Defining Social Support in Context:
A Necessary Step in Improving Research, Intervention, and Practice

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A substantial body of work on the concept of social support has resulted in many definitions, but none have been accepted as definitive. The lack of consensus about the definition of social support has resulted in a lack of consistency and comparability among studies. More important, the validity of any study attempting to measure or influence social support is undermined by the use of generic definitions, which lack contextual sensitivity. In this article concept analysis is used to evaluate definitions of social support to ascertain their utility for research. The authors argue that a contextualized approach to the definition of social support is necessary to improve clarity in research, and results in interventions or practices that are useful. They also assert that the development of a contextualized definition of social support requires qualitative methods to explore the meaning of social support with groups of people for whom intervention research is ultimately intended.

Keywords: *social support; concept analysis; critical appraisal; definition; qualitative methods; qualitative research*

The notion of social support, and the thesis that it is good or even necessary to have social support, is not new. Although the term was coined only in the second half of the 20th century, its intuitive properties have been written about and extolled for centuries. Darwin (1871/1952) wrote extensively of the benefits of being a social animal. In particular, being part of a cohesive group provided protection from predators and continuation of the species. Darwin also conferred emotions such as love, satisfaction, pleasure, and sympathy on the social animal. With reference to sympathy, Darwin stated, "Those communities which included the greatest number of the most sympathetic members, would flourish best, and rear the greatest number of offspring" (p. 309). In his oft-cited study of suicide, Durkheim (1952) analyzed the effect of family membership on suicide. According to Durkheim, adequate family density is most important in protecting against suicide; however, it is the properties of the dense family group that are most applicable to the discussion of social support. In particular, Durkheim referred to consistently sharing in the "group life," where "collective sentiments are strong" and "each individual conscience is echoed in all others, and reciprocally" (p. 201). Durkheim

recognized that the more a group has in common, the more "active and constant is the intercourse among its members" (p. 202) and the more socially integrated it becomes. Extending this rationale to political societies, Durkheim concluded that the more strongly a group is constituted, the greater it protects against suicide.

At the turn of the 20th century, Simmel (1917/1950a) wrote about the social life of groups and noted that in a small social group, "the contribution of each to the whole and the group's reward to him are visible at close range; comparison and compensation are easy" (p. 88). In a subsequent essay, Simmel (1908/1950b) discussed the negative psychological impact of urban living compared to rural living; Thomas and Znaniecki (1920) developed this discussion in their study of Polish migrants to America. They concluded that leaving their socially cohesive Polish villages for a large and impersonal American city resulted in social disorganization and behavioral problems for the migrants.

Although these authors never used the term *social support*, a brief look at the social support literature would lead many to conclude that that is, indeed, what they were talking about. From these early discussions and studies, it would be difficult to discern exactly what aspects of the social context were beneficial to which people and under what circumstances. However, since the introduction of the term *social support* in the 1970s, the discussion of such questions has been vast. To this end, we have seen a proliferation of definitions and theoretical discussions of the concept of social support.

The *Collins Dictionary* (Collins, 1989) defines *definition* as "the act of making clear or definite" (p. 329). Even the most cursory investigation into the social science literature will reveal that the definition of social support is neither clear nor definite. In an analysis of the linkage between theory and research related to social support, Hupcey (1998a) stated,

> Social support is a multi-faceted concept that has been difficult to conceptualise, define and measure. Although this concept has been extensively studied, there is little agreement among theoreticians and researchers as to its theoretical and operational definition. As a result, the concept remains fuzzy and almost anything that infers a social interaction may be considered social support. Social support researchers have consistently ignored the complexity of the concept and have measured the variable in a simplistic manner. (p. 1232)

AIMS

Originally , we undertook a literature review to identify a definition of social support that could be applied to the experience of being a new parent. This review revealed an enormous and complex body of literature. Rather than clarifying the definition of social support, the academic literature revealed a fractured and confused concept. In particular, definitions of social support were many and varied. Their use seemed inconsistent, and definitional constructs bore little direct relevance to the contexts in which they were used for research and intervention studies. Our aim in this preliminary study, therefore, is to critically appraise the way in which definitions of social support have been developed, and to assess the impact this might have on the utility of the concept for research, intervention, and practice. When context is ignored, and research instrumentation reflects this, the research

product is likely to be flawed. Based on the critical appraisal of definitions of social support in the academic literature, we will make the theoretical argument that social support must be defined in a contextually specific way for it to be relevant. We will also argue that the most effective approach to the development of definition is a qualitative one.

REVIEW METHODS

Concept Analysis and Critical Appraisal of the Literature

Although the idea of a concept might be as variable as any other, the *Collins Dictionary* (Collins, 1989) defines it as "a general idea that corresponds to some class of entities and consists of the essential features of the class" (p. 264). This definition would be supported by most people but will be augmented here by Morse (1995), who described concepts as "abstract 'cognitive representations' of perceptible reality formed by direct or indirect experience" (p. 33).

Concept development does not reside wholly within the realm of academia. It is intrinsically linked to language and cultural development, and in this sense, Morse's description of a concept is most fitting. Yet, it is within the realm of academia that concepts are examined and where their "development" as academic tools becomes important. Let us be clear about the fact that when a 5-year-old says, "I hope I get a bike for Christmas," and when a woman says, "I love you," they have enough understanding of the concepts of *hope* and *love* to use them appropriately. In fact, when a woman says, "I love you," she has enough "direct or indirect experience" (Morse, 1995, p. 33) to know how the concept of love will vary depending on whether she says this to her child, her lover, her mother, or her friend. Concept development in an academic sense is necessary for purposes of academic discussion and understanding. Unfortunately, the more a concept is developed within academia, the more complex and/or generalized it seems to become. Either way, its application for research, intervention, and practice is limited, as it cannot provide the detailed "reality formed by direct or indirect experience" (p. 33) that is peculiar to the context being studied.

To illustrate this further, consider the intense academic scrutiny applied to concepts such as caring, hope, empathy, and, indeed, social support. Despite this attention, no single definition for any of these concepts is accepted as the ultimate definition, to be used confidently in research across all contexts. Instead, the sheer volume of information about these concepts encourages some researchers to ignore their complexity and employ simplified, generic measurement tools in their work. Although these tools might have good psychometric properties (though many do not), their relevance to a particular group of people in a particular situation is unknown. Rather than shying away from concept complexity, however, we need to acknowledge that concepts that are shared by academia and lay people, such as caring, hope, empathy, and social support, are complex because they are used and understood in a myriad of ways, even within the same culture and language groups. If researchers articulate this premise, the next logical question would be How do the people I wish to study use and understand the concept of care, or hope, or empathy, or social support?

In this study, we critically appraised definitions of social support to ascertain the "maturity" of the concept of social support and to assess its utility for research, intervention, and practice. A mature concept is one that is well defined "with characteristics or attributes identified, boundaries demarcated, preconditions specified, and outcomes described" (Morse, Hupcey, Mitcham, & Lenz, 1996, p. 255). According to Morse, Hupcey, Mitcham, et al.,

> Concept analysis techniques may be used to evaluate the level of maturity or the level of development of selected . . . concepts in five ways: (a) to identify gaps in . . . knowledge; (b) to determine the need to refine or clarify a concept when the concept appears sloppy or appears to have multiple meanings; (c) to evaluate the adequacy of competing concepts in their relations to phenomena; (d) to examine the congruence between the definition of the concept and the way it has been operationalized; or (e) to ascertain the fit between the definition of the concept and its clinical application. (p. 256)

The concept of social support as it is discussed and defined in the literature appears mature but needs clarifying. Morse, Hupcey, Mitcham, et al. (1996) suggested that when a concept "appears 'mature,' and there is a large body of literature that includes definitions and rich descriptions, such as clinical exemplars and quantitative instruments, but the concept is measured using various variables and is applied in different ways in research" then the type of concept analysis that should be undertaken is "concept clarification" (p. 270). As well as evaluating the maturity of a concept according to the five ways suggested by Morse, Hupcey, Mitcham, et al. (1996), we suggest evaluating the methods used to develop concepts and their definitions, and the congruence this has with how the concept is used.

Unlike other qualitative methods, articles describing the methods of critical appraisal of the literature are few. According to Morse (2000), "A critical appraisal of the literature is conducted in order to explore the pragmatic utility of concepts . . . It provides information about the usefulness of the concept to science" (p. 334). In an earlier article, Morse, Hupcey, Mitcham, et al. (1996) briefly described a number of techniques that are used when analyzing the literature. Starting with a relatively large body of literature, or "data base," most researchers would in some way adhere to the following techniques: (a) sort the literature into categories and often subcategories; (b) note commonalities and differences among the categories, then compare with other parts of the literature so that assumptions, values, and content can be made explicit; and (c) ask questions of the literature to enable concept delineation if necessary. Morse (2000) went on to outline four guiding principles for conducting a critical appraisal of the literature: (a) be clear about the purpose, (b) ensure validity, (c) identify significant analytical questions, and (d) synthesize results. These principles are described comprehensively and preserve the principles of research rigor; however, they are not meant to be prescriptive. We agree with the rationale and methods of concept analysis and critical appraisal of the literature proposed by Morse and her colleagues and have been guided by their work in this study.

The aim of this study was to clarify the way in which social support has been developed and defined in the literature, and to assess the impact this has on the utility of the concept for research, intervention, and clinical practice. Keeping this in mind, we appraised the literature critically using the following procedures.

Identifying Definitions of Social Support

We identified existing definitions of social support through a search of academic databases, including Psychinfo, CINAHL, Medline, and EBSCOhost (which includes Academic Search Elite and Health Source: Nursing/Academic Edition). Once identified, an indication of the current use of definitions was determined through a search of the Social Science Citation Index and the CINAHL database between 1996 and 2001.

For the identification of definitions, we initially entered the term *social support* into the search for each database. This resulted in an unwieldy number of articles. Subsequent searches included terms such as *definition*, *concept*, *theory*, *meaning*, and *instrument*. These searches were more manageable and uncovered many, but not all, of the articles used in this study. By far the most satisfactory method of identifying definitions of social support was a kind of snowball technique. Using this technique, we located all references to definitions of social support in the articles found through initial database searches. These references were then obtained, further references identified from the text, and so on. We carried out the initial searches in 2001, with additional database searches being conducted up until the time of submission. Although these searches were extensive, they cannot be said to be exhaustive. Despite this, we are confident that the definitions located represent the bulk of those that exist and are adequate for a critical appraisal of the literature.

We considered a statement delineating the concept of social support a definition under the following circumstances: (a) the author explicitly or implicitly identifies it as a definition of social support; (b) the author uses it to guide his or her discussion of social support; and (c) the author uses it to guide his or her research into social support. Identified definitions and supporting discussions provided the data on which these findings have been based. We tabulated all identified definitions, and identified and analyzed characteristics about their development and scope.

Analyzing Definitions of Social Support

We critically appraised the definitions of social support in each article using a four-step process that was guided by grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998) and the guiding principles suggested by Morse (2000). First, we created a table containing columns for the reference, the quoted definition, and key attributes of each definition. Second, we grouped similar attributes from all definitions into categories. Third, we refined categories to eliminate repetition and to identify characteristics of remaining categories, and fourth, we derived a composite definition of social support from the analysis to act as an overarching synthesis of existing definitions (Figure 1).

Judging the Appropriateness of Existing Definitions

By way of example, we examined definitions to ascertain their appropriateness for use in the context of being a new parent. As well as appraising their main attributes, we reviewed each definition for the following: consideration of support provider; approach to definition development; context from which, and for which, definition was derived; and intuitive applicability to the context of being a new parent (Table 1).

We judged the maturity of the concept of social support by assessing the clarity and uniformity of the concept across definitions and the utility of the concept in the context of being a new parent. In particular, maturity was judged against three of the four principles described by Morse, Hupcey, Penrod, and Mitcham (2002): The epistemological principle—Is the concept clearly defined and differentiated from other concepts? The pragmatic principle—Is the concept useful? The linguistic principle—Is the concept used consistently and appropriately? A fourth principle, the logical principle, asks whether the concept holds its boundaries through theoretical integration with other concepts. It was not our intention to determine the extent to which the concept of social support was integrated with any other concept. Therefore, judging concept maturity against this principle was beyond the scope of this study.

RESULTS AND DISCUSSION

We identified 30 definitions of social support from the literature. Twenty-five of these definitions are in current use across disciplines and research areas (Table 2).

The critical analysis of all definitions identified a number of categories, both shared and unique. These categories include notions of time (short or long term) and timing (when); relationships and social ties (structure, strength, type, nature); supportive resources (emotional, material, skill or labor, time, cognitive, information, feedback); intentionality of support; impact of support (positive or negative); recognition of support need; perception of support; actual support; satisfaction with support; characteristics of recipient; and characteristics of provider. For ease of presentation and to demonstrate the complexity of the concept of social support as it is described in the literature, these categories have been synthesized into a composite definition (see Step 4, Figure 1).

The social support literature is immense. Despite this, the concept of social support remains confusing, and the first step in this process confirmed that no single definition was adequate for use in the context of being a new parent. Broadly speaking, this critical appraisal revealed that it might be the way in which researchers and academics have approached the task of defining social support that renders it inadequate for research. Most authors draw on theoretical discussions or quantitative research bound by theoretical frameworks of others. As a result, it has been very difficult to operationalize these definitions, because they lack exemplars or "grounding" in experience or specific context. The two authors in this critical appraisal who derived their definition from the context in which it will be applied also provided detailed exemplars, which aid understanding and utility of their definitions (Coffman & Ray, 1999, 2001; Gottlieb, 1978).

The Roads to Definition

There have been a number of excellent discussions of the concept of social support and its definitional complexity (Hupcey, 1998a; Stewart, 1993). As is the case with this study, these authors have found that the concept of social support has been defined in various ways. Definitions range from the very vague and nonspecific, for example, "adequate evidence that actions are leading to anticipated consequences"
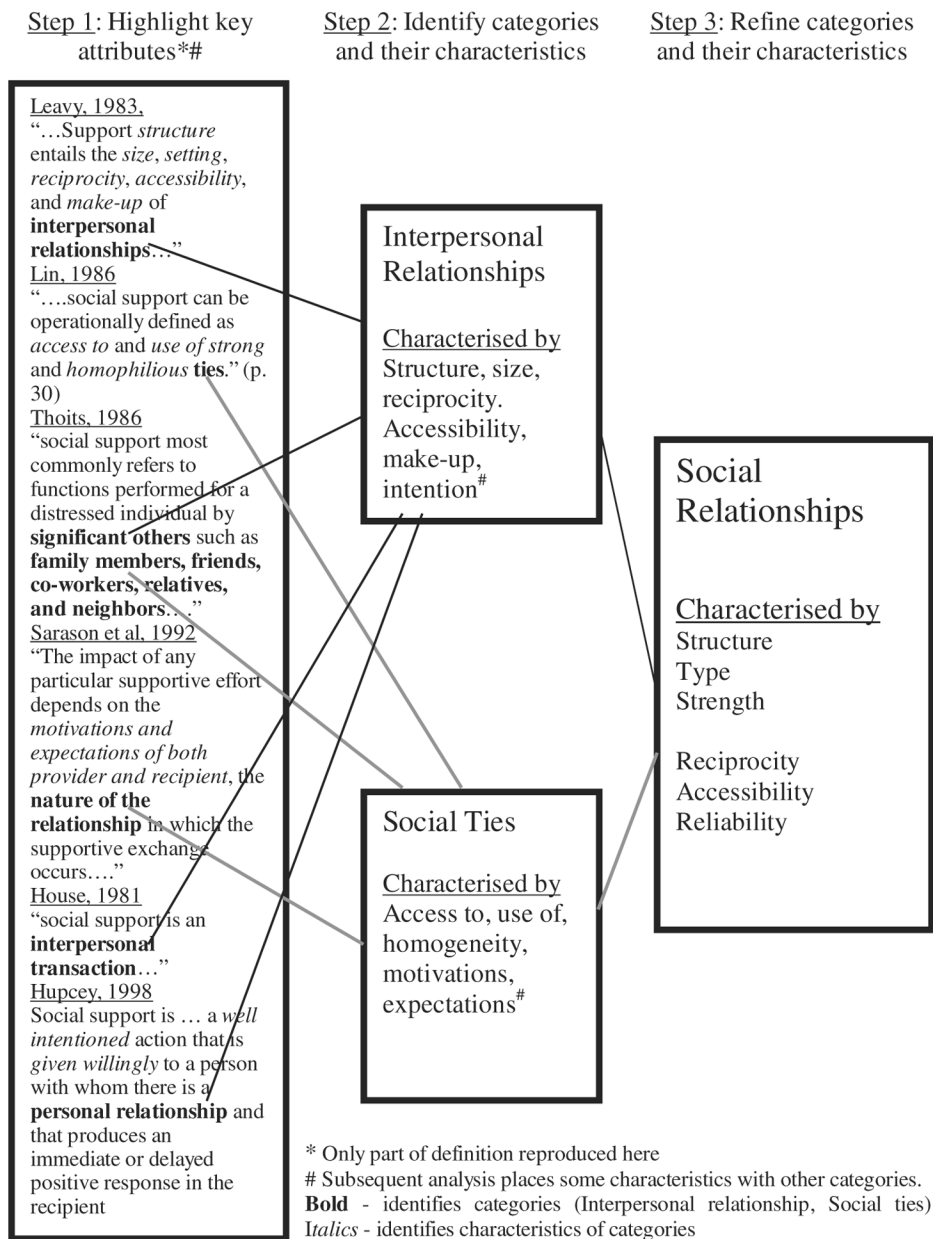
Step 1: Highlight key attributes*#   Step 2: Identify categories and their characteristics   Step 3: Refine categories and their characteristics

Leavy, 1983,
"…Support *structure* entails the *size*, *setting*, *reciprocity*, *accessibility*, and *make-up* of **interpersonal relationships**…"

Lin, 1986
"….social support can be operationally defined as *access to* and *use of strong* and *homophilious* **ties**." (p. 30)

Thoits, 1986
"social support most commonly refers to functions performed for a distressed individual by **significant others** such as **family members, friends, co-workers, relatives, and neighbors**…."

Sarason et al, 1992
"The impact of any particular supportive effort depends on the *motivations and expectations of both provider and recipient*, the **nature of the relationship** in which the supportive exchange occurs…."

House, 1981
"social support is an **interpersonal transaction**…"

Hupcey, 1998
Social support is … a *well intentioned* action that is *given willingly* to a person with whom there is a **personal relationship** and that produces an immediate or delayed positive response in the recipient

Interpersonal Relationships

Characterised by
Structure, size, reciprocity.
Accessibility, make-up, intention[#]

Social Relationships

Characterised by
Structure
Type
Strength

Reciprocity
Accessibility
Reliability

Social Ties

Characterised by
Access to, use of, homogeneity, motivations, expectations[#]

* Only part of definition reproduced here
# Subsequent analysis places some characteristics with other categories.
Bold - identifies categories (Interpersonal relationship, Social ties)
I*talics* - identifies characteristics of categories

FIGURE 1a: Analyzing Definitions of Social Support

(Cassel, 1976, p. 113), to the very detailed and specific definitions developed by Gottlieb (1978) and Coffman and Ray (1999, 2001), which we will discuss in greater detail below. In addition to the specificity of the various definitions of social support, authors have approached the development of definition from a number of disparate angles. Some have drawn on the work of others directly, by explicitly including it in their own definition of social support. For example, Leavy (1983) built on the definition developed by House (1981), and Shinn, Lehmann, and Wong (1984)

Step 4: composite definition and synthesis of definitions of social support *

SOCIAL SUPPORT can be defined **TEMPORAL**LY as **short term** or **enduring** and its **meaning and significance may vary over the life course**. Social support requires the existence of **SOCIAL RELATIONSHIPS**, with their **structure, strength and type** determining the type of social support available. Whether social relationships are supportive depends on certain **conditions** such as ***reciprocity, accessibility and reliability***, and an individuals **use** of the social relationship. Social relationships have the potential to provide **SUPPORTIVE RESOURCES** which include; **emotional resources** – these may take the form of emotional *expression* which may *sustain* an individual in the short or long term; *instrumental* emotional support which may help an individual *master their emotional burdens*; ***Coherence support*** which may be overt or covert information resulting in confidence in an individuals preparation for a life event or transition; ***validation*** which may result in an individual feeling someone *believes in* them; and ***inclusion*** which may result in a sense of belonging. Many aspects of the emotional resources offered by others can be considered either ***conditions*** of emotional provision, ***outcomes*** of emotional provision or both, for example feeling *loved* or *cared for*, feeling *attached* to or *able to confide* in another may be conditions or outcomes of effective emotional resource provision. Other outcomes may include the sustenance of *self esteem*, *security* and a *reliable alliance* with another. Other supportive resources include; **Intimate resources** such as ***sharing*** of ones self, **material resources** such as the provision of ***goods, money*** or ***tools***, **skill or labour resources**, **time resources** such as when one provides *companionship, accompaniment* or *extended care*, and, **cognitive resources** which may be ***direct or indirect cognitive guidance***, usually regarding a specific problem and usually *overt* except in the case of social comparison which is *covert*. As well as the potential provision of supportive resources, social ties may also **DISTRACT** an individual *from their problem focus.* The provision of **INFORMATION or** ***feedback regarding the recipient*** or ***their situation*** in *particular* or *generally* is inherent across all the supportive resources. Potentially supportive interactions may be **INTENTION***al* or ***unintentional*** and have a ***positive*** or ***negative*** **IMPACT** on the recipient and or the provider. The impact of potentially supportive interactions is influenced by a ***recognition*** of an individuals **NEED** and the extent to which supportive behaviours are ***perceived*** to have ***satisfied*** the need or resulted in a ***positive outcome*** for the recipient. Perceived and actual social support is also influenced by **CHARACTERISTICS OF THE RECIPIENT** such as their ***affect***ive state, ***appraisals*** of *need, self* and the resources they are offered, and the ***action*** they take; **CHARACTERISTICS OF THE PROVIDER** also influence social support and include ***appraisals*** of *need* and *self*, the *willingness* of the ***action*** they take and the ***outcome*** of their actions for *them*selves and their *relationship* with the recipient.

*Note: **CAPITALS** signify categories; **bold lower case** signify sub-categories; ***bold italics*** signify characteristics of categories; *italics* signify specific terms used in one or more definitions.

FIGURE 1b: Analyzing Definitions of Social Support

built on that stated by Shumaker and Brownell (1984). Others developed previous work indirectly through inductive use of the literature to date (Barrera & Ainlay, 1983; Cohen & Syme, 1985; Cutrona & Russell, 1990; Heller, Swindle, & Dusenbury, 1986; Hilbert, 1990; House, 1981; MacElveen-Hoehn & Eyres, 1984; Schaefer, Coyne, & Lazarus, 1981; Shinn et al., 1984; Shumaker & Brownell, 1984; Vaux, 1990). Some

TABLE 1: Critical Appraisal of Definitions

Author	Definition	Main Constructs and Concepts	Inductive or Deductive Development	Context From and For Which Definition Derived	Intuitive Applicability to Postnatal Context, Limitations
Caplan, 1974b, dissertation (formal discourse) on social support	"Both enduring and short term supports are likely to consist of three elements: the significant others help the individual mobilize his psychological resources and master his emotional burdens; they share his tasks; and they provide him with extra supplies of money, materials, tools, skills and cognitive guidance to improve his handling of his situation" (p. 6). It is not intended as an "all-inclusive analysis of the meaning and significance of social ties and groupings" (p. 5).	Feedback about self and expectations of others; augmentation of an individual's strengths to facilitate mastery of environment	Deductive, based on thesis proposed by Cassel (1973); draws on evidence provided by a number of research studies	Maintenance of health, buffering against ill health; no consideration of support provider	As a general definition, it can easily be placed in the postnatal context. However, its use is limited because of its general nature; the definition provides no insight into how the positive outcomes of "mobilized psychological resources," "mastered emotional burdens," and "improved handling of situation" are to be achieved, or through which mechanisms (e.g., maintenance of self-esteem, or validation of worth and abilities). No consideration is given to the support dynamic, reciprocity, mutuality, equality; the author provides no exemplars or detail relevant to new parents.
Cobb, 1976, dissertation on social support	"Social support is defined as information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligation" (p. 300).	Information; person-environment fit; mutuality; network	Deductive—apparently derived from intellectual endeavor and supported by human studies spanning the life cycle	Moderator of life stress; physiological and psychological health; no consideration of support provider	The definition is restricted to information resulting in a feeling of being loved, esteemed, and so on. This definition includes the concept of mutuality (and, by extension, the idea of reciprocity) and also highlights the need for support to result in feeling others value you. The definition is vague, and no detail is given to allow it to be operationalized for research.

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Source	Definition	Key concepts	Approach	Context	Commentary
Coffman and Ray, 1999, 2001, grounded theory, qualitative study of high-risk pregnant African American women	"The phrase 'being there' summarized the women's definition of support. Support was further described as 'caring,' 'knowing,' 'believing in,' 'sharing information,' and 'doing for' the other. . . . These categories provided the structural description of support from the view of women and support providers. . . . support was a reciprocal process, and helpers described receiving support from pregnant women" (p. 486), from the women's definition. The authors developed a theory of mutual intentionality "initiated by awareness of a need and completed as a transactional process. In this process, both the pregnant woman and her helper mutually agreed to meet the woman's need. At the same time support givers supplied resources needed by the women, they enhanced their own well-being, and the quality of their relationships with the pregnant women was enhanced" (p. 483).	Being there; caring; respecting; knowing; believing in; sharing information; doing for; considers the relationship rather than specific behaviors	Inductive—definition born of women's and providers' experiences and views	Pregnancy and postnatal period for high-risk African American women; definition considers support provider—the provider is also a recipient of positive outcomes generated by the relationship	This definition is very context specific. Although parallels can be drawn to the postnatal context generally, this would be speculative and should be supported by data from other postnatal groups.
Cohen and Syme, 1985, introductory chapter to the study and application of social support	"Social support is defined as the resources provided by other persons. By viewing social support in terms of resources—potentially useful information or things—we allow for the possibility that support may have negative as well as positive effects on health and well-being . . . meaning and significance of social support may vary throughout the life cycle" (p. 4).	Implies meaning of social support changes—dependant on circumstance and individual	Deductive, based on general literature	Health; no consideration of support provider	Definition is too general and lacks detail. It limits support to information and things. The general nature of definition might reflect the authors' implication that operationalization and measurement of support should be tailored to context. As it stands, it is not very useful for the postnatal context and does not consider the provider.

(continued)

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TABLE 1 (continued)

Author	Definition	Main Constructs and Concepts	Inductive or Deductive Development	Context From and For Which Definition Derived	Intuitive Applicability to Postnatal Context, Limitations
Gottlieb, 1978, study of informal helping behaviors; sample of 40 single mothers; interviews; content analysis	Informal helping behavior (social support) includes emotionally sustaining behaviors (unfocused talking, provides reassurance, provides encouragement, listens, reflects understanding, reflects respect, reflects concern, reflects trust, reflects intimacy, provides companionship, provides accompaniment in stressful situation, provides extended period of care), problem-solving behaviors (focused talking, provides clarification, provides suggestions, provides directive, provides talking, provides clarification, provides suggestions, provides directive, provides referral, monitors directive, buffers from stress, models/provides testimony of own experience, provides material aid and/or direct service, distracts from problem focus), indirect personal influence (reflects unconditional access, reflects readiness to act), and environmental action (intervenes in the environment to reduce source of stress) (pp. 110, 111).	Emotionally sustaining behaviors; problem-solving behaviors; indirect personal influence; environmental action	Inductive—definition based on views and experiences of single mothers	Single mothers; no consideration of support provider	This definition is applicable to the postnatal period but specifically for single mothers with older children. It is more detailed about types of behaviors that are supportive than other definitions. The author deliberately did not analyze the outcome of support behavior on woman; that is, helping behaviors or qualities of the helper were coded, but not how that help made the woman feel (p. 107). Therefore, it is impossible to make conclusions about the psychosocial effect of the support (although some intuitive assumptions can be made). Gottlieb also found that certain problems were influenced by different support behaviors (as you would expect), which further supports the contention that definitions need to be tailored to context; who gives support and why was not analyzed.

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| House, 1981, book on social support and work stress, includes a good general discussion of social support | "Both scientific experts and relatively uneducated laypersons agree that social support is an interpersonal transaction involving one or more of the following: (1) emotional concern (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self evaluation)" (p. 39). | Emotional concern; instrumental aid; information; appraisal | Could argue that this definition is inductive, in that it was derived from existing literature, but the existing literature is largely deductive | Work stress and health; however, definition is derived from the general literature and so might be considered appropriate as a generalized definition; definition considers support provider, discussed in larger body of work and implied in definition | This is probably the most comprehensive and explicit of the general definitions of social support, being derived, as it was, from a number of previous definitions, including that of Gottlieb (1978). Unlike Gottlieb's definition however, it is not derived from a specific context (even though its intention was to be used in the context of organizational work). Like all other general definitions, its use would be based on the assumption that it was an accurate and comprehensive definition of social support in the postnatal context, something that is not known and should not be assumed. Although House's definition has considered Gottlieb's in its derivation, this is no guarantee that it is sufficient in the postnatal context for first-time mothers and fathers. |

NOTE: The example includes 6 of the 30 definitions identified and critically appraised.

TABLE 2:   Definition Citations in the General Literature (1996-2001)

Author	Number of General Citations
Albrecht and Adelman, 1987	2
Barrera and Ainlay, 1983	1
Caplan, 1974b	19
Cassel, 1976	15
Cobb, 1976	64
Coffman and Ray, 1999, 2001	2
Cohen and Syme, 1985	27
Cutrona and Russell, 1990	0
Dunkle-Shetter and Skokan, 1990	7
Gottlieb, 1978	2
Gottlieb and Pancer, 1988	2
Heller, Swindle, and Dusenbury, 1986	2
Hilbert, 1990	0
Hirsch, 1980	1
House, 1981	19
Hupcey, 1998b	3
Jacobson, 1986	0
Kahn and Antonucci, 1980	4
Leavy, 1983	2
Lin, 1986	16
Lin, Simeone, Ensel, and Kuo, 1979	6
MacElveen-Hoehn and Eyres, 1984	0
Pilisuk, 1982	3
Procidano and Heller, 1983	6
Sarason, Sarason, and Pierce, 1992	0
Schaefer, Coyne, and Lazarus, 1981	7
Shinn, Lehmann, and Wong, 1984	1
Shumaker and Brownell, 1984	4
Thoits, 1986	5
Vaux, 1990	3

NOTE: Limited to a search of CINHAL and the Social Science Citation Index.

authors demonstrate little critical rejection or acceptance of prior definitions in the development of their own (Pilisuk, 1982; Procidano & Heller, 1983). As illustrated in our composite definition (Figure 1, Step 4), the concept of social support is a complex one. By attempting to break it down and understand it through an analysis of the academic literature, we continue to ignore the importance of contextual detail. To not know the detail of social support in a particular context will lead to problems in assessing social support and undertaking intervention.

In the minority, only 2 of the 30 authors identified for this critical appraisal have employed qualitative methods in the development of their specific and contextualized definitions of social support. Using semistructured interviews with a sample of single mothers, Gottlieb (1978) developed a classification scheme of informal helping behaviors based on the experiences of this group of women. Content analysis of the interviews revealed 26 categories of helping behaviors, which were organized into four main constructs: emotionally sustaining behaviors, problem-solving behaviors, indirect personal influence, and environmental action. Each of these constructs was defined clearly and exemplified using quotes from women in the sample. More than 20 years later, Coffman and Ray (1999, 2001) used grounded theory to develop a theory of support processes in low-income African

American women during high-risk pregnancy and early parenthood. Data from these women, close support providers, and health care providers were collected through interviews and observation. Although the substantive theory of support that emerged was labeled Mutual Intentionality, the phrase Being There summarized the women's definition of support. Being There implied that "the support giver was available and willing to provide help when needed" (p. 479). Other constructs emerging from their data were caring, respecting, sharing information, knowing, believing in, and doing for. Like Gottlieb, Coffman and Ray defined each construct that emerged from the data explicitly and exemplified it with quotes from the study participants.

When comparing existing definitions of social support, it is clear that the method used to develop the definition has a major influence on construct inclusion. From the point of view of research, intervention, and practice, definitions need to be operationalized. It is by way of the constructs, inherent in definitions, that this occurs. Hupcey (1998a) noted that despite the many definitions of social support, they all possess common characteristics. This convergence is most evident in the definitions that are derived using the literature, and it is no wonder, as they have used other definitions in the development of their own. In many cases, only the terminology is different, as the assumed meaning of constructs remains the same. Consider, for example, the constructs of emotional support (Cutrona & Russell, 1990; Heller et al., 1986; Hirsch, 1980; Procidano & Heller, 1983; Schaefer et al., 1981), emotional concern (House, 1981), emotional assurance (Pilisuk, 1982), and intimate interaction (Barrera & Ainlay, 1983; Hilbert, 1990). Although a few authors defined what they meant by the construct (House, 1981; Schaefer et al., 1981), others assumed a collective understanding. However, such an assumption is misplaced when it comes to adopting one of these definitions in a research study. A definition must be operationalized if it is to be used to guide measurement and intervention. Without a clear understanding of what each construct in a definition means, the definition is not useful.

Contrast these often vague but convergent constructs with the unique construct of Being There (Coffman & Ray, 1999). Although it could be argued that this is simply another term for emotional support, the detail given by the authors allows this construct to be operationalized in terms of availability of time, energy, and space. Because of the qualitative development of their definition, Coffman and Ray were also able to include information about the timing of this type of support and the nuances of this type of support when provided by different people. Of course, this definition is intended to be used only with women who share the characteristics of their sample. Some might see this as a limitation of the definition, arguing that its application is restricted. We contend, however, that its restricted application makes this definition a powerful tool in research, intervention, and practice with low-income African American women during high-risk pregnancy and early parenthood.

Considering Theoretical Underpinnings

Another factor influencing construct inclusion in definitions of social support is the theoretical perspective of the authors. Thirty years of discussion and investigation

of social support have resulted in an excess of possible conceptual and theoretical underpinnings for the phenomenon. In a thorough examination of social support and its significance for researchers and practitioners in the field of nursing, Stewart (1993) outlined a number of theories that have influenced the conceptualization of social support, including coping theory, social comparison theory, social exchange theory, attribution theory, social learning theory, and social competence.

In addition to theoretical perspectives, definition construction is also subject to overriding paradigms. The most salient in the discussion of social support is the stress, coping, and social support paradigm. The concepts of stress, coping, and social support, and the interrelationships among them, have been discussed in relation to both physiological and psychological health. Early theorists were particularly concerned with the role of social support in the prevention of disease (Caplan, 1974a; Cassel, 1976). They suggested that evidence from animal and human studies indicated a buffering or cushioning effect of social support, which protected the individual from the "physiologic or psychologic consequences of exposure to the stressor situation" (Cassel, 1976, p. 113). To explain the observed protective effects of social support, Cobb (1976) subscribed to the theory that social support facilitates coping and adaptation, that it acts as a moderator of life stress. These explanations can be considered examples of the buffering model of social support, which states that social support protects individuals from the harmful effects of stressful events and facilitates coping (Stewart, 1993).

An alternative model is the main-effect, or direct-effect, model. Rather than intervening between stressors and the individual, this model proposes that social support directly benefits well-being by fulfilling basic social needs (Thoits, 1982), or through emotionally induced effects on immune system functioning (Pilisuk, 1982). Regardless of the model they subscribe to, however, these authors construct social support in a similar way, emphasizing the individual's need for access to support, to feel cared for and part of a group. The difference between those definitions that subscribe to the buffering model and those that subscribe to the main-effect model lies in the timing of support, with main-effect advocates implying a more continuous role for social support and buffering advocates emphasizing social support as a response to times of stress.

This discussion has highlighted the complexity and ambiguity of the concept of social support, yet research that includes social support as a variable measures the same constructs over and over again (Hupcey, 1998a). Only a facet of the concept is ever operationalized for research, and measures of social support invariably fall into one of three categories: (a) social network and social integration variables, (b) received support, and (c) perceived available support (Hupcey, 1998a). Despite being important to theorists, the conceptual and theoretical models that underpin many of the existing definitions are ignored when it comes to operationalizing these definitions for research. Perhaps one explanation for the superficial measurement of social support in research is, in fact, the complexity and ambiguity of the concept. It would be impossible to operationalize all related constructs or to consider all theoretical and conceptual models of social support in any one study. It would perhaps make sense to limit measurement to one discrete model of social support. In doing this, though, how can researchers be sure to have captured the meaning of social support? It appears they cannot, unless the model of support they choose to operationalize reflects the meaning of social support to the people they are studying within the context of interest.

The Case for Context

One thing that is striking in this study is the generalized, or global, nature of definitions of social support. Some of the authors of these definitions acknowledged that the concept of social support is a complex one and implied that its meaning might depend on context. House (1981) suggested that to attempt to measure all aspects of social support indicated in his definition "would be impossible and fruitless in any single situation or study" (p. 28). He went on to say that it is the task of research to discover which issues are important. In a similar vein, Shinn et al. (1984) suggested that efforts to improve health and well-being by increasing social support should begin with an assessment of an individual's needs and social support constraints. Cohen and Syme (1985) believe that "the meaning and significance of social support may vary through the life cycle" (p. 4), creating a need to understand the meaning of social support at different periods in life. A global definition of social support is certainly appealing, but the continued pursuit of an all-encompassing definition is not only futile, it might be seriously limiting research, intervention, and practice.

The concept of social support is not in its infancy. However, when judged against the epistemological, pragmatic, and linguistic principles described by Morse, Hupcey, Penrod, et al. (2002), it is clearly not fully developed, or mature. Rather than being well defined (epistemological principle), there are multiple and competing definitions. Although it can be broadly operationalized (pragmatic principle), there is a lack of contextual detail to make it useful for research, and although the concept of social support is used broadly, its definition is inconsistent and often inappropriate (linguistic principle).

It is naive to think that a concept can be developed to the point where it can be applied usefully to all situations. At a certain point, its development needs to become context specific. This, in turn, will lead to a broader understanding of the concept, which, in its turn, can be discussed and debated. Given its theoretical and practical complexities, the concept of social support has surely reached this point. Although many have alluded to this (Cohen & Syme, 1985; House, 1981; Shinn et al., 1984), none have argued explicitly for a different approach to how the concept of social support is defined.

In light of this discussion, we are advocating a qualitative and contextual approach to the definition of social support. Theoretical discussions of social support are important but should remain secondary and in response to research that details what is and is not socially supportive, and why, from the view point of those experiencing a particular situation. We are proposing a change in the way researchers and theorists approach the difficult question of 'what is social support?' This change should be away from the deductive hypothesis testing approach that has dominated research and discussion until now, to an inductive, hypothesis-forming approach. Rather than imposing a definition on a context in which it might not fit, we should derive definition from context to ensure fit. This can be done only by asking people what social support means to them. Qualitative methods are best suited to this task and might be used as part of a qualitative paradigm of inquiry (such as phenomenology, ethnography, grounded theory) or simply as a series of techniques (Morse, Hupcey, Mitcham, et al., 1996). Qualitative methods of data collection, such as unstructured and semistructured interviews, focus groups, and observation, make it possible to identify what is socially supportive in what circumstances. The complexities and nuances of relationships, timing, and modes of delivery can be

discerned using qualitative methods, and participants are in a position to clarify the information they give. Just as important, qualitative methods can identify what is not socially supportive even when intention is good. In contrast, a theoretical approach to the development of a definition of social support allows it to become entrenched in a conceptualization that is removed from real life. Using a quantitative approach, a researcher might collect data from an appropriate subset of people, but the techniques used to do so, such as surveys or structured interviews, are necessarily influenced and constrained by the researcher's understanding of the concept of social support. The details derived from a qualitative approach allow researchers to operationalize the concept of social support in a way that adheres to the meanings prescribed by people with direct experience of the context they wish to study (Creswell, 1998). This, in turn, will allow confident measurement and intervention that will ultimately lead to confident conclusions about the role of social support in certain contexts, something that has been lacking in research to date.

In this study, we have critically appraised definitions of social support found in the literature and concluded that of the 30 definitions identified, the only 2 that can be used with any confidence are those developed by Gottlieb in 1978 and by Coffman and Ray in 1999. These researchers used qualitative methods and defined social support for the contexts they studied, avoiding generalizations to other contexts. We contend that a qualitative and contextualized approach is the most effective way to develop a definition of social support that can be used in research, intervention, and practice. To test this, we have commenced a qualitative study of the meaning of social support to new parents. Data from this study will be used to clarify the concept of social support in the context of being a new parent. The utility of a working definition developed from this study will be compared to other definitions prevalent in the literature. It will also be used to develop guidelines for measurement, intervention, and assessment in the context of being a new parent.

Although definitions of social support will be context specific, the qualitative and inductive approach to their development should be universal. Other approaches are simply not as effective in the development of definitions that can be used in research, intervention, and practice. We strongly recommend that any researchers attempting to measure social support or intervene at the level of social support first employ qualitative methods to understand the meaning of social support to the people they wish to study. The development of context specific definitions will require extra research time and money initially; however, the benefits will be seen in the appropriate and unambiguous measurement, implementation, and interpretation of social support studies, which will result in efficacious clinical and community interventions.

REFERENCES

Albrecht, T., & Adelman, M. (1987). Communication networks as structures of social support. In T. Albrecht & M. Adelman (Eds.), *Communicating social support* (pp. 40-61). Newbury Park, CA: Sage.

Barrera, M., & Ainlay, S. L. (1983). The structure of social support. *Journal of Community Psychology, 11*, 133-143.

Caplan, G. (1974a). Support systems. In G. Caplan (Ed.), *Support systems and community mental health* (pp. 1-40). New York: Behavioral Publications.

Caplan, G. (Ed.). (1974b). *Support systems and community mental health*. New York: Behavioral Publications.

Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology*, *104*, 107-123.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38*, 300-314.

Coffman, S., & Ray, M. A. (1999). Mutual intentionality: A theory of support processes in pregnant African American women. *Qualitative Health Research*, *9*, 479-492.

Coffman, S., & Ray, M. A. (2001). African American women describe support processes during high-risk pregnancy and postpartum. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 31*, 536-544.

Cohen, S., & Syme, S. L. (1985). *Social support and health*. Orlando, FL: Academic Press.

Collins. (Ed.). (1989). *Collins concise dictionary*. London: Collins.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.

Cutrona, C. E., & Russell, D. W. (1990). Type of social support and specific stress: Toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 319-366). New York: John Wiley.

Darwin, C. (1952). *The origin of species: The descent of man*. Chicago: Encyclopaedia Britannica. (Original work published 1871)

Dunkle-Shetter, C., & Skokan, L. A. (1990). Determinants of social support provisions in personal relationships. *Journal of Social and Personal Relationships, 7*, 437-450.

Durkheim, E. (1952). *Suicide: A study in sociology*. London: Routledge Kegan Paul.

Glaser, B., & Strauss A. (1967). *The discovery of grounded theory*. Chicago: Aldine.

Gottlieb, B. H. (1978). Development and application of a classification scheme of informal helping behavior. *Canadian Journal of Behavioral Science*, *10*, 105-115.

Gottlieb, B. H., & Pancer, S. M. (1988). Social networks and the transition to parenthood. In G. Y. Michaels & W. A. Goldberg (Eds.), *The transition to parenthood: Current theory and research* (pp. 235-269). New York: Cambridge University Press.

Heller, K., Swindle, R. W., & Dusenbury, L. (1986). Component social support processes: Comments and integration. *Journal of Consulting and Clinical Psychology, 54*, 466-470.

Hilbert, G. A. (1990). Measuring social support in chronic illness. In O. L. Strickland & C. F. Waltz (Ed.), *Measurement of nursing outcomes: Measuring client self care and coping skills* (pp. 79-95). New York: Springer.

Hirsch, B. J. (1980). Natural support systems and coping with major life changes. *American Journal of Community Psychology, 8*, 159-172.

House, J. S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.

Hupcey, J. E. (1998a). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing*, *27*, 1231-4121.

Hupcey, J. E. (1998b). Social support: Assessing conceptual coherence. *Qualitative Health Research, 8*, 304-318.

Jacobson, D. E. (1986). Types and timing of social support. *Journal of Health and Social Behavior, 27*, 250-264.

Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles and social support. In P. B. Baltes & O. Brim (Eds.), *Lifespan development and behavior* (pp. 253-286). New York: Academic Press.

Leavy, R. L. (1983). Social support and psychological disorder: A review. *Journal of Community Psychology*, *11*, 3-21.

Lin, N. (1986). Conceptualising social support. In N. Lin, A. Dean, & W. Ensel (Eds.), *Social support, life events and depression* (pp. 17-21). New York: Academic Press.

Lin, N., Simeone, R. S., Ensel, W. M., & Kuo, W. (1979). Social support, stressful life events, and illness: A model and an empirical test. *Journal of Health and Social Behavior, 20*, 108-119.

MacElveen-Hoehn, P., & Eyres, S. (1984). Social support and vulnerability in families and vulnerable infants. *Birth Defects: Original Article Series, 20*, 11-43.

Morse, J. M. (1995). Exploring the theoretical basis of nursing using advanced techniques of concept analysis. *Advances in Nursing Science, 17*, 31-46.

Morse, J. M. (2000). Exploring pragmatic utility: Concept analysis by critically appraising the literature. In B. L. Rodgers & K. Knafl (Eds.), *Concept development in nursing* (pp. 333-352). Philadelphia: W. B. Saunders.

Morse, J. M., Hupcey, J. E., Mitcham, C., & Lenz, E. R. (1996). Concept analysis in nursing research: A critical appraisal. *Scholarly Inquiry for Nursing Practice: An International Journal, 10,* 253-277.

Morse, J. M., Hupcey, J. E., Penrod, J., & Mitcham, C. (2002). Integrating concepts for the development of qualitatively-derived theory. *Research and Theory for Nursing Practice: An International Journal, 16,* 5-18.

Pilisuk, M. (1982). Delivery of social support: The social inoculation. *American Journal of Orthopsychiatry, 52,* 20-31.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology, 11,* 1-24.

Sarason, I. G., Sarason, B. R., & Pierce, G. R. (1992). The contexts of social support. In H. O. F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support: The series in clinical and community psychology* (pp. 143-154). New York: Hemisphere.

Schaefer, C., Coyne, J. C., & Lazarus, R. S. (1981). The health related functions of social support. *Journal of Behavioral Medicine, 4,* 381-405.

Shinn, M., Lehmann, S., & Wong, N. W. (1984). Social interaction and social support. *Journal of Social Issues, 40,* 55-76.

Shumaker, S. A., & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. *Journal of Social Issues, 40,* 11-36.

Simmel, G. (1950a). The significance of numbers for social life. In K. H. Wolff (Ed.), *The sociology of Georg Simmel* (pp. 87-104). New York: Free Press. (Original German work published 1917)

Simmel, G. (1950b). The metropolis and mental life. In K. H. Wolff (Ed.), *The sociology of Georg Simmel* (pp. 409-424). New York: Free Press. (Original German work published 1908)

Stewart, M. J. (1993). *Integrating social support in nursing.* Newbury Park, CA: Sage.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Thoits, P. A. (1982). Conceptual, methodological and theoretical problems in social support as a buffer against life stress. *Journal of Health and Social Behaviour, 23,* 145-159.

Thoits, P. A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology, 54,* 416-423.

Thomas, W., & Znaniecki, F. (1920). *The Polish peasant in Europe and America.* New York: Knopf.

Vaux, A. (1990). An ecological approach to understanding and facilitating social support. *Journal of Social and Personal Relationships, 7,* 507-518.

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