

Multiple Measures of Family and Social Support as Predictors of Psychological Well-Being: An Additive Approach

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Abstract

The purpose of this study was to (1) examine the direct relations of multiple sources of social support on psychological well-being and (2) to examine the utility of an additive model on these variables, in a sample of 251 participants from a Southwestern Georgia University. The sources of support included family environment, friendship, family and significant other support, father's bonding and mother's bonding. Measures of psychological well-being included the summed total of Ryff's Scale of Psychological Well-Being (PWB), as well as self-confidence-an additional measure of psychological well-being. In addition to direct effects, it was hypothesized that having multiple, rather than fewer sources of support would be more beneficial to an individual. Hierarchical regression analyses were conducted to test the unique variability each variable added, as well as to determine whether the additive model predicted PWB above and beyond singular sources of support. Results revealed that the hypotheses predicting direct relationships between the social supports of interest and PWB were largely supported by the data with the exception of father bonding. Results for the additive model revealed mixed results, indicating that having numerous concurrent support lines are beneficial in certain cases. The importance of having multiple social supports from which one can rely, especially when dealing with stressors and crises are also expressed.

Keywords: additive models, psychological well-being, social support

1. Introduction

1.1 The Problem

People with high levels of social support are better adjusted than those with low social support (Sarason, Levine, Basham, & Sarason, 1983). They experience fewer health disruptions (Kwag, Martin, Russell, Franke, & Kohut, 2011), have better coping skills, are more socially (Taylor, Conger, Robins, & Widaman, 2015) and emotionally (Gonzalez, Stein, & Kiang, 2014) competent, have better overall physical and mental health and have a healthier view and quality of life (Beeble, Bybee, Sullivan, & Adams, 2009; Sarason et al., 1983). Those lacking healthy social relationships and supports, on the other hand, experience increased depressive symptoms (Pagel, Erdly, & Becker, 1987), and other psychological problems (DeLongis, Folkman, & Lazarus, 1988). As well, when individuals are dissatisfied about their support networks or lack thereof, they are also dissatisfied with their lives (Pagel, Erdly, & Becker, 1987). With the extensive literature on social support theory, understanding the importance and benefits of having adequate sources of support still may not be well understood because; few studies have examined multiple, concurrent measures of social support in a way that views these supports as being more beneficial to an individual's well-being than having fewer sources or types of support. A notable exception is the Wentzel, Russell and Baker's (2016) study who found that parents', teachers' and peer support directly and indirectly influenced adolescents' educational and social outcomes. And not only have these supports helped adolescent samples but elderly samples, as in the Felton and Berry (1992) study who argued and found that size and multiplexity of social supports were important.

A variety of social support networks and systems have helped to influence a person's overall well-being; from the emotional and instrumental support provided by parents, friends (Dadds & McHugh, 1992; Whiteman, Barry, Mroczek, & Wadsworth, 2013), and teachers (Tennant, Demaray, Malecki, Terry, Clary, & Elzinga, 2015); to more structured supports like religious settings (Hong Yi & Bjorck, 2014) and evidenced based prevention

programs (Kingston, Mihalic, & Sigel, 2016); to more recent types of support such as the support one receives from an online network of support (Kramer, Boon, Schotanus-Dijkstra, van Ballegooijen, Kerkhof, & van der Poel, 2015; Melling & Houguet-Pincham, 2011; Schotanus-Dijkstra, Havinga, van Ballegooijen, Delfosse, Mokkenstorm, & Boon, 2014; Watkins & Jefferson, 2013). What each of these studies has in common is the singular perspective from which social support is often studied. Some of the abovementioned studies examines friends, family and social support but collapses these supports into one total score, leaving little room to understand whether or how each source works independently of each other. The current study seeks to build upon and add scholarship to the social support research by proposing an additive model that looks at multiple and distinct sources of support, which is later explained. Directly following is a perfunctory review of relevant social support research.

1.2 Background

One of the coping strategies consistently employed when dealing with social or health issues has been one's reliance on social support networks or systems. Social support is a broadly conceptualized term describing the assistance one receives or perceives to have received in times of need, comfort, validation or crisis and varies greatly by the type and source of assistance given (Cobb, 1976; House, Umberson, & Landis, 1988; Shumaker & Brownell, 1984; Wallston, Alagna, DeVellis B., & DeVellis R., 1983). Chronister, Chou, Kwan, Lawton and Silver (2015) identifies six domains describing various types of support including supportive conditions, day-to-day living, illness management, resources and information, guidance and advice and community socialization support. Yet another conceptualization of social support describes this construct in terms of either the quality or quantity of support that one receives from others (Wallston et al., 1983). Shumaker and Brownell (1984) argued in their review that in the decade leading up to their report, there were no consistent definitions of what social support was or how it operated but described social support in terms of the potential reciprocal nature of assistance provided; i.e., not only providing support to an individual in need but also being able to rely on that individual in the future (Sluzki, 2010). This notion, also supported by Cobb (1976), suggests that both parties benefit. However, the more prevalent types of support talked about in the literature are either emotional (providing understanding, respect, comfort, care, love and advice) (Langford, Bowsher, Maloney, & Lillis, 1997), or instrumental (providing goods, services or money) (Chronister et al., 2015). Though social support is covered extensively in the research literature, is conceptualized as having multidimensional features, less is understood about how multiple and concurrent measures of social support may benefit an individual.

1.3 Direct and Buffering Effects of Social Support

What is understood about social support is that it has been regarded as having both direct and indirect effects on mental and physical health (Wethington & Kessler, 1986). Cohen and Wills (1985) proposed that these two theoretical perspectives on social support were essentially the same but with two different pathways. The direct effects model proposed that social support served as a direct link to health regardless of any stressors or challenges; whereas the buffering effects model proposed that social support served as a means of reducing the negative and harmful relations between stressors and poor health (Cohen & Wills, 1985). There is substantial evidence for both direct and indirect effects in numerous studies.

For instance, perceived family and friendship support has been found to buffer against a number of maladaptive outcomes including PTSD (Wilson & Scarpa, 2014) and depression (Romero, Riggs, & Ruggero, 2015). Family social support has also served as a protective factor for a group of student veterans who, when able to use favorable coping strategies, had fewer depressive symptoms than those who did not have adequate social support (Romero et al., 2015). Evidence also suggests that social support from family lessens the impact of bullying which subsequently leads to better academic achievement (Rothon, Head, Klineberg, & Stansfeld, 2011). Lastly, during periods of stress a person high in social support has been found to effectively navigate between the stressor and outcome, as seen in Utsey and his colleagues' (2006) work examining the moderating effects of social support on individual and race-related stress and quality of life. It was revealed that a person with high cognitive and emotional functioning, as well as the ability to maintain their support system was not as impacted by cultural racism as those who had low cognitive ability and poor social support networks. Direct effects of social support on health and well-being has garnered some promising results as well. For example, Suvak, Taft, Goodman and Dutton (2013) showed that functional support directly impacted the change in depressive symptomatology over time in a sample of survivors of intimate partner violence. Specifically, results indicated that so long as participants perceived to be part of a network of belonging, their depressive symptoms continued to decrease. As well, Martire and her colleagues (1998) found that midlife women occupying specific roles who

perceived to be high in emotional support from a partner in that specific role (i.e., wife, mother, daughter, coworker), led directly to a sense of mastery in that role. These studies highlight just a few studies examining the differences between direct effects and indirect effects of social support. The current study focuses on a direct effects model and therefore uses the direct effects hypothesis as its guide.

1.4 Sources of Support

As previously stated, there are numerous sources of social support that exist in the literature; which is perhaps what makes this area of research so broad and difficult to conceptualize. Support lines like friendships are often a source of comfort and satisfaction. In times of distress, having supportive friends work to combat stressful situations (Rini et al., 2008; Tucker & Kelley, 2009; Wight, Botticello, & Aneshensel, 2006). Another type of social support known to impact behavior is the role of kinship support. In addition to the support one may receive from parents, kinship provides a type of support that may buffer the effects of parental conflict on behavioral problems (Taylor, 2010).

There is also evidence to suggest that there are specific health and social outcomes depending on the source of the support. For example, adolescents who perceived their teachers to be supportive, had more confidence in their career decision-making ability (Metheny, McWhirter, & O'Neil, 2008). A lack of perceived support from either teachers or parents, on the other hand, resulted in adolescents feeling uncertainty about their careers (Constantine, Wallace, & Kindaichi, 2005; Metheny, McWhirter, & O'Neil, 2008). Family and monetary support predicted happiness in a sample of married adults (North, Holahan, Moos, & Cronkite, 2008), while Lett and colleagues (2005) examined functional support in a group of patients with heart disease and found that low levels of support resulted in a 1.5 to 2.0 fold increased risk for mortality and morbidity. Parental support was found to be predictive of effective coping and adjustment strategies (Valentiner, Holahan, & Moos, 1994).

1.5 Summary and Current Study

As illustrated, there is a host of social and health challenges that foster the need for or the reliance on social support at some point in one's lifetime and there is sufficient evidence to suggest social support is positively and directly linked to and buffers against mental and physical health issues. These challenges range in severity from daily hassles and stress to severe mental illness, loss of income or bereavement (Cobb, 1976). It is during these times that social support and supportive aids are deemed to be beneficial to the individual experiencing difficulties and crises. Less is known, however, about what is considered adequate support or preferred support. Are fewer or specific support lines more helpful than multiple lines of support? Or, are multiple lines of support desirable as a means of tapping into whatever line fits the specific situation? The previously mentioned research indeed point to the importance of social support as predictors of health and well-being but also looks at these sources from a singular perspective. Constantine et al. (2005), Metheny et al. (2008), North et al. (2008) and others' work tells us that social support networks and systems are important but, having multiple sources of social support may be more beneficial than singular sources of social support. This underscores the need for additional research that looks at an additive model of social support networks and systems on psychological well-being.

The current study fills a gap in the research literature by proposing an additive model and seeks to understand whether multiple yet distinct sources of social support aid in overall health and well-being. For purposes of this report, an additive model is one in which distinct support networks and systems are present simultaneously. Furthermore, additivity suggests that variables that are added together are not interdependent but simply the sum of individual variables together. Therefore, the purpose of this paper is not to examine the interactions of these various supports but to determine whether these multiple and unrelated variables when added together are more beneficial to the individual than singular networks. It is predicted that when individuals are connected to a variety of networks or systems and those networks and systems are collectively positive, not only are they able to thrive in their respective environments, they learn to effectively cope with adverse situations and are highly resilient. Further, great support systems early on have implications for positive outcomes in adulthood. Further, this study is significant because for nearly two decades people of all ages have experienced a steady increase in physical (Centers for Disease Control and Prevention [CDC], 2015), mental (Center for Behavioral Health Statistics and Quality [CBHSQ], 2015) and emotional health issues. The problems in the physical and mental health of our nation is particularly alarming given the resulting consequences which have led to loss of income, broken relationships and dysfunctional families, which largely result from structural inequality. Currently, 1 in 5 individuals have had mental illness in the past year (CBHSQ, 2015) and have had an average of 3.6 unhealthy sick days (CDC, 2015). Many of these challenges may be attributed to problems in living, daily stressors (Bolger,

DeLongis, Kessler, & Schilling, 1989), poor adjustment or coping strategies, a lack of resources, limited access to resources, poor education, racism, etc. Numerous strategies have been employed to reduce these challenges but the most effective strategies appear to be the presence of multiple social support networks. Therefore, this study examines the direct statistical relations between various social support networks/systems and Psychological Well-Being (PWB). Further, the present study also seeks to determine whether an additive model, i.e., multiple concurrent networks are predictive of PWB above and beyond singular networks. In other words, is it necessary or important to have few networks or is it beneficial to have multiple networks making it possible for one to always have a connection with another person without burdening others? Basically, the idea that more is more, instead of less is more.

The specific networks and/or systems include the family environment, which encompasses family cohesion, family expressiveness and family conflict; a multiple measure of social support which includes friendship support, significant other support, family support and total support; and mother and father's bonding care—a measure of emotional support from a parent. Based on the foregoing literature all of these represent sources of emotional social support. Moreover, for purposes of this study, psychological well-being is measured using the total of 6 subscales: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. A global score of psychological well-being will be included in the analysis. Psychological well-being will also include a separate measure of self-confidence.

From the previous research illustrating a direct relationship between social support networks and outcomes, the following hypotheses were formulated:

Hypothesis 1: Family cohesion and expressiveness is positively and significantly related to psychological well-being but family conflict is negatively related to psychological well-being.

Hypothesis 2: Friendship support, significant other support, and family support is positively and significantly related to PWB.

Hypothesis 3: Mother's bonding care and Father's bonding care are positively and significantly related to PWB: each uniquely contributing to PWB.

Hypothesis 4: An additive model (which includes the sums of the independent and unique measures of family environment, multiple measures of social support and parental bonding) will predict psychological well-being above and beyond singular networks, thus indicating the importance of having a broad range of social support networks and systems.

2. Method

This study employed a descriptive, cross-sectional research design. Survey questionnaires were used in order to address the primary research questions and hypotheses guiding this study. Below is a detailed description of the participant characteristics, procedures employed, and measurements used.

2.1 Participants

Participants were 251 undergraduate students enrolled in a public southwest Georgia university. Of the 251 students, there were 203 females (81%) and 48 males (19%). The majority of the sample identified their race/ethnicity as African-American (93%), Caucasians and Asians represented 1% each, Hispanics represented 2% of the sample and those with more than one race represented 4% of the sample. The average age of participants was 22.35 (SD=5.88). Thirty-Six percent were classified as seniors, 42% were juniors, 20% were sophomores and 1% were freshmen. Ninety percent never married, with the remaining 10% having married, divorced or separated. Over half (58%) lived in the dormitories. Many received several sources of financial support, with the most common sources being financial aid (28.4%) and student loans (27.4%). Fifty-seven percent were unemployed, 33% had part-time employment and 10% had full-time employment. Participants reported having on average five friends and two relatives visit them in a month's period and reported visiting with 7 friends and three relatives outside of their home.

2.2 Procedure

During recruitment, purposive sampling techniques including convenience and referral sampling strategies were used to recruit research participants. Recruitment ads and letters were distributed via the university's email system. In part, the letter introduced the study and explained to the recipients that the research study would examine the beliefs, opinions and attitudes of individuals regarding various social support networks, perceived barriers and health outcomes. If students were interested in participating in the study, they were directed to

where, when and the time to arrive on the day data collection took place. They were also given alternate times during which they could participate, if the initial date was not convenient. Data collection took place in large classroom settings to accommodate large numbers of research participants. Spacing was adequate enough to provide the participant with ample room, comfort and privacy. Prior to data collection, prospective participants were told once again the purpose and nature of the study; that it was completely voluntary; that their standing in the university or their program major was not at risk for not participating. After the purpose, instructions and consent form was read, there were only two students who declined to take part in the study. One student declined because they were not aware of the time commitment involved in the study and participating would force the student to miss another class. It was unclear why the other student declined.

Students were then instructed to read, sign and date two informed consent forms; one for the researcher's records and one for the participant's records. Participants then completed several self-report surveys including the surveys included for analyses in the current study. First, students were asked to complete a demographic survey. Participants also completed the family environment scale, a multiple measure of support scale, family bonding scales and the psychological well-being scales. Each are described fully below. At the completion of the study, participants were not compensated but earned extra credit and were entered into a drawing for a chance to win a 32-inch flat screen television. At the conclusion of data collection, one participant was selected as the winner of the television. Total data collection time from the reading of instructions and consent form to the completion of all surveys was between 1 ½ - 2 hours.

2.3 Measures

2.3.1 Social Support Measures

The Family Environment Scale (FES; Moos & Moos, 2009) is a 90-item scale that measures the actual, perceived and expected family's social climate. FES is comprised of 10 subscales; each scale containing nine true/false items. There are three dimensions which encompass the subscales; Relationships, Personal Growth and System Maintenance. The three subscales included in the relationship dimension are cohesion, expressiveness and conflict. Specifically, these scales, taken together, measures perceived level of support from family members and the supportiveness of the family environment. For purposes of the current study, only the Relationship dimension is used in the data analysis. For each item, the participant answered true or false. Sample cohesion items included "There is plenty of time and attention for everyone in our family" and "Family members really back each other up". Sample expressiveness items included "We tell each other about our personal problems" and "We are usually careful about what we say to each other". Sample conflict items included "Family members hardly ever lose their tempers" and "If there's a disagreement in the family, members will try hard to smooth things over and keep the peace". Each subscale is calculated using a score sheet that is arranged so that each column on the score sheet is reserved for one scale. The items are then counted and given a raw score that can also be converted to a standard score. This scale has been widely used and has had good internal consistency across populations.

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet G., Dahlem, Zimet S., & Farley, 1988) assesses perceived social support from specific sources; family, friends and significant others. The MSPSS is a 12-item measure that is divided into the abovementioned subscales. The following are sample items for each of the subscales: Family; "I get the emotional help and support I need from my family" and "My family is willing to help me make decisions". Friends; "My friends really try to help me" and "I can count on my friends when things go wrong". Significant Others; "There is a special person who is around when I am in need" and "I have a special person who is a real source of comfort to me". Each item is assessed on a 7-point scale where 1 is very strongly disagree and 7 is very strongly agree. Minimum scoring on each scale is 4 points with a maximum of 28 points. Higher scores represents greater perceived support. In the current study, internal consistency ranged from $\alpha=.93$ - $\alpha=.95$.

Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) is used to measure parenting styles of mothers and fathers. The specific parenting styles assessed includes the perceived care provided by the parent as well as perceived overprotection and control. The Chronister et al. (2015) study shows how a variety of support conditions play a positive role in a person's well-being; namely that emotional support which is demonstrated through warmth, love and affection is essential to a person's overall health and growth. Therefore, the PBI is deemed appropriate for use in the current study. The overprotection and control scale on the other hand is not relevant to the current study and was excluded from analysis. The PBI-Care scale then contains 12 items with each item rated on a 3-point scale ranging from 0 (very unlike) to 3 (very like). The survey was completed twice; once

measuring the mother's care (PBIM) and then measuring the father's care (PBIF). Sample items for either form include "Spoke to me in a warm and friendly voice", "Appeared to understand my problems and worries", and "Could make me feel better when I was upset". Items are summed with possible score values ranging from 0 to 36. Higher scores represents a greater perception that one's parent is caring, affectionate and shows warmth. The PBIM has an adequate internal consistency of $\alpha=.70$. The PBIF has a higher internal consistency of $\alpha=.80$.

2.3.2 Psychological Well-Being Measures

Ryff Scales of Psychological Well-Being (PWB; Ryff, 1989) presents 84 items reflecting psychological well-being across six domains; autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Each domain is made up of 14 items. Sample items include "With time, I have gained a lot of insight about life that has made me a stronger, more capable person" and "I enjoy personal and mutual conversations with family members or friends". Ryff (1989) posited that conceptualizations of psychological well-being were lacking and that a limited theoretical emphasis in prior research failed to translate empirically; subsequently resulting in the six theory focused dimensions created in this survey. The range of scores for each domain was between 14 and 84, with higher scores representing stronger psychological well-being. In the current study, only the total well-being scores are included in the analysis. Internal consistency for the PWB is $\alpha=.94$.

Health and Daily Living Scale (HDLS; Moos, Cronkite, Billings, & Finney, 1986) is designed to measure physical and mental health factors and social functioning. HDLF includes four domains measuring individual functioning, stressful life circumstances, social network resources and help-seeking responses. Self-confidence, a subscale within the individual functioning index, is an additional measure of psychological well-being. It consists of 11 one-word adjectives in which participants are asked to assess the degree to which each adjective describes them. Sample adjectives include "Ambitious", "Confident", and "Successful". Each item is calculated using a five-point scale ranging from 1 (not at all) to 5 (quite accurately). Internal consistency for this subscale is $\alpha=.85$.

3. Results

3.1 Descriptive Results

Means and standard deviations for all predictor and outcome variables are found in Table 1. Correlations for these measures are found in Table 2. Overall, mean social support was above average for every measure and across all indices. Family Environment Scores. Mean family cohesion scores for participants was 49.30 (SD=14.74). Mean expressiveness had similarly high scores, with a mean of 47.69 (SD=10.85). Mean scores for family conflict met cut-off points indicating low that participants perceived family conflict to be low with 51.78 (SD=12.32). Higher scores on the family cohesion and expressiveness scales reflect greater levels of perceived emotional support; therefore, on average, participants indicated they were receiving a high level of emotional support from family members and the family environment. They also reported low levels of family conflict, which is expected for individuals who report such high levels of perceived emotional support. Multiple Measures of Social Support Scores. Mean friendship support scores for participants were well above average, 21.84 (SD=6.26). Significant other support and family support scores were similarly high with mean values of 23.24 (SD=6.89) and 22.14 (SD=6.80) respectively. Higher scores on this scale, once again, reveal greater levels of social support from three unique types of relationships. Though all scores were correspondingly high, it should be noted that scores from significant other index was higher than either the family support or friendship support. The mean global social support (combined scores of all three indices) scores for participants were 67.23 (SD=17.48). Parental Bonding Scores. Mean parental bonding (a specific type of emotional support from a parent) scores for participants was 28.20 (SD=7.91) mothers and 21.34 (SD=9.86) for fathers. Though both sets of scores met cut-offs for perceived emotional support; on average, participants felt they received significantly more emotional support from mothers than fathers.

As it relates to psychological well-being, mean scores indicated that participants reported having high autonomy, 67.07 (SD=9.76); environmental mastery, 62.37 (SD=10.13); personal growth, 71.47 (SD=7.80); positive relations, 64.10 (SD=10.73); purpose in life, 69.38 (SD=10.07); and self-acceptance, 65.56 (SD=11.35). The mean total well-being score, which is used in later analyses, was 399.94 (SD=47.39). Finally, the mean self-confidence scores for participants was 24.09 (SD=4.76). Higher scores on both of these scales are a good indicator that, overall, participants feel that they have good psychological well-being.

Table 1. Descriptive statistics for predictor and outcome variables

Variable	Mean	SD
Measure 1: Family Environment Scores		
Family Cohesion	49.30	14.74
Expressiveness	47.69	10.85
Conflict	51.78	12.32
Measure 2: Social Support Scores		
Friendship Support	21.84	6.26
Significant Other Support	23.24	6.89
Family Support	22.15	6.80
Global Social Support	67.23	17.48
Measure 3: Parental Bonding		
Mothers	28.20	7.91
Fathers	21.34	9.86
Measure 4: Psychological Well-Being Scores		
Autonomy	67.07	9.76
Environmental Mastery	62.37	10.13
Personal Growth	71.47	7.80
Positive Relations	64.10	10.73
Purpose in Life	69.38	10.07
Self-Acceptance	65.56	11.35
Total Well-Being	399.94	47.39
Measure 5: Self-Confidence Scores		
Self-Confidence	24.09	4.76

3.2 Correlation Analyses

Bivariate correlations among predictor and outcome variables are presented in Table 2. We were first interested in determining whether there were direct relationships between measures of social support and psychological well-being. Specifically, family cohesion was significantly related to all variables except global social support. Participants' family cohesion scores were positively related to family expressiveness, $r=.29, p<.01$, global social support, $r=.12, p=.05$, mother's bonding, $r=.43, p<.01$, father's bonding, $r=.20, p<.01$, psychological well-being, $r=.30, p<.01$, self-confidence, $r=.20, p<.01$, the additive model, $r=.60, p<.01$ and negatively and significantly related to family conflict, $r=-.54, p<.01$. Participants' family expressiveness scores were positively related to mother's bonding, $r=.21, p<.01$, psychological well-being, $r=.26, p<.01$, the additive model, $r=.49, p<.01$, and negatively and significantly related to family conflict, $r=-.25, p<.01$. Family conflict was significantly related to each of the variables, except global social support and self-confidence. In particular, family conflict scores were negatively and significantly related to mother's bonding, $r=-.34, p<.01$, father's bonding, $r=-.18, p<.01$, psychological well-being, $r=-.25, p<.01$, and the additive model, $r=-.14, p<.01$. Participants global support scores were positively related to psychological well-being, $r=.14, p<.01$ and the additive model, $r=.63, p<.01$. Mother's bonding scores but not father's bonding scores were positively and significantly related to psychological well-being, $r=.32, p<.01$ and self-confidence, $r=.19, p<.01$. Both mother's and father's bonding scores, on the other hand, were positively and significantly related to the additive model, $r=.49, p<.01$ and $r=.39, p<.01$, respectively. Psychological well-being was significantly and positively related to both self-confidence and the additive model, $r=.34, p<.01$ and $r=.32, p<.01$, respectively.

Table 2. Correlations among predictor and outcome variables

	1	2	3	4	5	6	7	8
1 Cohesion	-							
2 Expressiveness	.29***	-						
3 Conflict	-.54***	-.25***	-					
4 Global Social Support	.12*	.04	.09	-				
5 Mother Bonding	.43***	.21***	-.34***	.11	-			
6 Father Bonding	.20***	.08	-.18**	.01	.10	-		
7 Well-Being Total	.30***	.26***	-.25**	.14**	.32***	.07	-	
8 Self-Confidence	.20***	.05	-.10	.04	.19***	-.04	.33***	-
9 Additive Model	.60***	.49***	-.14**	.63***	.49***	.40**	.32***	.13**

Note. * $p < .05$ ** $p < .05$ *** $p < .01$.

3.3 Regression Analyses

Predictors of PWB. The goal of determining the ability of various social support networks, each measured separately, to predict PWB was explored by performing hierarchical multiple regressions (see Table 3); to first determine whether these measures of social support were significant and unique predictors of PWB and then to determine whether the addition of the additive model (TAM) would predict PWB above and beyond other measures of support. For the model examining the predictive nature of family environment on PWB, 15% of the total variance was explained, $F(4, 246)=10.83, p < .001$. Thirteen percent of the variability in PWB was accounted for by family cohesion, expressiveness and conflict, with family cohesion and expressiveness being significant predictors at step 1, $\Delta R^2 = .13, F(3, 247)=12.17, p < .001$. The addition of TAM into Step 2 contributed significantly to the prediction of PWB, $\Delta R^2 = .02, F(1, 246)=6.04, p < .05$. TAM and family conflict were associated with statistically significant beta weights, while family cohesion and expressiveness ceased to uniquely predict PWB even though they were statistically significant predictors and correlates in earlier analyses.

As also presented in Table 3, the model examining the predictive qualities of social support from significant others, family and friends on PWB revealed that 12% of the total variance was explained, $F(4, 246)=8.21, p < .001$. Support from family, friends and significant others were not unique nor significant predictors in Step 1, only accounting for two percent of the variance, $\Delta R^2 = .02, F(3, 247)=1.70, p > .05$. On the other hand, the addition of TAM into Step 2 contributed significantly to the prediction of PWB, $\Delta R^2 = .10, F(1, 246)=27.20, p < .001$. As well, where support from family was not a significant predictor of PWB in Step 1 it was a unique predictor of PWB in Step 2.

Lastly, the model examining the prediction of mother and father's unique emotional support on PWB (Table 3) revealed that 14% of the total variance was explained, $F(3, 247)=13.24, p < .001$. Mother's emotional support was associated with statistically significant beta weights in Step 1; however, father's emotional support was not a unique predictor of PWB in Step 1 nor Step 2. Essentially, mother's support accounted for much of the variability in Step 1, $\Delta R^2 = .11, F(2, 248)=14.65, p < .001$. Adding TAM into Step 2 contributed significantly to the prediction of PWB and mother's emotional support continued to be a significant contribution, $\Delta R^2 = .03, F(1, 247)=9.422, p < .05$.

Table 3. Summary of regression analyses predicting PWB

Predictors	B	SE B	β
Step 1			
Family Cohesion	.64	.23	.20***
Expressiveness	.76	.27	.17***
Conflict	-.37	.27	-.10
Step 2			

Family Cohesion	.19	.29	.06
Expressiveness	.42	.30	.10
Conflict	-.62	.29	-.16**
AdditiveModel	.32	.13	.21***
Step 1			
Support-Significant Other	.10	.65	.02
Support-Family	.40	.63	.06
Support-Friends	.66	.66	.09
Step 2			
Support-Significant Other	-.08	.62	-.01
Support-Family	-1.35	.69	.19*
Support-Friends	.46	.63	.06
AdditiveModel	.65	.12	.43***
Step 1			
Father Bonding Care	.19	.29	.04
Mother Bonding Care	1.91	.36	.32***
Step 2			
Father Bonding Care	-.19	.31	-.04
Mother Bonding Care	1.29	.41	.22***
AdditiveModel	.34	.11	.23***

Note. * $p < .05$, ** $p < .05$, *** $p \leq .01$.

Predictors of Self-Confidence. Hierarchical regression analyses were also conducted to examine whether multiple measures of social support, again measured separately, would predict self-confidence, another feature of Psychological Well-Being (PWB) (Table 4). Further, in each analysis TAM was added into the models to determine if the model contributed a significant amount of variance and predicted PWB above and beyond the singular measures of support. For the model examining whether family emotional support is predictive of self-confidence, a mere 5% of the variance was explained, $F(4, 240) = 2.47, p = .05$. Four percent of the variability in self-confidence was accounted for by family cohesion, expressiveness and conflict, with family cohesion being the only significant predictor at step one, $F(4, 241) = 3.28, p < .05$. While family cohesion continued to be a significant predictor in Step 2, the addition of TAM did not result in any additional percentage of variability, $\Delta R^2 = .00, F(1, 240) = .08, p > .05$.

Also displayed in Table 4, is the model, which examines whether support from significant others, family and friends uniquely predicts self-confidence. Overall, the model revealed that only 3% of the total variance explained, $F(4, 240) = 1.93, p > .05$. Support from family, friends and significant others were not significant predictors in Step 1, nor were any of them significant or unique predictors in Step 2. In Step 1, only one percent of the variance was explained, $F(3, 241) = .389, p > .05$ and in Step 2, two percent of the variance was explained, $F(1, 240) = 6.51, p = .01$. Model 2 was significant as the addition of TAM resulted in a significant contribution to the prediction of self-confidence.

Finally, the model examining the prediction of mother and father's unique emotional support on self-confidence (Table 4) revealed similar results to PWB. Five percent of the total variance was explained, $F(3, 241) = 3.79, p < .05$. Mother's but not father's emotional support was associated with statistically significant beta weights in Steps 1 and 2. Mother's emotional support accounted for the variability explained in Steps 1 and 2, $\Delta R^2 = .04, F(2, 242) = 4.92, p < .01$ and $\Delta R^2 = .01, F(1, 241) = 1.51, p > .05$, respectively. Results also revealed that the addition of TAM to Model 2 did not contribute significantly to the prediction of self-confidence.

Table 4. Summary of regression analyses predicting self-confidence

Predictors	B	SE B	β
Step 1			
Family Cohesion	.07	.02	.207***
Expressiveness	.00	.03	.00
Conflict	.01	.03	.02
Step 2			
Family Cohesion	.06	.03	.190*
Expressiveness	-.01	.03	-.01
Conflict	.00	.03	.01
AdditiveModel	.00	.01	.03
Step 1			
Support-Significant Other	.01	.07	.02
Support-Family	-.03	.06	-.05
Support-Friends	.06	.07	.08
Step 2			
Support-Significant Other	.00	.07	.00
Support-Family	-.12	.07	-.18
Support-Friends	.05	.07	.06
AdditiveModel	.03	.01	.221***
Step 1			
Father Bonding Care	-.03	.03	-.06
Mother Bonding Care	.12	.04	.194***
Step 2			
Father Bonding Care	-.05	.03	-.10
Mother Bonding Care	.09	.04	.150**
AdditiveModel	.01	.01	.10

Note. * $p < .05$ ** $p < .01$ *** $p < .001$.

4. Discussion and Limitations

The purpose of the current study was to examine the direct relations between multiple measures of social support and measures of Psychological Well-Being (PWB). The chief aim was to examine the utility of having multiple and concurrent sources of support that would benefit the participant above and beyond having singular or few sources of support. It was fully expected that family, friends, significant others, and parents would be perceived by the participants as providing emotional support and influencing the participants' psychological well-being. However, of particular concern was whether having several sources of support lines from which one could rely on would be more beneficial than if there was only one. Specific findings are presented below.

Correlation and regression analyses were conducted to test the following hypotheses: 1) Family cohesion and expressiveness is positively and significantly related to psychological well-being but family conflict is negatively related to psychological well-being. 2) Friendship support, significant other support, and family support is positively and significantly related to PWB. 3) Mother's bonding care and Father's bonding care are positively and significantly related to PWB: each uniquely contributing to PWB. 4) An additive model (which includes the sums of the independent and unique measures of family environment, multiple measures of social support and parental bonding) will predict psychological well-being above and beyond singular networks, thus indicating the importance of having a broad range of social support networks and systems.

The hypotheses predicting direct relationships between various social support networks and psychological well-being were largely supported by the data with the exception of father's bonding. With regard to self-confidence, data revealed significant direct relationships with family cohesion and mother's bonding only. Regarding hypothesis 1, having a supportive and cohesive family; a family that was free to express themselves was perceived by participants to be related to their psychological well-being, as expected. However, having an expressive family was not found to be related to self-confidence and there are several potential explanations for these findings. There is evidence to suggest that a family's emotionally supportive relationship is linked to confidence (Strage, 1998), but it is possible that when children's beliefs are not shaped early enough, this impacts their innate belief patterns which also leads to poor internal locus of control, poor decision making and less than optimal outcomes (Filippin & Paccagnella, 2012). Also, one's socio-economic background, specifically economic hardship may play a deleterious role in a person's lack of confidence and self-esteem, discounting the potential positive effects that family expressiveness would have on individuals (Filippin & Paccagnella, 2012; Whitbeck, Simons, Conger, Lorenz, Huck, & Elder, 1991). To be able to express what one feels may, in general, have positive features but, depending on what is expressed, the manner and tone in which it is expressed may not reflect or foster the attitudes that would lead to self-confidence. Further research is needed in this area to examine the direct and indirect relationship between family expressiveness and self-confidence.

As for findings related to hypothesis 2, evidence suggests that social support from parents (Causey, Livingston, & High, 2015), and social and emotional support from family, friends and significant others is essential to the development of self-esteem and self-efficacy (Causey et al., 2015; Maddy, Cannon, & Lichtenberger, 2015); however, findings from the current study did not reveal a significant relationship between global social support and self-confidence. Some considerations may be the operationalization and measurement of self-confidence in this study versus other measures of self-confidence. In the current study, self-confidence was measured by having participants describe themselves using several one-word adjectives. This may not have captured all of the complexities that defines self-confidence, as other measures define it. Perhaps then, global social support was not related to self-confidence. Another consideration was that a global social support score may not represent the potential uniqueness of the three dimensions which made up social support; i.e., family support, friendship support and significant other support. One thought was that perceived support from any of those support lines may not have been equally related to self-confidence. That is, perceived social support from family but not perceived social support from significant others may have influenced self-confidence. Additional research, which teases apart the different subscales, may be warranted.

The finding that the support participants receive from their mothers was not surprising. Children typically see their relationships with their mother as a source of secure, emotional and instrumental support (Ainsworth, 1989). Children who perceive their parents to be a viable support line are more independent (Kenny, 1986), perform better in school (Cutrona, Cole, Colangelo, Assouline, & Russell, 1994), and are psychologically well-adjusted (Rueger, Malecki, & Demaray, 2010). The results that father's bonding was not related to either psychological well-being or self-confidence was not expected especially since scores met the cutoff criteria for perceived father's emotional support. The results were unexpected because, fathers play a fundamental role in their young and adolescent children's development and provide great opportunities for them as well (Roggman, Boyce, Cook, Christiansen, & Jones, 2004; Zimmerman, Salem, & Notaro, 2001). Their support, love and influence in their children's development are unique and distinct from that of a mother, according to reviews of the child development literature (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Pleck & Masciadrelli, 2004; Rohner & Veneziano, 2001). Father's involvement and support has been shown to be important for a child's social, emotional and academic needs. With that however, their support is distinct from that of a mother and therefore measures are needed to draw on these distinctions; to reflect the uniqueness of fathers in their role. In the present study, both mother's and father's bonding was measured using the same scale. There was possibly something getting at mother's support that wasn't getting at father's support. For example, it is possible that because mothers and fathers influence are distinct from each other, that the items in the PBI scale was actually tapping into mother's influence rather than father's influence. This underscores the need for better instrumentation for fathers.

As to whether an additive model of multiple sources of support was predictive of the outcomes, the results were mixed but mainly positive. The additive model made the largest contribution in the analyses predicting psychological well-being. Moreover, in this regard, More is Actually More. In fact, TAM accounted for a substantial amount of variability in all of the models predicting PWB. This suggests that when it comes to the social, psychological and behavioral dimensions of PWB, participants perceive that these several networks

significantly influences well-being. As it relates to self-confidence, however, these models were not significant predictors. In fact, the only networks that predicted self-confidence were family cohesion and mother bonding care. In this case it appears that fewer networks are sufficient and that when it comes to psychological well-being, less is actually more.

There are other limitations that should be noted. First, the current study could have benefitted from measuring several additional types of supports, as well as sources; such as those who offer support from outside of the family network. It may in fact have revealed to us whether the positive results in this study were due to the fact that the main sources of support were family or friends. Since there is a level of comfort and familiarity, it may not have been difficult to imagine these supports being useful. Future studies on this topic may consider examining other types of support, such as religious support, community support or programs. Cultural considerations should also be explicitly examined as there may be differences between different cultures and the types and sources of support that are most helpful for that group. In the current study, the population sample was primarily made up of African Americans. The results of the study could be a function of different cultures affected differently by social support based on one's race, underscoring yet again the need for a comprehensive examination of racial differences.

In all, this study presented results consistent with research studies dating back to the 1970's; that social support is hugely beneficial for an individual's well-being. More than that, the argument that multiple and concurrent measures of social support is beneficial above and beyond singular measures of social support was substantiated by the research data and supported by Cobb's (1976) findings. What could be concluded from this study is that there indeed is a case to be made for having fewer support networks and systems and that case has been made. Specifically, individuals may appreciate and be more comfortable with having just a few networks. However, this study shows that having multiple sources of support is more conducive to their well-being than having fewer networks. And in the end, this expanded network may help these individuals no matter what challenge faces them.

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