly skirt the issue. They both are comprised of the same elements but the term social support system seems to go beyond identifying the linkages and bonds between persons to capture the dynamic interplay between the specified person and his relationships, be it with individuals, groups, or institutions. Mitchell and Trickett (1980) phrase it in this manner: Although social support systems are often thought of in terms of some formally recognized entity (i.e., family, neighborhood, church, or social organizations, self-help groups, etc.), it is often some unique configuration of these that comprises the salient reference group of the individual. The concept ... presents one way of cutting across these boundaries and examining the total social field within which the individual is embedded. (p. 32)

Baker (1977) highlights the groupings of individuals in a community which deal with short term crises and life transitions as "natural support systems". "The word 'natural' is used to differentiate such systems from the professional care-giving systems of the community" (p. 140). Baker considers that it is essential that these groups are not directed by care-giving professionals. The premise is that over-reliance upon the professional support network would not only rob the natural support system of its influence and viability, but would also diminish a dynamic

forum for the development and enhancement of group inter-relatedness and commonality. Later researchers (Neighbors, et al., 1983; Eckenrode, 1983) would term this as the lay or informal support system. Delgado and Humm-Delgado (1982) cite this factor as crucial to the Hispanic community's viability. The consensus derived is that the means of communicating social support is through the social support system.

The social support system may be divided into four domains: neighborhood, church, family, and friends. The presence, absence, and influence of each has particular implications for the delivery of social support.

The concepts of community or the neighborhood share similar derivations but differ on some pivotal points. A neighborhood is defined by proximity: comprised of people who live next door, on the block, or within an average walking distance. "The close spatial location of neighbors makes them particularly unique to perform functions which other network members would find difficult" (Unger & Wandersman, 1985, p. 141). A community may exist on a more symbolic level based upon affectional ties rather than the mere nearness of living quarters. Fischer (1982) states that modern urbanism has provided residents with social opportunities outside of the neighborhood that compete with potential ties with neighbors. Yet it has been found that

even "the extent to which neighbors are willing to greet and visit with each other can serve as a source of social belongingness and reduce feelings of social isolation often fostered within cities" (Unger & Wandersman, 1985, p. 142). This contact can take place on the casual level of sociability or on a more intimate level possibly involving reciprocity. This is called "socioemotional support" (ibid., 1985). The neighborhood may serve as a reference group (Warren, 1981) whereby one tests their beliefs about others and society. It may also be a link to other helping systems, facilitating a newcomer's adaptation to the area. The organized neighborhood also provides an opportunity for interaction between individuals and groups (Klein, 1968). Green (1970) observes that those black communities that are able to maintain a sense of neighborhood are better able to withstand threatening forces. They may foster a sense of identification in addition to providing support and resources in solving both individual and neighborhood problems.

Worthy of mention are the possible negative consequences of neighboring (i.e., excessive demands upon time and resources, lack of privacy, insular, restrictive attitudes). Yet the fact that the utilization of personal social networks can provide resources that are not only beneficial to individual enhancement but also to the "internal functioning of the neighborhood itself" (Unger & Wandersman,

1985, p. 147) necessitates its study.

It seems apparent that the functions of the neighborhood will significant implications for psychological well-being (Klein, 1968; Unger & Wandersman, 1985). Marginal people, with respect to shelter, social acceptance, or status, will have psychological problems different from those who are not (Sarason, 1976; Klein, 1968). Klein states that "it is only through the associations and institutions of the community that essential interpersonal and institutional supports become accessible" (1968, p. 5).

One of the institutions within the black community which has been a major forum for the development and communication of social support is the church. The church has served as a meeting place, political arena (Frazier, 1963), and a link to the larger society - serving as an interpreter and teacher (Hamilton, 1972).

Prior to the 1930's ... the church was pretty much unrivaled in the black community as the major institution of black folk. There were no labor unions; there were few other social, political, or economic agencies in the black community among the lower class. Thus the church was the center.

Hamilton, 1972, p. 13

The church provided two major functions. First it provided a great portion of the social organization and stability in the black community. With its pastor-centered structure of several organized committees and boards, each with its own officers, people learned and practiced organizational, political, and leadership skills.

Secondly, on an individual basis, the church is a place where one can be known, be important, and also experience the sense that one is a continuing object of concern on the part of other people (Pilisuk, 1982). Seeking help from the church also has less stigma attached than seeking out a mental health practitioner (Neighbors, et al., 1983). Within recent years there has been a resurgence in church membership among younger, well-educated black people. However, their reasons differ from those of their parents. They do not simply seek a setting to exercise their administrative or organizational skills, nor do they search for a mere balm. Instead they involve themselves with churches that are "actively engaged in doing constructive things" (Hamilton, 1972) for masses of black people. They are looking to church to have a socio-political adjunct to their spiritual base.

Lewis and Looney (1983) found in their study of eighteen working class black families that more of the parents in the

most competent families were involved in both church activities and youth oriented groups. They summarized that "religious beliefs and activities were at the core of family life for the most competent families and appeared less important to the least competent families" (p. 107). Even though their results may not be generalizable to all black families due to restrictions in the geographic, economic, and sample size component of their study, it follows that the conveyance of basic values such as empathy and concern for others can be orienting cognitive structures for functioning.

Much has been written about the role of the family in teaching, transmitting the culture, and modeling behavior for the young (Bott, 1971). While it seems evident that these factors play a crucial role in the development and maintenance of psychological well-being as well as providing information about and a means of dealing with stressful situations, it is only in recent years that these features have been looked upon as a conceptual whole.

Dressler (1985a) set out to test the proposition that a perspective of functional black families as being comprised of an "ego-centered" extended kin support system converges with the literature on social support systems and mental health. He posits that "if the extended family is a basic support system in the black community, then the amount of

support within that family system should be inversely related to mental health problems" (1985, p. 40). Extended kin support was measured by counting the number of problems for which an individual responded with "family" and/or "relatives". This was contrasted with non-kin support. He found that for his sample of 285 black adults living in a major black community of a southern city, extended kin support was significantly related to fewer symptoms of depression. However, he found the strength of the association to be "considerably less than that of demographic factors or economic stressors" (Dressler, 1985a). Dressler suggests that there is a "psychological cost" involved in receiving support from the traditional black community sources related to a loss of personal independence and coming under the close scrutiny of older family members (also Granovetter, 1973).

Raymond, Rhoads, and Raymond's study (1980) of Chicano, black, and white family and group involvement found some interesting differences. For both the Chicano and the black subjects, the family was found to be the domain of greatest personal involvement. This finding may be partially explained by these groups' lesser access to the types of jobs and social enterprises that would be greater sources of support and esteem. However, for Chicanos and whites, income was the strongest predictor of overall well-being. For the blacks studied, family happiness was the highest

rated indicator (also Vaux, 1985).

Hines and Boyd-Franklin (1982) use the term "black familial embeddedness" to describe the "necessary" inclusion of extended family members in any conception of the life of the family. McAdoo (1978) found that the presence of a responsive, sensitive grandmother seemed to buffer the infant against the deleterious influence of an unprepared or insensitive mother. In a circular manner, adolescent mothers who attended school or worked received more assistance in child care, living arrangements, and housework. They thereby reported more peer group and individual support due to their lessened isolation and increased access to potentially esteem-building situations. Wilson (1986) found that the presence of additional adults was not inherently problematic due to the communication patterns in the black households studied. The adults spoke to each other and the children directed the majority of their conversation to the mother. He describes the additional adults as "relievers to the primary caregiver [rather] than participant[s] in the adult-child interactions" (p. 252). The grandparents appeared content with not being the parents to their grandchildren and did not want to return to the level of responsibility and restriction of forms of personal expression inherent in parenting.

Gaudin and Davis (1985) studied the networks of rural

black mothers and found them to be more kin dominated, smaller, and less supportive than those of white mothers. Yet in further interviews they found that blacks tended to exclude expressive support from their conception of support. These families also identified fewer neighbors as important people in their lives. While their networks were less heterogeneous, they were also more durable. Granovetter (1973) believes that the greater diversity or heterogeneity in network composition gives an individual a greater range of resources to call upon when needed thereby providing potential access to "tangible supportive resources and helpful information in their communities" (p. 1362). Gaudin and Davis hypothesize that the low socioeconomic status black rural families studied are a very vulnerable sub-population at high risk for becoming "dysfunctional when illness, loss of income, or similar family crises place unusual demands on the family unit" (p. 1020). Some of the potential results cited were child abuse and neglect, crime, and delinquency.

Studies on the effects of social support on family members show some interesting, gender-linked results. Dressler (1985a) found that black men (but not black women) who reported membership in an active extended network reported fewer symptoms of depression. The greater role strictures upon women in the southern city sampled along with the differential status of black men was credited for

black men was credited for this finding.

Within the [black] community, males can provide many ... resources within their support system so that their place in that system is highly valued. And because of their relatively higher status as males in the traditional social structure of this black community they are subject to few restrictions.

Dressler, 1985a, p. 46

Horowitz (1977) found that relatives tended to offer "lay" solutions (i.e. take vacation, quit job) to psychiatric problems, whereas friends gave referrals to professional helpers.

Ackerman (1958) defines a healthy family group in terms of the "kind and degree of success the family achieves in the fulfillment of its basic functions" (p. 328): protection from danger, material satisfaction, and integration into the

community. Billingsley (1968) declares that no area of American life was "more glaringly ignored, more distorted or more systematically devalued than black family life" (p. 49) in spite of its efforts and level of relative success in achieving these goals in the face of overwhelming odds. The "fluid, resilient capacity to adapt to change" can be innervated through the energy potential within an operative extended family.

Many theorists (Aschenbrenner, 1973; McAdoo, 1978; White, 1984) predict that other American families are and will increasingly adopt the extended family lifestyle and parenting approach common to black families. It has been found to offer a high degree of security plus the scope to address individual needs. McAdoo (1978) asserts that "black families have managed to sustain their families under pressures that are now being shared by a growing number of non-black families" (p. 776).

Friends are often the safety net for individuals in distress. Friendships can develop on an organized basis (Vaux, 1985) such as fraternal, church, school, or ethnic associations or can be the outgrowth of living proximity. Litwak and Szelenyi (1969) found that friends were often the first agent of support in times of emergency. Having persons available to provide that needed action or information was found to be a determinant of satisfaction

with living arrangements and personal security.

Among black people, the friendship network often takes on the intense emotional character of family ties (McAdoo, 1978; Aschenbrenner, 1973). Some friends are often addressed with familial titles (e.g., cousin, sister, brother, play-mother). The connection to psychological well-being and the reduction of the ill-effects of stress is illustrated in Joseph White's statement:

Resilience and revitalization of the human spirit are facilitated by a sense of humor and by the knowledge that one is not alone, there are others who bear witness to the profound sorrows of existence. Through this sharing, beginning with the extended family, we reach out and touch others and are connected to them in a series of inter-dependent relationship networks guided by a spirit of cooperation and mutual aid.

(1984, p. 3)

All we have seen, all four domains are inter-related, often comprised of the same individuals performing varying roles in their self-maintenance and development and that of their community.

#### Utilization of the Social Support System

The dynamic element that characterizes the social support system is its utilization. All the structural elements may be present but unless they are activated in an appropriate manner the interactional properties will not be put into effect and social support will not be realized. Eckenrode (1983) claims that it is useful to distinguish between a network of potential supporters and those supporters actually mobilized in times of stress. Two questions arise. Whom does the distressed person seek out? - Is it a relative, friend, or acquaintance? What factors influence the utilization of social support?

Neighbors (et al., 1983), using data obtained from the National Survey of Black Americans (1979), found a high report of the use of informal helpers (family and friends) during periods of distress. It seems that the informal network may be considered the 'first line of defense' during a crisis.

A belief in the benefit of help-seeking is basic to its utilization and has been found to have a direct effect on the mobilization of supports and the number of potential supporters (Gourash, 1978; Eckenrode, 1983). Quam's (1983) study of the informal networks of elderly women drew three conclusions: (a) the structural properties or qualities of the friendship, (b) the specific task involved, and (c) the

character of the subject herself were important determinants of the use of social supports. This summation introduces two elements that deserve consideration: the nature of the task at hand and the personality features of the person called upon to provide support.

Litwak and Szelenyi (1969) found that informal supporters had differential functions in the provisions of services. Relatives were most often called upon to supply long-term assistance of an instrumental type. Neighbors were often the first sought out in emergency situations. Friends helped most with peer human relationships or personal and social problems associated with human development. While the anecdotal evidence for this schematization is abundant, there is little empirical evidence in the literature. However, it heightens the call for more investigation into the nature of informal helping.

#### Personality Factors and Social Support

The personality features of the person who benefits from social support has received more attention in the literature. Toltsdorf (1976) compared two groups of patients from a Veterans' Administration hospital. He found that an important factor in distinguishing the patients with a medical diagnosis from those with a psychiatric diagnosis was their orientation towards mobilizing and using their

interpersonal networks during times of stress. Psychiatric patients were more apt to view their networks with distrust and to discount them as sources of support. Tolsdorf cites the historical element of negativism towards significant others as being an etiological factor in their clinical diagnosis. It should be added that the converse is also a possibility. Sarason and Sarason's (1982) study on the connection between the experience of social support and attitudes toward the mentally ill delves into the psychodynamic (Freud, 1953), ethonological (Bowlby, 1980), and learning theory (Harlow & Harlow, 1971) formulations for the roles of non-supportive early life experiences, more recent life events, and feelings of anomie on the perception of social support. While their findings were inconclusive, there is a common thread between their position and that of Tolsdorf (1976) and Turner (1983); the lack of social stability makes it difficult to have firm expectations about relationships and about other people's behavior. Pearlin and Schooler's (1978) treatise on the structure of coping cites perceptual mechanisms that may influence one's response to a stressful situation by controlling its meaning. While they do not classify it as a personality feature, they do state that "the way an experience is recognized and the meaning that is attached to it determine to a large extent the threat posed by that experience" (p. 6). "The same situation may be highly threatening to some people and innocuous to others, depending on how they

perceptually and cognitively appraise the experience" (Lazarus, 1966, summarized by Pearlin & Schooler, 1978, p. 6). Two coping mechanisms that influence meaning and subsequent behavior are "selective ignoring" and the making of "positive comparisons". Both change the evaluation of the circumstance and presumably allow for the opportunity for more productive emotions and behaviors.

However, the development and usage of coping skills does not occur in a vacuum. Why one person develops such skills and another does not is in part due to different experiences, opportunities for learning, and probably some personality predisposition. Gannellen and Blaney (1984) found a significant correlation between the possession of three "personality dimensions": control, commitment, and challenge and the perception of effective social supports. They claim that the persons who remain healthy after being subjected to high degrees of life stress have a "constellation of personality characteristics that differentiate them from those who become ill" (p. 155). This "hardy personality" (Gannellen & Blaney, 1984) is the result of effective interpersonal and intrapersonal coping resources and social support. Sarason and Sarason summarize it in this manner:

Social support is embedded in the individual's matrix of relationships with other people. When this matrix

is extensive and deep, the individual needs and respects others and is more likely to help them as well as feel that help is available. When the matrix is limited, the individual may feel less empathy for the problems and limitations of other people and a lessened sense of responsibility for their welfare, in addition to a personal lack of support.

(1982, p. 332)

This may be termed the 'social consequence' of social support due to the far-reaching implications for the development and maintenance of relationships and the attainment of a self-satisfactory level of psychological well-being.

There is some debate on what factors serve a causal role in support system strength or weakness. Henderson (1977) claims that a lack of social skills causes a deficiency in the establishment and maintenance of the support group. "Their personality attributes might lead independently both to neurotic symptoms and to primary group deficiency" (p. 186). Another interpretation places the responsibility upon the system. Pearlin and Schooler posit that "coping failures, therefore, do not necessarily reflect the shortcomings of individuals; in a real sense they may represent the failure of social systems in which individuals are enmeshed" (p. 18). While no conclusion may be made on this argument, its

exposition permits us to consider both the individual and the group as contributors to the process.

### The Concept of Reciprocity

Sarason and Sarason (1982) introduce an element that has been alluded to by several theorists. Social support does not solely consist of what one gets from others "but also [pertains] to a person's inclination to respond to the needs of others, to help them, and to exhibit tolerance of their behavior" (p. 332). The concept of reciprocity has important implications for social support for it can be a determinant in people's degree of willingness to seek and accept help. The conflict over becoming indebted to another was cited by elderly women studied by Quam (1983) and Chapman and Fancoast (1985). Shumaker and Brownell (1984) draw two implications from the reciprocity model. They theorize that if people feel that they lack the resources or ability to return a service, they may be less likely to seek assistance or accept it when offered. Through the failure or thwarting of reciprocity, the relationship between providers and recipients may disintegrate. While they provide no empirical support for the aforementioned hypotheses, they do suggest that allowing the recipient to be of some service provides the opportunity to contribute to the relationship. This can have an ameliorative effect, thereby enhancing the person's self-esteem. Another strategy

involves shifting some of the burden from the informal network to a formal support system (i.e., health professionals, clergy, therapists). "Formal support providers do not usually require reciprocity in the same way that informal support providers do; ... and are less likely to be threatened by the needs of the recipient" (Shumaker & Brownell, 1984, p. 15). At times of heightened distress, access to the formal support system can help the individual not only to regain his or her equilibrium but maintain a sense of self-sufficiency that may be diminished through extended dependence upon family and friends. Parkes (1973) mentions this in his work on bereavement as does Gourash (1978) in her review of the literature on help-seeking. Eckenrode (1983) adds backing to this theoretical position as he maintains that "an over-reliance on one's [informal] support network to deal with every problem situation is not an effective coping strategy since this puts strain on network resources and decreases its willingness to respond" (p. 525).

#### Negative Social Interactions

Most models of social support have focused chiefly upon the positive outcomes of social interactions, yet social exchange theory suggests that social interactions involve benefits and costs for both recipients and providers of support. When we consider that all ties are not necessarily

supportive and can in fact be a source of "disputes, embarrassment, envy, invasion of privacy, or other negative outcomes" (Rook, 1984; p. 1097) the necessity for a distinction between social interactions (which may be experienced in a positive or negative way) and social support (which we operationally define as a positive exchange of material or informational goods) becomes crucial.

Negative social interactions are often included as stressors in inventories of stressful life events (i.e., the Holmes & Rahe Social Readjustment Rating Scale, 1967; Kanner, Coyne, Schaefer, & Lazarus' daily hassles scale, 1981). Poor family, job, and peer group relationships have correlated highly with significant psychological outcomes (Chapman & Fancoast, 1985; Barrera & Ball, 1983; Dohrenwend & Dohrenwend, 1974; Rook, 1984).

An additional point to consider is the theory of person-environment fit (House, 1981; Shinn, Lehman, & Wong, 1984) as relates to social support. There are instances when an interaction is intended to be helpful by the donor but is not perceived or experienced as such by the recipient. A lack of person to environment fit is one means of designating this outcome. Unger and Wandersman (1985) and Hirsh (1985) both found that in working with adolescent mothers and high school/college students a closely knit kin

network provided too much interference at times and restricted the opportunities for personal growth reported in those adolescents with less dense networks. Among teenage mothers, family support was reported as most important during the prenatal period. There is a body of literature on the varying levels and types of support needed during the crisis of bereavement (Bankoff, 1983; Bowlby, 1980; Parkes, 1973; Walker, MacBride & Vachon, 1977). Most studies focused upon how as the widow's support needs change (from nurturance needs to instrumental/informational requirements), the optimal support sources also would be expected to vary. For example, a small, close-knit network, exemplified by the kin network, may be most effective in providing strong nurturance support (Caplan, 1974). However, Walker (et al., 1977) states that:

When the crisis involves a major psychosocial transition in which the individual loses his capacity to fulfill... role obligations (as in long term unemployment) or loses a crucial member of his support network (as in bereavement of a spouse), a small dense network may entrap the individual within a limited set of normative expectations, information, and social contacts, rather than fulfill his need to make a transition to new social roles.

(p. 36)

In summary, despite "the obvious fact that not all social ties are supportive" (Pilisuk, 1982), the results appear to find that with the appropriate person to environment fit (type, timing, quantity, source) that even the "effects of repressive or otherwise destructive associations [do] not erase the association between social connectedness and health" (Pilisuk, 1982 p. 22). The more closely we approximate the ideal fit, the greater likelihood of the conveyance of social support.

1. Pearlin and Schooler (1978) define psychological resources as the personality characteristics that people draw upon to help them withstand threats posed by events and objects in their environment. These resources, residing within the self, can be formidable barriers to the stressful consequences of social strain.

### Psychological Well-being

Many of the indices of mental health (i.e. , a sense of worthiness, a sense of personal control, appropriate trust in others, resilience, autonomy) correspond to the factors involved in the maintenance of psychological well-being. Self-esteem, life-satisfaction, perceived role effectiveness, economic well-being, and positive interpersonal relations all share a similar basis. Some combination of events and experiences enables the individual to feel a sense of competency or perhaps even mastery in the

situations which he or she encounters. The coordination of a feeling of efficacy with an attitude of hope - "the world is the sort of place in which with appropriate efforts, I can expect good outcomes" (Turner & Avison, 1985) - engenders a higher sense of personal control and a sense of optimism. Some portion of psychological well-being must be credited as being due to personality yet even this contains a segment which includes life circumstances. Turner and Avison (1985) found in their study of neglectful parents that in addition to a positive relationship between the level of stressors and problems in parenting that low personal control (external locus of control) was associated with an elevated risk of "problem parenting". In a 1983 study on "class and psychological vulnerability among women", Turner and Noh sought to discover which factors correlated with class position influence or determine the degree of vulnerability to stress. They found that social support and personal control are of significance across class levels, however, the strongest relationship was found in the subgroup where both of these factors were high. Apparently other variables should be considered when either social support or lower feelings of personal control are involved.

Ross and Huber (1985) argue that the ability to meet family obligations, whether it be financial, service oriented, or emotional, has consequences for psychological

well-being. Unemployment is a devastating situation for the individual who views the primary meaning of work as what enables him or her to be a good provider for the family. Ross and Huber also describe the circumstances of many people in the working and lower middle class, living on the edge with their resources pushed to the breaking point. "Couples who are young, often recently married, feel more economic hardship than older, more established couples: not only are their earning at a low point, but what they have must buy more" (Ross & Huber, 1985, p. 313). While income from such sources as social security, unemployment compensation, and public assistance are important for the payment of bills and the purchasing of goods, it does little or nothing for one's feelings of self-worth. Unfortunately, the present system perpetuates reliance upon these non-'esteem-building' forms of income procurement, discourages saving, and even presents these monies as an enticement of sorts for the dissolution of the marital bond.

A low level of education contributes to economic hardship. A lack of education makes it difficult to cope with an inadequate income. There are both cognitive and social implications for poor education. Education (a) exposes people to more than one way of viewing the world, (b) provides skills, knowledge, and information, (c) symbolizes worth to oneself and others, (d) provides a sense

of mastery over one's life and hope for the future, and (e) increases the possibility of interacting with educated others that can provide assistance of some sort (Fearlin & Schooler, 1978; Ross & Huber, 1985). McAdoo (1978) found that when a black child's educational attainment was lower than his or her parent's, subsequent income was lower. Education is a resource that not only has an impact upon the direct acquisition of income but also effects the organization and planning of how the money received will be spent. Ross and Huber consider poverty and lack of education to have a "synergistic effect" on economic hardship, "each making the effect of the other worse (p. 323).

The measurement of psychological well-being is an engaging dilemma for it predominantly resides with the subjective experience of the individual. Additionally, while many of the composite influences may be objectively noted as absent or present, their particular impact may only be hypothesized unless the self-report mode is utilized. Diener (1984) gives an extensive review of the various types (i.e., single-item measures, multi-item scales, general use inventories) of measures of what he terms subjective well-being. One interesting point raised in his discourse is the theory of the simultaneous presence of positive and negative affect within the individual and the low level of correlation between the two. Self report does raise concern

about conscious or unconscious distortion and response artifacts, however, several researchers conclude that it is the method closest to the data being studied: one's perception of one's state of psychological well-being. Yet, interviewer rating, facial coding, and other nonverbal measures may be used to provide additional sources of information.

Bryant and Veroff (1982) state that researchers should be sensitive to the historical context. Normative roles for men and women have shifted dramatically over the last twenty years. Attitudes towards work and parenthood can no longer be categorized according to gender differences. Uncertainty about the future was also linked to the current rapid changes in the world's political and economic picture which now seem to have a greater impact upon the individual's everyday existence. Bryant and Veroff feel that caution should be exercised in interpreting personal optimism or pessimism without consideration of the cultural and historical context.

Developmental theorists state that the "valuing of the self is learned when one is first accepted by significant others, after which an internalization of these perceptions occurs" (Schultz & Saklofske, 1983; p. 848). Brody (1956) states that this learning process begins in infancy. "The ways in which a mother answers to the needs of her infant

and the quality of her emotional response to him are said to determine in large part the strength and quality of his subsequent identifications and the susceptibility or resistance he may develop to psychic disturbances" (1956, p. 22). It is a bi-directional, dyadic relationship in which each participant arouses reactions in the other. It follows that the perception of an accepting, caring, supportive system or relationship can positively influence the attitude towards self.

The provision of behavioral norms and the encouragement of the positive attributes listed above are hypothesized as lessening the deleterious effects of stress and increasing one's sense of personal control (Andrews, et al., 1978; Schultz & Saklofske, 1983). The question arises as to the possible redundancy between measures of social support and those of psychological well-being. Turner (1981) utilized two and four factor analysis techniques and found that even though some influence existed psychological well-being appeared to represent a distinct dimension of the phenomenon.

## Stress

The basic assumption is that a person's resources, be it personal, lay helper, or professional are called upon under certain conditions involving stress. The concept of stress is in of itself subject to varying conceptualizations and operationalizations due to the fact that it is used to designate a variety of responses to noxious stimuli. By contrasting stress with tension ("the response of an organism to a stress") Lazarus (1977) defines stress as "the demands that tax or exceed the resources of the system". We may classify the indicators of stress in three manners: physiological, psychological, and social.

### Physiological Indicators of Stress

In all mammals the complex reaction to stress known as the alarm response (Selye, 1956) is initiated by a corticotrophin (ACTH) which enters the bloodstream to effect the production of corticosteroid hormones from the adrenal cortex (Henry, et al., 1972). Henry goes on to present that "the state of anticipation - that is, of having to cope with novel and unpredictable situation[s] - is particularly potent in eliciting an increased output of 17-hydroxicorticosteroids from the adrenal. [T]he organization of psychological defenses is critical in

determining their level in the circulation" (p. 227). Mason (1968) cites evidence from many sources that psychological influences are among the most potent natural stimuli known to affect this system.

### Psychological Aspects

Recent studies with experimental animals have revealed the importance of psychological variables in the control of somatic stress reactions. Weiss (1972) sought to design a situation that would clearly show whether psychological variables could influence the development of pathology (gastric ulcers) in an animal. "Was the resultant pathology attributable to the fear the animal experienced or to some direct action of the stressor on physiological processes?" (p. 254). In a preliminary study, Weiss (1968) placed three rats in a apparatus. One was exposed to an electric shock which it could avoid and/or escape by touching its nose to a panel. A second rat was given exactly the same shocks but it had no control over them. Thus the two animals received the same physical stressor but differed in their control over the shock. To assess the effect of the shock stressor itself, the third rat received no shock at all. The animals remained in the apparatus for 21 hours, given one trial each minute. The avoidance-escape animal had control over the

shock but was helpless. As expected, the animals able to avoid and escape the shock developed less gastric ulceration than their helpless partners. But the more surprising result was the magnitude of the difference. The yoked animals developed twice as much gastric ulceration as either of the two other experimental conditions. "What the animal model fails to take into account is the intervening variable of the buffering system of psychological defenses and coping strategies that people use to assign meaning to the stimulus, serving to minimize the emotional and stressful impact of their environmental perceptions" (Weiss, p. 271).

While the animal experiment does highlight the benefit of efficacy, the ability to have control over one's outcome, it does not explain why people are able to be in quite noxious settings and still perform adequately. When one brings people into the laboratory and tries to stress them in various ways "the responses are more variable and confusing" (Weiss, 1972). An examination of the social context may provide some answers.

### The Social Context

The importance of contact with others is demonstrated in the classic study by Harlow and Harlow (1971). Feelings of alienation derived from experiences of lack of supportive relationships, the occurrence of particular life events, or

the lack of social stability may make it difficult to have firm expectations about relationships and about other people's behavior (Sarason & Sarason, 1982). Henderson (1977) states that "most people require to maintain a minimum level of social interaction with others; and that below this level the risk increases for the emergence of a number of psychiatric disorders" (p. 185). He considers neurosis to be one of the socially sanctioned ways to respond to distress. Thomas and Sillen (1972) write on the unpredictable nature of the response to stress. They state that the response may range from "constructive adaptation to a breakdown of normal functioning" (p. 48). They see the social context as a mediator in whether the enactment of the stress response is rage, depression, or anxiety. Dressler (1985b) tested the hypothesis that stress factors associated with cultural change are related to higher levels of belief in sorcery. He felt that sorcery functions as a "culturally constituted defense mechanism" (p. 275). In the three cultural groups studied (St. Lucia - West Indies, a rural black community in Alabama, recent Puerto Rican emigrants living in Connecticut) he found that higher exposure to stressors with limited access to a desired life style was expressed in a higher degree of spiritualistic belief.

Even within a family the same stressor may have a direct impact upon only one member or produce different degrees of strain. The means of responding to the stressor may create

stress for other family members (Walker, 1985). An individual approach to the effects of stress is warranted. Lubin and Rubio (1985) found that the greater the number, pressure, unexpectedness, and amount of adjustment required to respond to life events, the more chance of mood disturbance in both women and men.

In recent years, a great deal of attention has been focused upon the most rapidly growing segment of our population: the elderly. At this point in life some of the major life stressors are often impinging upon their existence: poor health, diminished financial resources, loss of family members and friends, reduced mobility. These factors play a major role in the availability, utilization, and perceived effectiveness of social support. Ward, LaGory, and Sherman (1985) looked at the effects of social ties on the morale of the elderly. They identified kin, friends, and family as the sources of social ties and made a distinction between instrumental and expressive types of social support. In this 65 plus age group sample it was found that friends that are not neighbors have minor roles in the support-giving picture probably due to reduced mobility. Social support flowed mainly from family and neighbor/friends. Ward (et al., 1985) felt that this reflected the "long term reciprocity and proximity" of these two groups. They also found a more pronounced connection

between morale and the availability of a helper in the community for "vulnerable" persons (aged 70+, widowed, and with some functional impairment). Other researchers (Scott & Roberto, 1985; Horowitz, 1985; Rabowski & Clark, 1985) discuss the consequences incurred by the caregivers of the elderly. Fewer children to a family, greater mobility of individuals, and greater participation of middle aged women in the labor force are changes in the American families that may limit the ability of kin to provide support to their older family members. Those that do provide either direct care or emotional and financial support may find this to be a source of stress in their lives. Rakowski and Clark (1985) found that unassisted caregiving was often accompanied by the suspension or even abandonment of the caretaker's future plans and gave a negative cast to his or her future outlook. Women (daughters, daughters-in-law) tend to be the caregivers to the elderly for the more stressful assistance activities such as transportation, household chores, meal preparation, and personal care. An increase in the use of the formal support system (i.e., homemakers) may be predicted due to the factors noted above.

In summary, the terms social support, psychological well-being, and stress are theoretical conceptualizations of the individual's experience of the consequence of life events. Early life experiences, personality features, the societal context, physiological predispositions, age,

gender, and race may be hypothesized to be some of the contributory factors to what the actualization of these artifacts of social interaction will be.

### Chapter Three

Chapter 3 will present the methods and procedures of the study. For the purpose of presentation the chapter will be divided into four sections: description of the hypotheses, description of the subjects, description of the research instrumentation and procedures, and treatment of the data.

#### The Hypotheses

Four hypotheses were generated for this study.

1- Men and women will report different levels of availability, utilization, and perceived effectiveness of the domains of their social support systems.

2- There will be differences in the levels of availability, utilization, and perceived effectiveness of the domains of the social support systems of the four age groups (18 to 30, 31 to 45, 46 to 59, 60 Plus).

3- The variables related to social support (dimensions of social support plus the demographic variables) will predict the experience of psychological well-being.

4- The variables related to social support will predict the experience of stress.

### Description of the Subjects

The present study examined data from a cross-sectional survey conducted by the Survey Research Center of the University of Michigan in 1979 and 1980. This nationally representative sample of the adult (18 years old and older) black population living in the continental United States was drawn according to a "multi-stage, area probability procedure designed to ensure that every black household had the same probability of selection" (Neighbors, Jackson, Bowman, & Gurin, 1983). Only one person within each selected black household was randomly chosen from the list of eligible adults to be interviewed. The sampling and interviewing procedures resulted in 2,107 completed interviews, representing a response rate of nearly 70%. These respondents constituted the sample of this study.

The sample was separated according to the demographic variables of age and gender. The scores obtained measured the presence and perceived effectiveness of the domains of social support (family, friends, neighbors, church). This is further contrasted with the self reported degree of stress and psychological well-being.

### Description of the Research Instrumentation

The National Survey of Black Americans (1979) is the first national cross sectional study of black adults living in the United States. Professionally trained interviewers conducted face-to-face interviews in scientifically selected areas of the country. Three of the purposes of the original study were to (a) "provide baseline data on a nationally representative sample of black Americans" (b) foster the "development of indicators to identify culturally specific coping responses among black people" (c) "provide a basis to guide preventive intervention in local black communities in order to enhance unique coping resources and buffer the deleterious effects of life stress" (Neighbors, et al., 1983).

The 126 page interview poses questions to gain information on the subjects' perceptions of their neighborhood, religion, health and problems, employment status, family and friendships, use of help resources, and personal identity. The majority of the inquiries were presented with Likert-type response choices, yet there are instances of yes-no, multiple choice, and fill-in responses (see Appendix 1 for examples).

Items from the aforementioned sections of the survey were selected according to their relevance to the domains of family, friends, neighborhood, and church involvement. Survey questions which examined and provided information as to the dimensions of these features of social support were also chosen. The dimensions by which the efficacy of social support is measured in this study are support availability, utilization, and perceived effectiveness. Appendix 1 contains the selected survey questions. The selection was determined by theoretically based assumptions about the components and characteristics of social support.

The demographic variables were chosen to determine if any patterns of social support behavior may be described according to gender or age group distinctions. Even in this post-Women's Movement period, there remains some differentiation between male and female in the assignment of social roles. Patterns of socialization produce roles which may be defined as "agreed-upon expectations about how we ought to act in certain situations" (Melville, 1977, p. 177). Socialization based upon gender may have particular implications for one's assumptions of certain roles and actions toward others. As a result, the expression of forms of social support may be enhanced or curtailed.

The age groupings are based upon the life stage theory of Erikson (1963, pp. 266-268) which argues that particular

challenges and choices are endemic to each stage whether it be late adolescence (identity vs. role confusion), early adulthood (intimacy vs. isolation), adulthood (generativity vs. stagnation), or maturity (ego integrity vs. despair). The degree of success or failure at any of these stages and the amount of creative energy that will be deposited in the effort will probably influence psychological well-being and one's contribution towards the social support of others.

This study differs from previous research using these data in that an attempt is being made to see which of the component factors of social support have an ameliorative effect upon enhancing psychological well-being and reducing the ill effects of stress.

Scales: The stress index comes from a scaling of the items tested in question Q25 (see Appendix 2). This index was created in 1982 and is part of the research files of the Survey Research Center (University of Michigan, Ann Arbor). This question is posed in order to determine the total amount of upset to the individual as a result of the stresses of the past month. Each subject was read a list of common life occurrences that have been identified both anecdotally and in the literature as potential stressors. First, the subject identified which of the problems he or she had experienced in the past month. Then the subject

rated how much upset this caused him or her; a great deal, a lot, only a little, or, not at all. The quotient was produced by scaling the number of stressful events (life events) and the amount of upset (stress) that this produced for the individual. There is growing research evidence that chronic strains and daily hassles of life have more debilitating and powerful effects than the 'major' life events (Walker, 1985; Billings & Moos, 1984; Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984).

Franklin's "Psychological Well-being Index" is based upon 25 items from the interview which tap factors related to mental health in general and indices specifically related to black mental health (see Appendix 3). The mental health indicators selected as representative to this area were two self-esteem factors (positive and negative), happiness, job blame, economic well-being, job performance, and interpersonal relationships (a 7 factor scale, see Appendix 3). These seven factors were standardized and scaled into a single well-being quotient for the purpose of between group comparisons. Individual sampling was conducted in a manner comparable to that described for the stress index. Three well-being groups were established by dividing the scale scores into the lowest (25%), middle (50%), and highest (25%) quartiles.

Item selection for all variables was limited to the

existing composition and structure of the questions in this survey and the design of their response patterns.

#### Treatment of the Data

The analysis will proceed in two phases. A series of bivariate relationships between the demographic variables of gender (male, female) and age (18 to 30, 31 to 45, 46 to 59, 60 Plus) and the dimensions of social support will be presented.

Multiple regression will be employed to compare the psychological well-being index and stress index values with the summed responses to the survey questions selected as measure of the dimensions (availability, utilization, perceived effectiveness) of the domains (neighborhood, church, family, friends) of social support.

The level of confidence was established at .05.

## Chapter Four

### Results/Discussion

This chapter will present and discuss the results of this study. The chapter has been divided into four sections which correspond to an exposition of the hypotheses.

#### Gender and Social Support

Hypothesis one predicts that men and woman would report different levels of the availability, utilization, and perceived effectiveness of their social support systems. The results indicate that there are some interesting similarities and differences in the ways that men and women estimate and use their support systems. In the domain of family there was no significant difference in their assessment of either the availability or the perceived effectiveness of familial resources. However, Table 1 shows that women utilized this resource more fully. Forty-four percent of the women had daily contact with family members (outside of the home) compared to twenty-four percent of the men surveyed.

**Table 1**  
**Gender and the Utilization of Family Contacts**

		Male	Female
N=2090		791	1299
Total %		37.8	62.2
Everyday	766	191	575
Total %	36.7	9.1	27.5
Column %		(24.1)	(44.2)
Weekly	579	254	325
Total %	27.7	12.2	15.6
Column %		(32.1)	(25.0)
Few x Month	346	156	190
Total %	16.6	7.5	9.1
Column %		(19.7)	(14.6)
One x Month	148	61	87
Total %	7.1	2.9	4.2
Column %		(7.7)	(6.7)
Few x Year	123	72	51
Total %	5.9	3.4	2.4
Column %		(9.1)	(3.9)
Hardly Ever	96	42	54
Total %	4.6	2.0	2.6
Column %		(5.3)	(4.1)
Never	32	15	17
Total %	1.5	.7	.8
Column %		(1.8)	(1.3)

**Table 2**  
**Gender and the Availability of Friends**

		Male	Female
	N=2091	793	1298
	Total %	37.9	62.1
Many	182	87	95
Total %	8.7	4.2	4.5
Column %		(10.9)	(7.3)
Some	318	134	184
Tot %	15.2	6.4	8.8
Col %		(16.9)	(14.2)
A Few	1304	427	877
Tot %	62.4	20.4	41.9
Col %		(53.8)	(67.6)
None	287	145	142
Tot %	13.7	6.9	6.8
Col %		(18.3)	(10.9)

Df= 3

N=2091

Missing=16

Chi-square=44.148

p=.0000 \*\*

A similar trend can be observed in the data on the availability and utilization of friend and church supports. Table 2 shows while the levels for women and men who either have many or no friends are virtually equivalent, there is a striking difference between the numbers of men and women who either have some or a few friends. Eighty-two percent of the women sampled had some or a few friends compared to seventy-one percent of the men. While 65 percent of all the persons sampled visit their friends either daily or once a week (see Table 3), women utilize this resource more frequently.

In the data on the availability and utilization of church supports a similar pattern emerges. Table 4 shows that in response to the question, "How important is church to you?", almost 70 percent of all subjects said "very important". Women chose the more favorable impressions (very or fairly important) at a significantly higher level ( $p < .01$ ) than men. Yet as Table 6 demonstrates, 66% of these black men and women sampled attend church on either a weekly basis or a few times a month. However, women did so at a significantly ( $p < .01$ ) higher level. Females reported a significantly higher level of accessibility and usage of these avenues of support. Yet in these three domains (family, friends, and church) there was no significant difference in the perceived effectiveness of the help received.

**Table 3**  
**Gender and the Utilization of Friendship Resources**

		Males	Females
	N=2093	793	1300
	Total %	37.9	62.1
Everyday	675	199	476
Total %	32.3	9.5	22.7
Column %		(25.1)	(36.6)
Once x Week	693	251	442
Tot %	33.1	12.0	21.1
Col %		(31.6)	(34.0)
Few x Week	305	132	173
Tot %	14.6	6.3	8.3
Col %		(16.6)	(13.3)
Once x Month	127	58	69
Tot %	6.1	2.8	3.3
Col %		(7.3)	(5.3)
Few x Year	115	57	58
Tot %	5.5	2.7	2.8
Col %		(7.1)	(4.4)
Hardly Ever	178	96	82
Tot %	8.5	4.6	3.9
Col %		(12.1)	(6.3)
	Df=5	N=2093	Missing=14
	Chi-square=54.259	p=.0000**	

**Table 4**  
**Gender and the Availability of Church Supports**

		Male	Female
	N=1923	700	1223
	Total %	36.4	63.6
Very Import.	1334	431	903
Total %	69.4	22.4	47.0
Column %		(61.6)	(73.8)
Fairly Imp.	293	116	177
Tot %	15.2	6.0	9.2
Col %		(16.6)	(14.4)
Not Too Imp.	80	44	36
Tot %	4.2	2.3	1.9
Col %		(6.3)	(2.9)
Not Import.	213	108	105
Tot %	11.1	5.6	5.5
Col %		(15.4)	(8.5)
	Df=4	N=1923	Missing=187
	Chi-Square=41.725		p=.0000 **

**Table 5**  
**Gender and the Utilization of Church Resources**

		Males	Females
	N=1922	701	1221
	Total %	36.5	63.5
Everyday	87	28	59
Total %	4.5	1.5	3.1
Column %		(3.9)	(4.8)
Weekly	683	171	512
Tot %	35.5	8.9	26.6
Col %		(24.4)	(41.9)
Few x Month	588	225	363
Tot %	30.6	11.7	18.9
Col %		(32.1)	(29.7)
Few x Year	372	181	191
Tot %	19.4	9.4	9.9
Col %		(25.8)	(15.6)
<Once a Year	192	96	96
Tot %	10.0	5.0	5.0
Col %		(13.7)	(7.9)

Df=4  
Chi-square = 79.053

N=1922  
p = .0000 \*\*

Missing=185

This corresponds to the findings of Gannellen and Blaney (1984) where it was found that while women have greater access to some sources of social support than men, they are less satisfied with the help received. There are several possible reasons for this finding.

These data and that of Dressler (1985a) and McAdoo (1978) show that black women tend to spend a large proportion of their time with either family and friends. This parallels the data on white American women. This type of network composition has a high 'density' (Pfouts & Safier, 1981) that not only may limit the types of resources sought out but also restrict the range of behaviors performed. The role expectations for behavior may become calcified through the limited access to more varied modes of thought and action. Komarovsky (1967) found in her study of working class couples that a joint social life was quite uncommon in this stratum as compared with others, but when it did occur it provided an avenue by which the spouses could "observe other marriages and judge their own in a more appropriate context" (p. 40). The inherent conflict over whether to adhere to, modify, or ignore the traditional role expectations for women established and transmitted through the contact with family, friends, and church can

**Table 6**  
**Gender and the Perceived Effectiveness of Neighborhood**  
**Contacts**

		Male	Female
	N=2099	793	1306
	Total %	37.8	62.2
Very Good	683	259	424
Total %	32.5	12.3	20.2
Column %		(32.6)	(32.5)
Fairly Good	1185	465	720
Total %	56.5	22.2	34.3
Column %		(58.6)	(55.1)
Fairly Bad	147	49	98
Total %	7.0	2.3	4.7
Column %		(6.2)	(7.5)
Very Bad	84	20	64
Total %	4.0	1.0	3.0
Column %		(2.5)	(4.9)

Df=3

N=2099

Missing = 8

Chi-square=9.2920

p=.0256 \*

able to meet the needs of black women in the past than presently, or if today's society places more complex and varied situations and problems upon it than it can effectively manage. Eckenrode's (1983) theory that the over-reliance upon the informal system produces a strain upon it and reduces the likelihood of the obtainment of effective help provides one explanation for this finding. It raises the issue of whether the nature of today's problems and a concurrent rise in the expectations of success in meeting these demands necessitates the increased utilization of the formal support system.

One additional proposition is that the males received a different level or type of support. Dressler (1983a) and White (1984) write about the unique role that black men play in their social systems. A black male who is only reasonably successful by society's standards may still provide positive elements to his immediate family and the adjoining social orbit. As a result due to the increased value placed upon his positive personae, he is privy to a more munificent share of the helpgiving resources. This study found that males reported an equivalent level of access to family members. The theory of person-to-environment fit may also be operative whereby the type of support currently being offered by the informal support system more closely

meshes with the needs of the male population.

This study does confirm the position of Hamilton (1972) that the black church continues to play an important role in the lives of black men and women. In this national sample, attendance and the rating of its importance were high. Perhaps some of the disenchantment with the seeming lack of progressive movement reported by writers in the 1960's has been replaced by an estimation of the church's role to be a spiritual base and a hub for specific community agendas (i.e. senior citizen housing, church sponsored schools).

It is interesting to note that in this sample neighborhood contacts were not rated as a strong source of support (neighbor availability and utilization: non-significant differences between males and females, low percentages). In fact, twenty-seven percent of the total sample never visited a neighbor. Table 6 shows virtually equivalent estimations by men and women of their satisfaction with neighborhood contacts. Women tended to more frequently report that their neighborhood was a very bad place to live (4.9% vs. 2.5%). It may be that neighborhoods can provide a more indirect type of support. The finding that the people sampled did not feel that their neighborhoods were a detractive

component of their existence suggests that some "socioemotional support" (Unger & Wandersman, 1985) or a mere sense of belongingness may be operative. It appears that this survey question may have gleaned more information about neighborhood satisfaction than about one's appreciation of the neighborhood as a viable support resource.

In summary, null hypothesis one was not confirmed. In two of the four domains of social support women reported greater access to these mediums of social support. They also made greater use of potential family, friend, and church supports than men, however, most striking is the lack of difference in the perceived effectiveness of these three domains.

### Age and Social Support

Hypothesis two predicts that there will be significant differences between the dimensions of the social support systems of the four age groups [(1) 18-30, (2) 31-45, (3) 46-59, (4) 60 Plus]. It may be observed from the following results that age does have an impact upon the majority of the dimensions of the four domains of social support. It was found that the availability and utilization of support from friends was not related to age. This finding suggests that across the age groups people maintain and use their friend contacts. Even among the elderly the patterns of reciprocity (Ward, et al., 1985) continue and energize these connections.

The perceived effectiveness of church support (How much help are they to you?) could not be predicted by age when male and female scores were considered jointly. However, when separated Table 7 shows that in males, age had a significant impact upon their perception of the effectiveness of church support (chi-square = 25.149,  $p = .048$ ). This finding was not evidenced in the results from the females sampled (see Table 8). Fifty-five percent of men and 52% of the women felt that they could

count on some or a lot of help from the church on a regular basis (lot of help often), however, 56% of the youngest males compared to 49% of the youngest females had that opinion. There are similar types of differences between the other age groups when gender is considered. One interpretation is that the estimates of the amount of help that may be received are inflated due to an idealization of the benevolence of the church, however, the finding that over half of the people surveyed held that view along with the proportion of younger persons represented in that percentage makes a strong statement about the perception of the church as a support resource.

**Table 7**  
**Church Support: Gender (Male) X Age**

	(18-30)	(31-45)	(46-59)	(60+)
N=390	141	88	80	81
Total %	36.2	22.6	20.5	20.8
None 13	0	5	5	3
Tot % 3.3		1.3	1.3	.8
Col %	(0)	(5.7)	(6.2)	(3.7)
Hardly 62	25	15	14	8
Tot % 15.9	6.4	3.8	3.6	2.1
Col %	(17.7)	(17.0)	(17.5)	(9.9)
Little 32	9	4	10	9
Tot % 8.2	2.3	1.0	2.6	2.3
Col %	(6.4)	(4.5)	(12.5)	(11.1)
Sm/Sm 67	28	18	8	13
Tot % 17.2	7.2	4.6	2.1	3.3
Col %	(19.6)	(20.4)	(10.0)	(16.0)
Some 89	41	16	15	17
Tot % 22.8	10.5	4.1	3.8	4.4
Col %	(29.0)	(18.2)	(18.7)	(20.9)
Lt/Oft 127	38	30	28	31
Tot % 32.6	9.7	7.7	7.2	7.9
Col %	(26.9)	(34.1)	(35.0)	(38.3)

Df=15

N=390

Missing=1

Chi-square=25.149

p=.0480 \*

Table 8  
Church Support: Gender (Female) X Age

	N=732	(18-30)	(31-45)	(46-59)	(60+)
		219	196	158	159
		29.9	26.8	21.6	21.7
None	31	8	11	5	7
Tot %	4.2	1.1	1.5	.7	1.0
Col %		(3.6)	(5.6)	(3.1)	(4.4)
Hardly	125	36	31	30	28
Tot %	17.1	4.9	4.2	4.1	3.8
Col %		(16.4)	(15.8)	(19.0)	(17.6)
Little	56	19	12	10	15
Tot %	7.7	2.6	1.6	1.4	2.0
Col %		(8.6)	(6.1)	(6.3)	(9.4)
Sm/Sm	142	48	37	27	30
Tot %	19.4	6.6	5.1	3.7	4.1
Col %		(21.9)	(18.9)	(17.1)	(18.9)
Some	162	46	46	37	33
Tot %	22.1	6.3	6.3	5.1	4.5
Col %		(21.0)	(23.4)	(23.4)	
		(20.8)			
Lt/Oft	216	62	59	49	46
Tot%	29.5	8.5	8.1	6.7	6.3
Col%		(28.3)	(30.1)	(31.0)	(28.9)
		Df = 15	N=732	Chi-square=6.0199	p=.9794 n.s.

The significant differences among the age groups for family availability, utilization, and perceived effectiveness (see Tables 9,10,11) gives backing to Gourash's (1978) position that age is one of the key factors that differentiates between those who do and those who do not seek help. Erikson's theory that there are particular demands connected to the situations of the different stages of life may be viewed with an eye towards which age groups have access to, use, and are benefitted by which domains of social support. Table 9 shows that family members tend to live in the same geographic vicinity with nearly 73% of all subjects having relatives that live in the same state or closer. However as age increases the percentages tend to decrease with the exception of the 60 plus age group where 34% of them reported having family members living out of state. Their percentage for 'no family' is also higher than the other age groups. The social consequences of aging are possible reasons for this finding. As people get older family members are lost through death or relocation. However, utilization of family resources by this group is at a level virtually equivalent to that of the

adulthood group (46-59). There appears to be more of a difference between the two younger groups and the two older groups in terms of the level of contact with family members and the perceived effectiveness of the help received. Table 11 shows that as the age increases the satisfaction with the help given tends to decrease. Almost 43% of the youngest group felt that they received good or very good help often compared to 31.3% of the oldest group. Rakowski and Clark (1985) and other theorists have emphasized the strain placed upon the care providers of the elderly. These data suggest that the assistance given should be supplemented from other sources in order to be maximally effective.

Relatives are still chosen over friends in periods of need. Table 12 shows that 75% of the sample chose relatives over friends at these times. This corresponds to the data of Gaudin and Davis (1985) on rural black families and that of Robinson-Brown and Gary (1985) who stated that married, middle class women needed fewer friendships due to expressive and instrumental support received from their husbands and other family members. Jackson, Chatters and Neighbor's (1982) study on the mental health of older black Americans found that a high percentage of them considered themselves as 'problem free'. These data show that the older age groups (3 & 4)

**Table 9**  
**Age and Family Availability**

		(18-30)	(31-45)	(46-59)	(60+)
	N=2036	656	538	414	428
	Total %	32.2	26.4	20.3	21.0
Home	148	98	22	17	11
Tot %	7.3	4.8	1.1	.8	.5
Col %		(14.9)	(4.1)	(4.1)	(2.6)
Neighhd	138	51	36	23	28
Tot %	6.8	2.5	1.8	1.1	1.4
Col %		(7.8)	(6.7)	(5.5)	(6.5)
City	775	286	198	158	133
Tot %	38.1	14.0	9.7	7.8	6.5
Col %		(43.6)	(36.8)	(38.1)	(31.1)
County	115	24	40	27	24
Tot %	5.6	1.2	2.0	1.3	1.2
Col %		(3.6)	(7.4)	(6.5)	(5.6)
State	303	89	78	69	67
Tot %	14.9	4.4	3.8	3.4	3.3
Col %		(13.5)	(14.5)	(16.7)	(15.6)

Table 9 (Continued)  
Age and Family Availability

Out/St.	518	107	157	108	146
Tot %	25.4	5.3	7.7	5.3	7.2
Col %		(16.3)	(29.2)	(26.1)	(34.1)
Out US	12	1	6	4	1
Tot %	.6	.0	.3	.2	.0
Col %		(0)	(1.1)	(1.0)	(0)
No fam.	27	0	1	8	18
Tot %	1.3	0	.0	.4	.9
Col %		(0)	(0)	(1.9)	(4.2)

Df=21

N= 2036

Missing=71

Chi-square=187.87

p=0.000 \*\*

**Table 10**  
**Age and Family Resource Utilization**

	N=2084	(18-30)	(31-45)	(46-59)	(60+)
		667	559	419	439
Total %		32.0	26.8	20.1	21.1
Evrydy	762	253	192	164	153
Tot %	36.6	12.1	9.2	7.9	7.3
Col %		(37.9)	(34.3)	(39.1)	(34.8)
Weekly	578	187	173	108	110
Tot %	27.7	9.0	8.3	5.2	5.3
Col %		(28.0)	(30.9)	(25.8)	(25.0)
Fx X Mn	346	99	99	73	75
Tot %	16.6	4.8	4.8	3.5	3.6
Col %		(14.8)	(17.7)	(17.4)	(17.1)
1 X Mn	147	43	41	30	33
Tot %	7.1	2.1	2.0	1.4	1.6
Col %		(6.4)	(7.3)	(7.1)	(7.5)
Fx X Yr	123	41	29	21	32
Tot %	5.9	2.0	1.4	1.0	1.5
Col %		(6.1)	(5.2)	(5.0)	(7.3)

**Table 10 Continued**  
**Age and Family Resource Utilization**

Hdly/Ever	96	39	22	12	23
Tot %	4.6	1.9	1.1	.6	1.1
Col %		(5.8)	(3.9)	(2.9)	(5.2)
Never	32	5	3	11	13
Tot %	1.5	.2	.1	.5	.6
Col %		(0.7)	(0.5)	(2.6)	(2.9)

Df= 18      N=2084      Missing 23

Chi-square = 32.293      p=.0203 \*

Table 11

## Age and the Perceived Effectiveness of Family Support

		(18-30)	(31-45)	(46-59)	(60+)
N= 1608		602	443	295	268
Total %		37.4	27.5	18.3	16.7
None	78	8	19	19	32
Tot %	4.9	.5	1.2	1.2	2.0
Col %		(1.3)	(4.3)	(6.4)	(11.9)
Little	413	125	109	89	90
Tot %	25.7	7.8	6.8	5.5	5.6
Col %		(20.8)	(24.6)	(30.2)	(33.6)
Some	265	112	72	45	36
Tot %	16.5	7.0	4.5	2.8	2.2
Col %		(18.6)	(16.2)	(15.2)	(13.4)
A Lot	247	100	75	46	26
Tot %	15.4	6.2	4.7	2.9	1.6
Col %		(16.6)	(16.9)	(15.6)	(9.7)
Gd/Oft	208	89	55	36	28
Tot %	12.9	5.5	3.4	2.2	1.7
Col %		(14.8)	(12.4)	(12.2)	(10.4)
VyGd/Oft	397	168	113	60	56
Tot %	24.7	10.4	7.0	3.7	3.5
Col %		(27.9)	(25.5)	(20.3)	(20.9)

Df=15

N=1608

Missing=498

Chi-square = 79.601

p=.0000 \*\*

are less dependent upon family resources than the younger groups. This may contribute to the older group's availability to be resources to others as in McAdoo's (1978) writing, where grandparents were

Table 12

## Age and the Perceived Effectiveness of Friendship Support

	(18-30)	(31-45)	(46-59)	(60+)
N=1498	506	412	293	287
Total %	33.8	27.5	19.6	19.2
Relatv 1124	415	313	207	189
Tot % 75.0	27.7	20.9	13.8	12.6
Col %	(82.0)	(75.9)	(70.6)	(65.8)
Friends 358	87	94	80	97
Tot % 23.9	5.8	6.3	5.3	6.5
Col %	(17.2)	(22.8)	(27.3)	(33.8)
Neither 16	4	5	6	1
Tot % 1.1	.3	.3	.4	.1
Col %	(0.8)	(1.2)	(2.0)	(0.3)

Df=6            N=1498            Missing=609

Chi-square = 34.692            p=.0000 \*\*

providers of information and respite to the parents without having to assume the major caretaking responsibilities.

The data on age and the availability and utilization of church support resources where not only did the oldest group have the most favorable feelings about church but tended to attend more frequently. Weekly attendance is lowest for the youngest group yet they do express positive feelings about its importance. Perhaps they are burdened with the tasks of childbearing and establishment of a household and/or career during this 18-30 age range. (See Tables 13 & 14)

The data on neighborhood support resources follow in a similar manner. Age did show an influence on the three dimensions of support. Tables 15, 16, and 17 show that while the presence of neighbors may have important cognitive and affective components (Unger and Wandersman, 1985) as shown through the data on perceived effectiveness (Table 17), utilization of this resource is generally low even though the youngest group tends to take the greatest advantage of its presence (Table 15 and 16).

**Table 13**  
**Age and the Availability of Church Supports**

	(18-30)	(31-45)	(46-59)	(60+)
N=1917	564	526	402	425
Total %	29.4	27.4	21.0	22.2
Vy Imp 1329	309	346	313	361
Tot % 69.3	16.1	18.0	16.3	18.8
Col %	(54.8)	(65.7)	(77.8)	(84.9)
Frly/Imp 292	150	78	43	21
Tot % 15.2	7.8	4.1	2.2	1.1
Col %	(26.6)	(14.8)	(10.7)	(4.9)
Nt 2 Imp 80	37	27	9	7
Tot % 4.2	1.9	1.4	.5	.4
Col %	(6.5)	(5.1)	(2.2)	(1.6)
Not Imp 213	67	75	37	34
Tot % 11.1	3.5	3.9	1.9	1.8
Col %	(11.8)	(14.2)	(9.2)	(8.0)

Df=12

N= 1917

Missing=187

Chi-square = 153.29

p=0.000 \*\*

Table 14  
Age and the Utilization of Church Supports

		(18-30)	(31-45)	(46-59)	(60+)
N=1916		566	526	401	423
Total %		29.5	27.5	20.9	22.1
Everydy	87	21	21	19	26
Tot %	4.5	1.1	1.1	1.0	1.4
Col %		(3.7)	(4.0)	(4.7)	(6.7)
Weekly	679	143	166	167	203
Tot %	35.4	7.5	8.7	8.7	10.6
Col %		(25.2)	(31.5)	(41.6)	(48.0)
Fw X Mn	587	196	152	113	126
Tot %	30.6	10.2	7.9	5.9	6.6
Col %		(34.6)	(28.9)	(28.2)	(29.8)
Fw X Yr	371	149	119	68	35
Tot %	19.4	7.8	6.2	3.5	1.8
Col %		(26.3)	(22.6)	(16.9)	(8.3)
One X Yr	192	57	68	34	33
Tot %	10.0	3.0	3.5	1.8	1.7
Col %		(10.1)	(12.9)	(8.5)	(7.8)

Df=12

N=1916

Missing=191

Chi-square = 102.51

p=.0000 \*\*

**Table 15**  
**Age and Neighborhood Resource Availability**

		(18-30)	(31-45)	(46-59)	(60+)
N=2063		663	553	415	432
Total %		32.1	26.8	20.7	20.9
Mst Kp to	858	235	238	196	189
Self:Tot%	41.6	11.4	11.5	9.5	9.2
Col %		(35.4)	(43.0)	(47.2)	(43.7)
Sm Kp to	853	288	242	165	158
Self:Tot%	41.3	14.0	11.7	8.0	7.7
Col %		(43.4)	(43.8)	(39.8)	(36.5)
MostVst	352	140	73	54	86
Tot %	17.1	6.8	3.5	2.6	4.1
Col %		(21.1)	(13.2)	(13.0)	(20.0)

Df=6            N=2063        Missing=44

Chi-square = 31.009    p=.0000 \*\*

**Table 16**  
**Age and the Utilization of Neighborhood Resources**

		(18-30)	(31-45)	(46-59)	(60+)
	N=2093	672	563	421	437
	Total %	32.1	26.9	20.1	20.9
Evydy	214	90	48	34	42
Tot %	10.2	4.3	2.3	1.6	2.0
Col %		(13.4)	(8.5)	(8.1)	(9.6)
Wkly	446	154	99	82	111
Tot %	21.3	7.4	4.7	3.9	5.3
Col %		(22.9)	(17.6)	(19.4)	(25.4)
Fw X Mn	346	104	85	79	76
Tot %	16.5	5.0	4.1	3.8	3.7
Col %		(15.4)	(15.1)	(18.7)	(17.8)
Once X Mn	165	58	42	33	32
Tot %	7.9	2.8	2.0	1.6	1.5
Col %		(8.6)	(7.4)	(7.8)	(7.3)
Fw X Yr	350	66	117	89	78
Tot %	16.7	3.2	5.6	4.3	3.7
Col %		(9.8)	(20.7)	(21.1)	(17.8)
Never	572	200	172	104	96
Tot %	27.3	9.6	8.2	5.0	4.6
Col %		(29.7)	(30.5)	(24.7)	(21.9)

Df=15                      N=2093                      Missing=14

Chi-square = 61.668                      p=.0000 \*\*

Table 17

## Age and the Perceived Effectiveness of Neighborhood Resources

		(18-30)	(31-45)	(46-59)	(60+)
	N=2093	669	562	422	440
	Total %	32.0	26.9	20.2	21.0
VyGd	683	152	153	167	211
Tot %	32.6	7.3	7.3	8.0	10.1
Col %		(22.7)	(27.2)	(39.5)	(47.9)
Frly/Gd	1179	410	344	230	195
Tot %	56.3	19.6	16.4	11.0	9.3
Col %		(61.3)	(61.2)	(54.5)	(44.3)
Frly/Bd	147	66	48	15	18
Tot %	7.0	3.2	2.3	.7	.9
Col %		(9.9)	(8.5)	(3.5)	(4.1)
VyBd	84	41	17	10	16
Tot %	4.0	2.0	.8	.5	.8
Col %		(6.1)	(3.0)	(2.4)	(3.6)

Df=9

N=2093

Missing = 14

Chi-square = 113.85

p=0.00 \*\*

In general, null hypothesis two was not confirmed as age was found to be a major factor in the actualization of several of the determinants of social support.

Social Support and Psychological Well-being

Hypothesis three posits that there will be significant differences between the impact of the various dimensions of social support upon psychological well-being. This was confirmed by the data. Table 18 presents the results of the regression analysis. Several of the variables had particular degrees of significant contribution to the obtained scores in the psychological well-being quotient. Among the demographic variables of age and gender, it was found that with the increase of age, psychological well-being tends to increase. As argued by Ross and Huber (1985) the younger, less established couples and individuals might tend to be faced with a greater number of situations particular to their life stage that they have limited previous experience in handling, thereby reducing their state of well-being. This also further substantiates the claim of Jackson (et al., 1982).

Negative relationships were found between the utilization of family and church support and psychological well-being. Increase usage of these forms of support tended to predict a lowering of psychological well-being. It is not clear whether the fact that these sources were utilized was an indicator or predictor of lowered psychological well-being yet for both of these

Table 18

Regression Analysis of Psychological Well-being Quotient on the  
Variables of Age, Gender, and Social Support

	Partial	Coefficient	Significance
<u>Demographic Variables</u>			
R's Age	.19	.005	.000 **
R's Sex	-.05	-.004	.127
<u>Family</u>			
Availability	.05	.013	.084
Utilization	-.07	-.022	.017 *
Per. Effec.	.13	.037	.000 **
<u>Friends</u>			
Availability	-.03	-.016	.365
Utilization	-.02	-.005	.586
Per. Effec.	-.03	-.021	.436
<u>Church</u>			
Availability	-.02	-.017	.472
Utilization	-.11	-.056	.000 **
Per. Effec.	.07	.022	.027 *
<u>Neighborhood</u>			
Availability	.00	.002	.926
Utilization	-.01	-.003	.706
Per. Effec.	-.14	-.079	.000 **
<u>Stress Quotient</u>	-.60	-.054	0.000 **
<u>No Need Family</u>	.10	.11	.001 **
<u>No Need Church</u>	.11	.098	.001 **
N = 1046 R-sqr = .537 Mult. R = .733 SE = .394 *p .05 **p .01			

The strong negative relationship (partial  $r=-.6$ ,  $p=0.00$ ) between stress, as measured by the subjects' report of recent life circumstances and psychological well-being, follows theoretical and anecdotal logic that as this type of stress decreases psychological well-being will increase.

Regression analysis was conducted on the 444 subjects (out of 2,107) who reported that they had no connection with (or 'need' of) family members and the 534 subjects who reported no use of church support. Significant correlations ( $p < .01$ ) were found between these two conditions and psychological well-being. More data are needed on the the life circumstances of these individuals, however, it may be speculated that the non-involvement of either family or church resources in the lives of these people is partially due to a lack of necessity for this type of support. This may be a particularly well functioning subset or the subgroup that makes much greater use of the professional or formal support system than is normative for black Americans (see Neighbors, et al., 1983).

### Social Support and the Experience of Stress

Hypothesis four states that there will be significant differences between the impact of the dimensions of social support upon stress. This hypothesis received the lowest level of confirmation (see Table 19). Only the demographic variable of gender, the dimensions of the perceived effectiveness of friendship supports, and the well-being quotient predicted significant levels of the variance of stress. Being female was found to be predictive of a higher level of stress. The consideration of friendship supports as being more helpful was predictive of stress. A corresponding strong negative relationship between the well-being and stress quotients (partial  $r = -.6$ ,  $p = 0.00$ ) demonstrates the significant interaction between these two conditions. The strength of this relationship is further illustrated when the psychological well-being quotient values are removed for a regression analysis. In Table 20 we see the dimensions of social support whose contributions to the predictive analysis of stress were overshadowed by the well-being

domains the perceived effectiveness of the support received positively predicted well-being. The more helpful the contact the greater the results derived. It may also be hypothesized that if the person has to use these resources too frequently, psychological well-being is low.

The perceived effectiveness of neighborhood support was found to be negatively associated with psychological well-being. It may be suggested that effective neighboring is tied to a minimal number of contacts that efficiently deal with the problem versus producing an ongoing relationship that more typifies family, church, and friendship connections. This interpretation parallels that of Litwak and Szelenyi (1969) that states that neighbors provide a special type of supportive assistance (e.g., emergency aid), that should not be over-utilized in order to maintain its presence and willingness to help.

Table 19

Regression Analysis of Stress Quotient on the Variables of Age,  
Gender, and Social Support

	Partial	Coefficient	Significance
<u>Demographic Variables</u>			
R's Age	-.04	-.010	.260
R's Sex	.08	.79	.009 **
<u>Family</u>			
Availability	.06	.16	.069
Utilization	-.02	-.064	.534
Per. Effect.	.05	.16	.111
<u>Friends</u>			
Availability	-.03	.21	.279
Utilization	-.01	-.044	.657
Per. Effect.	.08	.77	.011 *
<u>Church</u>			
Availability	.05	.44	.086
Utilization	-.04	-.24	.195
Per. Effect.	-.00	-.010	.927
<u>Neighborhood</u>			
Availability	.01	.094	.635
Utilization	.00	.017	.889
Per. Effect.	.04	.26	.224
<u>Well-being Quotient</u>	-.60	-.68	0.00 **
<u>No Need Family</u>	-.01	-.088	.811
<u>No Need Church</u>	.02	.16	.621
N=1046	R-sqr= .466	Mult. R=.682	SE=4.44 *p<.05 **p<.01

quotient. All of the domains of social support plus the two demographic variables are now represented as participatory in the prediction of the level of stress incurred.

In summary, the results obtained followed the "stress-coping -social support model" of Rook and Dooley (1985) where the symptoms (stressors) are expected to vary inversely with coping skills (a person's psychological and material resources) and with social support (a person's real or perceived interpersonal resources).

Personality features (Tolsdorf, 1976) created through early life experiences and cultural norms (Thomas & Sillien, 1972) may be hypothesized as some of the energizers of the choices made in response to stress.

#### Summary of Findings

There were significant differences between the manner in which men and women maintained, utilized, and were affected by their social support systems. Women reported higher access and usage of these supports but were also less satisfied with the help received.

The null hypothesis that psychological well-being would not be affected by the dimensions of social support was not confirmed.

Table 20

Regression Analysis of Stress Quotient on the Variables of Age, Gender, and Social Support with the Removal of the Psychological Well-being Quotient Values

	Partial	Coefficient	Significance
R's Age	-.19	-.71	.000 **
R's Sex	.14	1.66	.000 **
Church Avail.	.02	.82	.001 **
No Need Church	-.07	-.83	.033 *
Neigh. Per. Eff.	.15	1.23	.000 **
Friends Per. Eff.	.12	1.42	.000 **
No Need Family	-.01	-1.05	.021 *

N = 1021          R Sqr = .159

Mult. R = .399    SE + 5.58          \*p<.05          \*\*p<.01

Age tended to vary with psychological well-being, but negative relationships were found between psychological well-being and stress, utilization of family and church supports, and neighborhood support. The traditional values of church and family were thereby confirmed as being held by this sample. The relationship between social support and age was found to be a major indicator of the presence, use, and assessment on many of the dimensions of social support. By conducting separate bi-variate analyses it was found that church support also varied with age in the males surveyed.

The inclusion of the well-being quotient values in the regression on stress masked the impact of several of the dimensions of social support upon stress. Gender (being female) was shown to be a major participant in predicting stress.

## Chapter Five

### Conclusions

#### Review of the Purpose and Objectives

Social support is the multidimensional concept and process by which information, goods, and services are transmitted from one person to another with the intention of producing a positive effect. The purpose of this study was to examine the characteristics of social support and their relationship to the levels of psychological well-being and everyday-type stress in black Americans. This group was selected for study due to its historical reliance upon the informal (or lay) support network and continuing heightened exposure to some of the conditions associated with stress.

The components of social support were classified as either the dimensions of the network (the communicator of social support): system availability, utilization, and perceived effectiveness, or the domains of the network: neighborhood, church, family, and friends. In total they describe the ways and means by which social support is conveyed and assessed.

The objectives of this study were as follows:

1. To determine if there are differences in the social support systems of males and females.
2. To determine if any differences in the social support systems may be a function of age.
3. To identify and demonstrate which components of social support have the greatest influence upon psychological well-being.
4. To identify and demonstrate which components of social support have the greatest impact upon the experience of stress.

#### Review of the Literature

Social support is generally accepted as one of the positive byproducts of interactions between people. This feeling that one possesses a network (be it large or small) of persons that can be depended upon during a period of crisis or uncertainty has been termed as one of the greatest personal assets that an individual can acquire. Its antecedents may be traced back to the early infancy period where the contact between the caretaker and child produces a set of expectations as to what patterns of behavior compose interpersonal relationships. These patterns become integrated into a personality structure which draws upon both environmental and constitutional data for its formation

and actualization.

On an individual basis the personality structure is the matrix against which the environmental forces of the social network have their effect. Two of the possible consequences are strain or social support. The measurement of this process is problematic for it entails obtaining an objective rating of what is predominantly a subjective experience. Several researchers have suggested the inclusion of non-verbal measures such as facial coding, interviewer ratings, and supportive evidence from significant others in the respondent's network. However, the self report mode of gaining information as to the presence and effectiveness of supportive resources and interactions remains the primary means of measurement.

Social support has been found to have an effect upon both physical and mental health. While it may be communicated through either the formal societal helpgiving institutions such as social service agencies, research shows that such services are often under-represented or poorly utilized in the populations which are under duress. The black American population has historically been faced with a higher level of exposure to some identified life stressors yet as a group they do not turn to professional helpers such as

social workers, physicians, psychologists, psychiatrists, or financial planners. They tend to seek help from the lay network of helpers: their family, friends, neighbors, and church. Consideration of the historical context indicates that in the not too distant past black people did not have the same access to the aforementioned professional services. In addition, the stigma associated with the use of such services was (and is) often prohibitive to those not in extreme distress. As a result, there is a large percentage of persons who are faced with what may be termed the everyday stressors or hassles of life. How and from whom these persons receive assistance becomes an important question and was the major focus of this study.

Previous work centered its attention upon the major life crises and measured the amount of readjustment needed to regain the prior level of functioning. Yet it has been found that the accumulation of unresolved everyday tensions can be more predictive of the experience of stress. The implications for the maintenance of a healthy persona, i.e. psychological well-being, are apparent. The interrelatedness of physical, mental, and economic health has consequences for individual and group psychology but also has implications for public policy and the delivery of social services.

### The Study

This study sought to investigate the operation of social support upon psychological well-being and stress across gender and age groups in black Americans. This study reviewed the data collected through the National Survey of Black Americans (1979). The responses of 2107 subjects to selected interview questions comprised the research data of this study. The aim was to gain information as to the current patterns of social system development and its perceived effectiveness in enhancing psychological well-being and reducing the ill-effects of stress.

The analysis of the data collected relative to the principle objectives of the study indicated significant differences between men and women in the utilization of family friend and church supports. There was no difference in the rating of neighborhood support. In males (but not females) there were significant differences between age groups in their perception of the effectiveness of church support. Regression analysis revealed that as people get older, psychological well-being tends to increase. Negative relationships

were found between the utilization of family and church support, the perceived effectiveness of neighborhoring, stress and psychological well-being. In addition, in the subset of subjects who reported no connection with family or church, significant correlations were found with psychological well-being. Regression analysis found a significant relationship between stress and gender (being female was predictive of a higher level of stress). The examination of the significant differences indicated a strong negative relationship between psychological well-being and stress. It was also found that in those subjects who rated friendship supports as effective, stress was significantly higher.

A consideration of the results obtained lead to several conclusions. The data confirmed that social supports are "embedded in a complex casual network" (Shinn, Lehmann, and Wong, 1984). This study did not investigate the early life history or obtain personality measures (issues that maybe considered for further investigation), yet it did produce evidence that gender and age have varying effects upon the conveyance of social supports and the experience of psychological well-being and stress.

The current literature on the breakdown of the black family and the decline of the black church were not

confirmed by this study . The data showed that both of these domains of social support are quite meaningful to black people across age and gender lines, however, the type of assistance provided may differ from what we previously offered. Both of these bodies are in the process of undergoing major changes that are sure to influence their provision of services. Our possible direction would be to engage the large number of mature (60 plus) adults who may have the time, experience, and positive outlook to provide assistance to those groups found to be experiencing the highest levels of stress (young women and families). This would not only serve to build the sense of community (noted by Sarason (1976) as important in the maintenance of well-being), but by broadening these older persons' outreach to people other than relations, some of the restrictive and narrowing aspects of informal support received from family may be minimized.

The belief that one can be helped through help-seeking is crucial for it engenders the conferring with the peer group that Stein (1983) found allows the expression of grievances and reduces the tendency to make self-attributive statements in response to certain lower outcomes. Friendships and other contacts of this sort can be important for maintaining independence. This study confirms Quam's (1983) findings that the elderly,

through attrition or choice, more often reach out to contacts other than family.

#### Limitations of the Study

The scope of the study has been limited by the writer in a number of ways. First, the study was restricted geographically to the continental United States. Hence, the results of the study may not be descriptive of Americans living abroad. Second, the study samples black Americans whose patterns of social support, stress, and psychological well-being may not be generalizable to the larger population. Third, professional sources of social support are not being analyzed even though they may be a prime source of support for a proportion of the sample.

The study was also limited by certain conditions that were beyond the writer's control. The voluntary nature of the sample has limited the results obtained to some degree. As in all voluntary sampling, the possibility of there being a difference between those participants who chose to take part in the study versus those who did not on the factors relevant to this study exists.

The study is also limited to an adult (18 years old and older) population. The results obtained may not be

lead to psychological symptoms such as the depression found in some of the women studied by Dressler (1985a). While these domains of the social system may be sources of group identification, strength, and respite, the conflict over normative values can be contributory to the lack of difference in the ratings of men and women on the perceived effectiveness of these forms of support.

The view that increased social contact raises the possibility of disagreements and other forms of negative social interactions (Rook, 1984) can also lower these women's perception of the helpfulness of the assistance offered. The finding that the men sampled spent less time with family, friends, or in church lowers their level of exposure to either the positive or negative aspects of the social interactions.

A question that could not be answered by this study relates to the actual type of assistance being offered. There is a possibility that the person-to-environment fit (Pilisuk, 1982; Shinn, et al., 1984) was not exact and therefore the assistance or information offered by the lay persons consulted by females (to a significantly higher degree than males) did not fit the nature of their distress. A longitudinal study would provide answers as to whether the lay support system was better

generalizable to a younger population.

In conclusion, while the norms of family and community life are changing, the values held by this group of black Americans are quite traditional. This discrepancy may cause some internal conflict but may be more indicative of the cognitive resource that is operative for these persons: informal social support is available to me, is willing to provide assistance, and can be helpful.

## Appendix 1

Social Support Measures from the National Survey of Black Americans (1979)

FAMILY Availability: Where do most, that is more than half, of your immediate family members live? By immediate family members we mean your parents, children, brothers, and sisters.

1. In this household.
2. In this same neighborhood.
3. In this same city.
4. In this same county.
5. In this same state.
6. In another state.
7. Outside the United States.
8. No immediate family.

Utilization: How often do you see, write, or talk on the telephone with family or relatives who do not live with you?

Would you say ...

1. Nearly everyday.
2. At least once a week.
3. A few times a month.
4. At least once a month.
5. A few times a year.
6. Hardly ever.
7. Never.

Perceived Effectiveness: How often do people in your family -- including children, grandparents, aunts, uncles, in-laws, and so on -- help you out?

Would you say ...

1. Very often
2. Fairly often
3. Not too often
4. Never
5. Never needed help

How much help are they to you? Would you say ...

1. A great deal of help
2. A lot of help
3. Only a little help (Follow through question to responses 1,2,3)

Would they help you if you needed help?

1. Yes
2. No (Follow through question to responses 4,5)

FRIENDS

Availability: Think of the friends, not including relatives that you feel free to talk with about your problems -- would you say that you have

- (1) many (2) some (3) a few (4) none.

Utilization: How often do you see, write, or talk on the telephone with your friends? Would you say ...

1. Nearly everyday
2. At least once a week
3. A few times a month
4. At least once a month
5. A few times a year
6. Hardly ever or never

Perceived Effectiveness: When you think of the people you can count on in life, are they mostly your (1) relatives or your (2) friends?

CHURCH

Availability: How important is going to church or a place of worship to you? Is it ...

1. Very important
2. Fairly important
3. Not too important
4. Not important at all

Utilization: How often do you usually attend religious services? Would you say ...

1. Nearly everyday - 4 or more times a week
2. At least once a week - 1 to 3 times a week
3. A few times a month - 1 to 3 times a month
4. A few times a year
5. Less than once a year

Perceived Effectiveness: How often do people in your church or place of worship help you out? Would you say ...

1. Often
2. Sometimes
3. Hardly ever
4. Never
5. Never needed help

How much help are they to you? Would you say ...

1. A lot of help    2. Some help    3. Only a little help  
(Follow through question to responses 1,2,3)

Would they help you if you needed help?

1. Yes    2. No    (Follow through question to responses 4,5)

NEIGHBORHOOD

Availability: Which of the three statements on this card best describes this neighborhood?

1. Most people keep to themselves and don't talk or visit much with the people who live here.
2. Some people keep to themselves but others talk or visit a lot with the other people who live here.
3. Most people talk or visit a lot with the other people who live here.

Utilization: How often do you get together with any of your neighbors -- I mean either visiting at each other's homes or going places together? Would you say

1. Nearly everyday -- 4 or more times a week
2. At least once a week -- 1 to 3 times a week
3. A few times a month -- 2 to 3 times a week
4. At least once a month
5. A few times a year
6. Never

Perceived Effectiveness: In general, how do you feel about this neighborhood? Do you think it is a ...

1. Very good place to live
2. A fairly good place to live
3. A fairly bad place to live
4. A very bad place to live

## Appendix 2

(C25) Next I am going to read you a list of things which may have happened to you during the past month or so. Please tell me whether or not these things have happened to you in the past month or so.

(C26) How much did that upset you-- a great deal, a lot, only a little, or not at all?

- a. Over the past month or so, have you had health problems?  
 NO                       YES → C26
- b. (Over the past month or so) have you had money problems?  
 NO                       YES → C26
- c. have you had job problems?  
 NO                       YES → C26
- d. have you had family or marriage problems?  
 NO                       YES → C26
- e. have you had problems with people outside your family?  
 NO                       YES → C26
- f. have you had problems with your children?  
 NO                       YES → C26
- g. have you or your family been the victim of a crime?  
 NO                       YES → C26
- h. have you had problems with the police?  
 NO                       YES → C26
- i. have you had problems with your love life?  
 NO                       YES → C26
- j. have you or your family been treated badly because of your race?  
 NO                       YES → C26

**Appendix 3**  
**Psychological Well-being Index**

Happiness (Factor 1)

1. In general, how satisfied are you with your life as a whole these days?
2. Taking all things together, how would you say things are these days?
3. How satisfied are you with your family life, that is, the time you spend and the things you do with members of your family?

Self-Esteem\_1 (Factor 2)

1. I am a useful person to have around.
2. I feel I'm a person of worth.
3. As a person I do a good job these days.

Plans\_For\_Bad\_Job (Factor 3)

1. How about not having enough ability to get the really good job?
2. How important has not trying hard enough been in keeping you from getting good jobs?
3. How about not having the education or training?

Self-Esteem\_2 (Factor 4)

1. I feel I can't do anything right.
2. I feel that my life is not very useful.
3. I feel I do not have much to be proud of.
4. How often do you feel bad about yourself?

Economic\_Well-being (Factor 5)

1. Over the past month or so have you had money problems?
2. Over the past month or so have you had job problems?
3. Compared to three years ago, do you think you are no better off financially, about the same, or worse than you were three years ago?

Role\_Performance (Factor 6)

1. Given the chances you have had, how well have you done in taking care of your family's wants and needs?
2. Given the chances you have had, how well have you done in the work or jobs you've had?
3. Given the chances you have had, how well have you done at being a good friend - a person your friends can count on?

Interpersonal\_Relations (Factor 7)

1. Over the past month or so have you had family or marriage problems?
2. Over the past month or so have you had problems with people outside your family?

3. Over the past month or so have you had problems with your love life?

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