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SOCIAL SUPPORT IN THE MARITAL RELATIONSHIP

By

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ABSTRACT

SOCIAL SUPPORT IN THE MARITAL RELATIONSHIP

By

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Social support networks influence both the physical and psychological adjustment of individuals. Unfortunately, there is still confusion as to how social support influences adjustment, as well as the specific qualities of the marital relationship that provide men and women with a unique supportive relationship. This study addresses these issues by examining in-depth the support networks of married couples. One hundred seventy-four married adults, eighty-seven men and eighty-seven women, of varying races and socioeconomic classes participated in the study. Major findings indicate that men and women do not differ with regard to the number and type of supporters that comprise their networks. Satisfaction with spousal support, spouses who are considered supportive, and spouses who are considered to be friends are all important factors which influence marital and physical adjustment.

To Mom, Dad, Beth, and Rob

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Introduction

Social Support

The term social support has come to refer to the mechanisms by which interpersonal relationships presumably protect people from the damaging effects of stress (Kessler, Price & Wortman, 1985). Widespread interest in social support was initiated by a group of review papers that demonstrated associations between psychiatric disorder and such factors as marital status, geographic mobility, and social disintegration (Caplan, 1974; Cassel, 1974, 1976; Cobb, 1976). Cobb stated that

> "adequate social support can protect people in crisis from a wide variety of pathological states: from low birth weight to death, from arthritis through tuberculosis to depression, alcoholism and other psychiatric illness. Furthermore, social support can reduce the amount of medication required and accelerate recovery and facilitate compliance with prescribed medical regimens" (1976, p. 310).

Although largely comprised of inferential arguments and unclear conceptual definitions, these early reviews generated substantial interest in the possibility that social support can protect health.

Researchers have chosen several methodologies to examine whether social relationships are associated with vulnerability to disorder. Studies focusing on the support networks of clinical populations have found that there are clear differences among the networks of neurotics, who tend to have more unconnected and sparse networks, and psychotics, who are more likely to have highly interconnected, kin-based networks (Mueller, 1980). There is also evidence that the lack of support from family members is related to the probability of relapse among schizophrenics (Brown, Mock, Carstairs, & Wing, 1962). Family members in these interconnected networks may not provide the amount or type of support from which psychotic individuals could most benefit.

Additional investigators have focused on the impact of social support on adjustment to specific life crises such as widowhood (Vachon, Sheldon, Lancee, Lyall, Rogers, & Freedman, 1982), unemployment (Gore, 1978), and criminal victimization (Burgess & Holmstrom, 1979). These studies allow researchers to investigate both short-term and long-term reactions to life crises and to monitor changes in the support system as individuals attempt to cope with these crises. There is also the opportunity to examine social support in relation to

other aspects of the stress process, including cognitions, feelings about self, and coping strategies, as well as to attempt to clarify the mechanism by which social support protects individuals in stressful situations (Kessler et al. 1985). Most studies of specific life crises have found support to be an important predictor of subsequent adjustment. In addition, these studies are starting to provide information about the impact of certain social relationships on specific problems (Hirsh, 1980; Wellman, 1979).

The major difficulty in studying individuals who have experienced major life crises is that one of the major outcomes assessed, successful adjustment, remains unclearly defined (Haan, 1982; Wortman, 1984). Another difficulty in assessing effective adjustment is that current methodologies cannot differentiate those individuals who cope with stress in socially appropriate ways from those individuals who reduce their distress at the expense of others (Coyne, Kahn, & Gottlieb, 1984). These conceptual confounds of predicted adjustment have limited the potential understanding of fundamental support processes (Kessler et al. 1985).

Other investigations have focused on the relationship between social support and health in the

normal population and in case-control studies. This research has typically taken one of two forms. One line of investigation proposes that social support has a direct effect on physical and psychological adjustment. In this case, the more support available to the individual, the better his/her overall health. The other line of inquiry postulates that social support mediates or buffers the relationship between stress and adjustment. Studies have lent support to both models.

Results from a study of working men (Pinneau, 1976) and a study of suburban Australians (Andrews, Tennant, Hewson, & Vaillant, 1978) demonstrate the direct effect of social support (for additional examples, see Henderson, 1980; Miller & Ingham, 1976; Nuckolls, Cassel, & Caplan, 1972; Pearlin, Lieberman, Menaghan, & Mullen, 1981). In contrast, Lin, Simeone, Ensel, and Kuo's (1979) study of stress and support among Chinese-Americans and LaRocco, House, and French's (1980) study implicating low levels of social support in exacerbating occupational stress favored the buffer hypothesis (for additional examples, see Brown & Harris, 1978; House, McMichael, Wells, Kaplan, & Landerman, 1979). Still other investigators have found that both the direct effect and the buffer model could be supported from

their results (Gore, 1978; Husaini, Neff, Newbrough, & Moore, 1982). Methodological problems (Mueller, 1980) such as the confounding of life events with measures of social support make the above results even more difficult to interpret. In response to these methodological problems, several studies have since been initiated that attempt to resolve this buffer/direct effect controversy (Kessler & McLeod, 1984; Lin & Ensel, 1984; Turner & Noh, 1982). While evidence in favor of a stress-buffering role of social support is far from uniform, the data suggest that emotional support may play a more important role in protecting individuals from the harmful effects of stress than do structural aspects of support, such as social involvement or activity (Kessler & McLeod, 1984).

It has also been suggested that results in favor of a buffering model or a direct effect model depend on what is being measured. Cohen and Wills (1985) reviewed the literature and concluded that the buffer hypothesis is favored when social support measures the perceived availability of interpersonal resources that can be called upon during times of stress. They also concluded that the direct effect hypothesis is favored when support is measuring the degree to which a person is integrated in a large social network. Here, it is

assumed that support has a positive effect regardless of whether an individual is under stress. This type of support is likely to be important for long-term relationships such as marriage, where there are both stressful and stress-free periods.

The evidence above suggests that lack of social support may be an important factor in the development and course of both physical and psychological disorder. However, several aspects of social support must be further clarified in order for researchers to have a better understanding of how social support functions to protect the health of individuals. One central problem surrounds the definition and conceptualization of social support. Many authors have attempted to define and clarify social support. For example, support has been described as an update of formerly used concepts such as "community integration," "social participation," and "attachment" (Barrera & Ainlay, 1983). Many literature reviews have concluded that most definitions of social support are ambiguous, circular, or simply meaningless (Barrera & Ainlay, 1983; Leavy, 1983; Jung, 1984). Studies have been criticized for their use of poor methodologies (Jung, 1984), "elastic" conceptualizations (Barrera & Ainlay, 1983) and inadequate instrumentation

(Leavy, 1983). Even in the face of such criticisms, new studies possessing the same conceptual flaws appear again and again (Ellstein, 1984).

Much of the research has described social support quantitatively; the total number of people within an individual's network (Salloway & Dillon, 1973; Weimer, Hatcher, & Gould, 1983). These investigations have shown some positive links between the amount of social support and health. However, research into the qualitative aspects of support, such as source and type of support, are believed to be more important for predicting physical and psychological well-being (Broadhead et. al., 1983; Leavy, 1983; Thoits, 1982).

Research on the qualitative nature of social support has focused on type, source, context, and satisfaction. Of these four dimensions, type of support has received the most attention and many typological conceptualizations have been advanced (Caplan, 1981; Gottlieb, 1981; Kahn & Antonucci, 1980; Tolsdorf, 1976). House (1981) has developed a definition of social support comprised of four components: 1) emotional support; 2) instrumental support; 3) informational support; and 4) appraisal support. Barrera & Ainlay (1983) define support in terms of six categories: material aid, behavioral assistance, intimate

interaction, guidance, feedback, and positive social interaction. They subsequently grouped these six variables into four factors: 1) directive guidance; 2) non-directive support; 3) tangible assistance; and 4) positive social interaction. Caldwell and Reinhart (in press) factor analysed the Inventory of Socially Supportive Behaviors which yielded three types of social support: emotional support, guidance, and tangible aid. Finally, Bogat and her colleagues have developed a typology of social support that also consists of four categories: 1) companionship; 2) practical assistance; 3) guidance and information; and 4) emotional support, (Bogat, Chin, Sabbath, & Schwartz, 1983). They have also put forth a broader conceptualization of social support that classifies supporters as either network generalists or network specialists (Bogat, Caldwell, Rogosch, & Kriegler, 1985). A network generalist is someone who is a supporter in two or more of the above four categories, while a network specialist is someone who is a supporter in only one of the four categories.

The three remaining factors - source, context, and satisfaction - have been given less attention in the literature. Studies of source of support typically have

investigated the similarities and differences between kin and nonkin support. For example, Billings and Moos (1982) examined how family members are supportive in ways that are different fron other nonkin supporters. In addition, some researchers have investigated the quantitative differences in source of support by comparing the numbers of family supporters to the numbers of non-family supporters in an individual's network (Cohen & Sokolovsky, 1978; Silberfeld, 1978). Examination of the availability of social support in contexts outside of the family has focused largely on neighborhoods (Rosel, 1983; Unger & Wandersman, 1985) and on the work environment (House, 1981). Finally, studies of individual satisfaction with support have found evidence to suggest that low satisfaction with support may play a role in the development of psychological disorder (Leavy, 1983).

An important aspect of social support that has received relatively little attention is the concept of reciprocity and resulting satisfaction. Individuals can be said to have a reciprocally supportive relationship with another person if both receive relatively similar support from each other. Reciprocity can be both quantitative and qualitative. Individuals can give each other the same amount but different types of support;

for example, one person gives emotional support while the other gives companionship. Alternatively, individuals can give each other the same amount and the same type of support; for example, two people are equally supportive of each other's emotional needs (Cochran & Brassard, 1979; Leavy, 1983). A supportive relationship need not be reciprocal. For example, psychologically impaired individuals often receive more support than they give (Leavy, 1983).

Social Support and Marriage

Reciprocity and satisfaction are important components in a marital relationship.

> "Each partner is a source of emotional support, companionship, sexual gratification and economic support or assistance for the other. Each spouse also supports the other in his (or her) roles as parent, friend, colleague, kinsman, and so on. To the extent that either partner's performance in any of these areas is inadequate, the other's emotional and social life (may be) damaged" (Renne, 1970; in Winch & Spanier, 1974, p. 426).

Husbands and wives look to each other for support many times and under many different circumstances during the course of a marriage. Because men and women may differ

with regard to how they perceive and value support, husbands and wives may not always receive the support they seek from their spouses (Burke & Weir, 1976). For example, a husband may give his wife practical assistance and information, while she is in fact seeking emotional support from him. This discrepancy may leave spouses feeling that their mates do not understand them and do not know how to properly meet their needs.

Researchers have typically chosen to investigate the support systems of married individuals in one of three ways. The first method uses composite scores to compare the support systems of married people to those of single people (Dean, Lin, Tausig, & Ensel, 1980; Eaton, 1978; Kasl & Cobb, 1979; Lynch, 1977). The use of such a measure is problematic because low scores can have entirely different meanings depending on the marital status of the individual. For example, a low score for an unmarried individual may demonstrate isolation, effects of divorce or widowhood, or poor social relationships. The same score for a married individual probably demonstrates participation in an unsatisfactory relationship (Coyne & DeLongis, 1985).

A second method of examining the support systems of married individuals has been to compare the physical and psychological health of happily married people to the

health of unhappily married people. Evidence suggests that unhappily married individuals are less physically and psychologically healthy than happily married individuals, (Gove, Hughes, & Style, 1983; Kaplan & DeLongis, 1983), and have more physical illness, depression, heavy drinking, and isolation from people outside their marriage. In addition, the stress of being unhappily married can be exacerbated by stressors in other areas, such as in the workplace (Moen, 1982; Mott, Mann, McLoughlin, & Warwick, 1965). Those who are happily married are less vulnerable to physical illness, have fewer psychosomatic symptoms, and have lower mortality rates (Traupmann & Hatfield, 1981).

Problems exist with this second method of investigation. First, marital happiness has not been operationally defined. The individual factors that comprise the overall score are weighted differently according to the beliefs of each researcher. Second, it has not yet been established that being married, in fact, causes individuals to be healthy. Other factors may be responsible. For example, findings indicate that people who are physically healthy, psychologically well-adjusted, and interpersonally skilled are more likely to get married, stay married, and report marital

satisfaction (Renne, 1971; Rushing, 1979). Conversely, an individual's propensity towards unhappiness or illness may contribute in some way to a lack of intimate relationships. Or it may be the case that lack of social support is due to some third variable, such as a general incompetence in coping with life's problems (Kelley, 1983).

Another way that marital happiness has been examined has been through the use of clinical assessment measures, the best known of which is the Dyadic Adjustment Scale (Spanier, 1976). It is a 32-item instrument which is given to both members of a dyad to examine the degree of congruence between both members with regard to satisfaction with their relationship. Presumably, the greater the congruence, the more satisfied both members are with their relationship. The questionnaire can be broken down into four subscales: Dyadic Consensus Scale; Dyadic Satisfaction Scale; Dyadic Cohesion Scale; and Affectional Expression Scale. There also are specific instructions for scoring the instrument, where scores below 75 usually indicate marital distress, and scores above 125 usually indicate an unrealistic, romanticized view of the relationship.

Finally, researchers have examined gender differences in social support and adjustment among married adults. However, different investigations seem to yield disparate results. For example, in a review of the literature, Bloom, Asher and White (1978) found that the relationship between psychopathology and marital disruption is stronger for men than for women. This finding is striking in light of the notion that marital disruption is usually more problematic for women than for men. However, women seem to have more disability and illness, regardless of marital status, than men. On the other hand, the differences in mortality rates between married individuals and single, divorced, or widowed individuals are larger among men than women (Gove, 1973). Married men have superior mental health, lower suicide rates, and live longer than do single men (Bernard, 1972). Conversely, married women have more neurotic symptoms, are more depressed, are more fearful and anxious, and have lower self esteem than do single women (Bernard, 1972). Therefore, it still remains unanswered whether married men or women, single men or women, or maritally disrupted men or women are more vulnerable to physical or psychological disorders.

It is unclear whether these gender differences in support and health can be explained by gender

differences in the quantitative and qualitative nature of social support. Research concerning the differences between the social support systems of men and women typically has examined the differential role that friendship plays in adult life. There is mixed evidence concerning which sex has a larger social support network. Booth (1972) found that men reported more friends than women; Weiss and Lowenthal (1975) found the opposite. However, these two studies differed with respect to age, SES, and ethnicity of the respondents as well as the overall research design. Booth's subjects were all over the age of forty-five, proportionately more blue-collar than white-collar workers, and were of mixed racial backgrounds. Weiss and Lowenthal's subjects were between the ages of sixteen and sixty, more evenly distributed between blue- and white-collar workers, and were predominantly Caucasian; however, the sample was divided into young, middle-aged, and older respondents. Here, the number of women's friendships remained more stable across all three time periods, whereas men had more friends during middle age as compared to the other two time periods.

The evidence concerning sex differences in the qualititative aspects of social support also seems to be mixed. For example, in a study of couples' helping

relationships, Barker and Lemle (1984) found that there were no sex differences in couples' informal helping. However, they state that "the absence (of sex differences) is suprising, and constrasts both with common sex-role stereotypes and the findings of previous analogue studies of friends and accquaintances" (p. 332).

Clearer gender differences emerge when the qualitative aspects of friendship are assessed. Women have "affectively richer" relationships; they are more likely than men to confide in their friends, do things spontaneously with their friends, and place more importance on emotional sharing and talking in their relationships (Dickens & Perlman, 1981). On the other hand, men appear to emphasize shared activities in their friendships (Caldwell & Peplau, 1982). Put in a different way, men tend to have more associative friends than women; relationships characterized by an absence of loyalty or commitment to seeing that the friendship endures beyond the situation that brings the parties together. Women's relationships are more reciprocal than are men's; they are distinguished by lasting commitment between parties who regard each other as equals (Reisman, 1981).

It appears, then, that women are more likely to have friendships characterized by emotional sharing, while men have friendships characterized by engaging in common activities (Brehm, 1985). To use Wright's (1982) terms, women have "face-to-face" friendships, and men are friends "side-by-side." The emphasis that women place on emotional sharing in their relationships means that they can obtain emotional gratification from friendships as well as from romantic relationships. Men, in contrast, seem more dependent on romantic relationships for emotional intimacy (Brehm, 1985).

The research on adult friendships has important implications for the study of social support systems in adulthood. It is possible that a large segment of a woman's social support network is comprised of people with whom she shares the intimate details of her life, while a man's social support network is largely comprised of individuals with whom he shares activities, such as working in the same place, or belonging to the same club. Although there is much information about adult social support networks, there has been little attempt to distinguish the networks of married adults from those of unmarried adults. There has been no elucidation of specific qualities of the marital support

relationship that are different, or even the same, for men and women.

Rationale

Results from previous studies do little to clarify many of the basic issues concerning social support and physical and psychological adjustment in the marital system. There is confusion as to how social support influences adjustment, and whether certain types or amounts of support lead to better adjustment. A large part of the social support literature is flawed in part due to the lack of consensus about how to conceptualize social support. Each investigator uses his or her own definition of the concept when developing studies to examine social support, and the absence of a common definition prevents generalization and comparability of results. Only recently have there been attempts to provide a clear, operational definition of social support to enhance understanding of the concept as well as the ability to compare and contrast research findings.

In addition, the little definitive knowledge that has been gathered in the areas of social support and health has been applied to individuals in general rather than to specific groups of individuals, such as

husbands and wives. The social support networks of men and women have been examined mainly within the context of friendships, and spouses are not typically considered to be friends. It also remains unclear whether men and women differ with regard to the amount and types of support they seek. In addition, there has been little investigation of whether there are specific qualities of the marital relationships that provide men and women with a unique supportive relationship that serves to foster positive marital adjustment.

The present study seeks to build upon the findings of the previous studies and clarify the qualities of the marital social support system which are unique to that particular dyad and demonstrate whether these qualities have an impact on the spouses' levels of marital and physical adjustment. The first step will be to determine whether the overall size of married men and women's networks differ. Because researchers typically have sampled from dissimilar or unrepresentative populations, there is no consensus as to the size of men and women's networks. This study recruited married subjects who varied in age, social class, race, and religion in order to more appropriately represent the general population.

This study will also examine the composition of married peoples' networks. Data from studies of men and women's friendships will be placed in a different framework and examined in terms of social support. Because the literature seems to indicate that men's friendships are largely characterized by common activities, it is hypothesized that their social support networks will be comprised of more companionship supporters than other kinds of supporters. Conversely, because research on friendships has found that women seem to place greater importance on emotional sharing in their friendships, it is hypothesized that their networks will be comprised of more emotional supporters than other types of supporters.

Once the composition of spouses' support networks has been clarified, the relationships between social support and adjustment can be examined. Initially, this study will look at subjects' satisfaction with the support they are receiving from their spouses, and whether this satisfaction influences their levels of marital and physical adjustment. Then, different types of spousal support will be examined in terms of their effects on adjustment. The literature seems to indicate that the more support an individual has, the less he or she will be vulnerable to physical or psychological

disorders. It may be that individuals who perceive their spouses as supportive in several areas will report better marital and physical adjustment than those who view their spouses as supportive in only one area.

Not all men and women indicate that their spouses are supportive in all, or even in more than one category. It is possible, though, that even different single categories of support are more likely to be health protective than others. Because research seems to show that women place more importance on emotional sharing, perhaps those women who perceive their husbands as emotionally supportive show fewer signs of marital and physical adjustment than those women who perceive their spouses as other types of supporters. For men, because studies suggest that they place greater emphasis on shared activities, they might be likely to report higher levels of marital and physical adjustment if they perceive their wives as companionship supporters.

Questions have been raised about whether the marital dyad is a uniquely supportive relationship. The present study will attempt to answer this question in two ways. First, it will examine reciprocity of support in the marital relationship. It may be that husbands and wives who give support to their spouses but feel that they do not receive support from them in return are more

likely to report lower levels of marital and physical adjustment. Second, this study will look at the differences between individuals whose spouses are simply the person to whom they are married, and those who consider their spouses to be their friends as well as their partners. It is possible that having a spouse who is also a friend allows an individual more support and is therefore associated with higher levels of marital and physical adjustment than having a spouse who is not considered a friend.

Hypotheses

All of the following hypotheses involve married men and women.

Hypothesis 1: The social support networks of women and men are the same size.

1A: Men will have more companionship supporters in their networks than women.

1B: Women will have more emotional supporters in their networks than men.

1C: Men and women will have the same amount of information and advice supporters in their networks.

1D: Men and women will have the same amount of tangible aid supporters in their networks.

Hypothesis 2: Men and women who are more satisfied with the support provided by their spouses will report higher levels of marital adjustment, as measured by number of stressful marital life events, and physical adjustment, as measured by number of illnesses, than those who are less satisfied.

Hypothesis 3: Men and women who perceive their spouses as support generalists - supporters who are mentioned in two or more or the four categories of social support - will report fewer marital life events and illnesses than those who perceive their spouses as support specialists - supporters who are mentioned in only one of the four categories.

Hypothesis 3A: Women who perceive their husbands as emotional support specialists will report fewer marital life events and fewer illnesses than if they perceive their husbands as either companionship, information and advice, or tangible aid support specialists.

Hypothesis 3B: Men who perceive their wives as companionship support specialists will report fewer marital life events and fewer illnesses than if they perceive their wives as either emotional, information and advice, or tangible aid supporters.

Hypothesis 4: Husbands and wives who do not report any instance of spousal support will report more

marital life events and more illnesses than those who do report their spouses in at least one of the categories of support.

Hypothesis 5: Husbands and wives who report that their spouses are also their friends will report fewer marital life events and fewer illness than those who do not report their spouses as friends.

Method

This study is part of a larger research project. Only those measures and procedures which are relevant for this particular study will be discussed.

Subjects

One hundred seventy-four married adults, 87 husbands and 87 wives, living in a midwestern city, ranging in age from 26 to 52, with at least one child between the ages of seven and eleven, participated in this study. The subjects were of racially mixed backgrounds, consisting of 88.3% Caucasian, 7.2% Black, 1.1% Hispanic, and 3.4% other. The breakdown of religious affiliation for the sample was 11.4% Catholic, 78% Protestant, and 11.5% had no preference. The mean SES was 4 with a range of 0 to 9 (Hollingshead & Redlich, 1958).

The subjects were recruited through the coordinators of Neighborhood Watch Groups (citizen action groups mobilized to prevent crime) who were asked to identify neighborhoods with high densities of children. The coordinators' selections were confirmed by 1980 census data. Names and telephone numbers of residents were obtained from Bresser's Guide (1982).

Once the names, addresses, and telephone numbers were obtained, families in ten neighborhoods were sent a one-page letter that explained the project and informed them that it was being conducted under the auspices of Michigan State University and the city police department (Appendix A). This mailing was followed-up with telephone calls to the families, based on a standardized script. The telephone interview first determined whether there was a child between the ages of seven and eleven in the home. If there was, then the family was told about the project in greater detail and a request for participation was made. In addition, the families were told that when all of the interviews had been completed, four families would be chosen at random to receive a fifty dollar check.

Procedure

After families had agreed to participate, an appointment for data collection was scheduled. Data collectors went to the subjects' homes in order for all family members to complete questionnaires. These data gathering sessions lasted from sixty to ninety minutes. All family members were present during the session; typically, the children were interviewed in the kitchen, while the parents were interviewed in the livingroom. There was at least one interviewer with the children and

one with the parents. After hearing more detailed information about the project, all family members read and signed consent forms.

The data were collected by graduate students and upper-level undergraduate students. They received extensive training in the administration of the questionnaires.

Tests and Measurements

The Adult Social Support Questionnaire (ASSQ) (Bogat, Chin, Sabbath, & Schwartz, 1983) measures quantitative and qualititative aspects of adults' social support networks. There are 16 questions which are divided into four categories of social support - emotional support (e.g., "Who can you count on to comfort you when you are upset?") practical assistance (e.g., "Who can you count on to take you someplace you need to go?") companionship (e.g., "In an average week, who do you enjoy chatting with?") and guidance and information (e.g., "Who can you rely on for information and advice about spiritual/religious matters?") - with four questions within each category. For each question, the subject may list as many as ten supporters. All the unique names of supporters are then transferred to the last page of the questionnaire. Here, the qualitative aspects of social support, such as the relationships

between supporters (e.g., co-worker, friend), the frequency of contact (e.g., daily, weekly, monthly), and the satisfaction with each supporter (e.g., very satisfied, somewhat satisfied, somewhat dissatisfied, very dissatisfied) were indicated (Appendix B).

The Life Experiences Survey (LES), adapted from Sarason, Johnson, & Siegel, (1978), measures how many and what types of stressful events have occurred in an individual's life. Subjects indicate whether a particular event has occurred during the past six months, or six to twelve months ago. For this study, all events occurring during the last twelve months were scored. One modification of this scale was made for the purposes of the present study. In order to measure marital adjustment, only the 10 items of this instrument that dealt directly with marital issues (e.g., separation from spouse because of marital problems, an unwanted pregnancy, separation from spouse because of work demands) were used. The items numbers used were 1, 2, 11, 12, 13, 15, 19, 23, 24, and 30 (Appendix C). Three items, 33, 36, and 41, were also included initially, but were found to have a variance of zero, and therefore were excluded from the analyses. Cronbach's alpha was computed for these ten items and yielded a coefficient of .94.

The Health History Questionnaire (HHQ) (Bogat & Chin, 1983) is a fifty-three item inventory that assesses what types of illnesses individuals typically have during their lives. Subjects indicate whether they have ever had a particular illness, and whether they have had that illness during the past year. Only those illnesses that had occurred during the past year were scored (Appendix D).

Results

Hypothesis 1: It was predicted that the overall size of men and women's social support networks would not be significantly different. A *t*-test indicated that the number of supporters in men's networks (M=19.3) and the number of supporters in women's networks (M=19.6) was not statistically significant (*t*=-.32).

Hypothesis 1A: It was hypothesized that the networks of men would contain more companionship supporters than the networks of women. A *t*-test between sex and number of supporters that provided companionship indicated that there was not a statistically significant difference between the networks of men (M = 13.0) and the networks of women (M = 12.9; *t* = .21).

Hypothesis 1B: It was predicted that women's networks would contain more emotional supporters than the networks of men. A *t*-test between sex and number of emotional supporters did not reveal a significantly greater number of emotional supporters in women's networks (M = 7.4) than in men's networks (M = 6.4; *t* = -1.85).

Hypothesis 1C: It was predicted that there would be no difference between the number of information and advice supporters in men's networks and in women's

networks. A t-test between sex and number of supporters that provided information and advice indicated that there was no significant difference between men's networks (M = 7.6) and women's networks (M = 8.4; t = -1.27).

Hypothesis 1D: Finally, it was predicted that the number of tangible aid supporters would be the same in both men and women's networks. A t-test between sex and number of supporters that provided tangible aid revealed no significant difference between men's networks (M = 7.6) and women's networks (M = 8.5; t = -1.41). Table 1 illustrates the above findings.

TABLE 1. Mean Gender Differences and Standard Deviations for Type of Support

		Men n=87	Women n=87	t-score
Total Number of Supporters	M	19.3	19.6	-.32
	SD	(7.2)	(7.1)	
Companionship Supporters	M	13.0	12.9	.12
	SD	(5.4)	(4.7)	
Emotional Supporters	M	6.4	7.4	-1.85*
	SD	(3.1)	(3.6)	
Information and Advice Supporters	M	7.6	8.4	-1.27
	SD	(4.2)	(3.9)	
Tangible Aid Supporters	M	7.6	8.5	-1.41
		(4.0)	(4.5)	

* $p < .10$

Hypothesis 2: It was predicted that men and women who were more satisfied with the support their spouses provided would report fewer stressful marital events and fewer illnesses than those persons who were less satisfied with spousal support. A Pearson Product Moment Correlation Coefficient between the levels of satisfaction with spousal support (1 = very dissatisfied, 2 = somewhat dissatisfied, 3 = neutral, 4 = somewhat satisfied, and 5 = very satisfied) and number of stressful marital life events and illnesses reported was calculated. There was no relationship between level of satisfaction with spousal support and number of illnesses reported ($r = -.01$). There was a significant negative relationship between level of satisfaction with spousal support and number of stressful marital events reported ($r = -.15$, $p<.05$). There was also a significant negative relationship between number of stressful marital events and number of illnesses ($r = -.30$, $p=.001$). See Table 2.

TABLE 2. Pearson Product Moment Correlation Coefficients Between Satisfaction with Spousal Support, Number of Reported Stresful Marital Life Events, and Number of Reported Illnesses. (N = 174)

	Satisfaction	Marital Life Events	Illnesses
Satisfaction		-.15*	-.01
Marital Life Events			-.30***
Illnesses			

* $p \leq .05$

*** $p = .001$

Hypotheses 3, 3A and 3B: It was first predicted that men and women who perceived their spouses as support generalists would report fewer marital life events and fewer illnesses than those individuals who perceived their spouses as support specialists. It was then predicted that, for women, those who perceive their husbands as emotional support specialists would report fewer marital life events and fewer illnesses that those who perceived their husbands as either companionship,

information and advice, or tangible aid support specialists. For men, it was predicted that those who perceived their wives as companionship specialists would report fewer marital life events and fewer illnesses than those who perceived their wives as either emotional, information and advice, or tangible aid support specialists. However, due to the small number of support specialists in the sample (companionship support specialists = 7, information and advice support specialists = 6, tangible aid support specialists = 0, and emotional support specialists = 3) these analyses could not be performed.

Post Hoc Analyses

It was hypothesized that spousal support may be better understood if the entire range of specialist - generalist possibilities was considered. A Pearson Product Moment Correlation Coefficient between level of spousal support (1 = spouse reported in one category of support, 2 = spouse reported in two categories of support, 3 = spouse reported in three categories of support, and 4 = spouse reported in all four categories of support) was computed. There was a nonsignificant correlation between level of specialization of support and number of illnesses reported ($r = .06$), as well as a nonsignificant correlation between level of

specialization of support and number of stressful marital events reported (r = -.05). Finally, there was a significant negative relationship between number of stressful marital events reported and number of illnesses reported (r =-.27, p=.001). See Table 3.

TABLE 3. Pearson Product Moment Correlation Coefficients Between Specialization of Spousal Support and Number of Reported Stressful Marital Events, and Number of Reported Illnesses. (N = 139)

	Specialization	Marital Life Events	Illnesses
Specialization		-.06	.06
Marital Life events			-.27***
Illnesses			

*** p = .001

Hypothesis 4: It was predicted that men and women who did not report any instance of spousal support would report more stressful marital life events and more illnesses than those who did report at least one

instance. An Analysis of Variance was first conducted on the relationship between sex, presence or absence of spousal support, and number of marital life events endorsed. Seventeen husbands and 18 wives did not report their spouses in any category of support, while 70 husbands and 69 wives reported their spouses in at least one category of support. There was a significant main effect for spousal support ($F(1,170) = 4.22$, $p<.05$, M for absence of support = 4.47, M for presence of support = 3.01). There was no main effect for sex ($F(1,170) = .01$) and there was no interaction between sex and presence of spousal support ($F(1,170) = .61$). See Table 4A.

An Analysis of Variance was also conducted on the relationship between sex, presence or absence of spousal support and number of illnesses endorsed. There was a significant main effect for sex ($F(1,170) = 7.92$, $p<.05$, M for men = 1.15, M for women = 1.86), There was no main effect for spousal support ($F(1,170) = .05$), and there was no interaction between sex and presence of spousal support ($F(1,170) = .64$). See Table 4B.

Table 4A. Analysis of Variance for Sex and Presence of Spousal Support with Marital Life Events

Variable	Sum of Squares	DF	Mean Square	F
Main Effect				
Spousal Support	60.607	1	60.607	4.223*
Sex	.172	1	.172	.012
2-Way Interactions	8.726	1	8.726	.608
Explained	69.425	3	23.142	1.612
Residual	2439.816	170	14.504	

* p< .05

Table 4B. Analysis of Variance for Sex and Presence of Spousal Support with Illnesses

Variable	Sum of Squares	DF	Mean Square	F
Main Effects				
Sex	22.140	1	22.104	7.916**
Spousal Support	.151	1	.151	.054
2-Way Interactions	1.787	1	1.787	.639
Explained	24.031	3	8.010	2.864*
Residual	475.463	170	2.797	

* p< .05
** p< .01

Hypothesis 5 It was predicted that men and women who perceived their spouses as friends would report fewer stressful marital life events and fewer illnesses than those men and women who did not report that their spouses were also their friends. An Analysis of Variance was first calculated for the relationship between sex, spouse perceived as friend, and number of marital events reported. Fifty-two husbands and 41 wives did not report their spouses as their friends, while 18 husbands and 28 wives did report that their spouses were also their friends. There was no main effect for sex ($F(1,135) = .61$). There was a main effect for spouse perceived as friend ($F(1,135) = 4.30$, $p < .05$, M for spouse perceived as friend = 2.63, M for spouse not perceived as friend = 4.14), and there was an interaction between sex and spouse perceived as friend ($F(1,135) = 4.20$, $p < .05$). Men reported more stressful marital events when they reported their wives as friends (M = 5.33) than when they did not report their wives as friends (M = 2.40). Women reported virtually the same number of stressful marital events when they reported their husbands as friends (M = 2.96) as when they did not report them as friends (M = 2.81). See Table 5A.

Next, an Analysis of Variance was calculated on the relationship between sex, spouse as friend, and number

of illnesses. There was no main effect for spouse perceived as friend ($F(1,135) = .01$), but there was a main effect for sex ($F(1,135) = 4.77$, $p<.05$, M for men = 1.21, M for women = 1.83). There was no interaction between sex and spouse perceived as friend ($F(1,135) = .292$). See Table 5B.

Table 5A. Analysis of Variance for Sex, Spouse Perceived as Friend, and Marital Life Events

Variable	Sum of Squares	DF	Mean Square	F
Main Effects				
Sex	8.294	1	8.294	.612
Spouse/Friend	58.289	1	58.289	4.300*
2-Way Interaction	56.886	1	56.886	4.197*
Explained	118.049	3	39.350	2.903*
Residual	1829.923	135	13.555	

* $p<.05$

Table 5B. Analysis of Variance for Sex, Spouse Perceived as Friend, and Illnesses

Variable	Sum of Squares	DF	Mean Square	F
Main Effect				
Sex	12.885	1	12.885	4.767*
Spouse/Friend	.033	1	.033	.012
2-Way Interaction	.788	1	.788	.292
Explained	13.827	3	4.609	.590
Residual	364.878	135	2.703	

* $p < .05$

Discussion

The results from this study indicate that men and women's social support networks are not quantitatively different. These results are contrary both to Booth's (1972) report that men have more friends than women and to Weiss and Lowenthal's (1975) study that found women had more friends than men. One possible explanation for this discrepancy in results is that the populations sampled and the methodologies used were different. In Booth's study, the respondents were 45 years of age or older, while in the present study, the subjects ranged in age from 26 to 52. Weiss and Lowenthal's sample was similar in age to that of the present study, but their sample was divided into young, middle, and older respondents, and the results were reported for each of the three groups separately. Perhaps the number of supporters in one's networks changes as a function of life stage. Longitudinal analyses documenting the composition of adults' social support networks over time should be attempted in order to answer this question.

There also appears to be little evidence to suggest that men and women's social support networks are qualitatively different. The results from the present

study indicate that men and women had similar proportions of companionship, information and advice, tangible aid, and emotional supporters in their respective networks. Past studies on adult friendships suggested that men and women differ in the kinds of friendship relationships they prefer; women prefer relationships where they can share their emotions, while men prefer friendships that involve sharing activities, such as sports (Brehm, 1985; Caldwell & Peplau, 1982; Dickens & Perlman, 1981; Reisman, 1981; Wright, 1982). One possible explanation for the differences in results between past studies and the present study is that as sex-roles have become more blurred, it has become more acceptable for men to engage in emotional sharing relationships, thought to be sought after mainly by women, and for women to seek out companions or "buddies", once thought to be relationships mainly pursued by men.

Another possible explanation for the absence of sex differences in the present study may be due to the way social support has been measured in this study and in past studies. For example, the instrument used in the Caldwell and Peplau (1982) study asked subjects to categorize their friends into intimate friends, good

friends, and casual friends. The ASSQ used in the present study asked subjects to report up to 10 people with whom they share different activities. In addition, the Caldwell and Peplau instrument divided friendly interactions into two types: talking (typically what female friends are thought to do) and doing an activity (typically what male friends are thought to do). The ASSQ examined four types of interactions: companionship, practical assistance, tangible aid, and emotional support. Perhaps a narrow typological focus as well as subjects categorizing their own friendships could account in part for the sex differences found in previous studies.

It seems, then, that men and women do not differ with regard to the size and composition of their social support networks. However, the number and type of supporters in one's network may be less important than satisfaction with the support provided. The mere presence of supporters may not be sufficient in and of itself to foster adjustment. In fact, it has been found that supporters can be perceived as unhelpful and unsatisfying to an individual (e.g., Fiore, Becker, & Coppel, 1983; Rook, 1984; Wortman, 1984). The results of the present study indicate that men and women who were more satisfied with the support they received from

their spouses were less likely to have experienced stressful marital life events. This finding is consistent with the observation that people who are unhappily married are likely to be stressed by their marital situation (Coyne & DeLongis, 1986). Interestingly, no relationship was found between satisfaction and number of illnesses experienced over the last year, and a negative relationship was found between number of events and number of illnesses experienced. These findings are contrary to the results of previous studies (Gove, Hughes, & Style, 1983; Kaplan & DeLongis, 1983; Renne, 1970) which suggest that unhappily married persons are more likely to report suffering from illnesses and depression.

Perhaps the nature of the present findings could be explained by the cross-sectional design of the study. While subjects were asked to indicate the number of stressful marital events and illnesses that had occurred over the past year, the temporal relation between the onset of marital events and the onset of illness was left unclear. It is possible that spouses respond to each other when one of them is ill in such a way as to minimize the amount of stressful marital interactions. Therefore, illness may bring about a decrease in the

number of stressful marital events experienced by couples. However, it is unclear whether this relationship between illness and stressful marital events would remain stable or fluctuate over the course of an illness.

This same temporal uncertainty could also account for the inability to find a relationship between satisfaction and illness. It is possible that some spouses report more satisfaction when their mate is ill because they experience fewer stressful marital events. On the other hand, spouses may report more satisfaction when their mate has recovered from an illness and their lives can return to "normal." Clearly, a longitudinal analysis of the relationships between marital satisfaction and marital and physical adjustment is necessary to resolve these issues.

In this study, an attempt was made to better understand men and women's support networks and their relationship to marital and physical adjustment by conceptualizing networks in terms of support generalists and support specialists. Initially, it was hypothesized that men and women whose spouses were support generalists would be likely to endorse fewer stressful marital events and illnesses than those who viewed their spouses as support specialists, because the more kinds

of support one has, the better one would be protected from the effects of stress and illness. Further, based on the results from studies of adult friendships suggesting that women prefer friends with whom they can share their feelings and men prefer friends with whom they can share activities, it was hypothesized that women whose husbands were emotional support specialists and men whose wives were companionship specialists would endorse fewer stressful marital life events and illnesses than individuals whose spouses were perceived as other types of support specialists. Interestingly, there were not enough spouse support specialists to be able to perform any of these analyses. It seems plausible that, over time, spouses may come to serve many functions for each other. Therefore, the support they give to each other would be of a more general nature.

The apparent lack of support specialists may reflect the irrelevancy of the concept of support specialist and generalist for spouses. A support specialist was a supporter who appeared in only one of the four categories of support. A support generalist was a supporter who appeared in two or more of the four categories. While this definition of support specialist

and generalist was used previously for unmarried college students (Bogat, Caldwell, Rogosch, & Kriegler, 1985), it may be the case that spouses cannot be separated into generalists and specialists.

As a post hoc procedure, it was thought that examining the full range of the specialist - generalist continuum would be a better way to understand the supportive relationships between spouses. It was hypothesized that a specialist was a supported who appeared in one category of support, a dualist was a supporter who appeared in two categories of support, a sub-generalist was a supporter who appeared in three categories of support, and a generalist was a supporter who appeared in all four catetgories of support. However, the results of the present study did not support this this conceptualization of spousal support.

The results of the present study seem to suggest that the presence or absence of spousal support is a more critical dimension than whether a spouse is a specialist or generalist supporter. When spousal support is present, both men and women experience fewer stressful marital life events. There have been suggestions in the literature of a threshold effect, where the critical distinction is between having no

supportive relationships and having at least one (Abbey, Abramis, & Caplan, 1985; House & Kahn, 1985). Perhaps the same effect can be applied to an understanding of marital support, such that the critical difference is between having or not having spousal support.

It was also hypothesized that the feeling of friendship in the spousal relationship might be an important component of the unique, supportive characteristics of the marital relationship. As with the previous hypothesis, both men and women reported fewer stressful marital events when they reported their spouse as their friend than when they did not report their spouse as their friend.

The results of the relationships between presence of spousal support, spouse perceived as friend, and illness did not turn out as had been hypothesized. In both cases, women reported more illnesses than men regardless of whether or not they reported presence of spousal support or whether or not women reported their spouse as their friend. While not predicted, these results are congruent with those of Gove and Hughes (1979) who concluded that a major source of the sex differences in physical symptoms is that women are worn down by their more nurturant role demands.

Another set of results that was not predicted was that men reported more stressful marital events when they reported their wives as their friends than when they did not, while the number of marital events reported by women did not differ as a function of perceiving their husbands as their friends. These findings may be understood in light of the literature on the negative impact of relationships and their differential impact on men and women. The literature on family interactions and family therapy seems to suggest that families function best at moderate levels of involvement (Coyne & Holroyd, 1982). Data from diverse populations, including adults suffering from schizophrenia and depression (Vaughn & Leff, 1976), chronic pain (Mohamed, Weisz, & Waring, 1978), and children and adolescents suffering from diabetes or asthma (Minuchin, Rosman, & Baker, 1978) suggest that overinvolvement in close relationships can aggravate and perpetuate other problems. Perhaps men and women react differently when they become overinvolved in their relationship with their mate. It is possible that men react to overinvolvement with their wives by "acting out" in the marital relationship: instigating more arguments, spending more time away from the spouse, or beginning an affair. Women may react to an

onverinvolved husband, not by "acting out," but rather by internalizing their feelings, which becomes manifested in an increased number of physical symptoms. While this is clearly speculative, future research is needed to examine the negative side of marital relations and the differential impact these negative relationship may have on men and women.

There are several methodological shortcomings of the present study that may have influenced the obtained results. First, while self-report seems to be the accepted method of gathering information on social support networks, it is virtually impossible to ascertain the truthfulness of the subjects' responses. Here, respondents may endeavor to "look good" and show their marriage in a falsely positive light; subjects also may attempt to "fake bad," or exaggerate the problems they may be experiencing. The alternative would be to use behavioral observation, whereby specific spousal behavior would indicate presence or absence and type of supportive relationship. However, the critical dimension of subjects' perception of presence or absence support would be lost.

A second shortcoming of this study concerns the lack of operational definitions for some of the key

concepts under investigation. For example, there were no a priori definitions for the concepts of satisfaction with support, or the relational category of friendship. It was instead left to each subject to determine what each term meant. It is possible that the definition of satisfaction differed greatly for different subjects. If this is the case, then our ability to discover general principles governing the relationship between support satisfaction, marital life events and illness is limited.

A third problem for this study is that the instrument used to measure marital adjustment was designed to measure life stress in adulthood. At the outset, an attempt was made to construct a measure of marital adjustment similar to the Dyadic Adjustment Scale. While there were items on the LES that were unique to the marital relationship and that were potential marital stresses, the reliability of these items taken together to constitute a measure of marital adjustment is questionable and needs to be further validated.

A fourth difficulty is that this study focused only on those stressful events that had a direct impact on the marital relationship (for example, "frequent arguments with spouse" was included, while "frequent

arguments with co-workers" was not). Previous research suggest that stressors outside the marital relationship, such as work stress, can adversely affect spouse functioning. For example, Billings and Moos (1982) found that work stress was associated with lower family support for both men and women. In addition, high levels of job stress for wives were associated with husbands' reports of increased symptoms and fewer positive family relationships.

A final shortcoming is characteristic of almost all of the social support research to date. There have yet to be developed standardized measures of social support whose reliability and validity have been ascertained and proven acceptable. The present study is unfortunately no exception. The social support measure used in this study (the ASSQ) has been tested only twice, and on populations that were very different from the present one (college students and children). Therefore, it is difficult to compare the results from this study with the results of other studies because adequate reliability has yet to be established. There is somewhat more evidence concerning the validity of the ASSQ. There is a general consensus in the literature that social support typically consists of the same types

of aid that were examined in this study (Cobb, 1976; House, 1981; Turner, 1983). In addition, Kriegler (1985) demonstrated content validity for the CSSQ (the children's version of the ASSQ). While this typological conceptualization is becoming increasingly accepted and utilized, further empirical research is warranted to ascertain whether this definition remains stable across populations and conditions.

Conclusions

The present study has sought to examine the role that social support may play in helping to protect couples from the deleterious effects of stressful life events and illnesses. Several findings are noteworthy. First, contrary to popular belief and much past research, men and women's networks appear almost identical, both with respect to network size as well as the proportion of the various types of supporters in their networks. Second, while it seems that satisfaction with the support received from one's spouse is significantly related to the number of marital life events, the temporal context of marital satisfaction, marital adjustment and illness needs to be explored further. Third, the perception that one's spouse is indeed supportive, and is considered a friend, is significantly related to the number of marital life events experienced. However, these relationships are different for physical adjustment, and need to be examined in terms of the negative impact of social relationships.

In addition, several problems in the area of social support research have yet to be solved. The lack of consensus among researchers in the field as to the best

guiding theoretical construct for how social support is health protective remains one of the major stumbling blocks impeding our understanding of social relationships. Without this guiding theory, it is difficult to determine which are the important concepts we wish to examine. In addition, our inability to develop a standardized instrument or set of instruments to measure social support and its correlates makes comparisons between studies difficult. Finally, there must be further investigation of how married men and women perceive their spousal relationships and how this perception influences subsequent levels of stress and illness. Once some of these issues have been addressed, researchers may then proceed to develop ways to help individuals who lack supportive relationships, or whose relationships are not supportive.

APPENDICES

APPENDIX A

Letter of Explanation

MICHIGAN STATE UNIVERSITY NEIGHBORHOOD PROJECT

Dear Neighborhood Resident:

WE'D LIKE TO KNOW WHAT YOU THINK ABOUT
NEIGHBORHOODS AND FRIENDS

If you have at least one child between the ages of 7 and 11, Michigan State University's Neighborhood Project would like to interview you and your family as part of a research study involving neighborhoods. Your neighborhood was chosen for this study because it has a large concentration of young children and because it belongs to the Lansing Police Department's Neighborhood Watch.

WHAT DO YOU WANT TO KNOW ABOUT?

The Neighborhood Project is interested in learning about how parents and children feel about their neighborhoods and understanding the types of friendships that they develop.

WHAT DO I NEED TO DO?

Within the next few weeks, someone from the Neighborhood Project will be telephoning you to ask whether you have children between the ages of 7 and 11 and whether you would like to participate. At this time we will explain the project to you in greater detail and answer any questions you may have.

WHAT DO I GET?

We appreciate the help of all the families who participate in this study; however, our funds are limited, and as much as we would like to, we cannot pay all participants for their help. As a token of our appreciation, the names of all the families who participate will be entered into a drawing and four families will receive a cash award of $50.00 each.

Families who have participated in this project so far have enjoyed talking with us. We hope that you will consider helping. Thank you for taking the time to read this letter. We look forward to speaking with you further.

Sincerely,

G. Anne Bogat, Ph.D.
(Telephone Number: 353-8690)

P.S. The Neighborhood Project is working with the Lansing Police Department, Community Services Division. If you would like to verify the authenticity of this project, please feel free to contact Officer Linda Wittman (372-9400, extension 120).

APPENDIX B

Adults' Social Support Questionnaire

Code No. _____

SOCIAL SUPPORT QUESTIONNAIRE (ADULT FORM)

Instructions: The following questions ask about people who are part of your life who provide you with help or support. There are 16 questions. On the lines underneath each question, list all the people, excluding yourself, who you can count on for help or support in the manner described. Give only the first name of each person. If two people have the same first name, please provide the initials of their last names as well.

Do not list more than ten persons per question. List only those persons who come quickly to mind when you read the question. If you have no support or help for a certain question, write "no one" in the space provided.

Please answer all of the questions as best you can. All of your responses will be kept confidential.

QUESTION 1: WHO DO YOU SPEND TIME WITH, EITHER AT THEIR HOUSE OR YOURS?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

QUESTION 2: IN AN AVERAGE WEEK, WHO DO YOU ENJOY CHATTING WITH?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

QUESTION 3: WHO DO YOU GO OUT WITH (FOR EXAMPLE, TO MOVIES, PARTIES, DINNER, SHOPPING, NIGHT SPOTS, ETC.)?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

QUESTION 4: WHO ARE THE PEOPLE THAT YOU SOCIALIZE WITH AT ORGANIZED ACTIVITIES (FOR EXAMPLE, CLUBS, BOWLING LEAGUES, NEIGHBORHOOD GROUPS, RELIGIOUS GROUPS, ETC.)?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Your age: _____ Your sex: Male Female

QUESTION 5: WHO CAN YOU COUNT ON FOR ADVICE OR INFORMATION ABOUT SPIRITUAL/RELIGIOUS MATTERS?

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

QUESTION 6: WHO CAN YOU COUNT ON FOR ADVICE OR INFORMATION ABOUT PERSONAL MATTERS (FOR EXAMPLE, PROBLEMS WITH YOUR CHILDREN, FRIENDS, OR SPOUSE; COPING WITH A PERSONAL SITUATION OR CRISIS, ETC.)?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 7: WHO CAN YOU RELY ON FOR ADVICE OR INFORMATION ABOUT PRACTICAL MATTERS (FOR EXAMPLE, FIXING A CAR, HOUSEHOLD REPAIRS, ETC.)?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 8: WHO CAN YOU RELY ON FOR ADVICE OR INFORMATION ABOUT RESOURCES YOU NEED (FOR EXAMPLE, WHERE TO GET GOOD BARGAINS, WHAT STORES SELL A PRODUCT YOU NEED, WHAT MOVIES TO SEE, FINDING A NEW JOB, WHERE TO GET A LOAN, WHERE TO APPLY FOR WELFARE/FOOD STAMPS,ETC.)?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 9: WHO CAN YOU COUNT ON TO BE DEPENDABLE WHEN YOU NEED HELP?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 10: WHO CAN YOU COUNT ON TO TAKE YOU SOMEPLACE YOU NEED TO GO?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 11: WHO CAN YOU COUNT ON TO LOAN YOU A SMALL AMOUNT OF MONEY (FOR EXAMPLE, FOR BUS FARE, FOR A SNACK, FOR THE LAUNDROMAT, ETC.)?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 12: WHO LETS YOU BORROW CERTAIN ITEMS IF YOU'RE IN A PINCH (FOR EXAMPLE, A HAMMER, A CUP OF SUGAR, A LADDER, AN ASPIRIN, ETC.)?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 13: WHO CAN YOU COUNT ON TO LISTEN TO YOU WHEN YOU WANT TO TALK ABOUT SOMETHING PERSONAL?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 14: WHO CAN YOU COUNT ON TO COMFORT YOU WHEN YOU ARE UPSET?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 15: WHO EXPRESSES INTEREST AND CONCERN ABOUT HOW THINGS ARE GOING FOR YOU?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

QUESTION 16: WHO CAN YOU REALLY COUNT ON?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DIRECTIONS: Circle one answer for each of these four questions.

VERY DISSATISFIED	SOMEWHAT DISSATISFIED	NEUTRAL	SOMEWHAT SATISFIED	VERY SATISFIED
1	2	3	4	5

1. In general, how satisfied are you with the EMOTIONAL SUPPORT that you receive? 1 2 3 4 5
2. In general, how satisfied are you with the PRACTICAL ASSISTANCE that you receive? 1 2 3 4 5
3. In general, how satisfied are you with the COMPANIONSHIP that you receive? 1 2 3 4 5
4. In general, how satisfied are you with the ADVICE or INFORMATION that you receive? 1 2 3 4 5

Your Age: _____

Your Sex: Male Female

Code No. _____

What is your relationship with this person? (Circle all that apply)
1. Mate/spouse
2. Relative/family
3. Friend
4. Neighbor
5. Co-worker
6. Professional (e.g., teacher, doctor, minister, social worker)
7. Other (State relationship in the margin)

How often do you have contact with this person?
A. A few times a year (or less)
B. Once a month
C. A few times a month
D. Once a week
E. A few times a week
F. Everyday

How satisfied are you with your relationship with this person?
1. Very dissatisfied
2. Somewhat dissatisfied
3. Neutral (neither satisfied nor dissatisfied)
4. Somewhat satisfied
5. Very satisfied

Name	Male or Female? 1 2	What is your relationship with this person? (Circle all that apply) 1 2 3 4 5 6 7	How often do you have contact with this person? A B C D E F	How satisfied are you with your relationship with this person? 1 2 3 4 5
1. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
2. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
3. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
4. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
5. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
6. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
7. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
8. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
9. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
10. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
11. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
12. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
13. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
14. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
15. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
16. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
17. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
18. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
19. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
20. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
21. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
22. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
23. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5
24. _____	1 2	1 2 3 4 5 6 7	A B C D E F	1 2 3 4 5

What is your relationship with this person? (Circle all that apply)
1. Mate/spouse
2. Relative/family
3. Friend
4. Neighbor
5. Co-worker
6. Professional (e.g., teacher, doctor, minister, social worker)
7. Other (State relationship in the margin)

How often do you have contact with this person?
A. A few times a year (or less)
B. Once a month
C. A few times a month
D. Once a week
E. A few times a week
F. Everyday

How satisfied are you with your relationship with this person?
1. Very dissatisfied
2. Somewhat dissatisfied
3. Neutral (neither satisfied nor dissatisfied)
4. Somewhat satisfied
5. Very satisfied

Name	Male 1	or Female? 2																				
1. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
2. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
3. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
4. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
5. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
6. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
7. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
8. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
9. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
10. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
11. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
12. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
13. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
14. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
15. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
16. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
17. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
18. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
19. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
20. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
21. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
22. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
23. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		
24. _____	1	2	1	2	3	4	5	6	7	A	B	C	D	E	F	1	2	3	4	5		

APPENDIX C

Life Experiences Survey

Your age: _____ Code No._____

Your sex: Male Female

Life Event Scale for Adults

The checklist below consists of events which are sometimes important experiences. Read down the list until you find the events that have happened to you personally. Indicate when that event happened to you and how you felt about the event. FOR DEATHS ONLY: If more than one death occurred, mark the additional spaces, when they occurred, and how you felt. For events which continued for a long period of time, such as pregnancy, check the beginning date and the ending date. If you can't remember the exact dates, just be as accurate as you can.

	When did the event occur?		How did you feel about the event? 1 = Very negative 2 = Slightly negative 3 = Slightly positive 4 = Very positive			
	Within 0 - 6 Months	Within 6 - 12 Months				
Death of a child or spouse (husband, wife or mate)?	_____	_____	1	2	3	4
Death of a child or spouse (husband, wife or mate)? 2nd	_____	_____	1	2	3	4
The death of a parent brother or sister?	_____	_____	1	2	3	4
The death of a parent brother or sister? (2nd)	_____	_____	1	2	3	4
The death of a parent brother or sister? (3rd)	_____	_____	1	2	3	4
The loss of a close friend or important relationship by death?	_____	_____	1	2	3	4
The loss of a close friend or important relationship by death? (2nd)	_____	_____	1	2	3	4
Legal troubles resulting in being held in jail?	_____	_____	1	2	3	4
Financial difficulties?	_____	_____	1	2	3	4
Being fired or laid off?	_____	_____	1	2	3	4
A miscarriage or abortion (you, or spouse)?	_____	_____	1	2	3	4
Divorce, or a breakup with a lover?	_____	_____	1	2	3	4
Separation from spouse because of marital problems?	_____	_____	1	2	3	4
Court appearance for a serious violation?	_____	_____	1	2	3	4
An unwanted pregnancy (you, spouse, or girlfriend)	_____	_____	1	2	3	4

	When did the event occur?		How did you feel about the event? 1 = Very negative 2 = Slightly negative 3 = Slightly positive 4 = Very positive			
	Within 0 - 6 Months	Within 6 - 12 Months				
Hospitalization of a family member for serious illness?	_____	_____	1	2	3	4
Unemployment more than one month (if regularly employed)?	_____	_____	1	2	3	4
Illness/injury kept in bed for week or more, hosp. or emerg. room?	_____	_____	1	2	3	4
An extra-marital affair?	_____	_____	1	2	3	4
The loss of a personally valuable object?	_____	_____	1	2	3	4
Involvement in a lawsuit (other than divorce)?	_____	_____	1	2	3	4
Failing an important examination?	_____	_____	1	2	3	4
Breaking an engagment?	_____	_____	1	2	3	4
Arguments with spouse (husband, wife or mate)?	_____	_____	1	2	3	4
Taking on a large loan?	_____	_____	1	2	3	4
Being drafted into the military?	_____	_____	1	2	3	4
Troubles with boss or other workers?	_____	_____	1	2	3	4
Separation from a close friend?	_____	_____	1	2	3	4
Taking an important examination?	_____	_____	1	2	3	4
Separation from spouse because of job demands?	____	_____	1	2	3	4
A big change in work or in school?	_____	_____	1	2	3	4
A move to another town, city, state or country?	_____	_____	1	2	3	4
Getting married or returning to spouse after separation?	_____	_____	1	2	3	4

	When did the event occur?		How did you feel about the event?			
	Within 0 - 6 Months	Within 0 - 12 Months	1 = Very negative 2 = Slightly negative 3 = Slightly positive 4 = Very positive			
Minor violations of the law?	_____	_____	1	2	3	4
Moved home within same town or city?	_____	_____	1	2	3	4
The birth or adoption of a child?	_____	_____	1	2	3	4
Being confused for over 3 days?	_____	_____	1	2	3	4
Being angry for over 3 days?	_____	_____	1	2	3	4
Being nervous for over 3 days?	_____	_____	1	2	3	4
Being sad for over 3 days?	_____	_____	1	2	3	4
Spouse unfaithful?	_____	_____	1	2	3	4
Attacked, raped or involved in violent acts?	_____	_____	1	2	3	4

APPENDIX D

Health History Questionnaire

Your age: _____ Code No. _____

Your sex: Male Female

ADULT HEALTH HISTORY

DIRECTIONS: In the first column, please mark with an (X) any of the illnesses or medical problems you currently have or have had in the past. In the second column, please indicate by circling either YES or NO whether the problem occurred during the last year.

ILLNESS	(X)	In the last year?	
1. Eye or eye lid infection	____	YES	NO
2. Glaucoma	____	YES	NO
3. Vision problems	____	YES	NO
4. Deafness, partial or total for one or both ears	____	YES	NO
5. Ear aches	____	YES	NO
6. Bronchitis	____	YES	NO
7. Emphysema	____	YES	NO
8. Pneumonia	____	YES	NO
9. Allergies or asthma	____	YES	NO
10. Tuberculosis	____	YES	NO
11. Other lung problems	____	YES	NO
12. High blood pressure	____	YES	NO
13. Heart attack	____	YES	NO
14. High cholesterol	____	YES	NO
15. Arteriosclerosis	____	YES	NO
16. Heart murmur	____	YES	NO
17. Other heart condition	____	YES	NO
18. Stomach/duodenal ulcer	____	YES	NO
19. Colitis	____	YES	NO
20. Gout	____	YES	NO
21. Yellow jaundice	____	YES	NO
22. Liver trouble	____	YES	NO
23. Gallbladder trouble	____	YES	NO
24. Hernia	____	YES	NO
25. Hemorrhoids	____	YES	NO
26. Kidney or bladder disease	____	YES	NO
27. Prostate or gynecological problem	____	YES	NO
28. Migraine headaches	____	YES	NO

ILLNESS	(X)	In the last year?	
29. Frequent and persistent headaches	____	YES	NO
30. Epilepsy	____	YES	NO
31. Head injury	____	YES	NO
32. Stroke	____	YES	NO
33. Convulsions, seizures	____	YES	NO
34. Arthritis	____	YES	NO
35. Cancer or tumor	____	YES	NO
36. Bleeding tendency	____	YES	NO
37. Diabetes	____	YES	NO
38. Hepatitis	____	YES	NO
39. Measles/Rubella	____	YES	NO
40. Mononucleosis	____	YES	NO
41. Psoriasis/eczema/ skin rash	____	YES	NO

How has your overall health been during the last year? (Circle one)

Poor	Fair	Good	Excellent
1	2	3	4

How has your health been most of your life? (Circle one)

Poor	Fair	Good	Excellent
1	2	3	4

Do you take any medicines regularly? YES NO

If yes, what are they for? _____

ILLNESS	(X)	In the last year?	
42. Mental health concerns	____	YES	NO
Please specify: _____			
43. Insomnia	____	YES	NO
44. Teeth problems	____	YES	NO
45. Colds/flu	____	YES	NO
46. Ringworm/ athletes foot	____	YES	NO
47. Constipation/ diarrhea	____	YES	NO
48. Broken bone(s)	____	YES	NO
49. Phobias, e.g., fear of water, heights, snakes, places etc.	____	YES	NO
50. Operations and/or hospitalization	____	YES	NO
51. Problems with drugs	____	YES	NO
52. Problems with alcohol	____	YES	NO
53. Other: _____			

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