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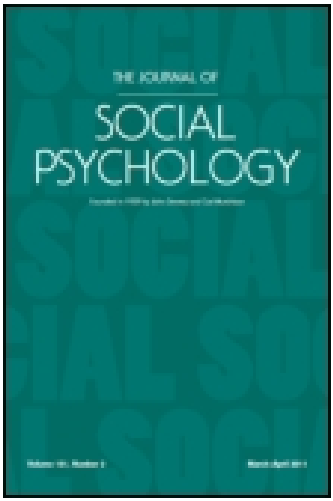

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Social Support, Reciprocity, and Well-Being

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Social Support, Reciprocity, and Well-Being

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ABSTRACT. Systematic random-sampling procedures were used to gather a sample of 191 community residents in Kaohsiung city, Taiwan, and survey them regarding (a) amount of social support given and received; (b) perceived reciprocity of support in relationships with family members, friends, and colleagues; (c) negative affect; and (d) psychological symptoms. Extraversion and social desirability were also measured. Both receiving and giving support were related to negative affect after controlling for the effects of extraversion and social desirability. These two personality factors also substantially masked the negative impact of support on psychological symptoms. Reciprocity of support within the family domain was related to well-being. Individual differences in support exchanges were noted, and women received more support than men.

SOCIAL SUPPORT has been conceptualized as the beneficial interpersonal transactions that protect people from adverse effects of stressful occurrences (Cohen & McKay, 1984). Being helped is often rewarding and leads to positive feelings toward the helper. There is extensive evidence that various kinds of social support—instrumental, emotional, and social—provide benefits for health, mental health, and happiness (Sarason, Sarason, & Pierce, 1990; Veiel, 1992). However, evidence increasingly suggests that being helped can lead to negative reactions, especially when the help poses a threat to one's own idea of self-management (Coates, Wortman, & Abbey, 1979; Miller & Steinberg, 1975), damages self-esteem and self-confidence (Williams & Williams, 1983), risks self-discrediting (Depaulo, 1982), evokes feelings of helplessness (McLeroy, DeVellis, DeVellis, Kaplan, & Toole, 1984), contradicts broad gender stereotypes (Chesler & Barbarin, 1984), or does not match the needs of the recipient (Tracey, Revenson, Schiafino, Majerovitz, & Gibofsky, 1991).

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Giving support can be a source of positive affect (Cialdini & Kenrick, 1976). There may be satisfaction in helping a loved one or in feeling competent. Giving help, however, can be tiring and emotionally exhausting. Those in the medical and helping professions and administrators who deal with many people sometimes suffer from burnout (Maslach & Jackson, 1982), which can happen in everyday life when others are very demanding, physically or emotionally, and drain one's "fund of sociability" (DiMatteo & Hays, 1981; Weiss, 1974). Other problems of giving help may involve fear of possible interpersonal conflicts (Chesler & Barbarin, 1984; Wortman & Lehman, 1985) and social contagion/emotional contamination (Coyne, 1976), personal distress (Wortman & Dunkel-Schetter, 1979), and feelings of inadequacy and incompetence (Wortman & Lehman, 1985).

Both seeking and giving support can be risky and possibly require special skills (Goldsmith & Parks, 1990). It has been suggested, therefore, that there is a dark side to helping (Lu & Argyle, 1992). However, the mainstream social support research has been largely biased toward studying its beneficial effects on well-being. Although there is some general recognition of the potential harmful effects of social support in relation to negative affect (La Gaipa, 1990), empirical evidence is still patchy and mainly scattered in sociological literature or clinical observations. In a previous study, Lu and Argyle (1992) found that giving support was related to feelings of being burdened and frustrated, whereas receiving support was related to feelings of dependence and guilt. Moreover, receiving support was related to inflated reports of symptoms of anxiety. The sample of voluntary British adults ($N = 65$) in that study, however, was small. Thus, the negative support/well-being link needs further replication in a larger, more representative sample. Moreover, in the aforementioned study, the negative affects measured were restricted to those interpersonal relationships involved in support transactions. It is important to determine whether those negative affects also influence a broader realm of personal life, especially domains of general interpersonal interactions. Therefore, I tested the following hypothesis empirically:

Hypothesis 1. The amount of support received and given correlates negatively with general well-being.

The balance between help given and help received may be important. Equity theory states that people are more satisfied with relationships when the balances of both partners' inputs and outputs are similar (Hatfield, Uten, & Traupmenn, 1979). There is evidence of a norm of reciprocity; that is, partners in a relationship would be expected to reward each other equally. Thus, in the context of social support, both overbenefiting (that is, receiving too much support) and underbenefiting (giving too much support) may be detrimental to well-being, resulting in inflated levels of negative affect and psychological symptoms. Unfortunately, there has been no consensus on how to operationalize and mea-

sure the construct of reciprocity or its role in well-being (Van Tilburg, Van Sonderen, & Ormel, 1991).

Nevertheless, the idea of taking into account the relationship context in studying social support is of interest. Indeed, research has pointed out that interaction patterns vary greatly with the nature of social relationships; for instance, "communal" relationships, such as love, are often contrasted with "exchange" relationships, such as interactions with strangers (Argyle, 1991; Clark & Reis, 1988). In turn, perceived reciprocity is also likely to differ. For instance, in a work-site study, Buunk, Doosje, Jans, and Hopstaken (1993) found that employees perceived relationships with colleagues as equal more often than they perceived relationships with supervisors as equal. Buunk et al. confirmed that perceived reciprocity was related to negative affect, even after controlling for the effects of levels of work stress.

Hence, perceived reciprocity in relationships may be another important contributor to negative impact incurred through support exchanges. In this study, I examined three major types of social relationships: family, friends, and coworkers. Specifically, I tested the following hypothesis:

Hypothesis 2. Perceived reciprocity of support exchanges with family, friends, and colleagues affect well-being.

Few studies have focused on characteristics of the recipient, the provider, and the setting, and these variables may determine whether effective support is provided. According to Lu (1995) and Lu and Argyle (1992), women, better educated persons, extraverts, persons with strong internal control, and those with rich social resources receive more support, and extraverts give more support. Extraversion seems to be an important dimension in this context because it is a trait affecting nearly all other dimensions, such as sociability, assertiveness, ability to empathize with others, positive attitudes toward others, and competent social skills, and is directly relevant to successful support transactions (Hansson, Jones, & Carpenter, 1984; Heller & Swindle, 1983; Sarason, Sarason, Harker, & Basham, 1985). Extraversion may also be a major correlate of well-being (Argyle & Lu, 1990).

A somewhat similar relation involves another personality trait, social desirability (the tendency to present oneself in accordance with socially approved expectations). Both giving and receiving (with gratitude) social support are socially desirable behaviors, because the self is presented as happy and healthy. Because both extraversion and social desirability are related to support exchanges and well-being, they may constitute the third variable in the support/well-being relationship, thus somewhat masking the negative impact of support on well-being. Examining the roles of extraversion and social desirability can perhaps help identify the negative impact of support on well-being and provide important information for future research. On this basis, I formulated the third hypothesis:

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Hypothesis 3. Extraversion and social desirability alter, to some extent, the support/well-being relationship.

Method

Sample and Procedure

Multistage systematic probability random-sampling procedures were used to sample 200 adults, between 18 and 65 years old, living in one randomly chosen district in the metropolitan city of Kaohsiung, Taiwan. Results were based on a final sample of 191 respondents. All respondents were interviewed at home with structured questionnaires during July and August 1994.

The sample consisted of 91 men (48%) and 100 women (52%). The mean age was 34.52 years (SD = 11.33); 43% of the respondents were between 18 and 30 years old, 27% between 31 and 40, 21% between 41 and 50, and 8% were between 50 and 65. More than half (62%) were married. Most (65%) had received up to 12 years of formal education, with a mean of 12.9 years of education (SD = 9.57). Overall, this sample was predominantly young, married, and well educated, and there were slightly more women than men.

Measurements

Demographic information on each respondent's age, sex, marital status, and education attainment was recorded. Personality traits of extraversion and social desirability were measured by the E and L scales (respectively) of the Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975).

Well-being, mental health, and negative affect were the dependent measures. Psychological symptoms were assessed with the Chinese version of the SCL-90-R (called the Brief Symptoms Rating Scale; Derogatis, Rickels, & Rock, 1976). Only three of the subscales were used: Depression, Anxiety, and Common Somatic Symptoms. Negative affect was measured on four dimensions: feelings of being burdened, frustrated, guilty, and dependent. Respondents rated frequency of experiencing each negative feeling on bipolar scales ranging from 0 to 10.

Social support was measured in two parts: receiving and giving support. Respondents answered the 15-item Inventory of Socially Supportive Behavior (Barrera, 1981), which included all forms of social support (e.g., emotional support, tangible support, information support, and companionship). An example is "How much social support have you received in the past 6 months?" They also indicated frequency of receiving each supportive behavior on scales ranging from 1 to 4. A total score was computed to indicate amount of received support. The same questionnaire was used to measure support given. An example is "How

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much social support have you given to other people in the past 6 months?" Again, a total score was computed to indicate amount of support given.

Perceived reciprocity of support was measured in three domains: Respondents were asked to compare support and help they had given to their family/friends/colleagues with what they had received from these sources and to check one of the three categories: (a) less (overbenefiting), (b) about the same (equal), and (c) more (underbenefiting).

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Results

Possible group differentials on support exchanges were examined. The only significant finding was that women reported receiving more support than men, $t(192) = 2.14$, $p < .05$. Because there was no other group difference in terms of age, marital status, or educational attainment, all statistical analyses were based on the total sample.

Hypothesis 1 was tested by using Pearson correlation analyses. That hypothesis stated that different support exchanges elicit different dimensions of negative affect and that receiving support is related to feelings of guilt and dependence, whereas giving support is related to feelings of being burdened and frustrated. Thus, two scores of negative affect were derived by adding guilt and dependence as negative affects resulting from receiving support (NARec), and by adding burdened and frustrated as negative affects resulting from giving support (NAGiv). Zero-order correlations did not show any significant relationships between support and negative affect, although receiving support was correlated very marginally with NARec, $r = .12$, $p < .10$, whereas giving support was correlated marginally with NAGiv, $r = .13$, $p < .10$. In addition, both receiving and giving support were correlated negatively with psychological symptoms. Correlation coefficients ranged from –.18 to –.26, all statistically and very marginally significant.

Hypothesis 3 was tested with a series of Pearson correlations and partial correlations. First, zero-order correlations showed that both extraversion and social desirability were correlated slightly but positively with receiving support, $r = .19$, $p < .05$, and $r = .16$, $p < .05$, respectively, and with giving support, $r = .16$, $p < .05$, and $r = .26$, $p < .001$, respectively. Second, extraversion was negatively but marginally correlated with NAGiv, $r = .17$, $p < .05$, and depression, $r = -.20$, $p < .01$, whereas social desirability was negatively but marginally correlated with depression, $r = -.17$, $p < .05$, anxiety, $r = -.27$, $p < .001$, and somatic symptoms, $r = -.18$, $p < .05$.

Finally, after social desirability was partialed out, the previously nonsignificant pairs of correlations—giving support and NAGiv, and receiving support and NARec—became statistically though weakly significant (partial $r = .15$, $p < .05$, and partial $r = .17$, $p < .05$, respectively). As for psychological symptoms, controlling for the effects of social desirability resulted in substantial weakening of

the previously significant correlations; in fact, three pairs of partial correlations—receiving support and somatic symptoms, giving support and anxiety, and giving support and somatic symptoms—were not significant. Partial correlation coefficients then ranged from –.03 to –.23 for psychological symptoms. A similar pattern was observed when effects of extraversion were partialed out. Thus, Hypothesis 3 was broadly, if very marginally, supported.

Reciprocity and Well-Being

Hypothesis 2 was tested via analyses of variance (ANOVAs) with post hoc comparisons. A composite score of negative affect was derived by summing all four dimension scores. Thus, 12 one-way ANOVAs (3 relationship domains × 4 well-being criteria) were conducted. Three statistically significant results emerged, all in the family domain: For depression, $F(2, 191) = 5.45$, $p < .01$; for somatic symptoms, $F(2, 189) = 4.04$, $p < .05$; and for negative affect, $F(2, 178) = 4.17$, $p < .05$. Post hoc comparisons revealed that the overbenefited group ($M = 38.41$) suffered significantly less negative affect than the equal group ($M = 40.47$) or the underbenefited group ($M = 43.55$). On the other hand, the underbenefited group ($M = 3.13$) suffered significantly less depression than the equal group ($M = 5.29$) or the overbenefited group ($M = 6.23$). There was a similar pattern in somatic symptoms (underbenefited $M = 1.89$, equal $M = 2.85$, and overbenefited $M = 3.94$). Thus, Hypothesis 2 was supported within the family context.

Discussion

This study revealed support for the view that social exchanges have an impact on well-being through negative affect and psychological symptoms. However, this impact can be largely masked by personality factors such as extraversion and social desirability. After those variables were controlled, the results indicated that receiving support was related to feelings of guilt and dependence, whereas giving support was related to feelings of being burdened and frustrated. Furthermore, the consistent finding of a protective relationship between support exchanges and psychological symptoms was also substantially destroyed after the effects of extraversion and social desirability were partialed out. In addition, perceived reciprocity of support within the context of familial interactions affected both negative affect and psychological symptoms.

Negative social interactions and their associations with psychological distress and well-being have recently been assessed in a number of studies (Finch, Okun, Barrera, Zautra, & Reich, 1989). Dissatisfaction with relationships where support is received or given, as a narrower version of the concept of negative social interaction, also contributes to negative affect (Lu & Argyle, 1992). In the present study, well-being measures were not restricted to experiences within those relationships where support exchanges took place; thus, the results not only

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replicate the previous findings about the disadvantages of both receiving and giving support but also extend these adverse effects to the more general realm of well-being, including minor psychological complaints.

However, it should be noted that the hypothesized negative impact of support exchanges was not apparent in the zero-order correlations. In fact, extraversion and social desirability not only quantitatively reduced the negative impact of support on psychological symptoms but also qualitatively altered its impact on negative affect. On the one hand, because most social support studies have not included analyses of personality factors, this finding helps explain why the potential negative effects of support on well-being were consistently ignored on the statistical level; on the other hand, it might challenge the robust finding of the protective effects of support. Although I do not claim that the beneficial support/well-being relationship is a totally spurious one, I urge researchers and practitioners to reconsider some of the theoretical assumptions inherent in current social-support conceptualizations and to reassess the evidence for its protective effects.

The other issue explored was the role of perceived reciprocity of social support in relation to well-being. Somewhat surprisingly, reciprocity was salient only in the context of within-family interactions. On the basis of both equity theory and the distinction between communal and exchange types of relationships, interactions between family members are usually considered the communal type, in which those concerned do not keep track of rewards or costs to themselves but are more concerned with the needs of others (Argyle & Henderson, 1985; Clark & Reis, 1988). In contrast, interactions with friends and colleagues are more often considered the exchange type, where one's inputs and outputs are constantly monitored. What, then, can be the possible explanation for those findings?

First, because there is likely to be a norm of reciprocity governing relationships with friends and colleagues, unequal situations rarely occur in reality, and hence the importance of reciprocity in these domains is diminished. The finding (Buunk et al., 1993) that most people perceive their relationships with colleagues as more or less equal provides partial support for this speculation. Indeed, in the present study, relationships with colleagues were also most often perceived as equal (69%), closely followed by relationships with friends (62%) and those with family members (50%). This tendency may explain the insignificance of reciprocity in interactions with friends and colleagues, yet it still does not explain the salience of reciprocity within the family; the distinct phenomena of Chinese social interactions must be delineated.

The universe of Chinese social relationships can be divided into the coexistent inner system and the collective outer system. The former is composed mainly of family members, roughly corresponding to the Western idea of the primary group, whereas the latter involves people outside the family, corresponding to the secondary group.

More important, the operational disciplines for the two systems are quite dif-

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ferent, thus resulting in rather distinct patterns of interactions. The inner/within-family system in China operates on the principles of *eng qing* (gratitude for parents' rearing), attachment feelings, and personal obligations. Both rearing behaviors on the part of parents and filial duty on the part of offspring are practices of these disciplines. Furthermore, some of the more primitive and more deeply rooted human affections exist within the family and complement the high moral teachings that bond family members together. It must be stressed that the family is the most basic and important social institution in Chinese society.

On the other hand, the outer/outside-family system operates according to the principles of harmony and control. Pursuit of harmony between people, and between nature and people, has always been the ultimate goal of Chinese culture. Expression of spontaneous emotions is therefore regarded as a threat to interpersonal harmony and is consequently restrained under rigid display rules. Only the socially approved affections, namely, the positive ones, are permitted in interactions with people outside the family.

Based on this distinction between the inner and outer systems, the experience of interpersonal distress of the Chinese people differs depending on the nature of the relationships concerned (Yu, 1991). Because feelings, both positive and negative, are permitted more within than outside the family, negative affect and psychological distress caused by lack of reciprocity within the family (versus that provided by friends and colleagues) are more likely to be observed. This tendency is exactly what the present study of Chinese respondents indicates.

This result does not completely discredit the usefulness of the distinction between communal and exchange relationships, but it serves to underline the importance of reciprocity, even within the intimacy of familial relationships. Furthermore, both underbenefiting and overbenefiting in relation to support can be detrimental to well-being. Burnout of family members who are primary caregivers of members with chronic medical conditions as well as depression in elderly members who are dependent are examples (Lu & Chen, 1995).

Finally, women in the present study received more support than men, perhaps because women actively seek more support in times of crisis or are usually more involved in social networks (Allan, 1989), and they may have more close relationships than men with other people (Reis, Senchak, & Solomon, 1985).

A note of caution must be added. Most of the results reported here were based on correlational analyses, with the highest r being .27. Although statistically some of these correlation coefficients were significant (according to their p levels), the amount of variance explained was small, about 7% with a correlation coefficient of .27. Therefore, support for the hypotheses must be interpreted with extreme caution.

The hypotheses were confirmed in general. Receiving and giving support had some negative effects on well-being, although that impact was largely masked by the personality traits of extraversion and social desirability. Nonetheless, the negative impact of social support was not restricted to those relation-

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ships directly involved in support transactions, nor was it restricted only to negative interpersonal feelings or to the exchange type of relationship. Therefore, in future research on social support, roles of personality factors should be included in the analyses, and the issue of reciprocity should also receive more rigorous examination.

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