DETERMINANTS OF SOCIAL SUPPORT PROVISION IN PERSONAL RELATIONSHIPS

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Social support is discussed as dyadic interactions in which one person is experiencing distress and the other person attempts to provide support. Drawing from helping research in social psychology as well as social-support research, four sets of variables are presented which influence the likelihood of support attempts: stress factors, recipient factors, relationship factors and provider factors. We also present partial results of a pilot study of support intentions which suggests that the extent of past experience with major stressful conditions is significantly and positively associated with a willingness to provide support to peers themselves experiencing stressful problems.

In this article we conceptualize social support as interactions or interpersonal exchanges in which a 'provider' attempts to proffer support and a 'recipient' may be helped or benefited by the attempt (House, 1981). This is distinct from conceptions of social support as cognitions or perceptions about the availability of support within one's social network (Dunkel-Schetter & Bennett, 1990). Social support is further conceptualized as dyadic interactions in which one person attempts to provide information, assistance or emotional support.

We have been primarily interested in unsolicited support attempts by family members and friends when the support recipient is distressed, although our points may extend to the efforts of strangers, acquaintances and professionals. Distress or suffering, especially as experienced by victims of life events, may communicate to others that support is needed and thus it can elicit support. Support provision is generally motivated by altruistic intentions and is influenced by a number of factors which differ in important ways

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from the factors which influence the quality of support attempts. In this paper, we focus predominantly on factors influencing the willingness to provide support and the amount of support provided.

Given our interest in determining what factors influence social network members' willingness to provide support, we have embarked on some preliminary research (Skokan, 1989). In a pilot study, 161 female college subjects were presented with one of six brief hypothetical scenarios about a college senior named Karen who was experiencing distress as a result of one of several currently stressful situations or problems. The situations were personal diagnosis of cancer, father's sudden death due to heart attack, childhood sexual abuse, eating disorder, alcoholism and drug abuse. Participants were asked to rate on a 5-point scale (ranging from 'definitely would not do this' to 'definitely would do this'), how likely it was that they would enact each of thirty-eight different support behaviors to help Karen. The support behavior list contained common emotional support behaviors (e.g. express understanding, listen and allow her to express her feelings), forms of information and advice (e.g. give advice on how to cope, provide information on the situation if I had some to offer), and of instrumental assistance (e.g. offer to provide help with anything such as a ride or homework). Partial results of the study will be included in our discussion of the factors influencing support provision.

Psychological factors in support provision

What factors increase or decrease the likelihood of support being offered to someone experiencing stress? The theoretical literature on social support is rich regarding the possible psychological variables involved, but research is not as available partly because, historically, support has been studied more from the perspective of the recipient than that of the provider (House, 1981). In contrast, the helping literature in social psychology has concentrated on the provider of help and factors that promote helping.

Research on helping and prosocial behavior provides useful information from controlled experimental paradigms on some of the factors influencing the likelihood of extensions of help. However, this research is of unclear value in understanding support provision in intimate relationships because the primary focus has been on helping among acquaintances or strangers. Moreover, how

much one can generalize from the helping literature is questionable because social psychologists have studied single instances of instrumental assistance almost exclusively (e.g. mailing a letter or lending classnotes). Little or no attention has been paid to the provision of emotional support over time to people experiencing chronic stressful conditions. In some cases, there is no specific recipient of aid either; instead, the helping behavior is directed towards groups, society or humanity (e.g. charitable donations), and social interaction is not involved in providing help. Because chronic stress increases the interactional demands placed on support providers, studies of isolated instances of support for acute problems provide only a partial picture of the determinants of support provision. Furthermore, social psychological paradigms typically involve single-choice options, such as whether or not the subject performs a particular behavior, whereas support provision involves not only the question of whether to help, but complex choices about what actions to take and in what manner. Thus, the helping literature provides much information regarding some aspects of support provision but it leaves unanswered many questions regarding the broad range of support exchanges.

The factors influencing the proffering of social support can be categorized in a variety of ways. House (1981) discusses three categories: characteristics of individuals that facilitate or impede their ability to give or receive support; properties of relationships that may facilitate or inhibit the giving or receiving of support; and social or cultural conditions that foster or discourage the giving or receiving of social support. We discuss four categories of variables: (1) stress factors, (2) recipient factors, (3) relationship factors (provider–recipient history) and (4) provider factors. Social network characteristics, environmental factors and sociocultural factors are important also, but are not covered in depth here (see Eckenrode & Wethington, 1990).

Stress factors

This category includes both objective features of stressful situations and appraisals of situations made by both target persons and providers of support. In general, situations can be categorized as stressful or non-stressful. According to Lazarus' theoretical framework, primary stress appraisals involve perceived extent of threat, harm/loss or challenge, and secondary appraisals concern the coping options available in a particular situation (e.g. Lazarus &

Folkman, 1984). Of special interest to us is whether the situation is perceived as stressful. Hobfoll's (1988) conservation of resources model argues that situations appraised as stressful by both potential support providers and recipients are likely to elicit support responses more frequently than non-stressful situations. Thus, these situations provide a good arena for examining social support processes.

Do situations involving appraised loss, such as a death or divorce, elicit more or less support provision than situations involving threat, such as the possibility of being fired or of having a serious illness? Loss events have been suggested to have different psychological properties from events whose occurrence is ambiguous and that pose a threat (Hobfoll et al., 1989). Ambiguous stressors may be less likely to elicit support than stressors that involve certain or already present loss or harm. Additional questions are raised concerning discrepant appraisals by provider and recipient. For example, a support provider who views an event as likely to occur may provide support for addressing it, but if the recipient of the support views the same event as unlikely to occur, support may not be desired or appreciated. Provider perceptions of their helping options, which are analogous to secondary appraisals, would also influence willingness to help. If no options to be helpful are observed, providers will be likely to refrain, whereas if many options seem available, the likelihood of a support attempt occurring should be high.

Some evidence exists for the role of stress appraisals in support provision. Dunkel-Schetter et al. (1987) in a study of seventy-five middle-aged couples reporting stressful events on six occasions found that certain kinds of appraisals of stress were associated with perceptions of support receipt. The six stressful events were divided into high vs low stress according to subjects' appraisals. Subjects reported that they received more support, particularly information and emotional support, for highly stressful events than for low-stress events. Also, situations appraised by stressed persons as threatening their own or a loved one's health or self-esteem were ones in which greater amounts of aid were received relative to situations not involving these threats.

Recipient factors

Three specific recipient or target person factors have been shown to be related to support provision: distress, coping and personal

resources. First, the recipient's level of distress has been linked to support provision in several studies. For example, Hobfoll & Lerman (1988) examined the social support received by 107 Israeli mothers of well and ill children, and found that women who experienced greater distress received greater support. However, distress can have negative as well as positive effects on support (e.g. Shinn et al., 1984). Initially, and at low to moderate levels, distress can elicit support because it signals need (Schwarz, 1977; Staub, 1974). Yet, severe distress over time, as experienced by clinically depressed people, seems to reduce social support and to elicit negative reactions (Gurtman, 1986). Whether this is due to distress per se or to concomitant personality factors is not yet clear.

The second factor associated with support provision is the way the target person copes. For example, an experiment by Schwarzer & Weiner (1991) found that subjects were significantly more willing to offer support to people hypothetically experiencing one of several stigmatizing conditions, such as cancer or AIDS, when they were described as actively coping with it than when they were not. Active coping was described as particular situation-specific problem-solving behaviors. Coping patterns such as problem solving may have effects on provision of support through the signals or cues they send to the social network regarding the amount and type of support needed (Dunkel-Schetter et al., 1987). Support seeking is another specific coping behavior that has been linked to greater provision of support (e.g. Hobfoll & Lerman, 1988). For example, in an interview study of Type II diabetic patients and their partners on spouse support for following dietary regimens, Dunkel-Schetter et al. (in press) found that one of the strongest predictors of amount of support was the extent to which it was requested.

The third target factor influencing support provision is the target person's personal resources. Past research has shown that people with high mastery and high self-esteem receive more social support (Caldwell & Reinhart, 1988; Hobfoll & Lerman, 1989). Other personal resources include internal locus of control (Lefcourt et al., 1984), hardiness (Kobasa & Puccetti, 1983), sense of coherence (Antonovsky, 1979) and dispositional optimism (Scheier & Carver, 1987). These constructs have not been studied much with respect to behavioral or enacted support provision.

Relationship factors

Although also not extensively studied, characteristics of the relationship between a potential support provider and the potential recipient are critical to determining if, when and how support is provided (Gottlieb, in press). For example, degree of intimacy has been found to influence support received (Hobfoll & Lerman, 1988). Satisfaction with a relationship is also an important determinant of the support exchanged within it. In the above study on spouse support to diabetic patients (Dunkel-Schetter et al. (in press)), marital adjustment scores of both partners on the Dyadic Adjustment Scale were positively related to social support received as reported by both partners.

Acceptance of social norms for helping in the relationship and by each individual are also important to support provision (Schwarz, 1977). For example, acceptance of norms of social responsibility, that is, that we are responsible for individuals who are dependent upon us, will increase the likelihood of support provision in a particular relationship (Berkowitz, 1972). Similarly, norms of reciprocity apply. Reciprocity has been studied extensively in social psychological laboratory paradigms involving strangers providing aid to one another (e.g. Wilke & Lanzetta, 1970), and more recently in field research on close relationships. Reciprocity norms have been found to apply more to some relationships than others and, in general, they would be more salient in exchange-based relationships than in communal relationships (Rook, 1987).

It follows from work on reciprocity that the history of past supportive exchanges in the relationship can increase or decrease the willingness of both parties to provide support in future. Feelings of helplessness and frustration that past efforts have not succeeded may reduce willingness to help (Bennett & Dunkel-Schetter, 1990). Also, if a person consistently refuses support, support attempts should be less likely over time, whereas a pattern of acceptance of support and appreciation in a relationship is likely to increase support provision (Feinstein, 1988). Thus, a fruitful avenue of inquiry might be the history of reactions to aid in the relationship.

Provider factors

Social network members who are faced with an opportunity to provide support will be influenced by a wide variety of factors. Research by Weiner and colleagues on the attribution–affect–action model (Weiner, 1985), for example, has shown that attributions about the controllability of a person's situation influence affect toward the person, and that affect in turn influences intentions to provide aid. Specifically, attributions that a victim is responsible for the onset of an event are associated with anger in strangers, and anger is associated with less willingness to help. In contrast, attributions that the person could not control the event's occurrence lead to feelings of pity and empathy and higher intentions to help (e.g. Weiner et al., 1988). However, the attribution–affect–action link may be strongest for tangible assistance provided to strangers. It is unclear as yet whether these variables are as robust for predicting the provision of social support to peers or within personal relationships (Jung, 1988).

A link among provider factors predicting support attempts is provided by the work of Batson et al. (1983). They found that when potential providers of help experience empathy regarding another person's fate, altruistic motivation to help is aroused, whereas when personal distress is experienced, egoistic motivation is aroused. However, it was also found that the link between empathy and altruistic motivation can be undermined when the cost of helping is high. When a high cost of helping shifted concern from the person in need to the subject (i.e. provider of help), the resultant self-concern reduced the altruistic motivation. Although this study involved subjects helping strangers, the results may be useful for understanding support in close relationships as well.

Other social network factors influencing willingness to help are isolated by Carlson & Miller (1987) in their extensive review on the effects of negative mood of helpers on increased helping behavior. It concludes that two factors account for these mood effects: (1) perceptions of personal responsibility for causing the other person's distress, where guilt is the negative mood state, and (2) attentional focus on the other person as opposed to one's self. Both can be considered from the standpoint of support provision. Perceptions of responsibility for causing the event and guilt should increase feelings of personal responsibility to help which should increase willingness and intentions to provide social support. Other factors may also influence situation-specific perceptions of personal responsibility such as the norms discussed earlier.

Attentional focus on the other person may serve to increase helping by increasing feelings of empathy or by facilitating perspective taking (Carlson & Miller, 1987). For example, Thompson et al. (1980) asked subjects to imagine that a close friend was dying of

cancer. Half were asked to focus on the sick friend's feelings and half on their own reactions. Those who concentrated on the feelings of the target person were more willing to help than those focusing on themselves. This may be due to an empathy–altruistic motivational mediating process (Batson et al., 1983). Yet focusing attention on the target's distress might act in the opposite manner, that is, to increase personal distress and egoistic motivation, especially if the provider feels that there is nothing he or she can do. This process would reduce rather than increase support provision.

Less-studied provider factors that are likely to influence the prevalence of support attempts include several cognitive variables such as beliefs about stress and coping and implicit notions about social support. Many myths about coping, adjustment and recovery, documented by Wortman & Silver (1987), could decrease the likelihood of support provision and influence the form of support attempts. For example, the myth that a victim can rapidly recover from emotional distress and return to normal functioning can lead to a withdrawal of support over time, when support is still needed. Similarly, individuals may hold implicit ideas about support provision: different cognitive schemas might exist for different types of situations. For example, a schema for when someone experiences a threat to self-esteem (e.g. a personal failure) is that one should leave the person alone and avoid anything that might 'rub it in', whereas a schema for experiences of loss is to intervene and attempt to provide support.

Pilot study on support intentions

The model we have sketched is one in which support attempts result directly from the intention and degree of motivation to help, which is influenced in turn by a variety of factors within the stressful situation, the distressed person, the support provider and their relationship. Both additive and interactive effects have been hypothesized. A strong intention to provide support will result in specific support attempts. A particular interaction might involve the spouse of a cancer patient providing advice about ways to cope or suggesting that the partner talk about worries about treatment or the future. The effectiveness of this attempt will depend on a different set of factors from those discussed here, such as the provider's behavioral support skills (Dunkel-Schetter et al., in press). In addition, the effectiveness of an attempt will influence reciprocally the likelihood of future support attempts.

Several things pertinent to aspects of this implicit model were learned from a pilot study of ours on support intentions. First, perceptions that a hypothetical 'victim' was emotionally distressed were associated linearly and positively with greater willingness to provide support, consistent with past research. Second, willingness to provide support was not associated significantly with the type of victimization (e.g. having cancer vs father's death), with attributions of victim responsibility and blame, or with sympathy or anger toward the victim. The latter results are inconsistent with our hypotheses and earlier research and, in part, suggest that the factors influencing support provision might differ from those influencing helping or aid in social psychological paradigms.

Third, past experience with specific stressful situations varied considerably in the sample with total experience related significantly to greater willingness to provide support to the student depicted in the scenario. However, this effect differed by type of experience. Extent of experience with bereavement and drug abuse was positively associated with support intentions, experience with eating disorders was negatively associated with support intentions, and experience with cancer, sexual abuse and alcohol abuse was not related to support intentions at all. The pilot study provided incentives and directions for future research, yet many questions remain.

Conclusions and further issues

One remaining issue concerns whether subjects' reports of willingness to provide support in a hypothetical situation are valid indicators of behavior. According to the theory of planned behavior (Ajzen, 1985), the best predictor of a specific and volitional behavior is whether or not one intends to perform that behavior. The stronger the person's intention, the greater likelihood a specific behavior will be performed. Thus, any factors which strengthen a person's intention to provide support should lead to greater support provision. Specifically, the theory predicts that three factors increase intentions: (1) beliefs about the consequences of the behavior ('behavioral beliefs'); (2) perceived pressure to perform a behavior ('subjective norms' which are influenced by social norms); and (3) the perceived difficulty of performing the behavior ('perceived behavioral control' which is influenced by resources and abilities).

In a study on prosocial behavior based on this theory by Dalbert et al. (1988), 264 adult daughters were studied longitudinally regarding factors involved in the help they provided to their mothers. They found that daughters' specific intentions to act and perceptions of their own helping abilities and resources had significant, direct effects on self-reported prosocial behaviors directed to their mothers. In addition, quality of the mother–daughter relationship predicted intention to act. Ongoing research on the altruistic behavior of living kidney donors by Borgida and others is also based on the theory of planned action (Borgida et al., in press). Thus, there appears to be a good basis for studying intentions to provide support as a strategy for understanding determinants of support attempts.

We see much value in studying specific support behaviors that people report they would enact in a particular well elaborated situation. Single-item ratings of whether a person would help do not seem as useful, nor is it suggested that descriptions of the situation be vague, as in some past helping research. We believe that the more realistic and detailed a description of the situation can be, the more likely it is that results will have external validity and replicate in field studies. Our pilot study scenarios provided brief details on the circumstances and coping of the target person, which were constant across problems. It should be noted that our hypothetical person, Karen, was simply another college student (a peer), not someone described as a close friend of the subject. We are currently extending these results to room-mates and other close personal relationships.

Why were experiences with some problems and not others associated with willingness to help a peer with a problem? This is unclear, as yet, and we prefer to replicate these results before drawing firm conclusions. It may reflect the varying nature of a typical experience as support provider in these different circumstances. That is, there may be some events that elicit less support because they are threatening to support providers, create feelings of helplessness or vulnerability, or set other social victimization processes in motion (Wortman & Lehman, 1985). Experience with such events would only prove support attempts futile and unrewarding. In fact, we do not know whether the subjects who had experienced the problems we studied in a close friend or family member actually *provided* support, but we do know from their exposure to the situation that decisions regarding whether to provide support

and normative pressures to provide support would probably have occurred.

It is not yet clear whether personal experience with a particular situation has different effects (from vicarious experience) on intentions to provide support. Specifically, is experience as a support recipient different from experience as a support provider? We did not examine this issue in the pilot study; however, measures have now been designed to distinguish between experience as a support provider (vicarious experience) and experience as a support recipient (personal experience). Presumably, experience as a support provider can improve behavioral skills, increase confidence and reduce anxiety about attempting to help someone in distress. Experience as a recipient of support might increase empathic motivation and also serve to correct common misperceptions about coping, recovery and adjustment. Both kinds of experience might lead to the differentiation of cognitive schemas about support provision.

Believing that one knows the correct thing to do would enhance one's sense of competence or efficacy, and thereby increase the willingness to provide support. Likewise, if one has never been in a particular situation as either a provider or a recipient of support, and possesses no idea of what to do, this lack of experience should decrease sense of efficacy or competence, and willingness to attempt to provide support. The sense of 'perceived competence' we discuss here is very similar to 'perceived behavior control' in the theory of planned action (Ajzen, 1985) and it is likely to be a critical mediator of whether experience as either a provider or recipient results in increased support efforts. Thus, experience in both roles (i.e. recipient and provider) is a potentially important influence on support provision. However, we speculate that experience as a support provider is critical in influencing future motivation to provide support, and experience as a support recipient is critical in influencing the quality and effectiveness of support provided.

It would be useful to know whether experience with a particular problem is associated with greater willingness to help someone close who has the same problem as compared to some other problem. The number of subjects in our pilot study did not enable us to address this issue. If experience as a support provider leads to greater willingness to help someone else who is going through difficulties, this may be especially true when the person is experiencing a problem that we have experienced ourselves, or that we have helped a family member or friend through. Self-help groups

are based on the assumption that possession of common concerns by members increases the *effectiveness* of support attempts. We are suggesting further that similar experiences may add to one's *willingness* to help, perhaps through enhanced feelings of competence or efficacy.

In conclusion, it is exciting to consider these issues at the frontier of research on social support and helping. In this article, we have taken the liberty of speculating about support provision, drawing from available research where possible. In particular, we have argued that developing theories of support provision should consider the effects of experience as both providers and recipients of support along with a wide variety of other factors that may influence support attempts.

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