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SOCIAL SUPPORT AND POSITIVE LIFE EXPERIENCE:
THE RELATIONSHIP OF SOCIAL SUPPORT TO WELL-BEING,
PERCEIVED CONTROL, AND POSITIVE LIFE EVENTS

Past research has traditionally conceptualized social support in terms of its proposed role in buffering or mediating the negative impact of stressful life events. The present study was aimed at exploring the relationship of social support to positive life experience. One hundred seventy-eight college students completed measures of subjective mental health, perceived control, and life events. Social support was more strongly related to the positive dimensions of subjective mental health (happiness, gratification, and confidence) and perceived control (obtaining and savoring) than to the negative dimensions of these constructs (i.e. strain, uncertainty, and vulnerability; avoiding and coping). Likewise, social support was more strongly associated with the impact of positive events than to the impact of negative events. Support for a distinction between positive and negative experience was obtained, in that positive life events were found to be more strongly associated with the positive dimensions of subjective mental health and

perceived control, whereas negative events were more strongly associated with the negative dimensions of these constructs. Rather than focusing exclusively on social support's relationship to negative life experience and psychological distress, future theory and research must be aimed at a reconceptualization of social support that integrates this construct's apparent role in psychological well-being and the management of positive life experience.

LOYOLA UNIVERSITY OF CHICAGO

SOCIAL SUPPORT AND POSITIVE LIFE EXPERIENCE:
THE RELATIONSHIP OF SOCIAL SUPPORT TO WELL-BEING,
PERCEIVED CONTROL, AND POSITIVE LIFE EVENTS

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

DEPARTMENT OF PSYCHOLOGY

BY

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CHICAGO, ILLINOIS

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CHAPTER I
INTRODUCTION

Invariably, social support has been conceptualized in terms of its proposed role in buffering or mediating the negative impact of stressful life events. Likewise, research examining the relationship between social support and well-being has focused almost entirely on the presence or absence of overt psychological symptoms or disorder, rather than on the presence of positive affect and cognition (Vaux, 1988; Meehan, Durlak, and Bryant, 1992). As a result, research is needed that explores the possible role of social support in mediating the effect or impact of positive life experience.

The present study was aimed at addressing this apparent gap in the literature by examining the possible relationship between social support, well-being, and positive life experience. A review of the literature provides a rationale for the study by examining relevant findings in the following areas: a) affective experience; b) subjective well-being; c) life events and life quality; d) perceived control; and e) social support. The literature review ends with a close examination of a study conducted by Meehan et al. (1992), which served as a basis for the present work.

Affective Experience

Since Bradburn's (1969) pioneering work in subjective well-being, a debate has existed in the literature regarding Bradburn's contention that positive and negative affect exist as separate dimensions, rather than opposite ends of a single affective continuum. Despite some degree of criticism (Brenner, 1975; Kozma & Stones, 1980; Diener, 1984), Bradburn's (1969) findings have not only been replicated in studies targeting different populations (Harding, 1982; Warr, 1978; Perry & Warr, 1980), but also in studies using different measures and methodologies (Zevon & Tellegen, 1982; Bryant & Veroff, 1982,1984; Diener & Emmons, 1985; Diener, Larsen, Levine, & Emmons, 1985; Meehan, Durlak, & Bryant, 1992).

The research of Diener (1984) and colleagues (Diener & Emmons, 1985; Diener, Larsen, Levine & Emmons, 1985) may have gone a long way toward reconciling the findings of those researchers who have found a strongly inverse correlation between positive and negative affect (Brenner, 1975; Kamman, Barter, Irwin & Dixon, 1979; Warr, Barter & Brownbridge, 1983) and those that have found statistical independence. Building on the work of Wessman and Ricks (1966), Diener (1984) et al. (1985; 1985) have hypothesized that the interaction of two separate processes contribute independently to affective experience. These processes consist of frequency, the amount of time that positive or negative affect predominates over the other, and intensity, defined as the strength with which one

experiences these affects (Diener, Larsen, Levine & Emmons, 1985; Diener & Emmons, 1985; Diener, 1984).

In an initial study of daily affect over time (Diener & Emmons, 1985), it was found that positive and negative affect were rarely experienced at the same time and correlated inversely with one another when any particular moment in time was considered. When considered over longer periods of time, however, positive and negative affective experiences were found to be independent across individuals. Given these results, Diener and Emmons (1984) concluded that positive and negative affect must vary inversely, but only along the frequency dimension. The more frequently individuals experience positive affect, for instance, the less frequently they experience negative affect. In order to explain the long-term statistical independence of positive and negative affect, Diener and Emmons hypothesized that such affective experiences must correlate positively along the intensity dimension.

This is precisely what Diener et al. (1985) found in a subsequent series of studies designed to test these hypotheses. In all these studies, positive and negative affect were found to correlate strongly and positively (avg. $r = .70$) in terms of intensity, but negatively in terms of frequency (avg. $r = .69$). Such findings do much to explain why so many studies of affective experience have consistently found a statistical independence between positive and negative

affect. Because mean affective experience is composed of the independent factors of frequency and intensity, the positive correlation along the affective intensity dimension essentially cancels the negative correlation along the frequency dimension over time, resulting in statistical independence (Diener, 1984; Diener & Emmons, 1985; Diener et al., 1985). Thus, studies of affect that focus on frequency would be expected to obtain inverse correlations, whereas studies using measures of mean affect would be expected to find a lack of association (Diener, 1984).

Despite this increased understanding of the structure of affective experience, however, the isolation of frequency and intensity dimensions still accounts for only a portion of the variance in the overall levels of mean affective experience reported by individuals. According to Diener et al. (1985), because positive and negative affect do not covary perfectly along the intensity dimension, it is likely that certain variables affect positive and negative intensity differentially. Thus, there may be an actual independence between levels of positive and negative affect, in the sense that certain causal factors may influence one but not the other (Diener, 1984; Diener et al., 1985). Such an inherent independence between positive and negative affect is supported by the findings of a number of researchers who have found that positive and negative affect relate differently to various external variables such as sociability (Bradburn, 1969),

extraversion and neuroticism (Costa & McCrae, 1980; Warr, Barter, & Brownbridge, 1983), and motivation to work (Warr, 1978).

Subjective Well-being

The apparently complex structure of affective experience appears to play a particularly important role in the measurement of subjective well-being. In his extensive review of the literature, Diener (1984) states:

The area of subjective well-being has three hallmarks. First, it is subjective. According to Campbell (1976), it resides within the experience of the individual...Second, subjective well-being includes positive measures. It is not just the absence of negative factors, as is true of most measures of mental health...Third, the subjective well-being measures typically include a global assessment of all aspects of a person's life (p. 543).

It is this second point, regarding the need for positive measures, that is most relevant to the present study. Numerous studies (Andrews & Withey, 1976; Bryant & Veroff, 1982; 1984; Headey, Holstrom, & Wearing, 1984; Veit & Ware, 1983) have found that self-evaluations of positive experiences are associated with subjective well-being and are relatively independent from self-evaluations of negative experiences, which relate more to subjective distress or discomfort. Accordingly, many theorists have developed models of subjective adjustment or subjective mental health that contain separate dimensions of well-being and distress which, in turn, are viewed as being formed and affected by separate psychological processes (Bryant & Veroff, 1984; Reich &

Zautra, 1988; Veit & Ware, 1983; Zautra & Reich, 1983; Headey, Holstrom, & Wearing, 1984). Andrews and Withey (1976), for instance, present a model of subjective mental health comprised of three separate components: positive affect, negative affect, and global life satisfaction. Similarly, Bryant and Veroff (1982; 1984) have constructed a six-factor model involving various evaluations of positive and negative affect, as well as cognitive evaluations of life satisfaction and personal competence.

Life Events and Life Quality

The necessity of making distinctions between positive and negative life experience is also consistent with the literature on life events and life quality. Zautra and Reich (1983), in their review of the literature, reported that research generally supports the existence of a relationship between negative life events and subjective distress, and between positive life events and measures of well-being. Although some cross-domain effects could be found, Zautra and Reich (1983) state that "people seem to have two separate systems for experiencing and responding to affective life experiences: one which tallies up negative events and their impacts, and another which tallies the impact of satisfying events" (p. 125).

Perceived Control

Much like the literature on life events and life quality, work in the area of perceived control also supports a

separation between positive and negative life experiences. Researchers have postulated that individuals make separate evaluations of their control over positive life events and their impact, as opposed to negative life events and their impact (Bryant & Veroff, 1984; Bryant, 1989; Gregory, 1978; Reich & Zautra, 1981). Bryant (1989) has integrated the notions of positive and negative control with the notions of primary (event-focused) and secondary (impact or emotion-focused) control presented by Rothbaum, Weisz, and Snyder (1982). A four-factor model of perceived control emerges that consists of self evaluations of one's ability to : (a) avoid negative events (primary-negative control); (b) cope with negative events (secondary-negative control); (c) obtain positive events (primary-positive control); and (d) savor positive events (secondary-positive control) (Bryant, 1989, p. 774).

Social Support

Despite the growing evidence regarding the relative independence of positive and negative experiences, researchers have devoted far more attention to measuring and understanding subjective distress than to measuring and understanding subjective well-being (Diener, 1984; Jahoda, 1958). A great deal of work, for instance, has focused on the relationship between stress and subjective distress and on coping mechanisms that influence the emotional and physical impact of negative life events (for reviews, see Kessler, Price, & Wortman, 1985; Lazarus & Folkman, 1984). Similarly, Thoits (1985) has noted that psychological health or well-being is

usually defined in terms of a relative absence of psychological symptoms or distress, as indicated by standard measures or clinical interview. Relatively little research has explored the mechanisms that influence the impact of positive life events on positive measures of subjective well-being, that is, those based on the presence of positive affect and cognition.

This apparent bias toward studying negative constructs extends to the field of social support as well. Since the seminal works were published on the topic in the mid 1970's (Caplan, 1974; Cassel, 1976; Cobb, 1976; Dean & Lin, 1977), social support has been presented and defined almost exclusively in terms of a proposed relationship with negative life experience and psychological distress. This tendency can be seen in the titles of these early articles, in which social support is presented as a "moderator of life stress" (Cobb, 1976) or as a contributor to "host resistance" (Cassell, 1976). In articles published a decade later, current researchers similarly conceptualize social support as a "coping resource" (Pearson, 1986) or as "coping assistance" (Thoits, 1986).

Considerable evidence substantiates the existence of an inverse relationship between levels of social support and psychological distress, and a number of extensive literature reviews have summarized the wealth of empirical findings regarding the relationship of social support to both physical

illness and psychological disorder (Barrera, 1986; Barrera & Ainlay, 1983; Broadhead et al., 1983; Cohen & Wills, 1985; Gottlieb, 1983; 1984; Kessler & McLeod, 1985; Kessler, Price, & Wortman, 1985; Leavy, 1983; Mitchell, Billings, & Moos, 1982; Wallston, Alagna, DeVellis, & DeVellis, 1983). Similarly, the most prominent theory regarding social support functioning, the stress-buffering hypothesis (for review, see Cohen & Wills, 1985), involves the contention that social support functions indirectly, in interaction with negative life events, to moderate or buffer the negative impact of these stressful events. Barrera and Ainlay (1983, p. 136) indicate, however, in their discussion of the supportive role of positive social interaction, that despite the prominence of the stress-buffering conceptualization of social support, "it is questionable that this should be the exclusive conceptualization."

Relatively few studies have explored the possible connection between social support and positive life experience, or between social support and psychological well-being. In his review of the social support literature, for instance, Barrera (1986) categorized over 70 studies of social support effects in terms of four composite models, each defined by a positive or negative relationship between stress or distress. Positive life experience was not considered. Indeed, throughout the literature, the role social support may

play in positive life experience seems to have been overlooked. According to Vaux (1988):

An individual may fail to appreciate the significance of a positive event, fail to pursue, prolong, or follow up positive situations, or fail to foster, sustain, or indulge the resultant positive affect...Social support can alter the experience of positive events: by promoting their occurrence, facilitating their recognition, promoting their management, and enhancing their enjoyment. To date, these processes have been ignored in the social support literature (p. 154).

A similar finding was noted by Barrera (1988) in one of his recent works:

With few exceptions...studies have not addressed the ways in which social support contributes to the occurrence of positive events, influences their appraisal, or is mobilized as a result of positive life experiences. I know of no systematic attempts to develop and test models of social support's potential linkages to positive life events and psychological well-being (p. 232).

On the face of it, Barrera's statement may appear rather confusing, given that a wealth of studies purport to link social support with psychological well-being. With few exceptions (Meehan et al., 1992), however, these studies have measured well-being in terms of a lack of psychological symptoms, distress, or disorder. Mitchell, Billings and Moos (1982), for instance, in their review of the literature, discuss social support's role in the "promotion of personal well-being" (p. 77). A reading of the review, along with an examination of the articles cited, soon indicates, however, that these researchers are talking about a lack of "ill-being," as opposed to the presence of psychological well-

being. With very few exceptions, mental health or well-being are defined in terms of a lack of psychological symptoms.

A small minority of the studies reviewed by Mitchell et al. (1982), however, did contain positive measures in their conceptualizations of well-being. William, Ware, and Donald (1981) used one measure of mental health that involved both positive and negative items. Unfortunately, the items were combined in their analyses, and the potential connection between social support and well-being was not addressed. Schaefer, Coyne and Lazarus (1981), in their study of social support effects, made use of a standard neurotic symptom checklist, as well as the Bradburn Morale Scale (Bradburn, 1969), which contains both positive and negative measures. Though these researchers found significant correlations between all social support variables and positive morale, they interpreted this association as one possible way in which social support may buffer the impact of negative events. In contrast, Pearlin, Lieberman, Menaghan, and Mullan (1981) were able to discriminate between positive and negative measures of subjective mental health. In this study, social support was found to be associated with feelings of mastery and with decreased feelings of strain, but it was not significantly correlated with a measures of self-esteem or depression. Lastly, Phillips (1981) found that measures of social support were significantly related to reports of avowed happiness in

a sample of 1050 individuals living in 50 randomly sampled Northern California communities.

The notion of exploring social support's connection to positive life experience is not a particularly recent one. Caplan (1976, cited in Barrera, 1983), one of the early writers on the topic of social support, voiced his apparent dismay at the already exclusive connection between social support and negative life experience, noting its association with the "propping up of someone who is in danger of falling down" (p. 7), rather than with more adaptive, growth-enhancing functions more closely related to psychological well-being. Similarly, Bradburn (1969), in his pioneering work in the area of affective experience and subjective mental health, found that measures of social participation and sociability were correlated with measure of positive affect and morale, but not with negative affect or morale.

A number of more recent empirical efforts also lend support to a proposed link between social support and positive life experience. Strayhorn (1989), for instance, found that perceived social support was positively associated with measures of perceived social well-being in a sample of medical students. Kurdek and Siesky (1990) found that the positive well-being of symptomatic and asymptomatic men suffering from the AIDS virus was positively related to high perceived social support. Similarly, Larson, Mannell, and Zuzanek (1986), in a time-sampling study of elderly adults, found that subjects

experienced significantly more positive affect and higher arousal during socializing activities with their friends, as opposed to interactions with family. Arnston and Droge (1987), in a study of individuals with epilepsy, found that the socially supportive milieu of various self-help groups enhanced group members' perceptions of control over their bodies and lives.

Sarason, Pierce, and Sarason (1990), in their extensive discussion of social support, indicate that their recent work demonstrates that individuals who differ in terms of perceived social support also differ in terms of self image and in the way in which they perceive themselves to be seen by others. More specifically, Sarason et al. (1990) report the results of three studies. The first, by Rosser (1986), found that individuals high in social support consistently described themselves more favorably on several scales of the Adjective Checklist (e.g. Favorable Adjectives, Unfavorable Adjectives, and Personal Adjustment) than did individuals lower in support. In the second study, Pierce, Sarason, and Sarason (1989) found that subjects with greater social support reported greater self-esteem than subjects with less social support. Lastly, Sarason et al. (1989) found that individuals with more social support not only described themselves more favorably on various scales of the Adjective Checklist than did individuals with less social support, but also responded more favorably when asked to indicate how their mother,

father, and close friend would describe them on these scales. Moreover, Sarason et al. (1989) found that the actual ratings from parents and friends correlated highly with subjects' own ratings, suggesting that individuals with more social support are viewed differently and more positively by others.

In summary, what becomes apparent in reviewing the social support literature is the lack of attention given to examining the role social support may play with respect to positive life experience. In addition to its apparent role in mediating the occurrence and/or impact of stressful life events, social support may also affect the occurrence and impact of positive events. Similarly, social support may be related to psychological well-being, as well as to a lack of psychological distress or disorder.

The Present Study

The purpose of the present study was to begin to address the gap in the research noted by Barrera (1988) and Vaux (1988). Specifically, the present work sought to examine the relationship between social support and positive events, perceived control, and subjective well-being. In this direction, the present study was also aimed at replicating and expanding upon similar work by Meehan et al. (1992) conducted with adolescents.

To date, only Meehan et al. (1992) have examined simultaneously the relationships among the three major constructs discussed here (e.g. social support, subjective

well-being, and perceived control over positive life experience). Eighty-two high school juniors and seniors were asked to complete essentially the same measures to be used in the present study, with the exception of a life events inventory. Because the present study relies so heavily on the findings of this previous study, a brief summary of the results of this previous investigation are presented here.

The basic method of analysis involved correlations within and across measures, using Bonferroni corrections to control for the numerous correlations computed. In examining the correlations within the measures of subjective mental health and perceived control respectively, the data confirmed the expected relationships between the various subscales of these measures. More specifically, the three measures of well-being (HAPPY, GRATIFY, and CONFID) correlated highly and significantly with one another (average $r = .45$) and correlated lowly and usually nonsignificantly with the three measures (STRAIN, VULNER, and UNCERT) of psychological distress (average $r = -.18$). At the same time, these three latter measures of distress correlated highly and significantly with each other (average $r = .58$). In a similar fashion, high and significant correlations were found between the two perceived control scales relating to positive events (OBTAIN and SAVOR) and between the two relating to negative events (AVOID and COPE), but the correlations between the positive and negative scales were much lower, particularly for SAVOR. These

findings essentially replicated the findings of Bryant (1984, 1989) regarding these measures.

A consistent pattern of finding also emerged regarding the correlations between the perceived control and subjective mental health scales. More specifically, the subscales relating to positive dimensions were found to correlate significantly and highly (average $r = .47$), and those subscales relating to negative dimensions of these constructs were found to be similarly correlated (average $r = .55$). In contrast, the correlations observed between positive and negative dimensions of the perceived control and subjective mental health measures were much lower and were significant in only one case.

The major findings of Meehan et al. (1992), however, related to the correlations observed between measures of social support and the measures of perceived control and subjective mental health respectively. The data from this study not only indicated that social support was strongly related to the positive components of both perceived control and subjective mental health, but also that social support was not significantly related to the negative dimensions of these same constructs. More concretely, satisfaction with social support (SATIS) correlated significantly with each of the five positive dimensions that make up the perceived control and subjective mental health scales, and the size of the social support network (SIZE) correlated significantly with three of these five dimensions.

Taken together, the findings of Meehan et al. (1992) provide preliminary support for a reconceptualization of social support and begin to address a clearly negative bias in the previous social support and research literature. Before any firm conclusions can be made regarding the structure and function of social support, however, further study and replication are needed, utilizing appropriate measures and different populations.

The present study is aimed primarily at replicating and extending the results of this preliminary study, using a different population of subjects. Necessarily, the hypotheses of the present study are based primarily on the results of Meehan et al. (1992).

Hypotheses

It is hypothesized that social support will be strongly and significantly associated with measures of subjective well-being, as measured by the Bryant and Veroff (1984) measure of subjective mental health (Hypothesis #1). Similarly, it is expected that measures of social support will correlate strongly and significantly with subjects' perceived ability to obtain and savor positive life events (Hypothesis #2).

The major focus of the present study involves the relationship between social support and various positive dimensions of perceived control and subjective mental health. Therefore, no specific hypotheses will be made regarding the relationships between social support and measures of

subjective distress or control over negative life experience, although data from some previous studies (see reviews by Barrera, 1986; Barrera & Ainlay, 1983; Cohen & Wills, 1985; Gottlieb, 1983; Mitchell, Billings, & Moos, 1982) suggest that significant correlations might be obtained. It is expected, however, that social support will be more highly associated with the positive dimensions of both perceived control and subjective mental health than with the negative dimensions of these constructs (Hypothesis #3).

The main purpose of the life events measures is to provide a check on measures of perceived control by demonstrating the presence of both positive and negative life events in the lives of the individuals sampled. It is expected that subjects will indeed indicate the occurrence of both positive and negative life events, thus providing an adequate basis for judgements about control over such events. In addition, it is hypothesized that the findings of the present study will replicate those of Zautra and Reich (1983). That is, it is hypothesized that positive life events will relate primarily to the positive dimensions of subjective mental health and perceived control, whereas negative life events will be associated primarily with the negative dimensions of these constructs (Hypothesis #4). Moreover, it is predicted that measures of social support will be significantly associated with the occurrence and impact of positive life events (Hypothesis #5). The use of self report

in gathering information about life events and perceived control would seem justified here, since research suggests that it is the perception of control, rather than actual control per se, that is critical in this regard (Thompson, 1981).

In addition to these hypotheses, it is expected that the present study will again replicate the pattern of relationships between the positive and negative dimensions of the subjective mental health and perceived control found in previous work with college age samples (Bryant & Yarnold (1990). Specifically, it is predicted that the positive components of subjective mental health and perceived control will be significantly correlated with one another, both within and between measures, while also remaining negatively associated or unassociated with the corresponding negative components of these constructs (Hypothesis #6). Likewise, it is predicted that the negative components of subjective mental health and perceived control will correlate positively with one another, while remaining negatively associated or unassociated with the corresponding positive components of these constructs (Hypothesis #7).

CHAPTER II

METHODS

Subjects

Participants were 180 undergraduates enrolled in an introductory psychology course at a private, midwestern university. Subjects received credit toward partial fulfillment of class requirements in return for their participation.

Measures

Social Support Questionnaire. The Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983) is a 27-item measure requiring subjects to list the people on whom they could depend for support in various situations, and to indicate their perceived level of satisfaction with the social support received in each case. The measure yields two scores: the average number of persons listed as supportive (SIZE), and the average degree of satisfaction with received social support (SATIS). Factor analysis has confirmed the existence of these separate dimensions assessed by the Sarason et al. measure (McCormick, Siegert, & Walkey, 1987). An abbreviated version of the Sarason et al. measure was constructed for use in this study by randomly selecting 15 items from the larger measure. Internal consistency figures for the abbreviated

scales were .93 for SIZE and .90 for SATIS. Meehan et al. (1992) and Compas et al. (1986) have successfully abbreviated the Sarason scale in this manner with similar results.

Subjective Mental Health. Bryant and Veroff's (1984) measure of subjective mental health is a 25-item self report scale that assesses six dimensions of this construct. Three of the six scales can be viewed as assessing psychological well-being: Happiness (HAPPY), Gratification (GRATIFY), and Self-confidence (CONFID); and three assess psychological distress: Strain (STRAIN), Vulnerability (VULNER), and Uncertainty (UNCERT). The names of the original scales and the direction of scoring were modified to reflect that the former three scales essentially assess positive affective and cognitive experiences, and the latter three, negative affects and cognitions. The six-factor model of subjective mental health has been validated in a national sample of adults and has been shown to explain the responses of both men and women equally well (Bryant & Veroff, 1984). Research conducted with high school students has also supported the validity of the six-factor model (Meehan et al., 1992). Subscale alphas for the subjective mental health measure ranged from .58 to .88, in the present study.

Perceived Control. Bryant's (1989) measure of perceived control is a 15-item measure on which subjects are asked to either rate the frequency of occurrence of particular thoughts, events or feelings, or to rate the degree to which

they feel responsible for or in control of these occurrences. The measure yields four scores to assess a respondent's perceived ability to avoid negative life events (AVOID), cope with such events if they occur (COPE), obtain positive events or life experiences (OBTAIN), or savor such events when they occur (SAVOR). Data have confirmed the four-factor model of perceived control (Bryant, 1989) and the subscale alphas obtained in the current study, which ranged from .60 to .78, indicate acceptable levels of internal consistency for each of the four subscales.

Life Events. The Life Experiences Survey (Sarason, Johnson, & Siegel, 1978) is a 57-item measure that asks respondents to indicate which of a list of various events they have experienced in the last year. Respondents are also asked to indicate the time period in which they experienced a given event, as well as the degree of positive or negative impact they perceived the event to have on their lives at the time of its occurrence. The desirability and impact of any given event is recorded on a seven point scale ranging from extremely negative (-3) to extremely positive (+3), yielding a positive, negative and total change score, based on the summed impact ratings of all the listed events.

Because the specific time period in which an event occurred was not an important variable in the present study, subjects were simply asked to rate the impact of any listed event that occurred for them in the last year. In addition,

because many of the listed events, particularly those geared towards college students, seemed clearly negative, corresponding positive items were added to the measure for the present study. For example, items like "failed an important exam" and "academic probation" were balanced by adding the items such as: "aced an important exam" and "made Dean's List." The modified LES thus consisted of 52 items comprising 64 possible events. Since a number of items can be construed as either positive or negative by different individuals, the range of scores for positive and negative events can vary considerably.

Test-retest reliability for the change score factors has been found to lie within acceptable limits (avg. $r = .54$, $p < .001$) and research has validated the differential use of positive and negative change scores (Sarason, Johnson & Seigel, 1978).

Social Desirability. Finally, respondents completed the 13-item short form (Form C) of the Marlowe Crowne social desirability scale (Reynolds, 1982) to assess the influence of such response parameters on questionnaire scores.

Procedure

All respondents completed the measures anonymously in a single, one-hour session. Subjects were told that the experimenter was interested in the various supportive networks that exist in people's lives and the roles these networks might play in the lives of these individuals.

CHAPTER III

RESULTS

Significance Levels

Because the present study involved a large number of correlations, the Bonferroni procedure of alpha adjustment was employed, in order to avoid capitalizing on Type I errors (see Kleinbaum, Kupper, & Muller, 1988). Since there were a total of 164 tests of statistical hypotheses (15 involving comparisons of means, 21 involving intra-test correlations, 106 involving inter-test correlations, and 22 involving comparisons of correlation coefficients), the desired alpha (.05) was divided by the total number of statistical hypotheses evaluated (164), in order to obtain a new alpha criterion. To achieve an actual alpha level of .05, a Bonferroni-adjusted criterion of .0003 was used for establishing statistical significance. Two levels of significance are presented here: 1) an unadjusted significance level ($p < .05$), which takes advantage of possible Type I errors, but may indicate important trends in the data, and 2) an adjusted, Bonferroni-corrected significance level ($p < .0003$), which controls for the number of statistical analyses conducted.

Social Desirability

Social desirability failed to correlate significantly with any of the major variables used in the present study, when the adjusted significance level was used. However, because several variables were found to correlate with the Marlowe-Crowne scale at an unadjusted alpha level of .05, all correlations reported consist of partial correlations, in which correlation with the social desirability variable were removed. This more conservative procedure avoids any possible inflation of correlations due to subjects' desire to present themselves in a good light.

The Measures

Appendix A presents the means and standard deviations obtained for all major variables. These data are reported for the total sample, as well as for men and women separately. Data for the subjective mental health, perceived control, and social support measures were normally distributed around the means for each subscale, though these means were frequently closer to the healthy end of the continuum. Thus, there appears to be some restriction in range in the positive direction, indicating a moderately well-adjusted sample. This finding was also observed in the life events data, with subjects reporting greater impact for positive, as opposed to negative, life events.

Correlations Within Measures

Tables 1 and 2 present the correlations within the subscales of the subjective mental health and perceived control measures respectively. Examining the former measure first, the data in Table 1 confirm the expected relationships among the six subscales assessing subjective mental health (Hypothesis #1). More specifically, the three measures of well-being (HAPPY, GRATIFY, and CONFID) correlated highly and significantly with one another (average $r = .40$) but correlated negatively or not at all with the three subscales assessing distress (average $r = -.31$). The negative correlations for CONFID were particularly high, relative to the other positive scales, replicating the findings of Bryant and Yarnold (1990). At the same time, the three negative measures were strongly correlated with each other (average $r = .66$). Since STRAIN and UNCERT correlated so highly ($r = .84$), it appears that reducing the full Bryant and Veroff (1984) measure may have failed to adequately differentiate these two constructs.

The subscale correlations within the perceived control measure presented in Table 2 also show the expected pattern (Hypothesis #2). There was a high and significant correlation between the two scales relating to positive events (OBTAIN and SAVOR; $r = .54$) and between the two scales relating to negative events (AVOID and COPE; $r = .56$), but correlations

Table 1

Subscale Correlations Within the Subjective Mental Health Measure (N = 178)

	<u>Subjective Mental Health^a</u>					
	HAPPY	GRATIFY	CONFID	STRAIN	UNCERT	VULNER
HAPPY	(.58)	.27**	.42**	-.22*	-.29**	-.30**
GRATIFY		(.76)	.51**	-.01	-.13	-.21*
CONFID			(.88)	-.46**	-.54**	-.53**
STRAIN				(.82)	.84**	.54**
UNCERT					(.69)	.61**
VULNER						(.68)

^a Alphas are in parentheses

* $p < .05$; ** $p < .0003$

Table 2

Subscale Correlations Within Perceived ControlMeasure (N = 178)

	<u>Perceived Control</u> ^a			
	AVOID	COPE	OBTAIN	SAVOR
AVOID	(.65)	.54**	.48**	.30**
COPE		(.61)	.39**	.32**
OBTAIN			(.77)	.54**
SAVOR				(.83)

^a Alphas are in parentheses** $p < .0003$

between the positive and negative subscales are much lower, particularly for SAVOR.

Correlations Between Measures

Table 3 presents the correlations between the perceived control and subjective mental health scales. Results were in the expected direction, confirming Hypothesis #3. Specifically, the subscales assessing positive dimensions were correlated significantly and highly (average $r = .43$), and those relating to negative dimensions were similarly correlated (average $r = .47$). In contrast, the correlations between positive and negative dimensions of these measures were relatively lower (average $r = .33$). Only a single variable, OBTAIN, failed to show this consistent pattern of results. OBTAIN was found to correlate approximately equally, though in a different direction, to the positive and negative subscales of the subjective mental health measure (avg. r 's = .37 and -.37 respectively).

Social Support

The major findings of interest are presented in Table 4, which contains the correlations between measures of social support and measures of subjective mental health, perceived control, and life events. Data in the top portion of Table 4 reveal that social support was highly correlated with the three positive dimensions of subjective mental health (correlations reached adjusted significance in 5 of 6 instances; average $r = .30$), whereas it was not significantly

Table 3

Correlations Between Dimensions of Perceived Control and Subjective Mental Health (N = 178)

<u>Subjective Mental Health</u>	<u>Perceived Control</u>			
	AVOID	COPE	OBTAIN	SAVOR
HAPPY	.19*	.24*	.21*	.34*
GRATIFY	.20*	.27**	.32**	.47**
CONFID	.49**	.50**	.57**	.66**
STRAIN	-.40**	-.32**	-.34**	-.29**
UNCERT	-.46**	-.41**	-.36**	-.36**
VULNER	-.67**	-.54**	-.40**	-.30**

* $p < .05$; ** $p < .0003$

Table 4

Correlations Between Dimensions of Social Support, Subjective
Mental Health and Perceived Control (N = 178)

	<u>Social Support</u>	
<u>Subjective Mental Health</u>	SIZE	SATISFY
HAPPY	.15*	.18*
GRATIFY	.36**	.39**
CONFID	.32**	.37**
STRAIN	.04	-.04
UNCERT	-.06	-.12
VULNER	-.16*	-.12
<u>Perceived Control</u>		
AVOID	.05	.11
COPE	.20*	.11
OBTAIN	.19*	.37**
SAVOR	.29**	.37**
<u>Life Events</u>		
POSIMPACT	.28**	.27**
NEGIMPACT	-.01	.04

* $p < .05$; ** $p < .0003$

related to corresponding negative measures of the subjective mental health construct (none of the 6 possible correlations reached adjusted significance; average $\underline{r} = -.09$). Of interest is whether this pattern of correlations is significant, or more specifically, whether the positive dimensions of the subjective mental health construct, as a group, are significantly more associated with social support than the negative dimensions of this construct. Meng, Rosenthal, and Rubin (1992) have introduced an extension of the Fisher z transformation that allows such an analysis, by providing a method for testing contrasts among correlated correlation coefficients. By applying this test to the data in Table 4, it was determined that the positive dimensions of the subjective mental health construct were more strongly associated with both SIZE ($Z = 5.24, p < .0003$) and SATISFY ($Z = 6.34, p < .0003$) than were the negative dimensions of this construct.

Data in the middle portion of Table 4 indicate a similar finding. Social support was related to the positive elements of perceived control (three of 4 correlations with OBTAIN AND SAVOR reached adjusted significance; average $\underline{r} = .31$), but not to the corresponding negative elements of this construct (none of the 4 correlations with AVOID and COPE reached adjusted significance; average $\underline{r} = .12$). By applying the statistical procedure presented by Meng et al. (1992), it was determined that the positive dimensions of the perceived control

construct, taken together, were more strongly associated with SIZE ($Z = 2.06$, $p < .05$) and SATISFY ($Z = 3.89$, $p < .0003$) than were the negative dimensions of this construct (e.g. AVOID and COPE).

A similar pattern of findings emerged with respect to life events. Data in the bottom portion of Table 4 reveals that social support was related to the presence and positive impact of positive life events (average $r = .28$), but not to the absence or lack of negative impact of negative life events (average $r = .02$). Comparison of these correlated correlation coefficients (see Meng et al., 1992) indicates that POSIMPACT was more highly associated with both SIZE ($Z = 2.69$, $p < .05$) and SATISFY ($Z = 2.13$, $p < .05$) than was NEGIMPACT. Collectively, the data in Table 4 provide strong support for Hypotheses #3 and #5.

Life Events

Like the data regarding social support, a consistent pattern of findings emerged with respect to positive and negative life events. Table 5 presents the correlations between measures of the impact of positive and negative life events (positive and negative change scores) and measures of subjective mental health and perceived control. Though some cross-domain findings were obtained, the pattern of results confirms the findings of Zautra and Reich (1983). The impact of positive life events was correlated highly and significantly with the three positive dimensions of subjective

Table 5

Correlations Between Positive and Negative Life Event Impact Scores and Measures of Subjective Mental Health and Perceived Control (N = 178)

	<u>Positive and Negative Change Scores</u>	
<u>Subjective Mental Health</u>	POSIMPACT	NEGIMPACT
HAPPY	.29**	-.31**
GRATIFY	.39**	-.00
CONFID	.39**	-.26**
STRAIN	-.07	.43**
UNCERT	-.14*	.40**
VULNER	-.06	.45**
<u>Perceived Control</u>		
AVOID	.16*	-.29**
COPE	.16*	-.26**
OBTAIN	.35**	-.05
SAVOR	.47**	-.08

* $p < .05$; ** $p < .0003$

mental health (average $\underline{r} = .36$) and both positive dimensions of perceived control (average $\underline{r} = .41$) (each of five possible correlations reached adjusted significance), but not with the corresponding negative dimensions of these constructs (none of 5 possible correlations reached adjusted significance; average $\underline{r} = -.09$ and $.16$ respectively). In a similar fashion, the impact of negative life events was significantly related to the negative dimensions of subjective mental health (average $\underline{r} = .43$) and perceived control (average $\underline{r} = -.28$). However, the impact of negative life events was inconsistently related to the positive dimensions of subjective mental health (2 of 3 correlations reached adjusted significance; average $\underline{r} = -.19$) and unrelated to positive dimensions of perceived control (average $\underline{r} = -.07$).

By applying the statistical procedure presented by Meng et al. (1992), it was determined that the overall pattern of these correlations was significant. More specifically, POSIMPACT was more strongly associated with the positive dimensions of subjective mental health ($Z = 6.97, p < .0003$) and perceived control ($Z = 4.69, p < .0003$) than with the negative dimensions of these constructs. Likewise, NEGIMPACT was more highly associated with the negative dimensions of subjective mental health ($Z = 9.71, p < .0003$) and perceived control ($Z = -4.30, p < .0003$) than with the positive dimensions of these constructs. These findings provide clear support for Hypothesis #4.

Gender Effects.

Of the 15 major variables considered in the present analysis, only three were found to differ significantly across gender: SATISFY, GRATIFY, AND NEGIMPACT. More specifically, women in the sample reported greater satisfaction with social support ($F = 1.81$; $p < .01$), greater life satisfaction ($F = 1.74$; $p < .05$), and greater impact of negative life events ($F = 1.57$; $p < .05$). The data regarding social support are particularly important and are presented in Table 6, which presents the correlations between social support satisfaction and measures of subjective mental health, perceived control, and life events separately for both sexes.

As the right half of Table 6 indicates, the pattern of correlations for female subjects matches that of the entire sample, with satisfaction correlating highly with the positive dimensions of subjective mental health, perceived control, and life events (average $r = .40$), but not with the negative dimensions of these constructs (none of 6 possible correlations reached adjusted significance). For male subjects, however, the results are not nearly as pronounced. Although the general trend is basically the same, the magnitude of the correlations is lower (average $r = .20$) than those found in the corresponding female data (average $r = .40$). Indeed, none of the correlations for male subjects reached the adjusted significance level of $p < .0003$. Although this trend in the data seems clear, applying Fisher

Table 6

Correlations Between Social Support Satisfaction and Measures of Subjective Mental Health, Perceived Control, and Life Events For Men and Women (N = 178)

	<u>Social Support Satisfaction</u>	
<u>Subjective Mental Health</u>	MEN (<u>n</u> = 69)	WOMEN (<u>n</u> =109)
HAPPY	.01	.30**
GRATIFY	.38*	.34**
CONFID	.20*	.49**
STRAIN	-.07	-.05
UNCERT	-.14	-.16*
VULNER	-.18	-.16*
<u>Perceived Control</u>		
AVOID	.16	.17*
COPE	.16	.12
OBTAIN	.24*	.50**
SAVOR	.21*	.45**
<u>Life Events</u>		
POSIMPACT	.17	.32**
NEGIMPACT	.05	.04

* $p < .05$; ** $p < .0003$

z transformation to the data in Table 6 indicated that none of the corresponding correlations for males and females differed significantly.

CHAPTER IV

DISCUSSION

The Measures

Obtained data confirmed hypotheses regarding the relationships within and between the subjective mental health and perceived control measures. Subscale correlations for both measures showed the same patterns previously reported for college samples (Bryant, 1989; Bryant & Yarnold, 1990), and the relationships between the separate dimensions of these constructs confirms the pattern reported in work not only with college students (Bryant, 1989; Bryant & Yarnold, 1990), but also with adults (Bryant & Veroff, 1984) and adolescents (Meehan et al., 1992). Current data, therefore, confirm the theoretical notion that people evaluate the quality of their lives separately with respect to positive and negative experiences. The positive self-evaluations provided by these instruments, together with their apparent generality across populations, enhance their attractiveness for both clinical and community research.

Bryant's (1989) measure of perceived control, for instance, may be particularly suited for research on prevention. The perceived control measure contains an assessment of respondents' reported ability to control the

occurrence of good or bad events in their lives, as well as their perceived ability to control their feelings about such events after they occur. As such, this scale may elicit valuable subjective data concerning how preventive interventions or environmental events affect people's sense of personal competence. Similarly, Bryant's (1989) measure of perceived control and Bryant and Veroff's (1984) measure of subjective mental health can be used in tandem to carry out evaluation of various clinical interventions. These measures not only allow separate analysis of the positive and negative dimensions of their corresponding constructs, but also provide clinicians and researchers with tools whose relationship has been firmly documented.

Social Support

The major finding of the current study is the consistent and highly significant relationship obtained between social support and various positive constructs (i.e. subjective well-being, perceived control over positive life events, and positive life events). As predicted, social support correlated more strongly and consistently with the positive components of subjective mental health, perceived control, and life events than with the negative components of these constructs. In addition, this finding was true not only when social support was measured in terms of satisfaction, but also when it was measured in terms of network size. An important implication of this finding is that past research, which has

focused only on the relationship between social support and negative indices, provides an incomplete perspective regarding the role of social support in people's lives.

The findings of the present study appear to confirm the findings reported by Meehan et al. (1992) in their work with adolescents and suggest that such findings can be generalized to young adult samples. At the very least, future researchers should determine whether the relationships between social support and positive constructs found here can be further generalized to more samples in other settings. The implication is that social support and social support functions should be reconceptualized, integrating recent findings regarding the relationship between social support and positive life experience. Rather than focusing exclusively on the relationship between social support and psychological distress, future conceptualizations must recognize social support's apparent relationship with psychological well-being and the management of positive events.

Life Events

As predicted, data from the present study confirmed the expected relationship between life events and subjective mental health and confirmed the findings reported by Zautra and Reich (1983) in their work on the topic. Though a few cross-domain effects were obtained, data strongly supports the existence of a relationship between negative life events and subjective distress, and between positive events and

subjective well-being. Moreover, positive life events were also found to correlate with the positive dimensions of perceived control (e.g. OBTAIN and SAVOR), whereas negative life events were associated with the negative components of this construct (e.g. AVOID and COPE). Such findings provide further support for the need to make distinctions between positive and negative life experience.

Interestingly, the impact of positive life events was highly correlated with both measure of social support, whereas the impact of negative life events correlated with neither of these measures. It may be that in this relatively well-adjusted sample, social support was utilized primarily in relation to positive life events. Likewise, it may be that social support did not affect the impact of negative life events for these individuals, but helped them cope adequately with the impact that occurred. Despite the self report nature of the measures used here, such findings suggest that social support may indeed have more to do with the labelling and management of positive events than with the labelling and management of negative events and crises.

Gender Effects

Though no predictions were made regarding possible gender differences across the major variables of the presents study, the occurrence of such differences in the area of social support seems particularly important. Not only did women report significantly greater satisfaction with perceived

social support than men, but social support seemed to play a larger role in the lives of women than in men. More specifically, social support was consistently and strongly related to reported well-being, perceived positive control, and positive event impact for women in the sample. Though the data for men showed a basically similar pattern, the magnitude of the correlations was lower, suggesting that social support may be more important in the lives of women.

Evidence for gender differences in the levels, use, and importance of social support has been reported not only in studies of college samples (Wohlgemuth & Betz, 1991), but also in studies of adolescents (Slavin & Rainer, 1990), adults (Leana & Feldman, 1991; Flaherty & Richman, 1989; Rosario, Shinn, Morch, & Huckabee, 1988), and the elderly (Krause & Keith, 1989). These findings consistently suggests that social support may play a more important role in the lives and well-being of women than in men. Leana and Feldman (1991), for instance, found that women were more likely than men to seek out social support in response to job loss. Likewise, Wohlgemuth & Betz (1991) found that levels of social support were significantly related to levels of physical symptoms for women, but not for men. Similarly, Slavin and Rainer (1990) found that the association between social support and depression was stronger for adolescent girls than for adolescent boys.

Findings such as these may be related to the widely accepted belief that women are often socialized to be more socially oriented and more interpersonally sensitive than their male counterparts. As Flaherty and Richman (1989) suggest, women may become more sensitive to the interpersonal needs of others, as well as themselves, leading to a greater capacity for providing social support and an increased use of social support for psychological well-being.

The findings of the present study suggest that future studies of social support should examine possible gender differences in the use and importance of social support. The relationship between social support and other indices should be examined separately for each sex, in order to ascertain the possibly differential role of social support in the lives of men and women, and in order to avoid confounding social support correlations by collapsing across the gender variable.

Limitations

The current study is not without its limitations. First, the sample was restricted primarily to relatively well-adjusted, middle class college students. It may be, for instance, that the findings reported here would not be obtained in less well-adjusted samples. It should be noted, however, that Meehan et al. (1992) obtained similarly strong results, despite greater variability in social support, well-being, and perceived control. Nonetheless, future studies

should seek to generalize the findings of the present study to more diverse samples and settings.

A second limitation of the present study involves the exclusive use of self-report data. Though individuals' perceptions of social support, well-being, control, and life events are important (Thompson, 1981), it is also necessary to examine how such perceptions relate to more objective measures of these constructs. Studies of actual social support networks and functioning, for instance, using both self report and objective data about mental health, control, and life events, would provide valuable insight into precisely how social support relates to positive life experience.

Most importantly, the cross-sectional design of the present study does not permit causal inferences to be drawn. It is possible that: (a) higher levels of social support may lead to higher levels of various positive constructs (e.g. well-being, control over positive events, positive life events); (b) higher levels of these positive constructs may lead to higher levels of social support; (c) a third, unknown variable may affect social support and these positive constructs simultaneously; or (d) social support and these positive constructs may interact in this manner under certain conditions. Future investigations should recognize that the relationships between social support and positive life experience may be direct or indirect, linear or curvilinear.

Implications

As Barrera (1988) suggests, no systematic attempts have been made to develop and/or test models of social support that integrate the apparent relationship of social support to positive life experience. It would seem that the first step toward such an endeavor must involve a reconceptualization of social support and social support function that takes into account the relationship between social support and various positive constructs.

Just as social support may assist individuals by helping them to avoid or manage negative events and their impact, social support may also play an important role in helping individuals obtain and manage positive events. Vaux (1989) presents a number of mechanisms whereby social support may play a role in positive life experience. For instance, the existence of socially supportive others may serve to provide opportunities for positive interactions that would not otherwise be possible. Through the advice or guidance of supportive others, neutral or potentially negative events may be reappraised as positive and desirable. Likewise, supportive others may enhance a positive experience by altering, assisting, or guiding its occurrence. Most importantly, perhaps, supportive others may enhance the enjoyment or savoring of positive events not only by sharing them, but also by acknowledging, labelling, and reflecting upon them. Through mechanisms such as these, social support

may facilitate increased occurrence and impact of positive life events, thus providing opportunities for the enhancement of well-being (Vaux, 1989).

In order to address the possible role social support plays in positive life experience, future studies must utilize measures that allow for distinctions to be made between positive and negative experience. Measures of mental health, for instance, must include dimensions relating to well-being, as well as distress. Similarly, life event scales must include measures of the occurrence and impact of positive, as well as negative, life events. Future studies must also seek to generalize relevant findings to diverse samples and contexts, in order to discern the limits within which conclusions about social support can be made. In addition, future studies of social support must attempt, whenever possible, to go beyond cross-sectional models, which drastically limit the utility of related findings. Prospective, longitudinal studies must be utilized, in which the impact of supportive interventions or changes in social support functioning can be assessed, and conclusions regarding causality can be made. These kinds of studies will allow for a possible redefinition and reconceptualization of social support. This kind of research will allow more coherent and consistent models of social support functioning to be developed and evaluated.

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VITA

The author, Michael Patrick Meehan, was born in St. Louis, Missouri. In August, 1983, Mr. Meehan entered Loyola University of Chicago, receiving the degree of Bachelor of Science (Honors) in Psychology in May, 1987. In 1987, while attending Loyola University of Chicago, Mr. Meehan was elected a member of Psi Chi and Alpha Sigma Nu.

In August, 1989, Mr. Meehan entered the doctoral program in Clinical Psychology at Loyola University of Chicago. Since this time, Mr. Meehan's clinical training has consisted of a two year clerkship placement at the Charles I. Doyle, S.J. Center, a community mental health center in the Rogers Park neighborhood of Chicago, where he conducted diagnostic and therapeutic services with outpatient children and their families. In August, 1992, Mr. Meehan will begin a one year clerkship placement at the Loyola University Counseling Center, where he will conduct supervised diagnostic and therapeutic work with college age adults.

APPENDIX

Means and Standard Deviations^a of Major Research Variables for Men, Women, and Total Sample

Variable	Men	Women	Total Sample
HAPPY	05.52 (01.40)	05.73 (01.49)	05.65 (01.46)
GRATIFY	35.00 (06.14)	37.04 (04.66)	36.25 (05.36)
CONFID	43.25 (07.04)	44.57 (07.32)	44.06 (07.22)
STRAIN	46.48 (05.52)	45.65 (06.44)	45.97 (06.10)
UNCERT	26.57 (03.87)	26.11 (04.28)	26.29 (04.12)
VULNER	09.07 (02.24)	08.50 (02.71)	08.72 (02.55)
AVOID	09.29 (02.35)	08.65 (02.35)	08.90 (02.37)
COPE	09.57 (02.35)	09.19 (02.41)	09.34 (02.39)
OBTAIN	15.68 (03.00)	15.83 (02.77)	15.77 (02.85)
SAVOR	21.51 (03.78)	22.72 (04.27)	22.25 (04.12)
POSIMPACT	21.20 (10.50)	23.36 (12.05)	22.52 (11.49)
NEGIMPACT	-14.30 (09.58)	-14.62 (12.02)	-14.50 (11.11)
SIZE	56.10 (26.99)	58.70 (22.01)	57.69 (24.02)
SATISFY	77.10 (08.84)	82.12 (06.56)	80.17 (07.89)

^a Standard deviations are in parentheses

APPROVAL SHEET

The thesis submitted by Michael P. Meehan has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

August 31, 1952
Date

Joseph A. Durlak
Director's Signature