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The Differences in Family and Non-Family Perceived Social Support Among White, African-American, Hispanic, and Asian Subjects

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Perceived social support can be defined as the perception of an individual as being with those people and involvement from other people. Research indicates that perceived social support is an important factor in physical as well as mental health. Perceived social support is a positive social, it is necessary for individuals to have an understanding of the differences between family and non-family. There are ethnic differences in the amount of individuals have varying degrees. This study focuses on understanding the differences in family and non-family perceived social support between subjects who are White, African-American, Asian, and Hispanic.

THE DIFFERENCES IN FAMILY AND NON-FAMILY PERCEIVED SOCIAL SUPPORT AMONG WHITE, AFRICAN-AMERICAN, HISPANIC, AND ASIAN SUBJECTS

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An Abstract Present to the Faculty of the Graduate School of Lindenwood University in Partial Fulfillment of the Requirements of the Degree of Master of Art.
August 30, 2000

Abstract

Perceived social support can be defined as the perception of an individual to feel emotional support and involvement from other people. Research indicates that social support is an important factor in physical as well as mental health. Because of today's pluralistic society, it is necessary for counselors to have an understanding of the differences between cultures, or races. There are many differences in the values of individuals from varying cultures. This study focuses on determining the differences in familial and non-familial perceived social support between subjects who are White, African-American, Asian, and Hispanic. Volunteers from St. Louis Community College and Lindenwood University were recruited to complete the Scales of Perceived Social Support as developed by MacDonald (1998). T-tests indicated that significant differences between Black and White participants existed in perceived family support and that significant differences between White and Hispanic participants existed in non-familial support. The resulting information can become an asset for counselors who work with multi-cultural clients.

A Thesis Presented to the Faculty of the Graduate School of Lindenwood University
in Partial Fulfillment of the Requirements of the Degree of Master of Arts
August 30, 2000

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Chapter I

Introduction

Perceived social support refers to the individual's subjective judgement of the impact of the social support (Roberts & Cox, 1994). Wortman (1984) lists five types of social support: (1) the expression of positive affect or feelings of caring, (2) the agreement between the individuals' beliefs and feelings, (3) encouragement and acceptance of beliefs and feelings, (4) material assistance, and (5) a network of mutual and/or reciprocal help.

Social support is a difficult concept to define, conceptualize, and operationalize. For example, Rahim (1996) defines social support as "the availability of help in times of need from supervisors, coworkers, family members, and friends" (p. 47). Lipowski (1969) listed three sources of social support for hospital patients: physician and medical personnel, spouse and family, and other patients. Social support can be defined as the belief on the part of an individual that she or he is emotionally supported by other people and also involved with other people (Cobb, 1976). Jacobson (1986) says that social support is "a multidimensional construct with emotional, cognitive, and instrumental or tangible components" (p. 256). Hammer (1983) suggested that social support is a network of people who support an individual who is in a state of crisis and these individuals therefore buffer the individual from some of the harmful effects of stress. As evident by the above, researchers have not yet agreed on the definition of social support. However, for the purpose of this study,

social support is defined as the perception of an individual to feel emotional support and involvement with other people.

The significance of perceived social support as related to overall health and mental health exists. Social support influences the outcome of long-term rehabilitation, according to Kaplan and Questad (1980) and Moriarty, Walls, and McLaughlin (1988). Eli (1984) points out that social support is positively associated with health status. Social support has also been shown to reduce the impact of many negative health problems, such as arthritis, tuberculosis, and low birthweight (Cobb, 1976; Hammer, 1983; Turner, 1981). Most importantly, Wortman (1984) showed that perceived social support is associated with improved emotional adjustment and better coping. Research has suggested that social support directly impacts a person by contributing to his or her psychological well being (Hansson, Jones, & Carpenter, 1984). Increased understanding of social support is of value to counselors, especially in a medical or rehabilitation setting (Roberts & Cox, 1994).

Previous studies have differed in the conceptualization of social support. Roberts and Cox (1994) cite two ways social support has typically been conceptualized in the past: social network size or perceived support. With regard to social network size, structure and function were the dimensions studied (Roberts and Cox, 1994). Ell (1984) points out that social network size and function do not predict whether the support felt is adequate, and perceived adequacy of the social support is more predictive of the positive effects of social support. However, there may be some different components of social support.

Different populations rely on different sources of support to different extents (Funch & Mettlin, 1982). Smith, Redman, Burns, and Sagert (1985) found that married women reported their most important source of support to be their husband, and single women reported that their most important source of social support were relatives, with friends falling just behind relatives. There is a distinction between familial and nonfamilial sources of social support. Familial support can be defined as support received from anyone who is a parent, sibling, spouse, child, or other relative (MacDonald, 1998). Non-family support refers to the support received from friends who are non-family members (MacDonald, 1998).

Society and culture have become pluralistic (Gilliland & James, 1997). Sue (1992) states that failure to understand the worldview of clients may lead counselors to make erroneous interpretations, judgements, and conclusions, which may lead to damaging the client. Counselors must take incorporate a multicultural perspective (Gilliland & James, 1997). Pederson (1987) points out that the majority of the world, even some people who live in the West, operate under the guidance of non-Western values.

Pederson (1988) noted that the US culture is based on a concept of individualism and individual growth. Personal qualities such as competitiveness, independence, and assertiveness are highly valued in people of Western culture. However, in non-Western societies, such as Asian, Hispanic, and African countries, individualism is not a positive value. These cultures generally value cohesiveness, interdependence, and family.

Because of the differences in values between Western people and non-Western people, it is hypothesized that people of differing cultures will show significant differences in their perceived social support. For example, the family characteristics of a Black or African-American are such that there is an extended family network that provides emotional and economic support (Sue & Sue, 1990). Sue and Sue (1990) point out that Hispanic families see family tradition and family unity as a sacred thing. The extended family does not only include blood relatives, but also godparents, maid of honor, and best man (Sue & Sue, 1990). Sue and Sue (1990) say that Hispanic families see the extended family as a resource, and help is usually first sought from family and close friends. Hispanic people also traditionally turn to religion as a strong source of support (Sue & Sue, 1990).

The purpose of this study is to determine if there are significant differences exist in familial perceived social support between African-American or Black subjects and White subjects, between Asian or Asian-American subjects and White subjects, and between Hispanic subjects and White subjects. The purpose of this study is also to determine if significant differences exist in non-familial support between African-American subjects and White subjects, between Asian subjects and White subjects and between Hispanic subjects and White subjects. Social support will be operationalized by utilizing the Scale of Social Support (MacDonald, 1998). Higher scores on the scale indicate higher levels of perceived social support. Family is defined as parents, siblings, spouses, children, aunts, uncles, and other relatives. Non-family is defined as anyone who is a non-

relative. The term culture will refer to one of four self-reported races, African-American or Black, Asian or Asian American, Hispanic or Latino, and Caucasian or White.

Cobb (1976) notes that social support begins in infancy and is best conceptualized as the cultural context. Social support is a social environment that may be felt, is felt (Cobb, 1976). As a child grows, social support is received from family members, peers, educators, and community (Cobb, 1976). As the life cycle concludes itself, social support is again readily sought from family members (Cobb, 1976). Major considerations have been given to emotional support, given by spouse, family and friends (Pearl & Mittler, 1982). Professional support, such as health care and mental health professionals are considered to be secondary emotional supports (Pearl & Mittler, 1982).

The term "social support" is not widely widely used but often misunderstood. There are many varying definitions and uses, specifications of perceived social support. To better understand the variation, we define that perceived perceived social support, as a perception of the extent to which social support is warranted.

In looking at the history of social support, many things seem to be true. Sorenson, Asarnow, and Pierce (1993) point out the same of the earliest efforts of social relationships were in regards to clinical medicine. As the life history of Darwin and Durkheim, the efforts of social support and social connections were observed (Sorenson, Asarnow, & Pierce, 1993). Then such researchers as Cobb (1976) and Carver (1976) began looking at what we now call social support.

Chapter II

Review of Literature

Theoretical Conceptualization of Social Support

Cobb (1976) notes that social support begins in utero and is best recognized at the maternal breast. Social support to a baby is best communicated in the way the baby is held (Cobb, 1976). As a child grows, social support is increasingly derived from family members, peers, co-workers, and community (Cobb, 1976). As the life cycle completes itself, social support is again mostly sought from family members (Cobb, 1976). Major consideration has been given to emotional support given by spouse, family and friends (Funch & Mettlin, 1982). Professional support, such as health care or mental health professionals are considered to be secondary emotional supports (Funch & Mettlin, 1982).

The term "social support" is not only widely used but also often misunderstood. There are many varying definitions and conceptualizations of perceived social support. To better understand the variation in definitions that surround perceived social support, an explanation of the origins of perceived social support is warranted.

In looking at the history of social support, many things come to mind. Sarason, Sarason, and Pierce (1990) point out the some of the earliest effects of social relationships were in regards to clinical medicine. As far into history as Darwin and Durkheim, the effects of social contacts and social networks were observed (Sarason, Sarason, & Pierce, 1990). Then such researchers as Cobb (1976) and Cassel (1976) began looking at what we now call social support.

Cassel (1976) defined social support as the presence of other members of the same species. Cassel reviewed both animal and human social support, and though his research, he recognized that human individuals have a need to strengthen their social support as an attempt to decrease the effect of stress.

Cobb (1976) began his research in the medical field. He explored social support as a moderator of stress and attempted to refine the construct of social support. Cobb arrived at three outcomes for the definition of social support. First, social support is feeling of being cared for by other individuals. Next, social support is the belief that one is loved and cared for by other individuals. Finally, social support is the sense of belonging to a particular social, reciprocal network.

Roberts and Cox (1994) state that previous studies have typically defined the term social support as the social connections, which are provided by the environment. They cite several terms, which help define the realm of social support. These include structure (size, density, multiplicity) and function (material aid, comfort, socialization). Others have defined social support as defined in terms of the availability of persons, such as parents, spouse, siblings, co-workers, and other people who are significantly related to the stressful situation (Rahim, 1996; Lipowski, 1969; and Hammer, 1983).

Wortman (1984) names six types of social support in her definition. The first of these types is expression of positive affect or caring. This may include expressions such as: "I care about you," "I love you," or "I admire you." The second type is an agreement with one's beliefs or feelings. The third type of

support named by Wortman is encouragement of open expression of beliefs and feelings. This aspect is closely related to agreement of beliefs. The fourth type includes the provision of material aid, such as money and food. The next type is the offering of advice or providing information, especially new or diverse information. Finally, the communicating of the inclusion of a person in a network of mutual or reciprocal help. By naming six types of support in her definition, Wortman attempts to be as specific as possible and "avoid definitions that combine diverse social assets into a single measure."

According to Jacobson (1986), social support is defined in terms of "resources that meet needs, social relationships through which an individual's needs are met, or both" (p. 252). For Jacobson, social support can be defined in terms of a cognitive event. He defines three types of social support emotional, cognitive, and material. Jacobson defines emotional social support as behavior, which helps to foster feelings of comfort and inspires feelings within a person that s/he is cared for, loved, respected, and admired. Jacobson refers to cognitive support as information, knowledge, and/or advice that aids the individual in understanding the world and his/her place in it and adjust to the changes that occur within one's life. Finally, he defines material social support as goods, money, or services, which help individuals to solve practical problems.

For the purpose of this study, social support will be defined as "the impact networks have on the individual based on his or her subjective appraisal" because the instrument to be used in this study, the Scales of Perceived Social Support by

MacDonald is concerned solely with the reception of support from others (Roberts & Cox, 1994; MacDonald, 1998).

In addition to the confusion surrounding the definition of social support, there have been many differences in the conceptualization of social support. Previous studies have differed in the conceptualization of social support. Roberts and Cox (1994) cite two ways social support has typically been conceptualized in the past: social network size or perceived support. With regard to social network, size, structure and function were the dimensions studied (Roberts and Cox, 1994). Ell (1984) points out that social network size and function do not predict whether the support felt is adequate, and perceived adequacy of the social support is more predictive of the positive effects of social support. However, there may be some different components of social support.

Measures of network size and availability or adequacy of support have been shown to be only weakly associated (Seeman & Berkman, 1988). This may be because neither the size of the network nor the size of the group of network members to whom the person feels close can indicate how much support he or she actually receives (Strokes & Wilson, 1984).

Jacobson (1986) says that social support may be conceptualized as that which serves to (1) redress the imbalance between perceived demands and perceived resources (by decreasing demands or increasing support) and/or (2) alter the consequences of failure to meet demands. Jacobson also says that social "support may be conceptualized in terms of the way in which an individual attempts to cope with such imbalances and their consequences" (p. 252).

Sarason, Sarason, and Pierce (1990) point out that all available measures of social support fall into three categories. (i) The model of a network that focuses on an individual's integration into a social group and the interconnectedness to the other individuals in the group; (ii) the model that focuses on what an individual actually receives or reportedly receives from social interactions or social contacts; (iii) the model that focuses on perceived social support is that the availability of support as the individual feels he or she needs it.

Research on Social Support

Much interest in social support is derived from the possibility that social support buffers or reduces the effects of stress and facilitated coping (Hansson, Jones & Carpenter, 1984). Cobb (1976) says that purpose of social support is to protect the individual throughout life, especially in the midst of life's transitions. Funch and Mettlin (1982) found that perceived social support was related to greater levels of positive affect and lower levels of negative affect.

The relationship between social support and illness has also been studied. Disorders that are physical and those, which are psychosomatic, have been found to be alleviated by increased amounts of social support (Hansson, Jones, & Carpenter, 1984). Social support has two types of health effects—main and buffer effects (Cohen & Willis, 1985). Buffer effects are those supports, which protect people from the adverse effects of stress (Cohen & Willis, 1985). Main effects are the predominant supports, which are present in social interactions of all kinds and which contribute directly to psychological adjustment and well being (Cohen & Willis, 1985).

However, Hansson, Jones, and Carpenter (1984) state that there is another side to the effect of social support—the negative one. Social support networks may be the source of negative experiences. “Accepting support from others may result in loss of personal control, invasion of privacy, broken promises, or personal conflict...” (Hansson, et al, 1984). Additionally, embarrassment of the loss of one’s job may contribute to this negative side of social support. Also, victims of natural disasters, social comparison with neighbors may actually heighten levels of fear and arousal.

Different populations rely on different sources of support to different extents (Funch & Mettlin, 1982). People of varying ages rely on different people for support. For example, one might speculate that young children rely primarily on their parents, whereas adolescents rely more heavily on friends for support. Procidano and Heller (1983) found that adolescents’ social support lies mainly with the family unit, except when the family unit is unstable or absent. Thuen and Eikeland (1991) found that respondents’ age generally had no effect on perceived social support of adults. It is important to note that very little research focuses on the effect that age of the subject may have on the perception of social support. However, Procidano and Heller concluded that support is not effected by age for children and adolescents as much as by stability of the family unit and the with-in family role differentiation. Moreover, Thuen and Eikeland concluded that the age effect for adults on perceived social support is probably more due to the gender of the respondent.

This begs the question of whether social support has a gender effect. Wright and Maxwell (1991) found some notable differences in the perception of social support between women and men. They found that women ranked the highest perception of social support from adult children, siblings, and parents, then friends, whereas, men ranked the highest perception of social support from friends, then parents followed by adult children (Wright & Maxwell, 1991). Thuen and Eikeland (1998) also found that women reported a higher overall level of perceived social support than men. They also found significant differences in the support received from friends between men and women. In addition, Smith, Redman, Burns, and Sagert (1985) found that married women reported their most important source of support to be their husband, and single women reported that their most important source of social support were relatives, with friends falling just behind relatives.

The Differences in Family versus Non-family Support

There is a distinction between familial and nonfamilial sources of social support. Familial support can be defined as support received from anyone who is a parent, sibling, spouse, child, or other relative (MacDonald, 1998). Non-family support refers to the support received from friends who are non-family members (MacDonald, 1998).

Windle and Miller-Tutzauer (1992) stated that perceived family support and perceived friend support were significantly correlated with each other, and perceived family support and perceived friend support were significantly different from each other in magnitude of support. Procidano and Heller (1983) note that

family networks are by nature longer in duration than friend networks for social support. Windle and Miller-Tutzauer also stated that family and friend support have some common elements with a lower significant correlation. These include social skills and temperament.

Western versus Non-Western Society

Vast differences exist between Western and non-Western societies, and while much of the world operates on non-Western values, the US prides itself on its Western values (Pederson, 1987). Western society has a much different view of the individual (Sue & Sue, 1990). The singular person is emphasized in Western culture, and individuals are often recognized for status, achievement, expressiveness, and assertiveness (Pederson, 1997). It is important to note that most forms of counseling tend to be individual-centered and emphasize the "I" in the relationship. In Western society the family and society emphasize and exist to maximize the individual (Sodowsky, Kwan & Pannu, 1995). In White culture, friendships tend to be many, of a short time commitment, nonbinding, and shared (Sue & Sue, 1990).

In non-Western societies, such as Asian, Hispanic, and African societies, social harmony is attained through family adherence to codes of behavior and hierarchical roles. Extrafamilial relationships take on similar hierarchical characteristics. For Asian and Hispanic cultures, friendships tend to be more intense, long term, and exclusive. According to Sue & Sue (1990) non-Western society tend to focus on family, groups, and collections. Identity is not seen apart

from the group. Characteristics such as the ability to control the self, one's emotions, and behavior are highly valued in these cultures.

Cultural Differences in Social Support

Sue and Sue point out that Asian Americans, Blacks and Hispanics have a distinct cultural heritage, which make them inherently different. These cultures also historically tend to be more collective than the typical Western individualist culture. Because of the differences in values between Western people and non-Western people, it is expected that people of differing cultures will show significant differences in their perceived social support from family and friends.

Social Support in Black Families

Sue (1992) points out the traditional African cultures tend to believe that survival of all depends on the interrelationships among the parts. Thus, the individual is de-emphasized for the good of the whole. Sue uses a story to emphasize this point. A teacher posed this math problem to her class. "Suppose there are four blackbirds sitting in a tree. You take a slingshot and shoot one of them. How many are left?" (p. 7) An African immigrant youth answered the question as zero. When the student was asked to explain her answer the student explained that when the first bird is shot, the rest will fly away. Sue contends that this answer further demonstrates the idea that there exists a holistic relationship in the world and the survival of the group is greater than the survival of an individual. Noble (1976) further supports this view when he says that African heritage stresses group-ness, community, cooperation, and interdependence.

Black families in the United States have a special consideration. Unlike any other culture, there are many more Black families are headed by females (37%) than headed by males (Norton, 1983). Sue and Sue (1990) point out that females head only 11% of White families. Many of the families headed by females in Black families involve a large number of additional relatives to care for the children. Norton (1983) speculates that over 50% of Black families have working mothers that rely on other relatives to assist with childcare.

Among Black families there exists are large extended family which may provide emotional and economic support (Sue & Sue, 1990). Within the Black family, there is the ability to adapt family roles (Boyd, 1992). Sue and Sue (1990) point out that one woman may assume the role of daughter, mother, auntie, cousin, sister, head of household, and father figure in the same household. Also, Thomas and Dansby (1985) state that Black males are much more accepting of Black women's responsibilities such as caring for the children.

Boyd (1992) also points out that there exists a strong religious orientation in Black families, and the family's minister or religious head is often viewed as a member of the extended family. Thomas and Dansby (1985) suggest that often the family minister will be enlisted by Black families to help deal with family conflicts and mental health issues. Boyd (1992) points out that many of the issues that plague Black families are things such as illegitimate births, marital status of family elders, and issues with the paternity of the children. Traditional family therapy may not assist in the dealings with these particular problems because they are not cut and dry solutions (Boyd, 1992). Given the above information about

Black families, it would be expected the Black participants would report high levels of familial support.

Additionally, Black males and females value assertiveness within the family (Sue & Sue, 1990). Norton (1983) points out that Black families tend to instill a very strong sense of self-esteem and self-assertiveness in the children. This need for self-assertiveness and self-esteem may result from the effects of racism (Norton, 1983).

Because of the strength of support contained within many Black families, these families are less likely to seek professional counseling. Additionally, many Black families experience racism and social class variables when considering counseling (Sue & Sue, 1990). Sue and Sue (1990) also point out that Blacks are more guarded, formal and less verbal in counseling than other groups of people, even though the individuals themselves may be open, playful, and expressive with other Black individuals. This guarded nature may lead Black participants to report lower levels of non-familial social support.

Social Support in Asian Families

Sue and Sue (1990) point out the dimensions of relationships with others, especially in Asian cultures where relationships tend to be more linear, authoritarian, and hierarchical. In Asian families, the father is the absolute ruler of the family whereas; Whites typically emphasize horizontal, equal, collateral, and individual relationships (Sue & Sue, 1990). In traditional Asian families, children are taught not to speak until spoken to (Sue, 1992). Asian and Hispanic cultures stress hierarchical rank, formality, and status in relationships (Sue & Sue,

1990). Asian people are also taught that patterns of communication flow from those in higher ranking social positions to those in lower ranking social positions (Sue, 1992). Sadowsky, Kwan & Pannu (1995) also point out that qualities such as silence, moderation in behavior, self-control, patience, humility, modesty, and simplicity are seen as virtues. These traits and qualities are highly valued among individuals. Sue (1992) says that individuals displays traits similar to the above traits are viewed as more mature and wiser.

For Asian cultures, group behavior is often dictated by the group leader (Sue & Sue, 1990). For White cultures, obligation to groups tends to be more limited to an individual's ability to influence the group (Sue & Sue, 1990). For White cultures, individuality is emphasized, valued, and encouraged (Sue & Sue, 1990). For Asian cultures, the importance of the individual is reinforced in education and ability to fit into the group (Sue & Sue, 1990). In Asian cultures especially, the most punitive measure is for the individual to be disowned from the family (Sue & Morishima, 1982). While this is considered a punitive measure in Western culture as well, in Asian culture this means that the individual no longer has identity, and this is viewed as far more negative in Asian society.

In White culture, family and society functions to enhance and maximize individuals (Ponterotto, et al., 1995). Asian families are characterized by interdependence and acting in accordance to avoid shame and protect honor of the family (Ponterotto, et al., 1995). Social control in Asian culture is obtained through obedience to the family and fulfillment of familial obligations (Ponterotto, et al., 1995). In White culture, social control is obtained through

individual self-discipline, confidence, accountability, and social relationships (Ponterotto, et al., 1995).

The concept of "romantic love also differs for members of the Asian culture (Pederson, 1987). Asian families de-emphasize romantic love and put more emphasis on the welfare of the family unit. Thus, the decision on whom an individual family member is to marry is important to the family as a whole. The family will exercise influence on matching the couple and preserving the marriage (Pederson, 1987). Because of the importance placed on marriage and family, one would expect Asian participants to report high levels of familial social support.

Another cultural difference in Asian families is the concept of necessary dependency (Pederson, 1987). One example of this would be the Japanese concept of *Amae*, which refers to the relationship between a mother and a son. In this relationship the son is dependent on the mother while he is young; however, during this time he is being prepared for a time when his mother will be dependent on him. Pederson (1987) points out that this concept is used by many Asian people in the evaluation of relationships, especially relationships between employer and employees and between teacher and student. The society views this interdependency as normal and healthy (Pederson, 1987). Given the nature of non-familial Asian relationships to have a hierarchical component, non-familial relationships would expected to show a low level of social support.

Social Support in Hispanic Families

Sue and Sue (1990) point out that Hispanic families see family tradition and family unity as a sacred thing. The extended family does not only include

blood relatives, but also godparents, maid of honor, and best man (Sue & Sue, 1990). Inclan (1985) points out that for Hispanic families, there is more value in being with the family and experiencing, than in doing something. Hispanic families are hierarchical and special consideration is given to those family members who are elder and male (Sue & Sue, 1990). Within the Hispanic family, there are very clear roles for males and females (Mizio, 1983). In Hispanic families, children are expected to be subservient to adults and are expected to contribute financially to the family (Sue & Sue, 1990).

Mizio (1983) says that children are expected to contribute to the family financially because there exists a reciprocal relationship in the family. The contribution of the children may be financial or it may be in the form of service, such as caring for younger siblings and performing household chores. The parents in Hispanic families will reciprocate these contributions by providing for the children through young adulthood and sometimes during marriage. Later in life the family again engages in a reciprocal relationship when the children take care of the parents financially and the elderly parents contribute to the household by caring for the grandchildren and providing support in household chores and in family problems (Mizio, 1983).

Marriage and family also have a special place in the Hispanic culture (Sue & Sue, 1990). Children are welcome in Hispanic marriages, and they are viewed as a source of pride for the couple (Mizio, 1983). Marriage and childbearing often occurs relatively early in life and marriages are expected to endure, even withstanding some very dire circumstances (Sue & Sue, 1990). Mizio (1983)

points out that early marriage may occur because the sexual behaviors of adolescent females are severely restricted. While male children are afforded greater freedom to go and on, female children's virginity is closely guarded by the entire family. Thus, youthful marriages are prevalent (Mizio, 1983). However, in recent years, youthful marriage is less prevalent because they are vulnerable to dissolution (Vega, Hough & Romero, 1985). However, given the strong role that family has in Hispanic culture, it is expected that Hispanic participants will report a high level of familial social support.

The sex roles in Hispanic marriages are well defined (Mizio, 1983). Males are employed and responsible for the financial well being of the family unit. The male is the sole head of household. The female is required to act subservient to her husband; however, she has full reign of the household and children. The female is expected to conduct household business—such as shopping and nurture the children, deal with schools and the other agencies that the children may be involved with. The female should be the more selfless of the couple (Mizio, 1983).

Sue and Sue (1990) say that Hispanic families see the extended family as a resource, and help is usually first sought from family and close friends. Cooperation, as opposed to competition, is stressed (Sue & Sue, 1990). Religious, especially Catholic, tradition also plays a critical role in the values of Hispanic people and the Catholic priest is often utilized as a source of social support (Yamamoto & Acosta, 1982). Pederson (1987) further emphasizes this point by saying the notion of formal counseling is less preferred than informal

resources that the individual might have. He says that Hispanic families discourage or in some cases disallow individuals from telling intimate family secrets to a stranger. There is a strong likelihood that these issues will be dealt with inside the family system (Pederson, 1987).

The Hispanic culture also has difficulty with self-assertiveness (Yamamoto & Acosta, 1982). They value traits such as selflessness, sacrifice, charity, and forgiveness. Hispanic people generally also believe that they have little control over events or problems and that certain problems and events are meant to be endured because they are lessons (Yamamoto & Acosta, 1982).

Implications to the Counseling World

“Race, culture, ethnicity, and gender are fundamental aspects of each and every one of us... Continuing to deny the impact and importance of these variables is to deny social reality itself” (Sue, 1995, p 491). There is a movement currently to broaden the counseling perspective to take into account race, ethnic identity, and acculturation (Sue, 1990). This movement and resulting new information will help counselors to avoid responding to culturally different clients in stereotypic manners. This movement also serves to encourage counselors to consider and differentiate between the groups and subgroups of people (Casas & Pytuk, 1995). Unfortunately not all counselors are aware or accepting of this movement (Ivey, 1995), and this must change because of the many issues, which are involved in culture. Counselors must be particularly aware of the impact which culture will have on the client and the counseling goals.

Considering the need for counselors to be aware of the importance of social support networks in certain cultures and the fact that vast differences exist between culture, especially in terms of family support and non-family support, it is necessary to look at the differences that exist in social support among differing cultures. The purpose of this study is to determine if there are significant differences between familial and non-familial perceived social support between African-American, Asian, Hispanic, and Caucasian subjects.

Participants were recruited through two local Community Colleges - Piedmont Park, Atlanta, and Kennesaw State University, Kennesaw, Georgia, and graduate students from the University of Georgia. Participants were asked to participate in the study. The demographic profile of the sample is shown in Table 1. Participants were of all races, ages, and levels of education. It was expected that a wide demographic range of people would be included in each group.

Participants were recruited through a variety of means including advertisements in newspapers, the questionnaire. Participants were required to be at least 18 years of age. Some of the participants received extra credit for participating in the research, though not all received extra credit for participating.

The final sample consisted of 114 total participants. There were 30 Black participants, 29 Asian participants, 27 Hispanic participants, and 28 White participants.

The participants ranged in age from 18-61. Black participants ranged in age from 18-55 years, with a mean age of 28.03 years and a standard deviation of 4.27. Asian participants ranged in age from 18-44 years, with a mean age of

Chapter III

Method

Participants

The subjects of this study were volunteers from adult continuing education classes and community college classes in the St. Louis area and undergraduate and graduate students at a private university in suburban St. Louis. Adults were recruited from adult continuing education classes and community college classes offered through the St. Louis Community Colleges—Forest Park, Meramac, and Florissant Valley. Additionally, undergraduate and graduate students from Lindenwood University were asked to participate in the study. The demographic profile of the students in these programs includes people of all races, ages, and levels of education so it was expected that a wide demographic range of people would be contained in each group.

Volunteers were recruited from each of these sources and asked to complete the questionnaire. Volunteers were required to be at least 18 years of age. Some of the volunteers received extra credit as a result of participating in the research, though not all course instructors offered credit to students.

The final sample consisted of 116 total participants. There were 30 Black participants, 29 Asian participants, 27 Hispanic participants, and 30 White participants.

The participants ranged in age from 18-61. Black participants ranged in age from 18-50 years, with a mean age of 28.03 years and a standard deviation of 9.32. Asian participants ranged in age from 18-48 years, with a mean age of

26.34 years and a standard deviation of 9.10. Hispanic participants ranged in age from 18-61 years, with a mean age of 30.85 years and a standard deviation of 12.42. Finally, White participants ranged in age from 18-60 years, with a mean age of 22.9 years and a standard deviation of 8.09. These are presented in Table 1.

Participants' gender was evenly distributed with 51.7 percent of the participants ($n = 60$) being male and 48.3 percent ($n = 56$) being female.

Crosstabulations for race and gender are contained in Table 1.

The participants had levels of education varying from high school completion or equivalency to master's degrees. Forty-four percent of participants' highest level of completed education was high school. Seven percent of participants had achieved Associate's degrees, forty-seven percent had completed Bachelor's degrees, and eighteen percent had completed Master's degrees.

Crosstabulations for race and level of education are contained in Table 1.

Table 1: The crosstabulations for race and gender, race and level of education, and descriptive statistics for age

Variables	Groups	Black		Asian		Hispanic		White	
		n	%	n	%	n	%	n	%
Gender:	Male	19	63.3	14	48.3	12	44.4	15	50.0
	Female	11	36.7	15	51.7	15	55.6	15	50.0
Level of Education Completed:	High School	11	36.7	10	34.5	6	22.2	17	56.7
	Associate's	2	6.7	0	0.0	1	3.7	4	13.3
	Bachelor's	14	46.7	12	41.4	17	63.0	4	13.3
	Master's	3	10.0	7	24.1	3	11.1	5	16.7
Age:	Mean	28.03		26.34		30.85		22.90	
	SD	9.32		9.10		12.42		8.09	

Instruments

The instrument used in this study was the Scales of Perceived Social Support (SPSS) developed by Macdonald (1998). The SPSS is a 56-item questionnaire, which utilizes a 5 point Likert scale; items are divided into two sections, family and non-family. The SPSS includes 3 main scales and 12 subscales. The main scales are Social Support (SS), Social Support-Family (SS-Fa), and Social Support-Friends (SS-Fr). The four subscales are: Emotional Support (EmS), Appraisal Support (ApS), Informational Support (IfS), Instrumental Support (IsS). This scale lists additional subscales which were not utilized for this study.

This instrument was normed on a convenience sample of 363 subjects; students in an undergraduate Social Work program were asked to take the test and recruit friends and family members to also complete the test. The sample ranged in age from 16 to 84 years of age, with a mean age of 32 years. Female subjects constituted 58.4% of the sample. In terms of marital status, 45.4% of the sample was single, 39.0% of the sample was married, and the remaining subjects (10.6%) were separated, divorced, or widowed. There was no indication of the sample's racial breakdown. Considering the above information, this instrument is most appropriate for subjects age 16 or older.

Administration of the SPSS requires no special training. The questionnaire has clear instructions for completing the survey listed at the top. Scoring does not require any special procedures—scores are simply summed.

proved to be statistically significant at the 0.05 level. Additionally, another 60 of the 363 scores were correlated with the Social Desirability scale developed by Strahan and Gerbassi (1972). The obtained correlations were all positive but none was shown to be statistically significant to a 0.05 level. The mean correlation was 0.11, indicating a nonsignificant positive relationship between the scales and social desirability.

Finally, four maximum-likelihood factor analyses were performed for each of the four content areas, as defined by House (1981). The analyses employed a varimax rotation method. The factor loadings for the rotated factor matrix of the family and friends, the eigenvalues, and the percentage of variance were all given.

To establish the number of common factors, a parallel analysis method was employed and used to determine the appropriate criterion value to compare the eigenvalues for the four factor analyses. Factorial analyses revealed that only two factors exceeded the criterion set by Lautenschlager's table. This finding, coupled with the factor loadings, provides evidence of the scales' two underlying main factors-family and friends.

In considering this instrument, it is important to note that the scales were developed using data supplied by a predominantly White, middle-class sample. It has been recommended that further research address the utility of the scales for subjects of varying populations. This study attempts to address this issue by applying this instrument to subjects of varying race.

An additional problem with the measurement of social support, including the SPSS, is that most subjects tend to report relatively high levels of support. This may boost internal reliability to a level that is misleading. Further study with clinical samples is recommended.

Currently the SPSS is best used as a clinical research tool. This test is easily administered, easily scored, reliable, and valid, and may be an assessment to interventions with clients.

Procedures

The design of this study was a causal-comparative study. This design aimed to examine the differences in family and non-family perceived social support between White, African American, Asian, and Hispanic subjects.

The survey was administered to volunteers over eighteen years of age from Forest Park, Meramac, and Florissant Valley Community College adult continuing education classes and community college classes adult education and undergraduate and graduate students from Lindenwood University.

Subjects were put into groups based on their self-reported race. Subjects who did not indicate race and those who indicated some type of mixed or multiple race origin were eliminated from the study.

	White	47.07	15.42
Non-Familial	Black	58.03	25.64
	Asian	57.42	22.82
	Hispanic	54.17	18.24
	White	44.67	12.58

Chapter IV

Results

First, descriptive statistics for all groups were calculated and noted. Table 2 shows the means and standard deviations for each group regarding familial support and the means and standard deviations for each group regarding non-familial support. A general review of the data suggested that the cultural groups seemed to higher degree of social support, both familial and non-familial, relative to the White sample.

Table 2: Means and standard deviations for the total amount of familial social support of Black, Asian and Hispanic participants to White participants and the Means and standard deviations for the total amount of non-familial social support of Black, Asian and Hispanic participants to White participants.

<u>Type of Support</u>	<u>Race</u>	<u>M</u>	<u>SD</u>
Familial	Black	65.07	27.67
	Asian	61.72	27.17
	Hispanic	52.93	18.39
	White	47.07	15.42
Non-familial	Black	58.03	25.64
	Asian	57.48	22.82
	Hispanic	54.15	18.24
	White	44.63	12.58

The purpose of this study was to determine if significant differences existed in familial support between White subjects and Black, Asian, and Hispanic subjects. The study was also conducted to determine if significant differences existed in non-familial support between White subjects and Black, Asian, and Hispanic subjects. To test these hypotheses, a series of independent sample t-tests were conducted in order to compare the total amount of familial social support and the total amount of non-familial social support of Black, Asian, and Hispanic participants to White participants. Individual t-tests were performed on each group, comparing each of the Black, Asian, and Hispanic groups to the White group.

The results indicated that significant differences existed between Black and White groups in terms of familial support ($t = 3.112, p = 0.003$) and between Hispanic and White groups in terms of non-familial support ($t = 2.312, p = .025$). No significant differences existed between Black and White groups in terms of non-familial support. No significant differences existed between Asian and White groups in terms of familial and non-familial support. No significant differences existed between Hispanic and White groups in terms of familial support.

Chapter V

Discussion

The results provided mixed support for the hypothesis that significant differences do exist in familial and non-familial social support among Black, Asian, Hispanic, and White participants. Not all groups showed significant differences from the White group in terms of familial and non-familial support.

Significant differences were shown to exist between Black and White participants in familial support and between Hispanic and White participants in non-familial support.

Many factors may have accounted for the failure to find significant cultural differences in familial and non-familial support. One factor could be the great variation in the mean age of participants. The White group was significantly younger than the other groups. The mean age of the White group was 22, a 4-8 year difference from the mean ages of the other groups. The vast differences in the age of the population may mean that social support is perceived differently at different ages. Considering that the period of adolescence and young adulthood is typically the period when children are gaining independence and breaking away from their parents, it is possible that 18-24 year old subjects may report less familial support because they are asserting their independence and beginning their adult lives. Perhaps the White group was still in the process of asserting independence from family while the other groups had passed that stage of development and felt a closer bond to family.

It could also be speculated that along with social support changing with age, education also influences how individuals perceive social support. The majority of White participants had only completed high school, whereas other groups showed more participants who had completed Associate's, Bachelor's, and Master's degrees. It is likely that this factor may be related to age because many of the White subjects were early in their college careers. Additionally, one may speculate that more educated people have a greater reliance of their families. This could be due to the need for additional support while studying for more advanced degrees or it could be due to a realization that family is very strong support.

Additionally, issues such as time of immigration were not addressed in this research. The fact that there was a large standard deviation in social support may indicate that there was variation in the level of acculturation of some subjects. However, it should be noted that several researchers (Sodowsky, Kwan, & Pannu 1995; Knight, Bernal, Garza, Organista, & Maez, 1993; Sue & Sue, 1990) have shown that the amount of acculturation, the age of immigration, and the amount of time spent in the US society directly impact the results of cross-cultural studies. Additionally, Sodowsky, Kwan, and Pannu (1995) state that the mere fact that the individuals (or families) immigrated reveals that their personality is different. Whether the immigration was voluntary or as political refugees, the act of immigrating contains more risk-taking and change-initiating qualities. All of this could have greatly impacted the results of this study. People who are more acclimated to the Western culture, and specifically those individuals who were born in Western society, may tend to show levels of

can understand about this important factor, the better each of us will be able to serve those who seek help.

Further research can focus more on specifying if perceived social support shows significant differences in varying ages and/or levels of education. Also, using participants of diverse cultures who are more suitably matched in terms of age and level of education than the participants of this study can refine further research. Descriptors such as socioeconomic level, time spent in US, and generation of immigration may also be variables that should be examined in conjunction with perceived social support.

Sincerely,

Elizabeth A. Houston

Appendix A

Letter of Explanation

February 20, 2000

Dear Sir or Madam,

I am a graduate student at Lindenwood University in St. Charles, MO. I am currently in the process of completing my thesis, and I am requesting your assistance. I am asking that you complete the following questionnaire about your sources of social support and the demographic sheet that follows.

Filling out the questionnaire is voluntary, and you may drop out at any time. You do not have to answer any question that you do not want to answer. Your answers will be completely anonymous, so please do not put your name on either of these sheets. No individual will be identified in the final report, only group results will be presented. The anticipated effect of participating in this study is a greater awareness of your sources of support.

It should take you no more than 15 minutes to complete both sheets, and I ask that you return the sheets to me when I am available before and after your class time. Results of this study can be made available to you, if you desire, by contacting me at 314-xxx-xxxx. Thank you for your participation.

Sincerely,

Elizabeth A. Houston

Appendix B
Demographic Sheet

Please provide the following descriptive information. This information will be used for the purpose of generalizing the findings of this study to groups of people. All data will be reported in groups, no individual's data will be reported on.

Age: _____

Gender (circle one):

- (a) Male
- (b) Female

Race/Ethnicity (circle one):

- (a) African-American/Black
- (b) Asian/Asian American
- (c) Caucasian/White
- (d) Hispanic/Latino
- (e) Other (please specify): _____

Level of Education Completed (circle one):

- (a) High School
- (b) Associate's Degree
- (c) Bachelor's Degree
- (d) Master's/Advanced Degree

Appendix C

Instrument

Scales of Perceived Social Support by Grant MacDonald

Instructions: The following are statements about your family and friends. By family we mean those people in your life whom you consider to be part of your family. They may be your parents, children, spouse, or common-law partner, or other relatives. In the space to the left of each item, indicate with the appropriate number of the degree to which you agree or disagree with each statement. Please use the scale at the top of the page.

Strongly Agree	Agree	Uncertain or Unsure	Disagree	Strongly Disagree
1	2	3	4	5

Items about your Family

1. I feel very close to my family.
2. If I needed to borrow \$50, I feel I could count on a loan from member of my family.
3. My family is overly critical of me.
4. My family gives me guidance and support when I need it.
5. I sometimes feel that my family doesn't really like me.
6. My family gives me practical advice.
7. My family recognizes the importance of the things I do for them.
8. When I have personal problems, I can count on my family to help.
9. There is at least one family member to whom I can tell my intimate feelings.

10. If I were short of cash, my family would help me out.
11. I often feel better about myself after talking with members of my family.
12. My family advises me when I have to make difficult decisions.

Strongly Agree	Agree	Uncertain or Unsure	Disagree	Strongly Disagree
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13. My family understands me.
14. If my car broke down, I could not count on someone from my family to come to my aid.
15. There is at least one family member who shows me his/her appreciation.
16. My family gives me good advice when I have personal problems.
17. My family shows they care about me.
18. I can count on my family for practical help in an emergency.
19. I often get compliments from my family.
20. My family is not helpful when I have a personal problem.
21. I feel that my family loves me.
22. There is at least one member of my family who would offer me his/her assistance, without even being asked.
23. I often feel that my family puts down my efforts.
24. I can go to my family when I need advice.
25. I talk to my family about things that are really important to me.
26. I could stay with my family if I ran into difficulty.
27. My family praises me when I do well.

28. There is at least one family member who helps me cope with life's everyday problems.

Strongly Agree	Agree	Uncertain or Unsure	Disagree	Strongly Disagree
1	2	3	4	5

Items about your friends

29. I feel very close to my friends.
30. If I needed to borrow \$50, I feel I could count on a loan from one of my friends.
31. My friends give me guidance and support when I need it.
32. My friends are overly critical of me.
33. I sometimes feel that my friends don't really like me.
34. My friends give me practical advice.
35. My friends recognize the importance of the things I do for them.
36. When I have personal problems, I can count on my friends to help.
37. There is at least one friend to whom I can tell my intimate feelings.
38. If I were short of cash, my friends would help me out.
39. I often feel better about myself after talking with my friends.
40. My friends advise me when I have to make difficult decisions.
41. My friends understand me.
42. If my car broke down, I could not count on one of my friends to come to my aid.
43. There is at least one friend who shows me his/her appreciation.
44. My friends give me good advice when I have personal problems.
45. My friends show they care about me.

46. I can count on my friends for practical help in an emergency.

Strongly Agree	Agree	Uncertain or Unsure	Disagree	Strongly Disagree
1	2	3	4	5

47. I often get compliments from my friends.

48. My friends are not helpful when I have a personal problem.

49. I feel that my friends love me.

50. I have a friend who would offer me his/her assistance, without being asked.

51. I often feel that my friends put down my efforts.

52. I can go to my friends when I need advice.

53. I talk to my friends about things that are really important to me.

54. I could stay with my friends if I ran into difficulty.

55. My friends praise me when I do well.

56. There is at least one friend who helps me cope with life's everyday problems.

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