

Journal of Social and Personal Relationships

<http://spr.sagepub.com/>

Challenges in conceptualizing social support

Anita L. Vangelisti

Journal of Social and Personal Relationships 2009 26: 39

DOI: 10.1177/0265407509105520

The online version of this article can be found at:

<http://spr.sagepub.com/content/26/1/39>

Published by:



<http://www.sagepublications.com>

On behalf of:

[International Association for Relationship Research](#)

Additional services and information for *Journal of Social and Personal Relationships* can be found at:

Email Alerts: <http://spr.sagepub.com/cgi/alerts>

Subscriptions: <http://spr.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations: <http://spr.sagepub.com/content/26/1/39.refs.html>

>> [Version of Record](#) - May 13, 2009

[What is This?](#)



Challenges in conceptualizing social support

Anita L. Vangelisti

University of Texas at Austin

ABSTRACT

Although research on social support has generated findings that are key to the study of social and personal relationships, scholars have yet to deal with a number of conceptual issues that affect how social support is defined and measured. Research on hurt feelings provides some interesting insights concerning the conceptualization of support. Based on this research, as well as a review of the literature on social support, the current article describes several issues that scholars ought to consider as they conceptualize, evaluate, and study social support processes.

KEY WORDS: conceptualizing social support • hurt • hurt feelings • social support • support

Research on social support is important. It provides us with a rationale for studying personal relationships, for teaching our students about relational processes, and for designing intervention programs for people who experience relational problems. Given the importance of this research, it is surprising that, as noted by Sarason and Sarason (this issue), relatively little attention has been focused on the conceptualization of social support. Scholars have yet to grapple with many of the conceptual issues involved in studying support processes. As a consequence, they often define support in different ways, employ different measures to assess support, and generate results that are difficult to compare.

In this article I argue that researchers should consider several issues involved in the way they conceptualize social support. My suggestions stem from a review of the literature as well as from my own work on hurt feelings.

All correspondence concerning this article should be addressed to Anita L. Vangelisti, Department of Communication Studies, 1 University Station, A1105, University of Texas at Austin, Austin, TX 78712, USA [e-mail: a.vangelisti@mail.utexas.edu].

Journal of Social and Personal Relationships Copyright © 2009 SAGE Publications (www.sagepublications.com), Vol. 26(1): 39–51. DOI: 10.1177/0265407509105520

Over the past two decades, my students and I have collected hundreds of accounts of interactions that participants describe as hurtful. These interactions typically are viewed as depicting either the antithesis of social support (e.g., rejection, verbal aggression, or unwanted criticism) or the absence of support (e.g., nonvalidation, neglect, or a lack of consideration). Examining the ways individuals describe and explain hurtful situations offers some important insights about issues that researchers and theorists who study social support ought to consider. The purpose of this article is to discuss some of these issues. To provide a context for the discussion, I will briefly note the ways social support has been defined and studied. I will argue, as have others, that the assumptions some researchers and theorists have made concerning the outcomes of social support are problematic. Then, I will go on to discuss some of the theoretical and conceptual issues that should be examined by those of us who are interested in studying social support.

Overview: Definitions and outcomes

The study of social support, as we know it today, can be traced to several scholars who published their work in the 1970s (e.g., Cassel, 1976; Cobb, 1976; Moss, 1973). Although these researchers defined social support in different ways, the arguments they made were quite similar: They noted that social relationships can moderate the effects of stress on individuals' health and well-being. Since these initial arguments were put forth, researchers and theorists from a variety of disciplines have studied the ways in which social relationships can support individuals' physical and mental health. While most have come to agree that there is an important link between social support and people's well-being, they continue to define and study support in different ways.

The definitions of social support that have emerged in the literature can be broadly described in terms of three perspectives (for reviews see Burleson & MacGeorge, 2002; Goldsmith, 2004; Sarason, Sarason, & Pierce, 1994). The first is a sociological perspective that focuses on the degree to which individuals are integrated into a social group. Measures employed by researchers who take this approach usually are based on the number and/or the interconnectedness of people's social relationships. The second is a psychological perspective that emphasizes the perceived availability of support. Those who adopt this view typically assess the type or amount of support that individuals perceive they get from their social network (*received support*) or the type or amount of support they believe is available to them (*perceived support*). The third is a communication perspective. A communication perspective focuses on the interactions that occur between the providers and recipients of support. Researchers who study supportive communication usually evaluate the verbal and nonverbal behaviors that individuals engage in when they are trying to provide someone with help (*enacted support*).

Historically, studies conducted from all three of these perspectives were designed around the assumption that the outcomes of support are (or should be) positive. And, in fact, that assumption often has been validated. In its various forms, social support has been positively associated with a multitude of variables ranging from mortality (House, Landis, & Umberson, 1988) to depression (Holahan, Moos, Holahan, & Brennan, 1995) to pregnancy and childbirth (Collins, Dunkel-Schetter, Loebel, & Scrimshaw, 1993). Perceived support and the availability of support have been linked to greater physical and mental well-being (Berkman, 1995) and, by implication, to more satisfying interpersonal relationships.

Although the beneficial influence of support is widely cited, researchers have come to acknowledge that it is moderated by a number of different factors. For instance, the meaning that people attach to social support is affected by the qualities of their interpersonal relationships (Miller & Ray, 1994). Studies suggest that intimate relationships encourage relatively high levels of support (Reis & Franks, 1994) whereas relationships characterized by conflict are not conducive to the positive influence of supportive behavior (Pierce, Sarason, & Sarason, 1992). Furthermore, the type of support enacted by partners (King, Reis, Porter, & Norsen, 1993) and the number of stressful events they experience (Roy, Steptoe, & Kirschbaum, 1998) can affect the positive impact of support.

The long list of moderators that affect the way social support operates suggests that there are problems with assuming that the outcomes of support are (or should be) positive. One problem is that such an assumption frames negative outcomes as aberrant when, in fact, a fair portion of our interactions with social network members are negative (Davis & Swan, 1999; Rook, 1984, 1992). Social support can be costly (Rook, *this issue*; Rook & Pietromonaco, 1987). Receiving support from others can call individuals' self-esteem into question, it can heighten people's awareness of their (negative) circumstances, it can create concerns for individuals about whether their distress is publicly visible, it can result in unwanted indebtedness, and it can encourage people to become overly dependent on support providers (see, e.g., Bolger, Zuckerman, & Kessler, 2000). Those who receive social support also can experience problems when they perceive they are unable to meet a caregiver's expectations about how they should cope (e.g., Hatchett, Friend, Symister, & Wadhwa, 1997). Indeed, Lewis and Rook (1999) found that people may feel distressed when a member of their social network tries to control their health-related behavior – even though this type of social control also predicts less health-compromising and more health-enhancing behavior on the part of the recipient.

Lewis and Rook's (1999) findings point to another problem associated with the assumption that the outcomes of support are (or should be) positive. More specifically, these findings suggest that the outcomes associated with social support can be simultaneously positive and negative. Thus, for example, individuals may feel distressed about receiving support but may, as a consequence of the support they receive, engage in behaviors that are positive or beneficial. Focusing primarily on the positive outcomes of social

support not only decreases the likelihood that researchers will uncover and describe negative outcomes, but it also decreases the likelihood that they will examine the interplay between positive and negative outcomes.

The various associations between positive and negative outcomes and the way they affect, and are affected by, individuals and their relationships should provide important information about how social support operates. For instance, it may be that in the context of satisfying relationships, any distress people feel as a consequence of receiving support from their partner is ameliorated over time by the benefits associated with changes in their health-related behavior. Over time, those involved in satisfying relationships may attribute positive changes in their health-related behavior to their partner's good intentions. By contrast, individuals in dissatisfying relationships may be less likely to realize the benefits of changes in their health-related behaviors because they are more invested in maintaining the distress they experienced as a result of their partner's support. Examples such as this one suggest that understanding the complex associations between the positive and negative outcomes of support will provide researchers with data they need to build more comprehensive, accurate theories to explain support processes.

Of course, examining the positive and negative outcomes of support, as well as the links between the two, is no small task. Part of the reason this task is so challenging is that researchers have yet to address some of the basic conceptual issues involved in studying support processes (Sarason & Sarason, this issue). Below, I describe several issues that scholars ought to consider as they examine the various ways social support has been conceptualized. In raising these issues I am not arguing that researchers should come to a universal definition of social support, that they should agree upon a single measure of support, or that they should study support from a particular perspective. Rather, my argument is that researchers need to address these issues and generate clear, well-reasoned responses to the questions they raise concerning the way social support is defined and studied.

Wanted versus unwanted support

People do not always want to receive support. There are several reasons why support may be unwanted. One is that, as noted above, the outcomes of support may be negative or costly. Even in instances when individuals see certain benefits to receiving support, they may view the costs as outweighing those benefits. Another reason is that the process of receiving support may be negative. Thus, for example, people may perceive the outcomes associated with receiving support as positive, but they may view support as undesirable because the process of receiving it would be embarrassing, stigmatizing, or distasteful (e.g., Brashers, Neidig, & Goldsmith, 2004; Chesler & Barbarin, 1984). Yet another reason is that individuals may perceive the acts of support they are likely to receive as unhelpful. They may believe that others will find it difficult to provide them with helpful support or that those who are most likely to give them support are incompetent providers.

It also is important to note that individuals' desire to receive support – or the lack thereof – may be tied to specific situations or relationships. People may not want to receive support in a public context, but may be happy to receive it in a private setting. They might not want support when their needs for self-efficacy are high (e.g., when they are about to master a new skill), but they may find it quite helpful when their needs for efficacy are low (e.g., when they are just beginning to learn a new skill). They probably do not want a lot of support from individuals they dislike or distrust, but they may place a great deal of value on receiving support from loved ones.

In general, it is likely that unwanted support is less effective than support that is wanted or desired. Support recipients are likely to view unwanted support in negative ways and, as a consequence, are likely to react negatively to it. These negative reactions, in turn, may be linked to relatively negative outcomes. It also is possible, however, that there are circumstances when unwanted support is associated with positive outcomes. For instance, people who do not want to receive support in a public context may experience positive outcomes if the support is delivered in an extremely skillful way. Similarly, those who do not want to receive support from a particular individual may benefit from the support if the resources they receive are important and if they are unable to attain them from another source.

Supportive acts

Although a substantial literature is based on the notion that social interaction is central to social support, the specific acts that people engage in to provide others with support are not always associated with positive outcomes (Burlleson & Goldsmith, 1998; Dunkel-Schetter, Blasband, Feinstein, & Herbert, 1992). A number of researchers have explained the inconsistency in the link between supportive acts and positive outcomes by noting that social support can be delivered in more or less skillful ways. Some have distinguished behaviors that are deemed by recipients as relatively effective in helping people to deal with stressors from those that tend to be ineffective (e.g., Dunkel-Schetter et al., 1992; Ingram, Betz, Mindes, Schmitt, & Smith, 2001). Thus, for example, researchers note that expressing love and concern, providing practical assistance, and showing loyalty tend to be helpful support behaviors, whereas giving incompetent care, being over-protective, and making insensitive remarks tend to be unhelpful (for a summary see Goldsmith, 2004, p. 20). Distinguishing helpful from unhelpful categories of behavior provides a general description of the acts that people are likely to experience as supportive, but it does little in terms of generating a theoretical explanation for why those acts function in supportive ways.

In an effort to explain why some acts are more supportive than others, researchers have also identified the qualities of particular behaviors or categories of behavior that influence the degree to which they are supportive. For example, Burlleson (e.g., 1994) notes that messages that are *person-centered* – messages that, for example, include expressions of compassion, encourage others to elaborate on their feelings, and acknowledge others'

emotional and cognitive states – tend to be relatively supportive. Burleson and MacGeorge (2004) explain that highly person-centered messages help recipients understand their problematic situation, accept their current circumstances, and adjust to the challenges and opportunities they face. Bolger et al. (2000) suggest that *invisible* support – support that is unnoticed by recipients – is particularly effective. These researchers argue that, in many cases, receiving support is costly. They note that individuals' awareness of receiving support can take a toll on their self-esteem and make them cognizant that their distress is publicly visible. Because of these and other emotional costs, Bolger and his colleagues suggest that the most effective supportive acts are those that occur outside recipients' awareness or those that are so skillful or polite that they are not coded by recipients as support.

These studies, and others, tend to portray supportive acts as positive or prosocial. They suggest that providing support requires substantial skill and sensitivity to others' thoughts and feelings. Yet, some research indicates that supportive acts can be negative and that, under certain circumstances, they demonstrate little sensitivity toward how recipients think or feel. Our data on hurtful interactions consistently show that people can see hurtful statements as supportive. For instance, respondents occasionally describe comments they have received from a coach or a teacher ("That's the worse performance I've ever seen!" or "I can't believe you'd be so dumb!") as both hurtful and supportive. When they describe these interactions, participants typically note that the coach or teacher was "trying to help" them and that the negative comments actually motivated them to try harder. Our data also yield hurtful but supportive comments from friends and family members. For example, participants often report that a friend or a family member has said hurtful things about their behavior or their appearance ("You're really stupid to start smoking!" or "Boy, you need to lose some weight!"). Respondents sometimes explain these comments by noting that the friend or family member "was worried" about them and "really cares about" them. In colloquial terms, participants interpret these hurtful statements as a form of "tough love." Perhaps because they interpret the comments as well-intended, they respond to them in relatively positive ways.

Of course it is likely that, on average, acts of support that are prosocial and sensitive are more effective than those are hurtful and insensitive. Our participants who felt that their coach's harsh comments were meant to be helpful might have been more motivated had the coach said something less hurtful. It also is important to acknowledge that hurtful but supportive comments are relatively rare. People usually do not describe hurtful statements as helpful and rarely note that they demonstrate caring or concern. Still, the fact that individuals sometimes view negative, hurtful comments as supportive highlights the centrality of perception to support processes. When people perceive a hurtful statement as well-intended, their responses to that statement are relatively positive and those positive responses, in turn, may be linked to positive outcomes (see, e.g., Vangelisti & Young, 2000). Granted, a large part of what influences people's perceptions of supportive

acts are the acts themselves and the way they are delivered. But individuals' interpretations also are informed by the social context in which they occur, individual characteristics of the support recipient, and the relational history that predates the supportive act.

Sequences of support

One reason that individuals' perceptions of supportive acts may be difficult to predict is that researchers typically study them as isolated events. A number of scholars have discussed the interactive nature of social support (e.g., Barbee & Cunningham, 1995; Burlleson & Goldsmith, 1998; Reis & Collins, 2000), but very few have empirically examined the communication that precedes and follows support messages (cf., Goldsmith, 2004). Supportive acts, like other acts of communication, are interdependent. Because they influence, and are influenced by, the messages that come before and after them, they are most clearly understood when examined in the context of interactions and sequences of interactions (Sillars & Vangelisti, 2006).

The interactive sequences in which supportive acts are embedded can be studied either on a micro- or on a macro-level. At the micro-level, the behaviors, thoughts, and feelings that come before and after a supportive act shape the way that act is interpreted and evaluated. For instance, if a message that would typically be coded as effective support occurs after a series of statements indicating that the support provider is bored, or that he or she views the problem at hand as trivial, the message is not likely to be effective. Similarly, when someone who has just delivered an extremely effective support message stops the interaction to answer a phone call, and precedes to engage in a jovial conversation with another friend or acquaintance, any positive affect created by the initial act of support is likely to fade.

At the macro-level, the behaviors, thoughts, and feelings that influence the way people evaluate acts of support can be examined in terms of the ongoing patterns that characterize people's relationships. Individuals' perceptions of the way a relational partner typically behaves, thinks, or feels are likely to affect the way they interpret and evaluate acts of support. A history of negative, antagonistic behavior is likely to cast a shadow on even the most skillful acts of support. For instance, supportive behavior enacted by a friend or family member who is viewed as self-centered or manipulative is likely to be seen as relatively ineffective – even if his or her desire to be of help is genuine. Similarly, acts of support that occur in the context of a relationship with an ongoing pattern of conflict and betrayal may be regarded as less effective than those that occur in a relationship that is characterized by harmony and trust.

Existing research and theory also suggest that the influence of interactive sequences on the way people evaluate support behaviors may be complicated by the valence of those sequences. The salience of negative behaviors and the relatively close links between negative behaviors and relational

satisfaction (e.g., Gottman & Levenson, 1986; Huston & Vangelisti, 1991; Wills, Weiss, & Patterson, 1974) may make sequences of negative behavior more potent than sequences of positive behavior. Over time, negative interactions and negative sequences of interactions may have a more profound effect on the interpretation and evaluation of support behaviors than may those that are positive.

Preventative support

Whether social support is defined in terms of the degree to which individuals are integrated into a social network, the perceived availability of support, or the interactions that take place between support providers and recipients, it is often conceived as buffering individuals from the negative effects of stress. In most cases, when support is viewed as a buffer, it is examined in situations when stress has occurred. Researchers who study support in stressful situations often assume that the positive influence of support on individuals is something that occurs when stress is experienced – and that the provision of support is a response to stress or stress-inducing situations. It also is likely, however, that the positive effects of social support occur well before the onset of stress. In other words, in addition to serving a reparative function, support may serve a preventative or prophylactic function.

Scholars who study the association between social integration and individuals' health have articulated many of the ways that social support may prevent stress before it occurs (e.g., Brissette, Cohen, & Seeman, 2000). For instance, being integrated into a social network may provide people with emotional or psychological resources that enable them to avoid certain stressors. Social integration also might increase individuals' well-being which, in turn, may enable them to cope more effectively with stress. Researchers who study perceived support similarly note that people who believe support is available to them tend to experience less stress than do those who do not (Lakey et al., 2002; Wethington & Kessler, 1986).

Although scholars have offered compelling descriptions of the ways that social support may prevent stress, these descriptions (and the research they have generated) are limited in at least two ways. First, they treat social networks and support providers as relatively passive. In some cases, the mere presence of network members (or the perception that network members are available) is enough to provide support. In others, network members and support providers act as a conduit for resources that enable recipients to deal with stress. Second, they minimize the role of social interaction in preventative support. The interactions that occur between network members and support recipients before the onset of stress may play an important role in recipients' ability to cope. But scholars who study enacted support – who look at the behavior of support providers and the interactions between providers and recipients – have yet to systematically contribute to the discussion of preventative or prophylactic support.

People may engage in a variety of behaviors that provide others with preventative support. If they know about a stressful event before it occurs,

they can forewarn others about the event. The forewarning may enable support recipients to prepare for, or even avoid, the event. They also can provide encouragement and bolster recipients' self-esteem so that recipients feel more confident when the stressful event occurs. Even if support providers are unaware of an upcoming stressful event, they may engage in behaviors that facilitate recipients' ability to cope. For instance, they may inadvertently provide recipients with information that helps them deal with the event when it eventually occurs. They also may engage in behaviors that, on average, are associated with greater relational satisfaction and avoid those associated with decrements in satisfaction. The increased satisfaction of support recipients may, in turn, help them deal with stress. Thus, for example, support providers may engage in more positive than negative affective behaviors (e.g., Cutrona, 1996; Gottman & Levenson, 1992). This relatively positive behavioral pattern could create a relational context that facilitates recipients' ability to cope with or avoid stressful situations.

Of course, the effectiveness of these, and other forms of preventative support is questionable. Certain forms are undoubtedly more helpful than others. Further, the effectiveness of preventative support may vary based on the type of stress experienced. Support that serves as an effective buffer for acute stressors (e.g., an illness) may not be helpful for chronic stressors (e.g., age-related disabilities) (see Thoits, 1995). In addition, the source of the support may influence which forms are most helpful. One form of support may be effective when provided by a spouse, whereas another may be more effective when given by a friend or acquaintance (see, e.g., Wethington & Kessler, 1986).

Support for positive versus negative events

Asking questions about preventative support and the possible influence of positive behaviors on individuals' well-being raises another conceptual issue that has emerged repeatedly in our data on hurtful interactions. More specifically, our data suggest that people see support for positive events as extremely important and, conversely, that they view a lack of support for such events as hurtful. The vast majority of the literature on social support describes support in terms of its ability to help, or render aid, during periods of stress – when negative events have occurred or are about to occur. Our data suggest that support for positive events also should be considered.

When we ask people to describe hurtful interactions or hurtful family environments, one of the situations they frequently report involves someone “not being there” for them (see Vangelisti, Maguire, Alexander, & Clark, 2007; Vangelisti, Young, Carpenter-Theune, & Alexander, 2005). In many cases, the situations are consistent with those typically studied under the rubric of social support: they are negative or stressful. People describe being sick, breaking up with a romantic partner, having difficulties at work or at school, or experiencing the death of a family member. Individuals note that they were hurt because someone – usually someone they cared about – either failed to provide them with support (e.g., didn't ask how they were

doing, didn't try to comfort them) or provided support that was ineffective (e.g., said something insensitive, made an inappropriate joke, implied they were inadequate). In other cases, however, the situations are positive. People note that they were playing in a championship game, were accepted into law school, received an award, or were performing in a recital. They say that they were hurt because, again, someone they cared about failed to provide them with support (e.g., didn't attend the event, didn't encourage them) or provided support that was ineffective (e.g., insulted them, criticized them, joked about their performance).

Although some of the positive events that people describe may involve a degree of stress, our participants rarely (if ever) note that the reason they wanted support in these situations was to alleviate stress. Instead, they report that they wanted the support provider to show interest in their activities, give them encouragement, or demonstrate caring.

Studies show that social contact and social relationships contribute to individuals' happiness and well-being (e.g., Argyle & Martin, 2000; Diener & Seligman, 2000). People often want to share their positive experiences with others. Sometimes, they simply want companionship; they want others to participate with them, laugh with them, or join them in their excitement (see Rook, 1989). But in some cases, they want others to be there to provide them with support; they want encouragement, inspiration, validation, or displays of love. Although researchers who study social support have demonstrated the importance of social relationships to individuals' well-being, they have established this link largely by showing that certain social relationships can alleviate or prevent stress. They have less often examined the role that relationships play in enhancing individuals' experience of positive activities or events (cf., Aron, Norman, Aron, McKenna, & Heyman, 2000).

It is important to note that support for positive events and support for negative events may operate in very different ways. Scholars have made a strong case for treating the positive and negative behaviors that characterize couples' interaction as separate variables rather than as two ends of a single continuum (e.g., Caughlin & Huston, 2006). For example, they argue that partners' interaction can be described by varying degrees of both positive and negative behavior (Gottman, 1994; Houton & Houts, 1998) and that the correlation between partners' positive and negative behaviors often are relatively low (Huston & Vangelisti, 1991; Smith, Vivian, & O'Leary, 1990). A similar case can be made for the support people provide for positive and negative events. Individuals may provide support for positive and negative events to varying degrees in the same relationship. Further, these two types of support may influence, and be influenced by, relational quality in different ways. For instance, support for positive events may be more effective in the context of satisfying than dissatisfying relationships. Because partners in satisfying relationships spend more time together (Kirchler, 1989) and engage in a greater number of pleasurable activities together (Marini, 1976), they may place a higher value on support for positive events than do partners in dissatisfying relationships. Further, the acts that characterize

effective support for positive events may differ from those that characterize effective support for negative events. When people show support for positive events, they may not need to be as concerned with the degree to which supportive acts are visible to recipients. Indeed, invisible support (Bolger et al., 2000) may not be as effective in positive situations as it is in negative or stressful situations.

Conclusions

Social support is a core construct in the field of personal relationships. Research on social support demonstrates how and why relationships are central to people's emotional, psychological, and even their physical well-being (see Burleson & MacGeorge, 2002; Goldsmith, 2004; Sarason, Sarason, & Pierce, 1994). Yet, as Sarason and Sarason note (this issue), scholars still need to deal with a number of conceptual questions that affect the way social support is studied. Based on a review of the literature as well as my work on hurt feelings, I have described several issues that researchers need to consider as they continue to conceptualize, evaluate, and study social support. It is my hope that raising some of these issues will contribute to researchers' efforts.

REFERENCES

- Argyle, M., & Martin, M. (1991). The psychological causes of happiness. In F. Strack, M. Argyle, & N. Schwarz (Eds.), *Subjective well-being: An interdisciplinary perspective* (pp. 77–100). New York: Pergamon Press.
- Aron, A., Norman, C. C., Aron, E. N., McKenna, C., & Heyman, R. C. (2000). Couples' shared participation in novel and arousing activities and experienced relationship quality. *Journal of Personality and Social Psychology, 78*, 273–284.
- Barbee, A. P., & Cunningham, M. R. (1995). An experimental approach to social support communications: Interactive coping in close relationships. In B. R. Burleson (Ed.), *Communication yearbook 18* (pp. 381–413). Thousand Oaks, CA: Sage.
- Berkman, L. F. (1995). The role of social relations in health promotion. *Psychosomatic Medicine, 57*, 245–254.
- Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology, 79*, 953–961.
- Brashers, D. E., Neidig, J. L., & Goldsmith, D. J. (2004). Social support and the management of uncertainty for people living with HIV. *Health Communication, 16*, 305–331.
- Brisette, I., Cohen, S., & Seeman, T. E. (2000). Measuring social integration and social networks. In S. Cohen, I.G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 53–85). New York: Oxford University Press.
- Burleson, B. R. (1994). Comforting messages: Features, functions, and outcomes. In J. A. Daly & J. M. Weimann (Eds.), *Strategic interpersonal communication* (pp. 135–161). Hillsdale, NJ: Erlbaum.
- Burleson, B. R., & Goldsmith, D. J. (1998). How the comforting process works: Alleviating emotional distress through conversationally induced reappraisals. In P. A. Andersen & L. K. Guerrero (Eds.), *Handbook of communication and emotion: Research, theory, applications, and contexts* (pp. 245–280). San Diego, CA: Academic Press.

- Burleson, B. R., & MacGeorge, E. L. (2002). Supportive Communication. In M. L. Knapp & J. A. Daly (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 374–424). Thousand Oaks, CA: Sage.
- Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology*, *104*, 107–123.
- Caughlin, J. P., & Huston, T. L. (2006). The affective structure of marriage. In A. L. Vangelisti & D. Perlman (Eds.) *The Cambridge Handbook of Personal Relationships* (pp. 131–155). New York: Cambridge University Press.
- Chesler, M. A., & Barbarin, O. A. (1984). Dilemmas of providing help in a crisis: The role of friends with parents of children with cancer. *Journal of Social Issues*, *41*, 47–63.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, *38*, 300–314.
- Collins, N. L., Dunkel-Schetter, C., Loebel, M., & Scrimshaw, S. C. M. (1993). Social support in pregnancy: Correlates of birth outcomes and postpartum depression. *Journal of Personality and Social Psychology*, *65*, 1243–1258.
- Cutrona, C. (1996). *Social support in couples*. Thousand Oaks, CA: Sage.
- Davis, M. C., & Swan, P. D. (1999). Association of negative and positive social ties with fibrinogen levels in young women. *Health Psychology*, *18*, 131–139.
- Diener, E., & Seligman, M. E. P. (2000). Very happy people. *Psychological Science*, *13*, 81–84.
- Dunkel-Schetter, C., Blasband, D., Feinstein, L., & Herbert, T. (1992). Elements of supportive interactions: When are attempts to help effective? In S. Spacapan & S. Oskamp (Eds.), *Helping and being helped: Naturalistic studies* (pp. 83–114). Newbury Park, CA: Sage.
- Goldsmith, D. J. (2004). *Communicating social support*. New York: Cambridge University Press.
- Gottman, J. M. (1994). *What predicts divorce?* Hillsdale, NJ: Erlbaum.
- Gottman, J. M., & Levenson, R. W. (1986). Assessing the role of emotion in marriage. *Behavioral Assessment*, *8*, 31–48.
- Gottman, J. M., & Levenson, R. W. (1988). The social psychophysiology of marriage. In P. Noller & M. A. Fitzpatrick (Eds.), *Perspectives on marital interaction* (pp. 182–200). Philadelphia: Multilingual Matters.
- Hatchett, L., Friend, R., Symister, P., & Wadhwa, N. (1997). Interpersonal expectations, social support, and adjustment to chronic illness. *Journal of Personality and Social Psychology*, *73*, 560–573.
- Holahan, C. J., Moos, R. H., Holahan, C. K., & Brennan, P. L. (1995). Social support, coping, and depressive symptoms in a late-middle-aged sample of patients reporting cardiac illness. *Health Psychology*, *14*, 152–163.
- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, *241*, 540–545.
- Huston, T. L., & Houts, R. M., (1998). The psychological infrastructure of courtship and marriage: The role of personality and compatibility in romantic relationships. In T. N. Bradbury (Ed.), *The developmental course of marital dysfunction* (pp. 114–151). Cambridge, England: Cambridge University Press.
- Huston, T. L., & Vangelisti, A. L. (1991). Socioemotional behavior and satisfaction in marital relationships. *Journal of Personality and Social Psychology*, *61*, 721–733.
- Ingram, K. M., Betz, N. E., Mindes, E. J., Schmitt, M. M., & Smith, N. G. (2001). Unsupportive responses from others concerning a stressful life events: Development of the unsupportive social interactions inventory. *Journal of Social and Clinical Psychology*, *20*, 173–207.
- King, K. B., Reis, H. T., Porter, L. A., & Norsen, L. H. (1993). Social support and long-term recovery from coronary artery surgery: Effects on patients and spouses. *Health Psychology*, *12*, 56–63.
- Kirchler, E. (1989). Everyday life experiences at home: An interaction diary approach to assess marital relationships. *Journal of Family Psychology*, *2*, 311–336.
- Lakey, B., Adams, K., Neely, L., Rhodes, G., Lutz, C. J., & Sielky, K. (2002). Perceived support and low emotional distress: The role of enacted support, dyad similarity and provider personality. *Personality and Social Psychological Bulletin*, *28*, 1546–1555.

- Lewis, M. A., & Rook, K. S. (1999). Social control in personal relationships: Impact on health behaviors and psychological distress. *Health Psychology, 18*, 63–71.
- Marini, M. (1976). Dimensions of marriage happiness: A research note. *Journal of Marriage and the Family, 38*, 443–447.
- Miller, K., & Ray, E. B. (1994). Beyond the ties that bind: Exploring the “meaning” of supportive messages and relationships. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), *Communication of social support: Messages, interactions, relationships, and community* (pp. 215–228). Thousand Oaks, CA: Sage.
- Moss, G. E. (1973). *Illness, immunity, and social interaction*. New York: Wiley.
- Pierce, G. R., Sarason, B. R., & Sarason, I. G. (1992). General and specific support expectations and stress as predictors of perceived supportiveness: An experimental study. *Journal of Personality and Social Psychology, 63*, 297–307.
- Reis, H. T., & Collins, N. (2000). Measuring relationship properties and interactions relevant to social support. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 136–192). New York: Oxford University Press.
- Reis, H. T., & Franks, P. (1994). The role of intimacy and social support in health outcomes: Two processes or one? *Personal Relationships, 1*, 185–197.
- Rook, K. S. (1984). The negative side of social interaction. *Journal of Personality and Social Psychology, 46*, 1097–1108.
- Rook, K. S. (1989). Strains in older adults’ friendships. In R. G. Adams & R. Blieszner (Eds.), *Older adult friendships: Structure and processes* (pp. 164–194). Newbury Park, CA: Sage.
- Rook, K. S. (1992). Detrimental aspects of social relationships: Taking stock of an emerging literature. In H. O. F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp. 157–169). Washington, DC: Hemisphere.
- Rook, K. S., & Pietromonaco, P. (1987). Close relationships: Ties that heal or ties that bind? In W. H. Jones & D. Perlman (Eds.), *Advances in personal relationships* (vol. 1, pp. 1–35). Greenwich, CT: JAI.
- Roy, M. P., Steptoe, A., & Kirschbaum, C. (1998). Life events and social support as moderators of individual differences in cardiovascular and cortisol reactivity. *Journal of Personality and Social Psychology, 75*, 1273–1281.
- Sarason, I. G., Sarason, B. R., & Pierce, G. R. (1994). Relationship-specific social support: Toward a model for the analysis of supportive interactions. In B. R. Burleson, T. L. Albrecht, & I. G. Sarason (Eds.), *Communication of social support: Messages, interactions, relationships, and community* (pp. 91–112). Thousand Oaks, CA: Sage.
- Sillars, A. L., & Vangelisti, A. L. (2006). Communication: Basic properties and their relevance to relationship research. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge handbook of personal relationships* (pp. 331–351). New York: Cambridge University Press.
- Smith, D. A., Vivian, D., & O’Leary, K. D. (1990). Longitudinal prediction of marital discord from premarital expressions of affect. *Journal of Consulting and Clinical Psychology, 58*, 790–798.
- Thoits, P. A. (1995). Stress, coping, and social support. Where are we? What is next? *Journal of Health and Social Behavior (extra issue)*, 53–79.
- Vangelisti, A. L., Maguire, K. C., Alexander, A. L., & Clark, G. (2007). Hurtful family environments: Links with individual, relationship, and perceptual variables. *Communication Monographs, 74*, 357–385.
- Vangelisti, A. L., & Young, S. L. (2000). When words hurt: The effects of perceived intentionality on interpersonal relationships. *Journal of Social and Personal Relationships, 17*, 393–424.
- Vangelisti, A. L., Young, S. L., Carpenter-Theune, K., & Alexander, A. L. (2005). Why does it hurt?: The perceived causes of hurt feelings. *Communication Research, 32*, 443–477.
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health and Social Behavior, 27*, 78–89.
- 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.