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With a Little Help from Our Friends: Social Support as a Source of Well-being and of Coping with Stress

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The relationship between one's psycho-emotional and physiological health has long been of interest to social scientists. While many factors have been examined for their impact on causation and prevention, over the past two decades the concepts of social support, stress and well-being have undergone much scrutiny. In this article the authors provide empirical data to enhance our understanding of the interrelatedness of these three concepts.

Based on the findings from a study of stress and health in organizations, a model is proposed which elucidates some of the conditions under which social support networks mediate the impact of stress on psychological well-being.

Human beings are radically social by nature. We live in families and communities, work in organizations large or small, engage in groups of all kinds ubiquitously, and enter into multiple social transactions virtually everyday of our lives. Our identities have their roots in social relations and groupings. Our very existence is caught up in a complex network of interdependencies such that very few human needs can be met save through the mediation of others. Yet we Americans live in a strongly individualistic culture and prize autonomy perhaps more than relationships. Idealizing "strong, silent types" who

never call on others for help, we often face high degrees of stress and put up with its psychological and somatic symptoms and attendant erosion of quality of life.

The central focus of this study is on the role of supportive social relationships in the promotion of personal well-being and as a source for effective coping with stress. Based on the findings of a three year study, in this paper we report on research conducted within a larger study of health and stress.

Theories of Social Support and Stress

The research literature on social support and stress has approached the measurement of social relations from a variety of perspectives from family relationships (e.g., Cook & Weigel, 1983; Pilisuk & Parks, 1983; Robles, 1983), organizational membership (e.g., Bromet, Dew, Parkinson, & Schulberg, 1988; Cooper & Smith, 1985; Martin & Wall, 1989), the enhancement of one's well-being (e.g., Thoits, 1986; Tracy, 1990), to well developed instruments gauging the number and strengths of those significant relationships (Caplan, Cobb, French, Harrison, & Pinneau, 1975; Sarason, Levine, Basham, & Sarason, 1983). Cohen and Wills (1985) classify social support measures as *structural* (the extent to which one engages in relationships or groups) versus *functional* (the degree to which such relationships provide identified functions for the person, e.g., companionship or nurturance). They also differentiate specificity versus globality of scale—the extent to which the measure specifies particular functions or contexts or combines a number of them into a largely undifferentiated global index.

In general, social relationships serve a variety of human needs, many of them subsumed under general terms such as love, belonging, or social companionship. The stress literature focuses on relationships as support for the person, and suggests a tripartite classification: *socioemotional support*, behaviors that reflect empathy and understanding and enhance a sense of acceptance, worth, self-esteem; *informational support*, the provision of perspective, guidance, and advice to assist the person in coping and problem solving; and *instrumental support*, the provision of resources and services to help resolve problems

or maintain other life functions (House, 1981; Jacobson, 1986; Leavy, 1983; Thoits, 1986: Cohen & Wills, 1985).

A key difference among these groups of functions is that informational and instrumental support enhance mechanisms for coping while socio-emotional support and companionship go beyond coping and directly enhance the quality of one's life. Regardless of the source or functions, amiable and supportive relations have frequently been cited as factors which increase personal well-being and curtail distress.

Stress has been the subject of investigation for some decades and intensively so in recent years, spawning a growing business in stress management training and consulting. Much of the research has focused on the individual—the consequences of stress on health and well-being—and on the emotional experiences and coping responses. But a growing body of literature address the conjoint impact of stress and social support on well-being.

Hans Selye (1956) was among the first to study stress, which he defined as a non-specific response of the body to any environmental demand. He was particularly concerned with the physiological and biochemical responses to unexpected or excessive environmental demands. He identified and described the General Adaptation Syndrome (GAS) mobilizing one for flight or fight in the face of external threat. He also linked GAS to the formation of various symptoms and the onset of certain diseases.

In an early social psychological study of stress in organizations, Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964) investigated the effects of role conflicts, ambiguity and overload as frequent stresses which generate tension, anxiety and dissatisfaction at work and which tax the adaptive capacities of managers and workers. In a unique research design, they derived measures of environmental stresses from interviews with the subject's role senders and hence independently of the subject's experience of or response to the stress. Their study was also among the first to report that quality of relationships at work mediate or buffer the effects of stress.

However, most research on stress relies on the subject to report on the degree and kinds of stress he or she is facing.

Generally this coincides with conceptions which define stress as psycho-socio-emotional or physiological responses in the person to threatening situations. The stress is in one's experience although the threat may come from the environment. We believe it is important to distinguish environmental stressors (the source of stress) from the experience of stress, although most research on stress focuses on the latter.

Two approaches to stress have gained currency, both using the subject as informant on the stressors. The first, represented by Holmes and Rahe (1967), Brown and Harris (1978), and Naismith (1975), presents a list of troubling *events* (e.g., death of spouse, loss of job) and asks whether the event occurred or not. The second approach focuses on *chronic conditions* (e.g., noise, conflict, overload) in the home, community or workplace with which people often find difficulty in coping (Adams, 1981; Pearlin, 1983).

Using either stressful events or conditions, researchers conceive of stress as stemming from three different situations— needs, transactions, and transitions. Caplan (1964) and Thoits (1985) see stress as threats to or disruption of one's efforts to meet one's needs, and hence as a source of frustration and deprivation. Others (e.g., Lazarus & Folkman, 1984) have put forth a transactions model in which demands on the person exceed one's resources and thus over-tax one's adaptive and work capacities producing a decline in well-being. Still others (Arnold & McKenry, 1986; Parkes, 1971) have focused on the stress of life transitions and on the re-adjustments required by changes positive or negative.

All of these approaches imply a general model in which events or conditions in the environment (stressors) lead to the experience of stress. This stress may lead to successful coping but often results in symptom formation and a decline in one's sense of well-being.

Cohen and Wills (1985) have presented a rather complete review of the literature on stress and social relations and an important classification of the role social support plays in maintaining well-being and managing stress. They suggest two general hypotheses. The *main effects hypothesis* states that social

support has a significant linear effect promoting positive indicators of well-being and inhibiting negative indicators. In simple terms, one's quality of life is enhanced by the presence of caring and supportive relationships. Research by Bell, LeRoy and Stephenson (1982), Friedland and McColl (1987) and Williams, Ware, and Donald (1981) represent studies that support the main effects hypothesis.

The second hypotheses addresses the ways in which relationships protect one from the adverse effects of stress, and this they call the *buffering hypothesis*. If the primary role of social support is buffering, there should be little difference in well-being for those with or without social support in the absence of stress. But as stress increases, well-being should decrease for those who lack social support but not for those who are well supported. Alloway and Bebbington (1987), Eaton (1978), Kessler and Essex (1982), and Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964) are among those reporting a buffering effect.

There exists some literature which critiques the buffering model. Barrera (1988) suggests other models that might link stress and social support to psychological well-being. The major alternative in most studies remains the main effects model.

Cohen and Wills (1985) suggest that the use of structural measures of social support yield largely main effects, while buffering effects are observed when the support functions that are measured are appropriate and relevant to the stressors present. They also indicate in their review that it's often hard to tell whether an instrument is primarily structural or functional and, if the latter, what support functions are being measured. In any case, if buffering is present, it is presumably because the stressors are responded to and coped with in different ways with and without the social support.

A Composite Model

The model guiding the present study, entitled a Composite Model, is presented in Figure 1. The main stress hypothesis is that A, environmental stressors (i.e., conditions and events in one's immediate environment), generate B, an experience

Figure 1.

A Composite Model of Stress and Social Support
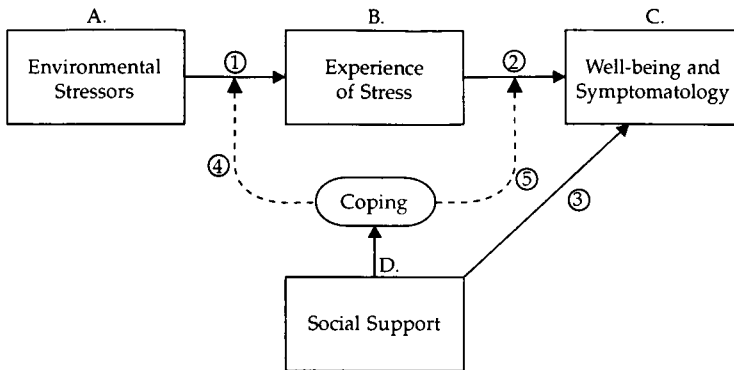
of stress which undermines C, ones' sense of well-being and produces various symptoms of distress (i.e., anxiety, depression, somatic complaints, etc.). The main effects social support hypothesis is represented by arrow 3, namely that D, social support enhances well-being and reduces symptomatology.

The buffering hypothesis holds that social support enhances coping which mediates either the stressor-experience of stress association (arrow 4) or the stress-well-being association (arrow 5) or both. In particular, the mediation is such that increasing levels of objective or experienced stress yield pronounced effects for those lacking in social support but modest or nil effects for those with strong supportive relationships. In the Composite Model the main effects and buffering hypotheses are not viewed as alternative explanations but as different social psychological dynamics which may both operate at the same time to enhance coping with stress and thus limiting the distressing effects of stress.

The central questions addressed in the analyses reported here are: 1) what are the effects of different kinds of stress in life or work on various indicators of well-being and symptom formation, 2) what are the direct effects of different measures of social support on well-being and symptom formation and 3) in

what ways do different measures of social support mediate the effects of different kinds of stress on the dependent variables?

Methods

The data for this analysis were gathered in a three year study of stress, health and health promotion programs in two organizations, a health insurance company with some 1400 employees and a manufacturing company with about 350. The larger study included a initial questionnaire survey of stress and health and a second survey 1 1/2 to 2 years later to enable an evaluation of various health promotion activities. The data reported here are all drawn from the questionnaire surveys.

Sample

The surveys were offered to all employees in the smaller company and to the major divisions (some 70% of employees) of the health insurance company. Participation was voluntary and strongly encouraged in both organizations. Questionnaires were completed on company time. Time–1 survey involved 839 completed returns. Time–2 yielded 757 of whom 404 were also involved in time–1. The second survey offered a opportunity to approach measurement of social support in a different way (see below). For some parts of the analysis reported here, the total N is 1192. Other parts are limited to the time–1 or time–2 samples alone. In either cases, the sample size was more than adequate, substantially larger than most previous studies.

Two thirds of the sample were female, and 29% minorities, ranging in age from 19 to 71 years (average age 35). As a whole, the respondents are in white collar jobs (professional, technical and lower to middle management) with less than 10% in blue collar assignments.

Measures

Research concepts were operationalized into three sets of variables: stressors (as the independent variables), social support (as the moderating and mediating variable), and well-being and symptomatology or strain outcomes (as the dependent variables).

Stressors   included two measures focusing on one's work setting (work events and work conditions) and two measures of

general life stress (life events and life conditions). Stressful life and work events were measured by the life Events Inventory (Cochrane & Robertson, 1973) with 40 events and the Events at Work Inventory (Naismith, 1975) with 30 events. Both inventories asked participants to indicate if an event did or did not happen over the preceding twelve months. The listed events from both instruments have been found to elicit stress reactions and to require people to exert adaptive behaviors (e.g., two items of the Life Events Inventory referred to personal long term illness or hospitalization, three items concerned miscarriage, abortion, or pregnancy). Based on previous research, the events in both inventories are weighted by the degree of stress imposed on the person; the individual's score equals the sum of the weights he or she reported as having occurred.

Respondents were asked to rate the frequency of occurrence of 19 stressful conditions (such as "concern over values/ behaviors of family," "chronic worry or guilt"). These items summed, constitute the Life Conditions variable. Similarly, participants were asked to rate 26 chronic conditions in the work environment (such as "lack confidence in management," "I feel overqualified for the work I actually do") and these items became the Work Conditions variable. Adams (1981) developed both of these instruments and used a 5-point scale anchored by "rarely or never" and "always".

Social Support. In the initial survey, social support was measured by an instrument developed by Sarason, et.al. (1983). Respondents were asked to identify (with initials) the people in their environment (home, work, etc. unspecified) who provide them with caring and support (such as "Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?"). The scale, referred herein as *Numbers of Caring Relationships*, is the total numbers of people identified across all such items.

The time–2 survey substituted an instrument developed by Caplan, et.al. (1975) which looked at support at home and at work (i.e., from supervisor and co-workers). A series of items (e.g., "How much can each of these people be relied on when things get rough at work?") elicited a separate rating-scale response for each source of support.

Well-being and Symptomatology were measured by the following instruments:

The Quality of Life measure (Datamation, 1980) asks participants to rate their level of comfort and satisfaction with self, relations with others, ability to meet life demands, and ability to enjoy things. This inventory used 24 items anchored by a 7-point scale from "low or poor" to "high or good."

Strain was measured by the Adams (1981) 26-item instrument. Depression, Anxiety, and Somatic Complaints were strain variables that were identified through a factor analysis of this instrument. The participants were asked to respond to these questions used a 5-point scale from "rarely or never" to "quite frequently."

The affect Rating Scale (Sipprelle, Gilbert & Ascough, 1976) consisted of thirty words (e.g., elated, bashful, secure, etc.) that participants were asked to rate on a 7-point scale (from "not at all" to "very much") to describe how they generally felt. Positive affect, negative effect, and tranquility were the variables that were identified through a factor analysis of this instrument.

Job Satisfaction (Manring, 1979) was measured by asking participants to rate ten items (e.g., the quality of supervision, the nature of the task, etc.) on a 7-point scale from "dissatisfied" to "satisfied."

Job Related Tensions (Kahn, Wolfe, Quinn, Snoek & Rosenthal, 1964) were measured by an 18-item instrument that listed situations that sometimes bother people about their jobs (e.g., "Feeling that you're not fully qualified to handle your job"). Participants were asked to indicate how frequently they felt bothered by each item using a 7-point scale anchored by "never" to "nearly all the time." All of the measures used in this analysis have been reported in previous studies and have demonstrated acceptable validity and reliability. Most have been widely used.

Findings

Direct Effects of Stress

Table 1 presents the correlations between four measures of stress (stressful events in life and in work and chronic stressful

Table 1

Correlations between Stress Measures and Indicators of Well-being

Indicies of Well-being & Symptomatology	Stress Measures			
	Life Events	Work Events	Life Conditions	Work Conditions
Quality of Life	− .16***	− .15***	− .32***	− .39***
Strain	.37***	.33***	.55***	.48***
Depression	.32***	.29***	.49***	.48***
Anxiety	.35***	.26***	.48***	.40***
Somatic	.29***	.30***	.43***	.37***
Positive Affect	− .08*	− .00	− .16***	− .20***
Negative Affect	.30***	.24***	.48***	.43***
Tranquility	− .21***	− .18***	− .35***	− .37***
Job Satisfaction	− .22***	− .29***	− .35***	− .65***
Job Related Tensions	.22***	.44***	.41***	.79***

*** = p. < .001
** = p. < .01
* = p. < .05

conditions in life and at work) and ten measures of well-being and symptomatology.

With two exceptions all four measures of stress show highly significant relationships with each of the dependent variables in the expected directions. That is, increasing stress is associated with decreases in quality of life, positive affect, tranquility, and job satisfaction and with increases in strain and its three subscales (depression, anxiety, and somatic complaints), negative affect, and job related tensions. Positive affect is undermined modestly by stressful life events (p.<.02) and not at all by stressful work events.

The other notable pattern in Table 1 is that chronic stressful conditions in life or at work show persistently stronger relationships with the dependent variables than are found with the episodic stressful events in life or work. The chronic life conditions instrument asks the respondent to indicate "how

often you experience stress as a result of that condition." Similarly, the chronic work conditions measure asks how often various troublesome experiences (conflict, ambiguity, overload, etc.) are "true for you." These are clearly direct measures of Experienced Stress—box 2 in Figure 1. In the life and work events instruments, the respondent merely reports whether or not various stressful events occurred. This approach is generally viewed as more objective, i.e., as a direct measure of environmental stressors—box 1 in Figure 1. Not surprisingly, experienced stress is more closely associated with diminished well-being than are the environmental stressors.

The two dependent variables focused on well-being at work (job satisfaction and job related tensions), show very strong correlations with chronic stressful work conditions, and are more closely associated with stressful work events than stressful life events. Specificity with regard to source of stress and dimension of well-being strengthens the relationship.

While we view the life and work conditions measures as tapping into the subjective experience of stress, and the events measures as more closely reflecting environmental stressors, we do not draw one-to-one links between them. The life conditions instrument does not ask the respondent about his or her experience of the particular events checked in the life events instrument. Similarly, while the life conditions instrument alludes to conditions in one's environment, those conditions are not reflected in the list of stressful life events. The same holds true with regards to stressful work conditions and events. The two sets of measures differ not only in relative objectivity-subjectivity but also in terms of episodes versus chronic factors. The four instruments are addressing different sources of stress measured in different ways.

Direct Effects of Social Relations

Table 2 presents the correlations between three measures of social support—Numbers of Caring Relations, Home Support (from spouse, family and friends) and Work Support (from supervisor and coworkers)—and ten indicators of psychological well-being. All but one are highly significant and all are in the expected direction, i.e., the stronger the social support, the

higher one's quality of. life,positive affect, tranquility, and job satisfaction and the lower one's strain, depression, anxiety, somatic complaints, negative affect, and job related tensions. The only non-significant correlation is between numbers of caring relationships and job related tensions.

Cohen and Wills (1985) would classify Numbers of Caring Relationships as a structural measure and Home Support and Work Support as functional in that the latter two variables address ways that one might be helped during difficult times. The main effects of the two functional measures of support on the dependent variables are consistently stronger than are those of the structural variable. While the presence of such relationships in on one's life promotes a high quality of life and inhibits strain, etc., the perception of those relationships as helpful during times of trouble strengthen the associations. This holds particularly with regard to support at work in relation to job satisfaction and job related tensions.

Table 2

Correlations between Social Support Measures and Indictors of Well-being

Indicies of Well-being & Symptomatology	Social Support		
	No. Caring Relationships	Home Support	Work Support
Quality of Life	.19***	.46***	.36**
Strain	−.15***	−.31***	−.31***
Depression	−.15***	−.31***	−.32***
Anxiety	−.17***	−.33***	−.34***
Somatic	−.09**	−.18***	−.23***
Positive Affect	.21***	.32***	.27***
Negative Affect	−.22***	−.38***	−.35***
Tranquility	.14***	.30***	.32***
Job Satisfaction	.12**	.28***	.56***
Job Related Tension	−.04	−.22***	−.50***

*** = $p. < .001$
** = $p. < .01$
* = $p. < .05$

Support for the main effects hypothesis is robust and systematic. The pattern is fully consistent with the solid arrows in the model present in Figure 1.

Social Support & Coping: The Buffering Hypothesis

The results presented above underscore the importance of social relationships as a direct source of human fulfillment and well-being. Let us turn now to the more central question of the extent to which social support protects or buffers one from the debilitating effects of stress. Does the strength of support from others mediate the relationships between different measures of stress and various indicators of well-being and symptomatology?

For this analysis, we have divided each of the support measures into strong, moderate and weak degrees of social support. This permits a two-way analysis of variance in which the *interaction* term serves as a test of significance.

Figure 2 presents the relationships between each of the four stress measures (plots A through D) and quality of life for strong (N=133), moderate (N=179) and weak (N=404) levels of Caring Relationships. Quality of life declines with increasing scores on stressful life events for those with moderate or weak relational networks, but in fact increases slightly for those with six or more caring relationships. The interaction term is significant at the .028 level. A similar pattern is found with regards to stressful work events, with an interaction significant at .013.

Plots B and D on the right hand side of Figure 2, showing the effects of stressful life and work conditions, respectively, demonstrate a quite different pattern. In these, the main effects of both stress and support are evident, but the slopes of these lines are virtually parallel. Here we find no evidence of buffering, and the interaction terms are, of course, not significant.

Figure 3 presents the same analysis using the strain index as the dependent variable. Once again, those with strong support show little increase in strain with increases in stressful life events (p. of interaction = .018) or stressful work events (p. of interaction = .076). Stressful life and work conditions increase strain comparably for all three levels of support.

Figure 2.

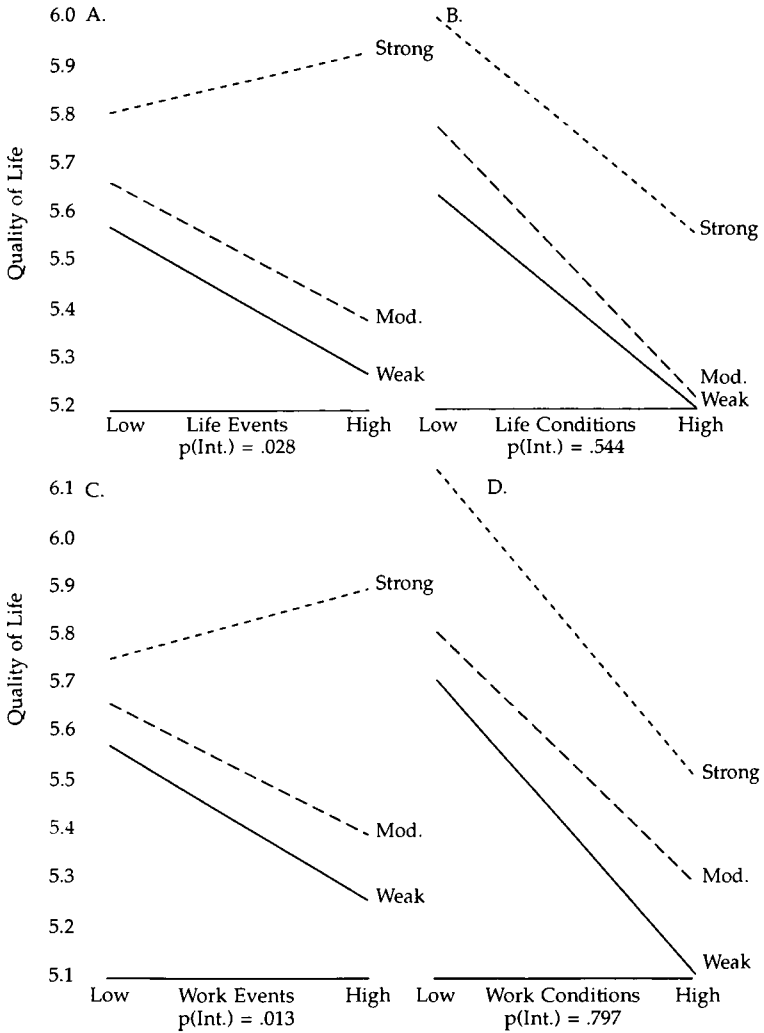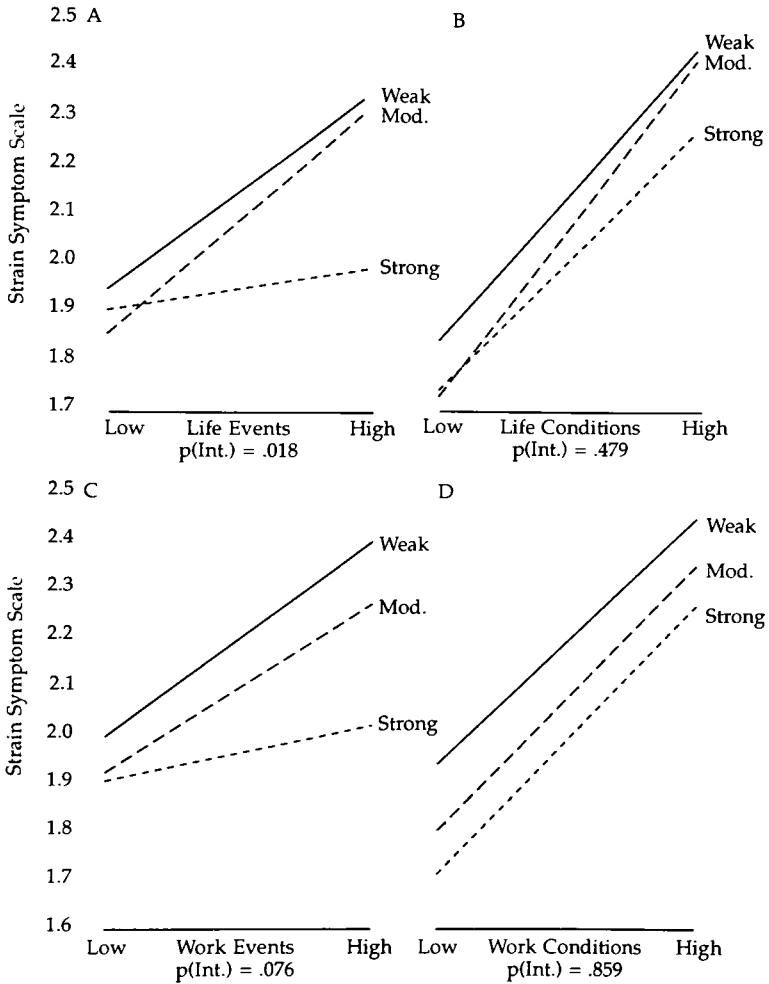*Quality of Life by Stress for Strong, Moderate & Weak Social Relations*

Figure 3.

Strain Symptom Scale by Stress for Strong, Moderate & Weak Social Relations

This analysis was repeated for all dependent variables separately for each of the measures of social support. In no case did we find evidence of buffering when the stress measure focused on chronic conditions in life or at work. There are two potential explanations for this. First, when stress is episodic, when a disturbing event occurs, that is precisely when caring friends and loved ones step in to offer help, emotional support, and resources—the caring is expressed through aid in coping with the threat, loss, or change. With little or moderate support, the stress takes its toll.

However, when the stress is chronic, say from racism, economic inequities or work overload, there is not much that others can do but provide sympathy and companionship. That is, for some kinds of stress, supportive others may offer little in the way of coping in spite of their contribution to one's general quality of life.

A second interpretation must also be considered. We noted above that the events measures may be taken as representing environmental stressors (box A in figure 1) but that the chronic conditions measures clearly represent experienced stress (box B). The question is, does the mediation of social support occur between the environmental stressor and the experience of stress or between the experience and the consequences for well-being?

It may be that those with strong social support don't find difficult events as debilitating because of the active presence of caring friends—their equilibrium is maintained in spite of the troubles and, hence face the difficulty with less emotional upheaval. Consequently, there are fewer symptoms that arise and little or no decline in quality of life.

If the presence of strong supportive relationships does mediate one's experience of the environment, then objective chronic conditions *in the environment* would have already been buffered when one experiences those conditions as stressful or not. Given the same objective conditions, one with strong support would report them as less stressful than those without such support. But once it is experienced as stressful it leads to the same symptom formation or decline in well-being as occurs for others who are less well supported.

Let us turn now to the mediating effects of the more situation specific sources of support. Figure 4 portrays the effects of stressful life (A&B) and work (C&D) events on the strain index for those strong (N=264), moderate (N=261) and weak (N=153) in home support (i.e., from spouse, family and friends) (A&C) and strong (N=93), moderate (N=178) and weak (N=130) in work support (from supervisor and co-workers) (B&D).

The buffering effect is clearly evident in plot A of Figure 4. Increasing levels of stressful life events increases strain for those weak or moderate in home support but not for those with strong home support (interaction = .016). But home support does not buffer the effects of stressful work events. The pattern of Plot D—strain by stressful work events with work support as the moderating variable—hints at some buffering effect, but falls far short of a significant interaction.

Figure 5 portrays the comparable analysis using job satisfaction as the dependent variable. The pattern of plot A—life events mediated by home support—is fully consistent with the buffering hypothesis, although the p. value of the interaction term is only .135. Home support does not moderate the effects of stressful work events.

The strong main effects of work support are evident in plots B and D. Regardless of stress level, the more supportive the work group, the greater one's job satisfaction. A significant interaction effect (p=.034) is also found in D. With strong support from supervisors and colleagues, increasing work stress does not undermine job satisfaction. The pattern in B, in spite of an interaction term approaching significance, does not reflect the buffering hypothesis. It is only in the moderate support group that life events fail to erode job satisfaction.

The pattern for a pure buffering effect would show no differences in the dependent variable across levels of support under low stress, but marked differences under high stress. Plots A and C of Figure 3 illustrate this well. Most of our analyses indicate some main effect of level of social support even under low stress, but stronger effects under high stress. The buffering hypothesis and main effects hypothesis are *not* antithetical to one another, but, rather, represent different dynamics which
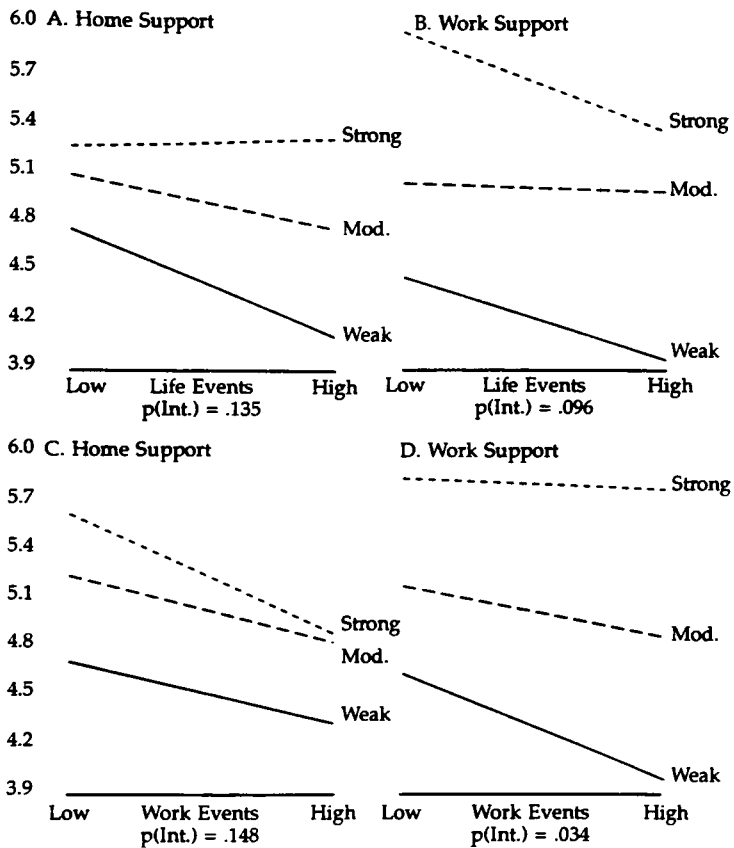
Figure 4.

Strain by Life Events, Work Events by Degree of Home, Work Support
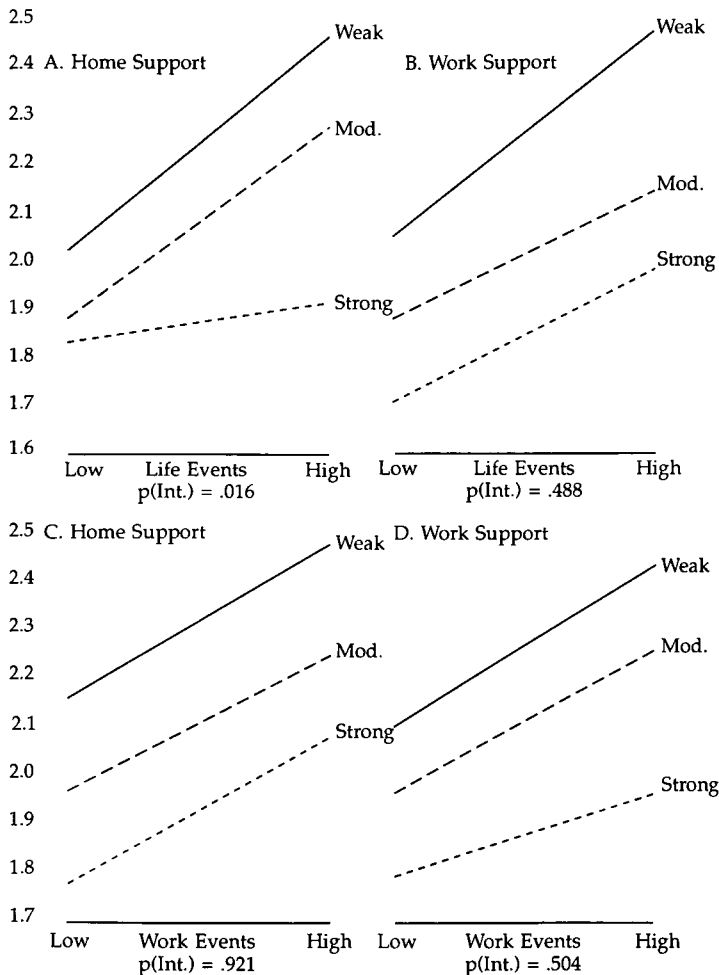
may, and often do, operate in combination. Even where main effects are very pronounced (as in Figure 5, plot D) the presence of strong support may protect one from the adverse effects

Figure 5.

Job Satisfaction by Life Events, Work Events by Home & Work Support

of increased stress, presumably because that support enhances more effective coping responses.

Table 3 presents a summary of evidence for the buffering hypothesis for each indicator of well-being or symptomatology by stressful events in life and work for each of the measures of social support. An asterisk indicates a pattern of buffering (less effect of stress for those with strong social support than

Table 3

Support for the Buffering Hypothesis

Stress Index	Social Support Measure					
	No. Caring Relationships		Home Support		Work Support	
	Life Events	Work Events	Life Events	Work Events	Life Events	Work Events
Well-being Indicators						
Quality of Life	*	*	+			•
Strain	*	+	*			•
Depression	*	*	*			+
Anxiety	+	+	+			+
Somatic Complaints	+	+	*			•
Positive Affect	+	*				
Negative Affect	*	+	*			+
Tranquility	+	*	+			•
Job Satisfaction	+		+			*
Job Related Tensions	*		+			+

for those with moderate or weak support) and an interaction term significant at the $p < .05$ level. A + represents the buffering pattern approaching significance; a •indicates the pattern is present but well short of significance.

The presence of caring relationships (people who offer love, trust, acceptance, and feedback for improvement) provides the strongest evidence for the buffering hypothesis. It is only where the stress occurs at work and the dependent variables are job related tensions or job satisfaction that such relationships do not enhance coping.

Home support (spouse, family or friends who make life easier, are easy to talk with, can be relied on when things get tough, and will listen to personal problems) shows consistent evidence of buffering for stressful life events but not at all for stressful work events. Such relationships help one cope with stress at home or in the community but not at work.

The buffering effects of work support (supervisor and colleagues who make life easier, are easy to talk with, can be relied on when things get tough, and are willing to listen to personal problems) are less pronounced. Work support does little to buffer one against the effects of stressful life events. The pattern is generally right for buffering against stress at work, but achieves significance only for job satisfaction and approaches significance only for job related tensions, negative affect, depression, and anxiety.

Part of the reason for less marked evidence for work support than for home support is the relative rarity of truly strong support at work. Thirty-nine percent of the sample fell into the strong home support category, and they were all at the top of the scale of the instrument. Of the 25% who made up the strong work support group, only a fifth were at the top of the scale. Thus, the test of the buffering hypothesis is less powerful for this group.

Discussion and Implications

In general, the findings suggest that life events and work events have similar effects on one's well-being; both place significance demands on ones adaptive capacity. However, the opportunities for coping may be somewhat different. Support at work enhances coping at work, but not away from work. Support at home and from friends enhances coping away from work but not at work.

These results above would concur with recent literature and suggest a situation specific character to the buffering hypothesis. However, with the more generic quality of the numbers of caring relationships measure, buffering is found against both work and non-work stress. Perhaps those with many caring relationships usually include some from the workplace as well as family and friends.

Persistently throughout these analyses, it is only with quite strong support that we find evidence of buffering. While a few supportive relationships may enhance quality of life over none at all, a few are not sufficient to protect one from the adverse effects of stress. It is quite likely that if one is limited to two

or three supportive relationships and the stress centers on them (e.g., marital discord) those relationships are unlikely to enhance coping. But if one has a larger network to draw on, the relevant help may be forthcoming.

Similarly, a generally supportive supervisor who is central to a stressful work event may offer little protection while a larger supportive work group can. Even one very strong relationship may provide the requisite emotional support and instrumental help if he or she is sufficiently knowledgeable about their stress situation and also not the source of the stress.

In any event, simple linear models will not be sufficient for understanding the relationships among social support, stress, and well-being. The buffering effect, while clearly supported by our data, is not a montonic function.

With one exception, the Composite Model in Figure 1 is well supported by the data. The main effects relationships (arrows 1, 2 & 3) are generally clear and strong. The buffering effects for stressful events (arrow 4) are generally supported although successful coping may be fairly situation specific. We fail to find evidence for buffering between the experience of stress and measures of well-being (arrow 5). It may be that experienced stress takes its toll regardless of level of social support, but that environmental stressors are less apt to be experienced as stressful in the presence of strong social support. But it may also be that supportive relationships enhance coping with episodic stress, even when it is experienced strongly, but not with chronic stress. There is no reason to doubt that strong supportive re-lationships often become more active during times of intense distress.

In sum, the components that make up the Composite Model are not new to the world of behavioral science as evidenced by our overview of the literature. However, this model serves to pull together the many studies that focus on either home or work support and stress, where the latter is either long standing or episodic. In addition to the specific findings from the data described above, the Composite Model underscores the complexity of this thing we call social support as it refers to the type and amount of support available to an individual,

which is further complicated when we factor in the context in which the support and the stress occur.

The Composite Model attempts to bridge home and work support and stress as they exist under both chronic and acute conditions. The literature on the use of support networks maps takes us in a similar direction (e.g., Wolfe, D.M., O'Connor, D., & Crary, L.M., 1990; Tracy, E., 1990).

This model also has implications for addressing the trends emerging both internal and external to our organizations. One such trend is in the rapidly increasing multicultization of the workplace. As ethnicities, ages, lifestyles, and languages at work become more diversified organizations must go beyond helping employees recognize the potential benefits of such changes to actively attending to the inevitable stressors. The Composite Model underscores the argument that employers must facilitate the creation and maintenance of the multiple support groups to which their workers identify. Ethnic support groups, for example, would not only serve to strengthen the buffering of some work-related stress but have been found to increase worker (and therefore organizational) productivity (Cox, T., Lobel, S., & McLeod, P., 1991).

Similarly, the findings of the Composite Model are applicable to interorganizational arrangements. The increased number of community-level and international social service alliances to maximize resources and service delivery, "borderless" organization (Bennis, 1992), and "PALS" (as the pooling, allying, and linking of resources across corporate boundaries) as coined by Kanter, (1989) bring with them stressors that are just beginning to be realized. As our organizations attempt to succeed in a global economy, organizational leaders and policy makers must recognize the imperative to create strong support systems which tie into the various contexts in which stress occurs. Administrators need to invest more organizational resources in the training of others in social relations and organizational development skills. The findings of this study provide a strong rationale for organizations more aggressively meeting the need for socio-emotional as well as instrumental support.

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