Going Beyond Social Support: The Role of Social Relationships in Adaptation

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Directions for explicating relations among stress, support, and adaptational outcomes are suggested. Attention is drawn to the distinctiveness of marriage as a source of stress and support in adult life. In addition, the literature on marital and family therapy points to the potentially deleterious effects of overinvolvement in close relationships. If research and theory on social support are to become relevant to clinical intervention, the current emphasis on the benefits of perceived social support needs to be balanced by (a) consideration of the costs and constraints of participating in social relationships and (b) a concern for how such perceptions arise.

The notions that social support protects people from the harmful effects of stress and that the provision of support can be an effective means of promoting human welfare are achieving the status of truisms. Across a diversity of problems and populations, programs of preventive and therapeutic intervention seem incomplete without some plan for improving and strengthening social support. Yet, after a decade of vigorous research since Cassel's (1974) exhortation for such a strategy, there are still reasons to doubt whether the social support literature is directly relevant to intervention, and even whether there is compelling evidence that social support is consequential for mental health in any causal sense.

Cobb and Jones (1984) pointed out that "concepts are fuzzy in this field, definitions are rare, measurement methods are inconsistent and research designs have been weak" (p. 48). The results of many studies may be explainable in terms of respondents' indications of well-being, defensiveness, or distress across a variety of measures in a way that defies partitioning of their worlds in terms of stress, support, coping, and outcomes. Beyond this, there are undoubtedly profound connections between having good relationships and well-being, but they are likely to be complex, reciprocal, and contingent. Both level of psychological distress and the persistence of support from others may depend on the severity and duration of the stress faced (Mitchell & Hodson, 1983). People who cope well tend to be those who enlist support (Veroff, Kulka, & Douvan, 1981), and effective coping with one's distress may be critical to maintain ing relationships when one is under stress (Weisman & Worden, 1975). Yet, whether coping proves effective may also depend on the response received from others (Kahn, Coyne, & Margolin, 1985). Furthermore, "not only are there varying standards of desired social involvement, there are complex situational circumstances. For example, sometimes social networks can be more of a burden than a support" (Fischer & Phillips, 1982, p. 36).

In this article we call attention to the limitations of the concept of perceived social support as a means of understanding the role of social relationships in stress and adaptational processes. Numerous studies have demonstrated relations among appraisals of support, stress, and outcomes. However, little attention has been paid to the circumstances in which both the perception of support and its supposed adaptational consequences arise. Without a better understanding of these circumstances, it seems premature to tackle the question of how or even whether social support is beneficial to persons under stress. A better understanding of these circumstances is critical in decisions of which interventions would most effectively increase support: interpersonal skills training, self-help groups, opportunities to initiate close dyadic relationships, marital or family therapy, or child care for those isolated by their parenting role.

Explicating the Support–Distress Relationship

Discussions of the implications of the social support literature for intervention often imply that the provision of support is a panacea for all human problems, and give little indication of what limitations there might be to its application or likely efficacy. If the social support literature is to become more relevant to intervention, investigators need to specify who is at risk for negative outcomes and under what circumstances, and, of these people, who would benefit from supportive interventions and from what type (Heller, 1979).

There are recurring suggestions in the literature of a threshold effect, such that the critical distinction is between having no supportive relationships and having at least one (Abbey, Abramis, & Caplan, 1985; House & Kahn, 1985; Kahn & Antonucci, 1980). In some studies, researchers simply operationalize social support as the existence of at least one connection (Connor, Powers, & Butena, 1979; Lowenthal & Haven, 1968; Miller & Ingram, 1979). Thus it would be useful to know more about the personalities and circumstances of persons who are most lacking in support.
The results of several studies suggest that persons low in support are alienated and cynical (Jones, Freemon, & Goswick, 1981; Sarason & Sarason, 1982). B. B. Brown (1978) found that not all respondents sought support from others and that among those who did not, there was a group that was particularly handicapped. These “reluctant nonseekers” had poorer coping resources, perceived their networks as less reliable and supportive, expressed reservations about discussing their problems with others, and were more distressed. Fischer and Phillips (1982) suggested that persons who lack sociable and intimate relations are disadvantaged in other ways that may lead to both a lack of support and distress. For instance, the key characteristics of persons who lack contact with non-kin were low education, low income, being old, not working, and being a married woman; these characteristics were intercorrelated. Surprisingly few of the isolates admitted wishing to know more people.

In some cases, a perceived lack of support may be secondary to other difficulties, and these difficulties may make it less likely that vulnerable persons will either seek or benefit from interventions designed to increase support. Doubts can be raised about neatly partitioning the lives of these persons into sources of stress and support. As Thoits (1982) pointed out, “life events may alter the support available to individuals, and support may decrease the likelihood of event occurrences” (p. 155). Further pursuit of this issue requires closer consideration of a set of circumstances that is a central source of both stress and support: marriage, its quality, and its dissolution. Married life or its absence figures heavily in any discussion of social support, but, as will be seen, theorists and researchers have dealt with it in an awkward and inconsistent manner.

**Marriage, Stress, and Support**

Marital status is frequently accepted as a partial or complete index of support (e.g., Eaton, 1978; Lynch, 1977). Whether respondents have a high-quality marital relationship is likely to be the major determinant of whether they are scoring as having a confiding relationship (e.g., Andrews, Tennant, Hewson, & Vaillant, 1978; G. W. Brown & Harris, 1978; Dean, Lin, Tausig, & Ensel, 1980; Miller & Ingram, 1979) or as lacking someone who shows love and affection (e.g., Lin, Simone, Ensel, & Kuo, 1979). Many multi-item measures are loaded heavily with items that explicitly tap marital quality, conflict, and communication (e.g., Gore, 1978). Even when items do not explicitly refer to marriage, whether one is married and the quality of one’s marriage may be among the most important determinants of response. One study that is widely cited as evidence of the stress-buffering effects of support among the unemployed (Kasl & Cobb, 1979) was found, in subsequent analyses, to be more accurately considered as a demonstration of the effects of marital quality on the length of unemployment (Kasl & Cobb, 1982).

There are some difficulties in making global comparisons between married and unmarried persons that generally have not been acknowledged or discussed. Composite measures of support that fail to distinguish between marital and nonmarital sources may obscure more than they reveal because low scores can take on entirely different meanings, depending on the marital status of the respondent. For unmarried persons, low scores may reflect (a) isolation, (b) the immediate or long-term effects of becoming widowed, separated, or divorced, or (c) attenuated and low-quality relationships. For married persons, however, low scores probably reflect involvement in a nonproviding primary relationship that is likely to be a source of stress in itself, and that is often a limitation on the ability to seek support elsewhere.

Although married persons generally have numerous psychological and social advantages over unmarried persons, much of this may be limited to happily married persons. There is some evidence that unhappily married people are worse off than unmarried people in terms of physical health (Kasl & DeLongis, 1983) and psychological well-being (Gove, Hughes, & Style, 1983). People who are unhappily married report more physical illness and depression, heavier drinking, and more isolation from persons outside their marriage than do happily married people. Renne (1970) even proposed that an “unhappy marriage is a disability, analogous to minority race, economic deprivation, or physical illness” (p. 59).

Persons who are unhappily married are likely to be stressed by their marital situation, and one can expect that this strain would be exacerbated by stress and strains in other areas of their lives. A number of researchers have found work-related stress to have negative implications for marriage and family life (Moen, 1982; Mot, Mann, McElhiney, & Warwick, 1965).

In a representative sample of community-residing adults, approximately two thirds will be married and another sixth widowed or divorced (U.S. Bureau of the Census, 1981). It is thus unavoidable that marital status and quality will make a critical contribution to the relation between social involvements and well-being. However, whether this contribution is best conceptualized in terms of perceived social support is a complex issue that deserves consideration.

The relevance of a large amount of literature concerning marital satisfaction and distress and marital therapy to an understanding of the role of social relationships in health have been all but ignored in discussions of social support. Not all of the advantages associated with being maritally satisfied are reducible to social support. Selection factors may operate. Although the findings have been mixed, there is some evidence that persons who are physically healthy, psychologically adjusted, and interpersonally skilled are more likely to get married, remain married, and be maritally satisfied (Renne, 1971; Rushing, 1979). Some of the benefits of satisfactory marriages are more appropriately construed in terms of social control, rather than the closeness and intimacy that is provided (Hughes & Gove, 1981). In a satisfactory marriage, one may refrain from maladaptive coping both because of its potential impact on the spouse’s well-being and because of a greater sensitivity to the spouse’s disapproval. The structure provided by a satisfactory marriage may limit a person’s exposure to situations that are conducive to maladaptive coping, such as the subcultures of bars or street corners.

Furthermore, the marital circumstances associated with low support are for some purposes better construed in terms of stress processes or the effects of poor coping, rather than low support per se. For instance, for a couple characterized by frequent or violent arguments, the fact that their relationship is low in support may be secondary to how they cope with disagreements.
One key empirical question that is seldom addressed is whether, in the face of stress, support from other relationships can compensate for an unsatisfactory marriage. Relevant data are limited but suggest that a tentative answer may be "no." G. W. Brown and Harris (1978) found that a confiding relationship with a parent, sister, or friend did not compensate for a woman's lack of a confiding relationship with her spouse in terms of vulnerability to depression. Sherman and Lieberman (cited in Lieberman, 1982) found that among parents who had lost a child, there was no link between social resources and stress reduction beyond the impact of the spouse.

A study by B. B. Brown (1981) called attention to the types of associations that can be hidden when researchers are not sensitive to the possibility that support from a spouse may be qualitatively different from that provided by other sources. In his study of life transitions, the lack of a confidant outside of marriage was associated with psychological distress. However, only 4% of the respondents lacked confidants in both their spouse and their outside relationships, and that "the group that was best off consisted of those who had a confiding marital relationship, regardless of whether they had confiding relationships outside of marriage" (Lieberman, 1982, p. 774). It thus appears that the key factor in accounting for the positive effects of support is a satisfactory marital relationship.

The possibility that support from other sources cannot compensate for a bad marriage has important theoretical and practical implications. It calls into question the usefulness of any generic concept of support: What unsupported married persons do not get from their spouse apparently is not something that supportive friends and relatives provide. An exception to this seems to exist in circumstances in which the spouse is necessarily not a part of the setting in which the stressor occurred, such as in the case of work stress (House, 1981).

In terms of intervention, this apparent lack of compensation suggests that any strategy for increasing support might best be aimed primarily at the resolution of marital difficulties, rather than the addition of support from outside the marriage. Overall, a "lack of social support" encompasses some highly heterogeneous conditions, and the development of both theory and strategies of intervention require more refined distinctions and more qualified statements regarding which populations are being discussed. Finally, the possibility that low support among married people represents the presence of conditions that are more problematic than the absence of a marital relationship again raises the issue of the stress-support distinction. It also highlights the need to give more attention to the costs and constraints of involvement in social relationships.

The Negative Side of Social Relationships

In focusing on the benefits of interpersonal relationships for persons facing stressful circumstances, researchers have often overlooked the potentially troublesome aspects of relating to others and the uncertain effects of attempting to obtain support. Recently, however, in a few studies the researchers have simultaneously considered both the positive and negative aspects of social involvements. Rook (1984) found that the problems posed by social relationships in a sample of women were more strongly related to well-being than support was. The degree to which social relationships presented problems was relatively independent of perceptions of support received; some women who were low in support had high levels of social problems, whereas others had few. In a study of patients with Alzheimer's disease, Fiore, Becker, and Coppel (1983) separately assessed how helpful and how upsetting each member of the social network was. Although there was no relation between helpfulness and depression, the degree of upset associated with network members was positively related to depression scores.

Sandler and Barrera (1984) assessed the number of people who were a source of both supportive and upsetting interactions, as well as the number of persons who were mentioned only as a source of support. The number of network members who were sources of conflict was positively related to symptoms and to the size of the stress-symptom relation. However, there was no direct or indirect effect for the number of persons who were only sources of support. Findings from a study by Abbey et al. (1985) suggest that the presence of conflict is most detrimental to the provision of support in a person's closest relationship. Measures of support and conflict were uncorrelated, except for when respondents rated the person closest to them. Ratings of support and conflict associated with this most intimate relationship were strongly negatively correlated.

An apparent deficit in supportive relationships may be the result of a deliberate effort to retreat from and avoid negative and overwhelming social involvements. Potential sources of support may prove to be more demanding and draining than nurturant, particularly for women. Gove and Hughes (1979) concluded that a major source of the sex difference in somatic symptoms is women's being worn down by more nurturant role demands. Kessler and McLeod (1985) found that the greater vulnerability of women to life events was due to their empathic concern about crises in their networks. Cohler and Lieberman (1980) found that in two of their three samples of middle-aged women, having extensive ties was associated with an overload of responsibility and heightened distress. Belle (1982) reported that many of the potential sources of support for the low-income mothers in her sample posed the threat of physical and verbal abuse, betrayed confidence, and showed overwhelming neediness. Fischer (1982) concluded that "many people [are] socially burdened by alcoholic husbands, delinquent children, senile parents, and the like . . . we must not exaggerate the supportiveness of personal relationships" (p. 3).

What happens when persons under stress or in distress increase their efforts to obtain support? There is some evidence that explicit support seeking may be an ineffective means of coping and a poor way to obtain support (Coyne, 1976; Coyne, Aldwin, & Lazarus, 1981; Lieberman & Mullan, 1978; Pearlman & Schooler, 1978). This finding could be a reflection of circumstances in which support is not readily forthcoming and in which persons must resort to such problematic strategies. Furthermore, efforts by dysfunctional persons to increase social involvement and support may expose them to demands that they cannot meet. Ziomek and Coyne (1983) found that even mildly depressed persons were impaired in their ability to provide emotional support to others, and argued that this inability to reciprocate may be a major cause of their lack of support. Tolsdorf (1976) noted that much of the stress reported by a sample of schizophrenic respondents stemmed from their inability to
meet the expectations of family, friends, and employers concerning specific role performances, and that anxiety about this further debilitated them. Hammer, Makiesky-Barrow, and Gutwirth (1978) suggested that in psychotherapy with schizophrenics, a one-sided emphasis on the potential benefits of increased social involvement may misdirect the course of treatment.

In striking contrast to the social support literature's emphasis on the benefits of close social involvements, there is a large literature concerning families and family therapy that has a seemingly contradictory emphasis on the benefits of individuating or separating people from their troublesome overinvolvement in their families. The Group for the Advancement of Psychiatry (1970) indicated that 87% of family therapists saw their primary goal as improving the autonomy and individuation of family members.

Whereas researchers of social support seem to assume a linear relationship between close involvement and well-being, the family literature researchers tend to assume a curvilinear relation whereby individuals and their families function best at moderate levels of involvement (Coyne & Holroyd, 1982). Data from diverse populations, including adults hospitalized for schizophrenia and depression (Vaughn & Leff, 1976), suffering from chronic pain (Mohamed, Weisz, & Waring, 1978), or receiving hemodialysis (Reiss, Gonzalez, & Kramer, in press), as well as children and adolescents with asthma or diabetes (Lamont, 1963; Minuchin, Rosman, & Baker, 1978; Weiner, 1977), suggest how overinvolvement in close relationships may aggravate and perpetuate other problems. Emotional overinvolvement occurs in social relationships in which family members have become worrisome, overprotective, intrusive, and excessively indulgent and self-sacrificing in a way that burdens the patient and discourages autonomy and personal responsibility for self-care.

For instance, results of a series of British studies have suggested that emotional overinvolvement is a key component of reactions of family members to schizophrenic patients. Such involvement has proven to be the single best predictor of relapse, even after the level of behavioral and work impairment initially shown by the patient is controlled for (Vaughn & Leff, 1981). Similar findings concerning attitudes taken towards depressed patients by their spouses have been obtained (Vaughn & Leff, 1976). Overall, this literature implies that highly distressed or disturbed persons may find close relationships difficult, even when levels of tension and strain are low. Although well-meaning, relatives may respond with intrusiveness, unsolicited advice and attempts to make contact, and — particularly when these efforts fail — characterological criticism and rejection. Low scores on measures of perceived support may represent a retreat from such painful family interactions. Coyne, Wortman, Lehman, and Turnbull (1985) suggested that this pattern of emotional overinvolvement is not limited to families with members who have primarily psychological problems such as depression and schizophrenia. In their review they found negative outcomes in reactions to a variety of acute and chronic somatic health problems as well. For instance, Pearce, LeBow, and Orchard (1981) found that instructing husbands not to be supportive or otherwise involved in their wives' efforts to lose weight resulted in significantly greater weight loss for those husbands' wives than among controls. Likewise, among the families of patients with uncomplicated myocardial infarction, spouses frequently become more distressed than the patient (Mayou, Foster, & Williamson, 1978). The overprotectiveness and intrusiveness of family members often becomes a major source of stress for the patient (Wishnie, Hackett, & Cassem, 1971).

Investigation of the drawbacks of social relations lag far behind identification of their benefits, but under some circumstances the former appear to outweigh the latter. It may be that some persons who lack support are retreating from adverse situations or demands that exceed their resources. Unfortunately, the stressful circumstances that engender the greatest need for support appear to be the very ones under which emotional over-involvement of family members tends to occur as well. Clearly, fuller consideration of the negative aspects of social involvements is a prerequisite for the design of effective supportive interventions.

The “Cognization” of the Social Support Literature

For a time, researchers advanced the hypothesis that perceptions of the availability of support and feelings of being supported might be based on past supportive transactions. However, investigators found that reports of past support were positively associated with both recent life events (Cohen & Hoberman, 1983) and symptoms (Barrera, 1981; Sandler & Lacy, 1982, and yielded "reverse buffer effects" (Husiani, Neff, Newbrough, & Moore, 1982). One explanation of these findings is that they reflect a confounding of support with stress and neediness. Other researchers who used measures of both perceived support and past supportive transactions with the same samples found that perceived support was more strongly related to outcomes (Wethington & Kessler, in press). This study also suggested that past supportive transactions promote psychological well-being through their effects on perception of support as much as by their resolution of problems.

It is now widely accepted that social support is best regarded as a "personal experience, rather than a set of objective circumstances or even a set of interactional processes" (Turner, Frankel, & Levin, 1983, p. 74). Social support is increasingly being viewed as a cognitive appraisal or a property of the person (Barrera, 1981), rather than a reflection of a set of circumstances or of the transactional unit of a particular person in a set of particular circumstances (cf. Coyne & Holroyd, 1982). The decision to focus exclusively on the perception of support has profound implications for how research questions are formulated. The agenda set involves an emphasis on cognitive processes and similar level variables, such as locus of control (Rotter, 1966) or mastery (Pearlin, Menaghan, Lieberman, & Mullan, 1981), as Turner et al. (1983) noted. In order to be an effective guide for interventions, the concept of social support needs clear references, yet the exclusive focus on perceptions has resulted in the individual's being studied in isolation from family, neighborhood, and other important interactional contexts. As research findings become translated into clinical interventions, individual solutions to what might be more usefully considered contextual problems are implied. If Broadhead et al.'s (1983, p. 530) conclusion that "much of social support may be environmen-
tally determined” is accurate, researchers should be concerned about the ideological implications suggested to psychotherapists by our focus on the individual as the unit of study and change.

By taking an exclusively cognitive approach, one learns little about the interpersonal dynamics that take place in close relationships or about how supportive provisions are mobilized and used in the coping process (Gottlieb, 1984). The main alternative to the cognitive–perceptual approach to measurement has been a rather limited use of network analysis. Another alternative would be to take the support–distress relation as an entry to a broader psychosocial inquiry into the particulars of people’s lives. Such an inquiry should include attention to the dynamics of life cycle and lifestyle and the associated demands, aspirations, and constraints, as well as how, in this context, others affect health and well-being. Perceptions of support do not arise in vacuo, and we should be careful not to localize in the individual’s cognitive processes what is more appropriately a feature of that person’s transactions with his or her typical environment (Coyne, 1982).

Conclusions

It has been suggested that therapeutic and preventive efforts will be most successful when they “proceed from a specific understanding of target populations, of environmental settings, of target behaviors, and of the nature of the optimal congruence between them” (Levine & Perkins, 1980, p. 156). Presently, the social support literature is limited in what it can offer to such efforts. We suggest that it is more likely to make a contribution if theory and research do not become prematurely focused on decontextualized cognitive processes, to the exclusion of the circumstances in which these processes purportedly occur.

Our argument is not that cognition is irrelevant, but rather that an understanding of the circumstances in which perceptions of high or low support arise is a logical and strategic prerequisite to an understanding of how these perceptions are relevant to stress, coping, and adaptational outcomes. An unemployed homemaker with a wealthy male eccentric who prefers to live by himself, and a college freshman who has just arrived on campus may be similar in perceiving a lack of support from their environments, but the processes by which this is relevant to their well-being are likely to be radically different. To focus on their shared lack of support without considering the particulars of their situations would be more distorting than enlightening.

If we attempt to describe what is going well or badly in their lives—what their resources and vulnerabilities are—seemingly important distinctions between support and stress, coping, adaptational outcomes, and background characteristics become blurred. Ultimately, these distinctions may best be seen as a matter of theoretical and methodological convention, rather than anything that is reliably separable in the lives of our subjects.

The vagueness of what is meant by social support has lead to confusion over what types of interventions are indicated. The diverse problems of people low in support seem to suggest a full range of therapeutic and preventive interventions. For some, more supportive relationships would be a timely and effective solution to their difficulties; others face realities such as poverty and role overload that are so oppressive that their lack of support pales by comparison (Veroff et al., 1981). It may be that the situations of persons who most lack support present the greatest obstacles to any supportive interventions.

The concept of support is generating considerable excitement and enthusiasm, and it represents an important step in the recognition of the centrality of social involvement in human adaptation and well-being. However, the concept becomes systematically misleading when it is accepted in place of a more elaborated understanding of the complexities of people’s involvement with others. Ultimately, the notion of social support is best seen as a rung on the ladder to such an understanding—it is an important first step, but not a place to rest.

We need to learn more about how people find, build, maintain, and end relationships; how they are constrained by their personal characteristics, their circumstances, and the pool of people available; and the benefits and costs that they incur. Existing survey methods need to be supplemented by both in-depth interview studies of the nature of supportive relationships (O’Connor & Brown, 1984) and daily diary assessments of stress and support processes as they unfold over time (DeLongis, 1985; DeLongis, Folkman, & Lazarus, 1986). If such a knowledge base develops, “social support” may come to be viewed as a general rubric for understanding the potential benefits of social relationships, rather than a precise theoretical concept, which is analogous to how the concept of stress is now seen (Lazarus, DeLongis, Folkman, & Gruen, 1985). As it is often used, however, the concept of support is an oversimplification of the complexities of social life and its role in adaptation.

References


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