

Social Skills Training

Group-based social skills training programs have been designed to remediate children's social skill deficits and, in turn, improve their peer relationships. In general, effective programs promote social skills that are empirically associated with peer liking (i.e., competence correlates), target specific skill deficits exhibited by participants, and attempt to transfer skills from the intervention setting to naturalistic settings (e.g., school, playground, neighborhood). Such programs present *skill concepts* through verbal instruction or modeling, provide multiple *skill practice opportunities* for children in both structured settings (e.g., role-play with group leaders or group members) and more naturalistic settings (e.g., activities involving peers without social skill deficits), and provide *reinforcement and corrective feedback* on the basis of children's performance during practice sessions. Social skills training programs have made significant progress toward meeting several key challenges, such as generalizing skills to the naturalistic peer context, establishing skill improvements and increases in peer acceptance, and promoting sustained improvements over time.

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See also Children's Peer Groups; Friendships in Adolescence; Friendships in Childhood; Loneliness, Children; Socialization; Socialization, Role of Peers; Sociometric Methods

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SOCIAL SUPPORT, NATURE OF

Social support is a term that is understood by most people, but what is meant by it? Often it means that others understand a person's feelings or that someone seems caring or encouraging in times of trouble. Sometimes people use the term to refer to help with tasks when overburdened at home or work. Occasionally, what is meant is just being present and spending time together. Research definitions match these lay conceptions pretty well. Furthermore, the forgoing indicates clearly that social support is not one thing, but many things. In other words, it is multifaceted. How do we untangle the multiple facets or aspects of this complex concept? Luckily, research for more than 25 years has given us some ideas.

Perceived and Enacted Support

Two primary conceptions of social support exist. *Perceived support* refers to an individual's perception that social support is available if needed. Individuals high in perceived support believe that there are people in their social network on whom they can depend to provide various kinds of resources in times of need. Perceived support is associated with many different health benefits, including longer life, lower likelihood of disease, and better mental health and well-being (see Social Support and Health). This form of support is fairly stable or unchanging and is related to other characteristics of individuals. For example, people who perceive that

they have a lot of support available are also more likely to have high self-esteem; be optimistic, extroverted and socially competent; and be secure in their attachment to important figures in their life. Perceived support can be measured reliably with several questionnaires such as the Social Support Questionnaire (SSQ), the Interpersonal Support Evaluation List (ISEL), or the Social Provisions Scale (SPS). Questions might ask whether there is anyone available to provide caring and comfort, to provide advice, or to provide assistance if needed.

In contrast, *enacted support* refers to actual social exchanges or interactions in which one person behaves in a manner meant to meet another's needs. Enacted support (also known as received support) is experienced as specific acts of caring, assistance, and guidance. Intuitively, it seems that perceived and enacted support should be closely related, but research has demonstrated otherwise. For example, in stigmatizing circumstances such as HIV or following a sexual assault, expected support is not always forthcoming. Although perceived support has been consistently linked with positive mental and physical outcomes, enacted support has not always appeared to be beneficial. This is most likely a result of the fact that support exchanges usually coincide with ongoing stressors, which makes it difficult to disentangle the benefits of enacted support from the adverse effects of stressors on adjustment. In addition, the mere attempt to provide social support does not guarantee that it will be effective.

Some theorists argue that the type of support provided must match the needs of the recipient to be beneficial. Evidence is largely supportive of this intuitively attractive "matching hypothesis," but it is difficult to test because it calls for a detailed analysis of support needs and provisions over time, which is rarely done. In addition, matching the type of social support to needs does not capture the quality of support. For example, a family member may provide advice when needed, but do so in a controlling, critical, or domineering manner.

To assess whether enacted support meets a recipient's needs and the quality of it, Chris Rini and Chris Dunkel Schetter developed the Social Support Effectiveness (SSE) interview to assess the effectiveness of enacted support. In a sample of pregnant women who were interviewed in depth about their supportive interactions with a partner

or spouse, SSE was shown to be multidimensional and reliably assessed, and higher SSE scores were associated with reduced anxiety in mid-pregnancy and over the course of pregnancy. The SSE is now being used in further research, such as studies with bone marrow transplant patients, and has applicability to other contexts.

Types of Support

Similar to lay definitions, scientific definitions of social support include different functions or types such as *emotional*, *instrumental*, and *informational* resources. *Emotional support* refers to acts such as listening, providing empathy and understanding, and showing affection. The simplest of all forms of support is *instrumental support* (also known as tangible support), which refers to the provision of material resources or task assistance. For example, an individual might receive instrumental support in the form of a loan or help in moving residences. Finally, *informational support* refers to information, guidance, or advice as a form of support in problem solving. Advice is difficult to give because it is frequently considered unhelpful by recipients, yet sometimes this type of support can be quite effective.

In addition to these three core types, researchers have studied other specific types of support. *Appraisal support* (also known as *esteem support*) is defined as the provision of information that one is worthy and valued. Such affirmation is closely related to emotional support and is often subsumed into the same category. It may also be considered as a form of validation. In addition, belonging and companionship have been viewed as separate types of support. *Companionship* includes both the mere presence of others and engaging in activities with others, such as seeing a movie when someone needs relaxation or distraction from a problem. *Belonging* involves the support experienced when someone is a member of a group that provides an identity and perhaps other resources.

Normal Adaptation Versus Adjustment to Stress

A further wrinkle in understanding the nature of support is distinguishing the everyday presence of

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support from the extra support received when something unusually stressful occurs. Perceived support is fairly constant for those who are fortunate enough to possess it. It tends to be relatively unchanging regardless of whether a crisis is occurring. Perceived support can be thought of as adaptive beliefs that function to protect people in numerous ways, not only in times of stress. Their stability is what has led some theorists such as Barbara and Irwin Sarason to refer to perceived support as more of a personality characteristic. It has also been conceptualized as cognitive structures or mental working models, sometimes called support schemas. Such schemas shape people's views of the world and everyday experiences. In contrast, enacted support is transactional and is therefore much more dynamic or fluctuating. It is most commonly observed in the context of stress, whether minor or cataclysmic. Because there are many forms of stress, there are many examples of enacted support that may be experienced or observed. For example, a parent might provide emotional support by hugging a child when he or she is upset, or a friend might provide instrumental support by cooking meals following the death of a family member.

In 1987, the UCLA Social Support Interview (SSI) was developed to study the complexities of enacted support. This questionnaire measures support of three types from each of three sources (e.g., partner, friend, professional) and, within these, the need for support, the quantity and quality of support received, and various negative aspects of interactions. It serves as a subjective and multidimensional view of a person's support exchanges over a specific time period (e.g., 3 months), and the questions can be adapted for specific research needs. The UCLA SSI has been used in research on HIV, heart disease, cancer, and many other stressful diseases. Other assessments of enacted support, such as the Inventory of Socially Supportive Behaviors, are available, but they typically do not distinguish sources of support.

Who Provides Support Matters

Individuals may receive support from any number of sources—friends, parents, romantic partners, extended family, siblings, colleagues, neighbors, or

acquaintances—and who provides support is an important determinant of its effectiveness. Certain people are most likely to be called on to provide specific types of support. For example, married couples tend to rely on spouses for support, and spousal support is especially beneficial, whereas its absence can be especially detrimental. In general, people tend to seek and receive many types of support from their closest relationships. Not surprisingly, however, they do not report *receiving* equal amounts of support from all relationships. Although social support varies from person to person, particular relationships, such as one's mother or spouse, may provide the most support over a person's lifetime. In short, the provider of support matters a great deal in many ways. Intriguing is the finding that giving support is beneficial to the provider as well as the recipient.

What should be sought from whom? This question has not yet been well addressed by research, but some findings suggest that experts or professionals are the best sources of advice or guidance. Skillful listeners and empathic people are probably the best sources of emotional support. Friends are often sources of companionship, and parents can be excellent sources of affirmation. Yet this is clearly a bit simplistic because myriad other factors matter too, including the support provider's personality, support capability (such as interpersonal skills and available time), and the nature of the relationship between provider and recipient (e.g., extent of trust and degree of interdependence). These and other factors contribute to who would be the best person to rely on for support in a given situation. If people operated as highly skilled seekers of support, they would tend to express feelings to others who listen attentively and keep confidences, to seek advice from those who are good problem solvers, and to ask for assistance with tasks from those who have the necessary skills and resources to help and no tendency to create feelings of indebtedness. However, research has not delved into support seeking this much nor have support interventions tried to teach support seeking skills or selectivity as yet.

Clearly, social support is intricately embedded in our interpersonal relationships, and the quality of those relationships influences from whom support is sought and received, as well as how we feel about it afterward. Although the earliest social support

researchers did not take into account a relationships perspective, recent work has emphasized the importance of understanding close relationships as the context in which social support occurs. As relationship science has progressed, research on social support has been progressing also. For example, Nancy Collins and Brooke Feeney have extended our understanding of enacted support by showing that anxious or secure attachment styles predict perceptions of support in couples and, further, that the quality of the relationship and of the couple's interactions have implications for physiology and health. Findings on intimacy and relationship satisfaction are among other areas where there has also been progress in linking relationship processes to understanding social support.

Relationships as Double-Edged Swords

Just as interpersonal and close relationships are not uniformly supportive, neither is all support beneficial or positive. Supportive transactions are not always perceived by the recipient as helpful. Some researchers have characterized close relationships as "double-edged swords" to refer to the fact that relationships can be both helpful and harmful. Paradoxically, the people who are one's strongest allies can be the strongest sources of stress and aggravation. Social support research has shown that people may be disappointed in the support received from others, which may not meet our expectations in strength, consistency, or quality. In addition, if support is not enacted skillfully, it may make us feel indebted, stupid, or unworthy. Support attempts may be selfishly motivated, intrusive, or controlling. If excessive, support can create feelings of anger, a loss of autonomy, and unhealthy dependency. Finally, as Karen Rook and others have clarified, the negative aspects of interactions such as social conflict can reduce the benefits of social support for health and well-being.

Niall Bolger's research suggests that support is most beneficial when it occurs outside the recipient's awareness or is delivered with such subtlety that it is not even noticed or perceived as social support. These invisible support acts are thought to be effective because they allow the recipient to enjoy the benefits of support without the emotional costs and threats to self-esteem (e.g., feelings of

dependence or indebtedness) that highly visible support acts can endanger. Thus, in examining the nature of social support, it is imperative to consider a complete picture of close relationships, incorporating both negative as well as positive aspects.

Gender, Ethnicity, and Culture Within Support Processes

Gender, ethnicity, and culture are other interesting determinants of the nature of support. Women and men differ in how often and how skillfully they provide support and in how beneficial it is. In the words of one scientist, "Women make the potato salad and men eat it," referring to findings that women more often provide support and men benefit more. Possible genetic, neural, and biological bases for gender differences are now garnering a lot of attention. For example, the role of oxytocin in predisposing women to be more affiliative and caregiving—to *tend and befriend*, a term used by Shelley Taylor—is under investigation. Changes in gender roles and their implications for support is another topic of interest. One review suggests that women and men may differ not so much in the ability to provide support, but in responsiveness to a partner's support needs, with women being more responsive than men.

Interesting cultural differences are also emerging in how people perceive, seek, provide, and receive support. For example, some cultures emphasize independence and individual problem solving, some emphasize reliance on the social group in times of need, and still others appear to discourage support seeking, but not necessarily the acceptance of support when offered. Furthermore, cultures differ in the behaviors seen as supportive and the ways they should be enacted. Providing assistance in tasks of everyday life to someone who is struggling is an insult in some places in the world, whereas not providing assistance is an insult in others. Also, cultures differ in who should be relied on for support. For example, in Asian cultures, families feel that it is inappropriate to talk to people outside one's family about problems because family problems are considered to be private. It has been suggested by Taylor and colleagues that group-level perceptions of support, referred to as

implicit support, are helpful in Asian cultures, whereas individual-level enactments of support, called explicit support, are helpful to European-Americans. Much is left to do to understand the interplay of gender, ethnic, and cultural differences in the nature of support. With time the field may have a better understanding of universal patterns of support as well as their cultural variations.

In summary, although it may seem simple at first glance, the nature of social support turns out to be a multifaceted and complex topic. Two primary aspects are *perceived support* and *enacted support*. Orthogonal to this are three core functional types of support: (1) emotional support, (2) informational support, and (3) instrumental support. Other types have also been delineated, such as affirmation, companionship, and belonging. The nature of support may differ in various ways depending on whether it is normatively occurring in the absence of a major stressor or occurring as a result of an identifiable stressor. Furthermore, the person who is providing the support matters very much. Some providers are more able to meet specific needs than others due to skills and resources. Beyond this, support is embedded in our interpersonal relationships, and the study of them enhances our understanding of support greatly. For example, research on attachment style, intimacy, and interdependence has already led to advances in our understanding of the nature of social support. Relationships are not only sources of support, however. They also contribute to social conflict, overdependence, and feelings of indebtedness and unworthiness. These negative aspects of close relationships both influence the effects of support on health and well-being and enhance a broader understanding of our supportive relationships. Finally, gender, ethnicity, and culture are important factors contributing to understanding the nature of social support. Although this is a relatively seasoned area of research, there is much left to discover. As a result, the study of the nature of social support is alive and well.

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See also Health and Relationships; Helping Behaviors in Relationships; Marriage and Health; Reassurance-Seeking; Social Networks, Dyad Effects on; Social Networks, Effects on Developed Relationships; Social Support and Health; Stress and Relationships; Validation in Relationships

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SOCIAL SUPPORT AND HEALTH

Social support is a variable based on the concept that resources provided through social relationships can enhance psychological adjustment and assist coping with problems. This entry discusses the relation of social support to physical and mental health. This topic is relevant to human relationships because research has shown that persons with higher support have lower rates of illness, and theory on how social support operates to reduce risk for illness involves concepts from research on human relationships and health psychology. In this entry, we discuss the conceptualization of social support, summarize evidence on the relation of social support to health outcomes, and outline possible mechanisms for the protective effect of social relationships. In addition, we highlight concepts from relationships research that may be useful for understanding social support processes.

Conceptualizing Social Support

There have been two approaches to conceptualizing and measuring social support in health outcome research. One approach examines how many persons an individual knows and/or considers as friends (i.e., the size of his or her social network). This measure of network size is often termed *social integration* because these structured relationships reflect the degree of a person's integration in the community. Other aspects of network structure include the existence of particular social roles (e.g., marriage, children, member of a community organization), the proportion of network members who know each other, and an individual's participation in regular activities with other persons.

Another approach involves determining the extent to which a person's relationships (irrespective of number) provide particular supportive functions. Typical questions ask whether a person would have a particular function available if needed. One function measured in many studies is emotional support—the perception that an individual has persons available who can provide comforting, sympathy, and understanding in times of trouble. Other functions include instrumental support, defined as providing tangible goods (e.g., providing tools, loaning money) or services (e.g., transportation, child care) when needed, and informational support, defined as providing useful advice and guidance. Data show that network size is not highly correlated with availability of supportive functions; a large social network may provide relatively little emotional and instrumental support, whereas a few relationships may provide a great deal of these. Hence, these two aspects of social relationships are measured separately.

Social Support and Health

In typical studies of mortality, social relationships are measured at one point in time in a large sample; researchers then determine whether each person is living at a subsequent time point, typically 5 to 10 years later. Results have shown that persons with larger social networks are less likely to die over the study period. This protective effect has been observed in more than 80 studies, conducted with samples including different ethnic groups and national populations, and has been found for mortality from several diseases, including heart disease and cancer. The effect of social integration on mortality is found with statistical control for a number of variables, including gender, socioeconomic status, and initial health, so this effect is not just attributable to certain types of persons (e.g., males, poor people) having larger or smaller networks. Some data have suggested that women may derive more benefit from close relationships that involve comforting and intimacy, whereas men derive more benefit from a looser network of worksite and community alliances (e.g., work mates, sports and outdoor activities, voluntary organizations). However, significant effects for social integration