DOING WITHOUT SOCIAL SUPPORT AS AN EXPLANATORY CONCEPT

JAMES C. COYNE
University of Michigan Medical School

NIALL BOLGER
University of Denver

The social support literature has succeeded in calling attention to the importance of social relationships for adaptation. Yet, it has been less successful in stimulating exploration of *how* relationships shape adaptation. In particular, this literature has implicitly adopted several crucial assumptions about the nature of social relationships. These are (1) that social support is something that is provided in supportive transactions and marshalled in times of stress; (2) that one's perception of this support is the primary means by which one benefits from it; (3) that the relationships of persons who evaluate themselves as high in support offer something positive that is missing from the relationships of people who evaluate themselves as low in support, under stress will benefit from an increase in social support. In this paper, we question the validity of each of these assumptions, and we discuss the implications, for theory, method, and intervention, of abandoning these assumptions.

Studies of the association between perceived social support and well-being represent one of the most rapidly accumulating literatures in all of the social sciences. Yet increases in knowledge are not always commensurate with the volume of these studies. A cursory examination of social support literature should raise concerns about whether a plateau was reached some time ago in terms of genuine progress in the field. That the supportiveness of relationships is associated with well-being has been amply demonstrated (Cohen & Wills, 1985; Sarason & Sarason, 1985). The continued growth of the literature is now largely a matter of investigators replicating past findings, applying alternative measures of support, or examining whether support matters for adaptation in yet another population facing a particular problem.

The consistency with which significant correlations between support and well-being can be obtained has distracted investigators from a persistent vagueness in the concept of social support and an ambiguity as to its referents in the features and processes of respondents' interpersonal lives. As House, Landis, and Umberson (1988) note, investigators tend to make an immediate leap from findings of an association between support and adaptational outcomes to the conclusion that it is the supportiveness of relationships that is consequential. Discussing such findings, they typically make strong inferences about the nature of respondents' involvement in their relationships based simply on their reports of the availability of support. Crucial assumptions are made without being put to empirical test. These are (1) that social support is something that is provided in supportive transactions and marshalled in times of stress; (2) that one's perception of this support is the primary means by which one benefits from it; (3) that the crucial distinction between the relationships of persons who evaluate themselves as high in support is that they offer something positive that is missing from the relationships of people who evaluate themselves as low in support; and, by implication, (4) that what is most needed by persons who are doing badly in stressful circumstances is an increase in social support.

In this paper, we will raise doubts about the validity of each of these assumptions. We have a larger purpose in doing this. Without the benefit of these assumptions, the presumed link between ratings of the quality or availability of support and the actual features of individuals' involvement in interpersonal relationships becomes tenuous. If these assumptions are invalid, studies of social support will be seen as inadequate as the primary means of understanding how relationships shape adaptation. We will argue that what is needed instead are concepts that are more grounded in the identifiable features of interpersonal relationships. Furthermore, we need a plurality of methods that go beyond the current practice of correlating measures of perceived support with well-being. Finally, in order to design preventive and therapeutic interventions that utilize people's involvement in relationships, we need more specific guidance than the suggestion that what vulnerable populations need is more social support.

IS SUPPORT PROVIDED IN SUPPORTIVE TRANSACTIONS AND MARSHALLED IN TIMES OF STRESS?

Most measures of social support assess respondents' sense of the quality or adequacy of their social support, rather than their actual receipt of

support. Yet, discussions of social support data generally shift quickly from respondents' reports of the support they perceive to be available to them to more interesting speculations about the transactions in which this support is presumably provided. Investigators have only infrequently assessed the occurrence of such transactions, and, when they have, the association with well-being has been different from what had been anticipated. Reports of both seeking (Coyne, Aldwin, & Lazarus, 1981; Lieberman & Mullin, 1978) and receiving (Barrera, 1981) support are related negatively to adaptational outcomes. Moreover, there have been "reverse buffer effects," where support apparently exacerbates the effects of stress (Husaini, Neff, Newborough, & Moore, 1982).

One plausible explanation of these results is that measures of the occurrence of supportive transactions confound support with stress and neediness: persons who are confronting the greatest stress—particularly those who appear to be floundering—seek and elicit more support. Yet, a broader hypothesis is that such transactions represent the breakdown of shared routines and meanings of relationships under stress. Explicitly supportive transactions occur when these meanings and routines prove inadequate and remedial work is needed—for instance, persons under stress seek or receive indications of emotional support when their view of themselves or their standing in a relationship is in question. Indeed, depending on the context, the absence of an explicitly supportive exchange may attest to the strength (i.e., supportiveness) of a relationship and its effectiveness as a resource (Brown, 1978).

Clark and Mills (1979) have introduced the useful notion of "communal" relationships—those characterized by mutual commitment, shared goals, and responsiveness, and not dependent on any specific transaction for their definition. Presumably, well-functioning intimate relationships have a communal quality. Such relationships might prove vulnerable when confronted with prolonged stress (Coyne, Wortman, & Lehman, 1988), but in the face of a wide range of challenges arising from within or outside the relationship, the persons involved can count on each other. At key moments, reassurance or other explicit support might be forthcoming, but at other times, such behavior would be redundant with the overall momentum of the relationship. In some instances, it would even be absurd or paradoxical in its effect. For example, a teen who has just discovered that she is pregnant might be further demoralized because she believes that the male who was responsible considers her to be only a casual sex partner. Depending on her view of him, his reassurance that they are facing a shared problem and that he will stand by her might prove to be a timely bit of support. However, in another couple, such "reassurance" might undermine the woman's sense that her partner has an unwavering commitment to her. "Why does he think he has to reassure

me? Should I worry?" It thus may be that being involved in well-functioning relationships largely eliminates the need for at least some explicitly supportive transactions (Lieberman, 1986). This line of reasoning suggests that the whole enterprise of trying to count or otherwise assess supportive transactions without regard to their context is naive.

IS PERCEPTION OF SUPPORT THE PRIMARY MEANS BY WHICH ONE BENEFITS FROM IT?

Disappointments in efforts to link the effectiveness of support to the occurrence of supportive transactions has led to an emphasis on the psychological sense of support (cf. Gottlieb, 1987). Many discussions of the workings of social support assume that it is the perception or belief about support that counts; and that perceived support acts by influencing individual appraisal and coping processes. For some investigators it becomes almost a corollary that what matters is the *perception of the availability of support*, rather than availability per se.

Behind all of this is a further and more basic assumption that pervades current theories of stress and coping, namely, that what becomes of individuals, what adaptational outcomes they achieve, is largely a result of how they appraise the problematic situations they encounter. Other people are indirectly relevant in terms of how they affect the individual's personal appraisal and coping. In reducing the importance of social relationships to cognitive–perceptual terms, the social support literature has strengthened this individualistic emphasis in current stress and coping theory rather than tempering it.

The usual self-report questionnaire assessment of social support affords little opportunity to evaluate the effects of this individualistic bias. However, Bolger, Kessler, and Shilling (1989) have provided a demonstration of what can be done using a diary methodology with multiple informants. In this study, husbands and wives kept diaries in which they indicated on a daily basis their level of distress and whether they gave or received support. On days when a partner gave support and the respondent recognized it, there was no effect on distress. That is, the effect was the same as when no support was given at all. In contrast, on days when spouses reported giving support and respondents did not recognize the support, levels of distress were significantly lower than on days when the spouse did not give support.

The results of this study lead to speculation as to why support that goes unnoticed is more efficacious. It may be that when support that efforts are noticed, they entail threats to self-esteem with their possible implication that the recipient is less than competent or self-sufficient.

Beyond that, being in the kind of relationship that contributes to well-being undoubtedly involves being a regular recipient of unnoticed helpfulness. Much that is helpful occurs in a routine, habitual, and therefore unnoticed fashion. The supportive efforts that went unnoticed in the Bolger et al. (1989) study may have differed in other ways from those that were noticed, and they may have occurred in the context of different kinds of relationships. Further, the shared understandings and assured smoothness of the routines in these relationships may also have protected those involved from getting caught up in interpersonal conflict that could prove debilitating or distracting from other coping tasks at hand. This notion of how good relationships contribute to well-being in the face of stress is quite different from social support as the concept is usually understood, and this alternative has both methodological and substantive implications. For example, if participants have only incomplete awareness of their interpersonal transactions, we need to go beyond an exclusive reliance on individual self-reports in order to reconstruct them. Integrating the reports of intimates is one strategy for this, observational methodologies represent another. Theoretically, this perspective underscores the need to consider the many ways that relationships matter for adaptation other than the narrow view of them as sources of perceived support. This includes both ways that are independent of individual awareness and even some ways that may depend on the individual not being aware.

IS REPORTING THAT ONE IS SUPPORTED A MATTER OF HAVING SOMETHING POSITIVE THAT IS MISSING FROM THE LIVES OF PEOPLE WHO REPORT THAT THEY LACK SUPPORT?

Another seemingly uncontroversial assumption in the literature is that social support is fundamentally a unipolar construct, such that "low support" represents having less of something and "high support" more of it. Yet, there is evidence that respondents to a social support questionnaire may be influenced at least as much by negative as positive features of their interpersonal relationships. For instance, in earlier work, Wills, Weiss, and Patterson (1974) showed that a spouse's "displeasurable" behaviors accounted for 65% of the explained variance in marital satisfaction, whereas a spouse's "pleasurable" behaviors accounted for only 25%. More recently, Fiore, Becker, and Coppel (1983) found that in spouses of Alzheimer patients the degree to which key persons were rated as upsetting was more correlated with depression than were ratings of these persons' helpfulness. This led to their speculating that responses to social support questionnaires are "summary assessments composed

of not only positive, but negative stressful perceptions as well" (p. 424). Fiore et al. (1983) did not directly test this hypothesis, but in a further consideration of the same data, Pagel, Erdly, and Becker (1987) found that caregiver's ratings of the degree of upset from members of their social network predicted both depression and network satisfaction, whereas ratings of helpfulness did not. Thus, satisfaction with interpersonal relationships and well-being were more strongly associated with the negative features of relationships than with their positive aspects. Pagel et al. (1987) concluded from these findings that

> what people are really saying when they report satisfaction with their networks is that they have relatively few complaints or problems, rather than they find their networks very helpful or supportive. Or, perhaps less cynically, both features lead to their overall impression, but it is primarily the problematic features that cause, maintain, or fail to reduce psychological symptoms. (p. 794)

Other investigators have found the negative features of social relationships to be more potent influences than the positive. Like Fiore et al. (1983), Kiecolt-Glaser, Dyer, and Shuttleworth (1988) found that upset from the relationships of family care givers was significantly related to depression, but helpfulness was not. Rook (1984) found similar results in a sample of widowed women, and Barrera (1981) found that conflicted social relationships were more highly related to well-being in a sample of pregnant adolescents than were measures of supportive relationships.

The most provocative data, however, come from the Yale Epidemiologic Catchment Area Study (Weissman, 1987). In a sample of over 3,000 adults, being married and being able to talk to one's spouse apparently provided a modest reduction in the risk for depression over that associated with being single, separated, or divorced. This may be viewed as the benefit of emotional support or intimacy, a positive effect of marriage. Yet, this was overshadowed by the negative effects of being married and not being able to talk to one's spouse. The odds-ratio for depression associated with being married and not being able to talk to one's spouse (i.e., the odds of being depressed associated with not being able to talk to one's spouse versus the odds associated with all other conditions) was over 25 for both men and women. One might anticipate that such an evaluation of the quality of a relationship would be a somewhat better predictor of adaptational outcomes than is a simple measure of marital status, but such a large odds-ratio is rarely encountered in epidemiological studies. These results suggest that most of the apparent effects of a good relationship (i.e., spousal support or intimacy) found in other studies are more appropriately seen as the absence of the detrimental effects of not getting along with a spouse. It

may be that the concept of social support as it is currently used involves a misplaced emphasis on what is presumably provided by relationships that are rated as supportive, to the neglect of what may actually be the more important features of supportive relationships, namely, their relative freedom from conflictual or upsetting interactions (Coyne, Ellard, & Smith, in press).

Social support researchers are giving increasing attention to the deleterious aspects of involvement in social relationships, but there is confusion as to how this is to be accommodated within the concept of social support. Investigators have sometimes discussed the deleterious effects of interpersonal relationships as "negative support," but aside from being oxymoronic, this term serves to continue the practices of stretching the concept of social support to subsume a diversity of processes by which social relationships influence well-being and of accepting the concept in place of more precise specification of these processes. Shinn, Lehmann, and Wong (1984) have made the argument that negative interactions are best construed as interpersonal stress, rather than a lack of support. Yet, while it at first might seem useful to make a conceptual distinction between support and interpersonal stress or strain, it may not be a distinction to which we can hold respondents. Not only do they take negative aspects of relationships into account in judging the supportiveness of relationships, they may weigh them more heavily in their evaluations.

WHAT IS NEEDED BY PERSONS WHO LACK SOCIAL SUPPORT?

Preventive or therapeutic interventions for any of a number of psychosocial and medical problems would now seem incomplete without a component to increase social support. Moreover, survey data concerning relationships among stress, support, and well-being make up an important part of the evidence that is cited for the usefulness of such interventions. Yet, the associations among measures of stress, support, and adaptational outcomes tell us little about the circumstances giving rise to them or what is needed by persons who are faring badly. As we begin to examine the bases for assuming links between perceived support and features of interpersonal life, the referents and ultimately the utility of the concept of support become less certain. Whatever is entailed in "having social support," there are reasons to doubt that it is primarily a matter of explicitly supportive transactions; it does not always depend on being perceived; and it may be more a matter of freedom from noxious interactions and conflict than has generally been assumed. "Increasing social

support" is not necessarily a straightforward, omnibus way of providing a buffer against adversity. Metaphors of support being like the "invisible protective shield" of old toothpaste advertisements or of an antacid provided for stomach upset are misleading.

Persons who are low in social support are likely to be a heterogeneous group who differ greatly in what they lack in social relationships, as well as in their accessibility to supportive interventions (Coyne & DeLongis, 1996). We think that a case can be made that the stereotype of the social isolate has been overemphasized in discussions of persons lacking support. Persons who suffer from involvement in relationships that are conflictual, insecure, or otherwise not sustaining may be heavily represented among those reporting being low in adequacy of support, and for many persons the costs of involvement in such destructive relationships may be greater than that of being alone, even if the latter state is unthinkable to them.

Persons who are high in support are probably also heterogeneous, but in many instances they are likely to be involved in relationships that have a coherence that is relevant to the coping tasks they face. What persons have whose relationships promote positive adaptation is certainly something more than perceived support. Indeed, the very character of coping with stress in the context of a relationship, what needs to be done, how one person comes to be a resource or an obstacle, and how the other adapts to this is the product of dynamic interpersonal processes that are likely to defy tidy concepts of stress, coping, and support. For instance, aside from what one thinks, what one needs to do in recovering from a myocardial infarction in the context of a good relationship may be quite different from what one needs to do when faced with a bad relationship. Persons in enduring close relationships are characterized by their interdependence and sense of shared fate and mutual responsibility, and if one partner has a myocardial infarction, the tasks and burdens for the other involve much more than just being a source of support (Coyne et al., 1990). Much that is done that is beneficial to the other is a matter of how one attends to one's own coping tasks, rather than a matter of providing support to the other. Further, having someone else who matters, being aware that the other's well-being depends upon what one does may serve as a social control, limiting maladaptive coping. This constraint may prove as crucial in promoting positive outcomes as any social support that much is achieved by simply not having that we have noted suggest that the other's well-being depends upon to contend with a close relationship with someone who is consistently upsetting or with whom talking is not possible. Coping with a stressful life event in the context of such a relationship may be more difficult than not having a relationship at all. How persons who are involved in bad relationships—and who are therefore low in support—can come to

approximate the situation of persons high in support is not clear from the current social support literature. Survey studies of social support as they have been done up until now can tell us very little about what form supportive interventions should take or whether they are the most appropriate form of intervention.

Just as we have been critical of the cavalier use of the concept of social support to explain interpersonal processes in close relationships, others have challenged its use as an overarching explanation of what occurs in interventions such as support groups (Levine, 1988). To the extent to which these groups prove successful, it may be a matter of creating a community, not simply a cognition. Such a constructed community may simulate key features of close relationships, or it may work primarily by facilitating participants' efforts either to change existing negative relationships or distance themselves from them (Levine & Perkins, 1987).

To recapitulate, the social support literature has unquestionably succeeded in calling attention to the importance of involvement in social relationships for adaptation. Yet, it has done less well in stimulating exploration of *how* relationships shape adaptation. Since the groundbreaking reviews of research in the mid-1970s (Cassel, 1976; Cobb, 1976), the study of social support has emphasized the association between social relationships and health, rather than the development of an explanatory framework wherein this association could be understood. Coming out of epidemiology, the study of social support represents a different intellectual tradition from that of the existing study of social relationships, which had its roots in psychiatry, sociology, and in social, clinical, and developmental psychology. The study of social support could have served as an entree into the study of how involvement in relationships is relevant to adaptation, drawing on the diverse insights and methods of this larger perspective, and it might yet do so. However, it now seems to be functioning as a reductionistic alternative, with social relationships construed mainly as the source of perceived support, and it stands in the way of the development of a more elaborated understanding of how relationships shape adaptation. It is time that the field begin to appreciate the limitations of social support as a formal working theoretical concept and begin the task of creating a set of concepts to supplant it. Challenging the assumptions by which social support has been accorded its illusory explanatory power is a first step.

REFERENCES

Barrera, M., Jr. (1981). In B. H. Gottlieb (Ed.), *Social networks and social support* (pp. 69–96). Beverly Hills, CA: Sage.

Bolger, N., Kessler, R. C., & Schilling, E. A. (1989). *Visible support, invisible support, and adjustment to daily stress.* Manuscript submitted for publication.

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

Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology, 104,* 107–123.

Clark, M. S., & Mills, J. (1979). Interpersonal attraction in exchange and communal relationships. *Journal of Personality and Social Psychology, 37,* 12–24.

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

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

Coyne, J. C., Aldwin, C., & Lazarus, R. S. (1981). Depression and coping in stressful episodes. *Journal of Abnormal Psychology, 90,* 439–447.

Coyne, J. C., & DeLongis, A. M. (1986). Going beyond social support: The role of social relationships in adaptation. *Journal of Consulting and Clinical Psychology, 54,* 454–460.

Coyne, J. C., Ellard, J. H., & Smith, D. A. (1990). Unsupportive relationships, interdependence, and unhelpful exchanges. In I. G. Sarason, B. R. Sarason, & G. Pierce (Eds.), *Social support: An interactional view.* New York: Wiley.

Coyne, J. C., Wortman, C., & Lehman, D. (1988). The other side of support: Emotional overinvolvement and miscarried helping. In B. H. Gottlieb (Ed.), *Social support: Formats, processes, and effects.* Beverly Hills, CA: Sage.

Fiore, J., Becker, J., & Coppel, D. A. B. (1983). Social network interactions: A buffer or a stress? *American Journal of Community Psychology, 11,* 423–440.

Gottlieb, B. H. (1987). Marshalling social support for medical patients and their families. *Canadian Psychologist, 23,* 201–217.

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

Husaini, B. A., Neff, J. A., Newbrough, J. R., & Moore, M. C. (1982). The stress-buffering role of social support and personal confidence among the rural married. *American Journal of Community Psychology, 10,* 409–426.

Kiecolt-Glaser, J. K., Dyer, C. S., & Shuttleworth, E. C. (1988). Upsetting social interactions and distress among Alzheimer's disease family care-givers: A replication and extension. *American Journal of Community Psychology, 16,* 825–837.

Lieberman, M. A. (1986). Social supports—the consequences of psychologizing. *Journal of Consulting and Clinical Psychology, 54,* 461–465.

Lieberman, M. A., & Mullin, T. J. (1978). Does help help? The adaptive consequences of obtaining help from professionals and social networks. *American Journal of Community Psychology, 6,* 499–517.

Levine, M. (1988). How self-help works. *Social Policy,* (Summer), 19, 39–43.

Levine, M., & Perkins, D. V. (1987). *Principles of community psychology.* New York: Oxford University Press.

Pagel, M. D., Erdly, W. W., & Becker, J. (1987). Social networks: We get by with (and in spite of) a little help from our friends. *Journal of Personality and Social Psychology, 53,* 793–804.

Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior, 19,* 2–21.

Rook, K. (1984). The negative side of social interaction: Impact on psychological well-being. *Journal of Personality and Social Psychology, 46,* 1097–1108.

Roy, A. (1978). Risk factors and depression in Canadian women. *Journal of Affective Disorders, 3,* 69–70.

Sarason, I. G., & Sarason, B. R. (Eds.) (1985). *Social support: Theory, research, and applications.* The Hague: Martinus Nijhoff.

Shinn, M., Lehmann, S., & Wong, N. W. (1984). Social interaction and social support. *Journal of Social Issues, 40,* 55–76.

Weissman, M. M. (1987). Advances in psychiatric epidemiology: Rates and risks for depression. *American Journal of Public Health, 77,* 445–451.

Wills, T. A., Weiss, R. L., & Patterson, G. R. (1974). A behavioral analysis of the determinants of marital satisfaction. *Journal of Consulting and Clinical Psychology, 42,* 802–811.

SUMMARY AND DISCUSSION

THOMAS A. WILLS
Ferkauf Graduate School of Psychology and
Albert Einstein College of Medicine

In the papers presented in this special issue, the contributors have provided a variety of perspectives on social support research and suggested some intriguing hypotheses as to how support operates. There are several consistent themes in the substantive findings. The studies typically find that social support is positively related to well-being, and studies with life-stress measures indicate that stress-buffering processes are operative in a number of settings. Evidence from various studies indicates that social support applies across the life span, from early adolescence to elderly samples. Assessment studies indicate that structural indices of social networks and functional measures of support availability are not highly correlated, and it is consistently found that measures of perceived support show the strongest relationships to outcomes. Longitudinal data indicate that support measures are relatively stable in most contexts, but do show discernible change over time. Finally, studies indicate that there are strains in social networks, which may sometimes detract from well-being.

In addition to providing articulated causal models of support processes, the contributors discuss methodological issues relevant for their research. Consistent themes include the need for differentiated measures of support functions, sources, and outcomes; multiple sources of data on perceived and provided support; and the need for longitudinal study of support phenomena. In the following sections I summarize the theoretical perspectives, suggest some connections between papers, and outline some questions posed for further research.

WHAT ASPECTS OF RELATIONSHIPS ARE SUPPORTIVE

One approach to social support is a multidimensional view, asking how provision of specific supportive functions is relevant for coping and adaptation. Cutrona provides a comprehensive model of how supportive functions may contribute to effective coping and discusses some of the data illustrating the utility of the matching model; several other authors