THE RELATIONSHIP BETWEEN SOURCES OF SOCIAL SUPPORT

AND MENTAL ADJUSTMENT IN COLLEGE STUDENTS

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ABSTRACT

THE RELATIONSHIP BETWEEN SOURCES OF SOCIAL SUPPORT AND MENTAL ADJUSTMENT IN COLLEGE STUDENTS

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The relationships between various types of social support (friend support, family support, and romantic partner support) and types of mental adjustment (depression, anxiety, and self-esteem) were examined in 127 college students. Developmental changes in levels of various sources of support were also assessed. Results showed that support from friends and peers is important to all areas of mental health in college, especially self-esteem. Romantic partner support was found to be negatively related to amounts of depression and social anxiety. Satisfaction with romantic and dating activities was also found to be positively related to mental adjustment and negatively related to depression. Contrary to hypothesis, levels of social support did not change over time. However, the strength of relationship between social support and mental adjustment did increase dramatically in later years of college, indicating that social support becomes increasingly important to mental health throughout college.

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CHAPTER I

INTRODUCTION

People usually value their social relationships with family, friends, and various significant others, and often benefit from them. When a person experiences a strong level of support from others, or "social support", the person feels a sense of self-worth and value (Sarason, Pierce, & Sarason, 1990). Such a person is able to share one's own successes and struggles with caring persons, and may be able to work through difficult problems. A person with healthy social relations may gain another point of view or receive feedback about his or her behavior. In contrast, an individual who lacks a foundation of meaningful social relations can feel lonely, isolated, and unloved (Berg & Piner, 1990). With little social connection, a person may lack these helpful problem-solving resources and become overburdened with personal troubles.

The purpose of this research project was threefold: (1) to replicate the well-documented relationship between social support and mental health, (2) to examine the pattern of relations between sources of social support (e.g.,

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family, friends) and elements of mental adjustment (e.g., anxiety, depression), and (3) to examine developmental changes in levels of various sources of social support throughout the college years and its subsequent effect on mental health.

The Concept of Social Support

The concept of social support includes many different aspects and points of focus. Research on the function of social support in mental well-being can be traced back to Emile Durkheim's (1897) breakthrough study of suicide at the end of the last century. Durkheim found that lack of social support was an important factor in the risk of suicide. Maslow (1968) recognized social support, love, and belonging as a basic human need. According to Maslow, only when this need is met can a person continue his or her personal growth into self-esteem and self actualization. When a person lacks this social contact, feelings of isolation and loneliness often arise (Berg & Piner, 1990; Cutrona, 1982).

In the past twenty years, research on social support as related to stress and physical health has exploded. Cohen and Wills (1985) offered their "buffering hypothesis", in which social support is viewed as an important barrier in blocking the harmful effects of stress. More recently, research has begun to focus on the positive effects of social support on mental health issues, such as anxiety (Bolger & Eckenrode, 1991).

Definition. Since social support is such a wide and varying concept, the need immediately arises to develop a clear definition of social support. For the purposes of this study, the definition of social support will be based on Procidano and Heller's (1983) measure of social support. Social support, as defined for this study, is the perceived availability of emotional and tangible support from one's family, friends, and significant others, as well as the fulfillment of interpersonal needs from these sources.

In the present study, social support was assessed with Procidano and Heller's (1983) questionnaires. This instrument is comprised of two separate measures of perceived social support from friends and family. A primary focus of the present study is the assessment of different types of social support independently so that support from various sources can be compared. Procidano and Heller (1983) found this separation to be useful because support levels can often differ by relationship. Other researchers have also recently begun to emphasize the utility of social support measures which are specific to relationship (Pierce, Sarason, & Sarason, 1991). Weiss (1974) theorized that different relationships may provide different types of support, and that specific stressors may require different types of support.

The second reason for using this questionnaire is that it focuses on the perceived support that one receives, rather than actual support. Recent research also has emphasized the usefulness of measuring one's perceptions of support (Cutrona, 1986; Sarason, Pierce, Shearin, & Sarason,

1991). Perceived support may be more predictive of mental symptomatology than actual support, although research is limited.

Although the definitions of social support are numerous, models of social support can be organized into two general categories (Pierce, Sarason, Sarason, Joseph, & Henderson, 1996). The first view of social support is the stress and coping model, in the spirit of Cohen and Wills (1985). In this view, social support is seen as a coping tool which can moderate the effects of stress. Social support in this model is usually viewed as short term and specific to the stressful situation. Research done on stress investigating the relationship among social support and physical illness is often done from this perspective.

The second view of social support is a developmental perspective in which social support enables individuals to achieve personal growth and the fulfillment of social needs. This is a long-term view of social support in which the focus is on the personality and individual development, rather than a specific stressor. Proponents of this perspective often assume that people have a need for social support and that problems can occur if support is inadequate. This "need gratification" view of social support is the perspective that will be employed in the present study.

Components of social support. Many researchers agree that a number of qualities of social support are beneficial to the individual, both physically

and psychologically (Cutrona, Suhr, & MacFarlane, 1990; Wills, 1985). Qualities of social support fall into two general categories: emotional support (i.e., nontangible, relational support) and instrumental support (i.e., tangible, material support). Emotional support often appears in conversation, for example, to offer understanding or reassurance to a person. Instrumental support is usually offered as necessary supplies or financial support given to a person.

Thomas Wills (1985), from a physical health perspective, outlined six positive qualities of social support: (1) esteem support, emotional support involving reassurance and building or defending one's sense of self worth; (2) status support, the quality of a relationship merely based on its existence, or a person's notion that one possesses this relationship and the availability of support; (3) informational support, the knowledge, news, or advice given from others; (4) instrumental support, which in addition to material support, also affirms a caring relationship; (5) social companionship, the availability of others necessary to pursue enjoyable activities and social events; and (6) motivational support, which provides the person with the necessary motivation to overcome one's difficulties.

The concept of social support can be broken down into components for analysis. Pierce et al. (1996) defined three general elements which comprise the concept of social support: support schemata, supportive relationships, and supportive transactions. Support schemata refer to the

person's general beliefs about the supportiveness of his or her environment. Support schemata is a subjective component of the model, emphasizing one's personal perceptions about social support rather than actual levels of support. Therefore, this aspect of social support is vulnerable to the cognitive distortions often seen in mental illnesses such as depression. Like all schemata, support schemata develop from a person's history and experience with earlier meaningful relationships.

Supportive relationships refers to the individual's perception of how specific people will react if help is necessary. This is much like support schemata except specific to each particular relationship. A person has a different perception of available support from one's father, best friend, and so forth. For example, an individual may perceive a close, supportive relationship with siblings but a more distant relationship with parents in which support is less available.

Supportive transactions refers to the behaviors performed in a "give-and-take" relationship with another person. In a healthy relationship, each person should both give support and receive support, depending on the situation. Supportive transactions include supportive behavior and support-seeking behavior. It is the objective component of this model, which includes support provided and support received. Support schemata, supportive relationships, and supportive transactions are interrelated and tend to overlap greatly, but all contribute to the concept of social support. The

measures of social support used in the present study primarily assess supportive relationships, but also some degree of support schemata and supportive transactions.

Necessary conditions of social support. As stated earlier, some view social support as satisfying a psychological need for friendship, love, and belonging. Ryan and Solky (1996) define this psychological need as "the nutriments or conditions essential to an entity's development and health" (p. 250). This definition emphasizes that the need for social support is not just a personal desire; it is necessary for one's well being. When a person lacks a necessary level of social support from significant others, feelings of loneliness often occur.

Ryan and Solky (1986) acknowledge that not all human relationships have beneficial effects. Using self-determination theory, they outlined two personal needs that social support must meet to be beneficial to a person. The most obvious quality is that social support satisfies the need for relatedness, which is the human need to be connected to significant others and to belong to a social network. The other necessary component of social support is that it must satisfy the need for autonomy. Autonomy refers to the human need to direct one's own life and make one's own decisions. Relationships that do not allow for autonomy not only fail to have positive effects on the individual, but may actually result in harmful effects. One such

example is the high rate of depression and mental distress among abused wives, who usually have relationships with little or no autonomy.

The extent to which social support exists in a relationship depends not only on the type of relationship but also the content of the relationship. Social support can come from unlikely sources if the above needs are met and can be absent in some "close" relationships. For instance, if "one's contacts with a spouse, sibling, or friend were cold, impersonal, or superficial, those interactions would offer no more social support than contacts with attendants, clerks, and taxi drivers" (Ryan & Solky, 1996, p.252.)

Effects of Social Support

Social support and physical health. The effects of social support on physical illness have been well documented. Seeman and Syme (1987) found that people with higher levels of social support had lower rates of atherosclerosis. Social support also has been found to be related to lower risk of cardiovascular disease (Reed, McGhee, Yano, & Feinleib, 1983.) Higher levels of social support even have been related to lower mortality rates in elderly populations (Shoenbach, Kaplan, Friedman, & Kleinaum, 1986.) A possible explanation for these effects is that social support may reduce the harmful effects that stress has on the immune system. As stress reduces immunities such as antibodies and white blood cells, social support

may reduce this harmful effect. Jemmott (1983) measured levels of immunities in dental students. During stressful periods, lower levels of antibodies were found in the students. However, those students reporting a number of close friends retained a higher percentage of antibodies than those reporting little social support.

Social support and mental health. Research within the realm of mental health has revealed that, similar to the positive effects of social support on physical health, social support contributes to mental well being and decreases the likelihood of mental illness. Summarizing the research on social support and mental health, Ryan and Solky (1996) conclude, "such support has been linked with ... lower rates of depressive symptoms, milder temperament, lower stress, decreased loneliness, and a more positive self-image" (p. 249).

A major study by Lin, Dean, and Ensel (1986) involving over 1,000 participants in the upstate New York area measured social support, life stresses, depression, and a number of demographic variables. The results of the study showed that social support had a considerable effect in limiting depression (r = .30). Furthermore, social support was shown to be an effective mediator between negative life events and depression. The researchers also concluded that intimate relationships had the strongest effect on depression, whereas community support and social networks were found to have lesser effects. Results suggest "a relationship with a confidant

is critical ... opposite-sex confidants are more effective than same-sex

confidants in buttressing against depressive symptoms" (p. 334). These

findings will be tested further in this study.

Lin, Dean, and Ensel also outlined the elements of social support

which affect depression by studying the period preceding an upcoming life

stressor (i.e., change of residence). First, the absence of social support

permits a situation in which the person is vulnerable to depression, probably

through feelings of loneliness. This is the "conditioning effect", in which

social support blocks depression by its mere presence. Second, social

support has a "suppressant effect" on the likelihood that life stressors will

occur. For example, college students often walk through campus in groups

at night for safety. The third effect, the "vulnerability effect" of social support

actually increases the likelihood of some stressors (such as in marriage),

therefore, increasing the risk of depression. Lastly, there is a tendency

called the "independent effect", which is tendency for social support to have

the opposite effect on depression as the life stressor. When social support

occurs during or after life stressors, the support can have mediating effects

on depression, as well as counteractive effects.

Social Support during College Years

Young adulthood is the period of life in which people move away from

the security of home to start their own lives. According to the Erikson's

(1963) stage theory of human development, the college years fall in the

transition from late adolescence to early adulthood. Earlier years of college are more associated with Erikson's stage of adolescence, while later years are more related to young adulthood.

Social support in adolescence. The main goal of adolescence, as Erikson stated, is the development of a solid sense of identity. When adolescents achieve this personal identity, they are free to develop career choices and live autonomously, thus preparing the individual for early adulthood. Peers become an increasingly important source of social support during adolescence. Friendships tend to become closer and more intimate. Because of the new focus on autonomy, social support in adolescence begins to shift more toward peers and friendships and away from parents and family. One indication of social support is the amount of time spent with others. Csikszentmihalyi and Larson (1984) found that students in the ninth through twelfth grades spend about 50% more time with friends than with family.

Friends also play a key role in the development of identity. With close friends, adolescents can explore new roles and new paths. Peers often provide support for decisions that the adolescent's family does not approve. Close friends also promote identity by giving the adolescent insight into new beliefs and lifestyles apart from one's own family. Most importantly, having close friends provides the social support necessary for building self-esteem and aiding identity development.

Social support in young adulthood. Young adulthood is the period of life in which people move away from the security of home to start their own lives. Armed with the strong identity formed during adolescence, the young adult begins to pursue occupational or educational goals. During this period, people move away from their parents, old friendships fade, and social support becomes more important than ever before. Erikson called this the stage of "intimacy vs. isolation", where it becomes necessary for the young adult to form close relationships and friendships with others.

Loneliness is a common problem at this stage of life, and it is related to Erikson's concept of isolation. When young adults make a life transition, such as moving to college, they often find themselves with little or no social network. Loneliness results as a perceived lack of meaningful relationships, or isolation in Erikson's terms. Cutrona (1982) found that 75% of college freshmen reported feeling lonely at least part of the time since moving to college. Loneliness can have many of the same characteristics as depression, such as feeling "down" and having low self esteem.

Similar to Erikson, Daniel Levinson (1978) concluded that social support in early adulthood was more individually-focused and less family related. One important source of support in this period of life, according to Levinson, is a mentoring relationship, where an older coworker serves as a role model and helps the person become established in his or her occupation. The other major source of support in this period of life is the

development of an intimate relationship with a significant other. This is similar to Erikson's theory, but Levinson emphasizes that this intimate partner is often a person who shares one's dreams and goals and helps work toward them.

The Present Study and Hypotheses

Throughout the hypotheses and methodological descriptions of this study, some different labels will be used for concepts. For instance, mental adjustment also will be referred to as mental health and mental well-being. Subscales which indicate mental symptoms such as anxiety and depression may be referred to as mental distress, which is simply the inverse of mental adjustment for the purposes of this study. In these mental distress subscales a negative correlation with social support would be expected, where mental health indicators like self-esteem would be expected to have a positive correlation.

Referring back to the list of objectives for this study, the first goal of the study is to replicate the simple relationship between social support and mental well-being. We expect to find a moderate correlation between social support and overall mental adjustment, consistent with findings from previous studies.

The second goal of this study is to examine the pattern of correlations between different sources of social support and various aspects of mental

health. To hypothesize these relationships, it is necessary to examine the principal roles and functions of each type of relationship.

Families are the most basic form of social support, the original source of relationships for children, and often the most stable and enduring source of social support. Ideally, they provide a safe place for an individual, as well as a calm, relaxing environment. Families often provide stability for a person, often in the form of instrumental or financial support. Because of the safety and stability that the family provides, family support is hypothesized to correlate most highly with anxiety. Procidano and Heller (1983) found a modest correlation between family support and anxiety ($r = -.33$) in their sample.

Friends or peer groups are often characterized as relations that provide social approval for an individual, as well as a sense of acceptance. As in adolescence, peers greatly assist the person in forming a solid identity. Through communication with peers, people can gain feedback about how they are perceived by others, and can evaluate their beliefs and actions. Because peers and friendships are so closely tied to self concept, this source of social support is hypothesized to correlate most highly with self esteem. Previous research has shown a moderate correlation ($r = -.43$) between peer support and lack of self confidence (Procidano & Heller, 1983).

The effect of romantic relationships in mental health is less clear because of the overlap with family and peer support. In adults, a person's

romantic relationship is often with one's spouse, who is a part of the person's family. Romantic relationships are also similar to friendships in many ways (e.g. similar leisure activities), especially in adolescent and college populations. In well developed relationships, partners develop a level of trust and loyalty. These relationships often satisfy a person's need for intimate communication with another caring person. Lin, Dean, and Ensel (1986) emphasized the role of intimate relationships in protection from depression. The measure of social support from romantic partners in this study examines support from a single intimate relationship. Therefore, social support from romantic partners is hypothesized to relate most strongly to depression.

The third objective of this study is to examine the changes in pattern of social support throughout college. Just as peers become an increasingly important source of support in adolescence, peer support is hypothesized to increase in later years of college as family support decreases. Also, in support of Erikson's theory, support from romantic partners is hypothesized to become a more important source of support throughout the college years.

CHAPTER II

METHOD

Participants

A total of 138 participants for this study were recruited from two

sources. One source of participants consisted of students enrolled in an

introductory psychology or sociology class at the University of Dayton, a

private Midwestern university. These participants received course credit for

their participation. These participants were comprised mainly of freshman

and sophomore students. Because these courses are common to nearly all

students, this sample is assumed to be representative of the University

student body.

The second source of participants consisted of students from two

upper-level abnormal psychology course. These participants were

comprised mostly of sophomore, junior, and senior students. These students

were voluntarily recruited from these classes and were offered extra credit for

their participation.

All participants from both sources were unmarried, and the majority of

participants were White (approximately 95%), Catholic (65%), middle-class

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students. Although differences may exist between participants in the two sources (general freshman population vs. predominately psychology majors), characteristics relevant to this study (social habits and social development) are believed to be similar between sources because these traits are relatively stable over time. Therefore, the samples are assumed to be equivalent for the purposes of this study.

Data from both sources were combined, and participants were then divided into three groups by year of study: a group of first-year Freshmen, a group of Sophomores, and a combined group of Juniors and Seniors (hereby referred to as Group 1, Group 2, and Group 3, respectively). The groups were also controlled for age so that the effect of age could be assessed simultaneously with year of study. Group 1 was limited to first-year students, 18 to 19 years of age; Group 2 was limited to second-year students, 19 to 20 years of age; Group 3 was limited to third, and fourth-year students between the ages of 20 and 22. This group also included one fifth-year senior who fit within the age limits.

Of the original 138 participants, a total of 127 participants were used in the analyses, broken into 46 participants in Group 1, 53 participants in Group 2, and 28 participants in Group 3. Data from 11 participants were excluded from analysis due to age limits, incomplete data, or having checked over 90% of symptoms on the Symptom Checklist (which is unlikely even in clinical samples). Females comprised 66% of the total sample, and were the

majority of all three groups (54% of Group 1, 72% of Group 2, and 78% of Group 3). Nearly half (48%) of the total sample claimed being involved in an exclusive romantic relationship, and no significant differences appeared between males and females, $F(1, 125) = .096$, $p = .757$, nor between years of college, $F(2,124) = .029$, $p = .971$.

Materials

Each participant completed a set of questionnaires consisting of the following: a social information form, a social satisfaction form, Procidano & Heller's (1983) Perceived Social Support - Friend (PSS-Fr) and Perceived Social Support - Family (PSS-Fa) measures, a measure of social support in romantic relationships (PSS-RP), Nugent & Thomas's (1993) Self-Esteem Rating Scale (SERS), and the Symptom Checklist-90-Revised (SCL-90-R).

Social information form. To supplement the three measures of social support, a general social information sheet was included in the battery (see Appendix A). Along with basic demographic information (e.g., age, sex, year of college), questions were asked about one's place of residence, number of roommates, religious preference, and number of students in one's high school graduating class.

Social satisfaction form. Four scales were constructed for this study in which the participant rated his or her level of satisfaction with different social areas: (1) friendships, (2) family, (3) romantic relationships and dating activities, and (4) roommates/housemates (see Appendix B). These

relationships are rated from 1 (very dissatisfied) to 9 (very satisfied), with 5

being the neutral point. Although this study focused primarily on social

support rather than social satisfaction, these one item scales were included

to gain additional social information for analysis. The romantic satisfaction

scale was used to supplement the romantic partner support scale (PSS-RP)

because only half of the participants completed the PSS-RP scale. Effects of

the other three types of social satisfaction were analyzed, but were not a

main focus of this study.

Perceived Social Support - Friend (PSS-Fr) and Perceived Social

Support - Family (PSS-Fa). Procidano and Heller's (1983) questionnaires

were used to measure perceived social support from both friends (PSS-Fr,

see Appendix C) and family (PSS-Fa, see Appendix D). Each measure is a

20-item questionnaire. Examinees respond "yes", "no", or "don't know" to a

number of statements as they pertain to their own friends or family.

Examples of items on the "friend" questionnaire (PSS-Fr) are: "My friends

give me the moral support I need" and "My friends are sensitive to my

personal needs." On the "family" questionnaire (PSS-Fa), items include: "My

family enjoys hearing about what I think." Responses of "yes" (indicating the

presence of social support) are scored 1, while responses of "no" or "don't

know" are scored 0. Some items are reversed scored, such as, "When I

confide in friends, it makes me feel uncomfortable". For these reverse-

scored items (items 2, 6, 7, 15, 18, and 20 on the PSS-Fr, and items 3, 4, 16,

19, and 20 on the PSS-Fa), a response of "no" (indicating social support) would be scored 1, while a response of "yes" or "don't know" would be scored 0. The sum score of all 20 items provide the overall score for each questionnaire. Total scores for each measure range from 0 to 20 with higher scores indicating more support.

Reliability data have been favorable for the PSS-Fr and PSS-Fa. Procidano and Heller (1983) measured the internal consistency of the PSS-Fr and PSS-Fa as .88 and .90, respectively. Heitzmann and Kaplan (1988) found the measures to have high test-retest reliability (r = .83 over 1 month). Both questionnaires have been shown to correlate well with psychiatric symptomatology and socially-related personality scales (Procidano & Heller, 1983). Other validity data is unavailable for these measures at this time. However, Heitzmann and Kaplan, in their review of social support measures, judged the PSS-Fr and PSS-Fa to be "quite adequate psychometrically" and possess "evidence for construct validity" (p. 98). One potential problem with these scales, as Heitzmann and Kaplan found, is a "ceiling effect", in which the scale has difficulty differentiating among higher scores (thus skewing the distribution toward higher scores).

Measure of perceived social support from romantic partners. The third measure of social support included in the battery was a test of social support from romantic relationships (see Appendix E). This questionnaire (hereby named PSS-Romantic Partner, or PSS-RP) is a version of Procidano and

Heller's measure of family support (PSS-Fa), modified for the purposes of

this study. Items on the PSS-Fa such as "I rely on my family for emotional

support" were changed to "I rely on my partner for emotional support" for the

PSS-RP. For nearly all items, the only change from the original PSS-Fa is

that the subject of each sentence has been changed from "my family" to "my

partner". One item was reworded due to overlap with another question as a

result of the changes, but it still retains the same content. The PSS-Fa item,

"I don't have a relationship with my family that is as close as other people's

relationships with their families" was changed to, "I wish I had a closer

relationship with my partner" on the PSS-RP. Because this questionnaire is

so closely derived from the PSS-Fa, it is assumed that reliability and validity

data of this measure would be comparable to that of the PSS-Fa.

Self-Esteem Rating Scale (SERS). The SERS (see Appendix F),

developed by Nugent and Thomas (1993), is a 40-item questionnaire which

consists of statements like "I am afraid I will appear stupid to others."

Examinees respond to each item on a seven point scale from 1 (never) to 7

(always). After reverse scoring half of the items (items 1, 2, 5, 11, 12, 13, 16,

17, 20, 22, 23, 25, 27, 30, 31, 33, 34, 38, 39, 40), the sum of scores provides

the overall score for the SERS. Scores on this measure have a possible

range of 1 to 280, where higher scores indicate higher self-esteem.

Psychometric data on the SERS indicate that this questionnaire is

quite reliable. Nugent and Thomas found high internal consistency among

items (r = .97), but test-retest reliability is unavailable. The SERS is believed

to have good content and construct validity and has correlated well with the

Index of Self-Esteem (Nugent & Thomas, 1993).

Symptom Checklist-90-R (SCL-90-R). The Symptom Checklist-90-

Revised, developed by Leonard Derogatis (1975), is a moderately short

measure of psychiatric symptomatology. Items on the SCL-90-R consist of

90 symptoms of common psychiatric domains, such as anxiety and hostility.

Examples of items include "heart pounding or racing" and "difficulty making

decisions". Examinees rate each symptom by how much they were

distressed by that symptom in the past week. Each item is rated on a five

point scale, from 0 (not at all) to 4 (extremely).

The SCL-90-R provides scores on nine psychiatric dimensions:

somatization (SOM), obsessive-compulsive (O-C), interpersonal sensitivity (I-

S), depression (DEP), anxiety (ANX), hostility (HOS), phobic anxiety (PHOB),

paranoid ideation (PAR), and psychoticism (PSY). In addition to the nine

diagnostic scales, the SCL-90-R also provides a Global Severity Index (GSI)

score, an overall measure of mental distress.

Three subscales from the SCL-90-R were chosen for analysis in this

study. The Depression (DEP) scale measures a wide range of depressive

symptoms, such as melancholy feelings, self-blame, and loss of interest or

motivation. The Anxiety (ANX) scale measures symptoms of general anxiety,

including feelings of fear, tension, nervousness, and restlessness. A third

subscale, Interpersonal Sensitivity (INT), although not part of the hypotheses, was included for analysis due to its social and interpersonal nature. The scale is a measure of social anxiety, feelings of inferiority, and interpersonal discomfort (Derogatis, 1992).

The SCL-90-R has demonstrated favorable results in validation studies. Test-retest reliabilities on the subscales range from .78 to .90, with more constant traits such as psychoticism showing higher reliability. Internal consistency has also been measured in the .77 to .90 range. The SCL-90-R has shown modest correlations with MMPI scales ($\underline{r}$ = .42 to .64). This measure also has demonstrated good construct validity through factor analytic means (Derogatis, 1992).

Procedure

Upon signing informed consent forms, participants completed each of the seven questionnaires. Those participants claiming not to be involved in a romantic relationship completed all forms except the PSS-RP, as stated in the instructions for that questionnaire. Administration of the complete battery required 20 to 40 minutes. Upon completion, participants were given a written debriefing form, given class credit (or extra credit), and then excused.

The order of questionnaires in each booklet was controlled to minimize any order effects. The first two questionnaires of each booklet were the social information form and social satisfaction form, respectively. After these questionnaires, half of the participants completed the social support

measures first, while the other half completed the mental adjustment measures first. Within the social support measures, half of the participants completed the PSS-Fr first, while the other half completed the PSS-Fa first. The PSS-RP was the last social support measure administered to all participants. Within the mental adjustment measures, half of the participants completed the SERS first, while the other half completed the SCL-90-R first. This ordering system created a total of 8 different orders, with each questionnaire sharing equal placement.

CHAPTER III

RESULTS

For all statistical analyses, an alpha level of .05 was used. Two-tailed

tests of significance were used throughout statistical analyses, except where

otherwise noted. Table 1 shows the number of participants for each group

and each questionnaire.

The relationship between social support and mental adjustment. To

test the first hypothesis, a measure of general social support was correlated

with overall mental distress for each participant. Thus, a score for general

social support was calculated for each participant as the average score of

friend support (PSS-Fr) and family support (PSS-Fa). Support from romantic

partners (PSS-RP) was not included in this average score because this scale

was not completed by all participants. The score on the global severity index

of the SCL-90-R was used as the measure of overall mental distress because

this scale is an average of all SCL-90-R subscales. This correlation proved

to be significant (r = -.291, p = .001, n = 127), indicating that support was

negatively related to overall mental distress, and therefore, supported the

Table 1

Number of Participants by Year of College and Social Support/Satisfaction Measure

Scale	Year 1	Year 2	Year 3/4	Total
Friend Support	46	53	28	127
Family Support	46	53	28	127
Romantic Partner Support	22	25	14	61
Friend Satisfaction	46	53	28	127
Family Satisfaction	46	53	28	127
Romantic Satisfaction	46	53	28	127
Roommate Satisfaction	46	48	25	119

first hypothesis. The correlation of general social support and scores on the SERS self-esteem scale was also significant (r = .326, p < .001, n = 127), indicating a positive relationship between social support and self-esteem, again supporting the first hypothesis.

To test the second hypothesis, scores on each type of social support (friends, family, romantic partners) were correlated with scores on four measures of mental health (anxiety, depression, interpersonal sensitivity, and self-esteem). The second hypothesis stated that (1) family support, of all social support measures, would have the strongest correlation with anxiety, (2) friend support, of all support measures, would have the strongest correlation with self-esteem, and (3) romantic partner support, of all support measures, would have the strongest correlation with depression. Although not part of the original hypotheses, the effects of interpersonal sensitivity and types of social satisfaction were also analyzed. Intercorrelations between all three measures of social support and four measures of social satisfaction are listed in Table 2 and intercorrelations between the four scales of mental adjustment are shown in Table 3.

Correlations between mental adjustment scales and social support measures are summarized in Table 4. As indicated in this table, anxiety had significant correlations with both friend support and romantic partner support (negative correlation, as expected), although neither correlation was significantly stronger than the other (z = .53, p > .05, one-tailed). However,

Table 2

Correlations between Measures of Social Support and Social Satisfaction

Scale	1	2	3	4	5	6	7
1. Friend Support	--	.330**	.604**	.482**	.182*	.059	.149
2. Family Support		--	.088	.182*	.521**	.099	.173
3. Romantic Partner Support			--	.253*	.020	.465**	-.188
4. Friend Satisfaction				--	.223*	-.021	.349**
5. Family Satisfaction					--	-.005	.198*
6. Romantic Satisfaction						--	-.064
7. Roommate Satisfaction							--

* p < .05

** p < .01

Note. For n values, see Table 1.

Table 3

Correlations between Scales of Mental Adjustment

Scale	1	2	3	4
1. Anxiety	--	.777**	-.408**	.642**
2. Depression		--	-.501**	.792**
3. Self-Esteem			--	-.617**
4. Interpersonal Sensitivity				--

n = 127

** p < .01

Table 4

Correlations between Measures of Social Support/Satisfaction and Scales of
Mental Adjustment.

Scale	GSI	ANX	DEP	INT	SE
Friend Support	-.285**	-.193*	-.243**	-.266**	.374**
Family Support	-.202*	-.037	-.132	-.172	.183*
Romantic Partner Support	-.343**	-.275*	-.314*	-.295*	.244
Friend Satisfaction	-.266**	-.250**	-.256**	-.303**	.429**
Family Satisfaction	-.156	-.092	-.161	-.168	.205*
Romantic Satisfaction	-.366**	-.272**	-.403**	-.406**	.251**
Roommate Satisfaction	-.101	-.013	-.015	-.191*	.085

* p < .05

** p < .01

GSI - Global Severity Index

ANX - Anxiety

DEP - Depression

INT - Interpersonal Sensitivity

SE - Self-Esteem

Note. For n values, see Table 1.

the correlation between anxiety and family support was non-significant (see Table 4). The original hypothesis which stated that anxiety would have the strongest correlation with family support was clearly not supported by this data.

The depression scale was significantly correlated (negative correlation, as expected) with friend support and romantic partner support (see Table 4), but non-significant with family support. As hypothesized, romantic partner support showed the strongest correlation of the three support measures, although the difference from friend support was not statistically significant (z = .51, p > .05, one-tailed), nor is the difference between romantic partner support and family support (z = 1.19, p > .05, one-tailed).

The self-esteem scale was significantly correlated (positive correlation, as expected) with friend support and family support (see Table 4), but non-significant for romantic partner support. Consistent with the hypothesis, self-esteem correlated more strongly with friend support than other types of support. Friend support had a significantly stronger correlation with self-esteem than family support (z = 1.65, p < .05, one-tailed), but did not have a significantly stronger correlation with self-esteem than romantic partner support (z = .91, p > .05, one-tailed).

Social support levels by year of college. The third hypothesis stated that levels of friend support and romantic partner support were expected to

increase in later years of college, while level of family support was expected to decrease. Means on each type of social support by year of college are listed in Table 5. For each social support measure, a one-way analysis of variance (ANOVA) was performed to compare means of the three college age groups. For friendship support (PSS-Fr), no significant differences appeared among college age groups, $F(2, 124) = .04$, $p = .96$. The main effect of college year was also non-significant for family support, $F(2, 124) = .68$, $p = .51$, as well as romantic partner support, $F(2, 58) = 1.73$, $p = .19$. Levels of support did not significantly change throughout years of college for any type of social support. These results, therefore, do not support the third hypothesis.

Social support, mental health, and gender. To assess the differences in levels of support between males and females, a 2 (gender) X 3 (year of college) ANOVA was performed for each social support measure. Mean scores on the three measures of social support for males and females are listed in Table 6. The main effect of gender was significant for family support, $F(1, 125) = 3.93$, $p = .050$, as well as for friend support, $F(1, 125) = 5.16$, $p = .025$. For both friend and family support, females indicated higher levels of support (see Table 6). However, the effect of gender was not significant for romantic partner support, $F(1, 59) = .707$, $p = .40$. Interactions between gender and year of college were non-significant for friend support,

Table 5

Means on Social Support Measures by Year of College

Scale	Year	$\underline{n}$	$\underline{M}$	$\underline{SD}$	$\underline{F}$	$\underline{p}$
Friend Support	1	46	16.30	3.94	.04	.96
	2	53	16.45	4.37		
	3/4	28	16.18	3.83		
Family Support	1	46	14.50	5.32	.68	.50
	2	53	15.53	5.23		
	3/4	28	14.32	5.14		
Romantic Partner Support	1	22	17.73	3.34	1.73	.19
	2	25	15.44	5.20		
	3/4	14	16.50	3.32		

Table 6

Means on Social Support Scales by Gender

Scale	Gender	n	M	SD	F	p
Friend Support	Male	42	15.19	3.90	5.16	.025*
	Female	85	16.91	4.06		
Family Support	Male	42	13.60	5.13	3.93	.050*
	Female	85	15.53	5.19		
Romantic Partner Support	Male	42	17.14	4.3 0	.707	.404
	Female	85	16.18	4.25		

* p < .05

$F(2, 121) = .457$, $p = .634$, family support, $F(2, 121) = 1.757$, $p = .18$, and romantic partner support, $F(2, 55) = .103$, $p = .902$.

Scores from eleven mental health measures also were compared by gender. Gender effects were significant for self-esteem ($t = 2.44$, $p = .016$; males indicating higher levels) and interpersonal sensitivity ($t = -2.14$, $p = .034$; females indicating higher levels). For the remaining nine scales (global severity index, anxiety, depression, hostility, obsessive-compulsive, paranoid ideation, phobic anxiety, psychoticism, and somatization), there were no significant differences by gender.

Correlations between social support and mental health over time. For each year of college, scores on global severity index were correlated with overall social support (as computed for the first hypothesis). These correlations are shown in Table 7. Correlations for each year were compared (using z-tests) to assess any change in strength of relationship over time. As seen in Table 7, correlations for first year students ($r = -.07$, $p = .64$, $n = 46$) rose in second year students ($r = -.34$, $p = .014$, $n = 53$), and rose again in third and fourth year students ($r = -.52$, $p = .005$, $n = 28$). Differences in correlations were statistically significant only between first and third groups ($z = 1.99$, $p < .05$, one-tailed). Correlations between specific measures of social support and mental adjustment follow a similar pattern over time (see Table 8).

Table 7

Correlations between Average Social Support and Overall Mental Distress by Year of College

Year	$\underline{n}$	$\underline{r}$
1	46	-.072
2	53	-.336*
3/4	28	-.517**

* $\underline{p} < .05$

** $\underline{p} < .01$

Note. Group 3 correlation is significantly stronger than group 1 correlation ($\underline{z} = 1.99$, $\underline{p} < 05$, one-tailed).

Table 8

Correlations of Social Support Measures and Mental Adjustment Measures by Year of College

Scale	r_1	r_2	r_3
		Anxiety	
Friend Support	.115	-.264	-.520**
Family Support	.029	-.054	-.106
Romantic Partner Support	-.281	-.361	-.402
Romantic Satisfaction	-.078	-.420**	-.303
		Depression	
Friend Support	.113	-.390**	-.501**
Family Support	-.069	-.156	-.201
Romantic Partner Support	-.305	-.285	-.572*
Romantic Satisfaction	-.407**	-.424**	-.376*

(continued)

Table 8 (continued)

Scale	r_1	r_2	r_3
	Self-Esteem		
Friend Support	.030	.503**	.708**
Family Support	.091	.131	.439*
Romantic Partner Support	-.077	.382	.204
Romantic Satisfaction	.254	.334*	.105
	Interpersonal Sensitivity		
Friend Support	-.049	-.326*	-.532**
Family Support	-.075	-.149	-.424**
Romantic Partner Support	-.387	-.241	-.514
Romantic Satisfaction	-.409**	-.474**	-.268

* $p < .05$ ** $p < .01$

r_1, r_2, r_3 = Correlations for Year 1, Year 2, Year 3/4, respectively.

Note. For n values, see Table 1.

Interpersonal sensitivity. Two additional variables (interpersonal sensitivity and romantic satisfaction) were analyzed for this study that were not part of the original hypothesis. Interpersonal sensitivity, a mental distress subscale, was correlated with each measure of social support. Similar to the results for depression, both friend support and romantic partner support were significantly, negatively correlated with interpersonal sensitivity (see Table 4), while family support did not have a significant correlation.

Romantic satisfaction. Participants who indicated having a romantic relationship did not differ in levels of friend or family support than those participants not involved in a relationship. Furthermore, there were also no differences in mental symptom levels between these two groups (see Table 9). However, participants involved with a romantic partner reported significantly higher romantic satisfaction than participants not involved with an exclusive partner (t = -9.332, p < .001).

Self-reported satisfaction with one's romantic or dating activities was used as a predictor of mental symptomatology, much like social support from romantic partners (PSS-RP). The romantic satisfaction rating was included in analysis because only half (48%) of participants indicated having an exclusive romantic relationship and were therefore able to complete the PSS-RP.

Romantic satisfaction was negatively correlated with all types of mental symptomatology and positively correlated with self-esteem. The

Table 9

Means on Social Support Measures and Mental Adjustment Measures by
Presence of Romantic Relationship

Scale	Relationship	n	M	SD	t	p
Anxiety	no	66	6.47	5.61	1.30	.20
	yes	61	5.25	4.99		
Depression	no	66	12.06	9.14	1.18	.24
	yes	61	10.23	8.26		
Self-Esteem	no	66	221.23	28.28	-.30	.77
	yes	61	222.72	27.87		
Family Support	no	66	15.23	5.10	.75	.45
	yes	61	14.52	5.39		
Friend Support	no	66	16.82	3.61	1.39	.17
	yes	61	15.82	4.49		
Romantic Satisfaction	no	66	4.53	2.04	-9.33	.01*
	yes	61	7.38	1.28		

* $p < .05$

strongest relationships appeared to be with depression and interpersonal sensitivity (see Table 4). In its relation to depression and interpersonal sensitivity, romantic satisfaction had a stronger correlation than each of the three measures of social support, although the difference is not statistically significant.

Friend, family, and roommate satisfaction. Three other ratings of social satisfaction were completed by the participants (friend, family and roommate satisfaction), but were not a main focus of this study. The correlations between these self ratings of social satisfaction and measures of social support are summarized in Table 2. In general, satisfaction ratings correlated significantly with the corresponding type of social support (e.g., friend satisfaction with friend support), but not with other social measures. One exception is the significant correlation between friend satisfaction and roommate satisfaction, probably because college roommates are often friends, and vice versa. The correlations between social satisfaction and scales of mental health are listed in Table 4. Again, satisfaction ratings had a similar pattern of correlations with mental health as the corresponding measure of social support.

Social support variables as predictors of mental distress. Simultaneous multiple regression was used to assess which social support variables effectively predicted each type of mental adjustment. For each type of mental adjustment (anxiety, depression, self-esteem, and interpersonal

sensitivity), the three measures of social support (friend support, family

support, and romantic partner support) and the measure of romantic

satisfaction were used as predictors. It is important to note the high

intercorrelations within social support measures (see Table 2), as well as

within the scales of mental adjustment (see Table 3). The high

intercorrelation between variables limits the ability of the regression to

predict with all variables. Due to this intercorrelation, or overlapping effects

of variables, only the strongest of predictors may show a significant effect,

even though other variables may be good predictors as well. The

correlations between predictors and mental adjustment scales are shown in

Table 4.

The prediction equation for depression showed a significant effect, R =

.459, $F(4, 56) = 3.74$, $p = .009$. However, only romantic satisfaction

significantly predicted depression ($t = -2.67$, $p = .01$), probably due to the

intercorrelation problem. For anxiety, the four variables showed no

significant predictive ability together, $R = .334$, $F(4, 56) = 1.75$, $p = .15$. No

single variable was significantly able to predict anxiety as well. The

combined effect for self-esteem was significant, $R = .456$, $F(4, 56) = 3.67$, $p =$

.01. Two variables showed significant predictive ability for self-esteem,

friend support ($t = 2.67$, $p = .01$) and romantic satisfaction ($t = 2.10$, $p = .04$).

For interpersonal sensitivity, the combined effect of four variables was

significant, $\underline{R}$ = .478, $\underline{F}$(4, 56) = 4.15, $\underline{p}$ = .005). The only significant predictor for interpersonal sensitivity was romantic satisfaction ($\underline{t}$ = -2.904, $\underline{p}$ = .005).

CHAPTER IV

DISCUSSION

As predicted in the first hypothesis, this study found a moderate

correlation between general social support and general mental adjustment.

This finding emphasizes the importance of a healthy social network to one's

mental health. Not only were mental symptoms less in the presence of social

support, but higher levels of self-esteem existed. This finding supports

numerous previous research findings, as summarized by Ryan and Solky

(1996). A main reason for testing this effect is to set a foundation for further

analyses between specific sources of social support and specific measures

of mental adjustment.

In this sample, family support did not show any noteworthy relationship

with anxiety. However, friend support and romantic partner support both

showed a mild to moderate relationship with anxiety. This finding in

inconsistent not only with the hypothesis, but also with Procidano and

Heller's (1983) finding of an important link between family support and

anxiety. In the present study, family support showed weak relationships with

all types of mental adjustment. The reason for this finding is most likely due to the college population used in the present study. The students most likely have much more contact with peers than family in their daily lives, due to the distance from home and the increasing importance of peer relationships in this stage of life. Students may perceive support from their families in an abstract sense, but their actual support comes mainly from people on the college campus. The sense of security that relieves a student's anxiety is often experienced in one's dorm where the student is surrounded by peers rather than family.

The hypothesized relationship between romantic partner support and depressive symptoms was supported by this data. This finding supports Lin, Dean, and Ensel's (1986) argument that the best defense against depression is a close relationship with a member of the opposite sex. This study examined close relationships with romantic partners, but did not specifically require that the partner be a person of the opposite sex. Relationships which are higher in trust, deeper in intimacy, and higher in emotional support are linked to lower levels of depression that a person experiences. Friend support also provided a moderate relationship with depression, and this study found a high correlation between friend support and romantic partner support. The reason for this is probably because romantic partner relationships are similar in many ways to friendship relationships in college students (e.g., doing the same weekend activities). For this reason, both

friend support and romantic partner support appear to restrict depressive symptoms in college students. However, it is also possible that the inverse statement is true: depression may limit one's ability to form close relationships with peers and romantic partners.

The hypothesized relationship between friend support and self-esteem also was clearly supported in this study. It appears that self-esteem of college students depends heavily on support from one's friends. On the other hand, poor self-esteem may limit one's ability to form close friendships. These findings also support the earlier findings of Procidano and Heller (1983), where friendship support was strongly linked to one's self-confidence. Friend support showed a significantly stronger relationship to self-esteem than the other two sources of social support, indicating that support from friends is clearly the most important type of support in relation to college students' self-esteem. The reason for this effect, as hypothesized earlier, is likely because the peer group is the primary source for the development of one's self-concept in the college years. When friend support is inadequate, a student may develop feelings of inferiority, and self-esteem may dwindle. These results also support Maslow's (1968) argument that friendship is a necessary human need that must be fulfilled in order to develop self-esteem and fulfill one's human potential.

Levels of each type of social support did not change throughout years of college, contrary to the third hypothesis. No significant change over time

was made in levels of friend support, family support, or romantic partner support. A number of explanations can be made for this finding. The simplest explanation is that no basic changes in levels of various sources of support may occur throughout college. It is quite possible that any shift in pattern of support is done before a person begins college, and support levels for friends, family, and romantic partners remain fixed. The study was administered at the end of the academic year, so any possible adjustments in social network during one's first year of college may not have been detected. Limitations in the questionnaires also may have been a factor, such as the "ceiling effect" of the social support questionnaires. The scales' inability to differentiate high scores may have limited the ability to detect a change in support levels over time. Future research may focus on changes in social support throughout different developmental periods, such as high school, college, and post-college periods.

Although the data from this study did not show a change in levels of social support, there was a significant change in correlation between social support and mental health over time. For first year students, the relationship between social support and mental health was minimal. This relationship increased substantially in subsequent years of college. These results suggest that although levels of support do not change, the importance of social support to one's mental health increases throughout years of college. Students who are beginning college most likely have factors other than social

support which contribute to their mental well-being. Some of these factors may include academic performance, successfully adjusting to the college atmosphere, and independent living. However, in later years of college, students may rely more heavily on the social networks that they have developed on campus. These findings have not been demonstrated in previous literature and are in need of further study.

Similar to the social support scales, romantic satisfaction was shown to have an important relationship to mental health. This scale was included in the study to provide a scale which would measure a perceived level of dating satisfaction in all students, not just those involved in an exclusive relationship. In relation to anxiety and self-esteem, romantic satisfaction had nearly the same effect as romantic partner support. However, romantic satisfaction showed a greater relationship with depression and interpersonal sensitivity than romantic partner support (as well as the other types of social support). This suggests that a person's satisfaction with intimate relationships (or lack thereof) may be slightly more important than actual support when dealing with feelings of depression, social anxiety, inadequacy, and inferiority. Social satisfaction appears to be a useful predictor of mental health, possibly because it is an indication of how well one's social needs are being met.

Those students who did not indicate having a relationship of this type probably fell into one of three categories. Many students choose to date a

number of people on a casual basis and therefore, would not indicate having an exclusive romantic partner. Other students may wish to have a romantic relationship, but are unable to do so. Lastly, some students choose to remain single, and choose not to become involved romantically. Nevertheless, students without an exclusive romantic partner indicated drastically lower romantic satisfaction than those students who reported having a romantic partner.

Some problems may arise when interpreting romantic satisfaction. First of all, satisfaction is not necessarily social support. The two measures have a moderate correlation in this sample, although romantic partner support has a higher correlation with friend support than with romantic satisfaction (see Table 2). Social support accounts for the level of shared supportive actions within a relationship, not just a satisfaction level. However, social satisfaction does incorporate a person's individual needs, and indicates how well the person's social needs are being met. Another problem with interpreting the effects of satisfaction is that satisfaction may be somewhat confounded with mental health. Depression, for example, may limit one's ability to feel satisfied, and therefore exaggerating the correlation between the two measures.

Although a shift in levels of social support throughout years of college was not found in this study, the importance of social support to mental health increases dramatically. During the freshman year, various types of social

support are weakly related to the students' levels of depression, self-esteem, and anxiety. Social support becomes increasingly important in later years of college, where it is highly related to these types of mental distress.

Findings from this study emphasize the importance of social support to the mental health of college students. In general, the level of perceived social support is greatly related to mental adjustment in college students, as in other age groups. The benefits of friendship appear to be an important source of support for dealing with the full range of mental difficulties. Support from friends and peer relations is critical self-esteem. Support from romantic partners becomes an important factor in college, especially with respect to depression and interpersonal sensitivity. Even when one is not involved in a romantic relationship, the student's level of romantic satisfaction is highly related to these types of mental distress.

Since college students clearly benefit from social support, programs and interventions which focus on building social support would be helpful to students. Therapy groups and programs which focus on building interpersonal skills would likely have positive effects on students, especially those who are experiencing difficulty with depression or low self-esteem. These programs can also be incorporated into other settings around the university, such as study groups, volunteer activities, or other opportunities for students to build their social networks while attending college.

APPENDIX A

Social Information Form

Participant Number _____

Age _____

Sex _____

This is my _____ year at UD.   (e.g. 1st, 3rd...)

I live (circle one):   on campus (dorm)   near campus   off campus

I live with (circle one):   alone   roommates   family

Number of roommates/housemates _____

Number of students in high school graduating class (estimate): _____

Are you presently married?   Yes   No

If not married, are you presently involved in an exclusive romantic relationship?   Yes   No

How long have you been involved in this relationship?   _____ months (ex. ½ month, 24 months)

What is your religious preference? (circle one)
1. Catholic
2. Jewish
3. Protestant
4. Other
5. None

How religious would you describe yourself to be? (circle one)
1. not at all religious
2. somewhat religious
3. moderately religious
4. very religious

How would you describe your present use of alcohol? (circle one)
1. never use alcohol
2. drink lightly a few times a year
3. drink lightly a few times a month
4. drink heavily sometimes, mostly lightly
5. drink heavily monthly
6. drink heavily weekly
7. drink heavily often

APPENDIX B

Social Satisfaction

Rate each of the following on a scale of 1-9 (please circle the number)

1. Present level of satisfaction with current **friendships**

    1-----2-----3-----4-----5-----6-----7-----8-----9
     very   neutral   very
    dissatisfied   satisfied

2. Present level of satisfaction with your **family** relationships

    1-----2-----3-----4-----5-----6-----7-----8-----9
     very   neutral   very
    dissatisfied   satisfied

3. Present level of satisfaction with **romantic relationships** (answer even if not presently involved)

    1-----2-----3-----4-----5-----6-----7-----8-----9
     very   neutral   very
    dissatisfied   satisfied

4. Present level of satisfaction with **roommates/housemates**

    1-----2-----3-----4-----5-----6-----7-----8-----9
     very   neutral   very
    dissatisfied   satisfied

APPENDIX C

Perceived Social Support - Friend
(PSS-Fr)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, Don't Know. Please circle the answer you choose for each item.

Yes   No   Don't Know   1. My friends give me the moral support I need.

Yes   No   Don't Know   2. Most other people are closer to their friends than I am.

Yes   No   Don't Know   3. My friends enjoy hearing about what I think.

Yes   No   Don't Know   4. Certain friends come to me when they have problems or need advice.

Yes   No   Don't Know   5. I rely on my friends for emotional support.

Yes   No   Don't Know   6. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.

Yes   No   Don't Know   7. I feel that I'm on the fringe in my circle of friends.

Yes   No   Don't Know   8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.

Yes   No   Don't Know   9. My friends and I are very open about what we think about things.

Yes   No   Don't Know   10. My friends are sensitive to my personal needs.

Yes   No   Don't Know   11. My friends come to me for emotional support.

Yes   No   Don't Know   12. My friends are good at helping me solve problems.

Yes No Don't Know 13. I have a deep sharing relationship with a number of friends.

Yes No Don't Know 14. My friends get good ideas about how to do things or make things from me.

Yes No Don't Know 15. When I confide in friends, it makes me feel uncomfortable.

Yes No Don't Know 16. My friends seek me out for companionship.

Yes No Don't Know 17. I think that my friends feel that I'm good at helping them solve problems.

Yes No Don't Know 18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.

Yes No Don't Know 19. I've recently gotten a good idea about how to do something from a friend.

Yes No Don't Know 20. I wish my friends were much different.

APPENDIX D

Perceived Social Support - Family
(PSS-Fa)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their <u>families</u>. For each statement there are three possible answers: Yes, No, Don't Know. Please circle the answer you choose for each item.

Yes   No   Don't Know   1.   My family gives me the moral support I need.

Yes   No   Don't Know   2.   I get good ideas about how to do things or make things from my family.

Yes   No   Don't Know   3.   Most other people are closer to their family than I am.

Yes   No   Don't Know   4.   When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.

Yes   No   Don't Know   5.   My family enjoys hearing about what I think.

Yes   No   Don't Know   6.   Members of my family share many of my interests.

Yes   No   Don't Know   7.   Certain members of my family come to me when they have problems or need advice.

Yes   ·No   Don't Know   8.   I rely on my family for emotional support.

Yes   No   Don't Know   9.   There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.

Yes   No   Don't Know   10.   My family and I are very open about what we think about things.

Yes   No   Don't Know   11.   My family is sensitive to my personal needs.

Yes   No   Don't Know   12.   Members of my family come to me for emotional support.

Yes   No   Don't Know   13.   Members of my family are good at helping me solve problems.

Yes   No   Don't Know   14.   I have a deep sharing relationship with a number of members of my family.

Yes   No   Don't Know   15.   Members of my family get good ideas about how to do things or make things from me.

Yes   No   Don't Know   16.   When I confide in members of my family, it makes me uncomfortable.

Yes   No   Don't Know   17.   Members of my family seek me out for companionship.

Yes   No   Don't Know   18.   I think that my family feels that I'm good at helping them solve problems.

Yes   No   Don't Know   19.   I don't have a relationship with my family that is as close as other people's relationships with their families.

Yes   No   Don't Know   20.   I wish my family were much different.

APPENDIX E

Perceived Social Support - Romantic Partner
(PSS-RP)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their boyfriend/girlfriend. For each statement there are three possible answers: Yes, No, Don't Know. Please circle the answer you choose for each item.

Complete this section only if you are presently involved in an exclusive romantic relationship.

Yes   No   Don't Know   1.   My partner gives me the moral support I need.

Yes   No   Don't Know   2.   I get good ideas about how to do things or make things from my partner.

Yes   No   Don't Know   3.   Most other people are closer to their partner than I am.

Yes   No   Don't Know   4.   When I confide in my partner, I get the idea that it makes him/her uncomfortable.

Yes   No   Don't Know   5.   My partner enjoys hearing about what I think.

Yes   No   Don't Know   6.   My partner shares many of my interests.

Yes   No   Don't Know   7.   My partner comes to me when he/she has a problem or needs advice.

Yes   No   Don't Know   8.   I rely on my partner for emotional support.

Yes   No   Don't Know   9.   I could go to my partner if I were just feeling down, without feeling funny about it later.

Yes   No   Don't Know   10.   My partner and I are very open about what we think about things.

Yes   No   Don't Know   11.   My partner is sensitive to my personal needs.

Yes   No   Don't Know   12.   My partner comes to me for emotional support.

Yes   No   Don't Know   13.   My partner is good at helping me solve problems.

Yes   No   Don't Know   14.   I have a deep sharing relationship with my partner.

Yes   No   Don't Know   15.   My partner gets good ideas about how to do things or make things from me.

Yes   No   Don't Know   16.   When I confide in my partner, it makes me uncomfortable.

Yes   No   Don't Know   17.   My partner seeks me out for companionship.

Yes   No   Don't Know   18.   I think that my partner feels that I'm good at helping them solve problems.

Yes   No   Don't Know   19.   I wish I had a closer relationship with my partner.

Yes   No   Don't Know   20.   I wish my partner were much different.

APPENDIX F

Self-Esteem Rating Scale
(SERS)

Please answer each item as it relates to yourself by placing a number by each one as follows:

1 = Never
2 = Rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = Always

_____ 1. I feel that people would NOT like me if they really knew me well.

_____ 2. I feel that others do things much better than I do.

_____ 3. I feel that I am an attractive person.

_____ 4. I feel confident in my ability to deal with other people.

_____ 5. I feel that I am likely to fail at things I do.

_____ 6. I feel that people really like to talk to me.

_____ 7. I feel that I am a very competent person.

_____ 8. When I am with other people I feel that they are glad I am with them.

_____ 9. I feel that I make a good impression on others.

_____ 10. I feel confident that I can begin new relationships if I want to.

_____ 11. I feel that I am ugly.

_____ 12. I feel that I am a boring person.

_____ 13. I feel very nervous when I am with strangers.

_____ 14. I feel confident in my ability to learn new things.

_____ 15. I feel good about myself.

_____ 16. I feel ashamed about myself.

_____ 17. I feel inferior to other people.

_____ 18. I feel that my friends find me interesting.

_____ 19. I feel that I have a good sense of humor.

_____ 20. I get angry at myself over the way I am.

_____ 21. I feel relaxed meeting new people.

_____ 22. I feel that other people are smarter than I am.

_____ 23. I do NOT like myself.

_____ 24. I feel confident in my ability to cope with difficult situations.

_____ 25. I feel that I am NOT very likeable.

_____ 26. My friends value me a lot.

_____ 27. I am afraid I will appear stupid to others.

_____ 28. I feel that I am an OK person.

_____ 29. I feel that I can count on myself to manage things well.

_____ 30. I wish I could just disappear when I am around other people.

_____ 31. I feel embarrassed to let others hear my ideas.

_____ 32. I feel that I am a nice person.

_____ 33. I feel that if I could be more like other people then I would feel better about myself.

_____ 34. I feel that I get pushed around more than others.

_____ 35. I feel that people like me.

_____ 36. I feel that people have a good time when they are with me.

_____ 37. I feel confident that I can do well in whatever I do.

_____ 38. I trust the competence of others more than I trust my own abilities.

_____ 39. I feel that I mess things up.

_____ 40. I wish that I were someone else.

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