CHAPTER 2

The Effectiveness of Social Support Attempts in Intimate Relationships

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'T ain't what you do, it's the way that you do it
You can try hard,
Don't mean a thing
Just take it easy, (greasy)
Then your jive will swing

Oh 't ain't what you do, it's the place that you do it
't Ain't what you do, it's the time that you do it
't Ain't what you do, it's the way that you do it
That's what gets results

— Lyrics by Jimmy Young and Sy Oliver

People with whom we share intimate relationships provide us with a safe haven from which we can explore the world (attachment), reassure us that we are of value (reassurance of worth), give us advice and guidance when needed (guidance), and are there for us in times of need (reliable alliance; Weiss, 1974). Significant others also provide us with a sense of belonging (social integration) and an opportunity to feel needed and competent by accepting support from us (opportunity to provide nurturance). Each of these provisions of close social relationships involves the exchange of social support of one kind or another—that is, they represent instances of enacted social support, or actual interpersonal transactions that provide or are intended to provide emotional, informational, and instrumental or material support (House, 1981; Shumaker & Brownell, 1984).

As the song lyrics convey, it is often not what people do but the way they do it that matters. Even well-intended support attempts from loved ones can sometimes “backfire,” with negative repercussions for the recipient, certainly, but also for the provider and their relationship (Dunkel-Schetter, Blasband, Feinstein, & Herbert, 1992). Our central thesis is that support attempts vary in their effectiveness, that it is important to understand the context in which effective support is most likely to occur, and that variation in the effectiveness of support has implications for the recipient’s health and well-being. The purpose of this chapter is to demonstrate the utility of a new theoretical framework for investigating the effectiveness of social support attempts (referred to as social support effectiveness, SSE for short) that systematically captures the various reasons some support attempts are more effective than others. To illustrate our approach we will discuss our research on the effectiveness of social support received by pregnant women from their partners, although we also discuss the application of this work to couples facing different kinds of stressors or life changes and to social support transactions within other close relationships.

ENACTED SOCIAL SUPPORT IN TIMES OF STRESS—HELPFUL OR HARMFUL?

Enacted support is of particular interest to researchers interested in stress processes because it encompasses people’s attempts to help another person who is facing demands that exceed his or her resources (Gottlieb, 1985; Lazarus & Folkman, 1984)—that is, someone coping with a stressor, such as a major life event (e.g., a cancer diagnosis) or a life transition (e.g., pregnancy). For instance, a pregnant woman may need help preparing for her baby’s needs after birth, information about labor and delivery, or someone to listen to her concerns about being a new mother for the first time. She may actively mobilize support or, if she is strong in social resources, her network may spontaneously offer it. Either way, her increased need will often lead to a corresponding increase in the support she receives, with the magnitude of that increase dependent on a variety of factors, including the availability of a partner, the strength of her support network, and her socio-economic resources (Dunkel-Schetter, Folkman, & Lazarus, 1987; Dunkel-Schetter & Skokan, 1990).

As is clear from relationships research, close relationships are complex, and social support within relationships is affected by various needs and motivations, for better or worse. Yet support attempts by loved ones in times of adversity are usually well-intended. Moreover, it seems reasonable to expect that people in a close relationship know something about each other’s preferences for or aversions toward different ways of being helped. Good intentions and relevant information about the person should in turn
enhance the probability of effective support attempts from a motivated provider. It is therefore notable that research on enacted support from close others has not demonstrated consistent positive effects on outcomes. Although some studies have shown positive effects (e.g., Abrailo-Lanza, 2004; Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993; Krause, 2007; Manne & Zautra, 1989), a larger body of research demonstrates no associations between enacted support and outcomes or even negative effects of enacted support (e.g., Bolger, Foster, Vinokur, & Ng, 1996; Bolger, Zuckerman, & Kessler, 2000; Frazier, Tix, & Barnett, 2003; Kauf & Lakey, 2003; Newsom & Schulz, 1998). These contradictory findings beg for explanation.

Explaining Inconsistent Effects of Enacted Support

Three factors may help account for these inconsistent findings. First, the direction of the associations between greater enacted support and adverse outcomes, such as emotional distress, found in observational studies is unclear and may not reflect a negative causal effect of enacted support. Rather, enacted support may be a response to emotional distress, or both may be caused by a third variable. For instance, Barrera’s (1986) support-seeking/trauma model suggests that individuals with greater distress are more likely to mobilize or receive support than those who are less distressed (see Dunkel-Schetter, 1982; Revenson, Wollman, & Fulton, 1983). However, research has shown that alternative causal models cannot completely account for inconsistent findings in the enacted support literature (Seidman, Shrout, & Bolger, 2006).

A second factor that may contribute to inconsistent findings is that researchers are currently limited in their ability to predict the circumstances under which enacted support attempts will be effective. Most research on social support to date has been descriptive rather than theoretical (Heller & Rook, 2001). Without theory, null effects are ambiguous; they may indicate that there is no effect of support to be detected, or they may be due to methodological problems that obscure important associations. For instance, the wrong type of support may have been assessed, or support may have been assessed at the wrong time in the natural history of a stressor. Theoretical approaches can guide decisions about study design to avoid such problems and help researchers to better understand possible moderators of the effectiveness of support attempts. Theoretical models specifying the conditions under which enacted support is most likely to have beneficial effects—that is, the conditions under which it is most likely to be effective—would help researchers select appropriate measures and design strong studies, enhancing the likelihood of detecting the positive effects of enacted support.

The development of new models like these has been hampered by a third issue—shortcomings in the conceptualization and measurement of enacted support. The most popular approach to conceptualizing and measuring enacted support has an underlying premise, namely, that a greater quantity of support received will lead to better physical and psychological health outcomes. For instance, measures such as the Inventory of Social Supportive Behaviors (Barrera, Sandler, & Ramsay, 1981) assess how often in a given period of time someone provided respondents with specific types of support, (e.g., how often someone suggested some action they should take or comforted them by showing them physical affection). Although these measures are pioneering, not all of the behaviors they assess would necessarily lead to better outcomes if received more frequently. Returning to the pregnant woman in our earlier example, if she receives an increased amount of support during pregnancy, that support will not necessarily meet her needs better (and it may be completely unresponsive to her needs). Furthermore, support attempts that are insensitive are relatively unlikely to help her cope with problems, and may increase distress. Moreover, even if the support received is not experienced negatively, having to seek and accept support can have unfavorable effects (Barrera, 1986; Eckeneor & Wethington, 1990; Fisher, Goff, Nadler, & Chinsky, 1988; Fisher, Nadler, & Whitten-Alagna, 1982). For instance, having to ask others for a crib or babysitting can make salient one’s lack of resources (Bolger et al., 2000; Bolger & Amarel, 2007) or, if help cannot be reciprocated, it can create imbalance and debt or obligation in a relationship (Gleason, Iida, Bolger, & Shrout, 2003; Kлевboer, Kuijer, Hox, Schreurs, & Bensing, 2006). Finally, needing reassurance about mothering may highlight one’s weaknesses or vulnerabilities and damage self-esteem (Fisher et al., 1982). In all of these ways, measures of the frequency of specific behaviors may not be sufficient to see net benefits of social support enactments.

In fact, adversity can directly contribute to ineffective support attempts and to negative consequences of enacted support (Kaniasty & Norris, 2001; Wortman & Dunkel-Schetter, 1987). When both recipients and potential support providers are under strain, the potential for interpersonal conflict is heightened. Also, uncertainties about how to behave in a novel situation can complicate the provision of support and responses to it. People who expected that their loved ones would volunteer to help them in a crisis may find their expectations disconfirmed when support is not forthcoming or when it seems awkward or forced. A partner’s previously tolerated shortcomings—for instance, poor listening skills or a low tolerance for disruptions in the daily routine—may manifest in ways that are suddenly difficult to ignore.
or forget. In short, not all potential support providers are able to respond gracefully when called upon for help, nor are all support recipients able to receive help gracefully, and stressful circumstances can exacerbate any inadequacies.

Thus, enacted social support involves highly complex human behaviors under the best of circumstances, and even more so in times of adversity. Although this complexity makes research on the effectiveness of support highly challenging, such research has potential for advancing the understanding of interpersonal behaviors and their potential benefits on health and well-being. Clarifying the circumstances under which enacted support has benefits for recipients necessitates addressing methodological and measurement issues that have hampered progress in research on enacted support. Our approach to addressing these issues has involved developing a theoretical framework and corresponding measures that explicitly account for variation in the effectiveness of support transactions in order to conduct research focusing on this aspect of enacted support. In this chapter, we first discuss the evidence regarding specific aspects or characteristics of support transactions that influence support effectiveness in general; this research forms the foundation of our framework. We then present the framework for SSE. Then, our research on the antecedents and consequences of effective enacted support in couples during pregnancy is summarized briefly, providing evidence for some of the hypothesized associations. Finally, we will discuss future directions for this research, including its extension to other populations, such as cancer patients, and its implications for theory and intervention.

A MULTIDIMENSIONAL FRAMEWORK OF SOCIAL SUPPORT EFFECTIVENESS

The SSE framework is based on the premise that the effectiveness of support attempts varies as a function of a select set of features of those attempts that produce an effect; namely, the extent to which they meet the needs of recipients in terms of their quantity and quality (Cutrona, 1990; Cutrona & Russell, 1990; Dunkel-Schetter et al., 1992). Furthermore, we propose that variation in SSE has implications for support recipients’ health and wellbeing and their ability to cope successfully with a stressor. The framework is shown in Figure 2.1, and the various parts of it are discussed next.

Support Must Meet the Needs of Recipients (the “Matching Hypothesis”)

The importance of the correspondence between support attempts and recipients’ needs was recognized in early social support research (Cohen & McKay, 1984; Cohen & Wills, 1985) and formalized in Cutrona’s Theory of Optimal Matching (Cutrona, 1990; Cutrona & Russell, 1990). Matching reflects the idea that support is most beneficial when it promotes adaptive coping, and that it is most likely to do this when it addresses the specific coping needs elicited by a stressor (Cutrona & Suhr, 1992; Thoits, 1995). The controllability of a stressor is particularly important in determining these needs (Cutrona & Suhr, 1992). People facing a controllable stressor may benefit most from support that assists their efforts to eliminate or manage the problem causing their stress (especially informational support; Cutrona & Suhr, 1992), whereas people facing an uncontrollable stressor may benefit most from support that helps them manage the emotional consequences of the stressor (e.g., expressions of caring, concern, empathy, and reassurance). Ideally, research would determine a priori what the perceived needs in a situation are, although this is very difficult to do.

It is also possible to study matching by assessing recipients’ post hoc appraisals of whether support met their needs. For instance, recipients’ satisfaction with enacted support can be viewed as providing an indication of whether support they received matched their needs in terms of its quantity and/or aspects of its quality. Evaluations of the supportiveness or helpfulness of support attempts is similar in this regard. Various studies have shown that these types of ratings predict positive psychological and physiological effects (Collins et al., 1993; Heffner, Kiecolt-Glaser, Glaser, Glaser, & Malarkey, 2004; Krause, Liang, & Yatomi, 1989). In one notable example of this research, Reynolds and Perrin (2004) used an adapted version of the Inventory of Social Supportive Behaviors (Barrera et al., 1981) to ask breast cancer survivors about their receipt of each of 40 specific types of support, their desire for each type, and their satisfaction with the match between their desire for each type of support and their receipt of it. The researchers found that greater satisfaction with the match predicted better psychosocial functioning. Over and above this association, however, receiving unwanted support (a “misalignment of support”) predicted worse functioning. These findings suggest the utility of conceptualizations of social support effectiveness that go beyond simple assessment of recipients’ satisfaction with support attempts.

The Dilemma of Support Providers

When considering the importance of matching, it is important to note that the type of support most likely to match the recipient’s needs will not always be apparent to the provider (or to observers, including researchers). Even if they knew every detail possible about the recipient’s situation and the stressor, it would be difficult for them to know what the recipient needs at any
given moment. For instance, breast cancer may evoke needs for emotional, informational, and tangible support that vary throughout the process of diagnosis, treatment, and recovery. Similarly, new mothers’ needs for different types of support may vary based on their unique personal characteristics and their context. Support needs are subjective and very individualized even in specific situations, and rarely do we have a clear enough sense of the specific needs elicited by specific stressors to articulate a set of needs that will apply to everyone. The question of what type of support to provide and how and when to provide it poses a formidable dilemma for providers. It is this dilemma that brings about the variation in support effectiveness that is the topic of this chapter. In our view, it is more precise to consider the unique needs of the support recipient than to try to infer them from the stressor. In recognition of this dilemma of support providers, we have incorporated the idea of matching into our framework in a way that recognizes that a particular stressor may engender very different needs in different individuals.

**Considering Both Support Quality and Quantity**

In our work on SSE, matching is conceptualized as part of a larger, multidimensional framework that takes into account the various ways support can provide a good or poor match to a recipient’s needs. Our goal as we developed this framework was to capture the richness and complexity of recipients’ experiences of support. Briefly, we propose that the effectiveness of support will be maximized when both its quantity and various features of its quality match the needs of the recipient. Multiple factors contribute to variation in the effectiveness of support transactions. For instance, support attempts may approximate the amount of social support desired by the recipient, but be of the wrong type (e.g., emotional support instead of tangible assistance). Alternatively, support may be of the right type, yet be provided unskillfully (e.g., tangible assistance offered in a way that places undue emphasis on the recipient’s need for help). Or, support may be the right type and sensitively provided, but there may be too much or too little of it. In our framework, each of these types of inadequacy and others are proposed to reduce the effectiveness of support.

**Support Quantity: Receiving Too Much (or Too Little) of a Good Thing**

Ample evidence supports that recipients are adversely affected by the perception (whether accurate or not) that they have received too much or too little support (i.e., the “Support Quantity” box in Figure 2.1; Berg & Upchurc, 2007; Coyne, Wortman, & Lehman, 1988; Dunkel-Schetter & Benteen, 1990; Stroebe & Stroebe, 1996). Equity theory provides one perspective on this issue (Walster, Walster, & Berscheid, 1978). In general, research demonstrates negative emotional consequences of perceiving one has received too much support relative to what one has provided to a relationship partner (i.e., of feeling overbenefited) and of perceiving one has received too little support relative to what one has provided (i.e., of feeling underbenefited). One or both types of inequity have been associated with higher levels of negative emotions and lower levels of positive emotions (e.g., Sprecher, 1986), although effects tend to be stronger for underbenefit (Hatfield, Greenberger, Trautmann, & Lambert, 1982; Sprecher, 1986, 2001; Stafford & Canary, 2006; van Dierendonck, Schaufler, & Buunk, 1996). Relational behaviors and outcomes are also affected by perceived inequity (Stafford & Canary, 2006). An interesting extension of work on perceived inequity was provided by a recent study that used ecological momentary assessment (“daily diary” methods) to investigate the effects of couples’ support transactions on a day-to-day basis (Gleason et al., 2003). Each evening, both members of the

![Figure 2.1 Theoretical model of social support effectiveness in the context of stress.](image-url)
couples reported the support they received from and provided to their partner. They completed assessments of their positive and negative mood each morning and evening. The findings revealed that receiving support had a negative impact on mood only when the recipient failed to provide support in return. This study suggests that people do not have to be consciously aware of inequity for it to affect them. Whether consciously perceived or not, individuals in a close relationship that is inequitable with respect to supportive transactions find it distressing and often attempt to restore equity (Canary & Stafford, 1992; Gleason et al., 2003; Sprecher, 1992; Walster et al., 1978).

Research on perceived overprotection also provides insight into the effects of receiving too much support. Overprotection has been defined as recipients’ perception that they are “overhelped, induced to be dependent, shielded from stress, and generally not treated as an adult” (Thompson & Sobolew-Shubin, 1993b, p. 87). In research on adults coping with serious health-related stressors, overhelping has been associated with a range of adverse effects, including depressive symptoms, anxiety, poor physical functioning, lower self-efficacy and perceived control, and reduced quality of life (Berkhuysen, Niewland, Buunk, Sanderman, & Rispens, 1999; Cinarolli, 2006; Coyne & Smith, 1994; Joekes, van Elderen, & Schreurs, 2007; Kuiper, Ybema, Buunk, De Jong, Thijss-Boer, & Sanderman, 2000; Thompson & Sobolew-Shubin, 1993a). Consider a pregnant woman whose partner provides constant advice about managing the symptoms of pregnancy. She may appreciate his care and concern, but become tired of his overattentive and excessive support. Such instances can make the recipient feel smothered and inadequate—even angry eventually. The same behaviors on a less frequent and subtler basis should have better effects.

Support Quality: The Complexities of Getting It Right. In the prior example, the partner’s support may also be perceived as excessive, not only because of its quantity, but because of its quality. He may offer advice in a dictatorial way, communicating that he is in charge of her behavior. In our framework, such problems with the quality of the support (e.g., its poor match to needs for helpful information and/or the negative message it conveys about one’s own abilities) would lead us to predict that it would be ineffective.

Because there are numerous ways support can fall short with respect to its quality, we were guided by research when selecting the factors emphasized in our framework, as shown in the “Support Quality” box in Figure 2.1. The most basic of these factors is the extent to which support matches the recipient’s needs in terms of its functional type. Enacted support is commonly broken down into at least three functional types: emotional support, informational support (including advice and guidance), and tangible or instrumental support (House & Kahn, 1983). Other types of support that are commonly listed as separate types of support, such as appraisal support, could be considered to fit into one of these three broad categories. This taxonomy is more than just a useful categorization scheme: evidence shows that it reflects people’s intuitive understanding of the ways people help each other (Schwarzer, Dunkel-Schetter, & Kemery, 1994). Research also shows that recipients prefer different functional types of support from different support providers, and that receiving a type of support that is different from the one preferred can have adverse effects (Cutrona, Cohen, & Igoum, 1990; Dakof & Taylor, 1990; Dunkel-Schetter, 1984; Martin, Davis, Baron, Suls, & Blanchard, 1994; Masters, Stillman, & Spielmans, 2007).

The ease of mobilizing support also influences its appraised quality. In fact, some researchers have suggested that well-functioning networks are more likely to provide support spontaneously, and that support recipients prefer providers who offer support (e.g., Broll, Gross, & Piliavin, 1974; see Gross, Wallson, & Piliavin, 1979). There is further evidence that spontaneously provided support is perceived as more helpful than support that must be solicited (Steinberg & Gottlieb, 1993), perhaps because the provider’s efforts are viewed as communicating closeness and caring (Cutrona et al., 1990). Spontaneously provided support may also indicate stronger motivation on the part of the provider—both motivation to pay attention to a loved one’s needs and motivation to take action to meet them. Greater provider motivation, in turn, should enhance the likelihood that effective support will occur (e.g., Burleson, Holmstrom, & Gilsstrap, 2005; see Dunkel-Schetter & Skokan, 1990).

A relevant line of research is Bolger and colleagues’ work on “invisible support” (Bolger et al., 2000). These researchers used ecological momentary assessment (“daily diaries”) to study day-to-day reports of social support provision and receipt among couples coping with stress. For the purpose of the study, the stressed member of the couples—law school graduates preparing for the bar exam—were considered to be the support recipients and their partners the support providers. Findings indicated that when examinees reported having received support from their partners (i.e., it was reported because it was “visible” to them), they subsequently demonstrated increased depressed mood, especially when the partner did not report having provided it. That is, they were most adversely affected when they experienced the costs of receiving support (e.g., reduced self-esteem and competence, perceived inequity) without also experiencing the benefits of it actually having been provided. In contrast, the best situation for examinees was when the partner reported having provided support but the examinee did
not report having received it. That is, it was provided in a way that was "invisible" to them. When this occurred, their depressed mood subsequently decreased, presumably because they experienced the benefits of support without the costs of receiving it. From the perspective of recipients, avoiding the costs of seeking or receiving support—either because it is provided spontaneously or because it is provided so skillfully that its occurrence goes unnoticed—reduces the need to acknowledge their inability to handle problems on their own, along with resulting negative self-evaluations and unfavorable social comparisons (Fisher et al., 1982).

Yet, even in the most intimate and well-functioning relationships, there are times when it becomes necessary to request support. In these circumstances, the nature of the support provider's response is an important determinant of the quality of the resulting support (Abbey, Andrews, & Halman, 1995; Collins & Feeney, 2000; Kunce & Shaver, 1994; Lemay, Clark, & Feeney, 2007; Murray, Holmes, & Collins, 2006). A provider who is responsive (i.e., quick to react) should reduce the threats of having had to request help. Conversely, support from an unresponsive provider is more difficult to get, increasing those threats. Whether spontaneously provided or mobilized, support that is immediate should be more effective and support that is freely offered without negative reverberations is more likely to be effective.

More broadly, many of the characteristics of effective support discussed here are related to the skillfulness with which support is enacted. Skilled support providers are better able than their less skilled peers to provide support that is well-matched to the recipient's needs in terms of its quantity and various aspects of its quality. For instance, skilled support providers may be better at knowing when to step in to offer their support and, conversely, when not to. Jacobson (1986), drawing on research on support provision in response to bereavement, pointed out that different needs may arise at different stages of a stressor (Folkman & Lazarus, 1985; Heller & Swindle, 1983). A cancer patient may not welcome a loved one's caretaking efforts soon after diagnosis, but during treatment and recovery this type of instrumental support may be very welcome (Dunkel-Schetter, 1984). Interpersonal sensitivity is also key. Burleson's research shows that comforting strategies that are more sensitive and acknowledge others' feelings help maintain relationships and result in more successful management of emotional distress and more positive evaluations of the comforter (see Burleson, 1990). It may not be easy for support recipients to verbalize what feels "right" about support that is skillfully provided, except to say that it is genuinely helpful and makes them feel cared for.

The provider's skill and willingness or motivation to provide support can enable him or her to avoid providing support in a way that negatively affects the recipient. As suggested earlier in the discussion of threats inherent in soliciting or receiving support, it is well-established that support attempts have the potential to enhance or diminish the recipient's self-esteem and may also lead to feelings of guilt, dependence, or even shame (e.g., Barrera, 1986; Eckesrode & Wethington, 1990; Fisher et al., 1982, 1988; Rook, 1984; Thoits, 1985). In contrast, more effective support preserves or enhances the recipient's self-esteem, identity, and mastery (Thoits, 1985, 1995) and leads the recipient to feel loved, cared for, secure, and worthy of support (Rook, 1984; Thoits, 1985; Weiss, 1974). Thus, support provided by a more skilled or motivated provider should be more likely than support provided by a less skilled or motivated provider to help reduce recipients' stress and assist their coping efforts, rather than adding to the burden of stress.

In sum, evidence suggests that the effectiveness of support transactions is maximized when they match the recipient's needs in terms of their amount and type, are not perceived as being difficult to obtain, are skillfully delivered, and do not negatively influence the recipient's self-concept. This body of research forms the foundation for our work, in that it elucidates the features of support that influence whether it is experienced as effective by the recipient and whether it will lead to beneficial or detrimental effects on health and well-being—the effectiveness of support attempts. Effectiveness can be considered a continuum; the more closely the support matches these criteria, the more effective the support. Moreover, the greater its effectiveness, the more likely enacted support is to result in perceived benefit on the part of the recipient (Dunkel-Schetter et al., 1992).

Moving Beyond Past Conceptualizations of the Effectiveness of Support Attempts

Numerous researchers have investigated different facets of the quality of support attempts, for instance, by assessing recipients' satisfaction with support or aspects of its quality such as its perceived helpfulness or supportiveness (e.g., Brown, 1986; Buunk & Hoorens, 1992; Collins et al., 1993; Dakof & Taylor, 1990; Dunkel-Schetter, 1984; Heffner et al., 2004; Hobfoll, Nadler, & Leiberman, 1986; Lehman & Hemphill, 1990; Logsdon, Birkimer, & Barbee, 1997; Sagrestano, Feldman, Rini, Woo, & Dunkel-Schetter, 1999). Although useful, the assessment of support in these studies neither derives from nor leads to a clear conceptualization of support effectiveness. Further, a focus on satisfaction or helpfulness alone neglects other components of effectiveness. If this line of research is to help clarify the factors that influence the extent to which enacted support has a beneficial rather than harmful influence on the recipient, the concept of support effectiveness must be more clearly defined and then carefully operationalized.
In addition, the most popular existing measures of enacted support were not specifically designed to assess the effectiveness of support attempts. Rather, they ask recipients to report the number or type of support attempts that have occurred in a given period of time. Although some of these supportive behaviors are often inherently effective for many respondents, the effectiveness of others is highly likely to vary across respondents. Even seemingly innocuous behaviors can be enacted in ways that are aversive. Consider an item asking if someone expressed interest and concern in the recipient's well-being. This behavior can be perceived as an expression of caring, or it may be perceived as prying or as an attempt to establish the provider's superiority. In sum, although such measures capture some variance in the quality of support attempts, the extent of this variance differs across items, making their operationalization problematic and complicating researchers' efforts to understand results.

In contrast, our approach to measuring social support effectiveness was designed specifically to assess a multidimensional conceptualization of effectiveness, as described by our theoretical model. That is, it encompasses both the quantity of support attempts and multiple aspects of their quality, with the added stipulation that both support quantity and quality must meet the recipient's needs in order to be most effective. As described in more detail later, our measure describes a broad category of support (e.g., "Sometimes we need advice or information—for instance, on how to get something done or how to handle a problem") rather than listing specific behaviors that represent it. We follow each description with questions about the features of support attempts that fit into that category (e.g., how hard the support was to get from the provider). Although not without drawbacks—for instance, different respondents may construe the definition of the support to include somewhat different behaviors—our approach eliminates the problems just discussed.

**Why Focus on the Recipient?**

Our focus on the needs and appraisals of support recipients is consistent with the views of researchers who believe that an individual's psychological experience of an interpersonal transaction determines the effect that the transaction will have on that individual (e.g., Dunkel-Schetter et al., 1992; Reis, Clark, & Holmes, 2004). Consistent with that reasoning, we would expect that support would have a more salutary effect on the recipient's stress levels to the extent that the recipient appraises the support as effective (as compared to the provider or an observer appraising it as effective). This approach is not meant to minimize the value of understanding other perspectives, including the perspective of the support provider or even the perspective of an observer (see Dunkel-Schetter et al., 1992). However, we are interested in finding ways to improve the health and well-being of people coping with significant life stressors, and compared to objective or observable features of support, recipients' appraisals of support are a more proximal pathway of influence on their stress response. Consequently, we chose to begin this line of research with a focus on this one part—but from our perspective a crucial part—of a complex system.

**EVIDENCE FOR SOCIAL SUPPORT EFFECTIVENESS**

Our goal in developing a theoretical framework for studying social support effectiveness was to enable direct investigation of factors that predict variation in the effectiveness of support transactions, as well as the consequences of that variation. The fact that the framework is multidimensional and based on a strong foundation of research further enhances its potential to yield theoretically and clinically useful information. Many research questions are generated by this theoretical approach. Our initial efforts have focused on understanding the effectiveness of support in the context of pregnancy, including antecedents and consequences of the effectiveness of support provided to pregnant women by their partners (see Rini, Dunkel-Schetter, Glynn, Hobel, & Sandman, 2006). That research is discussed here, followed by a discussion of future directions for this line of research.

**Studying Effective Partner Support in Pregnancy**

Pregnancy is a time during which a woman must adapt to numerous changes in her body and her relationships with others, in addition to facing concerns about her health, her baby's health, and impending parenthood (Lederman, 1984; Lobel, 1998). Considerable evidence links social support—especially support from partners—with physical and psychological health during pregnancy (e.g., Brugha, Sharp, & Cooper, 1998; Collins et al., 1993; Glazier, Elgar, Goel, & Holzapfel, 2004; Pajulo, Savonlahti, Sourander, Helenius, & Pihl, 2001; see Dunkel-Schetter, Sagrestano, Feldman, & Killingsworth [Rini], 1996). Having good partner support during pregnancy is associated with lower prenatal and postpartum depressive symptoms, whereas poor or problematic antenatal partner support is associated with greater prenatal and postpartum depressive symptoms (Bilszta, Tang, Meyer, Milgrom, Erickson, & Buist, 2008; Neter, Collins, Lobel, & Dunkel-Schetter, 1995; Pajulo et al., 2001).

Measuring Social Support Effectiveness: The Social Support Effectiveness Interview. We began this research by developing an in-depth structured
interview to assess pregnant women's appraisals of the effectiveness of support received from husbands or partners, guided by our theoretical framework. The interview included 21 questions, 19 of which were retained for analyses (see Rini et al., 2006), with the first 15 focusing on the effectiveness of emotional, task, and informational support provided by the baby's father in the prior 3 months (i.e., in early pregnancy). For each of these three functional types of support, the interviewer provided a definition and then asked five questions assessing features of the support hypothesized to influence its effectiveness. Specifically, women rated how well the quantity of support matched the amount they wanted, whether they wished the support had been different somehow, how good the partner was at providing this support, how difficult it was to get this type of support, and whether the partner ever offered this support without being asked. Each question began with an explanation to orient respondents (e.g., Sometimes when we need help from a partner, it's difficult to get. It may seem like the person doesn't want to help or is avoiding helping. When you need the baby's father's help with tasks, how often is it difficult to get?). The interview concluded with six questions assessing the extent to which there were negative by-products of support for women's self-esteem or perceived status in the relationship (e.g., When the baby's father helps you, does he ever make you feel guilty?). The interview was pilot tested and revised to ensure that women in the study who were of varying levels of education and cultures could easily answer the questions.

Finally, the SSE interview was administered to 176 women. Its psychometric properties were promising. A factor analysis revealed four moderately intercorrelated factors: Effectiveness of emotional support, effectiveness of informational support, effectiveness of task support, and negative by-products of support. Internal reliability of each of the four factors was good (Cronbach's α's from .62 to .85), as was the internal reliability of the total measure (α = .88; Rini et al., 2006).

Antecedents at the Individual and Relationship Levels. Once we had a way to measure the effectiveness of partner support, we turned to investigating antecedent factors hypothesized to explain variations in social support effectiveness. Investigating antecedents is important both because research findings have the potential to refine theoretical approaches to enacted support and because they can identify individuals and couples who may benefit from interventions to improve the effectiveness of support attempts.

Of course, numerous factors are potentially capable of influencing variation in support effectiveness. Many of them fall into two broad categories: Characteristics of individuals that influence the effectiveness of support exchanged with others, and features of relationships that influence the effectiveness of support exchanged. Both levels of analyses were of interest to us in this work.

When selecting individual-level antecedents to study, we focused on a set of factors that could affect women's likelihood of being in a romantic relationship conducive to effective support, their orientation toward accessing available social resources, and interpersonal skills that would facilitate their ability to do so effectively. That is, we assessed interpersonally relevant individual characteristics, which we referred to as a woman's interpersonal orientation. These included four measures: (1) adult attachment orientation in romantic relationships (e.g., comfort being close to and relying on others; Collins & Read, 1990); (2) kin individualism/collectivism (orientation toward having interdependent and harmonious relations with family; Rhee, Uleman, & Lee, 1996); (3) network orientation (attitudes toward seeking and accepting help from others; Vaux, Burda, & Stewart, 1986); and (4) aspects of interpersonal competence (e.g., conflict management, support seeking and emotional expressiveness; Buhrmester, Furman, Wittenberg, & Reis, 1988; Dunkel-Schetter, Feinsteir, & Call, 1986; Stanton, Danoff-Burg, Cameron, & Ellis, 1994).

With respect to relationship-level antecedents, we selected those that would create a relationship context likely to influence the effectiveness of support within the relationship (Cutrona, 1996; Fincham & Bradbury, 1990; Reis, 2006; Reis, Collins, & Berscheid, 2000). One that is of substantial importance in this regard is relationship satisfaction. Research shows that people in a distressed relationship are more likely than those in a satisfied relationship to appraise their partner's support in a negative light (Bradbury & Fincham, 1990; Collins & Feeney, 2000; Denton, Burleson, & Sprenkle, 1994; Hawkins, Carrere, & Gottman, 2002; Kaul & Lakey, 2003), to recall negative information about their partner (Whisman & Delinsky, 2002), and to hold negative expectations about their partner (Vanzetti, Nataridus, & Nee-Smith, 1992). There is also evidence that people in a distressed relationship may, for various reasons and in various ways, provide deficient support to their partner (Weiss & Heyman, 1997). In addition, emotional intimacy is closely related to the skilled enactment of social support and positive appraisals of support in a relationship (e.g., Hobfoll et al., 1986; Johnson, Hobfoll, & Zalberg-Linetzky, 1993; Reis, 1990). Finally, compared to people in inequitable (and, especially, under-benefitted) relationships, people in equitable relationships are more likely to engage in positive relationship maintenance behaviors (Stafford & Canary, 2006), some of which can be construed as positive and potentially effective social support behaviors. Consistent with this body of research, we studied (1) relationship satisfaction (Locke & Wallace, 1959), (2) emotional intimacy, and (3) perceived equity (Vanfossen, 1981) as relationship-level antecedents of social support effectiveness.
An ethnically and socioeconomically diverse sample of 176 women completed study measures at three prenatal assessments spaced 4 to 6 weeks apart, spanning the mid-second trimester of pregnancy (24–26 weeks gestation) to the mid-third trimester (30–32 weeks). The results supported the validity of social support effectiveness through its hypothesized associations with antecedents and consequences. As shown in Figure 2.2, both individual and relationship antecedents predicted women’s reports of the effectiveness of their partner’s support in early pregnancy. Our findings were consistent with a causal chain in which pregnant women with a more positive interpersonal orientation developed a better quality relationship (i.e., more satisfied, emotionally intimate, and equitable) with their partner, which in turn led women to receive more effective support from their partner and/or to perceive the support they received from their partner as more effective.

Perhaps it is not surprising that interpersonal orientation was indirectly associated with social support effectiveness through relationship characteristics rather than being directly associated with social support effectiveness, because we selected individual characteristics that were interpersonally relevant. It may be that the relation between individual characteristics and social support effectiveness will always be at least partially mediated by relationship characteristics, insofar as individual characteristics influence the types of relationships people form and the dynamics of those relationships. However, other types of individual-level antecedents not assessed here, such as neuroticism or optimism, may be more likely to have an additional direct association with social support effectiveness.

Consequences of Effective Support: Prenatal Psychological Adjustment. In addition to antecedent factors, we also investigated maternal consequences of variation in the effectiveness of partner support in early pregnancy. Specifically, we investigated the association between effective support and women’s prenatal anxiety (see Rini et al., 2006), an indicator of psychological adjustment that has been found to predict preterm delivery and other adverse birth outcomes (see reviews by Dunkel-Schetter, 1998; Lobel, 1994; Paalberg, Vingerhoets, Passchier, Dekker, & Van Geijn, 1995).

Measures of prenatal anxiety (generalized state anxiety and pregnancy-specific anxiety) were administered at two time points—at the same assessment as partner social support effectiveness and again 4 to 6 weeks later. As shown in Figure 2.2, women who reported receiving more effective support from their partner in early pregnancy reported lower concurrent anxiety as well as a reduction in anxiety in the subsequent 4 to 6 weeks. Interestingly, these associations remained even after controlling for a traditional measure.
of perceived support (that is, social support perceived to be available if needed), which itself predicted concurrent prenatal anxiety but not subsequent changes in prenatal anxiety. Perceived support usually demonstrates a more robust association with psychological distress than does enacted support. These findings may indicate that, as expected, assessing the effectiveness of enacted support provides a more powerful indication of its association with mental health outcomes than do measures of enacted support that assess only the quantity of support.

An additional finding of interest was that the concurrent and prospective associations between partner social support effectiveness and prenatal anxiety also remained if we controlled for relationship-level antecedents (relationship satisfaction, emotional intimacy, and relationship equity). That is, it was not simply the case that women who had a better relationship with their spouse had less anxiety (and, at the same time, more effective support). Rather, the effects of relationship quality were completely mediated by the social support effectiveness.

In sum, this study supported the validity of our conceptualization of social support effectiveness for pregnant women and their partners. It also identified a set of highly plausible associations between social support effectiveness, individual- and relationship-level antecedents, and a psychological consequence with important maternal–fetal health implications. To the extent that these associations reflect causal processes, our findings suggest that improving the effectiveness of partner support in early pregnancy would be a promising way to improve the psychological adjustment of pregnant women and, potentially, the physical health of women and their babies. Implications for the development of social support interventions will be discussed further later. First, however, we address a limitation of the foregoing analyses—they represent the perspective of only one member of the couple. As previously noted, we view the support recipient’s perspective as vital to understanding the association between social support effectiveness and recipient outcomes. However, developing a full understanding of social support effectiveness and using that understanding to guide the application of these results will require research on the support provider’s perspective as well.

Considering the Perspectives of Both Members of a Couple

In addition to gathering extensive information from pregnant women, we interviewed 23 partners of the pregnant women in our study. An important benefit of collecting data from both members of a couple is that it enables an investigation of those effects associated with each individual’s unique perspective. The variance shared in turn is commonly assumed to include individual biases as well as shared perspectives, with the latter commonly assumed to reflect objective, observable properties of behavior. As Kenny and Acitelli (2001) put it, relationship partners hold perceptions of each other that are both biased and accurate. Given its presumed accuracy, the shared component of couple’s appraisals of social support has been used to compare the extent to which measures of perceived and enacted social support reflect actual support transactions (Cohen, Lakey, Tiell, & Neely, 2005). In our study, the shared component of couple’s appraisals of partner support effectiveness provides information that is relevant to the validity of social support effectiveness.

To be eligible for the study, a partner had to be in a committed relationship with a pregnant woman in our study. Their relationship was considered to be committed if they were married, cohabiting, or planning to marry. Partners completed a version of the SSE interview adapted to assess their appraisals of the effectiveness of emotional, informational, and task support they provided to their pregnant partners. Thus, both members of the couple rated the effectiveness of social support provided by partners to their pregnant wife (17 of the 23 couples) or partner (5 of 23 cohabiting) in early pregnancy. The partner interview did not ask partners to rate negative-by-products of their support because we felt that they could not accurately report the negative effects their support had on their partners (i.e., the extent to which it made their pregnant partner feel guilty, dependent, etc.). Therefore, to enable a more accurate comparison between pregnant women’s and partners’ ratings of partner SSE, analyses discussed in this section included only the emotional, informational, and task support subscales from the pregnant women’s SSE interview.

Did Support Providers and Recipients Agree That Support Was Effective? With respect to concordance between the couple’s ratings of the effectiveness of the partner’s support to the pregnant woman (i.e., the extent to which they agreed about its effectiveness), the correlation between the two scores revealed approximately 30% shared variance ($r = .56, p = .006$). This moderate degree of agreement is comparable to other studies of provider–recipient concordance in various aspects of social support (Abbery et al., 1995; Bolger et al., 2000; Cohen et al., 2005; Cozill & Cohen, 1995; Vinokur, Schul, & Caplan, 1987) and suggests that perceptions of the effectiveness of partner support have some basis in actual support characteristics that are evident to both the provider and recipient. At the same time, the sizeable unshared variance suggests significant idiosyncratic influences on both person’s appraisals.

Providers’ Views of Themselves, Their Relationship, and the Effectiveness of Their Support. In addition to rating the effectiveness of their support, partners also reported their own interpersonal orientation and perception
of the relationship using measures selected to match or mirror those completed by pregnant women. As expected, many of the partners individual- and relationship-level antecedents were associated with their self-reported SSE. In light of the small sample size, both significant and marginally significant correlations are considered here. Men who rated the support they gave as more effective also perceived themselves to be more skilled with respect to conflict management ($r = .35, p = .097$) and eliciting personal disclosures from others ($r = .39, p = .06$; Miller, Berg, & Archer, 1983). They also viewed themselves as more empathetic ($r = .38, p = .07$; Davis, 1980), more oriented toward providing support to their pregnant partner in times of need ($r = .42, p = .048$; assessed with a measure created for the study), more securely attached ($r = .45, p = .03$), and as responding more positively to their pregnant partner's need for care and support (a more positive caregiving style; Kunce & Shaver, 1994; $r = .79, p < .001$). Furthermore, they reported better quality relationships, as reflected in their higher relationship satisfaction ($r = .61, p = .002$) and emotional intimacy ($r = .47, p = .02$). Men's self-reported kin individualism/collectivism and their relationship equity did not predict their self-reported social support effectiveness. In sum, partners views of themselves, their relationship, and the effectiveness of the support they provided were closely related.

Cross-Associations: A Couple Perspective on Antecedent Factors and Partner Social Support Effectiveness. In addition to investigating associations among pregnant women's self-reports and among partners self-reports separately for each member of the couple, we also examined cross-associations between data from each member of the couple. This approach enables investigation of the extent to which one person's characteristics (e.g., his or her personality characteristics or relationship beliefs and attitudes) are associated with a relationship partner's experience of the relationship, including the partner's experience of social support exchanged within the relationship (Kane, Jaremka, Guichard, Ford, Collins, & Feeney, 2007). Accordingly, we began by examining associations between partners antecedent variables (i.e., their self-reported individual and relationship characteristics) and pregnant women's appraisals of the effectiveness of partner support. Presumably, partners self-reports reflect in part their real competencies and behaviors, which should influence the effectiveness of their support attempts and, in turn, their pregnant partner's appraisals of those attempts. For instance, men who say they have a more positive caregiving style should behave in a way that reflects this set of skills when providing support to their pregnant partners: They should be more physically and emotionally accessible, better able to notice and accurately interpret her needs and feelings, more supportive of her problem-solving efforts (rather than trying to control them), and more able to avoid over-involvement in her problems (Kunce & Shaver, 1994). These skills contribute to the provision of more effective support as defined by our framework. As hypothesized, we found that men who had a more positive caregiving style had partners who rated their support as more effective ($r = .55, p = .01$). Women also tended to appraise partner support as more effective when partners viewed themselves as more oriented toward helping ($r = .35, p = .097$) and when partners were more satisfied with the relationship ($r = .37, p = .08$).

Interestingly, these factors—which implicate partners skills as well as their motivation to provide support—are more closely aligned with feminine than masculine ideals of relationship behaviors. Research has shown that support provided by women and/or support attempts that can be characterized as more feminine in style are favored by all recipients (Buhrmester et al., 1988; Burda & Vaux, 1987; Goldsmith & Dun, 1997; Samter, 2002). For instance, Burleson and his colleagues have found that a more feminine or person-centered approach to support provision is evaluated more positively by both men and women (Burleson, 2003; Burleson, Kunkel, Samter, & Werking, 1996; Kunkel & Burleson, 1999). Our findings are consistent with this past work: Partner support was appraised as more effective by both pregnant women and their partners when provided by partners with a more feminine approach to support provision. These differences have implications for the development of social support interventions. First, they suggest that training for potential support providers should emphasize skills associated with feminine ideals of supportive behavior. Second, they suggest that researchers focus their efforts on utilizing female support providers or enhancing the availability of support from women within an individual's natural social network.

An interesting aspect of these findings is that women's appraisals of partner support effectiveness were related both to partners self-reported interpersonal skills (i.e., caregiving style) and, to a lesser extent, to partners self-reported motivation to provide support (i.e., orientation toward helping). Other researchers have examined whether men's provided support tends to be of lower quality than women's because of a lack of skill or because of low motivation or responsiveness (Burleson, 2003; Feeney & Collins, 2001; Neff & Karney, 2005). Our findings implicate both. Of course, the men in our sample self-reported both their own interpersonal skills and their motivation to provide support, making it impossible to disentangle their relative effects in our study—a man who reports himself to be more interpersonally skilled is likely to be someone who is also more motivated to be attentive and responsive. Research using more objective measures would
help distinguish the relative contribution of skills and motivation in the provision of effective support. It would also help guide the development of psychosocial interventions. Specifically, if the problem is primarily a lack of skills, then skills training is in order. However, if a lack of motivation underlies the provision of ineffective support, then a focus on enhancing motivation is needed. Most likely, both will need to be targeted, although perhaps to a different extent in different couples.

Next, we examined associations between women’s self-reported individual and relationship characteristics and partners’ appraisals of the effectiveness of support they provided. Women’s individual characteristics provide a context for partners’ support attempts. For instance, a woman who tends not to seek support or not to express her feelings openly may give the impression that her needs are being met. Our findings paint an intriguing picture of the conditions under which the partners were most likely to perceive themselves as having provided effective support. Specifically, partners rated their support as more effective when their pregnant partners viewed themselves as having better conflict management skills \( r = .41, p = .05 \), as being less likely to seek support \( r = -.35, p = .099 \), as having a more independent/individualistic (rather than interdependent/collectivistic) orientation toward family \( r = -.36, p = .09 \), and when they were more satisfied with the relationship \( r = .39, p = .07 \).

Although these results should be interpreted with caution given their exploratory nature, they suggest a “no news is good news” effect: Men with more self-reliant, less communicative pregnant partners tended to believe they had provided more effective support. It may be that women with these characteristics provided little feedback to correct their partners’ assumptions. Furthermore, research on positive biases in people’s self-conceptions suggest that partners’ assumptions about their support would be positively biased in the absence of feedback (Taylor & Brown, 1988).

Taken together, the findings of the couples analyses suggest that social support effectiveness reflects observable characteristics of support transactions that have real consequences for the health and well-being of support recipients, as well as for the quality of their relationship with the support provider. Clearly, there is much work to be done in this area. As noted earlier, our focus has been on support recipients’ perceptions of the effectiveness of support because of our interest in recipients’ health and well-being during times of stress and life transition and, indeed, we have found that pregnant women’s appraisals of the effectiveness of their partner’s support have implications for their prenatal psychological adjustment (Rini et al., 2006). However, it is important to remember that the effectiveness of social support transactions within a close relationship also has implications for relationship outcomes (e.g., relationship satisfaction, dissolution; Actellici & Antonucci, 1994; Cutrona, Russell, & Gardner, 2005; Dehle, Larsen, & Landers, 2001; Kurdek, 2005; Lawrence et al., 2008; Pasch & Bradbury, 1998).

**FUTURE DIRECTIONS IN THE STUDY OF SOCIAL SUPPORT EFFECTIVENESS**

The research discussed in this chapter is an example of those benefits that can be gained by conducting research focused explicitly on understanding circumstances and factors associated with variation in the effectiveness of social support transactions. For instance, our findings suggest that providers and recipients may use very different criteria for judging the effectiveness of support attempts, an insight that is relevant to the development of theoretical models of enacted support that take both perspectives into account. Moreover, we were able to identify individual- and relationship-level antecedents of effective partner support during pregnancy, information that can help guide the development of psychosocial interventions for at-risk women and their partners. Understanding the interplay between the women’s and partners’ perspectives on the effectiveness of support attempts can help clarify how interventional approaches will need to differ for each member of the couple. The importance of developing these types of interventions is bolstered by our finding that more effective partner support during pregnancy is prospectively associated with reduced prenatal anxiety. Thus, whether the focus is clinical or theoretical, this line of research is enhanced by use of a multidimensional conceptualization of SSE that captures various features of the quality and quantity of support attempts that determine the extent of their beneficial effects. Although the research discussed here used an interview version of the measure, we recently developed a questionnaire (the Social Support Effectiveness-Questionnaire or SSE-Q) for use when an interview format would be too cumbersome or otherwise problematic.

In addition to work discussed here, there are many other ways in which the SSE framework can help clarify issues surrounding the provision and receipt of effective support. First, numerous antecedent factors remain to be investigated. Second, there is strong potential for this line of research to provide useful insights regarding individual health and well-being and relationship outcomes. Third, in addition to theoretical gains, research findings in each of these areas promise to enhance the effectiveness of social support interventions. We discuss each of these areas in turn next.
Additional Antecedent Factors

In our work to date, we have focused on individual and relationship antecedents of effective enacted support. Our approach was guided by the fact that our participants were all facing the same stressor—pregnancy. One of the benefits of studying social support during pregnancy is that women are coping with similar challenges. Furthermore, it is a time-bounded life transition, and outcomes such as psychological adjustment can be ascertained in a relatively short time. Yet, contextual factors such as features of the stressor and the larger psychosocial environment are a worthy area of research and one that holds great promise for yielding interesting and useful findings.

For instance, unlike pregnancy, not all stressors are time-bounded. A chronic stressor or one with enduring effects can cause the effectiveness of social support to decline over time for a variety of reasons, including provider burnout (e.g., Eckenrode & Wethington, 1990; Kaniasty & Norris, 2001). Other research (Ybema, Kuiper, Hagedoorn, & Brouk, 2002) demonstrates how a specific type of chronic stressor—being caregiver to a spouse with a chronic illness—can lead to perceived inequity and reduce relationship quality. If our findings for pregnant women generalize to couples coping with a chronic illness (Rini et al., 2006), these negative changes in relationship characteristics may set the stage for lowered partner support effectiveness. We are currently investigating the problems that arise in the context of more enduring stressors by investigating couples in which one person has undergone hematopoietic stem cell transplantation (bone marrow transplantation) for treatment of cancer. Transplant patients and their partners must cope with an often grueling and risky treatment, a lengthy recovery, and enduring concerns about late effects and recurrence (Andrykowski & McQuillon, 1999). Our early evidence suggests that SSE is related to profound differences in the way that couples cope with these stressors, with implications for patient health and well-being. For chronic stressors or those with enduring effects, the effectiveness of support may drop off over time for couples who are unable to reorder priorities and roles to accommodate stressor-related changes in their relationship and family life (Quittner, Espelage, Opipari, Carter, Eid, & Eigen, 1998).

Support effectiveness may also be affected by the type of stressor encountered. It may be particularly difficult to provide effective support in the face of a stressor associated with stigma or one that presents unfamiliar challenges. For instance, people diagnosed with a serious illness such as cancer often report that some members of their support network avoid them or provide support that is unhelpful or distressing (Dakof & Taylor, 1990; Dunkel-Schetter, 1984; Wortman & Lehman, 1985). These types of behaviors may in part reflect the awkwardness of not knowing how to provide and receive support in the face of a novel and/or particularly fear-provoking stressor.

Dyadic stressors, those that put severe strains on both members of a couple (e.g., a child’s life-threatening illness and treatment), may involve different support processes. As many investigators have observed, the spouse is usually the primary source of social support for married people, and evidence suggests support from other sources, including friends and family members, is not an efficacious substitute for spouse support that is of low quality or quantity (Brown & Harris, 1978; Coyne & DeLongis, 1986; Lieberman, 1982). Yet, what happens when a couple’s ability to support each other effectively is impaired by a stressor that affects both of them, such as a child’s life threatening illness? We reasoned that in this type of situation people may accept that their spouse cannot provide effective support and adjust their expectations for spousal support downward. Insofar as that occurs, ineffective spousal support may not be highly distressing, and support from family and friends may be more likely to compensate for ineffective spousal support. We found evidence consistent with this hypothesis in a longitudinal study of mothers coping with their child’s bone marrow transplant (Rini et al., 2008). Among these mothers, those who received low spousal support reported poor physical and mental health functioning during their child’s transplant and in the subsequent year only when they also had low support from family and friends. Those who had low spousal support and high support from family and friends reported functioning similar to the functioning of mothers with high spousal support, suggesting that support from family and friends can buffer the effects of low spousal support in some circumstances.

Researchers investigating these issues will need to account for the fact that the effects of a shared stressor will differ across couples. For instance, couples approach such stressors very differently, and they may differ in the extent to which they perceive stressors as shared versus as being primarily the problem of one of the members. Research on communal coping (Lyons, Mickelson, Sullivan, & Coyne, 1998) suggests that this perception has implications for the way in which couples communicate about stressors and cope with them (Goldsmith, 2004). The effectiveness of support is also likely to be compromised if one or both members blame the other for the stressor, or if the provider views the recipient’s need for help as illegitimate (Schwarzer & Weiner, 1991).

The psychosocial context in which support attempts occur is also likely to have a profound influence on the effectiveness of support. For instance,
The socioeconomic context is related to social support processes (e.g., Taylor, Repetti, & Seeman, 1997), in part because support providers with limited socioeconomic resources are coping with chronically high stress (Karney & Bradbury, 2005). Yet, having high-quality partner support may also help protect couples from the adverse effects of the pressures of low socioeconomic status (e.g., Conger, Rutter, & Elder, 1999).

Sociocultural influences on support are also likely because the norms, motivations, and expectations that guide help seeking and provision differ across socioeconomic and racial/ethnic groups (Dunkel-Schetter et al., 1996). For instance, a recent line of research by Taylor and her colleagues investigated the consequences of cultural differences in relational concerns and beliefs about the helpfulness of social support (Kim, Sherman, Ko, & Taylor, 2006; Taylor, Sherman, Kim, Jarcho, Takagi, & Dunagan, 2004; Taylor, Welch, Kim, & Sherman, 2007). They differentiate “implicit” social support, which involves getting emotional comfort from one’s relationships without revealing one’s difficulties (e.g., by simply being in the company of loved ones) and “explicit” social support, which involves the types of emotional, informational, and tangible support behaviors typically studied by social support researchers. Among their findings was that Asians and Asian Americans were more likely to benefit psychologically and biologically from implicit social support than were European Americans, who were more likely to benefit from explicit social support (Taylor et al., 2007). The benefit of implicit support is that it avoids making culturally inappropriate demands on the support network while maintaining the ability to draw comfort from them. This work highlights the benefits of considering cultural norms when investigating the effectiveness of support.

To offer a final example, research methods such as ecological momentary assessment or observational techniques would be useful for identifying specific behavioral antecedents of effective support. In recent years, some excellent research has started to provide information to guide these efforts. For instance, studies have shown that certain types of behaviors are more likely than others to be perceived as responsive, helpful, or sensitive by support recipients (e.g., Collins & Feeney, 2004; Cutrona, Hessling, & Suhr, 1997; Maisel, Gable, & Strachman, 2008). As such, we view SSE as a valuable tool that can be used to extend this research by fostering greater research attention and facilitating a focus on the effectiveness of supportive behaviors using a multidimensional conceptualization of the construct.

Additional Consequences of Effective Support

In our work to date, we have investigated a key psychological consequence of variation in the effectiveness of support from a partner: maternal prenatal anxiety. We focused on this outcome because of its particular importance to maternal-fetal health in pregnancy. However, the effectiveness of support attempts has implications for other individual outcomes, including psychological outcomes (e.g., depressive symptoms, psychopathology, and indicators of quality of life), behaviors (e.g., coping, self-care), and physiological processes (e.g., cardiovascular, immunological functioning, and neuroendocrine effects) relevant to health and well-being. It also can affect relationship outcomes, including satisfaction and relationship dissolution (e.g., Acitelli & Antonucci, 1994; Cutrona et al., 2005; Dele et al., 2001; Kurdek, 2005; Lawrence et al., 2008; Pasch & Bradbury, 1998). Channels through which these effects occur are also of interest. Understanding behavioral, emotional, and physiological consequences of variation in the effectiveness of enacted support will be an important part of moving this area of research forward, both in terms of advancing the theoretical knowledge of enacted support processes and applications of the work.

Our ongoing research will expand upon findings discussed in this chapter in several ways. One study is using daily diary methods to investigate partner support effectiveness in the context of health decision making, by examining day-to-day coping among couples in which one person is at high risk for colorectal cancer and preparing for an upcoming surveillance test to determine his or her need for prophylactic surgery. Consequences will include the patient’s decision-related outcomes, as well as consequences of the decision-making process for the couple’s relationship. We are also using multimechanical techniques to integrate qualitative and quantitative SSE data from couples in which one person received a hematopoietic stem cell transplant (also known as a bone marrow transplant) for the treatment of a blood cancer or similar illness. That work will help guide development of interventions to improve quality of life among cancer survivors and their loved ones.

Social Support Effectiveness and Psychosocial Interventions

Social support, if provided in an effective manner, is a valuable resource, capable of helping people cope with stressors, as indicated by theory and people’s personal experience (if not always by research, because of issues discussed in this chapter). Its potential to promote health and well-being has led researchers to develop psychosocial interventions that seek to enhance social support, either by augmenting people’s social network by adding new support providers (e.g., with peer support or supportive services provided by health care professionals) or by enhancing support within their natural social network (e.g., through skills training or psychoeducational approaches). Unfortunately, these efforts are too often ineffective.
(Lu, Lu, & Dunkel Schetter, 2005). As Heller and Rook (2001) point out, “a crucial gap in knowledge exists about the effective ingredients in supportive interactions” (p. 120). The null results reported by many psychosocial interventions highlight a need for theoretical models capable of guiding intervention development (Barrera, 2000; Gottlieb, 1992, 2000; Heller & Rook, 2001; Lu et al., 2005; Thois, 1986). In other words, investigators need theoretically sound, empirically tested information about the changes they need to produce in the social environments of at-risk individuals in order to bring about salutary effects. What behaviors should support providers and recipients enact to maximize the effectiveness—and therefore the benefits—of support? How do various contexts affect the dynamics of effective enacted support? Answers to these and related questions, drawn from theory-driven research, can be used to refine theory and to guide the development of successful psychosocial interventions.

Social support effectiveness provides a promising theoretical approach for informing psychosocial interventions because of its focus on factors that distinguish social support that mitigates adverse effects of stress from support that does not. Rather than simply seeking to augment or enhance support by adding more of it, a SSE approach would entail enhancing the effectiveness of support transactions by targeting support quantity, the various aspects of support quality, and the extent to which support meets the needs of recipients. Given evidence that effective support provision is a function of both skill and motivation (Neff & Karney, 2005), a multifaceted intervention is warranted. For instance, a foundation for an intervention could be created using a psychoeducational approach, teaching support providers and recipients about the importance and features of effective support. Skills training could be used to target providers’ ability to recognize and meet the recipient’s needs, making adjustments as needed, in addition to targeting recipients’ ability to recognize and communicate their needs, to mobilize support effectively, and to provide appropriate feedback. Cognitive-behavioral techniques would be useful for targeting motivational deficits (e.g., providers’ unwillingness to expend the effort necessary for delivering effective support) and perceptual issues (e.g., recipients’ maladaptive appraisals of support attempts). To the extent that recipients’ perceptual processes contribute to their appraisals of support effectiveness, training in appropriate and adaptive appraisals of partner motivations and intentions may prove useful. For instance, evidence suggests that people in happy relationships appraise their partner and their relationship in an idealistic light, even in the face of partner behaviors that should disconfirm their idealized views (Murray, Holmes, & Griffin, 1996).

Another important aspect of designing successful psychosocial interventions is the proper identification of at-risk groups and the provision of an intervention that matches their risk factors (Lu et al., 2005). For instance, participants can be screened to identify those with deficits in the effectiveness of their support transactions. Knowledge of antecedents of effective support transactions can also facilitate identification of high-risk support providers and recipients and/or high-risk relationships.

Our research on pregnant women can be used to illustrate these points. The findings identified a set of highly plausible associations between individual- and relationship-level antecedents, partner support effectiveness, and a psychological consequence with important maternal–fetal health implications. To the extent that these associations reflect causal processes, improving the effectiveness of partner support in early pregnancy would be a promising way to improve the psychological adjustment of pregnant women and, potentially, the physical health of women and their babies. Addressing deficits in the couple’s interpersonal orientation and relationship would also be warranted. Thus, an intervention would begin with the identification of at-risk individuals (e.g., partners with a history of providing ineffective support), screen for the presence of complicating antecedents (e.g., problematic aspects of women’s and partners interpersonal orientation and their relationship), and use psychoeducation, skills training, and cognitive-behavioral techniques to target the specific dispositional, relationship, and support-related deficits. The resulting intervention, guided by theory and data, should have an enhanced chance of success, compared to one without the benefits of this guidance.

**CONCLUSION**

The complexities involved in interpersonal exchanges of social support are profound, making the task of providing support to those in need of it a challenging process that can fail for a number of reasons. That is the dilemma of support providers. We believe that research applying our framework can help clarify ways to provide effective support—that is, support that benefits recipients by helping them cope with a stressor or its negative emotional consequences. The early findings discussed here illustrate the utility of directly studying the effectiveness of enacted social support within close relationships. They demonstrate that variation in the effectiveness of enacted support can be measured; that it is associated with characteristics of the support provider, the support recipient, and their relationship; and that it has consequences for psychological health. Although not yet demonstrated,
theory suggests that it will affect physical health outcomes as well, by influencing behavioral, psychological, and physiological pathways related to physical health outcomes (Cohen, Gottlieb, & Underwood, 2000; Uchino, 2004). As such, this work has the potential to make both theoretical contributions to understanding enacted support and clinical contributions that help improve the health and well-being of populations coping with life stress.

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The Effectiveness of Social Support Attempts in Intimate Relationships


