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An analysis of adolescents' and young adults' support networks.

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An Analysis of Adolescents' & Young Adults' Support Networks

by

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ABSTRACT

This study examines adolescents' and young adults' support networks and the importance of support to their well-being. One hundred and sixty subjects, distributed across four age groups (15-16, 17-18, 20-22, 25-27 years old) completed a semi-structured interview assessing their worries, stressful life events, and received support. They also completed self-report measures of perceived support, life stress, and well-being. Results revealed significant main effects and interactions across age, sex, race, and SES. For instance, the youngest group was more likely than the other three age groups to receive no support. Females were found to receive more emotional support. However, the youngest males received more emotion focused support across age. Whites were found to have larger support networks than African-Americans. Whites and adolescents of middle SES were found to more often turn to professionals while male African-Americans of low SES more often turned to religious figures. Perceived support and social integration were found to be positively related to well-being. Results are discussed in terms of their implications for healthy adolescent development.

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CHAPTER I

INTRODUCTION

1.1. Context

General Statement of the Problem

Over the past two decades, the importance of studying social support has increasingly been recognized by researchers in the area of stress and coping (Wenz-Gross, Untch, & Widaman, 1997). Consequently, there is now a relatively large body of research on social support. Most of the research in the area, however, is limited in several important respects.

First, many of the studies in the area have been conducted with adult populations. It has only been relatively recently that studies of social support have been conducted with children and adolescents (Seiffge-Krenke, 1995). Second, the vast majority of studies that have been conducted with adolescents have neglected to study social support during the transitional period from middle adolescence into early adulthood and thus relatively little is known about this important developmental period (Menna, Keating, & Ruck, 1999). Third, much of the research has been conducted with demographically restricted populations, limiting the generalization of results across gender, race, and socioeconomic groups (Meehan, Durlak, & Bryant, 1993). Fourth, many of the researchers have relied solely on paper and pencil measures, particularly checklists, rather than combining the use of these measures with semi-structured interviews or open-ended measures (McLean & Link, 1994). Common criticisms of checklists are that they do not adequately represent adolescents' real life experiences, they leave out socially controversial events such as abortion and infidelity, and they underrepresent or omit items that are more common to women, particular ethnic groups, or a particular social class (Thoits, 1983). In addition to researchers' over reliance on paper and pencil measures, few studies in the area have

examined the nature and role of adolescents' supportive relationships, particularly in times of stress (Cohen & Syme, 1985). The few studies that have addressed this generally have not obtained rich descriptions, in the youth's own words, of the functions of these relationships (Menna, 1999; Munsch & Blyth, 1993).

To address these limitations, the present study examines the structure and function of support networks from the transition from middle adolescence into early adulthood. Additionally, this research uses a large and demographically diverse population and a semi-structured interview in combination with paper and pencil measures. By using a representative sample and multiple assessment measures, this investigation obtains a rich and in-depth description of adolescents' and young adults' support networks and the importance of these networks in their lives.

Specifically, the present study determines (1) the size of adolescents' and young adults' support networks, (2) who adolescents and young adults perceive as being an important part of their support networks (i.e., who they turn to most often for support in times of stress), and (3) the types of support they receive and whether certain support resources are more likely to provide certain types of support. In addition, using an improved and rigorous methodology, this research examines the relations between life stress, well-being, perceived support, received support, and size of support network, thereby demonstrating the importance of various aspects of support to adolescent health and well-being.

Relevance of Present Study

The study of social support is of great social relevance since social support has been found to be directly related to overall health and well-being (Unger, Kipke, Simon, Johnson, Montgomery, & Iverson, 1998). It has been found, for example, that people with high levels of

social support report lower levels of depression and physical morbidity (Thoits, 1995). Social support has also been found to be indirectly related to health and well-being. More specifically, researchers have found that stressful life events increase the likelihood of experiencing physical and emotional problems and that the presence of social support may lessen the negative effects of stress on health (Gore & Aseltine, 1995). Thus, due to its direct link with overall health and well-being, social support is an important area of study.

Additionally, the present study is of particular social and practical importance since it obtains a rich and in-depth account, from the youth themselves, of the people they turn to in times of stress and the kinds of support they actually receive. This information is of great value for policy makers, youth workers, parents, and school personnel since it will help them to better understand the present needs of youth and the importance of certain people in their lives (Menna, 1999). Ultimately, it will help them to provide youth with the kinds of support and relationships that youth perceive as being most valuable. For example, if it is found that youth of low SES predominately turn to school personnel or community youth workers for a certain type of support, this type of support could then be incorporated into school- or community-based programs to help ensure that those youths' needs are adequately met. Clearly, by understanding youths' needs and the type of supportive relationships that are most important to them, more suitable school- or community-based programs could be designed that would better match their developing needs, reduce the risks of negative outcomes such as substance abuse or teenage pregnancy, and promote healthy adolescent development.

In addition to being both socially and practically relevant, this research has significant scholarly importance. More specifically, the present investigation examines social support in a more in-depth and methodologically sound manner and thus significantly adds to the current

literature by providing more detailed and rich information on the structure and function of adolescent support networks and the relation of various aspects of support to well-being. Additionally, the present work provides new information about social support during the relatively neglected, yet important, life span transition from middle adolescence to early adulthood.

It is particularly important for researchers in this area to study social support during the life span transition from middle adolescence to early adulthood since it is a period in development where important relationships are reorganized and critical life choices with long-standing impacts are made, such as decisions related to school, work, and the future (Menna, Keating, & Ruck, 1999; Youniss & Smollar, 1985). It is therefore valuable to obtain information concerning the types of support resources that are accessed by youth during this period so that they can be more adequately provided. Additionally, with respect to models of stress and coping, the majority of the models have been based on adult populations (Lazarus & Folkman, 1984). Little research, however, has been conducted across the life span transition from middle adolescence to early adulthood, and thus it cannot be determined whether the existing models can be applied to this important yet understudied population (Menna, Keating & Ruck, 1999; Menna & Ruffolo, 1999). Moreover, most of the models of stress and coping that have been based on adult populations have predominately used White samples of middle SES, and consequently it is unknown whether they can be applied to all populations, including African-American youth and youth of low SES (Folkman & Lazarus, 1980).

1.2. Theoretical Background & Conceptual Framework

Review of Relevant Theories

The theories which have guided research in the area of social support to date and which are relevant to this study are related to (1) the different components or functions of social support, (2) developmental changes in supportive relationships, and (3) social support and well-being. Theories in each of these three areas will be individually discussed, along with their relevance to the present investigation.

Functions of Social Support

First, theories on the different functions of social support are relevant to this study since this study examines adolescents' and young adults' support networks and the support they receive from their networks in times of stress.

Research on the different components or functions of social support has generally not been guided by one predominant theory. Rather, numerous theories of the different components of social support have been proposed, most of which have received little empirical investigation. Weiss (1974), however, proposed a theory of social provisions that has received some empirical attention. Weiss proposed that individuals seek six different "social provisions" or types of social support, namely, attachment, reliable alliance, enhancement of worth, social integration, guidance, and opportunity for nurturance. Weiss further hypothesized that relationships are specialized and that different relationships provide different provisions. Thus, according to Weiss, individuals must have a number of different relationships to establish the conditions necessary for well-being.

Although Weiss' theory has received relatively little empirical attention, a study with children by Furman & Buhrmester (1985) found partial support for his ideas. Consistent with

Weiss' theory (1974), Furman and Buhrmester found that children tended to seek different

provisions from different individuals. For example, friends were found to be important sources

of social integration and intimacy while teachers were found to be sources of guidance. It was

noted, however, that although children's relationships provided somewhat different functions,

there was considerable overlap among the relationships. Parents and grandparents, for example,

were both found to be frequent sources of affection and enhancement of worth. Thus, overall,

Furman and Buhrmester's study provides only partial support for Weiss' ideas about the

functional specialization of relationships. Other researchers have generally concurred with

Furman and Buhrmester's (1985) study by finding only partial to minimal support for the

functional specialization of young peoples' supportive relationships (Lempers & Clark-Lempers,

1992; Munsch & Blyth, 1993).

In addition to Weiss, other researchers have proposed theories about the different

functions or components of social support. Cobb (1979), for example, hypothesized that there

were six types of social support, including emotional support, network support, esteem support,

material support, instrumental support, and active support. Kahn (1979) proposed three types of

support, namely, affect, affirmation, and aid. Schaefer, Coyne and Lazarus (1981) distinguished

three types of social support, namely, emotional support, tangible aid, and informational support.

Although these theorists differ somewhat with respect to the specific functions of social

support, Cutrona and Russel (1987, 1990) have noted that their ideas appear to converge on a

common set of dimensions, including emotional support, social integration or network support,

esteem support, tangible aid, and informational support. Munsch and Blyth (1993), in

constructing an instrument to measure social support, also reviewed the theoretical literature on

the specific functions of social support and comprised a similar but more extensive list. It

consists of instrumental support, emotional regulation, active problem solving, esteem enhancement, social interaction, cognitive reappraisal, and emotional support; these dimensions will be defined in the following section. When Munsch and Blyth (1993) tested the reliability and validity of their instrument on a sample of seventh and eighth graders, it appeared to adequately measure the different components of social support, thus providing support for their conceptualization.

Developmental Changes in Supportive Relationships

Theories on the developmental changes in supportive relationships are pertinent to the present research since the present research examines support networks across a transitional period in development, namely, middle adolescence to early adulthood.

Regarding theories on the changing functions of relationships in childhood and adolescence, Sullivan (1953) proposed a model of social development in which particular needs, such as intimacy, were seen as emerging during certain stages of development. Although Sullivan's model does not adequately address development during late adolescence and early adulthood, his model does provide a useful organizational framework for studying social support across developmental stages in that it emphasizes that, over the course of development, different relationships may provide different functions or roles to meet specific needs. Sullivan's (1953) developmental theory has received some empirical attention and some support. For example, his hypothesis that children after the age of six increasingly rely on peers for companionship rather than parents has been tested and supported (Buhrmester & Furman, 1984). However, Sullivan's hypothesis that the need for intimacy first emerges during preadolescence has generally not been well supported. Specifically, most researchers have not found significantly high levels of intimacy until adolescence, particularly for males (Buhrmester & Furman, 1984). A major

limitation of Sullivan's theory is that he did not address gender differences in relationships and yet gender has been found to be an important factor in children's and adolescents' relationships over the course of development (Lempers & Clark-Lempers, 1992).

Social Support & Well-Being

Theories on social support and well-being are relevant to this study since one of its objectives is to examine the relationship between various aspects of social support and well-being, thereby demonstrating the importance of social support.

In terms of theories on the relationship between social support and well-being, the predominant theory is that social support will lead to improved health and overall functioning if people receive or believe they will receive social support when it is needed, such as in times of stress (Lazarus & Folkman, 1984). Researchers have generally found support for this theoretical perspective (Thoits, 1995). Some researchers have emphasized that it is perceived support which is most closely tied to adjustment and well-being (Sandler & Barrera, 1984; Wethington & Kessler, 1986). A few studies in the adult literature have found evidence that social integration may be positively related to well-being (Cohen & Wills, 1985).

Theoretical/Conceptual Frameworks Guiding Present Work

Several theoretical models serve as a guide for this research. More specifically, Munsch and Blyth's (1993) conceptualization of the different components of social support serves as a general framework since it incorporates some of the central components of social support that have been proposed (Kahn, 1979; Schaefer et al., 1981) and has received some empirical support (Munsch & Blyth, 1993). They conceive of social support as including the following eight dimensions: Instrumental Support (the provision of tangible aid or assistance), Emotional Regulation (attempts to help the person control or regulate the level of emotional distress),

Active Problem Solving (help with identifying the problem, generating alternative solutions, and evaluating the consequences of various actions), Esteem Enhancement (attempts to preserve or restore a positive self-evaluation), Distraction (the use of adaptive social activities to provide distraction from stress), Substance Use (the use of maladaptive social activities as a relief from stress), Cognitive Reappraisal (attempts to redefine the problem in order to see it in a more positive light), and Emotional Support (assurance of the availability of a concerned and caring person). The present study extends and refines Munsch and Blyth's model of the specific functions of social support based on in-depth analyses of the interview data. The specific modifications will be discussed in the methodology section of this paper.

In addition, the present study modifies Weiss' (1974) ideas about the functional specialization of relationships and holds the view that, although adolescents' supportive relationships may possess specific characteristics or functions, there is considerable overlap among the relationships. The empirical literature has generally found evidence that the functions of adolescents' different relationships tend to be similar and complementary (Furman & Buhrmester, 1985; Lempers & Clark-Lempers, 1992; Munsch & Blyth, 1993).

This study also uses Sullivan's (1953) developmental theory on the changing functions of relationships as an organizational framework for studying social support across the transitional period from middle adolescence to early adulthood. Although Sullivan's model does not specifically address late adolescent and young adult development, it does emphasize that over the course of development, different relationships may provide different functions or roles to fulfil specific needs. Thus, Sullivan's model underscores the importance of studying social support within a developmental context. The use of a developmental model is particularly important when studying adolescence and young adulthood since they are periods in

development in which significant relationships are continually being restructured and critical life choices are being made (Youniss & Smollar, 1985).

Consistent with the empirical literature, the present research adopts the theoretical perspective that life stress is negatively associated with overall health and well-being and social support is positively associated with overall health and well-being and negatively associated with life stress (Thoits, 1995; Unger et al., 1998).

Operational Definitions of Critical Constructs

The present work exploys six main constructs, including life stress, psychological well-being or adjustment, perceived social support, received social support, support resources, and size of support network.

Life stress is defined as events occurring within the past year, as indicated on the Life Experiences Survey, such as the death of a close family member (Sarason, Johnson, & Siegel, 1978).

Psychological well-being or adjustment is defined as the degree to which physical and psychological symptoms are reported by participants on the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenroth, & Cole, 1974), and the level of positive feelings reported by subjects on the Bradburn Affect Balance Scale (Bradburn, 1969). In this study, a composite score of well-being is used. Factor analyses have shown that both the Bradburn Affect Balance Scale and the Hopkins Symptom Checklist assess the same construct, well-being (Menna, Keating, & Ruck, 1999). Participants who report few symptoms and many positive feelings are considered better adjusted and will have a higher composite score of well-being than those reporting many symptoms and few positive feelings.

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Perceived social support is defined as the perceived availability of social support or aid from parents, friends, and the most significant person in the subject's life, as indicated on the Perceived Social Support Scale (Procidano & Heller, 1983). For this study, a composite score of perceived support is used; the composite score is generated from the parent, friend, and most significant person subscales of Procidano and Heller's perceived support measure.

In comparison to perceived social support, received support is defined as actual support or aid that has been received from others (e.g., sibling, friend, teacher) in a time of stress, as reported on the Life Problems Interview. For example, if a subject has received advice from a sibling in response to a most stressful life event experienced in the past year, the advice is considered one type of received social support (i.e., active problem solving).

Related to received social support, support resources are defined as the person(s) who has actually provided support to the subject in a time of stress, as reported on the Life Problems Interview. This may include family (e.g., mother, grandparent) or nonfamily members including nonparental adults or peers. For example, if a subject reports that he or she turned to their best friend in response to a worry, the best friend is considered one type of support resource for that subject.

Size of support network is defined as the total number of support resources reported by the subject. That is, the total number of people who have provided the subject with support in response to a worry or most stressful life event, as reported on the Life Problems Interview.

1.3. Review of Relevant Empirical Research

The empirical background of each of this study's four objectives will be individually discussed. The present study's first objective is to determine the size of adolescents' and young adults' support networks and if this differs across age and demographic groups. Regarding the

size of the network, the results of previous studies have generally varied considerably (means ranging from 4.5 to 17.9 people), which is likely due to the different methods used to gather the data (Blyth et al., 1982; Galbo, 1983). With respect to gender differences in size of support networks, the empirical studies conducted to date have generally found that adolescent females have larger support networks than adolescent males and are more likely to seek social support in times of stress (Halstead, Johnson, & Cunningham, 1993; Spirito, Stark, & William, 1988). In terms of age differences, it has generally been found that with increasing age, adolescents' friendships increase in importance and become smaller, more intimate, and more defined, especially among girls (Buhrmester & Furman, 1987). Regarding racial differences in size of support networks, the few studies that have been conducted in this area suggest that African-American youth tend to have smaller support networks than White youth (Koniak-Griffen, Lominska, & Brecht, 1993). Socioeconomic factors have also scarcely been studied. To date, it has been found that economically disadvantaged youth generally receive less support and greater amounts of unsupervised care than more economically advantaged youth (Carnegie Council on Adolescent Development, 1992). More rigorous studies are needed to examine the size of support networks across demographic groups and across the transition from middle adolescence to young adulthood.

The second objective of the present investigation is to examine who adolescents and young adults perceive as being the most important members of their support networks and if this differs across age and demographic groups. To date, most of the empirical studies with adolescents have not rigorously examined the composition of adolescents' support networks across demographic variables, particularly race and SES, nor have they examined it across the transitional period from middle adolescence to early adulthood.

The empirical research conducted to date suggests that parents and friends are the most important members of adolescents' support networks (Hendry, Roberts, Glendinning, & Coleman, 1992). Nonparental adults, such as extended family members and unrelated adults, have also been found to play a relatively important role in the lives of adolescents (Blyth, Hill, & Thiel, 1982). More specifically, extended family members have generally been found to be the most important nonparental adults for young adolescents, especially for African-American youth and females (Benson, Mangen, & Williams, 1986; Rhodes, Ebert, & Fisher, 1992). A few studies have found an increase in the importance of relationships with nonparental adults as a function of age (Benson, 1993). It has been found, for example, that by middle adolescence, adolescents are more likely to turn to adult figures such as professionals for information, validation, and guidance regarding the future (Ianni, 1989). Although socioeconomic factors rarely have been studied with regard to adolescents' supportive relationships, a few empirical studies have found that institutional representatives, such as youth workers, are particularly significant in the lives of economically disadvantaged youth (Garbarino, Burston, Raber, Russell, & Crouter, 1978). Teachers have been found to play a smaller role in the lives of adolescents, except for younger adolescents and adolescents from less supportive families (Galbo, 1984).

The most recent study to examine who adolescents nominate as their primary support providers was conducted by Weigel, Devereux, Leigh, and Ballard-Reisch (1998) with a sample of 13- to 19-year-olds. Each participant was given a list of 18 possible persons and was to choose from the list the person who played the most supportive role for them. Their findings emphasize the importance of both parents and friends in the lives of adolescents. They found that females were more likely to nominate peers as their primary support provider, followed by

parents, whereas males were more likely to nominate parents, followed by peers. Previous research has also found that peer support is more important to adolescent females than males, especially with increasing age (Blyth & Foster-Clark, 1987; Seiffge-Krenke, 1995). Weigel et al.'s recent study is limited in several important respects. First, the sample consisted of a disproportionate number of Caucasian females and thus gender and racial differences could not be adequately examined. Additionally, because the researchers did not go beyond examining the structure of adolescents' relationships to examine their functions, they were unable to determine why certain relationships were important. Moreover, Weigel et al.'s study is limited by the way in which the investigators defined and operationalized adolescents' primary support providers. They assessed adolescents' primary support providers by instructing each participant to nominate the one person who plays the most supportive role in their lives. They failed to take into account the finding that adolescents may have more than one primary support provider (Furman & Buhrmester, 1985). As a result, their findings may not accurately reflect all the important people in adolescents' support networks.

To address these limitations, the present research uses a demographically diverse sample and an interview measure that does not restrict the number of reported support providers. This, in turn, helps to ensure that an in-depth account of the important people in adolescents' and young adults' support networks is obtained.

The third objective of this study is to examine the functions of adolescents' and young adults' supportive relationships in times of stress. To date, relatively few studies have empirically examined the nature and role of adolescents' supportive relationships, particularly in times of stress. In general, the empirical studies that have been conducted suggest that, although adolescents' different supportive relationships fulfil specific needs, they often provide similar

and complementary functions (Furman and Buhrmester, 1985; Munsch & Blyth, 1993). These functions have been found to vary somewhat across age and gender (Lempers & Clark-Lempers, 1992).

One relatively recent study by Munsch and Blyth (1993), which was briefly discussed in the previous section on theoretical frameworks, specifically addressed the functions of different relationships in times of stress with a group of seventh and eighth graders. Participants were asked to construct a list of persons who had helped them cope with a recent stress event. Specifically, they were asked to select the most helpful person in the categories of parents, nonparental adults, and peers. Munsch and Blyth used a paper and pencil measure, the Social Support Functions Inventory (SSFI), and asked participants to rate the selected support providers in each category according to different support functions (e.g., circle "Y" if the person had provided a certain type of support, circle "N" if they had not). They found that parents, particularly mothers, and peers provided similar levels of emotional support, but peers provided more distraction and substance use support compared to adults. With respect to gender, they found that females reported receiving more support than males, especially in the dimensions of emotional support, emotional regulation, and cognitive reappraisal.

Overall, however, Munsch and Blyth (1993) found relatively similar levels of support across the different relationships, suggesting that there is considerable overlap in the support functions of relationships in times of stress. Although Munsch and Blyth's study addressed a salient and often neglected area of study (i.e., the functions of relationships in times of stress), their study has several limitations. First, because all of their functional analyses were conducted on a select group of support providers, this may have narrowed differences between them. Additionally, due to the composition of their sample, the effects of age, race, and SES could not

be examined. Clearly, more rigorous studies are needed to examine the support functions of adolescents' and young adults' relationships in times of stress.

A study by Furman and Buhrmester (1985) examined the functions of different relationships with a group of young adolescents, ages 11 through 13. Their findings suggest that parents are the most important sources of affection, enhancement of worth, reliable alliance (i.e., instrumental support), and guidance, suggesting that parent-child bonds have strong emotional and instrumental components. Grandparents were turned to most often for affection and enhancement of worth while friends were turned to most frequently for social integration and intimacy. Siblings were generally found to be providers of intimacy, social integration, and guidance, although sibling relationships also ranked highest in conflict. Teachers primarily provided guidance, although relationships with teachers received the lowest ratings in general. Overall, these findings suggest that although each relationship has a somewhat unique role, the different relationships complement and reinforce one another. Also, with respect to gender, they found that females reported greater intimacy with mothers than fathers and relied more heavily than males on their best friends to fulfill their emotional needs. Both these gender differences have previously been noted in the literature (Youniss & Smollar, 1985; Buhrmester & Furman, 1987). Furman and Buhrmester's study has several limitations. First, due to the restricted age composition of their sample (i.e., 11- to 13-year-olds), the effects of key developmental changes during middle adolescence, late adolescence, and young adulthood could not be examined. Additionally, the subjects in their sample were primarily from upper-middle class, Caucasian families and thus their results are not highly generalizable to broad populations and the effects of race and SES could not be examined. Moreover, because the investigators relied solely on the use of a Likert scale to assess the characteristics of supportive relationships, in-depth

descriptions of their different functions could not be obtained.

In a related study, Lempers and Clark-Lempers (1992) examined the functions of adolescents' relationships with subjects, ages 11 through 19. They divided their subjects by age into three groups: young adolescents (11-13-year-olds), middle adolescents (14-16-year-olds), and late adolescents (17-19-year-olds). Across all three age groups, parents were found to be very important sources of affection and reliable alliance, demonstrating adolescents' needs to remain connected to their families. At the same time, their parent-adolescent relationships also ranked high in conflict, demonstrating the individuality component of the individuation process in adolescence (Grotevant & Cooper, 1986). With respect to guidance or informational support, middle and late adolescent females ranked their mothers first and fathers second while the reverse was true for males. Hunter and Youniss (1982) have also found that females rate mothers to be more giving or helping than fathers. For all three age groups, Lempers and Clark-Lempers found that best friends were highly important sources of intimacy and social integration. For the middle adolescent females and late adolescents, friends were important sources of guidance, which is consistent with other studies which have found an increase in friends' helping behaviour during adolescence (Kon & Losenkov, 1978). Siblings were found to be providers of intimacy and social integration, although this relationship also ranked high in conflict, as was found by Furman and Buhrmester (1985). Teachers were generally found to be low sources of support and it was only for young adolescents and middle adolescent males that teachers provided levels of guidance comparable with that of other supportive providers.

Overall, Lempers and Clark-Lempers (1992) concluded that adolescents' relationships are unique yet share similar and overlapping functions. It is important to note that although some of their findings are consistent with those of Furman and Buhrmester (1985), there are also

some noteworthy age differences, emphasizing the need for researchers to examine the functions of relationships across transitional stages in development. Numerous authors (Munsch & Blyth, 1993; Youniss & Smollar, 1985) have noted that the social world of adolescents is one that is being continually reorganized and restructured and this is clearly underscored in Lempers and Clark-Lempers' research. However, Lempers and Clark-Lempers' study was limited by not addressing relationship functions across the transitional period from middle adolescence into young adulthood, an important but neglected area of study. Similar to Furman and Buhrmester's study (1985), their work was also limited by only examining the general functions of relationships and not examining their specific supportive functions in times of stress, a relatively neglected area of study (Munsch & Blyth, 1993). In addition, similar to Furman and Buhrmester's (1985) study, Lempers and Clark-Lempers' study (1992) was further limited by their sample of predominately Caucasian subjects and their reliance on a Likert scale which did not allow them to obtain valuable in-depth descriptions, in the youths' own words, of why these relationships were important to them and what exactly they consisted of. There is clearly a need for more studies to examine the functions of middle adolescents' to young adults' relationships, particularly in times of stress, using more demographically diverse samples and multiple assessment measures, such as paper and pencil measures in combination with informative interview measures. The present research directly addresses this gap or need in the literature.

The fourth objective of this study is to examine the relations between life stress, well-being, perceived support, received support, and size of support network. First, although several studies have reported a significant positive relationship between social support, particularly perceived support, and well-being (Compas 1987; Compas, Slavin, Wagner, & Vannatta, 1986), the present study clarifies the size and type of these relationships in a more rigorous manner.

Few studies have been conducted to assess the relationship between life stress, received support, and size of support network. This study is unique in that it employs an informative interview measure to examine these aspects of social support and their relation to life stress.

Regarding whether certain types of received support are related to well-being, the literature with adolescents has generally emphasized the role of family supports in facilitating well-being, but studies have not identified specific types of support (Greenberg, Siegel, & Leitch, 1983; Wills, Vaccaro, & McNamara, 1992). However, a few studies with adults have found social integration to be directly related to well-being (Cohen & Wills, 1985). Regarding whether size of support network is related to well-being, the empirical literature with adolescents generally provides evidence for a small but significant relationship (Meehan, Durlak, & Bryant, 1993; Sarason, Levine, Basham, & Sarason, 1983). These studies, however, are somewhat limited by their samples. For example, the study by Meehan and colleagues (1993), which found a small but significant positive relationship between size of support network and well-being, had a predominately White sample of middle SES and the sample was too small to permit meaningful analyses for each sex. Furthermore, some studies have suggested that it may be the quality or perceived adequacy of the support rather than the actual number of resources which have the more important influence on well-being. For example, Cohen and Wills (1985) found quality of support to moderate the influence of stressors on well-being. The present work therefore clarifies the relationship between size of support network and well-being using a more rigorous methodology than previous studies in the area (Meehan et al., 1993).

1.4. Specific Hypotheses

This study represents a significant departure from other research in the area in terms of its sample, assessment measures, and specific research questions that are addressed. Based on

the limited existing literature, the present investigation has the following hypotheses.

First, regarding the size of adolescents' and young adults' support networks (objective 1), it is difficult to predict a mean number of people due to the considerable variability in the results of previous studies (ranging from 4.47 to 17.9), largely attributed to the different methods used to gather the data (Blyth et al., 1982; Galbo, 1983). With respect to whether the size will differ across age or demographic groups, it is predicted that females will have larger support networks than males (Spirito et al., 1988). It is also predicted that older adolescents and young adults will have smaller and more defined support networks than younger adolescents since adolescents' friendships become increasingly more intimate with age (Buhrmester & Furman, 1987). Additionally, it is predicted that African-American youth as well as lower SES youth will have smaller social support networks compared with White youth and middle SES youth (Carnegie Council on Adolescent Development, 1992; Koniak-Griffin et al., 1993).

Second, in terms of who adolescents and young adults perceive as being the most important members of their support networks (objective 2), it is predicted that for all age groups, parents and friends will be found to be most important (Hendry et al., 1992). In terms of demographic differences, it is predicted that females will be more likely to nominate friends as being most supportive, followed by mothers, whereas males will be more likely to nominate parents, followed by friends (Belle, 1989; Weigel et al., 1998). It is also predicted that African-American youth will be more likely than White youth to perceive extended family members as being an important part of their support networks (Benson, 1986; Rhodes et al., 1992). Additionally, it is predicted that lower SES youth and younger adolescents will be more likely than middle SES youth and older adolescents to perceive teachers as being an important part of their support networks (Galbo, 1986; Lempers & Clark-Lempers, 1992).

Third. regarding the functions of adolescents' and young adults' relationships in times of stress (objective 3), it is predicted that different supportive relationships will fulfill specific needs yet provide similar and complementary functions (Furman & Buhrmester, 1985; Lempers & Clark-Lempers, 1992; Munsch & Blyth, 1993).

Fourth, regarding the relationships between life stress, well-being, and various aspects of social support (objective 4), first, it is predicted that life stress will be negatively related to well-being and perceived support will be positively related to well-being (Compas 1987; Compas et al., 1986). It is also predicted that there will be a small but significant relationship between size of support network and well-being (Meehan et al., 1993; Sarason et al., 1983). Also, it is predicted that social integration will be positively related to well-being (Cohen & Wills, 1985). Due to the limited literature in the area, it cannot be predicted whether other types of received support will be related to well-being or whether life stress will be related to size of support network and/or type of support received.

CHAPTER 2

METHOD

This research is part of a larger ongoing research project on adolescent stress and coping, under the direction of Dr. R. Menna (Menna, 1999; Menna, Anderson, & Keating, 1999; Menna & Keating, 1999; Menna, Keating, & Ruck, 1999). The present study uses archival data.

2.1. Participants

Participants in this study were 160 adolescents and young adults ranging in age from 15 years to 27 years. Subjects were randomly selected from an original sample of 382 participants from a large U.S. metropolitan city. This original sample was stratified on four variables to produce a 4 (age) x 2 (gender) x 2 (race), x 2 (social class) design. A random numbers table was used to select five participants from the original sample for each of the 32 cells created by this design. This sample of 160 individuals was distributed by age into four groupings: 15-16 years, 17-18 years, 20-22 years, and 25-27 years. The mean chronological age for each group was as follows: (1) 15.3 years (SD=.36), (2) 17.9 years (SD=.53), (3) 21.1 years (SD=2.14), and 25.9 years (SD=1.27). Each age cohort had relatively equal numbers of male and female participants, African-American and White participants, and middle class and working class participants.

2.2. Procedure

Participants were volunteers recruited from a city high school, a local university, and various community settings such as the YMCA and social service agencies. The high school was chosen due to its balanced distribution of students across race, SES, and educational stream (i.e., continuing to higher education vs. entering work force after high school). In the high school, research assistants recruited students by visiting homeroom classes, describing the study, and distributing information packages. At the university, solicitation was through

advertisements posted on campus and in the student newspaper as well as through announcements in classes. In the community, solicitation was through advertisements in local newspapers aimed at the community at large as well as advertisements posted in community centers and on telephone poles aimed at target communities. Informed consent was obtained for each participant and parental consent was obtained for participants under the age of 18. Participants were given a small financial compensation of $10 for their participation and $2.00 for transportation.

Participants were individually tested on two separate occasions, each session lasting approximately 1 to 1.5 hours. Testing took place either at the high school, or in a room at the university which had been set up as a comfortable conversation area. Each participant completed a series of paper and pencil tests and a semi-structured interview. During the first testing session, participants completed a battery of self-report questionnaires (Appendix A). These included: (1) The Life Experiences Survey to assess life stress (Sarason, Johnson, & Siegel, 1978); (2) Perceived Social Support Scale to assess perceived social support (Procidano & Heller, 1983); (3) Hopkins Symptom Checklist to assess physical and psychological health (Derogatis, Lipman, Rickels, Uhlenroth, & Cole, 1974); and (4) Bradburn Affect Balance Scale to assess psychological well-being (Bradburn, 1969).

During the second testing session, participants were individually administered the Life Problems Interview, a semi-structured interview on the life problems of adolescents and young adults (Appendix B). They were administered by clinical or developmental psychology graduate students who were all trained as to how and when to ask participants for an elaboration of their responses. The interviewers included women and men, and African-Americans and Whites. Participants were given the opportunity to indicate any preferences for interviewers, all of which

were honoured. Interviews were audiotaped and later transcribed verbatim. Subjects were

informed that, "We are interested in learning about the kinds of difficulties that _____ year-olds

(subject's age) face today, and how they deal with these difficulties. We are asking for your help

because as a _____ year-old, you know a lot about this question and we hope that what we learn

in the project will increase our ability to help others your age when they have problems coping

with stress."

2.3. Measures

Background Information Questionnaire

A background information questionnaire was used to provide data about each

participant's gender, race, and socioeconomic status (SES). The information was obtained

during the initial contact to set up testing times. Socioeconomic status was calculated using

Nock and Rossi's (1979) index, based on a weighted combination of parent's educational level

and occupational status (Nock & Rossi, 1979). Socioeconomic status was dichotomized between

working class (skilled labour/clerical) and higher SES levels (managerial). Gender, and race

(African-American; White) were coded as dichotomous variables.

Life Stress

To assess life stress, subjects completed an adaptation of the Life Experiences Survey

(Sarason, Johnson, & Siegel, 1978), adapted for use with an adolescent population. The Life

Experiences Survey is a commonly used measure of life stress that was primarily chosen because

of its established reliability and validity. The adapted version of the Life Experiences Survey

consists of 49 specific events and two blank spaces in which subjects can indicate other events

which they may have experienced. A total life stress score is computed by summing all the

"yes" responses to all the items of the survey. A high score indicates that the subject has

experienced high levels of life stress in the past 12 months whereas a low score indicates that the subject has experienced low levels of life stress during the past 12 months. Sarason, Johnson, & Siegel (1978) have reported reasonably adequate reliability and validity for the survey. More specifically, they found test-retest reliability coefficients in two studies of .56 and .88 over a 5-to 6-week time interval. They also found evidence of the concurrent validity of the survey in relation to a number of stress-related dependent measures, such as anxiety, depression, and personal maladjustment.

Perceived Support

To measure perceived levels of social support from parents and friends, subjects completed a shortened version of the Perceived Social Support Scale (Procidano & Heller, 1983). The Perceived Social Support Scale is a widely used instrument that primarily was chosen because of its established reliability and validity. The measure consists of a 12-item subscale to access perceived social support from parents and a 10-item subscale to access perceived social support from friends. Most of the items appear on both subscales with identical wording, with the exception of the changes in the referent of the statement (e.g., My parents give me the moral support I need versus My friends give me the moral support I need). The original true-false question format was modified so that subjects are asked to rate on a five-point scale the extent to which they feel or experience each statement (1=not at all accurate, 5=completely accurate). A total score is computed by summing the ratings on all the items. The possible scores on the parent scale range from 12 (minimum perceived support) to 60 (maximum perceived support) and scores on the friend scale range from 10 (minimum perceived support) to 50 (maximum perceived support).

Procidano and Heller (1983) have reported good reliability and validity for both subscales. More specifically, they have reported internal consistency estimates of .90 for the parent scale and .88 for the friend scale. They have also provided evidence for the concurrent and predictive validity of the two scales in relation to symptoms of distress, social competence, and psychopathology. For the larger overall sample, the alpha reliabilities for the parent scale (.92) and friend scale (.87) were good (Menna, Keating, & Ruck, 1999).

To further assess perceived social support, a measure of perceived social support from the most significant person in the subject's life was used. In a few instances, the subject may have named the same person identified in one of the other support questionnaires. The scale is a direct adaptation of the parent and friend support scales developed by Procidano and Heller (1983). It is a 12-item scale measuring perceived social support from a most significant person. The wording is similar to the items on the parent and friend scales, with the exception of the changes in the referent of the statement. Subjects are asked to rate on a five-point scale the extent to which they feel or experience each statement (1=not at all accurate, 5=completely accurate). A total score is computed by summing the ratings on all the items. The possible scores range from 12 (minimum perceived support) to 60 (maximum perceived support). The measure has been found to have good reliability and validity. In the larger overall sample, the alpha reliability for this measure (.88) was good (Menna, Keating, & Ruck, 1999).

For the present research, a composite score of perceived support was created. Scores from the parent, friend, and most significant person subscales were all converted to z-scores and then all the z-scores were summed.

Well-Being

Two measures were used to assess well-being: (1) Hopkins Symptoms Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Cole, 1974) and (2) Bradburn Affect Balance Scale (Bradburn, 1969).

The Hopkins Symptom Checklist (HSCL) is a 58-item self-report instrument that is widely used and regarded as a reliable and valid measure of symptomatology. It was chosen because of the variety of physical and psychological symptoms it assesses as well as its proven usefulness at assessing maladjustment in nonclinical populations. Due to time constraints, an adaptation of the HSCL was given to participants to provide information concerning subjects' perceptions of personal maladjustment at the time of testing. This measure, which is also known to be reliable and valid, consists of a 13-item list of problems and complaints. Subjects are asked to rate on a five-point scale the extent to which each problem or complaint has caused the subject discomfort during the past seven days, including the day of testing (1=not at all, 5=extremely). A total score is computed by summing the ratings for all the items. The possible scores on the prevalence of symptoms and the intensity of distress range from 0 (no symptoms) to 65 (maximum prevalence of symptoms).

The reliability and validity of the HSCL has been well-established (Derogatis et al., 1974). More specifically, for internal consistency, alphas range from .84 to .87. Test-rest reliability coefficients over a one-week time interval range from .75 to .85. There is also evidence of its validity in relation to physicians' independent ratings of patients' distress levels. In addition, factor analyses of the HSCL have yielded empirical symptom clusters highly similar to symptom clusters defined by clinicians' ratings. The HSCL has also been found to be sensitive to slight variations in symptomatology in both nonclinical and clinical samples. In the

larger overall sample, the alpha reliability for the HSCL scale (.89) was good (Menna, Keating, & Ruck, 1999).

The Bradburn Affect Balance Scale (Bradburn, 1969) is a measure of a person's feelings of well-being. It was selected because it is known to be a relatively good measure of psychological well-being. The measure consists of a 10-item list of statements about feelings. Five of the items are positive feeling statements (Positive Affect Scale (PAS)) and the other five items are negative feeling statements (Negative Affect Scale (NAS)). The difference between the scores on the positive (NAS) and negative feelings (PAS) indices, which Bradburn (1969) named the Affect Balance Scale (ABS), serve as an indicator of an individual's current level of feelings of well–being.

Participants are asked to indicate by circling yes or no which of the statements they had experienced during the past few weeks. Items are of the following type: bored; on top of the world; that things were going your way; depressed or very unhappy. Each item that is endorsed is given a value of 1. Items from the PAS and NAS scales are then summed. A total is computed by subtracting the NAS scores from the PAS scores, yielding a distribution of scores ranging from -5 to +5. For computing purposes, a constant +5 is added to each sum, giving a scale with values of 0 to +10. The possible scores on the feelings of well-being range from 0 (not too happy) to 10 (very happy).

Bradburn (1969) has reported adequate reliability and validity. More specifically, test-retest reliability coefficients for a 3-day time interval is reported to be .76 for the Affect Balance Scale, .83 for the Positive Affect Scale, and .81 for the Negative Affect Scale. There is also evidence of the validity of the Negative Affect Scale in relation to some traditional measures of poor mental health (e.g., anxiety). Moreover, there is evidence of the validity of the Positive

Affect Scale in relation to measures of social participation (e.g., sociability, novelty). In the larger overall sample, the alpha reliability for the Bradburn Affect Balance Scale (.60) was adequate (Menna, Keating, & Ruck, 1999).

For the present research, in order to obtain a score of well-being, scores on the Hopkins Symptom Checklist and Bradburn Affect Balance Scale were combined to create a composite score of well-being. The Hopkins Symptom Checklist scores were all first multiplied by -1 so that a high composite score of well-being indicated good overall health and adjustment compared with a low score. The scores were all then converted to z-scores and then all the z-scores were summed. Factor analyses have been performed and the results revealed that both the Hopkins Symptom Checklist and Bradburn Affect Balance Scale assess the same construct, well-being (Menna, Keating, & Ruck, 1999).

Received Support

To assess life problems of adolescents and young adults, a semi-structured interview was used. The interview was designed to measure participants' understanding of stress and coping in their lives and in the lives of others. The interview covers a wide range of topics such as worries and hassles, educational and career goals, and identity issues. The present study includes selected parts of the interview where subjects were asked questions about their worries and most stressful life events, the people they turned to for support, and the kinds of support they received (Appendix B). With respect to worries, subjects were asked to (1) identify their worries (minimum two), (2) identify the person(s) that helped them deal with their worries (minimum three), and (3) describe exactly how the identified person(s) helped them deal with their worries (minimum two).

With respect to most stressful life events, subjects were asked to (1) identify stressful life events experienced over the past 12 months (minimum three), (2) identify their most stressful life event from those already described (3) identify the person(s) who helped them deal with their most stressful life event (minimum three), and (4) describe exactly how each identified person(s) helped them deal with their most stressful life event (minimum two).

2.4. Coding Systems for Interview Responses

Development of Coding Systems

Two distinctive coding systems were developed for the interview responses of the present study, one for the support resources and the other for the different dimensions of social support (Appendix C). The coding systems were developed based on responses obtained from a randomly selected sample of 30 interviews. For the second coding system, Munsch and Blyth's (1993) model served as the starting framework. A clinical psychology professor, graduate student (i.e., author of present study), and research assistant all independently read or listened to the sample of interviews and all agreed, through discussion, on the categories of the coding systems. Based on further analyses of the interviews, the coding systems were further refined.

Support Resources

First, a coding system was developed for the support resources. The support resources were grouped according to category. The categories include the following: (1) Family, (2) Friends, (3) Significant Others, (4) Teachers, (5) Professionals/Organizations, (6) Religious Figures (e.g., Priest, Rabbi), (7) Co-workers/Supervisors, and (8) No One.

Dimensions of Social Support

A second coding system was developed for the different dimensions of social support. The coding system was adapted from Munsch and Blyth's (1993) model of the different

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components of social support and, as discussed in the introduction, their conceptualization has been found to be reliable and valid. However, an additional component that emerged from the interview data was added to the coding system, namely, Network or Social Integration Support (i.e., feeling a part of a group whose members discuss and share common interests or concerns). This additional component was originally proposed by theorists such as Weiss (1974) and has been included in other social support research (Cohen & Wills, 1985).

As with the first coding system, the different types of social support were grouped according to category. The categories include the following nine dimensions: (1) Instrumental Support (e.g., lent or gave me something that I needed), (2) Emotional Regulation (e.g., tried to cheer me up), (3) Active Problem Solving or Informational Support (e.g., helped me to find more information that I needed), (4) Esteem Enhancement (e.g., gave me confidence to try something that I didn't think I could do), (5) Distraction (e.g., went out to have fun, like shopping or to a movie), (6) Substance Use (e.g., drank alcohol with me), (7) Cognitive Reappraisal (e.g., helped me to see the good side of what had happened), (8) Emotional Support (e.g., told me I could always count on him or her), and (9) Network or Social Integration Support (e.g., shared or discussed mutual concerns). A final category, "No Support" is included in the coding system to account for participants who did not to receive any support for their worries and/or most stressful life event.

Inter-Rater Agreement and Reliability

Inter-rater reliability is a measure of the extent to which two or more raters provide similar ratings on identical dimensions of an individual's behaviour (Saal, Downey, & Lahey, 1980). In order to determine inter-rater agreement and reliability in the present research, the author of this study trained two (second) raters, one on the application of the coding system for

support resources and the other on the application of the coding system for dimensions of support. The author of the study served as first rater for both coding systems.

Support Resources

The author provided the second rater of this coding system with examples of each of the different support resources, illustrating exactly how to apply the coding system to the interview responses (e.g., if a subject responds "my sister provided me with support for my worries," this response is coded as "sibling" under the general family category). The author instructed this second rater to make note of any interview responses which did not fit any of the existing categories for support resources; none were found by either the author or this second rater.

Dimensions of Support

Similar to the process mentioned above, the author of this study provided the second rater of this coding system with examples of each of the dimensions of support, demonstrating exactly how to apply the coding system to the interview responses (e.g., if a subject responds "my father provided me with furniture for my apartment when all my furniture was stolen," this response would be coded as instrumental support; if a subject responds "my brother recommended that I speak with a certain lawyer to obtain the information I needed," this response is coded as active problem solving/informational support). The author instructed this second rater as well to make note of any interview responses which did not fit the existing categories in this coding system. As all the responses were found to fit the coding system, no additional components were added with the exception of network support which was discussed earlier.

Inter-Rater Agreement and Reliability: Procedure and Results

To establish inter-rater agreement and reliability, a randomly selected sample of 30 interviews was used for worries and most stressful life events. Each rater independently scored

interview responses for support resources and dimensions of social support. For worries, exact inter-rater agreement for the 30 interviews was 93% for support resources and 87% for dimensions of support. For most stressful life events, agreement between raters was 90% for support resources and 83% for dimensions of support. Disagreements were resolved by consensus and consensus was reached through discussion.

The following Cohen's kappa's were obtained. For worries, a kappa of .86 was obtained for support resources and .79 for dimensions of support. For most stressful life events, a kappa of .82 was obtained for support resources and .78 for dimensions of support.

The raters only read or listened to the selected parts of the interview and in a few instances briefly read or listened to a previous part if the information given was ambiguous. The raters were blind to participants' age and demographic status except for information evident in the interviews themselves.

CHAPTER 3

RESULTS

Overview of Data Analyses

All analyses were performed using SPSS for windows. The results of this study are organized into five main sections to address this study's objectives. Analyses were carried out across age (4). gender (2), race (2), and SES (2) and computed separately for worries and most stressful life events. The data analyses performed include frequency and descriptive analyses, ANOVA's, chi-squares, logistic regressions, and correlations.

In the first section, to determine the size of adolescents' and young adults' support networks (objective 1), descriptive analyses were conducted followed by two 4-factor ANOVA's with between-subject factors of age, sex, race, and SES. In the second section, to assess who adolescents and young adults perceive as being the most important members of their support networks, (objective 2), frequency analyses were conducted followed by logistic regressions for the different support resources (e.g., mother, father) across age, sex, race, and SES. Chi-squares were computed to further examine any significant group differences. In the third section, to examine the types of support received in times of stress (objective 3), frequency analyses were computed followed by logistic regressions for the different support functions (e.g., emotional support, instrumental support) across age, sex, race, and SES. Chi-squares were computed to provide a more complete picture of any significant differences. In the fourth section, to determine the types of supports (e.g., emotional, instrumental) provided by different support resources (e.g., mother, father), frequency analyses were performed followed by chi-squares to examine if the results obtained were statistically significant (objective 3). In the fifth section, to

examine the relations between life stress, well-being, and various aspects of social support

(objective 4), Pearson and biserial correlations were conducted.

3.1   Size of Support Networks

Descriptive Analyses

Descriptive analyses were computed to determine the average size of adolescents' and

young adults' support networks. Table 3.1 shows the means and standard deviations for size of

support network for total group, age, sex, race, and SES. The overall mean number of people in

participants' support networks was found to be 4.35 people for worries and 3.09 people for most

stressful life events.

ANOVA's

To determine the size of adolescents' and young adults' support networks across age and

demographic groups, two 4-factor ANOVA's with between-subject factors of age, sex, race, and

SES were performed.

For worries, analyses revealed a significant main effect for race with Whites reporting

larger support networks than African-Americans, $F(1,156)=4.42$, $p<.05$. No significant main

effects or interactions were found for worries across age, sex, or SES. However, a trend was

noted for SES whereby participants of middle SES reported larger support networks than

participants of low SES, $F(1,156)=3.26$, $p=.06$.

For most stressful life events, no significant main effects or interactions were found for

size of support network across age, sex, race, or SES.

Table 3.1

Means and Standard Deviations for Size of Network by Total Group, Age, Sex, Race, SES

| | | Size of Support Network | | | | |
| | | Worries | | | Most Stressful Life Events | |
Groups	N	Mean	SD	N	Mean	SD
Overall	160	4.35	3.93	160	3.09	3.55
Age						
15-16	41	5.31	6.21	41	2.29	1.85
17-18	39	4.29	4.04	39	4.08	5.47
20-22	41	3.93	2.35	41	2.24	1.73
25-27	39	3.88	2.09	39	3.58	4.02
Sex						
Male	82	4.64	6.19	82	3.43	4.71
Female	78	4.21	3.71	78	2.73	1.94
Race						
African-American	78	**3.41**	**2.70**	78	2.75	3.36
White	**82**	**5.39**	**5.50**	82	3.42	5.94
SES						
Middle Class	84	5.13	4.63	84	3.59	4.22
Lower Class	76	3.29	2.12	76	2.56	2.55

Note: Significant results are based on ANOVA's, $p < .05$, n=160.

3.2   Types of Support Resources

Frequency Analyses

Frequency analyses were conducted to examine which support resources (e.g., mother, father) were most commonly found in adolescents' and young adults' support networks. Table 3.2 shows frequencies of the different support resources for worries and most stressful life events.

Worries

Mothers were the most commonly reported support resource in young people's support networks, followed by friends, fathers, significant others, best friends, siblings, professionals/organizations, grandparents, other relatives, coworkers/supervisors, religious figures, teachers, and no one.

Most Stressful Life Events

Mothers were the most frequently reported support resource in young people's support networks, followed by fathers, friends, significant others, siblings, best friends, no one, other relatives, coworkers/supervisors, professionals/organizations, grandparents, teachers, and religious figures.

Logistic Regressions and Chi-Squares

Analyses were conducted to determine if there were any significant differences across age or demographic groups in the type of support resources accessed by participants in times of stress. Main effects and interactions were first analyzed using logistic regression analyses. This method of analysis allows for the determination of relationships between multiple categorical variables compared to the traditional chi-square statistic (Tabachnick & Fidell, 1996). Chi-square tests were later employed as post-hoc comparisons to provide a more complete picture of

Table 3.2

Frequency, Percentage, and Rank of Support Resources for Worries & Most Stressful Life Events

Support Resource	Worries			Most Stressful Life Events		
	Frequency	Percent	Rank	Frequency	Percent	Rank
Mother	85	53.1	1	73	45.6	1
Friend	72	45.0	2	47	29.4	2
Father	57	35.6	3	47	29.4	2
Significant Other	49	30.6	4	30	18.7	4
Husband	5	3.1		3	1.9	
Wife	7	4.4		3	1.9	
Girlfriend	16	10.0		6	3.7	
Boyfriend	19	12.0		18	11.2	
Ex-Partner	1	.5		0	0	
Fiancé	1	.5		0	0	
Best Friend	35	21.9	5	20	12.5	6
Sibling	30	18.7	6	27	16.9	5
Sister	23	14.4		20	12.5	
Brother	6	3.7		7	4.4	
Step-Sibling	1	0.6		0	0	
Professional/Organization	15	9.4	7	11	6.8	10
School Counselor	4	2.5		1	.5	
School	2	1.3		1	.5	
Therapist	3	1.9		4	2.5	
Media	3	1.9		0	0	
Organization	2	1.3		2	1.3	
Medical Doctor	1	.5		1	.5	
Police	0	0		1	.5	
Lawyer	0	0		1	.5	
Grandparent	12	7.5	8	10	6.2	11
Grandmother	10	6.2		9	5.7	
Grandfather	2	1.3		1	.5	
Other Relative	12	7.5	8	15	9.4	8
Aunt	4	2.5		3	1.8	
Uncle	3	1.8		3	1.8	
Cousin	3	1.8		4	2.5	
Step-Parent	1	.5		4	2.5	
In-Law	1	.5		1	.5	
Coworker/Supervisor	12	7.5	8	12	7.5	9
Coworker	8	5.0		8	5.0	
Supervisor	4	2.5		4	2.5	
Religious Figure	9	5.6	11	4	2.5	13
Priest/Rabbi	5	3.1		2	1.3	
God/Prayer	4	2.5		2	1.3	
Teacher	7	4.4	12	7	4.4	12
No one	3	1.9	13	20	12.5	6

Note: Percentages are based on interview responses.

any significant differences. Significance levels for chi-square analyses were set at $p<.05$, although the majority of chi-square results met the more conservative criterion of $p<.01$. Whenever possible, Fisher's Exact Test was used to confirm statistical significance.

Worries

For worries, logistic regression analyses revealed significant main effects for age, race, and SES across support resources (all p values ranging from $p<.02$ to $p<.001$). Chi-square analyses for age revealed that the oldest age group (ages 25-27) was more likely to turn to coworkers/bosses ($\chi2(3, N=160)=18.20, p<.001$) and to spouses ($\chi2(3, N=160)=25.06, p<.001$) for support for their worries compared to the other three age groups. For race, the significant main effect was with Whites being more likely than African-Americans to turn to professionals/organizations for support for their worries, $\chi2(1, N=160)=8.31, p<.005$. For SES, the significant main effect was with middle SES participants being more likely than low SES participants to turn to professionals/organizations for support for their worries, $\chi2(1, N=160)=5.02, p<.02$. No significant main effects were found for sex.

Logistic regression analyses indicated one significant age x race interaction effect for worries across support resources ($p<.001$). Chi-square analyses revealed that Whites in the oldest age group were more likely than Whites in the other three age groups to turn to significant others for support for their worries, $\chi2(3, N=160)=17.65, p<.001$.

Most Significant Events

For most significant events, logistic regression analyses revealed a significant main effect for age. Chi-square analyses for age revealed that the oldest age group (ages 25-27) was more likely than the other three age groups to turn to spouses for support for their most stressful

life events, $\chi2(3, N=160)=19.34$, $p<.001$. Although no significant main effects were found for sex, race, or SES for most significant events, a trend was noted for sex with more females than males turning to best friends for support for a most significant life event, $\chi2(1, N=160)=4.14$, $p=.055$.

Logistic regression analyses revealed four significant interaction effects (all p values ranging from $p<.02$ to $p<.01$). Chi-square analyses revealed a significant age x SES effect ($\chi2(3, N=160)=10.40$, $p<.01$) with low SES participants in the oldest age group (ages 25-27) being more likely to turn to friends for their most stressful life events than low SES participants in the other three age groups. A significant race x SES x sex effect ($\chi2(1, N=160)=5.28$, $p<.02$) was found with male African-Americans of low SES being more likely to turn to a religious figure/prayer for support for a most stressful life event than male White participants of low SES. A significant age x race x sex effect ($\chi2(3, N=160)=11.73$, $p<.01$) was found with White females ages 20-22 being more likely to turn to a significant other for support for a most stressful life event than White females in the other three age groups.

In addition, to increase power and investigate potential effects and hypotheses related to extended family, analyses were conducted combining the "grandparent" and "other relative" categories, forming the category extended family. No significant main effects were found. However, a significant age x race x SES effect ($\chi2(3, N=160)=12.52$, $p<01$) was found with the youngest White participants (ages 15-16) of low SES being more likely to turn to extended family for their most stressful life events than White participants of low SES in the other three age groups.

3.3. Types of Received Support

Frequency Analyses

Frequency analyses were conducted to examine which types of support were most commonly received by adolescents and young adults in times of stress. Many of the 160 subjects received more than one type of support from a support resource(s) for their worries (64%) and most stressful life events (48%). Table 3.3 shows the frequency of types of received support for worries and most stressful life events.

Worries

Emotional support was found to be the most common, followed by problem solving support, instrumental support, network support, esteem enhancement support, cognitive reappraisal support, distraction, emotional regulation support, substance use, and no support.

Most Stressful Life Events

Emotional support was found to be the most common, followed by instrumental support, problem solving support, cognitive reappraisal support, network support, no support, esteem enhancement support, emotional regulation support, distraction, and substance use.

Logistic Regressions and Chi-Squares

Analyses were performed to determine if there were any significant differences across age or demographic groups in the types of support received in times of stress.

Worries

For worries, logistic regression analyses revealed significant main effects for sex and age across types of received support (p values from $p<.05$ to $p<.02$). For sex, chi-square analyses revealed that females were more likely than males to receive emotional support for their worries,

Table 3.3

Frequency, Percentage, and Rank of Received Support for Worries & Most Stressful Life Events

Type of Support	Worries			Most Stressful Life Events		
	Frequency	Percent	Rank	Frequency	Percent	Rank
Emotional	86	53.8	1	90	56.3	1
Problem Solving	77	48.1	2	34	21.3	3
Instrumental	52	32.5	3	49	30.6	2
Network	41	25.6	4	19	11.9	5
Esteem	25	15.6	5	12	7.5	7
Cognitive	22	13.8	6	28	17.5	4
Distraction	12	7.5	7	8	5.0	9
Emotional Regulation	11	6.9	8	12	7.5	7
Substance Use	4	2.5	9	1	0.6	10
None	3	1.9	10	19	11.9	5

Note: Percentages are based on interview responses.

$\chi 2(1, N=160)=9.13$, $p<.02$. For age, analyses revealed that the youngest age group (ages 15-16) was more likely than the other three age groups to receive no support for their worries, $\chi 2(3, N=160)=6.88$, $p<.05$. No significant main effects were found across race or SES for worries.

Logistic regression analyses revealed three significant interaction effects across types of received support, including age x SES, age x sex, and age x race x SES effect (all p values ranging from $p<.02$ to $p<.005$). Chi-square analyses indicated a significant age x SES effect with low SES participants reporting more emotional support for their worries across age from 36% for the youngest age group to 84% for the oldest group, $\chi 2(3, N=160)=9.76$, $p<.02$.

In order to investigate emotional support further and increase power, responses for emotional and emotional regulation support were combined forming a category which was labeled emotion-focused support, and analyses were then performed. No significant main effects were found. However, there was a significant age x sex interaction effect ($\chi 2(3, N=160)=14.01$, $p<.005$) with males reporting more emotion-focused support for their worries across age from 27% for the youngest age group to 80% for the oldest group. Also, there was a significant age x race x SES effect ($\chi 2(3, N=160)=10.75$, $p<.01$) with Whites of low SES reporting more emotion-focused support for their worries across age from 30% for the youngest group to 90% for the two oldest groups.

Most Significant Events

For most significant events, no significant main effects or interactions were found across types of received support for age, race, sex, or SES.

3.4 Types of Support Provided by Each Support Resource

Frequency Analyses

Frequency analyses were conducted to explore the types of support (e.g., emotional, instrumental) provided by different support resources (e.g., mother, father) in times of stress. Table 3.4 shows the percentage of types of support provided by support resources.

Frequency analyses revealed that mothers most commonly provided emotional support, followed by problem solving support and instrumental support. Fathers most frequently provided emotional support, followed by instrumental support and problem solving support. Siblings most frequently provided emotional support, followed by instrumental support and problem solving support. Grandparent(s) most commonly provided emotional support, followed by problem solving support and instrumental support. Other relatives (i.e., aunts, uncles, cousins, step-parents, in-laws) most frequently provided emotional support, followed by instrumental support and problem solving support. Best friends most commonly provided emotional support, followed by problem solving support, network support, and instrumental support. Friends most frequently provided emotional support, followed by network support and instrumental support. Significant others (i.e., boyfriends, girlfriends, spouses, fiances, ex-partners) most commonly provided emotional support, followed by problem solving support and instrumental support. Teachers most frequently provided problem solving support, followed by instrumental support and emotional support. Coworkers/Supervisors most commonly provided problem solving support and emotional support, followed by instrumental support and network support. Professionals/Organizations (i.e., school counselors, therapists, medical doctors, media, organizations) most frequently provided problem solving support, followed by instrumental

Table 3.4

Percentage of Types of Support Provided by Support Resources

Support Resources

Support	Mother %	Father %	Sibling %	Grandpt %	Oth. Relat. %	Sig.O %	Best Frd %	Friend %	Teacher %	Cowrk/Boss %	Profess. %	Relig.Fig %
Emotional	53.2***	44.8	53.4*	50.0	57.1	60.3***	51.9	42.4*	16.7	36.4	16.0*	53.3
Prob.Solv.	31.4**	30.5*	19.0	31.8	25.0	27.4	28.8	18.9*	61.1*	36.4	68.0***	26.7
Instrument.	29.5	37.1*	24.1	22.7	35.7	21.9	23.6	19.7	27.8	31.8	24.0	0.0
Network	2.6*	3.8***	10.3	0.0	7.1	1.4***	17.3	26.5*	0.0	31.8**	4.0	13.3
Esteem	7.7	6.7	3.4	18.2	7.1	8.2	3.8	9.1	11.1	18.2***	8.0	6.7
Cognitive	7.1	4.8	12.1	18.2	7.1	12.3	11.5	12.9	5.6	0.0	4.0	0.0
Distract.	3.8	2.9	5.2	0.0	3.6	5.5	5.8	7.6	0.0	0.0	0.0	0.0
Emot.Reg.	2.6	5.7	5.2	4.5	7.1	6.8	3.8	6.8	5.6	4.5	4.0	6.7
Subst.Use	0.0	0.0	0.0	0.0	0.0	1.4	3.8	1.5	0.0	0.0	0.0	0.0

Note: Percentages are based on interview responses. Results significant at *p<.05, **p<.01, ***p<.001 (2-tailed).

support and emotional support. Religious figures (i.e., Priests, Rabbis, God, prayer) most commonly provided emotional support, followed by problem solving support and network support.

Chi-Square Analyses

As seen in Table 3.4, frequency analyses were conducted to examine the types of support provided by the different support resources. To further examine the results and determine if they were statistically significant, chi-square analyses were performed within the individual categories (e.g., mother, father).

Worries

For worries, analyses revealed that mothers' provision of problem solving support was higher than expected ($\chi2(1$, N=138)=6.05, $\underline{p}$<.01) but mothers' provision of network support was lower than expected, $\chi2(1$, N=124)=15.21, $\underline{p}$<.001. Fathers' provision of problem solving support ($\chi2(1$, N=122)=5.20 $\underline{p}$<.05) and instrumental support ($\chi2(1$, N=98)=10.34, $\underline{p}$<.001) were higher than expected but fathers' provision of network support, like mothers, was lower than expected, $\chi2(1$, N=99)=10.24, $\underline{p}$<.001. Friends' provision of network support was higher than expected ($\chi2(1$, N=96)=29.61, $\underline{p}$<.0001) but lower than expected for problem solving support, $\chi2(1$, N=152)=4.26, $\underline{p}$<.05. Significant others' provision of emotional support was higher than expected, $\chi2(1$, N=130)=10.16, $\underline{p}$<.001 but lower than expected for network support, $\chi2(1$, N=90)=10.33, $\underline{p}$<.001. Teachers' provision of problem solving support was higher than expected, $\chi2(1$, N=94)=5.12, $\underline{p}$<.05. Coworkers/supervisors' provision of network support was higher than expected, (1, N=49)=6.90, $\underline{p}$<.01. Professionals/organizations' provision of problem solving support was higher than expected $\chi2(1$, N=95)=8.52, $\underline{p}$<.005) but lower than expected for emotional support, $\chi2(1$, N=124)=4.68, $\underline{p}$<.05.

Most Significant Events

For most significant events, analyses revealed that mothers' provision of emotional support was higher than expected $\chi2(1, N=132)=12.65$, $p<.0001$ but lower than expected for network support, $\chi2(1, N=90)=4.61$, $p<.05$. Fathers' provision of instrumental support was found to be higher than expected, $\chi2(1, N=85)=4.34$, $p<.05$. Siblings' provision of emotional support was found to be higher than expected, $\chi2(1, N=114)=4.25$, $p<.05$. Friends' provision of emotional support was higher than expected $(\chi2(1, N=126)=4.81$, $p<.05)$ as was their provision of network support, $\chi2(1, N=62)=4.42$, $p<.05$. Teachers' provision of problem solving support was found to be higher than expected, $(1, N=44)=7.29$, $p<.01$. Coworkers/supervisors' provision of esteem enhancement support was higher than expected, $\chi2(1, N=19)=12.54$, $p<.0001$. Professionals/organizations' provision of problem solving support was found to be higher than expected, $\chi2(1, N=44)=18.71$, $p<.0001$.

3.5. Relations between Life Stress, Well-Being, Perceived Support, Type of Support Received, & Size of Support Network

As seen in Tables 3.5 and 3.6, Pearson correlations were conducted to clarify the relations between perceived support, life stress, and well-being. Life stress was found to be negatively related to well-being and perceived support to be positively related to well-being. No significant relationship was found between life stress and perceived support $(r=.07$, NS$)$.

Worries

Table 3.5 also contains all the biserial correlations performed for worries. No significant correlations were found between size of support network and well-being and type of support received and well-being. However, a significant positive relationship was found

Table 3.5

Pearson and Biserial Correlations For Well-Being, Life Stress, & Different Aspects of Social Support: For Worriers

Variables	Size	Life Stress	Well-Being	Percvd S	Emot	Prob Solv	Instrum	Netwrk	Estm	Cognit	Distrac	Emot Reg	Substance
							Received Support						
Size of Netwrk	1.00												
Life Stress	-.06	1.00											
Well-Being	.09	-.42**	1.00										
Percvd. Support	.01	.07	.31**	1.00									
Recvd. Support:													
Emotional	-.11	.10	.05	.12	1.00								
Prob. Solving	.06	.12	.01	.17*	-.08	1.00							
Instrumental	-.04	.07	.06	.06	.13	-.10	1.00						
Network	.11	-.03	.03	.09	-.11	-.07	-.10	1.00					
Esteem	-.03	-.09	.08	.02	-.15	-.00	-.00	-.05	1.00				
Cognitive	-.06	-.02	-.08	-.13	.00	-.13	-.04	.09	-.02	1.00			
Distraction	.00	.16*	-.02	.14	.19*	-.03	.00	.00	-.05	.09	1.00		
Emot.Regul.	.11	.08	.06	.10	.10	-.06	.08	.06	-.04	-.03	.11	1.00	
Subst. Use	.00	.11	.11	.09	.06	-.07	-.02	.08	.04	.16*	.17*	-.04	1.00
No Support	.34**	-.04	.03	-.21**	-.14	-.13	-.09	-.08	-.05	-.05	-.03	-.03	-.02

Correlations significant at *p<.05; **p<.01 (2-tailed), n=160

Table 3.6

Pearson and Biserial Correlations For Well-Being, Life Stress, & Different Aspects of Social Support: For Most Stressful Life Events

Variables	Size	Life Stress	Well-Being	Percvd S	Emot	Prob Solv	Instrum	Netwrk	Estm	Cognit	Distrac	Emot Reg	Substance
												Received Support	
Size of Netwrk	1.00												
Life Stress	.00	1.00											
Well-Being	-.02	-.42**	1.00										
Percvd Support	.17*	.07	.31**	1.00									
Recvd. Support:													
Emotional	.13	-.04	-.19*	.04	1.00								
Prob. Solving	.16*	.17*	-.04	.02	-.06	1.00							
Instrumental	.12	.01	.02	.14	.03	-.04	1.00						
Network	.12	-.09	.24**	.12	-.06	-.04	.05	1.00					
Esteem	-.03	-.01	.09	.18*	.01	.20*	-.08	-.03	1.00				
Cognitive	-.03	-.03	.01	.15	.04	-.19*	.05	-.06	.05	1.00			
Distraction	.06	-.02	-.06	-.00	.02	.02	.03	.00	.15	.12	1.00		
Emot.Regul.	.21**	-.00	-.07	.03	.06	.02	-.03	.04	.18*	-.00	.15	1.00	
Subst. Use	-.01	.01	-.03	-.00	-.09	-.04	.11	-.02	-.02	-.03	-.01	.19*	1.00
No Support	-.23*	-.03	-.05	-.21**	-.41**	-.19*	-.24**	-.13	-.10	-.16*	-.08	-.10	-.02

Correlations significant at *p<.05; **p<.01 (2-tailed), n=160

between size of support network and receiving no support. Analyses revealed no significant relationship between life stress and size of support network. Analyses did reveal that life stress was positively related to distraction, a type of received support. Perceived support was found to be positively related to problem solving support and negatively related to receiving no support. No significant relationship was found between perceived support and size of support network. Some significant correlations were found between certain types of received support. Emotional support and distraction were found to be positively related. Cognitive reappraisal support and substance use were also found to be positively related as were distraction and substance use support.

Most Stressful Life Events

Table 3.6 contains all the biserial correlations performed for most stressful life events. Analyses revealed that certain types of received support, as measured by the Life Problems Interview, were significantly related to well-being. A significant positive relationship was found between social integration and well-being and a significant negative relationship between emotional support and well-being. Analyses revealed no significant relationship between size of support network and well-being. However, size of support network was found to be positively related to emotional regulation support and negatively related to receiving no support. A significant positive relationship was found between life stress and problem solving support. No significant relationship was found between life stress and size of support network. Perceived support was found to be positively related to esteem enhancement support and negatively related to receiving no support. A significant positive relationship was found between perceived support and size of support network. Analyses revealed some significant correlations between certain types of received support. Problem solving support was found to be positively related to

esteem enhancement and negatively related to cognitive reappraisal. Esteem enhancement

support was found to be positively related to emotional regulation and emotional regulation

support was positively related to substance use. Several types of received support were found to

be negatively related to receiving no support, including emotional support, instrumental support,

problem solving support, and cognitive reappraisal support.

CHAPTER 4

DISCUSSION

Examined in the present investigation were adolescents' support networks, specifically, their structure and function and relationship to overall health and well-being. What is unique and particularly valuable about the results of this study is its rigorous methodology and examination of the following research questions across age (4), sex (2), race (2), and SES (2): (1) the size of adolescents' and young adults' support networks, (2) who adolescents perceive as being the most important members in their support networks, (3) the types of support adolescents receive in times of stress and whether certain support resources are more likely to provide certain types of support, and (4) the relations between life stress, well-being, perceived support, type of support received, and size of support network. In addition to its methodology, an additional strength of this study is that it developed unique coding systems for support resources and different dimensions of social support which will be valuable for future research in the area. The limitations of the present study will be discussed at the end of this section as well as suggestions for future work in the area.

4.1. Size of Adolescents' Support Networks

Regarding the average size of adolescents' and young adults' support networks, the mean number of people in their networks was found to be 4.35 people for worries and 3.09 people for most stressful life events. This suggests that adolescents access slightly more support resources in response to their worries than their most stressful life events, possibly because they may only want to share or see value in sharing their most stressful life events with people with whom they feel the closest. Although the mean numbers obtained by the present study are smaller that what has generally been found by other researchers, results have been found to vary considerably from

study to study, primarily due to the different methods used in gathering the data. For example, Blyth et al. (1982) determined that, on average, males selected 14.5 significant others as compared to 17.9 significant others for females. Galbo (1983), in his study of significant adults, found that male subjects chose on average 4.79 significant adults while females chose an average of 4.47. It should be noted as well that both these studies asked subjects to list the number of people who were significant or important to them in their social networks such as people they like to spend time with, people they like a lot, people who make decisions about things in their life, people they turn to for advice, and people they admire; they did not restrict list size. Unlike the present study, therefore, they did not require all the "significant" people in subjects' networks to be providers of support in times of stress and thus this may account for the smaller overall means for support providers obtained by the present research.

Regarding age and demographic differences in the size of adolescents' support networks, a significant main effect was found for race. As predicted, White participants reported significantly larger support networks than African-Americans, which has also been found by other researchers (Koniak-Griffin et al., 1993). It has been suggested that African-Americans may have smaller support networks compared to Whites due to their hesitation to access institutional or professional sources of support (Koniak-Griffin et al., 1993). In the present research, as will be noted later, African-Americans were found to be less likely to access professionals/organizations in times of stress. Also, there was a trend for SES whereby middle SES participants reported larger support networks than low SES participants, a finding which also concurs with other research (Carnegie Council on Adolescent Development, 1992).

It is important to note that gender differences in the size of adolescents' support networks were not found in the present study, although other researchers have noted gender differences (Halstead et al., 1993; Spirito et al., 1988). The variation in results may be due again to differences in the methods used to collect the data. The present study, unlike most others in the area, used a semi-structured interview measure which may have prompted male participants to provide more responses than if they had been given a more restrictive paper and pencil measure, as has been noted by some researchers (Seiffge-Krenke, 1995). It should also be noted that although the present study did not find gender differences in the size of adolescents' support networks, it was found that adolescent females receive significantly more of certain types of support, such as emotional support. Thus, taken together, these findings suggest that although the absolute number of people in adolescent females' support networks may not significantly differ from that of males, the amount and kind of support that females receive from members in their support networks does differ.

The present study also did not find significant age differences in the size of support networks. This is different from previous work in the area which has generally found that with increasing age, adolescents' friendships increase in importance and become smaller, more intimate, and more defined (Buhrmester & Furman, 1987). However, although the present research did not find age differences in the absolute size of support networks, this study did find that with increasing age, the amount of support received generally increases. Thus, this study, in using a more rigorous methodology than others in the area, has helped to clarify the role of age and demographic factors, particularly age and gender, in influencing the size of adolescents' support networks.

4.2.   Important Members of Adolescents' Support Networks

In terms of who adolescents perceive as being the most important people in their support

networks, as predicted, mother was the most frequently chosen category, followed by friend and

father. Significant others were also viewed as being an important support resource, particularly

for the older adolescents. Overall, these results suggest that adolescents view their mothers as

their primary support providers, a finding which reinforces the conventional view of the mother

as the nurturer at the heart of the family. This generally concurs with other research in the area

which has found that parents and friends are the most important members of adolescents'

support networks (Hendry et al., 1992; Weigel et al., 1998). With respect to parents, it is

important to note that the importance of parents to adolescents was not found to decrease with

age, as has been found by some researchers (Galbo, 1984). The finding of the present research

therefore suggests that as youth become older and more autonomous, they still remain connected

with their families, particularly their parents, emphasizing the central importance of the parent-

adolescent relationship throughout middle adolescence into early adulthood. Moreover, due to

the extent of the significance of this relationship, parents presence in the home and involvement

in their children's lives appears to be of central importance and may help to facilitate healthy

adolescent development. This statement is strengthened by the literature which has found

detrimental effects associated with the absence of a parent (Meijer & Himmelfarb, 1994), calling

attention to the increasing need to provide adolescents with additional support to compensate for

that which they may not be receiving in the home.

Regarding peer support, an interesting trend was noted for sex whereby females were

found to be more likely than males to turn to their best friends for support for their most

significant life events, suggesting that adolescent female friendships achieve a greater depth of

intimacy than adolescent male friendships. This finding concurs with this study's hypothesis and with previous research which has found that adolescent females are more likely than males to turn to peers for support (Belle, 1989; Blyth & Foster Clark, 1987; Weigel et al., 1998). Another interesting finding regarding the importance of friends, this one significant, was that low SES participants in the oldest age group were more likely to turn to friends for support than low SES participants in the other three age groups. This finding suggests that for adolescents of low SES, the importance of peer relationships may become particularly salient with increasing age since it is this group of adolescents (i.e., those of low SES) who generally receive the lowest amounts of support (Carnegie Council on Adolescent Development, 1992). Reports by the Carnegie Council on Adolescent Development have indicated, for example, that youth of low SES are much more likely than other adolescents to spend at least 3 hours a day unsupervised after school and generally have fewer supports.

Regarding siblings, they were found to be moderate to low providers of support in times of stress. This finding is partially supported by other studies (Furman & Burhmester, 1985; Lempers & Clark-Lempers, 1992) which have generally found that siblings can be both sources of support as well as sources of conflict.

It is also important to note that nonparental adults (e.g., professionals, grandparents, other relatives, coworkers/supervisors, teachers, religious figures) generally provided minimal amounts of support to adolescents in times of stress and thus do not appear to be important members in adolescents' support networks. The importance of nonparental adults was however found to differ across age, race, and SES, with the exception of teachers who consistently provided minimal support to all participants, not as predicted (Galbo, 1986; Lempers & Clark-Lempers, 1992). For instance, regarding race and SES, White subjects and subjects of middle

SES placed a significantly greater importance on support from professionals/organizations compared to African-American subjects and subjects of low SES, suggesting that African-Americans and participants of low SES may not perceive support from professionals as being beneficial or may have less access to it due to financial or geographic constraints. Clearly, more initiatives need to be taken to increase the accessibility of professionals as providers of support and decrease the stigma associated with accessing this type of support resource, particularly for these groups. Also, religious figures were found to be more important sources of support for male African-Americans of low SES compared to their White counterparts, possibly because male African-Americans of low SES may have less access to other providers of support and generally have smaller support networks (Koniak-Griffin et al., 1993) or possibly because of their stronger religious beliefs. Regarding age, race, and SES, when the categories "grandparent" and "other relatives" were combined, forming the category extended family, the youngest White subjects of low SES (ages 15-16) were found to place a greater importance on support from extended family than White participants of low SES in the other three age groups. This generally concurs with the literature which had found that nonparental adults, particularly extended family members, play an important role in the lives of young adolescents (Benson et al., 1986; Rhodes et al. 1992). However, counter to one of the hypotheses, African-American youth were not found to be more likely than White youth to perceive extended family members as important sources of support. It appears that age, rather than race, may be a better predictor or determinant of the importance of extended family members in the lives of young people.

4.3.   Types of Support Adolescents' Received in Times of Stress

Of the ten different dimensions of support examined in this study, the three most commonly received were emotional, informational, and instrumental types of support. Other

researchers have also identified these three types of support as being most important (Schaefer, Coyne, & Lazarus, 1981). Regarding differences across age and demographic groups, some interesting significant findings were noted with respect to emotional and emotional regulation support across age, sex, and SES. For instance, female adolescents were found to be significantly more likely to receive emotional support than males, a finding which has also been noted by other researchers (Munch & Blyth, 1993). However, when further analyses were performed combining emotional and emotional regulation support, it was found that males consistently reported receiving a higher percentage of emotion-focused support across age, suggesting that it may only be the younger males who are low in this type of support and that older males may be receiving close to the same amounts of this type of support as females. This is an important "developmental" finding which deserves further research attention.

A related significant finding, also pertaining to age, is that adolescents in the youngest age group (ages 15-16) were found to receive the lowest amounts of support overall, particularly in response to worries. This finding, although it needs further examination from future studies, has important implications in that it points to age as being a possible factor in determining the amount of support an adolescent receives. It suggests that age (i.e., being a young adolescent) may act as a barrier to more adaptive help-seeking behaviours in times of stress, particularly support-seeking. This may be because young adolescents do not perceive social support as being important in times of stress or they may be less able or willing to access it or less open to admitting that they have accessed it due to a possible stigma. Regardless of the etiology of this finding, it has important implications with respect to stress, coping, and health, namely that older adolescents appear to have better coping strategies (i.e., they are more likely to access support in times of stress) and thus may have an "advantage" with respect to psychological well-being

compared to younger adolescents. Moreover, since the research literature suggests that supportive relationships help in fostering healthy adolescent development (Gore & Aseltine, 1995; Unger et al., 1998), this implies that having low amounts of support, particularly for young adolescents, may be an important risk factor for developing physical or emotional problems, such as depression (Sheeber, Hops, Albert, Davis, & Andrews, 1997).

4.4. Types of Support Provided by Each Support Resource

As predicted, this research did not find strong support for the idea that supportive relationships are specialized in their functions. The results are generally similar to those reported in the general relationship literature, which has shown that, although there may be some degree of specialization (such as in the teacher-adolescent relationship), there is, in fact, a considerable degree of overlap in the functions filled by different people in times of stress. For example, several of the support providers such as mothers, fathers, siblings, and grandparents were all found to be important providers of the same types of support, namely emotional, instrumental, and problem solving support. Friends and coworkers/supervisors were also found to be sources of the same types of support, one of those being network support. This finding that relationships tend to offer similar and overlapping functions has been confirmed by other researchers (Furman & Buhrmester, 1985; Lempers & Clark-Lempers, 1992; Munsch & Blyth, 1993).

It should be noted however that although the overall findings of this research provided support for the general relationship literature, when further analyses were performed, certain support resources were found to provide significantly more or less of certain types of support than would be expected by chance. Mothers and fathers were found to provide more problem solving support and less network support than expected. Mothers also provided more emotional

support than expected, as did siblings, and fathers more instrumental support than expected.

Taken together, these results suggest that the parent-adolescent relationship has important

instrumental and emotional components, a finding which has also been noted by other

researchers (Furman & Buhrmester, 1985). These results also suggest that adolescents are only

receiving minimal network support from their parents. The finding that siblings provide higher

than expected amounts of emotional support suggests that the sibling-adolescent relationship has

strong emotional bonds. However, as noted by some researchers, the sibling-adolescent

relationship tends to also be high in conflict (Lempers & Clark-Lempers, 1992) and, as found by

the present research, siblings generally are found to be low to moderate overall providers of

support, compared with other support resources, such as parents, friends, and significant others.

Significant others provided more emotional support than expected but less network support, a

similar pattern to mothers. Friends were found to provide more emotional and network support

than expected and less problem solving support. Taken together with the findings regarding

parents and significant others and their provision of network support, this suggests that the

adolescent-friend relationship may have a compensatory role in that it provides high amounts of

network support to adolescents, a type of support which is only minimally provided by parents

and significant others. Teachers' provided more problem solving support than expected, like

fathers and mothers. Similar to friends, coworkers/supervisors provided more network support

than expected and also more esteem enhancement support, suggesting that the relationship

between adolescents and coworkers/supervisors may resemble a friendship or share some of its

characteristics, and may be an important source of network support. Professionals/organizations

were found to provide more problem solving support and less emotional support, suggesting that

adolescents who need emotional support may not currently be satisfied accessing this type of support resource.

The overall results of this part of the study suggest some interesting findings regarding the nature and relative importance of certain relationships, particularly with respect to adolescent-peer relationships and adolescent-teacher relationships. The analysis of the support provided by peers challenges the widely held assumption that peers are deficient sources of support (Maddi, 1981) and concurs with some of the more recent studies that emphasize the importance of this relationship (Hendry et al., 1992; Weigel et al., 1998). This study's analyses found that peers offered very high levels of support to adolescents in times of stress, comparable to that provided by parents, and that they primarily offered the more adaptive dimensions of support, such as network support, compared with some of the more maladaptive dimensions such as distraction and substance use, demonstrating the highly functional aspects of this relationship, particularly in times of stress. Thus, peers appear to be extremely important members of adolescents' support networks, as important as parents, and they appear to offer many of the types of support as the other important members in the adolescent support network.

The present study found that teachers were in general very low providers of support in times of stress and that they were primarily limited to providing problem solving support and to a lesser extent instrumental support. These results for the teacher-adolescent relationship support Galbo's (1984) conclusion and Lempers and Clark-Lempers' (1992) conclusion that most adolescents do not perceive teachers as important to them in their lives, especially if they have parents or other adult relatives who are supportive. As the 1989 report of the Carnegie Council's task force on the education of young adolescents pointed out, the structure of the education system may be such that it is impeding the formation of personal bonds between

teachers and students, bonds which could be beneficial to students' achievements and overall health and well-being. Galbo (1986), in his important paper on adolescents' perceptions of significant adults, suggests several specific ways in which the teacher-student relationship could be improved and the significance of teachers to adolescents could be enhanced including: (1) providing more opportunities for informal, out-of-classroom contact between teachers and students; (2) providing more in-classroom opportunities to discuss issues of importance to students; and (3) having a greater openness to students' input in classroom activities combined with treating adolescent students more equitably.

According to some researchers, teachers have ample opportunities to play a significant role in adolescent lives yet barriers continue to exist (Simmons & Blyth, 1987). Galbo (1984) emphasizes that what is of significance is not the amount that teachers and students interact but it is the manner in which they interact and the quality of these interactions that is important. Galbo (1986) also suggests that the key for teachers developing increasing significance in the lives of adolescents may be found in focusing increased attention on those attributes which adolescents have used to describe significant adults in their lives, attributes such as understanding, honesty, trustworthiness, availability, and helpfulness. It is the present author's view that increasing the importance of teachers in the lives of adolescents is a worthwhile and important objective given that parents are not always available for their adolescents and may be becoming increasingly less available, and that adolescents spend a large part of their time at school, and given the importance of support in helping to facilitate healthy adolescent development. The findings of the present study, in conjunction with Galbo's research (1984, 1986), highlight the importance of this issue and of increasing initiatives to implement some of the stated suggestions.

4.5. Relations between Perceived Support, Life Stress, Well-Being, Size of Support Network, & Type of Support Received

As predicted, life stress was found to be negatively related to well-being and perceived support to be positively related to well-being. Consistent with this finding, several studies have reported a significant negative relationship between social support and physical and psychological symptoms and a significant positive relationship between social support and well-being (Compas 1987; Thoits, 1995; Unger et al., 1998). This finding emphasizes the importance of studying social support as it is directly related to health and well-being and highlights the importance of attempting to minimize, to the degree possible, multiple stressors in the lives of adolescents and young adults. No significant relationship was found between life stress and perceived support.

Certain types of support were found to be significantly related to well-being. Specifically, as predicted, social integration was found to be positively related to well-being, which is consistent with some studies in the adult literature (Cohen & Wills, 1985). This finding highlights the importance of certain elements or qualities of a supportive relationship, such as feeling a part of a group and feeling connected to others with common concerns. Emotional support, however, was found to be negatively related to well-being for most stressful life events. A few studies have suggested that although social support is usually beneficial, it may have a negative influence when it involves emotional overinvolvement or an overload of emotional and other demands on the individual receiving it (Coyne, Wortman, & Lehman, 1988; Veiel, 1993) although it is difficult to discern if this can account for the present findings. A recent study by Finch et al. (1997) noted that certain types of support may be associated with psychological distress since they may involve threats to self-esteem or be given in response to the most

distressing life events. In the present study, the relation between emotional support and well-being was only found for most stressful life events and not for worries, however emotional support and life stress were not found to be positively correlated; emotional support was however positively related to distraction, but only for worries. Proponents of the matching theory of social support might posit that the emotional support that was provided in this study may not have matched the needs of the situation (Gore & Aseltine, 1995). Other researchers have also related seeking or receiving emotional support to "emotion-focused" coping which has generally not been found to be as adaptive as "problem-focused" coping (Coyne et al., 1981; Whatley, Foreman, & Richards, 1998). However, one recent study found that emotional support from the family moderated the influence of peer stress on feelings of well-being (Wenz-Goss, Untch, & Widaman, 1997). Clearly, the finding of the present study regarding emotional support and well-being needs further examination in future work since few studies with adolescents have specifically addressed the relative contributions of certain types of received support to well-being. It should be emphasized that overall, social support continues to be directly linked with health and well-being (Unger et al., 1998) and that this finding should therefore be viewed in that larger context so as not to undermine the central importance of social support and its potential health benefits, particularly for adolescents.

No relationship was found between size of support network and well-being. Although this is inconsistent with some other research studies in the area (Meehan et al., 1993; Sarason et al., 1983), the present study used a more rigorous methodology and different measures which may account for this variation. The finding of the present study is strengthened by the positive relations found between size of support network and certain types of received support not linked to well-being, such as emotional regulation and problem solving support. The finding of the

present research has important implications. It suggests that it may be the quality or perceived adequacy of the support rather than the actual number of resources which have the more important influence on well-being and thus should be the increased focus of empirical attention. It should be noted that related to the finding of the present study, Cohen and Wills (1985) found quality of support to moderate the influence of stressors on well-being.

Regarding size of support network, analyses did reveal a significant positive relationship between size of support network and receiving no support but only for worries suggesting that those who receive no support may be hesitant to report the true (small) size of their support networks possibly due to a social desirability effect or to denial regarding the number of mobilizing resources in their support networks. Size of support network was also found to be positively related to emotional regulation support, suggesting that those with larger support networks may need or depend more on their support resources for helping to regulate or control their level of emotional distress.

Regarding whether life stress is related to size of support network and/or certain types of support, life stress was found to be positively related to distraction and problem solving support. This suggests that those who report more life stress are more likely to use avoidance strategies such as distraction or seek out problem solving support. One recent study (Finch et al., 1997) found Directive Guidance, comparable to problem solving support, to be positively associated with depression and very weakly related, albeit positively, with life satisfaction. Finch (1997) concluded that Directive Guidance may be given or tied to particularly problematic or stressful situations which would help to account for the positive relationship in the present study between life stress and this type of support (i.e., problem solving support). Regarding the relationship between size of the support network and life stress, no significant relationship was found.

Regarding whether perceived social support is related to size of support network and/or certain types of received support, perceived support was found to be positively related to problem solving support and esteem enhancement, suggesting that those who are more likely to turn to others for advice or help in solving a problem or to raise their self-confidence perceive more available support from family and friends. Also, perceived social support was found to be negatively related to receiving no support, suggesting that those who perceive less available support may not actively seek out support due to this perception or they may have less actual support available to them. Some evidence was obtained for the later explanation since a positive relationship was also found in the present study between perceived support and size of support network for most stressful life events. These results suggest that future research should examine both perceived and received support and their potential relationships with one another (Finch et al., 1997; Wethington & Kessler, 1986). It should be noted that receiving no support was negatively related to size of support network, suggesting that receiving no support may indeed be related to having fewer supportive relationships, which has also been suggested by other researchers studying adolescent depression (Sheeber et al., 1997).

Some significant correlations were found between certain types of received support. For worries, emotional support and distraction were found to be positively related which may suggest that those receiving emotional support may also seek out less adaptive types of support, such as distraction. Distraction, a potential avoidance strategy, has been noted to be a less adaptive form of support (Munsch & Blyth, 1993). Cognitive reappraisal support and substance use were also found to be positively related as were distraction and substance use support; the latter emphasizes that those who rely on distraction in response to stress are also more likely to rely on other avoidance strategies such as substance use.

For most significant events, problem solving support was found to be positively related to esteem enhancement, which highlights that a core aspect of both types of support is looking to another person for advice or positive feedback. Problem solving support was found to be negatively related to cognitive reappraisal, a finding which emphasizes the differences between these two types of received support; whereas problem solving support involves a process of actively solving a problem, cognitive reappraisal support redefines a problem, placing a much less emphasis on actually solving it. Esteem enhancement support was found to be positively related to emotional regulation, suggesting that those who seek positive evaluations from others in times of stress may also be more likely to seek or need help to control or regulate their emotional distress. Emotional regulation was found to be positively related to substance use, also suggesting that those who seek avoidance strategies in times of stress are more likely to seek or need help in regulating their emotions. Several types of received support were found to be negatively related to receiving no support, including emotional support, instrumental support, problem solving support, and cognitive reappraisal support.

4.6. Limitations & Future Directions

Although this study improved upon the literature in several ways and has made some significant contributions in its findings and development of unique coding systems, some limitations should be noted. First, with the use of a cross-sectional design, it is not possible to disentangle developmental changes from cohort effects. Future studies may want to use a sequential design so that if age effects are found, it can be stated with some degree of certainty that they were due to developmental changes. Another possible limitation concerns the subjective or self-report nature of the semi-structured interview and its reliance on the adolescent or young adult as the sole provider of information regarding the support they received. Although

it would be valuable for future researchers studying adolescent social support to obtain information from all the different members involved in the adolescents' support network, it would not likely be feasible. The retrospective nature of some of the measures, such as the Life Problems Interview, is another possible limitation in that it raises the issue of whether subjects were accurately reporting on events which occurred over the past year, although this has generally not been found to be of significant concern (McLean & Link, 1994).

Overall, despite these few limitations, this research has contributed significantly to the literature by obtaining a rich in-depth account of adolescents' and youth adults' support networks in a methodologically sound manner and has produced valuable findings across age and demographic groups which have important implications for healthy adolescent development, many of which can and should be pursued by future studies in the area.

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Appendix A: Self-Report Measures

Life Events

These are major and minor events that sometimes happen in people's lives. Please indicate by circling "yes" or "no" if these events happened in your life during the past year.

1. Detention in jail or similar institution   Yes No

2. Death of close family member
   a. mother   Yes No
   b. father   Yes No
   c. brother   Yes No
      sister   Yes No
   e. grandmother   Yes No
   f. grandfather   Yes No
   g. other (specify)   Yes No

3. Death of close friend   Yes No

4. Outstanding personal achievement   Yes No

5. Minor law violations (traffic tickets, disturbing
   the peace, etc.).   Yes No

6. Male: Wife/girlfriend's pregancy   Yes No

7. Female: Pregnancy   Yes No

8. Changed work situation (different work responsibility,
   major change in working conditions, working hours, etc.)   Yes No

9. New job   Yes No

10. Serious illness or injury of close family member:

    a. mother   Yes No
    b. father   Yes No
    c. brother   Yes No
    d. sister   Yes No
    e. grandmother   Yes No
    f. grandfather   Yes No
    g. spouse   Yes No
    h. other (specify)   Yes No

11. Sexual difficulties   Yes No

12. Trouble with employer (in danger of losing job,
    being suspended, demoted, etc.)   Yes No

13. Major change in financial status (a lot better off
or worse off)   Yes No

14. Major change in closeness of family members   Yes No

15. Gaining a new family member (through birth, adoption,
family member moving in, etc.)   Yes No

16. Change of residence   Yes No

17. Major change in church activities   Yes No

18. Major change in usual type and/or amount of recreation   Yes No

19. Borrowing less than $10,000 (buying car, TV, getting
school loan, etc.)   Yes No

20. Losing job (quitting, being fired, laid off)   Yes No

21. Male: Wife/girlfriend having abortion   Yes No

22. Female: Having abortion   Yes No

23. Major personal illness or injury   Yes No

24. Major change in social activities (e.g., parties, movies,
visiting)   Yes No

25. Major change in living conditions of family (building
new home, remodelling, deterioration of home, neighborhood) Yes No

26. Serious injury or illness of close friend   Yes No

27. Breaking up with boyfriend/girlfriend   Yes No

28. Leaving home for the first time   Yes No

29. Getting back together with boyfriend/girlfriend   Yes No

30. Strong pressures or expectations from parents, brother,
sister, or friends   Yes No

31. Worry about nuclear war   Yes No

32. Problems or arguments with parents, brother, sister,
or friends   Yes No

33. Assaulted, robbed or victim or other violent crime Yes No

34. Involved in a car accident   Yes No

35. Friend(s) move away or you move away from a friend   Yes No

36. Negative feelings or worry about your appearance   Yes No

37. Making decisions about career   Yes No

38. One or more of the following happened to your parents:
    a. divorce or separation   Yes No
    b. lost job   Yes No
    c. arrested   Yes No
    d. emotional problems   Yes No
    e. alcohol or drug problem   Yes No
    f. victim of assault   Yes No

39. One or more of the following happened to a brother or sister:
    a. divorce or separation   Yes No
    b. lost job   Yes No
    c. arrested   Yes No
    d. emotional problems   Yes No
    e. alcohol or drug problem   Yes No
    f. victim of assault   Yes No
    g. unplanned pregnancy or child   Yes No

40. One or more of the following happened to a close friend:
    a. divorce or separation   Yes No
    b. lost job   Yes No
    c. arrested   Yes No
    d. emotional problems   Yes No
    e. alcohol or drug problem   Yes No
    f. victim of assault   Yes No
    g. unplanned pregancy or child   Yes No

41. Problems or fights with parents or a brother or sister   Yes No

42. Problems or fights with boyfriend/girlfriend or
    wife/husband   Yes No

43. Problems or fights with friends   Yes No

44. Parents having problems or fights with each other   Yes No

45. Other _____   Yes
    (please write in)

46. Other _____ Yes
    (please write in)

47. Changing to a new school at same academic level   Yes No

48. Academic probation (suspended/expelled from school)   Yes No

49. Doing poorly on an important exam or paper   Yes No

50. Failing a course   Yes No

51. Hassles, arguments or fights with other students   Yes No

Questionnaire

This questionnaire contains a number of different scales, including questions about your relationships with others, events in your life, and how you are feeling. While some of the questions may be more difficult to answer than others, please answer all of the questions the best way you can. Thank you.

General Information

1. Birthdate _____ _____ _____
              month   day   year

2. Marital Status: Married
   (circle one)   Single

3. Where graduated elementary school: _____ _____ _
                                           Town   State

Relationships with Friends

The statements below focus on feelings and experiences in your relationships with your friends. Please circle a "1" if the statement is not at all accurate, a "3" if it is somewhat accurate, a "5" if it is completely accurate, and a "2" or "4" if it falls in between. If a question is difficult to answer, please just answer it the best way you can.

1	2	3	4	5
Not at all Accurate		Somewhat Accurate		Completely Accurate

1. My friends give me the moral support I need.   1 2 3 4 5

2. Most other people are closer to their friends
   than I am.   1 2 3 4 5

3. My friends enjoy hearing about what I think.   1 2 3 4 5

4. Certain friends come to me when they have problems
   or need advice.   1 2 3 4 5

5. I rely on my friends for emotional support.   1 2 3 4 5

6. My friends come to me for emotional support.   1 2 3 4 5

7. My friends are good at helping me solve problems.   1 2 3 4 5

8. I have a deep sharing relationship with a number of
   my friends.   1 2 3 4 5

9. My friends get good ideas about how to do things or
   make things from me.   1 2 3 4 5

10. I think that my friends feel that I'm good at
    helping them solve problems.   1 2 3 4 5

Relationships with Parents

The statements below focus on feelings and experiences in your relationships
with your parents. If a question is difficult to answer, please just answer it
the best way you can.

1	2	3	4	5
Not at all Accurate		Somewhat Accurate		Completely Accurate

1. My parents give me the moral support I need.   1 2 3 4 5

2. My parents enjoy hearing about what I think.   1 2 3 4 5

3. My parents come to me when they have problems
   or need advice.   1 2 3 4 5

4. I rely on my parents for emotional support.   1 2 3 4 5

5. There is a parent I could go to if I were just
   feeling down, without feeling funny about it later.   1 2 3 4 5

6. My parents are sensitive to my personal needs.   1 2 3 4 5

7. My parents come to me for emotional support.   1 2 3 4 5

8. My parents are good at helping solve problems.   1 2 3 4 5

9. I have a deep sharing relationship with my parents.   1 2 3 4 5

10. My parents get good ideas about how to do things
    or make things from me.   1 2 3 4 5

11. I think that my parents feel that I'm good at
    helping them solve problems.   1 2 3 4 5

12. I've recently gotten a good idea about how to do
    something from a parent.   1 2 3 4 5

Most Supportive Person

1. Who is the most supportive person in your life at present?
   _____ (e.g., mother, father, best friend, minister)

2. How many hours a week on the average do you spend in contact with this person? _____ (include both in-person and phone contact).

The next statements focus on feelings and experiences in your relationship with the person you listed above as **most supportive to you**.

1	2	3	4	5
Not at all Accurate		Somewhat Accurate		Completely Accurate

When with this person:

1.	I make progress towards solving personal problems.	1	2	3	4	5
2.	I help them discover what their special abilities and talents are.	1	2	3	4	5
3.	I make progress in figuring out what goals and values are most important to me.	1	2	3	4	5
4.	I make an important contribution.	1	2	3	4	5
5.	I am good at helping them solve personal problems.	1	2	3	4	5
6.	During times of difficulty in their life, I give them good advice.	1	2	3	4	5
7.	I help them figure out what goals and values are most important to them.	1	2	3	4	5
8.	They give me very good advice during times of difficulty in my life.	1	2	3	4	5
9.	I make progress in figuring out what my special abilities and talents are.	1	2	3	4	5
10.	They confide almost everything important in their life to me.	1	2	3	4	5
11.	I feel liked or loved.	1	2	3	4	5
12.	I confide everything important in my life.	1	2	3	4	5

Problems and Complaints

INSTRUCTIONS

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please circle the number at the right that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST WEEK INCLUDING TODAY. Circle only one number for each problem and do not skip any problems. If you change your mind, erase your first mark carefully. Read the example below before beginning, and if you have any questions, please ask the technician.

DURING THIS PAST WEEK INCLUDING TODAY HOW MUCH WERE YOU DISTRESSED BY:

		Not at All		Moderately		Extremely
1.	Nervousness or shakiness inside	1	2	3	4	5
2.	Thoughts of ending your life	1	2	3	4	5
3.	Suddenly scared for no reason	1	2	3	4	5
4.	Feeling lonely	1	2	3	4	5
5.	Feeling blue	1	2	3	4	5
6.	Feeling no interest in things	1	2	3	4	5
7.	Feeling fearful	1	2	3	4	5
8.	Your feelings being easily hurt	1	2	3	4	5
9.	Feeling hopeless about the future	1	2	3	4	5
10.	Feeling tense or keyed up	1	2	3	4	5
11.	Spells of terror or panic	1	2	3	4	5
12.	Feeling so restless you couldn't sit still	1	2	3	4	5
13.	Feelings of worthlessness	1	2	3	4	5

Feelings and Health

During the past few weeks, did you ever feel--

1. Particularly excited or interested in something?   Yes No

2. So restless that you couldn't sit long in a chair?   Yes No

3. Proud because someone complimented you on something you had done?   Yes No

4. Very lonely or distant from other people?   Yes No

5. Pleased about having accomplished something?   Yes No

6. Bored?   Yes No

7. On top of the world?   Yes No

8. Depressed or very unhappy?   Yes No

9. That things were going your way?   Yes No

10. Upset because someone criticized you?   Yes No

Appendix B: Life Problems Interview

Life Problems Interview:

Questions on Adolescent Worries & Most Stressful Life Events

Q 1:   What do you think is the one most important thing you and your friends worry about?

Q 3:   What other problems do you think people your age worry about today?

(If less than two: Ask for more)

Q 5:   From time to time, major events occur which change or affect people's lives in important

ways. Take a moment to think about the important things which have happened in your

life during the past year and then tell me those things that have had the biggest impact on

you. (If less than three, say:)   Are there any other events which seemed especially

important or made a difference in your life during the past year?

Q 13: Now let's go back to the important events that happened in your life this past year which

you mentioned earlier or checked off on the sheet (i.e. The Life Experiences Survey).

Which of these things was the most difficult for you?

Q 20: A while ago, we were talking about some of the things you and your friends worry about,

like _____(mention a few worries). Who provides support about these worries or

helps you with them? (If less than three, ask for more) (If answer is friends, ask: "which

friends?")

Q 21: How do these people provide support, or help you with these sorts of worries? Try to be

specific. (If less than two, ask for more).

Q 22: Now lets go back to _____(most difficult life event in past year). Who provided

support, or helped you with that? (If less than three, ask for more).

Q 23: How have these people provided support, or helped you with _____(most stressful

life event described earlier)? Try to be specific. (If less than two, ask for more).

Appendix C: Coding Systems

Coding System for Support Resources

Family

Mother (10)

Father (11)

Step-parent (12)

Sibling (13)

Step Sibling (14)

Grandparent (15)

Aunt/Uncle/Cousin (16)

In-law (17)

Child (18)

Friends

Adult Friend (20)

Best Friend (21)

Sorority/Fraternity (22)

Friend (23)

Roommate (24)

Peer/Classmate/Teammate (25)

Neighbour/Acquaintance (26)

Significant Others

Girlfriend (30)

Boyfriend (31)

Husband (32)

Wife (33)

Fiance (34)

Ex-Partner (35)

Teachers

Teacher (40)

Professionals/Organizations

School Counsellors (41)

School (42)

Therapist (43)

Medical Doctor (44)

Police (45)

Lawyer (46)

Organization (e.g. Greenpeace, Right to Life) (47)

Media (e.g. magazines, books) (48)

Religious Figures

Priest/Rabbi (50)

God/Prayer (51)

Co-workers/Supervisors

Co-worker (90)

Supervisor (91)

No One

No One (100)

Coding System for Dimensions of Social Support

Adapted from Munsch and Blyth's (1993) Social Support Functions Inventory (SSFI)

Instrumental Support (Def: the provision of tangible aid or assistance) (10)

Examples: Lent or gave me something that I needed, *such as money

Helped me to do something I couldn't do by myself

Did a favour to help me out

Showed me what to do

*Helped me out with something

Emotional Regulation (attempts to help the person control/regulate the level of emotional distress) (20)

Tried to calm me down

Tried to cheer me up

Helped me to relax

Told me the situation was not worth getting upset about (*e.g. encouraged me to laugh about it, make light of it)

Active Problem Solving/*Informational Support (provision of advice or guidance concerning possible solutions to a problem) (30)

Helped me to find more information that I needed

Told me about someone else who could also help me/*channelled me down the right avenues

Gave me advice/*ideas/*feedback about what to do

Suggested that I talk to an adult counsellor, teacher, Minister, or Rabbi

Helped me to think of all the other choices I had/*to see the whole picture/*brainstorm

Told me what I was doing wrong

Helped me to decide which alternative was best (*by, for example, telling me the consequences of certain choices)

Suggested that I talk to a parent or other adult

Esteem Enhancement (attempts to preserve or restore a positive self-evaluation) (40)

Told me I was doing something right

Made me feel valued and important

Had faith in me to handle it *and make right decision/*thought I was capable of coping with it

Praised me for something I did well

Gave me confidence (*or courage) to try something I didn't think I could do (*for example by telling me not to let anything stop me)

Respected my ideas and opinions

*Encouraged me to have self-confidence and follow my own instincts/judgement

*Gave me positive feedback and made me feel good about myself/competent/ego boost

Distraction (the use of adaptive social activities to provide distraction from stress) (50)

Went out with me to have fun (like shopping or to a movie)

Exercised, jogged, or played sports with me

Helped me to get my mind off the problem

Substance Use (the use of substances to relieve stress) (60)

Drank alcohol with me

Got high with me

Cognitive Reappraisal (attempts to redefine the problem in order to see it in a more positive (*or accepting) light) (70)

Helped me to accept or minimize a problem or worry I could not change

Told me that things would get better/*there were better things to come

Told me I could do something about my situation

Told me that things could be worse

Told me it wasn't my fault

Helped me see the good side of what had happened

*Encouraged me to think positively/*have a new outlook

Emotional Support (assurance of the availability of a concerned and caring person) (80)

Allowed me to express my feelings/*cry on a shoulder

Spent time with me whenever I needed it

Told me I could really count on him or her/*always there for me

*Gave me companionship, love, or acceptance

Tried to understand my problem

Cared about me and my problem/*made me feel loved

Encouraged me to keep going/*wouldn't let me give up

*Listened to me and allowed me to express my concerns/*talk about my problem

*Network/Social Integration Support (feeling a part of a group whose members have common interests or concerns) (90)

*Shared/discussed mutual concerns or information

*Made me feel part of a group, a sense of belonging

*Engaged in a group activity

*No Support (110)

*I dealt with it myself, in my own way

*I did not turn to anyone for support

*I did not do anything about it but rather I put it aside and did other things to get my mind off it

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*Additions and/or modifications to Munsch & Blyth's (1993) coding system. All were based on in-depth analyses of interview data. Most examples are in subjects' own words.