The Relation Between Social Support Flexibility And Psychological Well-Being

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Abstract

It was argued in the present thesis that flexibility within an individual's social support system could be a key factor predicting the effectiveness of support for dealing with stressful situations. Flexibility was defined as perceiving more than one source of support as available for varying functions and across events, such that 'back-up' support could be counted on if a preferred source of support was not available. Participants (N=100) completed measures of well-being (depressive symptoms and quality of life) and social support, including two social support questionnaires that were developed for this study. A series of hierarchical regressions indicated that although social support perceptions were related to well-being, contrary to expectations, the number of social supports perceived as available, and the number of people the individual reported choosing as a primary source of support across events were not predictive of well-being. However, consistent with the flexibility hypothesis, having a secondary source of support that was perceived as highly functional did indeed predict greater well-being. There may be some promise in the notion of support flexibility as one mechanism linking support perceptions and well-being, but the operational definitions of this construct need greater elucidation.

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Stressful experiences may provoke or exacerbate a wide range of pathological states, including psychological disturbances such as depression and anxiety, as well as various physical illnesses (Cohen & Miller, 2001; Griffiths, Ravindran, Merali, & Anisman, 2000). Although numerous factors influence the impact of stressors, prime among these are the perceived threat/risk provoked by a stressor, coupled with the individual's ability to cope with the challenge (Lazarus & Folkman, 1984). The ability to mount an effective response to a stressor may depend on the availability of social support. Indeed, the quantity and quality of an individual's relationships with others may act as a buffer against psychological distress (Cutrona & Russell, 1987; Eurelings-Bontekoe, Diekstra, & Vershuur, 1995; Turner, 1994), and has even been implicated in morbidity and mortality, in that, mortality rates are higher among people who are more socially isolated (House, Landis, & Umberson, 1988).

Social support can provide individuals with various kinds of help including, tangible assistance, talking about the problem, giving advice, or merely knowledge that there is someone to talk to and spend time with (Cutrona & Russell, 1990). However, the underlying mechanisms associated with social support processes are not well understood. There is some controversy over whether actual support is necessary, or whether it is simply the perception that support would be available that is critical to individuals' ability to invoke effective coping mechanisms (Kessler, 1992). Moreover, although much research has focused on the importance of the quantity and quality of support networks, others have suggested that it is the availability of an appropriate source of support that is matched to the problem at hand that it is important (Cutrona & Russell, 1990, House et al., 1988). In the present thesis, it is argued that this latter controversy

may hinge on considerations of whether there is flexibility within the individual's support system, in that, a greater quantity of available support may provide the individual with the flexibility to match the problem to acquire support from an appropriate source, as well as to find an alternative source of support when another key resource falls through (e.g., when an intimate relationships ends). Thus, the goal of the present study was to assess whether perceived or actual social support flexibility were predictive of individuals' psychological well-being.

Perception versus Receipt of Support

Social support can be defined as the comfort, caring, esteem, or help that an individual receives from other people or groups (Cobb, 1976). It may be received from various sources, such as intimate partners, family, friends, co-workers as well as professional service workers (Cohen & Wills, 1985; Cutrona, 1996; Dakof & Taylor, 1990; Greenglass, 1993; Greenhaus & Parasuraman, 1994; Penninx et al., 1997; Silber et al., 1999). Presumably, social support represents a key resource individuals might draw upon when they encounter stressors, and hence serves as a buffer against psychological distress (Cohen & Wills, 1985).

Interestingly, the buffering effect of social support might occur through one's perception that social support is available, without it being enacted (Uchino & Garvey, 1997). Indeed, individuals who believed that they had access to many social and personal resources were actually *less* likely to report using social support during stressful events (Brown, 1978). The perceived availability of a large support system may permit the assumption that if social support was needed, it would be available, without actually having to draw on the resource (Kessler, 1992). In addition, individuals who perceive

high support are more likely to interpret behaviors as supportive, in comparison to individuals who a have low perception of social support (Cutrona, 1986).

Not only is there support for the notion that perceived support is most critical to effectively responding to stressors, but some have argued that actually receiving support may work *against* individuals' ability to deal with a stressor and may be associated with poor adjustment (Cohen, Gottlieb, & Underwood, 2000; Ross & Mirowsky, 1989; Sarason, Sarason, Shearin & Pierce, 1987). Several possible explanations have been suggested for this negative relation, including (1) those who receive support are under more stress than those who do not (Barrera, 1986), (2) receiving support may have negative effects on self-esteem, as the individual may feel incompetent to contend with the situation without assistance (Shapiro, 1978), and (3) social support attempts may cause more harm than good, in that they may sometimes promote an ineffective response, inaccurate advice, and so on (Coyne, Wortman, & Lehman, 1988; Ross & Mirowsky, 1989). In addition, receiving social support may result in feelings of indebtedness, which may serve as an additional stressor for an already stressed individual (Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991; Steinberg & Gottlieb, 1994). Perhaps for this reason, if the support is spontaneously given rather than asked for, the negative implications of receiving support are less evident (Eckenrode & Wethington, 1990). While these results suggest that perceiving support may be more important than its actual receipt, it is possible that these processes reflect the influence of different factors. In particular, perceptions of support are likely to reflect the individual's assumption that if support were actually sought, it would be appropriate and effective. In contrast, when it is in fact enacted, there is likely variability in its effectiveness and implications, such that

the support provided might not meet the demands of the situation.

Matching Support to the Stressor

Clearly not all enacted support has the same implications for the individual. In order to identify the circumstances under which social support is more likely to have beneficial effects, some have looked at the extent to which the support matches the needs demanded to effectively deal with a stressor (Cohen & McKay, 1984). The 'matching hypothesis' suggests that social support will facilitate coping and reduce the effects of stressors as long as the type of social support matches what is needed in a given situation. Cutrona and Russell (1990) suggest several factors that may contribute to individuals' ability to contend with a stressor, and thereby determine what is needed from their social support resources. In particular, they argue that the controllability of the stressor is the most essential dimension for determining coping strategies, and hence social support needs. Events that can be controlled ought to elicit instrumental social support seeking (i.e. tangible assistance, information), whereas uncontrollable events may require emotion-focused support (i.e., talking, listening, providing comfort). In effect, the nature of the stressor determines which resources are necessary to most effectively contend with the challenge, and the social support offered will be optimally effective when it matches the chosen coping strategy. This is not to say that 'matched' support will always be helpful, as this does not bar the possibility that the support will, in itself, be ineffective or misguided (Badr, Acitelli, Duck, & Carl, 2001).

In line with the matching hypothesis and the role of stressor controllability in determining support needs, Laireiter, Baumann, Perkonigg, & Himmelbauer (1997) noted that when attempting to cope with minor stressors (which were presumably more

controllable), individuals were likely to seek instrumental support from a range of contacts, especially those who had the skills and knowledge for dealing with the specific problems (e.g., service professionals). However, in response to more threatening or traumatic stressors (which may be experienced as less controllable), support was sought from a very close and intimate network. For traumatic events, psychological support (e.g., loyalty, emotional support, self-affirmation) was found to be more important than instrumental support in alleviating distress. Thus, it also appears that instrumental support might be elicited from a broader range of sources than emotional or psychological support, which is primarily acquired from a close circle of friends and family members (Laireiter et al.).

Although Laireiter et al.'s (1997) findings are consistent with the matching hypothesis, they point to the need to expand consideration from not only the type of support provided, but as well, the ability to match the *source* of support to the support needs demanded in a given situation. Naturally, individuals with a large and diverse social network may be able to be more flexible in choosing someone to turn to for instrumental support. However, although an individual may have a large network in terms of quantity, the availability of multiple sources of high quality, intimate support may be necessary to buffer against more traumatic stressors.

Partner Support

There is a substantial body of research assessing social support in the context of intimate relationships, as individuals are most likely to turn to their intimate partners as a main source of support when dealing with personal stressors, and in particular dealing with serious stressors, such as severe illness or death (Manne, Pape, Taylor, & Dogherty,

1999; Murphy, Johnson, Chung & Beaton, 2003; Parker, Baile, De Moor, & Cohen, 2003). Indeed, support received from their partners for threatening or traumatic events has been found to be a more effective buffer than support from other sources (Murphy et al.). For example, emotional adjustment following breast cancer surgery was predicted by women's satisfaction with support primarily from their spouse (Manne et al.; Parker et al.). Similarly, patients with arthritis benefited more from partner support than from support from other family members (i.e., relatives, children) (Penninx et al., 1997).

Among those individuals who are in close relationships, the intimate partner is often perceived as a primary source of support (Cohen & Wills, 1985). Partnerships, at least early on, usually reflect a focus of great emotional intensity and social support interactions (Frazier & Cook, 1993). In successful relationships, both partners affect each other's experiences, as they negotiate or reach meaningful outcomes, such as attaining instrumental support and emotional closeness (Kelly & Thibaut, 1978). Although the individual may look to the relationship for support dealing with their own personal experiences, such relationships may also entail reciprocal support behaviors. For example, some personal traumatic experiences can occur to the couple as a unit (e.g., the loss of a child). Parents who suffered such a loss were less likely to develop symptoms of posttraumatic stress disorder if there was mutual perceived support. The importance of such perceptions was especially true for women (Murphy et al., 2003).

Although the intimate partner is one of the most commonly used sources of support in response to highly stressful or traumatic events, under some circumstances, support is not sought from one's partner. Despite the perceived availability of such support, an individual may not seek support if their partner is perceived to already be

overwhelmed with their own stressors (Badr et al., 2001). In addition, individuals might not want to contend with their partners' reaction to a situation, they might worry that the problem would cause conflict, or they might feel that in the past their partners' support efforts were not satisfactory (Badr et al.; Barreira & Baca, 1990). Therefore, social support within the relationship is affected by past, present and the perceived future needs (Badr et al.). If one determines that their partner is not someone that they want to turn to for a particular event, individuals must look elsewhere for an alternate source of support. In these instances, support to meet emotional needs is more likely to be met if the individual has maintained close relationships outside of their intimate partnership.

At this juncture, it ought to be noted that there appear to be gender differences in the tendency to rely on spousal support. Specifically, men tend to rely a great deal on their spouse for support, some even exclusively, whereas only a small percentage of women rely on their partners as their main source of support (Cutrona, 1996). It is not surprising, then, that women tend to provide more support to their husband than they receive (Belle, 1987). Some studies suggest, however, that women were more satisfied with the support that they received from their husbands, than men were with the support received from their wives (Barbee et al., 1993; Julian & Markman, 1991). In addition, women usually have larger social networks (friends, other family members), and thus were more likely and able to seek support from alternative support providers (Cutrona, 1996; Edwards, Nazroo, & Brown, 1998). Paradoxically, although women often have larger social networks, they tend to report higher levels of depression. One explanation for this phenomenon may be that these women experience both more positive and negative aspects of their social relationships with others (Turner, 1994).

Social Support from Other Sources

It has been suggested that those who are not in an intimate relationship may be missing a commonly used source of support (Cohen & Wills, 1985) and so may have less flexibility with respect to whom they can seek support from. Alternatively, by not having an intimate partner, individuals may maintain a broader circle of close others, thereby providing them with greater flexibility. Indeed, when individuals do not have an intimate partner to turn to, or even when they do, if their partner is either unavailable or not able to provide the type of support that they need for a particular stressor, they may need to turn to various other sources of support such as friends, family members, co-workers and professional service workers (Cohen & Wills, 1985; Cutrona, 1996; Dakof & Taylor, 1990; Greenglass, 1993; Greenhaus & Parasuraman, 1994; Penninx et al., 1997; Silber et al., 1999). The extent to which individuals rely on different sources of support is unclear, and appears to depend on characteristics of the samples employed in a given study. For example, in a study in which men and women were asked about their perceptions of the availability of four types of social support from various sources (supervisor, co-worker, friends, and their spouse), students and full-time employed adults gave very different responses (Olson & Shultz, 1994). In the student sample, women reported receiving more support from their partner on all types of social support (i.e., appraisal (giving advice), instrumental, informational, and emotional), whereas in the employee sample, men reported receiving more support from their partner. When examining perceptions of support across various sources, women in the employee sample perceived more emotional support from friends as well as co-workers in comparison to men. However, in the student sample men perceived both more instrumental and

informational support from their supervisor than women did. Others have also noted that within a student sample, women report that they would seek more support in general than did men, and particularly emotional support (Day & Livingstone, 2003). However, when faced with the same level of stressfulness for a situation, these differences in amount of support sought as a function of gender were not evident (Day & Livingstone, 2003).

Among young adults (students), parental support is clearly an important source of support. For example, in a study of college students, parental support was related to higher grades, even though most of the students in the sample were no longer living at home (Cutrona, Cole, Colangelo, Assouline, & Russell, 1994). In contrast, support from friends or partners, both of which represented more frequent contacts for the students, did not predict grades. The authors suggested that interactions with parents during times of stress were important to adaptive coping and positive adjustment. Spending time with friends was more likely to have a direct relation to happiness and mental health (Argyle, 1992); playing a key role in relation to well-being in both the presence and absence of stress (Cohen & Wills, 1985).

Certain stressors require assistance or information from arms-length sources. For example, informational and instrumental support may be sought from those who have expertise pertaining to the stressor (e.g., physicians) (Dakof & Taylor, 1990; Penninx et al., 1997). When the stressor is a work-related problem, coworkers and bosses are key sources of support (Greenglass, 1993; Greenhaus & Parasuraman, 1994), and students are more likely to look to their peers and professors for school-related issues (Silber et al., 1999). Among individuals experiencing work-family conflict (where time demands in the work domain conflict with time demands in the family domain), there was a greater

reliance on others in the same domain (i.e. coworker for a work issue) for support (Greenhaus & Parasuraman, 1994). Taken together, these findings add to the matching hypothesis, in that support is likely to be most effective when the form and source of support are congruent and are matched to the stressor at hand.

The Present Study

In assessing the effectiveness of social support, individuals' perceptions of the resources needed to deal with a stressor and the nature of their support network must both be taken into consideration. It has been argued that responses to stressors cannot be examined in isolation of one another, but rather that it is important to discern shifts in responses across time and situations (Carver et al., 1989; Folkman & Lazarus, 1980; 1985; Lazarus & Folkman, 1984; Matheson & Anisman, 2003; Tennen, Affleck, Armeli, & Carney, 2000). It may be that having a flexible repertoire of options and resources best serves the individual in their efforts to deal with different stressors across a range of circumstances (Matheson & Anisman, 2003; Mattlin, Wethington, & Kessler, 1990; Thoits, 1986). Similarly, this may be applied to social support needs, such that the use of different high quality support resources for different purposes may be integral to the effective use of a social support network. Further to the matching hypothesis, it was argued in the present thesis that those individuals who have a varied group of people that they can rely on for different kinds of social support would demonstrate greater psychological well-being. Specifically, it was expected that multiple sources of quality support would facilitate individuals' flexibility in their options of who they can seek support from, and thus they may have a greater ability to effectively contend with the stressors that they face, thereby promoting greater psychological well-being.

In the present study, we focused on the social support processes among a student sample due to the various stressors that they encounter while facing the transition to university. One of the main stressors is a social upheaval, as first year students often leave their family and friends behind. Thus, flexibility in their support network through this transition may be relatively critical to their ability to maintain positive well-being. Students' propensities and perceptions with respect to their social support networks were evaluated both in terms of the support they perceived as available and from whom, as well as the support they perceived to have been enacted in past. Our interest was not simply in the source and type of support, but in addition, individuals' flexibility in relying on different people for different functions. Flexibility was defined as perceiving more than one source of support as available for varying functions, and if a preferred source of support was not available, perceiving that there were other people to whom the individual could turn to who would provide satisfactory support.

As standard measures for operationalizing such flexibility were not available, the present study used a triangulation of self-report approaches in attempt to tap into this construct. There are many ways to measure social support, as evidenced by the many scales that have been created to test this construct. The majority of these scales tap into satisfaction with social support overall and/or on the quantity of people in the social support network (e.g., Cutrona & Russell, 1987; Sarason, Levine, Basham, & Sarason, 1983). However, none of them takes into account how the individual matches a source of support to a stressor, or how a secondary source of support compares to the effectiveness of a primary source of support for contending with various stressors. In the present study, we will use four indices of social support that may be informative, and entail the

following expecations:

1) It has been argued that the quantity of supports in an individual's network provides the opportunity for flexibility. Hence, a greater number of supports reported as available to respond to stressors (both past and anticipated) ought to predict psychological well-being. Importantly, with multiple sources of support, the ability to rely on alternative sources of support might be enabled, and thus ought to predict greater well-being.
2) Using Cutrona and Russell's (1987) measure of perceived social support provisions from three different general sources (parents, friends, and the intimate partner), it was possible to evaluate whether perceiving strong support in more than one of these source domains provides sufficient flexibility to enhance well-being. In effect, the use of this measure to assess flexibility implies that it is not the overall number of supports that counts, but rather having strong support from more than one domain of life. If so, each of these forms of support ought to demonstrate an additive effect in predicting individuals' well-being. But in addition, if flexibility is not simply an index of the quantity of supports, then the presence of support in multiple domains ought to have synergistic (interactive) effects on well-being.
3) It was possible that social support flexibility may operate in terms of the interchangeable effectiveness of various individuals to provide support, rather than support from multiple social domains. To assess this possibility, it was important to examine whether individuals felt equally comfortable with more than one source of support (i.e., a primary and secondary support were perceived as

equally effective) across past events, and in anticipation of future stressor situations. To the extent that flexibility in social support is critical to well-being, the quality, functional utility, and the intensity of support individuals perceived in relation to the secondary source ought to have an additive effect, over and above support from a primary source, on promoting well-being.

Method

Participants and Procedure

Participants (N = 100) were recruited via sign up sheets for an experiment on stress experiences and social support. Participants in this study comprised 32 men and 68 women (mean age = 19.79, SD=2.61 years). With respect to self-reported racial status, 58% (n=58) of the sample were Euro-Caucasian, 26% (n=26) were Asian, 3% (n=3) were Black, and 13% (n=13) were other or did not specify. In terms of relationship status, 66% of the sample had an intimate partner (n=66), whereas 34% were not currently in a relationship (n=34).

The study was conducted in two components, one of which was completed in the lab, and the second involving a take-home questionnaire. Participants received one credit for their participation in the lab session, and a second credit or $10 if they agreed to complete the second take-home questionnaire. In the lab, participants signed an informed consent (see Appendix A), and filled out a questionnaire package that included a background questionnaire, measures of well-being (symptoms of depression, quality of life), and measures of social support (see Appendix B). Participants were debriefed (see Appendix C) both at the end of the in-lab session and upon completion of the take-home

questionnaires. The debriefing described the buffering effects of social support and stated that we were interested in looking at who students turned to during stressful events and what kind of support that they thought that they needed.

At the end of the in-lab session, participants were asked whether they would be willing to complete a take-home questionnaire package. If they agreed, they were asked to return the package within one week, and they received a reminder phone call to this effect at the 5-day point. This package included a second informed consent (see Appendix A), alternative measures of social support (among other measures not relevant to the present study), and a debriefing (see Appendices B & C, respectively). Eighty-seven percent of the participants returned their take-home packages. The participants who returned their packages did not differ significantly from those who did not return the packages in terms of sex, depressive symptomatology, or self-reported quality of life. To ensure that any systematic effects due to environment on reporting were controlled for, the measures included in the two sessions were varied across participants. Specifically, some participants completed the social provisions and support enacted in previous situations measures in the lab session, and the support perceived as available in hypothetical situations measure in the take-home package, whereas the reverse was true for others (randomly assigned across participants). There were no significant order effects. Nor were there any significant differences found for any of these measures as a function of whether they were completed in the lab or at home.

Measures

All measures that were used in this study can be found in Appendix A.

Depressive symptoms (BDI; Beck, Ward, Mendelson, Mock, & Ebaugh, 1961). The 21-item version of the Beck Depression Inventory was used to assess depressive symptoms. Each item provided between three to five statements regarding behaviours reflecting increasing degrees of problem severity (e.g., from 0 "I do not feel sad or blue" to 3 "I am so sad or unhappy that I can't stand it"). Respondents indicated which statement best reflected their own feelings. A single score index of depressive symptomatology was obtained by summing the responses, with a possible range of 0 to 63 (Cronbach's α =.85).

Quality of life (Ravicki, Turner, Brown, & Martindale, 1992). This measure had two sections. One section included eight items assessing individuals' satisfaction with the quality of their social interactions within the past two weeks. Items included questions about irritability (e.g., "I act irritable toward those around me") and attention to others (e.g., "I show less interest in other people's problems"). Each item was rated on a 6-point rating scale ranging from 0 (none of the time) to 6 (all of the time). Scores were obtained by taking the average of the items (Cronbach's α =.76).

In addition, seven single item dimensions assessed subjective quality of life in terms of physical health (i.e., "In general, how satisfied or dissatisfied are you with your physical health as it is right now?"), academic life, social life, home life, emotional state, recreational life, and general life satisfaction. Each item was rated on an 11-point rating scale ranging from 0 (completely dissatisfied) to 10 (completely satisfied). Total quality of life scores was computed by taking the average of all items (Cronbach's α =.85). There was a strong positive relationship between the two indices of quality of life (r=.52, p<.001).

Social Provisions (Cutrona & Russell, 1987). This 36- item scale was used to assess the social support that was *perceived* as available from friends, parents, and intimate partners. This scale comprised 12 items for each of the three types of social relationships. This measure covered several dimensions of social support such as guidance ("Do you feel you could not turn to your parents for guidance in times of stress?"), reassurance of worth ("Do you feel your competence and skill are recognised by your parents?"), reliable alliance ("Can you depend on your parents to help you, if you really need it?"), attachment ("Do you feel you lack emotional closeness with your parents?"), opportunity for nurturance ("Do you feel personally responsible for the well-being of your parents?") and social integration ("Do your parents enjoy the same social activities that you do?"). The participant had to decide whether each question accurately described their relationship with each of the three sources using a 3-point rating scale, including 1 (no), 2 (not sure) and 3 (yes). The perceived provision of support from each source was obtained by calculating the mean scores (with relevant items reversed); higher scores reflect greater perceived provision of support from each of the three sources. In this sample, support from friends (Cronbach's α =.76) was positively correlated (r=.25, p<.05) with support from parents (Cronbach's α =.78), and with support from one's partner (r=.21, p <.05; Cronbach's α =.83). Support from parents was not correlated with support from one's partner (r=.01, *ns*). Because only 66% of the sample was currently in an intimate relationship, to ensure that the remaining participants were included in the sample for analytic purposes, those who were not in an intimate relationship were assigned the sample mean as their score. By replacing missing values with the mean, participants' lack of intimate partner support ought not to alter the relations between this

support source and the outcome variables.

Perceived social support availability for hypothetical situations. This newly created scale was used to assess participants' perceptions of who they would seek support from to deal with three different hypothetical scenarios. This measure was intended to provide an assessment of participants' flexibility in terms of the perceived availability of social support alternatives. The first hypothetical scenario they were asked about possible support resources for dealt with friends leaving for town for university and feeling lonely. The second scenario described finding a mass on the neck and waiting to hear the results from the biopsy, knowing that there was a good chance that it would be cancerous. The final scenario described writing an important exam for a required course and feeling unprepared.

Participants listed (using initials) and ranked all individuals that they would seek support from, and stated their relationship with each person. They then responded to a series of questions for their top first and second ranked sources of support. These questions were taken or modeled from the Iowa Communication Record (Duck & Pond, 1989), which is a self-report questionnaire that records thoughts and memories about conversations with others. These questions included how satisfied they would feel with the support, the kind of support that they would want, as well as the quality of the communication. According to Duck, Rutt, Hurst and Strejc (1991), the Iowa Communication Record ought to be factor analyzed in each new application. A principle components analysis was therefore conducted on the responses to the 14 items evaluating participants' first choice of support in relation to the event concerning the friendship stressor. Based on a scree test, three factors were identified as relevant, accounting for

57.9% of the explained variability. Based on factor loadings greater than .45 (following a varimax rotation), the first factor reflected perceptions of the *quality of support* (relaxed vs. strained, attentive vs. poor listening, in-depth vs. superficial, smooth vs. difficult, great deal of understanding vs. great deal of misunderstanding). The second factor seemed to reflect the *function of support* that would be received (help accomplish a task, would facilitate a social objective, facilitate the relationship) and satisfaction with that support (how satisfied you would be with the support you would experience from this person, how valuable would the interaction be to you in this situation). The third factor appeared to reflect the perceived *quality of the interaction* (talk just for talks sake, formal vs. informal, guarded vs. open).

As all items were on a common rating scale, with low scores rated 1 and high scores rated 5, mean scores for each of the primary and secondary source of support on each of the three dimensions were calculated. As seen in Table 1, the inter-item reliabilities for both the first and second factors were good. However, the reliabilities of the scores on the third factor were, on the whole, low (ranged from .45 to .62), and so this factor was not considered in subsequent analyses. There was also a strong positive relationship between ratings of the primary source of support and the secondary source on each factor for all events.

Enacted support for specific previous events. This scale was also created for the purposes of the present study, again based on the Iowa Communication Record (Duck & Pond, 1989), to assess perceived support flexibility in response to two events that had already occurred in their own lives. Thus, this was intended as a measure of how much they relied in past on support alternatives to actually provide support. For the first event,

participants were asked to consider and describe a stressful relationship event (dealing with friends, family or partner) that had happened to them, whereas for the second event they were asked to consider a stressful event that involved a moral or spiritual issue (or any event that was related to their well being but was not a relationship issue). They listed and ranked everyone that they could have sought support from, and whether or not they actually sought support for this event. If they respond in the affirmative to the latter question, they continued to complete a series of questions in relation to their first and second ranked sources of support, using the same rating dimensions provided for the hypothetical situations. In addition, they were asked the percentage of time spent talking to that person, how satisfied they were with the interaction, the value of the interaction in the future, how intimate their relationship was and their satisfaction with the relationship as a whole. A principle components analysis was conducted on 19 items employed to assess perceptions of the support received in response to the real life events. Based on a scree test four factors were identified, accounting for 59.5% of the explained variability. Based on factor loadings of greater than .45 (following a varimax rotation), once again, the first factor appeared to reflect the *quality of support* (relaxed vs. strained, attentive vs. poor listening, in-depth vs. superficial, smooth vs. difficult, great deal of understanding vs. great deal of misunderstanding, how satisfied you are with the relationship as a whole). The second factor reflected the *function of support* received (emotional, instrumental, informational, satisfied with received support, satisfaction with interaction). The third factor seemed to reflect the *intensity of support* (percentage of time, how often support was sought from person, the value of the interaction now and in the future, intimacy of the relationship). The fourth factor again represented *quality of interaction*

(impersonal vs. personal communication, formal vs. informal, guarded vs. open). Not all items had the 1 to 5 rating scale that was used in the previous measure, and hence, for subscales including items that rated on different scales, item responses were standardized prior to calculating the mean response.

As seen in Table 2, the inter-item reliabilities for the first three factors were all good. The inter-item reliabilities for the fourth factor were sufficiently low (range =.51 to .60) that this factor was not considered further and was excluded. There was also a strong positive relationship between the primary source of support and the secondary source on each factor for all events.

Table 1

Inter-item Reliabilities for Anticipated Quality of Support, Function of Support and Quality of Interaction for Hypothetical Events, and the Zero-Order Correlation Between Ratings of the Primary and Secondary Sources of Support.

		Primary	Secondary	
Subscale	*n* of items	α	α	*r*
Friends Gone				
Quality	5	.87	. 83	.54***
Function	5	.79	.81	.53***
Interaction	3	.46	.62	.62***
Tumour				
Quality	5	. 83	.80	.80***
Function	5	.80	.77	.69***
Interaction	3	.57	.46	.82***
Exam				
Quality	5	.85	.80	.56***
Function	5	.78	.74	.52***
Interaction	3	.58	.54	.80***

*** $p<.001$

Table 2

Inter-item Reliabilities for Quality of Support, Function of Support, Intensity of Support and Quality of Interaction for Actual Events, and the Zero-Order Correlation Between Ratings of the Primary and Secondary Sources of Support.

		Primary	Secondary	
Subscale	*n* of items	α	α	*r*
Relationship				
Quality	6	.83	. 86	.44***
Function	5	.82	.71	.63***
Intensity	5	.70	.71	.41***
Interaction	3	.51	.60	.71***
Moral/Spiritual				
Quality	6	.89	.87	.48***
Function	5	.92	.74	.65***
Intensity	5	.74	.74	.45***
Interaction	3	.59	.58	.76***

*** $p<.001$

Results

Descriptive analyses were conducted to evaluate general levels of self-reported well-being and perceived support. The students in our study exhibited mild depressive symptoms ($M = 8.89$, $SD = 6.93$), with a fair range of symptomatology, from 0 to 35. Fifty-five (55%) participants demonstrated no depressive symptomatology (i.e., scored from 0 to 8), 34 (34%) demonstrated mild depressive symptomatology (scored from 9 to 15), and 11 (11%) participants exhibited moderate levels of depressive symptomatology

(scored from 16 to 35). The self-reported perceptions of the quality of their social interactions were relatively high, given the 6-point scale ($M = 5.10$, $SD = 0.65$), whereas general life satisfaction was moderate ($M = 6.56$, $SD = 1.76$, on an 11-point scale). Depressive symptoms were related to both lower levels of the quality of social interactions (r=-.64, p<.001) and general quality of life (r=-.63, p<.001), whereas the indices of quality of life were positively related to each other (r=.52, p<.001).

As seen in Table 3, females did not exhibit significantly different ratings of depressive symptomatology, quality of social interactions or lower general life satisfaction ratings than males, and had similar ratings for all variables. Differences as a function of whether or not the individual was currently involved in an intimate relationship were also examined, indicating that these groups did not significantly differ on well-being indices either.

Table 3

Means (Standard Deviations) on Well-being as a Function of Sex and Relationship Status.

	Males	Females	Single	In Relationship
Depressive symptoms	8.28 (6.0)	9.16 (7.35)	10.21 (6.84)	8.8 (6.92)
Quality of social relations	5.05 (.58)	5.13 (.68)	5.15 (.58)	5.08 (.68)
General life satisfaction	6.73 (1.43)	6.47 (1.89)	6.21 (1.80)	6.74 (1.72)

Individuals perceived relatively high levels of support from all three sources of support, namely from their partner ($M = 2.77$, $SD = 0.26$), their friends ($M = 2.71$, $SD = 0.29$), and their parents ($M = 2.56$, $SD = 0.38$). There were small to moderate positive correlations between perceived social support from friends, and participants' perceptions

of the quality of both enacted and anticipated support, the intensity of the enacted support, but not with the perceived function of that support. Interestingly, parental support was mildly positively related to participants' perceptions of support at a hypothetical level, but was only related to the intensity of the support they perceived had actually occurred for past events in their lives. Finally, social support from the intimate partner was not at all related to any of the other perceived or received social support indices (see Tables 4 & 5)

Table 4

Correlations Among Predictor Variables (Social Provisions and the Primary Sources for Hypothetical and Actual Events) (N=100).

	Friends	Parents	Partner	Quality (Hyp)	Quality (Actual)	Function (Hyp)	Function (Actual)	Intensity (Actual)
Friends	-	.25*	.21*	.31**	.49***	.08	.16	.07
Parents		-	.00	.25*	.12	.21*	.16	.13
Partner			-	.16	.05	.06	.12	.06
Quality (Hyp)				-	.55***	.36***	.32**	.35**
Quality (Actual)					-	.34**	.55***	.43***
Function (Hyp)						-	.68***	.55***
Function (Actual)							-	.72***
Intensity (Actual)								-

* $p<.05$; ** $p<.01$; *** $p<.001$

Table 5

Correlations Among Predictor Variables (Social Provisions and the Secondary Sources for Hypothetical and Actual Events) (N=100).

	Friends	Parents	Partner	Quality (Hyp)	Quality (Actual)	Function (Hyp)	Function (Actual)	Intensity (Actual)
Friends	-	.25*	.21*	.31	.26	.10	.14	.24*
Parents		-	.00	.24	.18	.21	.19	.31**
Partner			-	.16	.32**	-.04	.16	.13
Quality (Hyp)				-	.53***	.48***	.45***	.40***
Quality (Actual)					-	.31	.48***	.29**
Function (Hyp)						-	.62***	.55***
Function (Actual)							-	.68***
Intensity (Actual)								-

* $p<.05$; ** $p<.01$; *** $p<.001$

Perceived Social Support and Well-being

In order to test the hypothesis that perceptions of social support from sources belonging to multiple life domains would be associated with increased quality of life and lower depressive symptoms, three multiple regressions were conducted for which perceived social support provided by friends, parents and one's partner were entered simultaneously to predict each of depressive symptoms, quality of social interaction, and general life satisfaction. Perceptions of social support were a significant predictor of depressive symptoms, $R^2 = .299$, $F(3,90)=12.81$, $p<.001$, quality of social relations, $R^2 =$

.277, $F(3,90)=11.50$, $p<.001$, and general life satisfaction, $R^2 = .283$, $F(3,90)=11.86$, $p<.001$. As can be seen in Table 6, all three sources of perceived support demonstrated significant zero-order correlations with lower depressive symptoms, and increased quality of social relations and general quality of life. However, different aspects of support appeared to share unique variability with these well-being outcomes. Specifically, social support from parents and friends predicted unique variance in depressive symptoms, whereas parental and partner support were uniquely predictive of general quality of life, and all three shared unique variance with quality social relations. Thus, on the whole, the various sources of the support demonstrated some degree of additive effects in predicting well-being.

If flexibility of support is an important aspect of well-being over and above the number of support sources, it was expected that having support from multiple social domains would operate synergistically to predict depressive affect and quality of life. The synergistic effects of multiple life domains were operationalized in terms of the interactive effects of support from each of friends, parents, and intimate partners. Specifically, standardized scores for each of the sources of support were created and their cross-products calculated. Hierarchical regressions were then conducted in which the main effects of support were entered on the first step, followed by the two-way interactions between sources of support on the second, and the three-way interaction on the third step. Contrary to expectations, although the main effects were significant (as noted above), none of the two way or three way interactions was significant, nor did any account for more than 5% of the variability explained in the well-being indices (see Table 6).

Table 6

Regression Analyses (Pearson Correlations and Standardized Regression Coefficients) Predicting Depressive Symptoms, Quality of Social Relations and General life Satisfaction from Perceptions of Social Support Provisions.

	R^2 change	*r*	*B*
Depressive Symptoms	.30***		
Friends		-.46***	-.36***
Parents		-.37***	-.28**
Partner		-.21*	-.13
2-way interactions	.04		
3-way interaction	.00		
Quality of Social Interactions	.28***		
Friends		.44**	.34**
Parents		.29**	.20*
Partner		.31**	.24*
2-way interactions	.03		
3-way interaction	.03		
General Life Satisfaction	.28***		
Friends		.33**	.19
Parents		.42***	.37***
Partner		.28**	.24*
2-way interactions	.03		
3-way interaction	.01		

* $p<.05$; ** $p<.01$; *** $p<.001$

Support Flexibility across Individuals and Well-being

Quantity of perceived support. To achieve flexibility, individuals must perceive multiple sources of support as available. The quantity of support resources perceived as available was determined by counting the number of sources participants listed as possible people they could turn to for each of the three hypothetical events, or for the two actual events that had occurred in past. To assess whether simply the number of supports was predictive of well-being, the three indices of well-being were each regressed onto the number of sources that participants indicated that they felt that they could seek support from to contend with each of the three hypothetical events. The total number of support sources perceived as available for the three events did not significantly predict depressive symptoms, $R^2 = .085$, $F(3, 87) = 2.69$, *ns*, quality of social interactions, $R^2 = .070$, $F(3, 87) = 2.18$, *ns,* or general life satisfaction, $R^2 = .030$, $F<1$.

A comparable series of multiple regressions was conducted to evaluate whether the number of potential sources of support the individual reported as available to cope with the two events that had actually occurred were predictive of well-being. As with the hypothetical events, the number of sources perceived as available for these past events did not significantly predict depressive symptoms, $R^2 = .042$, $F(2, 85) = 1.88$, *ns,* quality of social interactions, $R^2 = .041$, $F(2, 85) = 1.82$, *ns,* or general life satisfaction, $R^2 = .00$, $F<1$.

Multiple primary sources of support. Another index of flexibility might be whether individuals used the same primary source of support (i.e., their first choice of who to turn to) to contend with the various situations presented, or if they preferred different sources of support depending on the situations. To test whether this index of

flexibility was predictive of well-being, participants who indicated the same source of support as primary across the three hypothetical situations was assigned a score of 1 (low flexibility), if they indicated a different person for one of the events, but the same for the other two they were assigned a score of 2, and if they indicated a different individual for all three instances they received a score of 3 (high flexibility). Similarly, with respect to the events that actually occurred, they may have turned to the same (scored 1) or different (scored 2) sources of support for each event. To assess whether flexibility with respect to primary support sources predicted well-being, each of the three well-being indices was regressed onto the two variables reflecting the number of primary support sources on the same step. These two indices of flexibility did not significantly predict depressive symptoms, $R^2 = .001$, $F<1$, social relations, $R^2 = .020$, $F<1$, or general life satisfaction, $R^2 = .002$, $F<1$.

Perceived differences in support from primary and secondary sources. The social support measures created for the present study also tapped into whether individuals might differentially use their primary and secondary sources of support, and this too may provide an index of flexibility. Prior to assessing the effects of this support flexibility on well-being, differential perceptions of whether the perceived effectiveness of the primary versus secondary sources of support across situations was examined. To do so, a series of repeated measures analyses of variance (ANOVAs) was conducted. Specifically, to assess whether the sources of support were perceived to be differentially effective across the three hypothetical scenarios, a 2 (primary vs. secondary source) x 3 (event) repeated measures ANOVA was conducted on each of the two dimensions of support (quality and function). Analysis of the perceived quality of support in the hypothetical events

indicated a significant main effect for the source of support, $F(1, 90) = 8.35$, $p<.01$, $\eta^2= .085$. Individuals rated the quality of the support from their primary source higher than their secondary source for each hypothetical situation (see Table 7). Neither the main effect of event, $F(2, 180) = 2.73$, *ns*, $\eta^2=.029$, nor the event by source interaction was significant, $F<1$, $\eta^2=.001$.

An ANOVA conducted on the perceived functional utility of support indicated both the main effects of source of support, $F(1, 90) = 26.64$, $p<.001$, $\eta^2= .228$, and the event, $F(2, 180) = 8.80$, $p<.001$, $\eta^2=.089$, were significant, although the interaction between them was not, $F<1$, $\eta^2=.001$. Once again, as seen in Table 7, the primary source of support was perceived to provide greatest functional support. To follow-up the effect for the nature of the event, three pair-wise comparisons (maintaining family-wise error at $p<.05$ using Bonferroni adjustments) indicated that the function of the support received for the event involving finding a tumour ($M = 4.08$, SD = .65) was significantly greater than the function of support when the event involved one's friends leaving town ($M = 3.93$, SD = .58) or a possible failure of an exam ($M = 3.86$, SD = .63).

A similar set of 2 (Primary vs. secondary source) x 2 (Event) repeated measures ANOVAs was conducted to assess variations in perceptions of support received for events that actually occurred. The main effect of source of support on the perceived quality of support was not significant, $F(1, 70) = 3.60$, ns, $\eta^2=.049$. However the main effect of event was significant, $F(1, 70) = 4.63$, $p<.05$, $\eta^2=.062$, whereas the interaction was not, $F<1$, $\eta^2=.001$. Specifically, as seen in Table 7, participants perceived the quality of support they received for the event dealing with a relationship issue to have elicited a higher quality of support than did the event involving a moral or spiritual issue.

The main effect of source of support was significant in terms of the function of support received on the past events, $F(1, 70) = 4.81$, $p<.05$, $\eta^2=.064$, in that the primary source of support was perceived as having provided more functional support than the secondary source of support. Neither the main effect of event, $F<1$ $\eta^2=.002$, nor the interaction were significant, $F<1$, $\eta^2=.003$.

The main effect of source of support was significant in terms of the intensity of the support received on the past events, $F(1, 70) = 27.45$, $p<.001$, $\eta^2=.28$, in that the primary source of support was perceived as having provided more intense support than the secondary source of support. Neither the main effect of event, $F<1$ $\eta^2=.003$, nor the interaction were significant, $F<1$, $\eta^2=.005$.

Thus, it appears that perceptions of the quality, function and intensity of support varied depending on the source, in that the primary source of support was perceived to be consistently more valuable. In addition, the nature of support differed somewhat across events, in that it was expected to be more functional for a severe life threatening event (finding a tumor), and was perceived as being of higher quality for past events entailing difficulties in a social relationship. Although the nature of these variations depended on whether participants were responding to hypothetical or real events, there was no evidence of an interaction between the source of support and the nature of event either in terms of perceptions of the quality, function or intensity of support.

Table 7

Means (*SD*) for Perceptions of the Support from the Primary and Secondary Source in Relation to each of the Hypothetical Events and Events that Actually Occurred.

	Primary Source			Secondary Source		
Hypothetical Event	Quality	Function	Intensity	Quality	Function	Intensity
Friends Gone	4.24 (.81)	4.00 (.64)	N/A	4.10 (.67)	3.81 (.69)	N/A
Tumour	4.32 (.76)	4.19 (.68)	N/A	4.22 (.70)	3.97 (.72)	N/A
Exam	4.33 (.73)	3.96 (.73)	N/A	4.23 (.67)	3.77 (.71)	N/A
Actual Event						
Relationship	3.87 (.52)	4.03 (.70)	3.92 (.64)	3.89 (.49)	3.88 (.66)	3.52 (.67)
Moral	3.80 (.64)	4.04 (.93)	3.86 (.73)	3.76 (.63)	3.93 (.75)	3.51 (.69)

To the extent that flexibility in social support is critical to well-being, it was predicted that the quality and function of support individuals perceived in relation to a secondary source ought to have an additive effect, over and above support from a primary source, on promoting well-being. To assess this hypothesis, three hierarchical regressions were conducted with depressive symptoms, quality of social relations and general quality of life as the outcome variables. To control for the effect of simply having a greater number of supports perceived as available, the possibility of using the quantity of perceived supports (as defined above) as a covariate was considered[1]. However, as noted earlier, this variable was not significantly related to any of the dimensions of well-being, and hence would not have been an appropriate covariate. Given that there were no significant interactions between the source of support and

[1] If we had used the quantity of perceived supports as a covariate none of the significant effects reported were rendered non-significant.

events responded to, average ratings of the quality of support and the function of support across the hypothetical and real events, respectively, were calculated. Each of the three dimensions of well-being was then regressed onto average ratings of the quality and function of support from the primary source on the first step, and the average ratings for the secondary source on the second step. These analyses were conducted separately for the hypothetical and actual events.

Regression analyses of perceived support for the hypothetical events indicated that support from both the primary, $R^2 = .243$, $F(2,90)=14.43$, $p<.001$, and secondary source of support, $R^2_{change} =.060$, $F(2,88)=3.78$, $p<.05$, were predictive of depressive symptoms. As seen in Table 8, the zero-order correlations suggested that the quality of support from the primary and secondary source of support were comparable in the extent to which they predicted lower depressive symptomatology, whereas the function of support provided was relevant for the secondary source only. Interestingly, regression coefficients indicated that only the perceived quality of support from the secondary source uniquely predicted depressive symptoms, supporting the notion that the ability to turn to an alternative source of support was important in relation to lower depressive symptomatology.

Support for the hypothetical events from both the primary, $R^2= .243$, $F(2,90)=11.38$, $p<.001$, and secondary sources of support, $R^2_{change} = .060$, $F(2,88)=3.56$, $p<.05$, were also both predictive of the perceived quality of social interactions (see Table 8). The zero-order correlations again suggested that the quality of support from both the primary and secondary source of support, as well as function of support from each source were related to higher quality of social interactions. However, as with depressive

symptoms, only the perceived quality of support from the secondary source uniquely predicted perceived quality of their social interactions. Thus, once again, there appears to be a core role of social support in promoting enhanced social interactions, but the ability to turn to alternative sources of support further contributed to the quality of such interactions.

Predictions of general quality of life indicated that potential support from the primary, $R^2 = .144$, $F(2,90)= 7.59$, $p<.01$, but not the secondary source of support, $R^2_{change} = .027$, $F(2,88)=1.42$, *ns* was significant. In this case the zero-order correlations suggested that the quality of support from both the primary and secondary source of support were both related to higher general life satisfaction, as was function of support from the secondary source. However, in this instance alternative sources of support did not enhance general life satisfaction (see Table 8).

Table 8

Regression Analyses (Pearson Correlations and Standardized Regression Coefficients) Predicting Depressive Symptoms, Quality of Social Interactions and General Life Satisfaction from Quality and Function of Support for Hypothetical Events.

	R^2_{change}	*r*	*B*
Depressive Symptoms			
Primary Source	0.243***		
Quality of Support		-.49***	-.19
Function of Support		-.15	-.12
Secondary Source	0.060*		
Quality of Support		-.54***	-.38*
Function of Support		-.25**	-.09
Quality of Social Interactions			
Primary Source	0.200***		
Quality of Support		.44***	.02
Function of Support		.26**	.21
Secondary Source	0.060*		
Quality of Support		.49***	.48**
Function of Support		.23*	-.18
General Life Satisfaction			
Primary Source	.144**		
Quality of Support		.38***	.12
Function of Support		.16	.05
Secondary Source	.027		
Quality of Support		.40***	.31
Function of Support		.17*	-.06

Standardized betas obtained from final step except for general life satisfaction
$p<.05$; ** $p<.01$; *** $p<.001$

A second set of regressions was conducted to assess whether perceptions of the support received for past events that had actually occurred replicated the additive effect of perceiving access to secondary sources of support. Indeed, support from both the primary, R^2 =.215, $F(3,81)$= 7.37, p<.001 and secondary source of support, R^2_{change} =.12, $F(3,78)$= 4.63, p<.01, were predictive of depressive symptoms. As seen in Table 9, the zero-order correlations suggested that the quality of support from both the primary and secondary source of support were both related to lower depressive symptomatology, whereas only the function of support and intensity of support provided by the secondary source was related to lower depressive symptomatology. Further, regression coefficients indicated that the perceived quality of support from both the primary and secondary source of support as well as the intensity of support from the secondary source demonstrated additive unique effects on depressive symptoms. However, the pattern of coefficients suggests the perceived function of support provided by the primary source served a suppressor role, rather than directly contributing to depressive symptomatology.

Both the primary, R^2=.147, $F(3,81)$=4.65, p<.01 and secondary sources of support, R^2_{change} =.209, $F(3,78)$=8.46, p<.001, were predictive of quality of social interactions. Once again, as seen in Table 9, zero-order correlations suggested that the quality of support from both the primary and secondary source of support was related to higher quality of social interactions, whereas the function of support and intensity of support provided solely by the secondary source was related to higher quality of social interactions. Regression coefficients, however, indicated that the perceived quality of support from both the primary and secondary source as well as intensity of support from the secondary source appeared to uniquely predict higher quality of social interactions.

Finally support from both the primary, R^2=.135, $F(3,81)$= 4.21, p<.01, and secondary source of support, R^2_{change} =.120, $F(3,78)$=4.17, p<.01, were predictive of general life satisfaction. As seen in Table 9, the zero-order correlations suggested that the quality of support from both the primary and secondary source of support were related to higher life satisfaction, whereas the function of support and intensity of support provided solely by the secondary source was related to higher life satisfaction. Based on the regression coefficients, the perceived quality of support from the primary source (function again served a suppressor role), as well as intensity of support from the secondary source appeared to be important in predicting life satisfaction.

Table 9

Regression Analyses (Pearson Correlations and Standardized Regression Coefficients) Predicting Depressive Symptoms, Quality of Social Interactions and General Life Satisfaction from Quality, Function and Intensity of Support for Actual Events.

	R^2 change	*r*	*B*
Depressive Symptoms			
Primary Source	.215***		
Quality of Support		-.39***	-.44**
Function of Support		-.05	.24*
Intensity of Support		.03	.15
Secondary Source	.080*		
Quality of Support		-.47***	-.27*
Function of Support		-.21*	.07
Intensity of Support		-.20*	-.27*
Quality of Social Interactions			
Primary Source	.147**		
Quality of Support		.37***	.30*
Function of Support		.13	-.19
Intensity of Support		.06	-.10
Secondary Source	.209***		
Quality of Support		.51***	.33*
Function of Support		.32**	-.04
Intensity of Support		.35**	.36**
General Life Satisfaction			
Primary Source	.135**		
Quality of Support		.31**	.42**
Function of Support		.02	-.42*
Intensity of Support		.01	-.04
Secondary Person	.120**		
Quality of Support		.37***	.11
Function of Support		.23*	.08
Intensity of Support		.25*	.30*

Standardized betas obtained from final step
$p<.05$; ** $p<.01$; *** $p<.001$

Discussion

Social support has been found to serve as a buffer against psychological distress (Cutrona & Russell, 1987; Eurelings-Bontekoe et al., 1995; Turner, 1994), as well as physiological illness (House et al., 1988). The underlying mechanisms associated with social support outcomes are not well understood, and this area of research is rife with controversy, especially in terms of the relative effects of available versus received social support. In the present thesis, it was argued that the flexibility of the individual's support system could be an important factor determining its effectiveness, in that by having more than one source of support that is able to provide appropriate aid; individuals will be better equipped to deal with stressful situations. Such flexibility might be especially important in situations in which a primary source of support is not available, or is lost (e.g., due to relationship break-up) to the individual.

Although past research has demonstrated a link between the number of social supports and well-being, there has been no discussion, to our knowledge, of the notion of that multiple supports might facilitate flexibility. Indeed, operationalizing this construct proved to be a challenge. We adopted a triangulation of strategies, and found different patterns of effects depending on how it was defined. One strategy for tapping into support flexibility was simply to count the number of individuals participants reported as available for support in response to several hypothetical events, or in relation to past events that had actually occurred. Our findings indicated that the quantity of support sources alone was not predictive of well-being for either the hypothetical or the real life events. This was somewhat surprising given past research demonstrating that individuals with more support sources reported higher well-being (Cobb, 1976). This finding may

be an artifact of the sample studied, in that these students were in the transition to their first year at university, and so although they were able to identify many possible supports, this network might have been in a state of disruption, and hence relatively ineffective. Thus, many students who had strong networks 'back home' may have been experiencing greater loneliness, depressive symptoms and poorer current quality of life. A prospective approach would be necessary to determine whether this lack of a relation between number of perceived supports and well-being was a function of this transition time in students' lives, and whether those who were able to re-establish strong networks would recover more quickly.

Another strategy for assessing flexibility was to examine how often individuals relied on the same source of support to deal with various stressors. It was reasoned that those who always turn to the same person for support likely do not perceive flexibility in their support options. However, this index of flexibility did not predict well-being either. Indeed, this measure of flexibility may be relatively crude, in that the number and kinds of situations participants were presented with was limited. Although we attempted to capture some variability in the hypothetical events, including a life-threatening health stressor (finding a tumour), a social stressor (friends leaving town), and a personal stressor (worries about an exam), perhaps if a wider range of situations requiring support had been included, especially in relation to events that had actually occurred in the individual's life, greater evidence of flexibility might have been discerned. Indeed, events in different domains ought to have shown evidence of the individual matching the stressor to the source sought (Cutrona & Russell, 1990).

Another possibility for defining flexibility was in terms of the perceived quality of

support from multiple domains within the individual's life, including friends, family, or the intimate partner. This operationalization did not assume that a large number of support resources would be necessary to achieve flexibility, but rather, that having at least one support resource in different domains of the individual's life might be critical to well-being. Consistent with past research on the buffering effects of perceived social support (Cohen & Wills, 1985), the present study indicated that perceptions of support from various domains of life were predictive of greater well-being. As expected, higher levels of perceived social support from friends, parents and an intimate partner (if applicable) were each related to lower levels of depressive symptoms, and higher quality of social interactions and general quality of life. Notably, different sources of support seemed to be more important for certain aspects of well-being. Social support from parents was found to be important in relation to lower depressive symptoms, and higher levels of students' overall quality of life and the quality of their social interactions. As the present sample comprised first year students, many of whom either lived at home until recently or were still living with their parents, it was not surprising that parental support continued to play a key role in students' general quality of life. In fact, Cutrona, Cole, Colangelo, Assouline, and Russell (1994) noted that parental support was important among students, even those who did not continue to live with their families.

In contrast, although support from one's partner was related to quality of life and social interactions, this source of support did not serve a buffering role in relation to depressive symptoms. This finding is consistent with the notion that individuals may not have wanted to burden or cause conflict with their partner, or conversely, perhaps their partner had proven to be an inadequate source of support when the individual was under

stress (Badr et al., 2001; Barreira & Baca, 1990). It was also possible that depressive affect was not attenuated among those individuals who were in relationships due to the fact that relationship conflicts themselves are quite common and can be detrimental to well-being (Monroe, Rohde, Seeley & Lewinsohn, 1999). Thus, this source of potential support may, in fact, also serve as a source of stress, thereby in itself, promoting depressive symptoms.

In short, having support from multiple social domains demonstrated different additive effects, depending on the aspect of well-being under consideration. At this junction, it ought to be noted that this study was correlational, and although the hypotheses assumed a causal direction, it is likely that individuals' state of well-being also affected their levels of perceived social support. Indeed, depressed individuals often report reduced social support and diminished satisfaction with the emotional component of this support (Endler & Parker, 1994; Holohan, Moos, Holohan, & Cronkite, 1999; Ravindran et al., 1999). Thus, it could be that individuals with no depressive symptoms and a high general life satisfaction were more involved with others, and thus had better relationships in the first place.

Nonetheless, it seems that different sources of support were important in relation to different facets of well-being. It might therefore be expected that individuals with a wider repertoire of support sources would be better able to properly utilize the supports that were available to them. However, in no instance was there evidence of an interactive effect between the sources of support on psychological well-being. This synergy was initially regarded as an operational index of support flexibility. However, synergy in this context may be a qualitative phenomenon, in that support from multiple

domains might alter individuals' ability to seek alternative kinds of support (function). This qualitative difference would not have been captured by this particular index of support flexibility. Moreover, although Cutrona and Russell's (1990) scale has the benefit of allowing for a comparison of individuals' perceived support among three domains, it may very well be that the domain is irrelevant, and instead it is the availability of multiple individuals that is critical. For example, individuals who perceive both their mother and father as supportive may experience greater flexibility in their support system than those who only perceive support from one parent, but not the other. In effect, it may be more important to have flexibility across people than across domains.

In attempt to go beyond established indices of social support, the present study developed two alternative measures in attempt to better capture the construct of social support flexibility. These two measures differed in terms of assessing support perceptions for a set of hypothetical events, versus support that was perceived, retrospectively, as enacted or available for past events. Of particular interest was individuals' satisfaction with not only the primary source of support they perceived, but how they regarded a secondary 'back-up' source of support. This focus was adopted due to our assumption that flexibility would be greatest if an individual felt that they had at least one good alternative source of support to turn to. This assumption is core to our conceptualization of support flexibility. Specifically, if one source of support could not be relied upon, for whatever reason, if an individual had another person whom they felt that they could seek satisfactory support from and receive the type of support that they believed they needed, this individual's support system would be fundamental to their positive sense of well-being.

Due to the fact that there is much debate regarding the effects of perceived available versus enacted support we elected to create two measures to reflect this distinction. Indeed, in both instances support perceptions were predictive of well-being, in that both perceptions of support in relation to hypothetical and actual events accounted for roughly 30% of the variability in depressive symptoms. Quality of social interactions was more strongly predicted by support perceived in relation to past events (35.6% of variance accounted for) than by perceived support for hypothetical experiences (26.0%), as was general quality of life (25.5% accounted for by enacted support, and 17.1% for hypothetical support). Thus, in the present study, retrospective recall of the social support received was a strong positive predictor of well-being. This goes against popular belief that received support can be detrimental to one's well-being (Cohen, Gottlieb, & Underwood, 2000; Ross & Mirowsky, 1989; Sarason et al., 1987). However, as noted by Cutrona and Russell (1990), received support can be effective if it is properly matched to the demands of the stressor at hand. It may be that our findings are due to participants' retrospective recall of the support they received which may have been biased by their current well-being, in that those who were faring well were more likely to view their support as effective. The greater predictive utility of the support enacted (relative to anticipated support for hypothetical events) might also have been an artifact of the differences in the items used to measure these constructs. In particular, had the items been identical on both measures, the results might have been more congruent.

Of particular interest to the present study was the extent to which these measures tapped into perceptions of support flexibility, and whether this flexibility was predictive of well-being. Specifically, flexibility was defined in terms of whether individuals

differentially used their primary and secondary sources of support, and whether having an alternative source of support contributed to well-being over and above the support provided by individuals' primary support resource. Not surprisingly, individuals anticipated that their first choice of source of support would provide them with higher quality and more functional support than their secondary source when responding to hypothetical events. However, the perceived quality of support received in response to past events did not differ in relation to the primary versus secondary sources of support, even though the function and intensity of the interaction was stronger for the primary source. Thus, it seems likely that although less was demanded of the secondary source of support, on the whole, this source of support was perceived to have fulfilled his or her role.

Importantly, the quality of support individuals perceived in relation to a secondary source influenced well-being, over and above the support acquired from the primary source. Specifically, when the support provided by both the primary and secondary sources of support was included as predictors of well-being, they clearly had a common role to play in terms of shared variance. Although the quality of support enacted by the primary source of support accounted for unique variance, this was not surprising, suggesting that this support person 'did' more to help the individual contend with stressors. The fact that the quality of support anticipated from the secondary source of support, and the intensity of support enacted, further predicted well-being suggests that this source of support served a function that was not captured by simply comparing ratings of each source of support. It is possible that individuals actually received or perceived that they would receive quantitatively greater support when they had multiple

sources to turn to, but this notion (more is better) was not supported by our other indices of support flexibility (i.e., counting the number of support resources). Stemming from our theoretical framework, the most likely explanation for the additive effects of secondary support, was that the secondary source of support contributed in a less tangible way to well-being (given the ratings of lower functional utility), specifically by providing the individual with a sense that they have a back-up person to help them if necessary.

Taken together, the findings of the present study suggest that the construct of support flexibility may be difficult to capture, but that when operationalized at the level of the interchangeability of individuals and their ability to provide back-up support, it seems that having at least one good alternate source of support may be an important buffer against the negative effects of stressful events. These findings may be limited by our reliance on a student population, for whom the establishment of social networks might be particularly salient. However, had our sample been comprised of older individuals we expect that the secondary source of support might be even more important, as support systems would most likely have narrowed down and more focus would be placed on an intimate partner. Thus, once appropriate operational definitions of support flexibility have been established, future research might assess the relative importance of this characteristic of a support network across varying age groups, and across stressor situations (e.g., chronic vs. acute).

It was interesting that no gender differences emerged in the study. Past research noted that women tend to have a bigger support group and are more likely than men to seek support from a variety of sources (Cutrona, 1996; Edwards et al., 1998). Since our analyses only examined support from the top most highly ranked sources within

individuals' network, this could mean that men and women do not differ in the quality of support resources they rely on. We also did not find any differences between individuals who were or were not in an intimate relationship. Again, this could be due to the age of the majority of participants in our sample, in that their intimate relationships may be less well established, and may have had a less pervasive effect on the quality of students' overall social network than might be the case for an older population. It could also mean that individuals who were not in a relationship had access to other sources of support who they perceived to be equally helpful, and so demonstrated flexibility despite the lack of partner support.

Obviously there is still much research to be done to fully understand the role that flexibility in social support may play with regards to well-being. This study should be regarded as a starting point for considering and conceptualizing strategies for capturing the construct of support flexibility. Other operational definitions might prove to be more promising. For example, a diary or log method could be used, as was adopted by Duck and Pond (1989) to capture aspects of daily conversations. A diary method would capture on a more ongoing process of who individuals seek support from, for what purpose, and with what effect. . Such a technique would eliminate the retrospective bias, as individuals describe the ongoing, moment-to-moment support dynamics at the time that they are anticipating or dealing with a stressful event. Strategies such as this merit closer attention, as the idea of flexibility in social support systems may be a key mechanism underlying its benefits in terms of enabling individuals to cope with the life stresses that they face.

References

Argyle, M. (1992). Benefits produced by supportive social relationships. In H. O. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp. 13-32). New York: Hemisphere.

Badr, H., Acitelli, L., Duck, S., & Carl, W. (2001). Weaving Social Support and Relationships Together. In B. R. Sarason & S. Duck (Eds.), *Personal relationships: implications for clinical and community psychology* (pp. 1-14). New York: Wiley.

Barbee, A. P., Cunningham, M. R., Winstead, B. A., Derlega, V. J., Gulley, M. R., Yankeelov, P., & Druen, P. B. (1993). Effects of gender role expectations on the social support process. *Journal of Social Issues, 49(3)*, 175-190.

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

Barrera, M., & Baca, L. M. (1990). Recipient reactions to social support: Contributions of enacted support, conflicted support and network orientation. *Journal of Social and Personal Relationships, 7*, 541-551.

Beck, A., Ward, C., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An Inventory for Measuring Depression. *Archives of General Psychiatry, 4*, 561-571.

Belle, D. (1987). Gender differences in the social moderators of stress. In R. C. Barnett, L. Biener, & G. K. Baruch (Eds.), *Gender and stress* (pp. 257-275). New York: Free Press.

Brown, B.B. (1978). Social and psychological correlates of help-seeking behavior among urban adults. *American Journal of Community Psychology, 6*, 425-439.

Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A

theoretically based approach. *Journal of Personality and Social Psychology, 59*, 73-81.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38*, 300-314.

Cohen, S., & McKay, G. (1984). Social support, stress, and the buffering hypothesis: A theoretical analysis. In A. Baum, J. E. Singer, & S. E. Taylor (Eds.), H*andbook of psychology and health* (pp 253-267). Hillsdale, NJ: Erlbaum.

Cohen, S., & Miller, G.E. (2001). Stress, immunity, and susceptibility to upper respiratory infection. In R. Ader, D.L. Felten, & N. Cohen, (Eds.), *Psychoneuroimmunology: Vol. 2* (pp.499-510). New York: Academic Press.

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

Cohen, S., Gottlieb, B. H., & Underwood, L.G. (2000). In S. Cohen, L.G. Underwood & B.H. Gottlieb, (Eds.), *Social support measurement and intervention* (pp 3-25). New York: Oxford University Press.

Coyne, J. C., Wortman, C. B., & Lehman, D. (1988). The other side of support: Emotional overinvolvement, and miscarried helping. In B. Gottlieb (Ed.), *Social support: Formats, processes, and effects* (pp. 305-330). Newbury Park, CA: Sage Publications.

Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptations to stress. In W. H. Jones & D. Perlman (Eds.), *Advances in personal relationships* (1, 37-67). Greenwich, CT: JAI Press.

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* (319-366). New York: Wiley.

Cutrona, C.E. (1986). Behavioral manifestation of social support: A microanalytic investigation. *Journal of Personality and Social Psychology, 51*, 201-208.

Cutrona, C.E. (1996). Social support as a determinant of marital quality: The interplay of negative and supportive behaviors. Plenum series on stress and coping. In B.R. Sarason, G.R. Pierce & R. Gregory (Eds), *Handbook of social support and the family.* (pp.173-194). New York, NY, US: Plenum Press.

Cutrona, C.E., Cole, V., Colangelo, N., Assouline, S.G., & Russell, D.W. (1994). Perceived parental social support and academic achievement: An attachment theory perspective. *Journal of Personality and Social Psychology, 66(2),* 369-378.

Dakof, G. A., & Taylor, S. E. (1990). Victims' perceptions of social support: What is helpful from whom? *Journal of Personality and Social Psychology, 58(1)*, 80-89.

Day, A.L., & Livingstone, H.A. (2003). Gender differences in perceptions of stressors and utilization of social support among university students. *Canadian Journal of Behavioural Science, 35(2),* 73-83.

Duck, S.W., & Pond, K. (1989). Friends, Romans, countrymen, lend me your retrospective data: Rhetoric and reality in personal relationships. In C. Hendrick (Ed), R*eview of social psychology and personality: vol. 10 Close relationships* (pp.3-29). Newbury Park: Sage.

Duck, S.W., Rutt, D.J., Hurst, M.H., & Strejc, H. (1991). Some evident truths about conversations in everyday relationships: All communications are not created equal. *Human Communication Research, 18 (2),* 228-267.

Eckenrode, J. E., & Wethington, E. (1990). The process and outcome of mobilizing social support. In. S.W. Duck. (Ed.) *Personal Relationships and social support* (pp 83-103). Newbury Park, CA: Sage.

Edwards, A.C., Nazroo, J.Y., & Brown, G.W. (1998). Gender differences in marital support following a shared life event. *Social Science and Medicine, Apr 46 (8),* 1077-1085.

Endler, N.S., & Parker, J.D.A. (1994), Assessment of multidimensional coping: Task, emotion, and avoidance strategies. *Psychological Assessment, 6*, 50-60.

Eurelings-Bontekoe, E. H., Diekstra, R. F., & Verschuur, M. (1995). Psychological distress, social support and social support seeking: A prospective study among primary mental health care patients. *Social Science and Medicine, 40*, 1083-1089.

Folkman S., & Lazarus R.S., (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behaviour, Sep 21(3)*:219-39.

Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, Jan 48 (1),* 150-170.

Frazier, P., & Cook, S. (1993). Correlates of distress following heterosexual relationship dissolution. *Journal of Social and Personal Relationships, 10*, 55-67.

Greenglass, E. R. (1993). The contribution of social support to coping strategies. *Applied Psychology: An International Review, 42*, 323-340.

Greenhaus, J. H., & Parasuraman, S. (1994). Work-family conflict, social support and well-being. In M. J. Davidson & R. J. Burke (Eds.), *Women in management: Current research issues* (213-229). London, UK: Paul Chapman Publishing.

Griffiths, J., Ravindran, A.V., Merali, Z. & Anisman, H. (2000). Dysthymia: Neurochemical and behavioral perspectives. *Molecular Psychiatry, 5*, 242-261.

Holohan, C.J., Moos, R.H., Holohan, C.K., & Cronkite, R.C. (1999). Resource loss, resource gain, and depressive symptoms: A 10-year model. *Journal of Personality and Social Psychology, 77*, 620-629.

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

Julian, D., & Markman, H. (1991). Social support and social networks as determinants of individual and marital outcomes. *Journal of Social and Personal Relationships, 8*, 549-568.

Kelley, H., & Thibaut, J. (1978). *Interpersonal relations: A theory of interdependence.* New York: Wiley.

Kessler, R. (1992). Perceived social support and adjustment to stress: methodological considerations. In H.O. F. Veiel & U. Baumann (Eds.). *The meaning and measurement of social support* (pp 259-272). Hemisphere Publishing Corporation.

Laireiter, A.R., Baumann, U., Perkonigg, A., & Himmelbauer, S. (1997). Social support resources in interpersonal relationships (social networks) during stressful life conditions: Results from two pilot studies. *European Review of Applied Psychology, 47 (2),* 123-129.

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

Manne, S. L., Pape, S. J., Taylor, K. L., & Dougherty, J. (1999). Spouse support, coping, and mood among individuals with cancer. *Annals Behavioral Medicine, 21(2)*, 111-

121.

Matheson, K., & Anisman, H. (2003). Systems of coping associated with dysphoria, anxiety, and depressive illness: A multivariate profile perspective. *Stress, 6,* 223-234.

Mattlin, J. A, Wethington, E., & Kessler, R. C. (1990). Situational determinants of coping and coping effectiveness. *Journal of Health and Social Behavior, 31(1),* 103-122.

Monroe, S., Rohde, P., Seeley, J., & Lewinsohn, P. (1999). Life events and depression in adolescence. Relationship loss as a prospective risk factor for first onset of Major Depressive Disorder. *Journal of Abnormal Psychology, 108(4),* 606-614.

Murphy, S.A., Johnson, L C., Chung, I. & Beaton, R.D. (2003). The prevalence of PTSD following the violent death of a child and predictors of change 5 years later. *Journal of Traumatic Stress, 16(1),* 17-25.

Olson, D. A., & Shultz, K. S. (1994). Gender differences in the dimensionality of social support. *Journal of Applied Social Psychology, 24(14),* 1221-1232.

Parker, P.A., Baile, W.F., De Moor, C., & Cohen, L. (2003). Psychosocial and demographic predictors of quality of life in a large sample of cancer patients. *Psycho-Oncology, 12(2),* 183-193.

Penninx, B. W., Van Tilburg, T., Deeg, D. J., Kriegsman, D. M., Boeke, A. J., & Van Eijk, J. T. (1997). Direct and buffer effects of social support and personal coping resources in individuals with arthritis. *Social Science and Medicine, 44,* 393-402.

Ravicki, D.A., Turner, R., Brown, R., & Martindale, J.J. (1992). Batelle Quality of Life Scale. *Quality of Life Research, 1,* 257-266.

Ravindran, A.V., Anisman, H., Merali, Z., Charbonneau, Y., Telner, J., Bialik, R.J., Wiens, A., Ellis, J., & Griffiths, J. (1999). Treatment of primary dysthymia with cognitive

therapy and pharmacotherapy: Clinical symptoms and functional impairments. *American Journal of Psychiatry, 156*, 1608-1617.

Revenson, T. A., Schiaffino, K. M., Majerovitz, S. D., & Gibofsky, A. (1991). Social support as a double-edged sword: The relation of positive and problematic support to depression among rheumatoid arthritis patients. *Social Science and Medicine, 33(7)*, 807-813.

Ross, C., & Mirowsky, J. (1989). Explaining the social patterns of depression: Control and problem-solving-or support and talking. *Journal of Health and Social Behavior, 30,* 206-219.

Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology, 44*, 127-130.

Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. *Journal of Social and Personal Relationships, 4*, 497-510.

Shapiro, E.G. (1978). Embarassment and help-seeking. In B.M. DePaulo, A. Nadler and J. D Fisher (Eds) *New directions in helping: Volume 2, Help Seeking* (pp. 143-164). New York. Academic Press.

Silber, E., Arnstein, R., Backus, V., Eddy, H., Liptzin, M., Notman, M., Reich, P., Reid, E., Siggins, L., Silverman, M., Stauffer, T., & Wenger, R. (1999). Helping students adapt to graduate school: Making the grade. *Journal of College Student Psychotherapy, 14(2)*, 1X-104.

Steinberg, M., & Gottlieb, B. H. (1994). Appraisals of spousal support among women

facing conflicts between work and family. In B.R. Burleson, T.L. Albreht, & I.G. Sarason (Eds.), *The communication of social support*. Newbury Park, CA:Sage.

Tennen, H., Affleck, G., Armeli, S., & Carney, M.A. (2000). A daily process approach to coping: Linking theory, research, and practice. *American Psychologist, 55*, 626-636.

Thoits, P. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology, 54*, 416-423.

Turner, H. (1994). Gender and social support: Taking the bad with the good? *Sex Roles, 30(7/8)*, 521-541.

Uchino, B., & Garvey, T. (1997). The availability of social support reduces cardiovascular reactivity to acute psychological stress. *Journal of Behavioral Medicine, 20(1)*, 15-27.

Appendix A

Informed consent for lab session

The purpose of an informed consent is to ensure that you understand the purpose of the study and the nature of your involvement. The informed consent has to provide sufficient information such that you have the opportunity to determine whether you wish to participate in the study.

Study Title: Social support

Study Personnel:

Dr. Kim Matheson (Faculty Investigator, 520-2600 ext. 2684)
Lisa Williams (Researcher, 520-2600 ext. 7513)

If you have any ethical concerns about how this study was conducted, please contact Dr. M. Gick (Chair of the Carleton University Research Ethics Committee for Psychological Research, 520-2600, ext. 2664), or Dr. J. Logan (Chair, Department of Psychology, 520-2600, ext. 2648).

Purpose and Task Requirements: The purpose of this study is to assess your stress concerns, and support networks when dealing with stress and how these relate to your physical and mental well-being. We are asking you to fill out a number of questionnaires regarding your use of social support, coping strategies, mood and physical health, as well as a number of personal questions that may include past experiences with trauma (e.g., loss of a loved one, assault). The questionnaire should take approximately 60 mins to complete. Finally, we will be offering you to the opportunity to take home a second questionnaire worth 1 credit or $10 which can be completed and returned by the following week. Students are being invited to complete this questionnaire at home, as some individuals may be unable to remain in the laboratory for an extended period of time.

Potential Risk and Discomfort: There are no physical risks in this study. There may be some mild discomfort when thinking about various stressors in your life.

Anonymity/Confidentiality: The data collected in this study will be kept confidential. Because we will want to keep track of your answers in this questionnaire in relation to later responses should you choose to continue to participate in later sessions, we will have to be able identify who you are on your questionnaire. However, we take special precautions to make sure that no-one else will be able to identify you and what your responses were. We will be doing this by putting a code both on your questionnaire and on the next page you'll complete that asks your name and how we can contact you. This page, as well as your informed consent form, will be separated from your questionnaire and kept in a separate and secured file by one of the research investigators who will keep this information confidential.

Right to Withdraw: Your participation in this study is entirely voluntary. At any point during the study you have the right to not complete certain questions or to withdraw with no penalty whatsoever.

I have read the above description of the study concerning how stress and social support may influence my quality of life and and well-being. The data collected will be used in research publications and/or for teaching purposes. My signature indicates that I agree to participate in the study, and this in no way constitutes a waiver of my rights.

Full Name (please print): _____

Participant Signature:_____

Date: _____

Researcher Signature:_____

Date: _____

Informed consent for take-home session

The purpose of an informed consent is to ensure that you understand the purpose of the study and the nature of your involvement. The informed consent has to provide sufficient information such that you have the opportunity to determine whether you wish to participate in the study.

Study Title: Social support II

Study Personnel:

Dr. Kim Matheson (Faculty Investigator, 520-2600 ext. 2684)
Lisa Williams (Researcher, 520-2600 ext. 7513)

If you have any ethical concerns about how this study was conducted, please contact Dr. M. Gick (Chair of the Carleton University Research Ethics Committee for Psychological Research, 520-2600, ext. 2664), or Dr. J. Logan (Chair, Department of Psychology, 520-2600, ext. 2648).

Purpose and Task Requirements: The purpose of this questionnaire is to further assess your social supports when dealing with stress as well as the effect that this has on various components of your physical and mental well-being. We are asking you to fill out this take home package which has a number of questionnaires regarding your use of social support, mood and physical health. Students are being invited to complete this questionnaire at home, as some individuals may be unable to remain in the laboratory for an extended period of time. The questionnaire should take approximately 60 mins to complete.

Potential Risk and Discomfort: There are no physical risks in this study. There may be some mild discomfort when thinking about various stressors in your life.

Anonymity/Confidentiality: The data collected in this study will be kept confidential. Because we will want to keep track of your answers in this questionnaire in relation to later responses should you choose to continue to participate in later sessions, we will have to be able identify who you are on your questionnaire. However, we take special precautions to make sure that no-one else will be able to identify you and what your responses were. We will be doing this by putting the same code your questionnaire as was used in the in-lab session. Identifying information associated with your code will be kept in a separate and secured file by one of the research investigators who will keep this information confidential.

Right to Withdraw: Your participation in this study is entirely voluntary. At any point during the study you have the right to not complete certain questions or to withdraw with no penalty whatsoever.

I have read the above description of the study concerning how psychological and social factors may influence my quality of life and and well-being. The data collected will be used in research publications and/or for teaching purposes. My signature indicates that I agree to participate in the study, and this in no way constitutes a waiver of my rights.

Full Name (please print): _____

Participant Signature:_____

Date: _____

Researcher Signature:_____

Date: _____

Appendix B
Measures

Code number _____

BACKGROUND INFORMATION

Sex: Female / Male (please circle one)

Age: _____

Are you a full-time_____ or part-time_____ student? (please check one)

Are you currently employed full-time_____ part-time _____ not at all_____

Where do you currently live? (please check one)

_____ Carleton University residence

_____ Off campus housing shared with other student(s) from Carleton University

_____ Off campus housing shared with other(s) not at Carleton University

_____ Off campus housing by myself

_____ Off campus housing with a spouse

_____ Off campus with family members (parents)

_____ Other (please describe)

_____

How long have you been living in Ottawa? _____ yrs _____mths

What city and country does your parental family live in? _____

What is your citizenship status?

_____ Canadian citizen

_____Landed immigrant Since what year?_____ Country of origin _____

_____ Student visa Since what year?_____Country of origin _____

What is your first language? _____

What is your ethnic/racial background? _____

What is your religion, if any? _____

What is your relationship status? (please check the one that applies best to you)

_____ Single, and not seeing anyone

_____ Going out with someone

_____ Living with an intimate other

_____ Married

_____ Have recently broke up.

If you are currently involved with someone, does s/he attend Carleton University?

No_____ Yes_____

How long have you been in your current relationship? _____ years OR _____ months

Is your current partner _____ male _____ female? (check one)

If you have broken up with a partner within the past 3 months (even if you have already started a new relationship), please specify how many weeks ago you broke up _____

How long were you in that relationship?

1	2	3	4	5
0-1 month	1-3 months	3-6 months	6-12 months	>1 year

Who initiated the decision to break-up?

_____ I did; _____ My partner did; _____ Neither – it was mutual

Was the break-up

A relief?	Not at all	0	1	2	3	4	Extremely
A surprise?	Not at all	0	1	2	3	4	Extremely
Upsetting?	Not at all	0	1	2	3	4	Extremely
Made you feel guilty?	Not at all	0	1	2	3	4	Extremely

BECK INVENTORY

On this questionnaire are groups of statements. Please read the entire group of statements of each category. Then pick out ONE statement in that group which best describes the way you feel. Check off the number beside the statement you have chosen.

1. ___ 0 = I do not feel sad
   ___ 1 = I feel sad or blue
   ___ 2a = I am blue or sad all of the time and I can't snap out of it
   ___ 2b = I am so sad or unhappy that it is very painful
   ___ 3 = I am so sad or unhappy that I can't stand it

2. ___ 0 = I am not particularly pessimistic or discouraged about the future
   ___ 1 = I feel discouraged about the future
   ___ 2a = I feel I have nothing to look forward to
   ___ 2b = I feel I won't every get over my troubles
   ___ 3 = I feel that the future is hopeless and things cannot improve

3. ___ 0 = I do not feel like a failure
   ___ 1 = I feel I have failed more than the average person
   ___ 2a = I feel I have accomplished very little that is worthwhile or that means anything
   ___ 2b = As I look back on my life, all I can see is a lot of failures
   ___ 3 = I feel I am a complete failure as a person

4. ___ 0 = I am not particularly dissatisfied
   ___ 1a = I feel bored most of the time
   ___ 1b = I don't enjoy things the way I used to
   ___ 2 = I don't get satisfaction out of anything anymore
   ___ 3 = I am dissatisfied with everything

5. ___ 0 = I don't feel particularly guilty
   ___ 1 = I feel bad or unworthy a good part of the time
   ___ 2a = I feel quite guilty
   ___ 2b = I feel bad or unworthy practically of the time now
   ___ 3 = I feel as though I am very bad or worthless

6. ___ 0 = I don't feel I am being punished
   ___ 1 = I have a feeling that something bad may happen to me
   ___ 2 = I feel I am being punished or will be punished
   ___ 3a = I feel I deserve to be punished
   ___ 3b = I want to be punished

7. ___ 0 = I don't feel disappointed in myself
   ___ 1a = I am disappointed in myself
   ___ 1b = I don't like myself
   ___ 2 = I am disgusted with myself
   ___ 3 = I hate myself

8. ___ 0 = I do not feel I am any worse than anybody else
___ 1 = I am very critical of myself for my weaknesses or mistakes
___ 2a = I blame myself for everything that goes wrong
___ 2b = I feel I have many bad faults

9. ___ 0 = I don't have thoughts of harming myself
___ 1 = I have thoughts of harming myself but I would not carry them out
___ 2a = I feel I would be better off dead
___ 2b = I have definite plans about committing suicide
___ 2c = I feel my family would be better off if I were dead
___ 3 = I would kill myself if I could

10. ___ 0 = I don't cry anymore than usual
___ 1 = I cry more now than I used to
___ 2 = I cry all the time now. I can't stop it
___ 3 = I used to be able to cry but now I can't cry at all even though I want to

11. ___ 0 = I am no more irritated now than I ever am
___ 1 = I get annoyed or irritated more easily than I used to
___ 2 = I get irritated all the time
___ 3 = I don't get irritated at all the things that used to irritate me.

12. ___ 0 = I have not lost interest in other people
___ 1 = I am less interested in other people than I used to be
___ 2 = I have lost most of my interest in other people and I have little feeling for them
___ 3 = I have lost all my interest in other people and don't care about them at all

13. ___ 0 = I make decisions about as well as ever
___ 1 = I am less sure of myself now and try to put off making decisions
___ 2 = I can't make decisions anymore without help
___ 3 = I can't make decisions at all anymore

14. ___ 0 = I don't feel I look any worse than I used to
___ 1 = I am worried that I am looking old or unattractive
___ 2 = I feel that there permanent changes in my appearance and they make me look unattractive
___ 3 = I feel that I am ugly or repulsive looking

15. ___ 0 = I can work about as well as before
___ 1a = It takes extra effort to get started at doing something
___ 1b = I don't work as well as I used to
___ 2 = I have to push myself very hard to do anything
___ 3 = I can't do any work at all

16. ___ 0 = I can sleep as well as usual
___ 1 = I wake up more tired in the morning than I used to
___ 2 = I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
___ 3 = I wake up early every day and can't get more than 5 hours sleep

17. ___ 0 = I don't get anymore tired than usual
___ 1 = I get tired more easily than I used to
___ 2 = I get tired from doing anything
___ 3 = I get too tired to do anything

18. ___ 0 = My appetite is no worse than usual
___ 1 = My appetite is not as good as it used to be
___ 2 = My appetite is much worse now
___ 3 = I have no appetite at all any more

19. ___ 0 = I haven't lost much weight, if any, lately
___ 1 = I have lost more than 5 pounds
___ 2 = I have lost more than 10 pounds
___ 3 = I have lost more than 15 pounds

20. ___ 0 = I am no more concerned about my health than usual
___ 1 = I am concerned about aches and pains or upset stomach or constipation or other unpleasant feelings in my body
___ 2 = I am so concerned with how I feel or what I feel that it's hard to think of much else
___ 3 = I am completely absorbed in what I feel

21. ___ 0 = I have not noticed any recent change in my interest in sex
___ 1 = I am less interested in sex than I used to be
___ 2 = I am much less interested in sex now
___ 3 = I have lost interest in sex completely

QUALITY OF LIFE QUESTIONNAIRE

This questionnaire asks you for your views about your well-being in general and how it affects your daily life. Of particular interest are your feelings and perceptions of your health in the PAST TWO (2) WEEKS.

DURING THE PAST TWO (2) WEEKS:

a. I show less interest in other people's problems, for example, don't listen when they tell me about their problems, don't offer to help.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

b. I act irritable toward those around me, for example, snap at people, give sharp answers, criticize easily.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

c. I show less affection.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

d. I make many demands, for example, insist that people do things for me, tell them how to do things.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

e. I act disagreeable to family members, for example, I act spiteful, I am stubborn.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

f. I am paying less attention to my family and/or friends.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

g. I am not acting as I usually do to take care of my family and/or friends.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

h. I am not joking with family members and/or friends as I usually do.

1	2	3	4	5	6
None of the time	A little of the time	Some of of the time	A good bit the time	Most of the time	All of the time

---

In general, how satisfied or dissatisfied are you with your **physical health** as it is right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

(b) In general, how satisfied or dissatisfied are you with your **academic life** as it is right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

(c) In general, how satisfied or dissatisfied are you with your **social life** as it is right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

(d) In general, how satisfied or dissatisfied are you with your **home life** as it is right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

(e) In general, how satisfied or dissatisfied are you with your **emotional state** as it is right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

(f) In general, how satisfied or dissatisfied are you with your **recreational life** as it is right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

(g) In general, how satisfied or dissatisfied are you with your **life as a whole** right now?

Completely Dissatisfied	0	1	2	3	4	5 Neutral	6	7	8	9	10	Completely Satisfied

SOCIAL SUPPORT SEEKING AND APPRAISAL OF SITUATIONS

The following is a list of situations that you might encounter at one time or another. Please imagine yourself in each situation, and then indicate how *stressful*, as well as how *distressing* you would find each of these events. We will also be asking you to indicate your thoughts concerning who you would use for support in each of these situations. *Please note that there are no right answers for each question – we are simply looking for your first reaction to each of these situations.*

1) **Most of your friends have left town to attend other universities and you're feeling lonely.**

a. ***How stressful would this situation be for you?***

1	2	3	4	5
Not at all				Extremely

b. ***How distressing would this situation be for you?***

1	2	3	4	5
Not at all				Extremely

PART A

List all people that you would approach for support and rank them in order (1= you would turn to this person first)

rank	Initials	Sex (M/F)	relationship with person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part B

Answer the following questions based on the person that you would turn to first for support (that you ranked number 1 on the list)

a. ***Who would be the first person you would turn to for support in this situation?***

Initials _____ **Relationship with person** _____

b. ***How satisfied do you think you would be with the support you would experience from this person?***

1	2	3	4	5
Not at all				Extremely

Problem - Most of your friends have left town to attend other universities and you're feeling lonely .....Cont'd

c. ***What kind of support do you think you would receive from this person if you did turn to them?***

- ***talk just for talks sake***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would help accomplish some task (eg gain information, solve a problem)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate some social objective (eg sports activity, party)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate the relationship (eg. become better acquainted, resolve differences)***

1	2	3	4	5
Strong disagreement				Strong agreement

d. ***Who would probably initiate the interaction that allowed you to deal with such a situation?***

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

e. ***Describe the probable quality of the communication?***

1	2	3	4	5
Relaxed				Strained
1	2	3	4	5
Impersonal				Personal
1	2	3	4	5
Attentive				Poor listening
1	2	3	4	5
Formal				Informal
1	2	3	4	5
In-Depth				Superficial
1	2	3	4	5
Smooth				Difficult
1	2	3	4	5
Guarded				Open
1	2	3	4	5
Great deal of understanding				Great deal of misunderstanding

f. ***How valuable would the interaction be to you in this situation?***

1	2	3	4	5
Not at all				Extremely

Problem - Most of your friends have left town to attend other universities and you're feeling lonely .....Cont'd

PART C

Answer the following questions based on the person that you would turn to next for support (the person you ranked number 2 on the list)

Please indicate this persons Initials _____ Relationship with person _____

a. ***How likely is it that you would turn to this person for support in the above situation?***

1	2	3	4	5
Not at all				Definitely

b. ***How satisfied do you think you would you be with the support you would experience from this person?***

1	2	3	4	5
Not at all				Extremely

c. ***How comfortable would you be seeking support from this person?***

1	2	3	4	5
Not at all				Extremely

d. ***What kind of support do you think you would receive from this person if you did turn to them?***

- ***talk just for talks sake***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would help accomplish some task (eg gain information, solve a problem)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate some social objective (eg sports activity, party)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate the relationship (eg. become better acquainted, resolve differences)***

1	2	3	4	5
Strong disagreement				Strong agreement

e. ***Who would probably initiate the interaction that allowed you to deal with such a situation?***

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

Problem - Most of your friends have left town to attend other universities and you're feeling lonely .....Cont'd

f *Describe the probable quality of the communication?*

1 Relaxed	2	3	4	5 Strained
1 Impersonal	2	3	4	5 Personal
1 Attentive	2	3	4	5 Poor listening
1 Formal	2	3	4	5 Informal
1 In-Depth	2	3	4	5 Superficial
1 Smooth	2	3	4	5 Difficult
1 Guarded	2	3	4	5 Open
1 Great deal of understanding	2	3	4	5 Great deal of misunderstanding

g. *How valuable would the interaction be to you in this situation?*

1 Not at all	2	3	4	5 Extremely

2) You are applying some sun tan lotion when you notice a small mass on your neck. Your physician performs a small biopsy and says it's that it doesn't look good, but that he can't be sure until the test results come back in a week.

a. *How stressful would this situation be for you?*

1	2	3	4	5
Not at all				Extremely

b. *How distressing would this situation be for you?*

1	2	3	4	5
Not at all				Extremely

PART A

List all people that you would approach for support and rank them in order (1= you would turn to this person first)

rank	initials	Sex (M/F)	relationship with person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part B

Answer the following questions based on the person that you would turn to first for support (that you ranked number 1 on the list)

a. *Who would be the first person you would turn to for support in this situation?*

Initials _____ **Relationship with person** _____

b. *How satisfied do you think you would be with the support you would experience from this person?*

1	2	3	4	5
Not at all				Extremely

Problem - .... small biopsy ..... can't be sure until the test results come back in a week .....Cont'd

c. ***What kind of support do you think you would receive from this person if you did turn to them?***

- ***talk just for talks sake***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would help accomplish some task (eg gain information, solve a problem)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate some social objective (eg sports activity, party)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate the relationship (eg. become better acquainted, resolve differences)***

1	2	3	4	5
Strong disagreement				Strong agreement

d. ***Who would probably initiate the interaction that allowed you to deal with such a situation?***

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

e. ***Describe the probable quality of the communication?***

1	2	3	4	5
Relaxed				Strained
1	2	3	4	5
Impersonal				Personal
1	2	3	4	5
Attentive				Poor listening
1	2	3	4	5
Formal				Informal
1	2	3	4	5
In-Depth				Superficial
1	2	3	4	5
Smooth				Difficult
1	2	3	4	5
Guarded				Open
1	2	3	4	5
Great deal of understanding				Great deal of misunderstanding

f. ***How valuable would the interaction be to you in this situation?***

1	2	3	4	5
Not at all				Extremely

Problem - .... small biopsy ..... can't be sure until the test results come back in a week .....Cont'd

PART C

Answer the following questions based on the person that you would turn to next for support (the person you ranked number 2 on the list)

Please indicate this persons Initials _____ Relationship with person _____

a. ***How likely is it that you would turn to this person for support in the above situation?***

1	2	3	4	5
Not at all				Definitely

b. ***How satisfied do you think you would you be with the support you would experience from this person?***

1	2	3	4	5
Not at all				Extremely

c. ***How comfortable would you be seeking support from this person?***

1	2	3	4	5
Not at all				Extremely

d. ***What kind of support do you think you would receive from this person if you did turn to them?***

- ***talk just for talks sake***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would help accomplish some task (eg gain information, solve a problem)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate some social objective (eg sports activity, party)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate the relationship (eg. become better acquainted, resolve differences)***

1	2	3	4	5
Strong disagreement				Strong agreement

e. ***Who would probably initiate the interaction that allowed you to deal with such a situation?***

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

Problem - .... small biopsy ..... can't be sure until the test results come back in a week .....Cont'd

f *Describe the probable quality of the communication?*

1 Relaxed	2	3	4	5 Strained
1 Impersonal	2	3	4	5 Personal
1 Attentive	2	3	4	5 Poor listening
1 Formal	2	3	4	5 Informal
1 In-Depth	2	3	4	5 Superficial
1 Smooth	2	3	4	5 Difficult
1 Guarded	2	3	4	5 Open
1 Great deal of understanding	2	3	4	5 Great deal of misunderstanding

g. *How valuable would the interaction be to you in this situation?*

1 Not at all	2	3	4	5 Extremely

3) You have just completed an important final exam and you don't feel that you were at all prepared. This is a required class and if you do not do well in it, you will not be allowed to take another class that comes after it. The professor will post the grades at the end of the week.

a. *How stressful would this situation be for you?*

1	2	3	4	5
Not at all				Extremely

b. *How distressing would this situation be for you?*

1	2	3	4	5
Not at all				Extremely

PART A

List all people that you would approach for support and rank them in order (1= you would turn to this person first)

rank	initials	Sex (M/F)	relationship with person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part B

Answer the following questions based on the person that you would turn to first for support (that you ranked number 1 on the list)

a. *Who would be the first person you would turn to for support in this situation?*

Initials _____ Relationship with person _____

b. *How satisfied do you think you would be with the support you would experience from this person?*

1	2	3	4	5
Not at all				Extremely

Problem - .... just completed an important final exam and you don't feel that you were prepared .....Cont'd

c. ***What kind of support do you think you would receive from this person if you did turn to them?***

- ***talk just for talks sake***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would help accomplish some task (eg gain information, solve a problem)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate some social objective (eg sports activity, party)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate the relationship (eg. become better acquainted, resolve differences)***

1	2	3	4	5
Strong disagreement				Strong agreement

d. ***Who would probably initiate the interaction that allowed you to deal with such a situation?***

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

e. ***Describe the probable quality of the communication?***

1	2	3	4	5
Relaxed				Strained
1	2	3	4	5
Impersonal				Personal
1	2	3	4	5
Attentive				Poor listening
1	2	3	4	5
Formal				Informal
1	2	3	4	5
In-Depth				Superficial
1	2	3	4	5
Smooth				Difficult
1	2	3	4	5
Guarded				Open
1	2	3	4	5
Great deal of understanding				Great deal of misunderstanding

f. ***How valuable would the interaction be to you in this situation?***

1	2	3	4	5
Not at all				Extremely

Problem - .... just completed an important final exam and you don't feel that you were prepared .....Cont'd

PART C

Answer the following questions based on the person that you would turn to next for support (the person you ranked number 2 on the list)

Please indicate this persons Initials _____ Relationship with person _____

a. ***How likely is it that you would turn to this person for support in the above situation?***

1	2	3	4	5
Not at all				Definitely

b. ***How satisfied do you think you would you be with the support you would experience from this person?***

1	2	3	4	5
Not at all				Extremely

c. ***How comfortable would you be seeking support from this person?***

1	2	3	4	5
Not at all				Extremely

d. ***What kind of support do you think you would receive from this person if you did turn to them?***

- ***talk just for talks sake***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would help accomplish some task (eg gain information, solve a problem)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate some social objective (eg sports activity, party)***

1	2	3	4	5
Strong disagreement				Strong agreement

- ***would facilitate the relationship (eg. become better acquainted, resolve differences)***

1	2	3	4	5
Strong disagreement				Strong agreement

e. ***Who would probably initiate the interaction that allowed you to deal with such a situation?***

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear
Strong disagreement				Strong agreement

Problem - .... just completed an important final exam and you don't feel that you were prepared .....Cont'd

f *Describe the probable quality of the communication?*

1 Relaxed	2	3	4	5 Strained
1 Impersonal	2	3	4	5 Personal
1 Attentive	2	3	4	5 Poor listening
1 Formal	2	3	4	5 Informal
1 In-Depth	2	3	4	5 Superficial
1 Smooth	2	3	4	5 Difficult
1 Guarded	2	3	4	5 Open
1 Great deal of understanding	2	3	4	5 Great deal of misunderstanding

g. *How valuable would the interaction be to you in this situation?*

1 Not at all	2	3	4	5 Extremely

Code: _____

SOCIAL RELATIONS QUESTIONNAIRE

In answering the next set of questions, please think about your current relationships with your **friends.** If you feel a question accurately describes your relationships with your friends, you would say "yes". If the question does not describe your relationship, you would say "no". If you cannot decide whether the question describes your relationships with your friends, you may say "not sure".

	No	Not sure	Yes
1. Are there friends you can depend on to help you, if you really need it?	1	2	3
2. Do you feel you could not turn to your friends for guidance in times of stress?	1	2	3
3. Are there friends who enjoy the same social activities that you do?	1	2	3
4. Do you feel personally responsible for the well-being of your friends?	1	2	3
5. Do you feel your friends do not respect your skills and abilities?	1	2	3
6. If something went wrong, do you feel that none of your friends would come to your assistance?	1	2	3
7. Do your relationships with your friends provide you with a sense of emotional security and well being?	1	2	3
8. Do you feel your competence and skill are recognized by your friends?	1	2	3
9. Do you feel none of your friends share your interests and concerns?	1	2	3
10. Do you feel none of your friends really rely on you for their well-being?	1	2	3
11. Is there a trustworthy friend you could turn to for advise, if you were having problems?	1	2	3
12. Do you feel you lack emotional closeness with your friends?	1	2	3

In answering the next set of questions, please think about your current relationships with your **parents.**

	No	Not sure	Yes
1. Can you depend on your parents to help you, if you really need it?	1	2	3
2. Do you feel you could not turn to your parents for guidance in times of stress?	1	2	3
3. Do your parents enjoy the same social activities that you do?	1	2	3
4. Do you feel personally responsible for the well-being of your parents?	1	2	3
5. Do you feel your parents do not respect your skills and abilities?	1	2	3
6. If something went wrong, do you feel that your parents would not come to your assistance?	1	2	3
7. Does your relationship with your parents provide you with a sense of emotional security and well-being?	1	2	3
8. Do you feel your competence and skill are recognized by your parents?	1	2	3
9. Do you feel your parents do not share your interests and concerns?	1	2	3
10. Do you feel your parents do not really rely on you for their well-being?	1	2	3
11. Could you turn to your parents for advise, if you were having problems?	1	2	3
12. Do you feel you lack emotional closeness with your parents?	1	2	3

In answering the next set of questions, please think about your current relationships with your **intimate partner (e.g., boyfriend/girlfriend)**.

	No	Not sure	Yes
1. Can you depend on your partner to help you, if you really need it?	1	2	3
2. Do you feel you could not turn to your partner for guidance in times of stress?	1	2	3
3. Does your partner enjoy the same social activities that you do?	1	2	3
4. Do you feel personally responsible for the well-being of your partner?	1	2	3
5. Do you feel your partner does not respect your skills and abilities?	1	2	3
6. If something went wrong, do you feel that your partner would not come to your assistance?	1	2	3
7. Does your relationship with your partner provide you with a sense of emotional security and well-being?	1	2	3
8. Do you feel your competence and skill are recognized by your partner?	1	2	3
9. Do you feel your partner does not share your interests and concerns?	1	2	3
10. Do you feel your partner does not really rely on you for his or her well-being?	1	2	3
11. Could your turn to your partner for advise, if you were having problems?	1	2	3
12. Do you feel you lack emotional closeness with your partner?	1	2	3

Seeking Support for Specific Events I

We are interested in how you cope with various situations. In particular, we are interested in how you cope with and seek support for a difficult issue or event that has to do with your friends/family/partner (an emotional issue). This issue could be quite serious, but represents a single event; it may have been going on for a long time, or you maybe you've worried about it for a long time. Please try to think of either an extremely serious event or long-standing concern relevant to your interpersonal relationships that you have experienced some stress about within the past year.
Briefly describe this event.

_____

_____

_____

_____

_____

How threatening is this event in relation to your relationship with this person?

1	2	3	4	5	6	7
Not at all threatening						Extremely

How important is achieving a good resolution to you?

1	2	3	4	5	6	7
Not at all important						Extremely

Does this event only affect you in a minor way, or do you feel that it affects almost everything you do?

1	2	3	4	5	6	7
Hardly at all						Almost everything

How stressful do you consider this event?

1	2	3	4	5	6	7
Not at all						Very stressful

How long has it been going on, or how long did it last? _____

_____

List all people that you **could have approached** for support for this event and rank them in order (1= you would turn to this person first)

rank	initials	Sex (M/F)	relationship with person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you seek support from anyone for this situation? _____ yes _____no

Roughly, how many people did you talk to about this, for any reason whatsoever?_____

Who was your main source of support?
Initials _____ Relationship with person _____

Out of the total amount of time you spent with other people dealing with this situation, what percentage of that time do you think was spent with this person?_____%

What kind(s) of support did you receive from this person?

Emotional

1	2	3	4	5	6	7
Not at all						Very much so

Instrumental (help you by doing something)

1	2	3	4	5	6	7
Not at all						Very much so

Information or advice

1	2	3	4	5	6	7
Not at all						Very much so

How often did you seek support from this person?

1	2	3	4	5	6	7
Very rarely						All the time

Were you satisfied with the support that you received?

1	2	3	4	5	6	7
Not at all						Extremely

When communicating with this person, who usually initiated the interactions?

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

Describe the quality of the communication with this person?

1	2	3	4	5
Relaxed				Strained
Impersonal				Personal
Attentive				Poor listening
Formal				Informal
In-Depth				Superficial
Smooth				Difficult
Guarded				Open
Great deal of understanding				Great deal of misunderstanding

To what extent do you come away from the interaction(s) satisfied?

1	2	3	4	5
Not Satisfied				Satisfied

How valuable were these interactions to you for your life right now?

1	2	3	4	5
Not at all important				Extremely important

How valuable were these interactions for your future?

1	2	3	4	5
Not at all important				Extremely important

How intimate is your relationship with this person, by and large?

1	2	3	4	5	6	7
Not very intimate						Extremely intimate

How satisfied are you with the relationship as a whole?

1	2	3	4	5	6	7
Not at all satisfied						Very satisfied

If this person had not been able to give you support was/is there anyone else that you would have turned to for support?

1	2	3	4	5	6	7
Not at all						Definitely

If so, Initials _____ relationship with person _____

Out of the total amount of time you spent conversing per week, what percentage of that time do you think is spent talking with this person?_____%

How satisfied do you think you would you be with support from this person?

1	2	3	4	5	6	7
Not at all						Extremely

What kind (s) of support would you have needed from this person?

Emotional

1	2	3	4	5	6	7
Not at all						Much needed

Instrumental (help you by doing something)

1	2	3	4	5	6	7
Not at all						Much needed

Information or advice

1	2	3	4	5	6	7
Not at all						Much needed

How comfortable would you have been seeking support from this person?

1	2	3	4	5	6	7
Not at all Comfortable						Extremely Comfortable

How often would you have sought support from this person?

1	2	3	4	5	6	7
Not at all						All the time

When communicating with this person, who usually initiates the interactions?

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

Describe the quality of the communication with this person?

1	2	3	4	5
Relaxed				Strained
Impersonal				Personal
Attentive				Poor listening
Formal				Informal
In-Depth				Superficial
Smooth				Difficult
Guarded				Open
Great deal of understanding				Great deal of Misunderstanding

To what extent do you come away from the interaction(s) satisfied?

1	2	3	4	5
Not Satisfied				Satisfied

How valuable were these interactions to you for your life right now?

1	2	3	4	5
Not at all important				Extremely important

How valuable were these interactions for your future?

1	2	3	4	5
Not at all important				Extremely important

How intimate is your relationship with this person, by and large?

1	2	3	4	5	6	7
Not very intimate						Extremely intimate

How satisfied are you with the relationship as a whole?

1	2	3	4	5	6	7
Not at all						Very satisfied

Seeking Support for Specific Events II

We are interested in how you cope with various situations. In particular, we are interested in how you cope with and seek support for a difficult issue or event (eg. spiritual/moral/well-being). This issue could be quite serious, but represents a single event; it may have been going on for a long time, or you maybe you've worried about it for a long time. Please try to think of an issue or event that has caused you to experience some stress within the past year (but does not involve interpersonal relationships).

Briefly describe this event.

_____

_____

_____

_____

_____

How threatening is this event?

1	2	3	4	5	6	7
Not at all threatening						Extremely

How important is achieving a good resolution to you?

1	2	3	4	5	6	7
Not at all important						Extremely

Does this event only affect you in a minor way, or do you feel that it affects almost everything you do?

1	2	3	4	5	6	7
Hardly at all						Almost everything

How stressful do you consider this event?

1	2	3	4	5	6	7
Not at all						Very stressful

How long has it been going on, or how long did it last?_____

_____

List all people that you **could have approached** for support for this event and rank them in order (1= you would turn to this person first)

rank	initials	Sex (M/F)	relationship with person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you seek support from anyone for this situation? _____ yes _____no

Roughly, how many people did you talk to about this, for any reason whatsoever?_____

Who was your main source of support?
Initials _____ Relationship with person _____

Out of the total amount of time you spent with other people dealing with this situation, what percentage of that time do you think was spent with this person?_____%

What kind(s) of support did you receive from this person?

Emotional

1	2	3	4	5	6	7
Not at all						Very much so

Instrumental (help you by doing something)

1	2	3	4	5	6	7
Not at all						Very much so

Information or advice

1	2	3	4	5	6	7
Not at all						Very much so

How often did you seek support from this person?

1	2	3	4	5	6	7
Very rarely						All the time

Were you satisfied with the support that you received?

1	2	3	4	5	6	7
Not at all						Extremely

When communicating with this person, who usually initiated the interactions?

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

Describe the quality of the communication with this person?

1	2	3	4	5
Relaxed				Strained
Impersonal				Personal
Attentive				Poor listening
Formal				Informal
In-Depth				Superficial
Smooth				Difficult
Guarded				Open
Great deal of understanding				Great deal of misunderstanding

To what extent do you come away from the interaction(s) satisfied?

1	2	3	4	5
Not Satisfied				Satisfied

How valuable were these interactions to you for your life right now?

1	2	3	4	5
Not at all important				Extremely important

How valuable were these interactions for your future?

1	2	3	4	5
Not at all important				Extremely important

How intimate is your relationship with this person, by and large?

1	2	3	4	5	6	7
Not very intimate						Extremely intimate

How satisfied are you with the relationship as a whole?

1	2	3	4	5	6	7
Not at all satisfied						Very satisfied

If this person had not been able to give you support was/is there anyone else that you would have turned to for support?

1	2	3	4	5	6	7
Not at all						Definitely

If so, Initials _____ relationship with person _____

Out of the total amount of time you spent conversing per week, what percentage of that time do you think is spent talking with this person?_____%

How satisfied do you think you would you be with support from this person?

1	2	3	4	5	6	7
Not at all						Extremely

What kind (s) of support would you have needed from this person?

Emotional

1	2	3	4	5	6	7
Not at all						Much needed

Instrumental (help you by doing something)

1	2	3	4	5	6	7
Not at all						Much needed

Information or advice

1	2	3	4	5	6	7
Not at all						Much needed

How comfortable would you have been seeking support from this person?

1	2	3	4	5	6	7
Not at all Comfortable						Extremely Comfortable

How often would you have sought support from this person?

1	2	3	4	5	6	7
Not at all						All the time

When communicating with this person, who usually initiates the interactions?

1	2	3	4	5
You	Other person	Seemed mutual	Accidental	Not Clear

Describe the quality of the communication with this person?

1	2	3	4	5
Relaxed				Strained
Impersonal				Personal
Attentive				Poor listening
Formal				Informal
In-Depth				Superficial
Smooth				Difficult
Guarded				Open
Great deal of understanding				Great deal of Misunderstanding

To what extent do you come away from the interaction(s) satisfied?

1	2	3	4	5
Not Satisfied				Satisfied

How valuable were these interactions to you for your life right now?

1	2	3	4	5
Not at all important				Extremely important

How valuable were these interactions for your future?

1	2	3	4	5
Not at all important				Extremely important

How intimate is your relationship with this person, by and large?

1	2	3	4	5	6	7
Not very intimate						Extremely intimate

How satisfied are you with the relationship as a whole?

1	2	3	4	5	6	7
Not at all						Very satisfied

Personal Information

Code: _____

The following page will be separated from the rest of your questionnaire and will be kept in a secure location that ensures that no-one except the research investigators are able to identify your questionnaire responses.

Name:_____

Student Number: _____

Phone: _____

e-mail: _____

We may wish to contact participants to invite them to take part in further research that is relevant to this study. At that time, you can decline to participate further, if you wish. Please check one of the following:

_____ Yes, I agree to let the researchers contact me later in the year to ask whether I'd be interested in participating further in a study.

_____ No, I do not want to be contacted again about any subsequent studies.

Appendix C

Debriefing for lab session

University students experience many different types of stressors such as conflicts with a partner, family or friends, financial difficulties and academic issues. These stressful events, combined with stress from daily life can provoke several psychological disorders in students including mood disorders, such as depression and anxiety, as well as their physical health. Yet there are many students who are able to rise above all of these stressors and do not suffer any decreases to their well being. Research has looked at the protective effects of social support and suggests that it may represent a buffer (coping resource) in dealing with stressful events. Individuals can seek out social support for various reasons. They might want to talk to someone about what is going on in their lives, they might ask for help with dealing with the situation or they could ask for information or advice. The effects of social support can also occur merely through one's perception of available social support without it actually being used.

In order to learn more about this topic we asked you to complete various questionnaires that assessed your mood, your social supports and how you cope with stress. We also asked about your relationship satisfaction (if applicable) as well as your psychological health. We are interested in learning about who students turn to when they are experiencing stressful events and what kind of social support they need. We included questions about your past traumatic experiences as well, as it is likely that such experiences are particularly likely to require strong social supports to cope effectively.

Your participation will therefore be useful in providing us with a greater understanding of the role of social support in students' lives.

Contacts

The following people are involved in this research project and may be contacted at any time if you have any further questions about the project, what it means, or concerns about how it was conducted:

Lisa Williams, Researcher, 520-2600, X7513
Dr. K. Matheson, Faculty Member, Department of Psychology, 520-2600, X2684

If you have any ethical concerns about how this study was conducted, please contact either of the following:

Dr. Mary Gick, Chair of the Department of Psychology Research Ethics Committee at Carleton University at 520-2600, X2664
Dr. J. Logan, Chair, Dept. of Psychology, 520-2600 X2648

If you have any worries or concerns about your personal well-being, or study skills, you can contact the following services:

Carleton University Health and Counseling Services 520-6674
Student Life Services 520-6600

Debriefing for take-home session

University students experience many different types of stressors such as conflicts with a partner, family or friends, financial difficulties and academic issues. These stressful events, combined with stress from daily life can provoke several psychological disorders in students including mood disorders, such as depression and anxiety, as well as their physical health. Yet there are many students who are able to rise above all of these stressors and do not suffer any decreases to their well being. Research has looked at the protective effects of social support and suggests that it may represent a buffer (coping resource) in dealing with stressful events. Individuals can seek out social support for various reasons. They might want to talk to someone about what is going on in their lives, they might ask for help with dealing with the situation or they could ask for information or advice. The effects of social support can also occur merely through one's perception of available social support without it actually being used.

In order to learn more about this topic we asked you to complete various questionnaires that assessed your social supports and your daily hassles. We also asked about your psychological and physical well-being. We are interested in learning about who students turn to when they are experiencing stressful events and what kind of social support they need.

Your participation will therefore be useful in providing us with a greater understanding of the role of social support in students' lives.

Contacts

The following people are involved in this research project and may be contacted at any time if you have any further questions about the project, what it means, or concerns about how it was conducted:

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