

CHAPTER 6

Linking Health Communication with . . .

Social Support

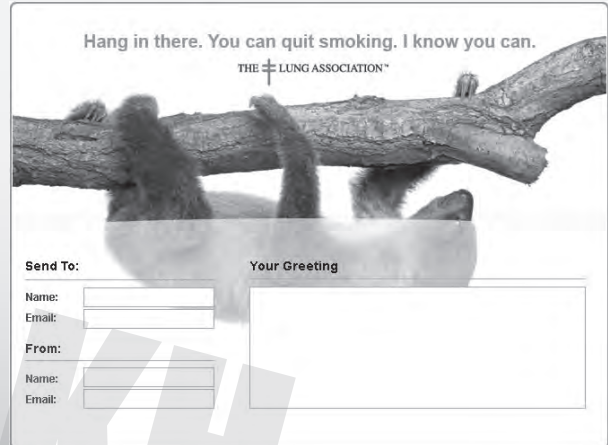
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Chapter Learning Objectives

- ◆ Define social support and its components
- ◆ Identify and define the types of social support
- ◆ Understand the health benefits of social support
- ◆ Discuss key aspects of supportive communication
- ◆ Recognize individual differences in support-seeking behaviors
- ◆ Explain the differences between an in-person and an online support group
- ◆ Compare the benefits and drawbacks of social support groups

Chapter Preview

In this chapter we examine the concept of social support as it relates to health and well-being, highlighting how health communication can create a sense of social support. We begin by defining social support, emphasizing the connection between social support and communication. Next, we present the various types of social support. Because the health benefits of social support should not be taken for granted, we explain the link between social support and health. This is followed by a consideration of supportive communication and the factors that make socially supportive communication more or less effective. We then reflect on the idea of social networks and the role networks play in the social support process. We also consider the role of individual differences such as culture and gender in the process of seeking social support. We then delve into the more formal function of support groups in providing social support. We conclude the chapter with a service-learning application that provides an example of how to start a support group while accentuating the importance of partnerships.



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These images are example e-cards you can send to a friend or family member who is trying to quit smoking. This is an easy, quick, and free way to encourage someone and let them know you support their decision. Would you be likely to send an e-card like these to someone you know? Why or why not? If you were trying to quit smoking how would you respond to receiving an e-card?

These e-cards are one way to provide social support. Thanks to advances in technology, it is now easier than ever to let someone know you are thinking about them or to offer them encouragement.

Defining Social Support

In order to discuss the role of social support in health, we must first define social support and identify key features of social support. We present a few definitions to give you a sense of the varying perspectives on the concept of social support. Albrecht and Adelman (1987) defined social support as “verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance a perception of personal control in one’s life experience” (p. 19). In this definition, the key features of social support are:

- ◆ Communication
- ◆ Uncertainty reduction
- ◆ Enhanced control

According to this definition, social support is any type of communication that helps individuals feel more certain about a situation and therefore feel as if they have control over the situation. For example, a nurse is with a patient who is feeling nervous about a blood test. The nurse explains the exact procedure for the test, how much blood is taken, and what level of pain the patient is likely to feel. Additionally, the nurse provides information about what the meaning of the results may be and what steps are taken after the results are determined. This information could help ease some of the uncertainty the patient is feeling about the

test, and therefore ease some of the patient's concern which enhances the patient's sense of control over the blood test.

This definition is somewhat limited because it states that supportive communication must reduce uncertainty. This might leave out other communication that would be supportive, but not necessarily reduce uncertainty about a health-related issue. For example, if you hug a friend after being told that one of his parents died, you are providing a form of social support, even if that hug does not lessen the uncertainty and lack of control your friend is feeling.

The National Cancer Institute (www.cancer.gov/dictionary) offers this definition of social support: "a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help." The key features of this definition of social support are:

- ◆ Network
- ◆ Psychological help
- ◆ Physical help
- ◆ Financial help

Unlike the first definition of social support, which emphasizes the preferred outcomes of the social support process, this definition accentuates the network of typical people who are available to provide support. This definition also delineates the types of assistance that can be provided by the network, including psychological support (e.g., a listening ear), physical support (e.g., a ride to the physician's office), and financial assistance (e.g., a short-term loan to pay a health insurance copayment). One of the advantages of this definition is the recognition of the multiple types of support that can be offered.

Gottlieb (2000) defined social support more broadly as the "process of interaction in relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychosocial resources" (p. 28). In this definition the key features of social support are:

- ◆ Interaction
- ◆ Coping
- ◆ Esteem
- ◆ Belonging
- ◆ Competence
- ◆ Exchange

This definition of social support is unique compared with the other two definitions offered because the emphasis is on communication by indicating that social support is an interactive process. The idea that communication creates the relationship as effectively supportive and satisfying through the interaction of the individuals involved in the situation is consistent with the attributes of communication we discussed in Chapter 1, "Introducing Health as Communication Nexus." This broader definition also includes outcomes suggesting that social support can lead to improvement in several areas of health and well-being. Communication that helps people cope with a situation, makes them feel better about themselves

by raising their sense of self-esteem, reaffirms their association or sense of belonging to a group, or improves their ability or competence to perform needed tasks all are considered forms of social support. The communication that leads to these supportive outcomes occurs through an exchange of physical or psychological resources between at least two individuals. This means that those involved in a social support interaction exchange something with each other, such as money to pay an overdue bill or helpful advice.

Although all three of the previous definitions emphasized different features of social support, none of these definitions encompassed all of the aspects that we consider necessary when defining social support. Borrowing components from each of the three definitions we define *social support* as a transactional communicative process, including verbal and/or nonverbal communication, that aims to improve an individual's feelings of coping, competence, belonging, and/or esteem.

In defining social support we also must think about actual versus perceived social support. *Actual support* is the support that an individual receives in terms of what is said, what is given, and what is done for that individual. However, much more significant than actual support is an individual's perception of the availability of support. *Perceived support* refers to an individual's belief that social support is available, is generally considered positive or negative, and provides what is considered needed by that individual (Norris & Kaniasty, 1996; Sarason, Sarason, & Pierce, 1990).

For example, McDowell and Serovich (2007) conducted a survey to compare the ways perceived and actual social support affect the mental health of men and women living with HIV/AIDS. Results suggested that for all those involved in the study, perceived social support predicted positive mental health, while the effect of actual social support on their mental health was minimal.

You may wonder why perceived support is sometimes more important than actual support. Take a minute to consider the following scenario. Ed, a junior majoring in engineering, just learned that he has mononucleosis. He is very upset about the diagnosis and calls his parents to tell them and seek support. His mom answers the phone and expresses how sorry she feels for him, offers to call the pharmacy about the prescription medications he needs, and goes on to advise that he must eat properly, drink plenty of fluids, and get a lot of rest. Ed hangs up the phone and complains to his roommate that although his mom answered the phone, she was not helpful at all and the only thing she did was tell him what to do.

What happened in this situation? Although Ed's mom was available to talk and provided several forms of social support, including listening to him, offering to perform a task for him, and giving him information, Ed's communication with his roommate revealed that he didn't feel as if he received any support from his mom. His perception of her support was negative based on his mother's verbal and nonverbal communication. Consequently, Ed did not consider the interaction with his mother supportive.

In addition to an individual's general perception of social support, perception of support includes an individual's feeling that the support provided was adequate

or that it was the support that was needed in the given situation. In our example with Ed, he may have wanted something specific from his parents, such as an offer to pay for the visit to urgent care and his prescriptions or he may have wanted his mom to simply sympathize with him and not give him so much advice. When he did not feel as if his mom was responding in the ways that he wanted or needed, he may have perceived or recognized that she was attempting to offer support but he did not regard the support as being adequate.

Now that you understand many dimensions of social support from the various definitions, in the next section we further delineate the various types of social support.

Types of Social Support

One of the aspects we stressed in our definition of social support is that support can be either verbal or nonverbal communication. This is just one way to categorize the many types of social support. Before we delve into the various types of social support, please complete Health Communication Nexus Interlude 6.1.

Health Communication Nexus Interlude 6.1

For this interlude, imagine that your friend was recently in a car accident and broke a leg. It is February and in the middle of the school term. Your friend is in considerable pain, has trouble getting around because of the cast, and is feeling stressed about the schoolwork she needs to make up. Take a minute to brainstorm and jot down the many ways that you could reach out and help your friend.

After completing your list, consider all the ways you could categorize or organize the ideas you have to help your friend. How many different ways and categories did you think of to support your friend? Keep this list nearby as you read on to determine whether the ways you categorized your support ideas are similar to how scholars categorize types of social support.

Schaefer, Coyne, and Lazarus (1981) described five types of social support:

- ◆ Emotional support
- ◆ Esteem support
- ◆ Network support
- ◆ Information support
- ◆ Tangible support

The first type of social support, *emotional support*, is communication that meets an individual's emotional or affective needs. These are expressions of care and concern, such as telling someone, "I feel bad for you" or "I just want you to

know how much you mean to me.” This type of support is what we most often think of when we hear the term social support. Expressions of emotional support do not try to directly solve a problem but serve to elevate an individual’s mood. For example, in Health Communication Nexus Interlude 6.1 you may have written that you could send a get-well card or a text message with something like, “hope you are feeling better.” These expressions would be considered emotional support.

The next type of social support, *esteem support*, is communication that bolsters an individual’s self-esteem or beliefs in their ability to handle a problem or perform a needed task. This type of support refers to encouraging individuals to take needed actions and convincing them that they have the ability to confront difficult problems. For example, you may have a friend who is slightly overweight and wants to start a new exercise routine. Knowing that he is not entirely confident in his ability to lose weight you might say to him, “I know you can do it because you’re always good at sticking to a schedule.” In Health Communication Nexus Interlude 6.1 you may have written that you would remind your friend with a broken leg what a good student she is and therefore should have no problem making up the schoolwork. This reminder to your friend would be an effort to increase your friend’s confidence and decrease her feelings of stress.

Unlike the first two types of social support, *network support* does not focus on emotions or self-concept, but instead refers to communication that affirms individuals’ belonging to a network or reminds them of support available from the network. In other words, network support is communication that reminds people that they are not alone in whatever situation they are facing. Members of a network may offer many types of support but the concept of network support emphasizes that a network is available to provide social support. In Health Communication Nexus Interlude 6.1 you may have thought to remind your friend that she has lots of friends willing to drive her to class and to go to the store for her. These reminders to your friend are examples of communicating network support.

Another type of social support, *information support*, is communication that provides useful or needed information. When facing any challenging situation, often information is needed in order to make decisions. Not knowing the details of what one is facing or about the different options available can be a source of upset and stress. An individual just diagnosed with an illness or health problem often needs more information about their condition and treatment options and can be supported by those who provide useful information. In Health Communication Nexus Interlude 6.1 if you wrote that you would support your friend with a broken leg by communicating with each of her professors to determine schoolwork that was missed and needed to be made up, this would be an example of information support.

The fifth type of social support is *tangible support*, which is any physical assistance provided by others. This can range from making a meal for someone who is sick to driving that person to a doctor’s appointment. In some situations, individuals need material goods or actions to help them in challenging situations. In

Health Communication Nexus Interlude 6.1 you may have thought of driving your friend to and from class or offering to take her to the doctor, which would be considered tangible support. Other forms of tangible support could be doing laundry or straightening up your friend's apartment. We sometimes do not think of tangible support as communication because often either very few or no words are exchanged during the provision of this type of support. However, often tangible support is a form of nonverbal communication. As the familiar expression emphasizes, there are times when "actions speak louder than words."

Considering the various types of social support leads to an important question, which type of social support is best? Revisit the list you created for Health Communication Nexus Interlude 6.1. Which of the supportive ideas you listed do you think would be most beneficial to your friend with a broken leg? Why did you pick these strategies? Some answers to these questions can be found in matching models of social support such as the Theory of Optimal Matching (Cutrona & Russell, 1990). The *Theory of Optimal Matching* hypothesizes that the best type of social support is support that matches an individual's needs. For example, if you feel you need esteem support after flunking a quiz because you were sick and someone offers to bring you dinner, a form of tangible support, this support would not be very effective because it does not match or meet your needs. Also remember our previous example of Ed, the engineering student with mononucleosis, who did not feel supported by his mother on the telephone because she provided support that did not match his needs.

Although the matching model of type of support with need for support makes intuitive sense, matching models are criticized for being overly simplistic because they suggest that upon identifying a person's need there is a corresponding type of support that can address that need (Barrera, 1986). However, human beings are complex and have multiple needs. As the previous example of Ed illustrated, although he may have had many issues that needed attention, his mother did not seem to respond to his most pressing need or needs. Another criticism of matching models is that the same supportive action can fulfill multiple needs. If a member of your church or faith community brings you a meal when you are recovering from surgery, this could meet your tangible need for food, remind you of the network of support your faith community provides, and help you feel cared for. Despite these criticisms, matching models of support serve an important role in our understanding of how support is provided and received.

For example, let's consider research that investigated social support for victims of domestic violence. The researchers (Few, 2005; Levendosky et al., 2004; Trotter & Allen, 2009) found that women in abusive relationships had multiple needs for social support, including information about local shelters, advice about how to handle the problem, and tangible aid such as housing, child care, and transportation, as well as emotional and esteem support. Depending on their situations, some types of support were more needed by some women than other women. Having all of their social support needs met was a crucial factor in their ability to cope with the violence and trauma as well as their ability to leave the abusive relationship and become self-supporting. Without a place to stay, some

women were forced to return to the home of their abuser as they had no other options for housing. Other women struggled with the emotional aspects of leaving their abuser, and those who lacked emotional support and reassurance that they were doing the right thing felt guilt about breaking their marriage vows and were more likely to return home. Those whose friends and family assured them that they were doing the right thing felt supported and were more likely to stay away from their abusers.

Now that we identified and defined the various types of social support, let's consider the many health benefits of social support.

Health Benefits of Social Support

Social support not only helps us feel better or helps us cope with challenges; it also leads to improved health, including physical health, psychological health, and overall well-being. This means that having access to adequate social support is essential to a healthy life. Much research links social support to several health outcomes (Albrecht & Goldsmith, 2003; Cobb, 1976; Lyyra & Heikkinen, 2006; Motl, McAuley, Snook, & Gliottoni, 2009; Schaefer, Coyne, & Lazarus, 1981). Some of the many health outcomes of social support include:

- ◆ Psychological adjustment
- ◆ Improved efficacy
- ◆ Better coping with upsetting events
- ◆ Resistance to disease
- ◆ Recovery from disease
- ◆ Reduced mortality

For example, researchers studied the effects of social support on an elderly individual's recovery from a hip fracture. Those who had less social contact and support were five times more likely to die within five years of fracture than those with more social contact and support (Mortimore et al., 2008). Another study found that people with the highest levels of social support had the highest levels of self-efficacy in choosing and preparing the most nutritional foods. The support of friends and family gave them both information about eating healthier and the confidence that they could choose healthy over unhealthy foods (Anderson, Winett, & Wojcik, 2007).

There are several theories as to why social support is so beneficial to physical health. A basic explanation is that better mental and emotional health is related to better physical health. According to the *stress-buffering hypothesis*, stress is associated with several negative health effects and social support can be effective in shielding individuals from stress (Cassel, 1976; Cobb, 1976; Cohen & Willis, 1985). Some of the physiological symptoms of stress include headache, back pain, heart disease, high blood pressure, decreased immunity, and disrupted sleep. Those experiencing high levels of stress are more likely to overeat, under eat, use drugs or alcohol, or smoke. So if social support can minimize stress, the physical side effects and related unhealthy behaviors also could be minimized or eliminated.



A related explanation for the benefits of social support is that if people have a support network, they have access to the tangible support needed to stay healthy or recover from illness. For example, cancer patients need reliable transportation to and from treatments. And those recovering from surgery need assistance taking care of basic tasks, including cooking and house cleaning, in order to get the rest they need. In other words, those lacking access to tangible support may not be able to fully comply with medical recommendations regarding treatment and rest.

Communication is a primary way that social support is provided but providing communication that actually is supportive often is very challenging. In the next section we discuss the complexities of supportive communication and offer suggestions for providing and accepting supportive communication.

Supportive Communication

Have you ever been in a situation when you did not know what to say to someone who had just suffered a loss or received bad news? Has there ever been a time when you were upset and a friend tried but was unable to say anything that was helpful? If you answered yes to either of these questions you also may have wondered what makes some communication supportive and other communication unsupportive. In this section we examine the features that make communication more or less supportive and suggest ways for crafting supportive messages.

Supportive communication is verbal and/or nonverbal communication that intends to provide assistance to others who are perceived to be in need. When considering supportive communication from a health communication perspective we acknowledge communication as central to improving the well-being of individuals in need of assistance. This is different than other perspectives that consider communication as either providing a buffer for individuals so they can better handle stress or a conduit that promotes better coping techniques, which reduce upset.

ETHICAL DILEMMA ♦♦ What Would You Do?

Suppose you are enlisted in the United States Army and you recently returned from an overseas tour of duty fighting in a war. You are finding it very difficult to readjust to noncombat life. You visit the nearest Veterans Administration (VA) Medical Center and are diagnosed with post-traumatic stress disorder (PTSD). However, you are denied a referral to the PTSD support group. Without the referral, you cannot attend the support group.

- ♦♦ Would you continue to seek a referral to a support group or other counseling through the VA? If yes, why? How would you continue to seek a referral?
- ♦♦ According to your understanding of ethical dilemmas from Chapter 2, "Linking Health Communication with Ethics," does this situation constitute an ethical dilemma? Why or why not?
- ♦♦ Do you think the VA owes you social support? Why or why not?
- ♦♦ Would you seek a support group elsewhere? Why or why not? If yes, how would you seek out a support group? If you found a support group, what questions would you ask to make sure the support is legitimate and helpful?

This situation is based on a true story (Gildea, 2010).

Neither of these other perspectives view communication as the essential element that improves individuals' health and well-being.

From a health communication perspective, however, it is the interaction and the verbal and nonverbal messages that are primarily responsible for individuals' perceptions of support and for making them feel better. Think back to our review of the nature of communication and our definition of health communication presented in Chapter 1, "Introducing Health as Communication Nexus," and keep in mind it is communication that creates relationships as supportive. Before we proceed to discuss supportive messages, please take a moment to complete Health Communication Nexus Interlude 6.2.

Health Communication Nexus Interlude 6.2

For this interlude, consider the following situation. You just learned that your close friend's parent died from a heart attack. This death was very unexpected and your friend is distraught over the news. Take a few moments to think about and jot down in your notebook some ideas of what you would say or do for this friend. Keep your responses in mind as we continue to consider supportive communication.

During Health Communication Nexus Interlude 6.2, was it difficult for you to think of what you would say to your friend who just lost a parent? If so, this is not unusual as many people feel incompetent when it comes to providing support after a death. Did you wonder if anything you could do or say would provide any comfort or be of any help? Did you jot down that you would deliver food? Did you write down any generic expressions of concern such as "Your Dad is in a better place now," or "It was meant to be"? Keep in mind your thoughts in response to these questions as we further discuss supportive communication.

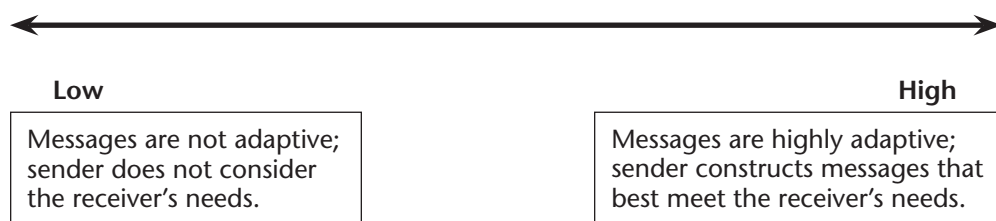
Emotionally supportive or comforting messages express care and concern. Not all messages are equally supportive and some emotional support or comforting messages are more effective than others. Additionally, a message that helps one person feel substantially better may have no effect on another person. Why is this so?

Person-Centered Communication

Person-centered communication occurs when messages reflect an awareness of the situation requiring social support. This includes an awareness of the subjective, relational, and affective aspects of the situation (Jones, 2004). In other words, person-centered communication adapts to the receiver of the messages.

The level of person-centeredness in a supportive or comforting message can be rated on a continuum from low to high as illustrated in Figure 6.1.

Person-Centered Communication



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Figure 6.1 ♦ *Rating Person-Centered Communication*

As Figure 6.1 illustrates, at one end of the continuum are messages that are highly person-centered. These messages are adapted by the sender to meet the needs of the individual who needs social support. To appropriately adapt supportive messages, individuals must consider their relationship to the person in distress, the situation or extent of the problem, how much control the person has over the situation, and the emotional undertones of the situation (MacGeorge, Clark, & Gillihan, 2002).

The emphasis of person-centered communication is on helping the individual process and make sense of the situation and his or her feelings about the situation (Jones, 2004). This involves asking probing questions to encourage the individual to think about the situation, taking the perspective of the individual, and representing competing perspectives to further the individual's understanding of the situation. Person-centered support also involves a fair amount of active listening. This means asking questions that clarify, encouraging the person to elaborate, and nonverbally communicating to indicate genuine interest and concern, such as nodding and making eye contact.

At the opposite end of the continuum illustrated in Figure 6.1 are messages that are low in person-centeredness. These messages do not take into account the specifics of a situation and are not intended to assist the individual in making sense of the situation and his or her feelings about the situation (Jones, 2004). Often, low person-centered messages attempt to negate the feelings of the individual needing support. For example, you might want to tell a friend to “get over it” or that “this is not a big deal,” but messages like these rarely are helpful in making a person feel better and do not allow the person to process and work through any negative feelings about the distressing situation. Even though the support giver may believe that an individual is overreacting to a situation, this may not be the message that the individual needs to receive in order to feel social support.

Additionally, in intensely stressful situations, like the situation depicted in Health Communication Nexus Interlude 6.2, support givers often feel uncomfortable and are unsure of what to say and as a result choose generic expressions of concern or sympathy. These feelings of uncomfortableness and not knowing what to say also are often the case in novel situations when people have

little background knowledge about the subject (Egbert, 2003). In general, generic expressions of concern are not considered to be effective because they lack person-centeredness.

Let's revisit Health Communication Nexus Interlude 6.2 regarding the death of a close friend's parent. Previously, it may have been difficult to think of what to say because of the extreme situation. Some research has explored individuals' reactions to grief-related messages. A study by Rack, Burlinson, Bodie, Holmstrom, and Servaty-Seib (2008) found that high person-centered messages were deemed more effective in providing support and improving the emotional well-being of bereaved young adults. High person-centered messages included messages that stated one was there for the other person, identified with the individual's feelings, or offered to listen or talk. On the other hand, low person-centered messages such as stating it was for the best or encouraging the griever to move on were not helpful, and at times were considered offensive. Now, reconsider the ideas or messages you wrote to support your friend who lost a parent in Health Communication Nexus Interlude 6.2. How would you rate your ideas or messages in terms of their person-centeredness? Would you add or take away any ideas or messages given what you've just learned about person-centered communication? Next we'll discuss advice giving, which is another aspect of supportive communication.

Advice Giving

Another common response when a person needs support is to offer advice. Unlike most messages designed to provide emotional support, advice-giving messages generally receive even more mixed reviews in terms of effectiveness. Think of a time when you were frustrated because you felt like you were coming down with an illness and all you wanted to do was vent to your friend or family member. As you began complaining about your situation, your friend or family member interrupted with suggestions for how you could suppress your oncoming illness. You may have appreciated that your friend or family member was trying to help, but you were not looking for advice, only a sympathetic ear, and besides the advice did not seem to help.

Think of another time when you had a health problem and were not sure what to do. As you talked over the problem with your friend, you gladly welcomed suggestions for how to handle the problem and afterward chose to implement some of the suggestions. In this situation, advice was exactly what you needed and it helped you cope with your distress. Why is it that sometimes advice is unwanted and unhelpful and at other times seems to be exactly what is needed? One answer to this question lies in Goffman's (1963) conception of facework, which was expanded on in *Politeness Theory* (Brown & Levinson, 1978). *Facework* refers to actions individuals take to protect their public image. In other words, it involves actions individuals engage in so they can present a positive face, or self, to others in an effort to save face. There are two types of facework:

- ◆ Positive facework
- ◆ Negative facework

PROFILE

Merging Personal and Professional in the Realm of Supportive Communication

Erina MacGeorge, PhD—Associate Professor, Purdue University



Have you ever wondered what to say to a friend who has just broken up with his girlfriend or how to help a friend who is failing a class? How do you comfort them and what kind of advice should you give them? Erina MacGeorge has made a career of researching what makes advice and social support more or less helpful. Her interest in studying social support began during her graduate years as she worked closely with her advisor and mentor, Daena Goldsmith. MacGeorge has studied many aspects of advice giving, including gender, emotion, and knowledge.

Her research became more personal after having a miscarriage. As she struggled to cope with her loss and experienced social support, she became interested in how other women who have experienced miscarriages felt about the social support they received. Research showed that women who received quality social support after a miscarriage were less likely to suffer from depression and anxiety than those who received poor support. MacGeorge, with graduate student Kristi Wilcomb, set out to discover what made women feel more or less supported in these situations and to determine the dimensions of quality support.

The initial findings from their interviews with women found that often people would say things that were perceived as insensitive by the women. For example, in an attempt to support a woman, a person might tell her that the baby was probably deformed and that is why she lost the baby. Those who had previous experience with miscarriage, either directly or indirectly, were less likely to say something insensitive. They also discovered that the quality of support declined over time as others were ready to move on sooner than the women who experienced a miscarriage.

Another interesting area MacGeorge's research is exploring is use of internet support groups. When women cannot find the support they need in their existing relationships, they often turn to online forums for support and information. Most physicians, however, are reluctant to direct patients to the internet because they have concerns about the accuracy of the information provided there. To address this issue, MacGeorge is coding the advice and medical information on Web sites, to determine those with accurate and helpful advice so that physicians can feel more comfortable directing patients to these Web sites.

MacGeorge is especially proud of this work, as it merges theory and scholarship with practical application. The findings of this line of research potentially will help countless women and allow MacGeorge to integrate her personal life experience with her professional interests.

Positive facework is defined as actions that protect individuals' desires to be evaluated positively in response to others. We want others to see us as good and capable. *Negative facework* is defined as actions that attempt to free individuals from any constraint or opposition. Negative facework arises from the desire to be independent and make our own choices.

Advice poses a threat to both positive and negative facework. When individuals offer advice, it can feel as if they are questioning our competence or ability to

handle a situation, which threatens our positive facework. Advice also can feel constraining to our independence, as if we're being told what to do, which threatens our negative facework. In either situation, we feel defensive because our face is being threatened.

For example, consider, a woman named Jasmine. She is slightly overweight and decides to start a new fitness and diet regimen. She mentions to her coworkers at lunch how difficult it is for her to get motivated to go to the gym and to resist snacking at night. Her coworkers quickly respond with all sorts of advice on how to eat healthier and lose weight. Jasmine is looking for some sympathy and support when she brought up her troubles with her coworkers. Instead, all of their advice makes her feel as if she is not a capable person and something is wrong with her because losing weight is so challenging for her. Because her coworkers are so ready to offer advice, she feels they must not struggle like she does to eat healthy and exercise. She regrets bringing up her weight problem and exercise and eating concerns and hopes this line of conversation ends soon. In this example, the advice threatened Jasmine's positive facework by questioning her ability to follow a weight-loss regimen and maintain her own health.

Now, let's consider an example of how advice can threaten someone's negative facework, or desire to be autonomous. Let's again consider Jasmine who is trying to lose weight. On the weekend, she meets up with a small group of friends for lunch and proudly announces her new commitment to weight loss. Immediately her friends respond with all kinds of advice, including different diets they have read or heard about. One friend tells her to avoid carbohydrates, while another swears by drinking at least ten glasses of water per day. Another friend gives Jasmine suggestions as to which gym she should join. Jasmine feels as if the flood of advice is dictatorial and confining and feels controlled by the pointed nature of her friends' advice. Once again she is eager to change the topic. In this situation, the eager advice of her friends makes Jasmine feel as if she is being controlled. As each person offers specific suggestions about what to eat and how much to eat, Jasmine feels uncomfortable making her own food choices in front of her friends. Her friends' advice infringes on Jasmine's perception of independence.

Techniques for Offering Supportive Advice

Now that we understand why advice can be less than helpful, there are times when advice is very helpful and an excellent form of social support. If someone directly asks for advice, it may be better received. Also, there are ways that the advice giver can soften the threat to face that advice may present. Three techniques to offer supportive advice are:

- ◆ Offer an expression of solidarity
- ◆ Include an expression of uncertainty or deferment
- ◆ Give advice off-record

One technique for providing supportive advice is to *offer an expression of solidarity*, which helps advice recipients feel as if they are not the only ones who

struggle with a problem. In Jasmine's situation, her coworkers and friends could have offered their same advice but started with expressions of solidarity such as, "When I was trying to lose weight," or "I know how hard it is to get started." When messages begin like this, the advice seems to come from experience.

Another technique is to *include an expression of uncertainty or deferment*, which serves to lessen the sense that advice givers are presenting themselves as experts. Jasmine's coworkers and friends could have cushioned their advice by including expressions of uncertainty or deferment such as, "I am not sure if this would work," or, "It's not as if I am an expert, but . . ."

A third technique for providing supportive advice is to *give advice in an off-record way*, which means that rather than giving advice in a direct manner, advice is given in an indirect way, such as telling a story about someone else or mentioning something seen on television or read in a magazine. By doing this, the advice is considered as general information that may contain helpful ideas or strategies. For example, one of Jasmine's friends could tell her a story about someone who lost weight following a certain diet plan. By couching the advice in a story, it is less threatening to Jasmine.

The key suggestion to remember in trying to provide supportive communication is to always consider the person you are trying to support. Also, it is important to keep in mind that the intentions behind supportive communication often are as important as what is said. If message recipients recognize attempts to be supportive, they often appreciate the attempts and feel supported even if the message itself is not very helpful.

Social Networks

Much of the supportive communication we receive comes from our *social networks*. This is another integral concept to our discussion of social support. Before we consider the concept of social networks further, please complete Health Communication Nexus Interlude 6.3.

Health Communication Nexus Interlude 6.3

Imagine you are working at a local homeless shelter as a case manager. You are working with one of your clients, George, a 45-year-old man who has been unemployed for the past five years. Prior to being unemployed, he worked as the night stocker at the local grocery store until an injury prevented him from being able to lift more than 20 pounds. He mentions family that lives in town, including some grown children. You know he is a religious man but also learn that he is known to stay too late at the local bar. He has been in and out of the shelter for the past five years and is very friendly with the other clients, staff, and volunteers. You are trying to help him find a job and a place to live. You want to work with him on identifying the various places and people he could turn to for support. Start by writing down in your notebook a list of the potential people and organizations that could be in George's social network.

After completing your preliminary list, consider and jot down which potential social network members might be most helpful to George. Are there any members who might harm George and his attempts at putting his life back together? Can you identify any major gaps in his social network? Keep your responses nearby as we further explore the concept of social networks.

The study of social networks is fundamental to the study of social support. In some disciplines other than communication, the measure of an individual's social network is a measure of their social support. For example, from the disciplinary perspective of sociology, the larger individuals' social networks, the more social support they possess. In other words, the longer your list of people or groups generated in Health Communication Nexus Interlude 6.3, the more social support George possesses. This is because the more people or groups in George's social network, the more social support is potentially available to him from these people or groups. However, as is addressed later in this chapter, a communication perspective on social networks argues that the connection between an individual's social network and that individual's perceptions of support is a more complex process and varies depending on the quality of interactions with members of the social network as well as the quality of the members within the social network.

Social Network Integration

The foundations of social network research are rooted in Durkheim's (1951) study of social conditions and suicide in the late 1800s. He discovered that those with fewer social ties or social connections and smaller social networks were more likely to commit suicide than those with a greater number of social ties and larger social networks. From this seminal work, the concept of social integration was created as other researchers began the practice of measuring the size of social networks and

the number of social ties. *Social integration* is the extent to which an individual participates in a broad range of social relationships including:

- ◆ Family
- ◆ Spouse/significant other
- ◆ Friends
- ◆ Formal organizations (e.g., clubs, religious groups, jobs)

The more social relationships or social ties individuals have, the more integrated they are in social networks.

Look back at the list you created for George's social network in Health Communication Nexus Interlude 6.3. Did you list people from a variety of places? Did George have a number of potential individuals and organizations on your list, or was the list fairly limited? In theory, the broader your list is, the more socially integrated George is. Another key concept in social networks is network ties. *Network ties* are the connections between individuals in a network. George has a unique tie or connection to each of the individuals and groups on your list of his social network.

How does a social network relate to and influence health, and why are larger social networks associated with better physical and mental health? The most obvious answer to these questions is that when individuals are connected to other individuals or groups, they have social support available. Additionally, when we are in a social network, we are exposed to normative influences on our behavior. If members of our network engage in healthy behaviors such as exercise or eating a variety of fruits and vegetables, we are influenced to engage in similar behaviors. Members of our social network also may avoid or look down upon unhealthy behaviors such as illicit drug use or excessive alcohol consumption. In addition to influencing us with their actions, members of our social networks also verbally encourage us to engage in healthy and safer behaviors, such as urging us to obey the speed limit or reminding us to take our medications. So how do we measure the level of our integration in our social network?

Measuring Social Network Integration

If we consider social integration a positive factor influencing health, we become interested in measuring the extent to which we are integrated in our social network. The most basic form of social network measurement is to calculate the size of your network by counting the number of people and organizations in your social network. Originally, this was the sole method used by researchers to assess social network integration. If you wanted to measure the size of George's potential network, you would count how many people, groups, and/or organizations were on the list you created during Health Communication Nexus Interlude 6.3.

However, this method of social network integration is criticized for being too simplistic and not accurately measuring the amount of social support available to an individual. A person may be in your social network but he or she may only be a casual acquaintance whom you would not turn to to discuss a health problem. Or there may be others in your social network with whom you have a close relationship but they are not very reliable. For example, perhaps you have an older

brother who is well intentioned but fails to follow through on promises such as driving you to doctors' appointments and often doesn't respond to phone messages. So, due to his familial relationship with you, you have a seemingly strong tie to your brother in your social network but it is not a very reliable tie and therefore may actually be a weak social tie even though he is your brother. Consequently, to more accurately measure social network integration, other more complex and descriptive methods were developed (Stohl, 1995) including:

- ◆ Network density
- ◆ Reciprocity
- ◆ Network ties

One more current measure of social network integration is network density. *Network density* is a measure of how interconnected the members of a social network are with each other. In a dense network many of the individuals have relationships with one another. On the other hand, an individual may have a large network but the members of the network may not interact or have relationships with each other, which would characterize a less dense social network. In denser networks there is more potential for support because individuals in the social network can work together to support a person in need.

Another measure of social network integration is reciprocity. *Reciprocity* is a measure of the degree of exchange between network members. In a reciprocal relationship, both parties give relatively equally to each other. All relationships are not reciprocal, however, or at least not equally reciprocal. You may be in a social relationship in which one individual consistently gives more than the other individual. Take, for example, the student/teacher relationship. In most cases teachers provide instruction and support for their students. At times this support may involve issues outside the classroom, such as talking to a teacher about a personal illness that resulted in late homework. Although students come to class and participate, it is rare that students provide support to teachers regarding issues outside the classroom. You also may have personal relationships in which it seems as though you are consistently giving much more support and assistance compared with other individuals' level of support and assistance given to you. In both of these instances, there is no or low reciprocity between social network members.

A third measure of social network integration is the strength of network ties between members. Network ties can be classified as either strong or weak. *Strong network ties* exist between network individuals with a strong connection to one another and a great deal of reciprocity. Examples of strong network ties may be mothers or fathers and their children or spouses or significant others. When a strong network tie exists, there is a high likelihood that these individuals provide social support to each other when necessary.

Other network ties may be classified as weak ties. *Weak network ties* are loose connections between individuals in a social network. When a network tie is loose, individuals do not feel a strong sense of obligation to each other and are less likely to provide substantial or meaningful social support to one another. If you made

a list of people and groups in your social network, you may include a classmate whom you are friendly with in class but do not have a relationship with outside of the classroom. You may like the classmate, but not turn to him or her when social support is needed for issues that do not pertain to the class. When the class is over at the end of the term, your relationship with this classmate may even end. So, based on the number of people and groups on your social network list, you may have a large network, but if it is constructed primarily of weak ties, like the tie with this classmate, and less quality social support is available to you.

Another way to consider social network ties is to determine if they are obligatory or voluntary. *Obligatory network ties* are based on required relationships due to structural features of our lives and our communities. Examples of obligatory network ties are family relationships, coworker associations, and classmate interactions. These ties are with people we may not choose to know or relate to but do because they share our environment. *Voluntary network ties* form when we elect to have a relationship with someone. Examples of voluntary network ties are our friends or members of organizations we join such as faith communities and recreational teams. Generally, voluntary network relationships tend to bring more satisfaction than obligatory network relationships. In voluntary network relationships, both parties choose to be in the relationship, so it is more likely that these individuals like each other and have commonalities that bring them together. However, this is not to say that obligatory ties cannot be satisfactory, and frequently family and other obligatory ties are a valuable source of all types of social support.

Now that you understand what a social network is and the many ways that it can be measured, let's consider an example that illustrates why having a strong social network is so important to health and well-being. In October 2007, Lecturer Hall, the second author of this book, found out she was pregnant with triplets. This is her story of social support:

"I had not used any fertility medication or procedures, so the news that I was pregnant with triplets came as quite a shock to my husband, our 18-month-old daughter, and me. I was 18 weeks pregnant when we learned the news and was told that I would need to go on complete bed rest at 24 weeks. The hope was that I could hold off delivery until at least 34 weeks, but undoubtedly the babies would be born very premature. In the next few days, as we attempted to absorb the news, our minds turned to the question of how we could prepare for the addition of three babies to our family as well as how we could possibly take care of them once they were born and came home from the hospital. The list of equipment and clothing we would need was staggering; two more cribs, car seats, high chairs. In addition, we were uncertain as to how to take care of our daughter and keep our house running smoothly while I was confined to bed and my husband was working full-time.

continued

The situation was especially difficult due to the lack of immediate family in the area where we lived. It was during this time that I learned just how important a strong social network is. Over the next year, during my pregnancy and after the babies were born, we were overwhelmed by the amount of support and assistance we received from a variety of people, groups, and organizations.

One vital source of support was my husband's coworkers. He is a fifth-grade teacher, and during my pregnancy his fellow teachers organized a large shower for us, found us a used chest freezer, stocked it with frozen meals, and frequently watched our daughter while I was in the hospital. Our friends also had a shower for us, came and visited me while I was on bed rest, and took over teaching my classes at the university. A good friend with twins became an important source of information. The moms' support group I belonged to organized fresh meals to be delivered to our home and held a diaper and wipes drive. Even though our family lived further away, they sent gifts, money, and came to visit.

When the babies were born, countless people came to help hold them, feed them, and change diapers. People gave us gently-used clothing and wherever we went an extra pair of hands always seemed to appear to carry a baby or hold open a door.

Needless to say, the support of our social network was invaluable in helping us not only survive a difficult time, but to help us persevere, and at times even help us thrive. One of the advantages of having such a large support network was that no one person or group had an excessive burden placed on them by offering to help us. Having such a large support network also provided us with connections to others we did not know personally, but who had knowledge, advice, and tangible goods that we needed. For example, through my moms' support group I learned of a community organization that provides formula and other basics for babies and their families."

As this example illustrates, often the majority of the social support we need comes from our support network, including friends, family and coworkers. However, there are situations when individuals lack a large enough social support network to meet all their needs. One group that routinely reports having limited social networks is immigrants. There are several reasons for the relative isolation of immigrant populations. In moving to a new country, many immigrants become separated from family and friends and lose those close social network ties, which can lead to feelings of isolation. Immigrants who do not effectively speak the language of their adopted country also feel alienated from community members and organizations and often have restricted knowledge about community resources. Some studies found that because of their limited social networks, immigrants rely more heavily on the existing family they have in their new locations, which can

place a heavy strain on network members (Almeida, Molnar, Kawachi, & Subramanian, 2009).

Another important factor that relates to the size of the social network and the level of social support is immigrants' level of acculturation or assimilation into a new culture. A study of Asian immigrants found that those who were more acculturated and had more positive attitudes about acculturation, meaning they spoke English better and had more friends who spoke English, had higher levels of general social support (Choi & Thomas, 2009). Another study explored the social network sizes of Korean immigrants with breast cancer and found that more acculturated women had larger social networks and in turn had better social support (Lim, Yi, & Zebrack, 2008).

So far in this chapter we focused on defining social support, emphasized ways to provide effective social support, and discussed the role of support networks. Another side of social support involves times when people have a problem and actively seek social support.

Social Support Seeking

There are two primary questions to consider regarding social support seeking. First, what kinds of behaviors or support-seeking strategies do individuals use in attempts to get the social support they need? Second, who is most likely to seek social support?

Social Support-Seeking Behaviors

Barbee and Cunningham (1995) created a typology of social support-seeking behaviors, which is illustrated in Table 6.1. As you can see in Table 6.1, there are both verbal and nonverbal ways as well as direct and indirect ways to elicit support. Direct methods of support elicitation, such as giving details of the problem, are more likely to result in helpful support because those providing support are made fully aware of the problem and what is needed to provide support. Indirect methods of support elicitation, such as sighing, can be misunderstood or ignored because these are subtle ways to let someone know there is a problem. There also are individuals who do not actively seek help and try not to let others know when problems exist.

	DIRECT	INDIRECT
Verbal	Asking for help Giving details of the problem	Hinting about problem Complaining
Nonverbal	Crying	Pouting Sighing Fidgeting

Table 6.1 ♦ *Typology of Social Support-Seeking Behaviors*

Risks of Seeking Social Support

You may be wondering why people would use indirect methods of support elicitation if these methods may not be effective or why some people do not try to find support, despite the effectiveness of social support in improving health. One of the major reasons individuals are reluctant to directly ask for support is because of the risks involved in seeking social support. One risk of seeking social support is *worry about being a burden* to others in terms of time, resources, and emotional energy. Have you ever been sick with a bad cold and been reluctant to ask a friend to pick up some cold medicine, as you knew that friend was busy and you did not want to be a bother? Your reluctance to bother your friend prevented you from asking for the tangible support you needed.

Another risk of seeking social support is the *risk of losing face*. As discussed previously in this chapter, individuals want to present their best face. By asking for assistance, individuals acknowledge they cannot do something independently or that they are struggling. Asking for support also could reveal intimate and sometimes embarrassing details regarding individuals' physical, mental, and emotional health. In order for individuals to be willing to admit their weaknesses, they typically need to have a strong sense of interpersonal trust with those they are asking for support.

Individual and Cultural Factors

Research has explored individual and cultural factors that contribute to individuals' likelihood to seek social support. These factors include:

- ◆ Perceptions of trustworthiness
- ◆ Stigma attached to the issue
- ◆ Proximity to sources of support
- ◆ Availability of support
- ◆ Gender norms
- ◆ Cultural norms

There are two relevant *perceptions of trustworthiness* that influence individuals' likelihood of seeking social support. The first perception of trustworthiness was mentioned previously, that is that individuals are more likely to show their weaknesses to those they perceive to be trustworthy. The second perception of trustworthiness is that individuals are more likely to seek support from those they have confidence in to follow through with support. These perceptions of trust in those we seek help from are necessary for both individuals and organizations. For example, individuals who abuse illicit drugs would be reluctant to turn to community programs, such as drug treatment programs, if they feared program staff might report them to the police. Also, to feel comfortable asking for the different forms of support they need, individuals need to believe their health care providers are trustworthy.

Another factor that contributes to individuals' likelihood to seek social support is *stigma attached to the issue* requiring support, meaning that when individuals perceive they may be stigmatized for their problem, they are less likely to

Ethics Touchstone

Amy is working as a volunteer at the crisis hotline in her town. Her job is to answer calls that come in during her shift, talk with the callers, offer support, and encourage callers to utilize support services. She knows it is important for callers to trust her so they keep talking and she can get them connected with the help they need.

Sometimes during her shift she gets calls from minors who have been sexually assaulted. During volunteer training for the crisis hotline, she learned that the law requires her to report any suspected cases of sexual abuse or assault to law enforcement authorities. She receives a call from a 16-year-old girl who has been raped by her mother's boyfriend. The caller is very afraid and begs Amy not to tell anyone about their conversation. Amy agrees to keep the conversation private and proceeds to get more information from the girl so that she can make a full report and have the girl removed from her home. Think about this situation and answer these questions:

- ◆ Was Amy justified in lying to the girl to provide social support? Why or why not?
- ◆ On which ethical orientation from Chapter 2, "Linking Health Communication with Ethics," do you base your answer to the previous question?

directly seek help. For example, a study of low-income women found that they used more indirect methods to solicit support because they feared that divulging the details of their precarious financial situations would vilify them. The same study also considered a subset of the women who were victims of domestic violence and found they also used indirect methods, as they were embarrassed by their situations and feared judgment by those from whom they were seeking help (Williams & Mickelson, 2008).

The next two factors that contribute to individuals' likelihood to seek social support, *proximity to sources of support* and *availability of support*, are related because individuals are more likely to turn to sources of support that are near them and that are readily available. Advances in technology have changed our definitions of proximity and availability, primarily because the internet and mobile phones have made it possible to reach out and connect with others almost anywhere and at any time. Social networking tools such as Facebook and Twitter make it easy for individuals to share their problems with many people and get supportive comments and offers for help. An article in the online version of *Business Week* magazine noted that many professionals who were struggling due to the economic downturn in 2008 turned to their Facebook communities for social support. Men and women who typically were reluctant to share bad news found comfort in the Facebook format and used their connections in that community to cope with their difficulties (MacMillan, 2008).

In addition to the individual factors just discussed, there also are cultural or normative influences of support-seeking behavior. *Gender norms* refer to what society considers to be appropriate behaviors for males and females and the strong influence these norms have on support-seeking behaviors (Barker, 2007). In many cultures, males are socialized to be in control and not talk about their emotions. Therefore, many males prefer to handle problems themselves and are reluctant to seek support. Generally females are socialized that it is acceptable to be emotional

and talk about their problems and therefore are more likely to seek help. In some cultures, though, women are restricted from many activities and are taught to feel shame regarding their bodies and health issues and therefore are less likely to seek help from external organizations.

Research also has found *cultural norms* or differences in support-seeking based on what is considered appropriate behavior within a culture to be a factor in individuals' likelihood to seek support. For example, people from Asian cultures, which tend to have a more collectivist orientation, are less likely to seek help than their European and American counterparts (Mortenson, 2009; Taylor, et al., 2004). One explanation for this is that Asian cultures typically discourage the expression of unpleasant emotions or sharing emotional distress, as members of these cultures do not want to disrupt relational harmony. In Western cultures, however, it is considered more normative and appropriate to express distress. Also, being more individualistic, Western individuals tend to be more concerned with remedying their physical or emotional pain.

Now that we've considered aspects of informal support seeking, let's turn our attention to more formal ways that people seek social support.

Support Groups

Support groups are one of the more formal ways that social support can be given and received. In this discussion we define the term support group, discuss the benefits and limitations of participating in a support group, and contemplate the advantages and limitations of online support groups.

Defining Support Group

A *support group* consists of individuals who share a common life stressor and come together to provide mutual support and information (Miller, 1998). Examples of common life stressors include having the same disease, disability, relationship challenge, unique life experience, or loss. In general, the more homogeneous or similar the group members are in terms of the life stressor they are facing, the more effective the support group is. More similar group members tend to relate better to one another and provide relevant information and support. This is why support groups form for very specific conditions, such as a particular type of cancer or diabetes. There is not a definitive rule as to how many members a support group should have, but a range of between six and twelve tends to be best. If the group is too large, it is difficult for members to have meaningful relationships and communication. The group may have a designated leader but this is not required. Ideally, the leader should be a group member who is willing to organize the group and facilitate discussion, rather than a health care professional.

Support groups provide social support in a more formal way when individuals are unable to obtain relevant support from their social networks. Members of a social network may not have similar experiences and challenges, which limits their ability to empathize and provide helpful information. An amputee, for example, may not have any other amputees in his or her social network, so attending a

support group for amputees offers an opportunity to meet similar people who can relate to the challenges of life as an amputee in more personal and specific ways.

Because support group meetings have a specified time, place, and purpose, participants know they have a set time and place when they can talk about their situation, share concerns, and offer insights. In addition, participants may form relationships that go beyond the group and provide additional support.

Benefits of Support Groups

Some of the benefits of participating in a support group include:

- ◆ Validation
- ◆ Normalization of experience
- ◆ Reduction of isolation
- ◆ Sense of belonging
- ◆ Enhanced self-esteem

As mentioned previously, one of the reasons people turn to support groups is that those in their existing social network do not share the same experiences and challenges. One of the benefits of support groups is that during meetings, individuals experience *validation*, or confirmation, of their experiences and feelings when they hear other situations and stories similar to their own.

A support group for individuals with fibromyalgia provides a good example of the importance of validation in support groups. Some of the symptoms of fibromyalgia include widespread pain, especially in the joints, fatigue, and headaches. Some in the medical community question whether fibromyalgia is a physical condition or a psychosomatic/psychological condition. This doubt by some health care providers can be frustrating for those diagnosed with fibromyalgia and can cause them to feel as if others are denying their experience. In a support group for those with fibromyalgia, members recognize the condition and understand other members' pain, which provides validation of their experiences with fibromyalgia (Barker, 2008; van Uden-Kraan et al., 2008).

Another benefit of support groups is the normalization of experience. Similar to validation, support group meetings provide *normalization of experience* by helping reassure members that their experiences are normal and that others are undergoing similar experiences and challenges. For example, children in a support group for those whose mothers were HIV-positive commented that they enjoyed being with other children who "got" what it was like to have a parent with HIV. They also were able to compare experiences and feelings and determine that their reactions and behaviors were normal for kids in their situation (Witte & Ridder, 1999).

A key benefit of support groups is *reduction in isolation*, which is a decrease in the feeling that an individual is the only one with a particular health problem, and others cannot understand what it is like to experience that problem. Living with a disease, health condition, or health-related situation can be very isolating. Imagine, for example, trying to cope with the loss of a parent. Not only might you miss the relationship with your parent, but also you may feel isolated from others who

cannot relate to your experience. You may feel uncomfortable talking about your feelings with these other people, leaving you to feel isolated and alone in your grieving. By joining a grief support group, you meet others with similar experiences and feelings and consequently feel less isolated and alone.

A related benefit of participating in support groups stems from a reduction in feelings of isolation by experiencing a sense of belonging. By nature, humans are social creatures, and one of our basic needs is a *sense of belonging* (Schutz, 1958). Associating with and participating in a support group fulfills this need. This is especially important when a disease or health condition prevents one from participating in other groups and activities. For example, individuals struggling with the constant pain and fatigue associated with fibromyalgia know that their abilities and their likelihood of participating in various activities are limited, but they may draw solace from being able to attend a monthly support group meeting where they have an opportunity to interact with others and feel a sense of belonging.

Another noted benefit of participation in support groups is *enhanced self-esteem*, through the sharing of challenges and having the opportunity to listen, give advice, offer suggestions, and be a source of support for group members. Helping others often helps members feel better about themselves. Individuals dealing with health issues require care and support to varying degrees and support groups provide members with a unique context within which to both be cared for by the group and assume the role of caregivers for others in the group.

The benefits of social support groups often are realized through the communication processes of upward comparisons and downward comparisons, which we explain in the next section.

Upward Comparison and Downward Comparison in Support Groups

A primary way that the benefits of social support groups are achieved is through the communication of upward comparisons and downward comparisons. As support group participants listen to other members share their stories, they compare their own situation with the situations of others.

In the *upward comparison* process, support group members serve as positive examples or role models and their stories inspire others or give them something to strive for (Taylor & Lobel, 1989). For example, at a support group for those struggling with eating disorders, a member might share a story of going to a restaurant with her family and ordering and eating an entire meal. Others in the group could interpret this story as a situation to emulate and through the story learn coping techniques from this successful support group member.

In the *downward comparison* process, support group members may hear a story from a member who is having a particularly difficult time and after hearing about the negative situation they may feel that they are doing better than that person, which helps them feel better about their own situation (Taylor & Lobel, 1989; Wills, 1981). In the eating disorder support group example, there could be a member who relates that she has not been able to break her exercise addiction and

continues to go to the gym at least twice a day despite always being tired and hungry. Upon hearing this story and comparing it with her own situation, another member of the group may feel as if she is doing a reasonable job resisting the urge to exercise too much because she goes to the gym only four times per week and basically is sticking to a healthy eating plan. When individuals perceive they are doing better than others, this can provide a sense of relief, gratitude for being in a better situation, or a sense of accomplishment in having good coping skills.

In the next section, Alcoholics Anonymous is offered as a quintessential example of the many benefits of social support groups.

Exemplar of Support Group Benefits

Perhaps one of the most widely recognized social support groups is Alcoholics Anonymous (1984; Witmer, 1997), or AA, which was founded in 1935 by Bill Wilson and Bob Smith, two alcoholics who were struggling to overcome their disease. The two met in Ohio to talk about their problems. They realized that talking to a fellow alcoholic was helpful in the recovery process and slowly they began to reach out to other alcoholics. Over time they developed their twelve-step program, which involved many spiritual practices, including surrendering to a higher power, acknowledging one's transgressions, and asking for forgiveness.

The principles and strategies of AA spread quickly and within a few years meetings were held throughout the United States and around the world. Today, AA has nearly 2 million members. The basic principles of AA have remained the same since its inception. AA holds open and closed meetings. At open meetings, recovering alcoholics share their experiences of being alcoholics and about being with the program. These meetings are open to anyone, including friends and family members of alcoholics. Closed meetings are only for those who wish to stop drinking. Most open and closed meetings begin with a brief period of socializing, followed by an organized meeting. During meetings, people share their stories as well as participate in discussions of issues relevant to recovering alcoholics.

One of the reasons for the success of AA is that alcoholics help each other through the recovery process because they have an intimate understanding of the trials and tribulations involved in coping with an alcohol addiction. In a cultural analysis of an open AA support group, Witmer (1997) found strong group cohesion despite individual differences in participants' experiences with alcoholism and spirituality. This study also noted that distinct subcultures emerged within the larger support group and that power remained fairly centralized in the group's founder. A fundamental tenet of the Alcoholics Anonymous organization and program is that once individuals are alcoholics, they are always alcoholics, even after they have stopped drinking alcohol. Consequently, individuals sober for a number of years continue to attend and participate in AA support group meetings to provide guidance for those who are newer to the journey toward sobriety. Now that we've considered AA as a prime example of an effective support group, please complete Health Communication Nexus Interlude 6.4.



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Health Communication Nexus Interlude 6.4

For this interlude, imagine that a good friend of yours is considering joining Alcoholics Anonymous. Based on your reading about the benefits of social support groups and the example of AA, what three social support benefits of AA open and closed meetings would you mention to your friend? Jot down in your notebook what you would say to your friend to explain what seem to be three benefits of AA support group meetings.

Despite the many benefits of social support groups, there also are some barriers to effective support groups that we review in the next section. In addition to describing the barriers, we offer suggestions for avoiding these barriers while fostering an effective support group.

Barriers to Effective Support Groups

Although support groups can be excellent venues for individuals to go for support and a sense of belonging, sometimes support group participation is not beneficial and does not promote better health and well-being. Barriers to effective support groups include:

- ◆ Not providing validation or normalization of experience
- ◆ Expressing too many negative feelings or experiences
- ◆ Sharing inaccurate or misleading information
- ◆ Helping others may be a burden

One barrier to effective support groups occurs when members are *not providing validation or normalization of experience*. Some participants may find that their experiences are not akin to those experiences of other members or that their feelings are drastically different. In these cases, the support group meetings may not be helpful and instead may cause a person to feel even more isolated and distressed. For example, members in an amputee support group who have been living for many, many years with the loss of a leg due to complications of diabetes may have difficulty relating to and providing current and helpful information to a new amputee who has recently lost his arm in a workplace accident. This is why it is important to have as much homogeneity of experience as possible represented in the support group.

Another barrier to effective support groups is members' *expressing too many negative feelings or experiences* that could increase other members' level of distress. For some people, talking about negative feelings and experiences can be therapeutic, but sometimes the expression of too many negative feelings and experiences can become emotionally overwhelming and draining for members. Without a

certified counselor at meetings, the expression of deeply troubling emotions may become traumatic and distressing for some participants. To avoid this barrier, it is important to plan and follow an agenda for the meeting that mixes in a variety of topics and activities.

A third barrier to effective support groups is the possibility of *sharing inaccurate or misleading information* with support group members. For example, in a support group for people with diabetes, members may share advice about what kinds of foods to eat and avoid. It is possible that someone may unintentionally misrepresent a food as being low in sugar when actually it is not. To avoid acting on false or misleading information, support group members should check with their health care providers if they receive information during a support group that they cannot corroborate as credible and accurate.

A fourth barrier to effective support groups is that *helping others may be a burden* for one or more support group members. Previously in this chapter you learned that helping others by providing social support may build self-esteem. At times, though, helping others can become an overwhelming task, especially when the relationship is not reciprocal. Some members in support groups require an extensive amount of assistance both inside and outside group meetings, and it can be difficult for members who are working through their own struggles to fulfill their needs along with the needs of others. To avoid this barrier, the support group must set realistic expectations and boundaries regarding the types and amounts of support provided. Those expectations and boundaries should be shared with new members at each meeting, which also reminds returning members.

Attention to these potential barriers assists support group members in overcoming them in order to realize the many benefits of social support groups. Because individuals in social support groups realize so many benefits, in addition to in-person support group meetings, computerization and the internet allow for virtual or online support groups, which we discuss in the next section.

Online Support Groups

As we discuss support groups and support group meetings, you may have an image in your mind of a group of people in a room, sitting in a circle of folding chairs, talking and perhaps sipping coffee from Styrofoam cups. Traditionally, this was how support groups were structured. With the advent of the internet, however, some support groups formed and conducted meetings in an entirely new way that was virtual and online.

In *online support groups*, participants connect with one another through the internet to discuss their health issues, problems, concerns, and strategies for better health and well-being (Finfgeld, 2000). Some online support groups offer live chat and others utilize message boards where people can post messages and replies. There are a few distinct advantages of online support groups, which we address in the next section.

Advantages of Online Support Groups

According to Finfgeld (2000), there are three advantages of online support groups:

- ◆ Loose-tie relationships
- ◆ Anonymity
- ◆ Not constrained by space and time

One advantage of online support groups is the tendency to form loose-tie relationships. Because online support group members generally do not communicate in person, their members tend to form *loose-tie relationships* and do not form obligations to each other outside the support group. Loose-tie relationships can alleviate the risk for additional burdens and stress sometimes associated with close-tie relationships that may form during in-person support groups.

Another advantage of online support groups is generally participants maintain *anonymity*, meaning they do not share their full names or where they live. Participants in online support groups often are drawn by the anonymity an online support group offers because they can provide as little or as much information about themselves as they feel comfortable sharing. Because their physical appearance and other aspects of their identities may be kept more private, participants may not need to be as concerned about members discussing their situation with others or about encountering another member outside the support group.

Due to the virtual nature of online support groups, another advantage is participants are *not constrained by space and time*, meaning they do not need to be in the same place at the same time in order to achieve support. Instead, individuals can connect with others from all over the world who share a similar disease, health condition, or health-related issue. This advantage can be especially beneficial in the case of very rare or unique conditions. Those who live in smaller towns or in outlying areas also can benefit from the ability to connect with others through the internet. In addition, online support groups are available whenever it is convenient for the participants. For example, if a member needs support in the middle of the night, he or she just logs on to the computer, accesses the internet and the support group, and posts a message or chats with a fellow member who may be online. Also, participants can be at home and do not have to worry about other challenges, such as weather conditions, child care, or transportation, which may prevent them from participating in an in-person support group.

Now that you're familiar with the advantages of online support groups, let's use an example case to better understand how these advantages are enacted in interaction during online support groups. Researchers considered the types of support exchange in an online support group for individuals with Huntington's disease (Coulson, Buchanan, & Aubeeluck, 2007). Huntington's disease is a rare genetic, neurological condition characterized by the progressive deterioration of movement, cognitive function, and emotional responses. Huntington's disease is fatal and there is no cure. The researchers studied interactions in an online support group for individuals with Huntington's disease, those with family members



with Huntington's disease, and individuals considering genetic testing to determine their Huntington's disease status.

Overall, members of this online support group gave and received much emotional and informational support. Examples of messages that were posted included referrals to medical experts, information about treatments, and expressions of care and concern such as "My wife and I wish you all the love in the world" and "I know you can do it." Participants appreciated that they were able to connect with others with similar concerns and often felt validated by the support of others. Expressions such as "We are here for you" also served to strengthen members' sense of belonging. Not surprisingly, tangible support was the least offered form of support. Members rarely met face-to-face and lived all over the world, which limited their abilities to provide tangible assistance. This is just one example that illustrates the advantages of interacting in an online support group. Unfortunately, there also are some disadvantages of online support groups, which we address in the next section.

Disadvantages of Online Support Groups

In addition to the advantages of online support groups, Finfgeld (2000) identified a few disadvantages including:

- ◆ Delayed response
- ◆ Lack of close-tie relationships
- ◆ Lack of tangible support
- ◆ False identity presentation

One disadvantage of online support groups is *delayed response*, or the lack of immediate feedback and support. In online support groups that consist of primarily message boards, participants may have to wait for responses to their postings unless other members happen to be online at the same time. This can be frustrating and problematic for those in need of immediate feedback and support.

Although we discussed that having loose-tie relationships can be an advantage of online support groups, the *lack of close-tie relationships* due to not meeting and communicating in person can limit the amount of support and closeness that members feel from one another. Members may never see each other or hear each other's voices and their relationships may be limited to the online support site, which may cause a decreased sense of feeling supported.

A third disadvantage of online support groups is the *lack of tangible support*, or the inability to provide physical assistance due to lack of physical proximity. At times individuals coping with a health issue may need material support, such as meals or rides to appointments. It is likely that most online support group members are not in physical proximity to one another, so tangible support may not be possible.

A fourth disadvantage of online support groups is the opportunity for *false identity presentation*, meaning that people may represent and present themselves in fictitious ways. In a virtual environment individuals can more easily fake having

health conditions or health challenges to receive emotional and tangible support. In some cases support group members have been conned out of money, medications, and other material goods. Responding to these imposters and illegitimate support group members can be emotionally and physically draining for legitimate online support group members.

This problem has become so widespread that Dr. Marc Feldman coined a term for the condition, Munchausen by internet (Feldman, 2000). This term is based on other *factitious disorders* in which individuals feign or self-induce physical or emotional ailments in order to assume the role of a sick person. In Munchausen by proxy, individuals may create or falsify illnesses in others to assume the role of a sick person vicariously. Munchausen's by proxy is a rare condition in which caretakers, usually mothers, cause harm to or make up symptoms for young children in attempts to gain attention from medical staff. Feldman and his colleagues (Feldman, Bibby, & Crites, 1998) applied this same factitious disorder to those who fabricate illnesses or health conditions and join online support groups to gain attention from and/or control others. They also offered several clues to the detection of factitious internet claims, including posts that duplicate content from health-related textbooks or Web sites rather than personal experiences and/or near-fatal bouts with an illness that alternate with miraculous recoveries. If these or other clues emerge about a member, online support group members should question the truthfulness of this members' claims and maintain balance between empathy and caution about this members' intentions.

Now that we have a better understanding of the importance of social support and the advantages and disadvantages of different types of support groups, the following service-learning application provides an idea for how to utilize what you've learned by identifying a need in your area for a social support group, promoting a support group, and organizing the group's first meeting. This application also emphasizes the essential role partnerships play in any service-learning project.

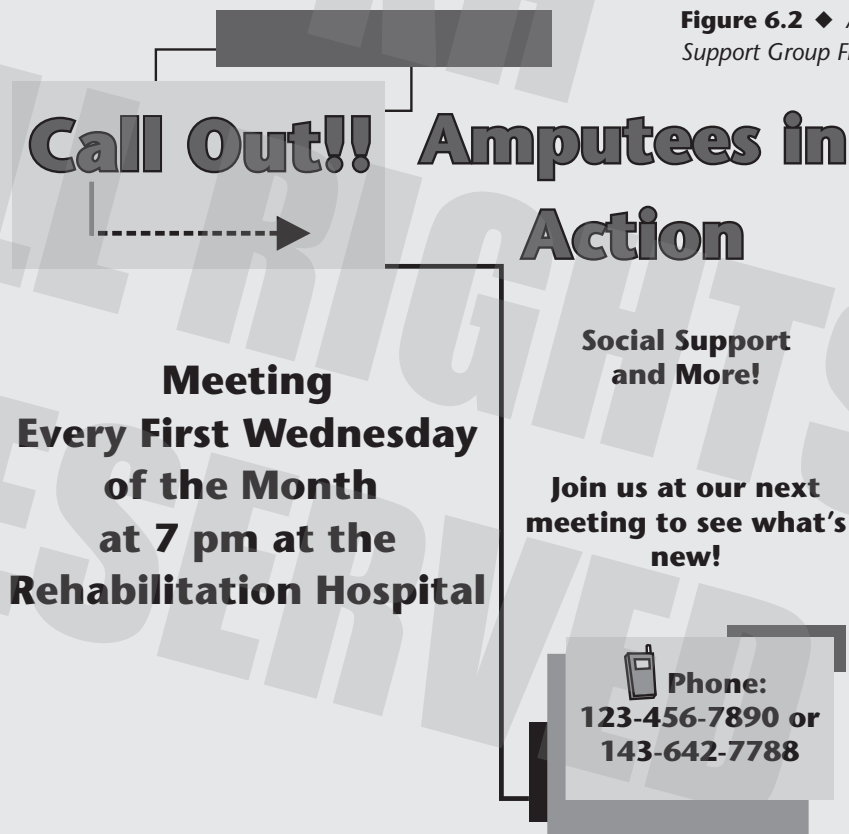
SERVICE-LEARNING APPLICATION

Appreciating Partnerships in Social Support Groups

In this service-learning application, we describe how a social support group gets started by using the example of Amputees in Action. We also place special emphasis on one of the core components of a great service-learning project—*formation and maintenance of partnerships*. This is not just referring to the partnerships within your service-learning project team or among your support group members, but also the

partnerships your group makes with outside individuals and organizations. These partnerships should be collaborative, mutually beneficial, and address support group members' needs. Keep in mind that communication with partners needs to be frequent and efficient in order to keep partners informed of the groups' activities, progress, and needs (Corporation for National & Community Service, 2010).

Figure 6.2 ♦ *Amputees In Action Support Group Flyer.*



Amputees in Action
1st Wed. Every Month
Rehabilitation Hospital
123-456-7890 or 143-642-7788

Amputees in Action
1st Wed. Every Month
Rehabilitation Hospital
123-456-7890 or 143-642-7788

Amputees in Action
1st Wed. Every Month
Rehabilitation Hospital
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Amputees in Action
1st Wed. Every Month
Rehabilitation Hospital
123-456-7890 or 143-642-7788

The Amputees in Action (AIA) support group was initially conceived by the first author of this book, Professor Mattson, as she lay in the hospital recovering from a motorcycle accident. This is her story of how the support group became reality.

“As I contemplated life without my left leg, I wondered if there were any other amputees I could talk with about the challenges I was facing. I had never met an amputee but thought it was important to my recovery to talk with other amputees who could share their unique experiences. When I inquired, my health care team told me they did not know of another amputee who could visit me in the hospital or of a support group for amputees. When I was released from the hospital and was recovering at home I consulted the internet and discovered the Amputee Coalition of America (ACA). According to this organization’s mission statement,

The ACA is a national, non-profit amputee consumer educational organization representing people who have experienced amputation or are born with limb differences. The ACA includes individual amputees, amputee education and support groups for amputees, professionals, family members and friends of amputees, amputation or limb loss related agencies, and organizations. (Amputee Coalition of America, 2009)

From the ACA’s Web site and by calling the ACA’s information center I determined there were no support groups available in the city or state where I live. Having studied the benefits of support groups and now realizing a personal need for emotional and information support from others with a similar health issue, I decided to found a support group for amputees as soon as possible.

Approximately one year later, after putting up a few flyers around town, talking with several health care providers and an amputee who previously tried to start a support group, AIA had its first meeting. A few amputees attended and we talked about how we became amputees, our experiences living with amputations, and how we might grow the support group. Later, with the assistance of one of my graduate students, Courtney, who was working on a service-learning project, and a small group of amputees, we more formally organized the support group and created promotional materials, including the flyer in Figure 6.2. As the flyer advertises, the group meets monthly in a location that is accessible and comfortable for members, there is ample handicap parking and the organization that hosts the meeting even serves light refreshments! AIA has a Vice President of Recruitment and Promotion who organizes members of the support group to regularly post our flyer in prosthetic firms, hospitals, physical therapy facilities and anywhere else we think it

might be seen by amputees or their friends and family. Members also carry AIA business cards and give them out when we encounter an amputee or when we are approached by people and asked about our prosthetics or about being an amputee.

Each support group meeting features an agenda which typically incorporates time for welcoming newcomers, catching up on each other’s lives since the previous meeting, discussion of challenges and tips to overcome those challenges, and either an activity (e.g., designing a support group Web site, light exercises) or a guest speaker (e.g., physical therapist, coordinator of a local sports/recreation program for disabled athletes). The group also participates in events and projects outside the regular meeting time such as an annual picnic, attending baseball games, trainings for peer visitation in hospitals, and advocating for state and federal legislation beneficial to amputees. Usually 6 to 12 people, including amputees and sometimes their caregivers, attend the meetings, events, and projects. Longtime members of the group often comment that they enjoy the group because “it gives them quality time with other amputees who understand their situation and want to encourage them to live a fulfilling life.” In addition, the service-learning aspect of this project is meaningful to Courtney and I for several reasons. The issue is personally relevant, the support group helps others cope with a health issues, and we directly experience the results of our service.

Additionally, this project could not be accomplished without key partnerships. What do you think were some of the partnerships that helped launch this support group? A few of the partnerships we formed early on in the process of creating the AIA support group include:

- ◆ Rehabilitation Hospital to host AIA meetings
- ◆ Network of prosthetic firms, hospitals, and physical therapy facilities to post AIA flyers and brochures
- ◆ Amputee Coalition of America
- ◆ Rehabilitation Hospital Sports Program

As you plan and carry out your own service-learning projects, such as starting a support group, it is important to be thoughtful and purposeful in the ways you select, form, and maintain partnerships. You can form partnerships with other campus departments or services, government organizations, local agencies and businesses, and key individuals. The best partnerships are those in which all of the parties mutually benefit. You may have some great ideas for helping a local agency provide social support, for example, but if those ideas do not fit the agency’s mission and goals or benefit its clientele, then likely this will not be an effective and mutually-beneficial partnership.

The Points of Light Institute, an organization dedicated to promoting volunteerism, offers the following tips for establishing effective partnerships (Catania, Coates, & Kegeles, 1994):



- ◆ Know your objectives. Before contact, build a solid base.
- ◆ Be able to articulate your goals, your service objectives, and your learning expectations.
- ◆ Know your volunteers. What types, their range of interests, their limitations, their talents.
- ◆ Know your resources. Can you provide public relations, transportation, duplication? Remember, simple details loom large to agencies.

Courtesy Points of Light. With permission.

- ◆ Know agencies and their programs. Understand their structure, their mission, and their activities at least well enough to ask informed questions.
- ◆ Make a strong effort to involve others in approaching agencies and to use them in an on-going way for program implementation.

As your service-learning project team considers who you may partner with write down a list of what your project team has to offer as well as what your team needs. Then list what the potential partners' needs may be that your team can fulfill and what they may have to offer your team. You can then look for the best match in which all involved parties likely experience satisfaction in meeting their needs while providing support to others. This also helps your team in approaching potential partners if you can clearly explain the mutual benefits to the potential partner in working with your team on the project.

Chapter Summary

In this chapter we covered the important topic of social support and its relationship to health communication. We began by defining social support and then delineated the many types of social support. Next, we explained the health benefits of social support. This was followed by a consideration of supportive communication and the factors that make support messages more or less effective. Then we discussed the role of social networks in providing social support. In the next section we looked at the other side of social support and explored the ways in which people seek social support. We then examined the more formal role of social support in support groups including advantages and disadvantages of both in-person and online support groups. We concluded the chapter with a service-learning application about starting a support group while emphasizing the necessity of creating a network for the support group through partnerships.

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