Social Support and Social Integration

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Social support is a general rubric that encompasses at least three distinct types of support: **perceived support, enacted support and social integration**. There are different measures for each of these types of support, and the types are only weakly related to each other (Barrera, 1986; Dunkel-Schetter & Bennett, 1990; Lakey & Drew, 1997). Furthermore, each type of social support displays its own unique pattern of correlations with other constructs and variables, indicating that each type is a distinct construct, i.e., the three types have surprisingly little in common (Barrera, 1986; Lakey & Drew, 1997).

Perceived support. Perceived support (also known as functional support; Wills & Filer, 2001) is the **subjective judgment** that family and friends would provide quality assistance with future stressors. People with high perceived-support believe that they can count on their family and friends to provide quality assistance during times of trouble. This assistance may include listening to the stressed person talk about troubles, expressing warmth and affection, offering advice or another way of looking at the problem, providing specific assistance such as looking after the children, or simply spending time with the stressed person.

Enacted support. Enacted support reflects the same kinds of assistance just listed, but emphasizes **specific supportive actions**, whereas perceived support emphasizes the stressed person's judgment that such actions would be provided if needed. Surprisingly, perceived and enacted support are only modestly related (Barrera, 1986; Dunkel-Schetter & Bennett, 1990; Lakey & Drew, 1997).

Social integration. Social integration refers to the number or range of different types of **social relations**, such as marital status, siblings, and membership in organizations such as churches, mosques or temples. Social integration is most often only weakly related to perceived and enacted support (Barrera, 1986).

Theoretical Perspectives

Stress and Coping Perspective

The dominant theoretical perspective in social support research draws from **stress and coping theory** (Lakey & S. Cohen, 2000). According to this theory (Lazarus & Folkman, 1984; Folkman & Moskowitz, 2004), stress occurs when people interpret situations negatively (i.e., negative appraisals) and stress leads to health problems, in part, insofar as people do not employ adequate coping responses (e.g., problem solving, emotion regulation). Social support promotes health by protecting people from the adverse affects of stress (i.e., stress buffering; Cohen & Wills, 1985). It does so by promoting more adaptive appraisals, more effective coping or both. In theory, social support should only enhance appraisals and coping to the extent that the particular type of social support matches the demands of the stressor (the optimal matching hypothesis; Cohen & Hoberman, 1983; Cutrona & Russell, 1990). Social integration, perceived support and enacted support play somewhat different roles in the stress and coping model of social support. Enacted social support is hypothesized to influence appraisal and coping most directly. Yet, the receipt of enacted support requires at least a minimum of social integration (hermits will receive little enacted support) and extensive social ties should provide many opportunities for enacted support (Uchino, 2004). An individual's perception of support should reflect her/his history of the receipt of effective enacted support, and this perception should directly reduce negative appraisals of stressors.

Social-Cognitive Perspective

An alternative to the stress and coping model is the **social-cognitive perspective**, which draws from basic research in social cognition and from cognitive models of psychopathology (Lakey & Drew, 1997). This model is primarily geared toward explaining links between perceived support and mental health, and may be relevant to physical health, insofar as mental health is important for physical health. According to this view, negative evaluations of the self, important other people, and negative emotion are linked together in cognitive networks, which influence each other through spreading activation (Baldwin, 1992). That is, negative emotion makes negative evaluations of the self and others more accessible (i.e., they come to mind more easily), and such negative evaluations make negative emotions more accessible (i.e., they are felt more easily

and intensely). This view does not rely upon stressful life events or coping as central mechanisms, because negative thinking alone is sufficient to activate negative emotion and vice versa. Supportive social interaction makes negative thoughts and negative emotion less accessible as well as making positive thoughts and emotions more accessible. The model deals with the weak links among perceived support, enacted support and social integration by making reference to social-cognitive research in person perception (Hastie & Park, 1986; Klein, Loftus, Trafton, & Fuhrman, 1992), which suggests that when perceivers judge the characteristics of others (e.g., they judge others' supportiveness), they rarely retrieve from memory the specific past actions of the support provider (e.g., enacted support). Instead, they retrieve the most accessible global judgment from memory (Klein et al., 1992; Lakey & Drew, 1997). Thus, perceptions of support and memory of recent support receipt should not be closely linked.

Social Control Perspective

The **social control perspective** (Uchino, 2004; Umberson, 1987) is well suited to explaining how social integration may promote better health. This model draws from symbolic interactionism (Thoits, 1985) and emphasizes how relationships can help regulate social behavior, including health-related behavior. Social control may work indirectly, such as when an individual regulates her/his own behavior out of a sense of responsibility to others (e.g., children), and directly, such as when "…an individual might remind his or her spouse to avoid using salt because of its effect on blood pressure…" or "…an individual might threaten to leave a spouse because of excessive alcohol consumption" (Umberson, 1987; p. 310). However, at present, such mechanisms have not been documented directly (Uchino, 2004).

Social Support Measures

Perceived Support

The most commonly used measures of social support are measures of perceived support. In general these measures show consistent and strong relations to mental health, and are often related to many indices of physical health (Sarason, Sarason & Gurung, 2001; Uchino, 2004; Wills & Filer, 2001). Among the most common measures are the **Interpersonal Support Evaluation List** and the **Social Provisions Scale**. Descriptions of a wide range of other measures of perceived support can be found in Wills and Shinar (2000).

The Interpersonal Support Evaluation List. The Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983; Cohen, Mermelstein, Kamarck, & Hoberman, 1985) has both college student (48 items) and general population (40 items) versions, and provides four subscales: **Appraisal** (e.g., "There are several people that I trust to help solve my problems"); **Belonging** (e.g., "I often meet or talk with family or friends"); **Tangible** (e.g., "If I needed a ride to the airport very early in the morning, I would have a hard time finding someone to take me"[reverse scored]); and **Self-esteem** support (e.g., "There is someone who takes pride in my accomplishments"). Items are rated on a four-point scale with anchors ranging from "definitely true" to "definitely false." The ISEL has excellent internal consistency and good test-retest reliability (Cohen, et al., 1985).

The Social Provisions Scale. The Social Provisions Scale (SPS; Cutrona & Russell, 1987) is a 24-item measure that provides six subscales, **Reliable Alliance** (e.g., "There are people I can depend on to help me if I really need it"); **Attachment** (e.g., "I feel a strong emotional bond with at least one other person"); **Guidance** (e.g., "There is a trustworthy person I could turn to for advice if I were having problems"); **Nurturance** (e.g., "There are people who depend on me for help"); **Social Integration** (e.g., "There are people who enjoy the same social activities I do"); and **Reassurance of Worth** (e.g., "There are people who admire my talents and abilities"). The original version of the scale uses a Likert response format, although other formats are sometimes used (e.g., Cutrona, 1986). There is also a 12-item short form, and a form that refers to specific relationships (Cutrona, 1989). The SPS has excellent internal consistency and good test-retest reliability (Cutrona, & Russell, 1987).

Construct validity. The construct validity of measures of perceived support is extensive, as such measures correlate with a wide range of other measures of relationship perceptions (Lakey & J. Cohen, in press). Indeed, measures of perceived support are related to generic relationship satisfaction, intimacy, low levels of conflict, and secure attachment styles (Lakey & J. Cohen, in press). In addition, relationship partners show some agreement about the supportiveness of their relationships -- there is moderate agreement among dyads when rating the supportiveness of their relationships. However, measures of perceived support are also related to a number of constructs typically thought of as reflecting individual differences. As already

mentioned, perceived support is positively related to mental health, but in addition is related to self esteem, perception of personal control, extraversion, positive affect and social skills, and negatively related to dysfunctional attitudes (Lakey & J. Cohen, in press). Thus, measures of perceived support appear to reflect both the characteristics of relationships and also the personal characteristics of respondents. When respondents provide separate ratings for each support provider, approximately 15% of the variance reflects respondent personality, whereas about 55% represents actual relationships (Branje, van Aken & van Lieshout, 2002; Lakey, McCabe, Fisicaro & Drew, 1996). However, this same research indicates that social support is largely a matter of personal taste, and that there is little agreement among observers about the supportiveness of the same providers. Yet, according to the principles of reliability theory (Cronbach, Gleser, Nanda & Rajaratnam, 1972), when respondents make global ratings of their social networks, the measures come to be more highly saturated with personality variance. That is, if respondents' global ratings represent a weighted average of the supportiveness of specific relationships (e.g., Global Perceived Support = (.5) * Support from Relationship 1 + (.3) * Support from Relationship 2 + (.2) * Support From Relationship 3), and if perceptions of each relationship are partly influenced by perceivers' personality, then computing the weighted average magnifies the personality variance present in each relationship when arriving at a global perception. Thus, to maximize the extent to which perceived support measures reflect personal relationships and not respondent personality, social support should be assessed separately for each of the most important relationships, and these scales should be treated separately rather than summed across different relationship partners.

Enacted Support

Measures of enacted support typically ask respondents to estimate the **frequency with which respondents have received specific supportive behaviors** (or simply whether or not they have received the behaviors). Descriptions of a wide range of measures of enacted support can be found in Wills and Shinar (2000).

The most commonly used measure of this kind is the **Inventory of Socially Supportive Behaviors** (ISSB; Barrera, Sandler & Ramsey, 1981). The ISSB is a 40-item measure, using the following response options: "not at all," "once or twice," "about once a week," "several times a week," or "about every day."

The ISSB provides four subscales (Finch, Barrera, Okun, Bryant, Pool, & Snow-Turek, 1997), including **Directive Guidance** (e.g., "suggested some action you should take"), **Nondirective Support** (e.g., "Expressed interest and concern in your well-being"), **Positive Social Exchange** (e.g., "Talked with you about some interests of yours") and **Tangible Assistance** (e.g., "Gave you over $25"). The ISSB has excellent internal consistency and good test-retest reliability (Barrera et al., 1981).

Construct validity. The construct validity of measures of enacted support is not as well established as that for measures of perceived support. For example, measures of enacted support appear to have less consistent and weaker relations to both mental and physical health than do measures of perceived support (Barrera, 1986; Uchino, 2004). Similarly, enacted support has weaker links to self-esteem and other aspects of cognition than does perceived support (Lakey & J. Cohen, in press). Nonetheless, people who report receiving high levels of enacted support express more positive affect and extroversion than people who report low levels (Lakey & J. Cohen, in press). There is, however, some evidence that researchers may not have discovered the circumstances under which enacted support is related to health. For example, Reynolds and Perrin's (2004) study of cancer patients found that enacted support was linked to mental health more strongly when the enacted support matched the desires of the recipients. Similarly, Bolger, Zuckerman and Kessler (2000) reported that enacted support was only related to good mental health when the support went unnoticed by recipients. Other recent evidence on inter-observer agreement also supports the validity of the ISSB. Close relationship partners displayed higher agreement regarding enacted support than they did for either perceived support or personality (J. Cohen, Lakey, Tiell & Neely, 2005). Thus, respondents appear to report enacted support comparatively accurately, but enacted support does not seem to be related as strongly or as consistently to the same kinds of positive relationship and personal characteristics, as is perceived support.

Social Integration

Measures of social integration typically count the total number of relationships, the number of different types of relationships, frequency of contact with relationship partners, or the number of roles that respondents have, although some also assess additional information such as the percentage of network members who

know each other or are related to the respondents (i.e., density). Descriptions of a number of social integration measures can be found in Brissette, Cohen and Seeman (2000).

Social Network Index. S. Cohen and colleagues' **Social Network Index** (SNI; S. Cohen, 1991; Cohen, Doyle, Skoner, Rabin, & Gwaltnery, 1997) is a prototypical measure of social integration. The SNI assesses the number of different types of relationships in which respondents participate, with participation defined as talking to the other person in the relationship (in person or by phone), at least once every two weeks. The SNI lists twelve different types of relationships (e.g., spouse, parents, children, friends, and workmates) and each type of relationship counts for one point. Thus, high scores reflect having a range of different types of relationships, rather than a large number of relationships.

Construct validity. Measures of social integration have an impressive track record of forecasting poor health, particularly mortality (Berkman & Syme, 1979; House, Landis, & Umberson, 1988; Uchino, 2004). Beyond these well-documented links, the construct validity of measures of social integration is less well documented than for measures of perceived support. For example, measures of social integration are not closely linked to psychological distress in most samples (Barrera, 1986). However, social integration does appear to be related to extroversion, positive affect and positive health practices (Lakey & J. Cohen, in press; Uchino, 2004).

Other Types of Social Support Measures

Although researchers have occasionally noted the desirability of assessing social support using behavioral observation, only a small number of such measures have been developed (e.g., Cutrona, Hessling & Suhr, 1997; Pasch, Bradbury & Davila, 1997). One promising observational assessment is the **Social Support Behavior Code** (SSBC; Cutrona et al., 1997). Trained observers count the frequency of different kinds of supportive behaviors in specific conversations. The specific types of supportive behavior assessed are **informational support** (e.g., "suggests a course of action"), **emotional support** (e.g., "expresses sorrow or regret for the distress of [the support recipient]"), **esteem support** (e.g., "gives positive feedback") and **tangible support** (e.g., "offers to perform a task directly related to the stress"). The SSBC has good inter-

rater agreement (Cutrona et al., 1997), but it has not yet been used extensively in research, and so there is comparatively little information about its construct validity.

Finally, a variety of scholars have begun using **diary measures** of social support, in which respondents report support received on a daily basis (Bolger et al., 2000). Diary measures offer the promise of substantially increasing the precision by which day-by-day processes in social support can be measured.

Related Concepts and Measures

Social Conflict

Measures of **social conflict** (i.e., interpersonal stress, negative support, social undermining or criticism) are typically associated with poor mental health, raising questions about the extent to which social conflict and perceived support reflect different constructs, i.e., are independently linked to mental health (Finch, Okun, Pool, & Ruehlman, 1999; Okun & Lockwood, 2003). The extent to which social conflict and perceived support are partially redundant appears to depend on measurement procedures. For example, when participants rate spouses, the two constructs appear to be less distinct; when participants rate their social networks more generally, the two constructs appear to be independent (Okun & Lockwood, 2003).

Adult Attachment

Research on adult attachment style has grown quickly in recent years, and measures of **attachment style** are related to many of the same mental health variables as is perceived support (Rholes & Simpson, 2004). Theoretically, there is substantial overlap between the concepts of secure attachment and social support, as most descriptions of secure attachment, especially the construct of "internal working models of others," name social support as a defining characteristic (Collins & Feeney, 2004). Although there is not an extensive literature on the relation between social support and attachment, what is available suggests the two constructs are linked in important ways (Collins and Feeney, 2004). Future research will need to outline the extent to which attachment and social support effects are redundant.

Relationship Satisfaction and Intimacy

Much less work has been conducted on the extent to which social support is redundant with the constructs of **relationship satisfaction and intimacy**, especially regarding marriage. Yet, it is hard to imagine an

important relationship that was perceived as satisfying and intimate but not supportive. Social support theories hypothesize that social support involves a specific type of social interaction, and therefore it is important to show that such interactions make a contribution to health that goes beyond generic relationship satisfaction and intimacy. Preliminary work suggests that the two constructs are closely linked (Kaul & Lakey, 2003; Reis & Franks, 1994), but additional studies are needed.

Summary

The construct of social support has been very useful in understanding mental and physical health, including mortality and some specific illnesses. It is important to distinguish among three different types of social support: perceived support, enacted support, and social integration. Each type is measured differently and the three have different relations to outcomes. For example, measures of perceived support are especially good at predicting mental health, and measures of social integration have an impressive track record in predicting mortality. Thus, selection of a social support measure that is most appropriate for predicting the specific outcome of interest is important.

References

Baldwin, M. W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin, 112*, 461-484.

Barerra, M., Jr. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology, 14*, 413-445.

Barrera, M., Sandler, I. N., & Ramsey, T. B. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology, 9*, 435-447.

Berkman, L. F., & Syme, S. L. (1979). Social networks, host resistance, and mortality. *American Journal of Epidemiology, 109*, 186-204.

Bolger, N., Zuckerman, A., Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality & Social Psychology, 79*, 953-961.

Branje, S. J. T., van Aken, M. A. G., & van Lieshout, C. F. M. (2002). Relational support in families with adolescents, *Journal of Family Psychology, 16*, 351–362.

Brissette, I., Cohen, S., & Seeman, T. E. (2000). Measuring social integration and social networks. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention* (pp. 53-85). New York: Oxford University Press.

Cohen, J. L., Lakey, B., Tiell, K., & Neely, L. C. (2005). Recipient--provider agreement on enacted support, perceived support and provider personality. *Psychological Assessment, 17,* 375-378.

Cohen, S. (1991). Social supports and physical health: Symptoms, health behaviors, and infectious diseases. In A. L. Greene, E. M., Cummings, & K. H. Karraker (Eds.), *Life-span developmental psychology: Perspectives on stress and coping* (pp. 213-234). Hillsdale, NJ: Erlbaum.

Cohen, S., Doyle, W. J., Skoner, D. P., Rabin, B. S., & Gwaltnery, J. M. (1997). Social ties and suspectibility to the common cold. *Journal of the American Medical Association, 277,* 1940-1944.

Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology, 13, 99-125.*

Cohen, S., Mermelstein, R., Kamarck, T., & Hoberman, H. (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.) *Social support: theory research and application* (pp. 73-94). The Hague: Martinus Nijhoff.

Cohen, S. & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98,* 310-357.

Collins, N. L., & Feeney, B. C. (2004). Working models of attachment shape perceptions of social support: evidence from experimental and observational studies. *Journal of Personality and Social Psychology, 87,* 363-383.

Cronbach, L. J., Gleser, G. C., Nanda, H., & Rajaratnam, N. (1972). *The dependability of behavioral measurements: Theory of generalizability of scores and profiles.* New York: John Wiley.

Cutrona, C. E. (1986). Objective determinants of perceived social support. *Journal of Personality and Social Psychology, 50,* 346-355.

Cutrona, C. E. (1989). Ratings of social support by adolescents and adult informants: Degree of correspondence and prediction of depressive symptoms. *Journal of Personality and Social Psychology, 57,* 723-730.

Cutrona, C. E., Hessling, R. M., & Suhr, J. A. (1997). The influence of husband and wife personality on marital social support interactions. *Personal Relationships, 4,* 379-393.

Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. *Advances in Personal Relationships, 1,* 37-67.

Cutrona, C. E., & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds). *Social support: An interactional view* (pp. 319-366). New York: Wiley.

Dunkel-Schetter, C., & Bennett, T. L. (1990). Differentiating the cognitive and behavioral aspects of social support. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: an interactional view* (pp. 267-296). NY: Wiley.

Finch, J. F., Barrera, M. Jr., Okun, M. A., Bryant, W. H. M., Pool, G. J., & Snow-Turek, A. L. (1997). The factor structure of received social support: Dimensionality and the prediction of depression and life satisfaction**.** *Journal of Social & Clinical Psychology, 16,* 323-342.

Finch, J. F., Okun, M. A., Pool, G. J., & Ruehlman L. S. (1999). Comparison of the influence of conflictual and supportive social interactions on psychological distress. *Journal of Personality, 67,* 581-621.

Folkman, S. & Moskowitz, J. T. (2004). Coping: pitfalls and promise. *Annual Review of Psychology, 55,* 745-774.

Hastie, R., & Park, B. (1986). The relationship between memory and judgment depends on whether the judgment task is memory-based or on-line. *Psychological Review, 93,* 258-268.

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science, 241,* 540-545.

Kaul, M. & Lakey, B. (2003). Where is the support in perceived support? The role of generic relationship satisfaction and enacted support in perceived support's relation to low distress. *Journal of Social and Clinical Psychology, 22,* 59-78.

Klein, S. B., Loftus, J., Trafton, J. G., & Fuhrman, R. W. (1992). Use of exemplars and abstractions in trait judgments: A model of trait knowledge about the self and others. *Journal of Personality and Social Psychology, 63,* 739-753.

Lakey, B., & Cohen, J. L. (in press). Social support assessment. To appear in S. Ayers, A. Baum, C. McManus, S. Newman, K. Wallston, J. Weinman, & R. West (Eds.), *Cambridge Handbook of Psychology, Health, & Medicine* (2nd Edition). Cambridge, England: Cambridge University Press.

Lakey, B., & Cohen, S. (2000). Social support theory and selecting measures of social support. In S. Cohen, L. U. Gordon & B. H. Gottlieb (Eds.) *Social support measurement and interventions: A guide for health and social scientists.* New York: Oxford.

Lakey, B., & Drew, J. B. (1997). A social-cognitive perspective on social support. In G. R. Pierce, B. Lakey, I. G. Sarason, & B. R. Sarason, (Eds) *Sourcebook of social support and personality* (pp. 107-140). New York: Plenum.

Lakey, B., McCabe, K. M., Fisicaro, S. A., & Drew, J. B. (1996). Environmental and personal determinants of support perceptions: Three generalizability studies. *Journal of Personality and Social Psychology, 70,* 1270-1280.

Lazarus, R. S. & Folkman, S. (1984). *Stress, appraisal and coping.* New York: Springer.

Okun, M. A., & Lockwood, C. M. (2003). Does level of assessment moderate the relation between social support and social negativity?: A meta-analysis. *Basic and Applied Social Psychology, 25,* 15–35.

Pasch, L. A., Bradbury, T. N., & Davila, J. (1997). Gender, negative affectivity, and observed social support behavior in marital interaction. *Personal Relationships, 4, 361-378.*

Reis, H. T., & Franks, P. (1994). The role of intimacy and social support in health outcomes: Two processes or one? *Personal Relationships, 1,* 185-197.

Rholes, W. S., & Simpson, J. A. (2004). *Adult attachment: theory, research and clinical implications.* New York: Guilford.

Reynolds, J. S., & Perrin, N. A. (2004). Mismatches in social support and psychosocial adjustment to breast cancer. *Health Psychology, 23,* 425-430.

Sarason, B. R., Sarason, I. G., & Gurung, R. A. R. (2001). Close personal relationships and health outcomes: A key to the role of social support. In B. R. Sarason & S. Duck (Eds.) *Personal relationships: Implications for clinical and community psychology* (pp. 15-41). New York: Wiley.

Thoits, P. A. (1985). Social support and psychological well-being: Theoretical possibilities. In I. G. Sarason & B. R. Sarason (Eds.), *Social support: Theory, research and application.* (pp. 51-72). Dordrecht: Martinus Nijhoff.

Uchino, B. N. (2004). *Social support and physical health outcomes: Understanding the health consequences of our relationships.* New Haven, CT: Yale University Press.

Umberson, D. (1987). Family status and health behaviors: social control as a dimension of social integration. *Journal of Health and Social Behavior, 28,* 306-319.

Wills, T. A., & Filer, M. (2001). Social networks and social support. In A. Baum, T. A. Revenson, & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 209-234). Mahwah, NJ: Erlbaum.

Wills, T. A. & Shinar, O. (2000). Measuring perceived and received social support. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention* (pp. 86-135) New York: Oxford University Press.

Appendix

Commonly Used Measures of Social Support and Social Integration

The Interpersonal Support Evaluation List—General Population (Cohen & Hoberman, 1983; Cohen, Mermelstein, Kamarck, & Hoberman, 1985).

This scale is made up of a list of statements each of which may or may not be true about you. For each statement check "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should check "definitely false" if you are sure the statement is false and "probably false" is you think it is false but are not absolutely certain.

1. There are several people that I trust to help solve my problems.

____definitely true (3) ____definitely false (0)

____probably true (2) ____ probably false (1)

2. If I needed help fixing an appliance or repairing my car, there is someone who would help me.
3. Most of my friends are more interesting than I am.
4. There is someone who takes pride in my accomplishments.
5. When I feel lonely, there are several people I can talk to.
6. There is no one that I feel comfortable to talking about intimate personal problems.
7. I often meet or talk with family or friends.
8. Most people I know think highly of me.
9. If I needed a ride to the airport very early in the morning, I would have a hard time finding someone to take me.
10. I feel like I'm not always included by my circle of friends.

11. There really is no one who can give me an objective view of how I'm handling my problems.
12. There are several different people I enjoy spending time with.
13. I think that my friends feel that I'm not very good at helping them solve their problems.
14. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone.
15. If I wanted to go on a trip for a day (e.g., to the mountains, beach, or country), I would have a hard time finding someone to go with me.
16. If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up.
17. I feel that there is no one I can share my most private worries and fears with.
18. If I were sick, I could easily find someone to help me with my daily chores.
19. There is someone I can turn to for advice about handling problems with my family.
20. I am as good at doing things as most other people are.
21. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.
22. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.
23. If I needed an emergency loan of $100, there is someone (friend, relative, or acquaintance) I could get it from.
24. In general, people do not have much confidence in me.
25. Most people I know do not enjoy the same things that I do.
26. There is someone I could turn to for advice about making career plans or changing my job.
27. I don't often get invited to do things with others.
28. Most of my friends are more successful at making changes in their lives than I am.

29. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).
30. There really is no one I can trust to give me good financial advice.
31. If I wanted to have lunch with someone, I could easily find someone to join me.
32. I am more satisfied with my life than most people are with theirs.
33. If I was stranded 10 miles from home, there is someone I could call who would come and get me.
34. No one I know would throw a birthday party for me.
35. It would me difficult to find someone who would lend me their car for a few hours.
36. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.
37. I am closer to my friends than most other people are to theirs.
38. There is at least one person I know whose advice I really trust.
39. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.
40. I have a hard time keeping pace with my friends.

The Social Provisions Scale (SPS; Cutrona & Russell, 1987). Investigators interested in using the SPS can request a copy from Daniel W. Russell at drussell@iastate.edu.

Inventory of Socially Supportive Behaviors (ISSB; Barrera, Sandler & Ramsey, 1981).

INSTRUCTIONS

We are interested in learning about some of the ways that you feel people have helped you or tried to make life more pleasant for you over the *past four weeks.* Below you will find a list of activities that other people might have done for you, to you, or with you in recent weeks. Please

read each item carefully and indicate how often these activities happened to you during the *past four weeks.*

Use the following scale to make your ratings:

A. Not at all

B. Once or twice

C. About once a week

D. Several times a week

E. About every day

Make all of your ratings on the answer sheet that has been provided. If, for example, the item:

45. Gave you a ride to the doctor.

happened once or twice during the past four weeks, you would make your rating like this:

	A	B	C	D	E
45.	☐	☑	☐	☐	☐

Please read each item carefully and select the rating that you think is the most accurate

During the past four weeks, how often did other people do these activities for you, to you, or with you:

1. Looked after a family member when you were away.
2. Was right there with you (physically) in a stressful situation.
3. Provided you with a place where you could get away for awhile.
4. Watched after your possessions when you were away (pets, plants, home, apartment, etc.).
5. Told you what she/he did in a situation that was similar to yours.
6. Did some activity together to help you get your mind off of things.
7. Talked with you about some interests of yours.
8. Let you know that you did something well.

9. Went with you to someone who could take action.
10. Told you that you are OK just the way you are
11. Told you that she/he would keep the things that you talk about private-just between the two of you.
12. Assisted you in setting a goal for yourself.
13. Made it clear what was expected of you.
14. Expressed esteem or respect for a competency or personal quality of yours.
15. Gave you some information on how to do something.
16. Suggested some action that you should take.
17. Gave you over $25.
18. Comforted you by showing you some physical affection.
19. Gave you some information to help you understand a situation you were in.
20. Provided you with some transportation.
21. Checked back with you to see if you followed the advice you were given.
22. Gave you under $25.
23. Helped you understand why you didn't do something well.
24. Listened to you talk about your private feelings.
25. Loaned or gave you something (a physical object other than money) that you needed.
26. Agreed that what you wanted to do was right.
27. Said things that made your situation clearer and easier to understand.
28. Told you how he/she felt in a situation that was similar to yours.
29. Let you know that he/she will always be around if you need assistance.
30. Expressed interest and concern in your well-being.
31. Told you that she/he feels very close to you.
32. Told you who you should see for assistance.
33. Told you what to expect in a situation that was about to happen.

34. Loaned you over $25

35. Taught you how to do something.

36. Gave you feedback on how you were doing without saying it was good or bad.

37. Joked and kidded to try to cheer you up.

38. Provided you with a place to stay.

39. Pitched in to help you do something that needed to be done.

40. Loaned you under $25.

Social Network Index (SNI; S. Cohen, 1991; Cohen, Doyle, Skoner, Rabin, & Gwaltnery, 1997)

Instructions: This questionnaire is concerned with how many people you see or talk to on a regular basis including family, friends, workmates, neighbors, etc. Please read and answer each question carefully. Answer follow-up questions where appropriate.

1. Which of the following best describes your marital status?

____ (1) currently married & living together, or living with someone in marital like relationship

____ (2) never married & never lived with someone in a marital-like relationship

____ (3) separated

____ (4) divorced or formerly lived with someone in a marital-like relationship

____ (5) widowed

2. How many children do you have? (If you don't have any children, check '0' and skip to question 3.)

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

2a. How many of your children do you see or talk to on the phone at least once every 2 weeks?

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

3. Are either of your parents living? (If neither is living, check '0' and skip to question 4.)

____ (0) neither ____ (1) mother only ____ (2) father only ____ (3) both

3a. Do you see or talk on the phone to either of your parents at least once every 2 weeks?

____ (0) neither ____ (1) mother only ____ (2) father only ____ (3) both

4. Are either of your in-laws (or partner's parents) living? (If you have none, check the appropriate space and skip to question 5.)

____ (0) neither____ (1) mother____ (2) father____ (3) both____ (4) not
only only applicable

4a. Do you see or talk on the phone to either of your partner's parents at least once every 2 weeks?

_____ (0) neither _____ (1) mother _____ (2) father ____ (3) both
only only

5. How many other relatives (other than your spouse, parents & children) do you feel close to? (If '0', check that space and skip to question 6.)

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

5a. How many of these relatives do you see or talk to on the phone at least once every 2 weeks?

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

6. How many close friends do you have? (meaning people that you feel at ease with, can talk to about private matters, and can call on for help)

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

6a. How many of these friends do you see or talk to at least once every 2 weeks?

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

7. Do you belong to a church, temple, or other religious group? (If not, check 'no' and skip to question 8.)

_____ no _____ yes

7a. How many members of your church or religious group do you talk to at least once every 2 weeks? (This includes at group meetings and services.)

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

8. Do you attend any classes (school, university, technical training, or adult education) on a regular basis? (If not, check 'no' and skip to question 9.)

_____ no _____ yes

8a. How many fellow students or teachers do you talk to at least once every 2 weeks? (This includes at class meetings.)

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

9. Are you currently employed either full or part-time? (If not, check 'no' and skip to question 10.)

____ (0) no _____ (1) yes, self-employed _____ (2) yes, employed by others

9a. How many people do you supervise?

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

9b. How many people at work (other than those you supervise)

do you talk to at least once every 2 weeks?

____0 ____1 ____2 ____3 ____4 ____5 ____6 ____7 or more

10. How many of your neighbors do you visit or talk to at least once every 2 weeks?

_____0 ____1 ____2____3 ____4 ____5 ____6 ____7 or more

11. Are you currently involved in regular volunteer work? (If not, check 'no' and skip to question 12.)

_____ no _____ yes

11a. How many people involved in this volunteer work do you talk to about

volunteering-related issues at least once every 2 weeks?

____0 ____1 ____2____3 ____4 ____5 ____6 ____7 or more

12. Do you belong to any groups in which you talk to one or more members of the group about group-related issues at least once every 2 weeks? Examples include social clubs, recreational groups, trade unions, commercial groups, professional organizations, groups concerned with children like the PTA or Boy Scouts, groups concerned with community service, etc. (If you don't belong to any such groups, check 'no' and skip the section below.)

_____ no _____ yes

Consider those groups in which you talk to a fellow group member at least once every 2 weeks. Please provide the following information for each such group: the name or type of group and the total number of members in that group that you talk to at least once every 2 weeks.

Group that you talk to at least once every 2 weeks (Total number of group members)

1.

2.

3.

4.

5.

6.
