



Social support: Mapping the construct

Irwin G. Sarason & Barbara R. Sarason

University of Washington

ABSTRACT

Social support is a construct with multiple dimensions that can be approached at multiple levels. Findings from a variety of disciplines and recognition of its bidirectional nature can help map the construct. Bidirectionality is a process that requires attention to moderators, such as, gender, cultural change, and personal development, together with the relationship between the receiver and the provider of support. Both close personal ties and weaker ones that often are part of community involvement need to be taken into account in order to map the construct comprehensively.

KEY WORDS: social support • close relationships • community support • support providers

Since Darwin, the contribution of social embeddedness to survival has been widely recognized. Today many disciplines see the value of a better understanding of why and in what ways people are important to people and the mechanisms involved in social relationships. Two articles published in 1976 put the spotlight on the help and support social ties provide. Cassell (1976) and Cobb (1976), building upon clinical, laboratory, and epidemiological evidence, directed attention to individuals whose social ties are limited and/or noxious. Both noted that these people appeared to get sick more often than those with more rewarding interpersonal relationships and speculated that social deficiencies contribute to stress, that in turn, gets in the way of health maintenance. They described interpersonal provisions that offer the individual love, interest, liking, caring, and a willingness to help should it be needed. Both noted that these provisions had the power to influence an individual's self-concept, attitudes, and behavior.

Address correspondence to Irwin G. Sarason, Department of Psychology, Box 351525, University of Washington, Seattle, WA 98125, USA [e-mail isarason@u.washington.edu].

Journal of Social and Personal Relationships Copyright © 2009 SAGE Publications (www.sagepublications.com), Vol. 26(1): 113–120. DOI: 10.1177/0265407509105526

Since these two articles appeared, thousands of articles have been published dealing with associations among social support, health, and a variety of other outcomes. Despite this impressive output, a consensus has not developed concerning the definition of social support, how to assess it, select and implement effective research strategies, and interpret the empirical evidence. This article has two primary aims related to these unresolved issues. One is to comment on the construct of social support and its validity, the other is to suggest some promising research paths that merit exploration. In the course of pursuing these aims we will explore a few methodological problems that need to be confronted before confident conclusions can be drawn about social support as a predictor and cause of outcomes.

Construct validity

We know that social support is associated with a host of important outcomes such as morbidity, mortality, recovery from illness, and the capacity to withstand stressors. These associations are a beginning, not an end. Lack of social support is a risk factor for many unwanted outcomes, but the reasons for that lack need to be clarified. To what extent is social support or its lack a product of the environment or simply a reflection of personality make-up? Social support displays considerable stability over time and across situations. The problems of social isolation and less than satisfying social support are usually not one time things. To what extent might social support be a product of cognitive and behavioral styles that elicit or fail to elicit it?

While we know that a helping hand or kind word can have beneficial effects, we often don't know why these positive things happen. Ideas and information are needed concerning the mechanisms by which social support is created, how it is activated, and how it is related to cognitive, behavioral, and health outcomes. Knowing that a factor is predictive of effects doesn't tell us why or how they happen. According to one view, social support functions as a buffer or protection when stress arises. Implicit in this view is the idea that to be helpful, support that is provided must be appropriate to the needs the stress creates. According to this view, individuals experiencing high levels of stress should display relatively low levels of psychological difficulties and physical symptoms if they have good support.

An alternative perspective focuses on the availability of support regardless of the particular set of circumstances. From this perspective, social support resembles a component of personality that influences multiple facets of a person's life and how it develops. Bowlby's (1982) attachment theory expresses this idea in its concern with the role of social ties in personal development. Bowlby defined attachment as an interpersonal bond that has important developmental implications. The child seeks proximity to the mother when stress arises, but her contribution goes far beyond providing a stress buffer for the child. Attachment protects the child but also contributes to a cognitive and behavioral repertory of skills and outcome expectations. Secure attachment provides an environment for personal growth, including curiosity, learning to take reasonable risks in solving problems,

and the ability to take initiatives. With secure attachment the child acquires skills that facilitate coping and avoid stressors that might otherwise be overwhelming. There are individual differences in the capacity to form and benefit from social attachments.

Bidirectional processes

We view social support from a bidirectional perspective that integrates what people bring to situations with what situations do to them. Personal relationships grow in a mixture of the objective (what happens) and the subjective (what each person is thinking about, able to do, and looking for). Although it might not be perfect, for each participant in a relationship there is a certain person-environment fit. Children and adults differ in their temperaments and the need for interpersonal exchanges of various types. Parents who smother an introverted child with their protection or push the quiet child into social situations that increase its discomfort level are not contributing to an optimal person-environment fit. Chess and Thomas (1990) showed that children with certain temperamental traits are more likely to avoid developing serious behavioral problems if their parents are able to take account of their child's temperament, provide pertinent support (love, attention, acceptance) and avoid creating a stressful environment. The bidirectional view focuses attention on the match between the participants in a relationship. From this perspective, support is not simply a matter of matching social provisions with needs, but also one of matching people with each other based on their cognitive and behavioral styles.

Consistent with this point is evidence that the therapist-patient match is an important ingredient of clinical improvement. Therapists show different rates of effectiveness depending on their patients' difficulties and researchers are trying to identify the active relational ingredients involved in clinical improvement (Kazdin, 2007; Wampold, 2001). Effective therapists provide support and acceptance and give their patients opportunities to learn that the world is not as noxious a place as they think it is. In doing this, they seek to disconfirm their patients' irrational or unnecessarily pessimistic beliefs about the nature of interpersonal relationships.

Research on the *relational self* provides additional evidence consistent with the bidirectionality of social ties and the support they provide (Andersen & Chen, 2002). The relational self is the self in relation to others and evolves in the course of life. It is a person's conceptualization of relationships that arise from experiences in interpersonal encounters. Most people have multiple relational selves that differ with regard to the features of situations and the aspects of personality they activate. Social support might be thought of as being linked to relational selves, the sense of support available from particular others and from people in general being part of an individual's orientation to interpersonal relationships.

Perceptions of support reduce fears of failure and anticipations of danger because of the availability of caring providers. Consequently, they free the individual to attend to the realities of situations, explore alternative

approaches to them, take reasonable risks, and deal with the task at hand. A comprehensive theory of social support needs to deal with what individuals think of themselves and what they think about both significant others and people generally. Each person has a distinctive profile of relational selves that have varying supportive features. While social support is often stable over long periods of time, it can change as a consequence of significant events and the stages in life. For example, older individuals typically change in the direction of more selective social involvements and increased attention to their most meaningful and helpful social ties (Carstensen, Mickels, & Mather, 2006).

Social integration and community support

Although social support is most often conceptualized in terms of close relationships and enduring bidirectional ties, a broader approach may be desirable. Police and fire departments, hospitals, schools and libraries, recreation centers, and social agencies might seem somewhat distant and impersonal, but collectively and individually they may play very supportive roles in people's lives. A sense of community support evokes the perception of forthcomingness and willingness to help on the part of various types of institutions and organizations and those who staff them. Receiving the first library card from a librarian can be a very supportive event for a child, not only with regard to the librarian as an individual, but also to the library as an institution.

Community integration and its relationship to close personal ties is a topic that deserves more attention than it has received. A sense of community support might be especially meaningful for people with constricted personal relational worlds, for example, introverted and socially isolated, or disabled individuals. People who are hesitant in forming close personal ties might benefit particularly from seemingly more impersonal community ties. Although his call was largely unheeded, Henderson in 1977 directed attention to what might be called casual contacts, for example in shops, on buses, and over the phone and concluded that the seemingly superficial contacts with neighbors and interactions with others at the bus stop could be meaningful and important.

Technological advances have provided new pathways to social interaction and support. Years ago the telephone made it possible for family, friends, and associates to keep in touch and maintain their ties even when separated by many miles. Today the Internet makes possible the formation of social networks comprised of people who prior to their Internet connections might be strangers to one another. Individuals can introduce themselves to members of a social network, find new "friends", and experience the solidarity that comes with belonging to a common enterprise, even though all they know about each other is voluntarily provided information. How meaningful and long lasting Internet relationships are is an interesting question, as is how supportive they can be. To what extent can social ties develop simply as a function of mouse clicks? Acceptance and a sense of

belongingness engendered by seemingly weak or superficial ties might play more important roles in schemas of oneself and others than one might initially think possible.

Strong and weak social ties

Social ties and the support they provide can change over time. The people interviewed in the nationally representative, cross sectional 2004 General Social Survey reported having an average of only two close confidants with whom they “discuss important matters”, down from a mean of three such ties elicited by the same question in 1985 (McPherson, Smith-Lovin, & Brashears, 2006). Between 1985 and 2004, there was a decline in the percentage of Americans – to 57 percent from 80 percent – who named at least one non-kin person as part of this inner circle. How might these differences over time be explained? The seeming increase in social insularity might be due to demographic changes, technological developments such as computers, cultural changes in conceptions of what constitutes truly intimate communing, and other factors. The General Social Survey results also show that the percentage of people who include a spouse in their circle of closest confidant went from 30 percent in 1985 to almost 40 percent two decades later. While “to friend” has become a frivolous verb, to bond might prove to be one that Americans are taking, if anything, more to heart than ever.

Close ties are only a subset of a person’s complete interpersonal world that also includes an array of weaker, more distant, less intense ties (Granovetter, 1973). Both strong and weak ties need to be taken into account as contributors to the sense of social support. How to determine the relative importance of “strong” (e.g. family) and “weak” (the person at the supermarket check-out stand) is not an easy matter because it isn’t obvious by what criteria their influences should be judged. However, it needs to be recognized that support can come from many directions that include individuals with whom we have intimate relationship, those with whom we have a very limited range of regular social exchanges and occasional community contacts. All three play roles in social integration, although how and to what degree needs more study. Evidence from the General Social Survey and other sources suggest that recently there has been a decline both in the number of confidants in social networks and in community ties. Among the questions that need answers are: Why has the social environment of core confidants constricted? Why have spouse/partner ties become closer? Why are community ties decreasing?

Supportive relationships: Recipients, providers

Supportive efforts can have positive or negative effects depending on several factors, including the needs of the recipient and the sensitivity of the provider. During its short history, most social support research has been directed mainly at personal needs for support. There has been relatively little inquiry

concerning the givers of support, who they are, and what they experience as providers. Little is known about who effective providers are and what in their makeup enables them to care enough about others and, sometimes at a considerable personal cost, provide help and support. An understanding of support processes might be aided by identifying individual differences associated with providers. Providers are not just do-gooders. They derive personal meaning by virtue of the contributions they make to others and provider-recipient relationships. Providers might do what they do, not necessarily because they are habitually prone to adopt the role of supporter, but because of their commitment to the persons they help. While much has been written about the self-preoccupied, pleasure-maximizing individual, surely that is not the whole story of personal development. Why might one person make sacrifices for someone else?

Supportive acts and their effects can be studied objectively, even in a laboratory. Dunn and colleagues (2008) reported an experiment in which people were given sums of money and options on how to spend them. The researchers found that spending money on others had a more positive impact on happiness and well-being than spending it on themselves. The study of support provision might be a rewarding frontier in the exploration of social support. Soldiers in battle have deep ties to their buddies that lead them to make great sacrifices to help them. They often describe the interpersonal aspects of their war experiences as among the most meaningful in their entire lives. Similar observations have been made by caregivers about chronically or severely ill loved ones. During World War II, Viktor Frankl (1984) spent a long period of time in concentration camps and attributed his survival to the need he felt to be available to help his wife after the war. (Unbeknownst to Frankl, his wife had died in another concentration camp.) Christian Danes saved thousands of Jews from death at the hands of the Nazis by hiding them at great risk to themselves.

What might explain this sort of behavior? Perhaps the art of helping counters tendencies to become too self-preoccupied. It might actually be true that it is better to give than to receive. We need to know more about (1) the types of relationship in which support is provided, (2) the cognitive schemas that lead someone to provide support, and (3) the personal, social, and biological correlates of both getting and giving. Social support occurs in interpersonal transactions that include recipients and providers with distinctive cognitions, feelings, and behavioral styles.

Mapping the construct

Most studies of social support have included some sort of measure of the construct. However, the lack of a conceptual grounding for many measures of social support has often been a weak link in research. Different measures of social support are not necessarily providing indexes of the same thing. Strengthening the link between constructs about the nature of support and how it is assessed would be valuable.

Changes in societal and cultural conditions might have significant influences on needs for support, how it is provided, and satisfaction with the outcomes of supportive transactions. These influences might be important factors in the General Social Survey results. While women generally tend to be more relationship-oriented than men and more likely to provide support for others, the roles of men and women change over time. Today increasing numbers of women are wage earners and it is not uncommon that a woman earns more than her husband or partner. Outlets for social exchange are also subject to change. Half of young adults use Internet social network sites daily and nearly half play video games (*How young people view their lives, futures, and politics*, 2007). About half of the 18–25 year age group seems to be in constant contact with friends by means of text messaging, instant messaging, and e-mail. This is approximately double the percentage of people in the 26–40 age group who use these communication methods. In addition to this increase in social outlets, other evidence suggests that the nature of certain social needs and goals may be changing. For example, most currently unmarried young people do not describe themselves as seekers of romantic partners. A Pew Center survey has shown that among all singles, only 16 percent say they are currently looking for a romantic partner. Among singles aged 18–29, the figure is 38 percent (Rainie & Madden, 2006). Generational factors might play important roles in influencing perceptions of various types of interpersonal relationships.

Surveys such as the one carried out by the Pew researchers might seem a bit removed from traditional approaches to social support, yet its findings illustrate the value of taking into account evidence from diverse perspectives. Common to all research approaches related to social support is an interest in specifying when, why, and how interpersonal ties play a significant role in human affairs. As mentioned before, a major need in the study of social support is to go beyond its association with important outcomes to an understanding of the causes of the associations and the mechanisms that bring them about. To accomplish this requires information about the process that begins with social ties and perceptions of support and ends with outcomes. The potential moderators that influence this process, such as generational differences, ethnicity, socioeconomic status, and sex, need to be specified.

Mapping the social support construct often begins with a tentative definition and hunches concerning the outcomes to which it might be related. Lack of agreement about the way to establish construct validity of social support is probably due, in part, to the fact that the construct is multidimensional. Its various dimensions probably relate in different ways to particular types of outcomes. The best methodology won't do much good if the dimension studied is irrelevant to the outcome. Close emotional attachments, expressed in terms of feelings of being loved probably relate to certain outcomes differently from the way social integration does. Researchers need to specify for themselves which aspects of social support are of particular interest to them, the outcomes that are most pertinent, and the methods most likely to establish the validity of their construct.

