Social Support and Health: An Overview of Selected Theoretical Models for Adaptation

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ABSTRACT

Social support has been the subject of extensive study in recent years. It is a multidimensional concept. The objective of this chapter is to add to knowledge about the action mechanisms of social support already widely discussed in health psychology. This involves distinguishing the direct effects of social support, independent of a stress situation, from its indirect effects (stress buffers). This chapter will set out several explanatory models for social support which will then be explored in terms of their utility and limitations. Next, the issue of negative interactions (e.g., isolation, conflict) and their consequences on individual health will be explored. Social support, whether positive or negative, appears to be an essential resource requiring consideration and likely to potentiate individual adaptation.

Keywords: Social support; perceived social support; negative social interactions; social roles; mediating effect
1. INTRODUCTION

Social support has been the subject of extensive study within recent decades and is understood today to be a multidimensional concept relating to the characteristics and functions of social relationships. It refers also to the material and psychological resources available to individuals through their interpersonal relationships (Rodriguez and Cohen, 1998). This intentionally broad definition can be applied to any of the various conceptualizations of social support that have been explored in thousands of studies, particularly in the Anglo-Saxon countries. Searches conducted in *psycINFO®, Psychology and Behavioral Sciences Collection®, PsycARTICLES®, SocINDEX®,* and *Academic Search Premier®* for “social support” (between July 2006 and September 2009) revealed the existence of nearly 32,000 studies citing the term among their keywords. This research has been conducted in a wide variety of domains of human function (e.g., developmental perspective including the effect of social support through the various stages of life, cognitive perspective including the effects of social support on learning) and involving study of the benefits of social support in the context of different social roles (professional, parental, student, etc.). Adding the word “health” to the search criteria yields a total of 4,389 articles, which corresponds to 18% of all studies carried out in 2007. Health in this context is understood to incorporate the concepts of physical health, mental health, quality of life, stress, depression, and aging.

As such, the objective of this chapter is to build on knowledge about the action mechanisms of social support previously described in health psychology.
(Bruchon-Schweitzer, 2002). The purpose of this perspective is to establish a distinction between the direct effects of social support (the action of social support independent of a stressful situation) and the indirect effects of social support (buffering, moderating or cushioning effect interacting with a high stress level) (op. cit., 2002, p. 342). The work at hand is thus an extension of previous efforts in this regard. It is to be noted that the current understanding of social support has led to protracted discussion and, in some cases, controversy from a scientific viewpoint. For this reason, it appeared logical to look to the most recent models in this regard (Cohen, Gottlieb and Underwood, 2000; Uchino, 2004; Wills and Fegan, 2001) with a view to throwing light on the topic of the role of social support mechanisms. The objective at hand is consequently to make a contribution in terms of exploring the plausibility of explanatory models and questioning these models in terms of their utility and limitations.

A second objective relates to a relatively recent issue concerning the heuristics of “negative interactions.” This point is of particular importance insofar as the newest studies tend to demonstrate the extent to which these interactions are likely to affect individual health (Uchino et al., 2001).

2. SOCIAL SUPPORT: A MULTIDIMENSIONAL CONCEPT

The conceptualization of social support is founded on a widely accepted distinction between its structural and functional aspects.

2.1. The Structural Aspect of Social Support

The structural aspect of support encompasses the concepts of social integration and social networks. Social integration describes the degree of
integration and involvement in a society based on various social roles and identities. For Brissette et al. (2000), analysis of social networks (also referred to as social support systems) is complementary to that of social integration and represents the objective basis in terms of number of persons or potential support available to a given individual in his or her environment.

The purpose of measuring structural support (social integration, social networks) is to quantify the extent of an individual’s social integration and gauge the effects of this variable on health. To date, this approach has been applied primarily in the sociological and epidemiological contexts.

2.2. The Functional Aspect of Social Support

The functional aspect of support is a more qualitative approach focused on the various support functions. As such, according to House (1981), social support is interpreted as an interpersonal transaction taking place in multiple dimensions: emotional interest (love, friendship, empathy), instrumental or material aid (goods or services), information (relating to the environment) and esteem (information relating to self-esteem).

Measurement of functional support was used primarily from a cognitive perspective in a context of stress appraisal.

2.3. Negative Interactions

A third concept today appears to enter into the study of health-related social constructs: “negative interactions,” which are defined as sources of psychological stress with detrimental behavioral and physiological consequences for health (Cohen, 2004, p. 677). This concept focuses on the existence both of conflict, or
dissatisfaction with social relationships, and of social isolation and loneliness.

3. THE EFFECTS OF SOCIAL SUPPORT ON HEALTH

3.1. Social Support and Adaptation

Social support is a resource promoting adaptation to stressful situations. It is noted that the determination to link stressful situations to the concept of adaptation finds its origins in the “general adaptation syndrome” (GAS) developed by Selye. According to that author, adaptation encompasses all non-specific changes that develop over time during continuous exposure to stressor attacks (Selye, 1975, p. 94). This definition is characterized by its biological perspective. However, it is known that the concept of adaptation can also be defined on other levels: social, by referring to the processes of integration; and psychological, where adaptation describes conduct used to maintain a state of equilibrium between a subject and his or her environment. From this perspective, adaptation can occur through assistance provided in the form of social support. For illustrative purposes in this regard, we will present two studies demonstrating the role of social support in this adaptation process.

In the case of chronic illness, multiple studies have shown that social support can help to minimize the negative effects arising from this condition. One study proposed in this regard to test the role of social support in relation to the quality of life associated with the health of subjects with epilepsy (Charyton, Elliott, Lu and Moore, 2009). The authors showed that people with epilepsy who perceive a high level of emotional support have better health-related quality of life than those who perceive that their emotional support is weak. Through this study,
it is seen that social support can enable adaptation in terms of quality of life when facing a chronic illness.

This adaptation can also take place in other contexts involving, for example, an outside event that is harmful to health. Numerous studies have been undertaken in the area of the beneficial role of social support in the health of individuals facing a natural disaster. Glass et al. (2009), among others, have studied this phenomenon. In the case of Hurricane Katrina, a weather event with catastrophic consequences, the authors demonstrated that social support is a negative predictor of general psychological distress. Study of a sample of 228 survivors of that natural disaster revealed that individuals with strong social support reported lower levels of general psychological distress.

These two studies consequently show that in a variety of contexts, social support plays a role in promoting adaptation to individual and/or environmental phenomena.

3.2. From Direct to Indirect Effects

3.2.1. General Methodological Aspects

Analysis of the effects of social support on health depends on the contexts for use of the models in terms of structural or functional support and, as a result, theoretical perspective. As such, this definition prefigures an opposition between the direct (characterizing the beneficial effects of support independent of the effects of stress) and indirect (moderating or buffering effects of social support in relation to a high stress level) effects (Bruchon-Schweitzer, 2002, p. 342). It appears that the effects of social support depend on the nature of the measure:
direct effects are identified with measures evaluating the *degree of integration* (structural aspect) into a broader social network, whereas the buffering effect becomes evident in studies evaluating the *perceived availability* (functional aspect) of social support (Cohen, 1991).

This distinction is generally made in the recent models presented herein. Table 3.1 that follows depicts the various models (Cohen *et al.*, 2000; Uchino, 2004; Wills and Fegan, 2001) and associated terminology in the interest of clarity. It is noted further that Wills and Fegan (2001) have proposed a number of variants for each model.

Table 3.1: The Various Models Characterizing the Direct and Buffering Effect of Social Support

<table>
<thead>
<tr>
<th>Bruchon-Schweitzer, 2002</th>
<th>Wills and Fegan, 2001</th>
<th>Cohen, Gottlieb and Underwood, 2000</th>
<th>Uchino, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct or main effect model (independent of stressful situation)</td>
<td>Direct versus indirect-effect model: social support is independent of the stressful situation (1) direct effect versus (2) indirect effect, which may be a fully mediated effect or a partially mediated effect</td>
<td>Model disregarding stress level: The main (or direct) effect model</td>
<td>&quot;Retuned&quot; direct-effect model of support</td>
</tr>
<tr>
<td>Indirect or moderating/cushioning effect model (appraisal of stress)</td>
<td>Buffering effect model: social support is perceived as a variable helping to mitigate perceived stress (1) main effect versus (2) buffering effect,</td>
<td>Model taking stress level into account: The stress-buffering model</td>
<td>&quot;Retuned&quot; stress-related model of support</td>
</tr>
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</table>
3.2.2. The Direct Effects of Social Support

As stated previously, this first model depicts social support as having a beneficial effect on well-being independent of stress level. The direct-effect model consequently prefigures a causal model in which the independent variable (IV) – in this case, support – causes variations in the dependent variable – in this case, the criteria – notwithstanding the maintenance or control of all other variables incorporated into the model defined by the researcher. By encouraging positive affects, social support appears to promote a general sentiment of well-being (Cassel, 1976) and help to foster self-esteem (Lakey and Cassady, 1990). This state of well-being may in itself be beneficial for individual health and promote regulatory mechanisms in the endocrine system. It would also appear to enable the adoption of healthy behaviors and the desire to care for oneself (Cohen and Syme, 1985). Social support consequently appears to have impact on individual health. Gerin et al.(1995) demonstrated the direct effect of social support received in a study of cardiovascular reactivity to stress in women. In that study, heart rate and blood pressure were monitored while 26 female students performed a task (computer game), some of them under stressful conditions (researcher urging subject to go faster versus letting subject play at own pace). At the end of the experiment, the presence of an encouraging companion appeared to reduce cardiovascular reactions independently of the stress level. These outcomes
thus demonstrate the direct effect of social support on somatic health.

3.2.3. The Indirect Effects of Social Support

It is important to note before proceeding that the use of terminology is not entirely consistent (possibly creating certain confusion) with respect to the term “indirect,” which is used in French to describe the buffering effect of social support and in English to characterize the effect of social support mediated by other variables. We will consequently explore separately the buffering and the mediating effects of social support.

3.2.3.1. Mediating Effects of Social Support versus Main Effect

3.2.3.1.1. Methodological Aspects

According to one variant of the indirect-effect model, the effect of the independent variable on the dependent variable is mediated by a third variable referred to as a mediating variable.

Independent variable → Mediating variable → Dependent variable

It is worth noting here that mediation refers to a process whereby the independent variable may influence the dependent variable (Baron and Kenny, 1986). The independent variable consequently triggers the action and intensity of a mediator, which, in turn, influences the response (dependent variable) (Rascle and Irachabal, 2001).

3.2.3.1.2 Direct versus Indirect-Effect Models

Based on the foregoing definition, Wills and Fegan (2001) propose three types of effects between social support and health (see Figure 3.1): (A) a direct-effect model in which support is a predictor directly related to the beneficial
effects on health; (B) an indirect-effect model in which the effect of social support is mediated by an intermediate variable with a fully mediated effect; (C) an indirect-effect model in which the effect of social support is mediated by an intermediate variable with a partially mediated effect. The authors (op. cit., 2001) specify that cumulative effects are possible among the direct and indirect effects and that social support is linked to improved health regardless.

Figure 3.1: Depiction of the Various Types of Relationships between Social Support and Health (Wills and Fegan, 2001, p. 213).

Cohen et al. (2000) propose a different depiction of this direct versus indirect-effect model. These effects are illustrated in Figure 3.2. The authors of
this model (Cohen et al., 2000) specify that the arrows could also be bidirectional. Figure 3.2: Links Mediating the Direct (Main) Effects of Social Relationships on Psychological and Physical Health (Cohen, Gottlieb and Underwood, 2000, p. 12).

In reality, it can be noted from this model that social support has little to no truly direct effect on health. This is because social support appears to be linked to physical and psychiatric illness through multiple “mediating” variables (social influence, access to services and information, etc.) that are associated with
biological parameters and neuro-endocrine response.

Finally, Uchino (2004) proposes a “retuned” direct-effect model also incorporating numerous mediating variables such as perceived control, esteem and the meaning assigned to the sentiment of integration and support. Figure 3.3 illustrates this model.

Figure 3.3: “Retuned” Direct-Effect Model. R1 = relationship 1, R2 = relationship 2 (Uchino, 2004, p. 122).
The main distinctive feature of this model in comparison with previous models is the taking into account of both functional and structural support. Uchino (2004) maintains in this regard that the focus of studies should be an integrative, dynamic approach combining these two perspectives. A second feature of this model is its addition of the effects of isolation. In this respect, Uchino (2004) distinguishes two types of isolation: 1) social isolation resulting from a general lack of social interactions and connections; and 2) emotional isolation, which is the consequence of an absence of close relationships with a confidant or other meaningful person.

Moreover, Uchino (2004) highlights in this model the importance of social roles and ties in identity formation (R1) as well as the importance of feelings of loneliness conceived as the perceived gap between desired and actual relationships (R2).

Through these various models, it is observed that the action of social support independent of a stressful situation is very frequently mediated by other variables whose effect on health criteria may be total or partial.

3.2.3.2. Buffering Effect of Support versus Main Effect

3.2.3.2.1. Methodological Aspects

From a methodological perspective, reference is made to a buffering or cushioning effect (also referred to in French as an “indirect” effect, which can create certain confusion with the preceding models) wherever a variable moderates the intensity of one variable in relation to another (moderator
variable\(^1\). In the context of the effect of social support, the effect of a variable X (stress) on variable Y (physical and psychological health) is attenuated by means of a third, moderating variable (social support), which modifies the relationship between the predictor (X) and the criterion (Y). It is to be noted here that a moderator variable is a qualitative or quantitative variable affecting the direction or intensity of the relationship between the independent and dependent variables.

3.2.3.2.2. Buffering Effect of Social Support

The action of social support as a stress buffer has been demonstrated from the cognitive perspective as part of research into perceived stress. As such, beginning in the 1970s, three senior researchers have influenced the study of social support from the cognitive perspective: Cassel (1976), Caplan (1974), and Cobb (1976).

Cassel (1976), a physician and epidemiologist, advanced the hypothesis of a mechanism, which he called the “stress-buffering hypothesis,” to explain the influence of social support on health. This is a cognitive perspective presupposing that in the presence of a stressful event, support acts to buffer, or protect, subjects from the harmful effects of the stress on their health. Caplan (1974), meanwhile,

\(^1\) It is to be noted that the term “moderator” is occasionally translated into the French as “modérateur.” This term is in fact a false cognate insofar as the English “moderation” can be translated into the French as “modulation,” the term “moderator variable” being translated as “variable modulatrice” (Brauer, 2000, p. 663).
uses the term “support system,” noting the importance of the reciprocity and
duration of social relationships to individuals’ well-being in daily life as well as
during times of crisis and life transitions. From the same perspective, the
psychiatrist Cobb (1976) places emphasis on the effect of social support as a
“stress buffer” and demonstrates in numerous studies that the existence and
quality or, inversely, absence of social relationships appear to play a role in well-
being throughout our lifetimes. He concludes that adequate social support helps to
protect individuals from a variety of physical and psychological disorders during
stress, likely through the adoption of coping and adaptation strategies. As such, individuals facing times of serious crisis without support from those around them are 10 times as likely to experience depression (Cobb, 1976).

In 1985, Cohen and Willis’s synthesis of more than 40 correlational studies
confirmed the buffering or protective effect of social support on the negative
consequences of stress (stress-buffering effect). For example, adults who perceive
real support from their families appear to be less likely to fall ill when living in
stressful conditions (Cohen, 1991; Cohen and Willis, 1985).

These various studies founded on the cognitive tradition are consequently in
keeping with the transactional approach to stress and coping (Lazarus, 1991),
which will be briefly explored herein.

3.2.3.2.3. Social Support in the Transactional Model

Stress is a process that occurs due to an imbalance between demands from
an organism’s environment and the organism’s capacity for response (Lazarus,
1966; Lazarus and Launier, 1978). For a situation to trigger a stress reaction, it
must be interpreted as a harm, loss, threat or challenge (Lazarus and Folkman, 1984). Appraisals is a two-stage process: the initial appraisal depends on the perceived aspects of the situation (e.g., imminence of painful confrontation, intensity of stimulus, possibility of controlling stimulus) and the individual’s psychological structure (beliefs about self and the environment, personality-related inclinations, etc.). The second appraisal depends on the capacity and resources (including social resources) available for potentially eliminating or mitigating the effects of the stressful situation. If the capacity for response is adequate, then the threat is short-circuited and no stress response occurs. If this capacity is inadequate, then the stress response results and coping efforts are deployed. Coping is defined as the use of cognitive and behavioral efforts with the objective of managing external and internal demands (as well as conflicts between the two) that are appraised as exhausting or exceeding an individual’s resources (Lazarus, 1991).

In this context of stress, social support generates results on multiple levels as explained by Rodriguez and Cohen (1998, p. 537) for which:

“Perceived support may play an initial role between the appearance of a potentially stressful event and the experience of a physiological or psychological stress reaction by influencing the appraisal of the stress. Here, the perceived support helps to improve the individual’s perceptions of his or her capacity to cope with the requirements imposed by the event, which is then considered less stressful. Next, perceived support may play a role between the experience of a stress reaction subsequent to a stressful event and the launch of a pathological
(psychological or physical) process by reducing or eliminating the stress reaction. Here, support may mitigate the stress response by bolstering coping efforts with a view to managing the event’s practical and emotional consequences and reducing its perceived importance.”

As such, in a study of cardiovascular reactivity to stress among women, in addition to the direct effect of social support, Gerinet et al. (1995) identified a buffering effect. This study, again, involved monitoring the heart rate and blood pressure of 26 students while they were performing a task (playing a computer game), some of them under stressful conditions (researcher urging subject to go faster versus letting subject play at own pace). The outcomes of the study demonstrated an interaction between stress level and received support. Support reduced cardiovascular reactions only under stressful experimental conditions. Similarly, Rodrigue and Park (1996) observed the moderating effect of spousal support on the adjustment of patients to a cancer diagnosis. Men reporting poor spousal support appeared to experience more physical complications and anxiety than other married patients, either male or female.

Figure 3.4 illustrates integration of the moderating effect of support, which plays a role on multiple levels of Lazarus and Folkman’s (1984) transactional stress model.

Figure 3.4: Influence of Social Support on Response to Stressful Events (Cohen, Gottlieb and Underwood, 2000, p. 13).
As such, social support appears to act in terms of the appraisal of potentially stressful events (by limiting the perceived importance of the problem). It also affects individuals’ response to events of this nature by serving as an “adapter,” thereby promoting an increase in coping resources (assisting in managing the problem, promoting adoption of health behaviors). The corollary of this model is that social support has no effect on health in the absence of stress.

3.2.3.2.4. The Buffering Effect Model

This buffering effect model may take any of three different forms (Wills and Fegan, 2001): (1) where support has a main effect, its action is comparable...
regardless of whether the stress level is low or high; (2) where support has a complete buffering result, the impact of stressful events is “totally” buffered when the level of social support is high; (3) where support has a partial buffering result, the impact of stressful events is partially buffered by the social support. This “moderate” or “partial” version suggests that although support attenuates the effects of stress, even strong support does not provide total protection. Figure 3.5 illustrates these three variants.

Figure 3.5: Illustrations of Main versus Buffering Effect Depending on Stress Level (low versus high) and social support (strong versus weak): (A) consequence of main effect, (B) consequence of partial buffering effect, (C) consequence of total buffering effect (Wills and Fegan, 2001, p. 212).

3.2.3.2.5. The “Retuned” Stress-Related Support Model

The “retuned” model of stress-related support proposed by Uchino (2004) reconciles the various forms of support (structural and functional support, support
deterioration). This model is depicted in Figure 3.6.

Figure 3.6: The “Retuned” Stress-Related Support Model. R1 = relationship 1, R2 = relationship 2 (Uchino, 2004, p. 115)

This retuned model places emphasis on the links between social support and stress-related processes while also incorporating the potential for deterioration of support due to stress. Stressors can consequently result in the mobilization of received support and/or deterioration of available support. According to Uchino
received support may prevent the deterioration of perceived support with positive influence on esteem, control and other coping processes. These beneficial effects of functional support may ultimately influence the association between stress and health in two different ways: through a preventive effect on stress (relationship 1) or through reduced response to stress when it arises (relationship 2). Finally, social integration increases access to functional support and may independently influence processes relating to esteem, control or coping.

The action of social support as a stress buffer is consequently observed through these models. Cohen et al. (2000), in keeping with Wethington and Kessler (1986), note that the basic elements of this cognitive approach depend on the importance of the perception of the support available in case of need:

“The key component of this approach is the perception that others will provide the required resources should the need arise. The data suggest that in the end, the actual resources are not as important to health and adaptation as the belief in the availability of this support” (Cohen et al., 2000, p. 14).

As such, perceived social support would appear to be a better predictor of adaptation than received social support. Multiple reasons have been identified to explain the superiority of perceived social support over social support actually received:

– overly intrusive support could trigger an increase in stress (Hill and Donatelle, 2005)

– asking others for support may represent an additional source of stress insofar as revealing one’s problems and expressing one’s needs could lead to
reduced feelings of control and self-esteem (Bolger et al., 2000)

–received support may differ from anticipated social support (Cohen and Wills, 1985). For example, a woman who confides in her husband about a problem may need primarily emotional support, understanding and empathy rather than informational support in the form of a simple suggestion for resolving her problem.

Based on these studies, a person’s beliefs about the support available from others are more useful in terms of reducing stress than the support received from that person’s social network.

3.2.3.2.6. The Stressor-Resource Matching Hypothesis

The stressor-resource matching hypothesis is a variant of the buffering model that reflects a conception of stressors as an event generating deficiencies or losses. The nature of these deficiencies consequently determines the resources required to replace what has been lost. Cohen and Wills (1985) suggest in this regard that to attenuate the negative effects of stress on well-being, the available resources must match the needs created by the stressful event. This matching may be determined by the perceived controllability of the event in question (Cultrona and Russell, 1990). The provision of support – particularly informational social support – can be especially effective in relation to potentially controllable stressful events; inversely, social support in relation to uncontrollable events can be entirely unhelpful or even harmful and can increase the stressor’s negative psychological impact.
4. NEGATIVE SOCIAL INTERACTIONS

4.1. Overview

In its broader sense, the concept of negative interactions applies to all negative aspects of our social environment. As such, these negative interactions may become apparent through a variety of situations, such as the spread of contagious diseases, feelings of loss or isolation, interpersonal conflict, exploitation, transmission of stress or misguided attempts to help (Cohen, 2004). Negative social relationships may be characterized in two ways: first, the existence of “inappropriate” support (through, e.g., attempts to control a sick loved one, excessive or inadequate support, or forms of stigmatization associated with stress); and second, the absence or inadequacy of social relationships.

In the first case, the potentially negative aspect of social relationships may be more predictive of health than positive social interactions (Helgeson et al., 2004). In the second, some researchers have drawn attention to the fact that isolation, rather than social integration, appears to have greater impact on health (Hawkley and Cacioppo, 2003).

4.2. Two Scenarios of Negative Social Interaction

4.2.1. Isolation

Isolation (the reciprocal of social integration) appears to increase negative affects and decrease feelings of control and self-esteem. In this regard, the sentiment of loneliness could be considered a stressor (Uchino et al., 1996; Cohen et al., 2000).

This experience of loneliness includes feelings of isolation (the absence of
or distance from a significant other), the absence of ties (lack of any confidant or close friend) and non-belonging (failure to identify with a social group) (Hawkley et al., 2006). Cohen (2004), meanwhile, hypothesizes about the existence of a minimum threshold for social relationships below which an individual’s health is likely to be affected. In other words, there would exist a “required minimum” of social contact below which anyone would be more likely to become sick. This hypothesis is indeed attractive although also difficult to operationalize.

4.2.2. Interpersonal Conflicts

The tension and conflict inherent to social relationships are another important element of negative interactions. Cohen et al. (1998) demonstrated in this regard that people exposed to conflict are twice as likely to catch colds than those not forced to tolerate chronic stressors. These effects may be mediated by immune, endocrine or cardiac changes or by “unhealthy” behaviors associated with these harmful environments.

4.2.3. Positive and Negative Aspects of Social Relationships

Uchino et al. (2001) have proposed a conceptual model juxtaposing the positive and negative aspects of social relationships. According to Pierce, Sarason and Sarason (1991), these two aspects do coexist in social relationships and represent distinct factors. As such, Uchino et al. (2001) linked these two dimensions (positive/negative aspects) with two modalities (weak/strong). The result was the model shown in Figure 4.7, which depicts four types of social relationships: (1) amicable (with strong positive aspects and weak negative aspects); (2) disharmonious (with weak positive and strong negative aspects); (3)
detached (with weak positive and negative aspects); and (4) ambivalent (with
strong positive and negative aspects).

Figure 4.7: General Conceptual Structure Incorporating Negative and Positive

Through this model, the authors (op. cit., 2001) demonstrated that in
comparison to supportive ties, ambivalent ties are associated with a higher level of
interpersonal stress.

5. CONCLUSION

Research into social constraints as they relate to health has today come to
incorporate social support and social integration as well as a variable to account
for negative social interactions (Cohen, 2004). All three of these variables are
associated with health criteria and consequently recognized as having an influence
on health. As such, despite certain diversity in the conceptualization and
measurement of social support, the literature currently demonstrates that social
ties, where they are of adequate quality and meet expectations, generate benefits
for physical and mental health. Inversely, and not surprisingly, social isolation and the existence of negative relationships have harmful effects on health.

Beyond the classic taxonomy of social support, it is to be noted that the main theoretical models used to explain the action of social support on health continue to raise numerous questions (Bruchon-Schweitzer, 2002). For example, determination of the varied aspects of social support (social integration, functional support and negative interactions) remains problematic. Future research should help to reveal responses to specific questions concerning the action of social support: What types of social network and social integration, what support functions, in what context and for what reasons do social relationships have impact on health?

Social support is evidently a complex, dynamic phenomenon shaped by a broad range of highly diverse variables. Understanding and becoming familiar with the explanatory models and mechanisms for the action of social support are essential with a view to designing research hypotheses, conducting appropriate statistical tests and refining our current knowledge. More specifically, the complexity of the various links among the supportive and unsupportive aspects perceived by individuals in the context of illness or stress presupposes the existence of heuristics going beyond causal or linear relationships between variables. For this reason, sophisticated statistical models are required to explain the status of social support variables in relation to adjustment or nonadjustment criteria for subjects facing illness or stress. Cohen et al. (2000) suggest in this regard that it is essential to view research within a theoretical scope – to identify
the phenomena requiring quantification as part of a quasi-experimental approach while also maintaining a holistic vision of social integration and of perceived and received positive or negative support within a specific context.

However, these methodological requirements are subject to multiple limitations: Uchino (2004) suggests refraining from dissociating structural and functional support; while Cohen et al. (2000) acknowledge the difficulty of differentiating stressful situations from ordinary situations that could in fact be unappraised stressful situations (e.g., daily stressors). Finally, the course of most illnesses involves long-term pathological processes, and the experience of social support and integration evolves over any individual’s lifetime. As a result, experimental or quasi-experimental studies in this area are difficult to conduct or, at the very least, compartmental in nature.

From a statistical viewpoint, the identification of mediating and moderating variables requires thorough analysis of the data insofar as a causal model may involve simultaneous mediation and moderation effects (Brauer, 2000). These two processes can, indeed, be combined such that moderation becomes mediated or mediation becomes moderated, for example, where the effect of the mediating variable depends on the value of a moderator variable, such as a personality variable or contextual variable (Muller et al., 2005).

Lastly, a further limitation governing social support as it is currently studied relates to the failure to take emotions into account. Interest in the issue of emotions and positive affects in relation to health was subject to a recent review of the literature (Pressman and Cohen, 2005), who reiterated the question of the
importance of social relationships in this regard. The authors (op. cit., 2005) stated that they were persuaded that socialization and the quality of social ties constitute the major link between positive affects and health. These positive affects can help individuals to foster social contacts and develop attachment behaviors. In this regard, the social resources associated with positive affects appear to help reduce stress and reinforce perceived capacity for coping. Individuals with highly positive affects also appear to have less involvement in social conflicts.

As such, social support could be only the tip of an iceberg of hidden underlying phenomena with positive affects “orchestrating” in some manner the quality and quantity of social resources while also generating emotions, behaviors and cognitions that promote health.

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