A Supportive Peer Group

The Science of Resilience

RRC - Evaluation and Training Institute

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Definition

Social support is a term used to describe both the resources provided by other persons (Tajvar et al., 2013) and other acts that "demonstrate responsivity to another's need" (Smyth et al., 2015, p. 275). Simply put, social support is a term used to describe the multitude of ways that individuals care about and support one another. Peers are individuals that share similar characteristics or interests. Supportive peer groups are a key source of social support, and thus, a resource in our resilience process.

Shelbourne and Steward (1991 as cited in Donnellan et al., 2017) identify five distinct kinds of social support. *Emotional support* includes positive affect, empathetic understanding, providing encouragement and sympathy, and emotional security (Donnellan et al., 2017; Gariépy et al., 2016; Graber et al., 2016; Kamp et al., 2019; Smyth et al., 2015). *Affectionate support*, sometimes also referred to as appraisal support, includes expressions of love, caring, and affirmation (Donnellan et al., 2017; Smyth et al., 2015). *Informational support* includes the provision of facts or advice, guidance, feedback, and opportunity (Donnellan et al., 2017; Gariépy et al., 2016; Kamp et al., 2019; Smyth et al., 2015). *Tangible,* or *instrumental, support* is that which provides practical assistance (Donnellan et al., 2017; Gariépy et al., 2016; Kamp et al., 2019; Smyth et al., 2015). Lastly, *positive social interaction* is a kind of social support that provides people with the opportunity to do fun things in the company of others and provides stimulating companionship (Donnellan et al., 2017; Graber et al., 2016).

Additionally, scholars frequently distinguish between social support that is 'perceived' (a subjective feeling of being supported by others) from that which is 'received' (tangibly demonstrated – for example, tangible or instrumental support) (Tajvar et al., 2013).

Who Provides Social Support?

Anyone can provide social support to another, though who provides the most social support may shift depending on a person's age and circumstances. In a systematic review of social support and depression, Gariépy and colleagues (2016) found that social support for persons in Western countries is most frequently provided by spouses, followed by family, friends, and children.

In childhood, school peers may serve important supportive roles, particularly when faced with social challenges like perceived ethnic discrimination, harsh home conditions, forced migration, and socioeconomic inequality (Bagci et al., 2014; Criss et al., 2002; Graber et al., 2016; Smyth et al., 2015; Yearwood et al., 2019).

In early childhood, children identify their caregivers as the most important source of social support (the people with whom they wish to spend most of their time). In middle childhood, friends and peers become increasingly important, though caregivers retain an essential role (Grapin et al., 2016). In adolescence, the focus of social support continues to shift

from the support provided by parents or caregivers to that provided by friends and peer networks (Grapin et al., 2016; Yearwood et al., 2019).

Friends also remain an important source of social support into adulthood. For example, Donnellan and colleagues (2017) found that both new and established friends provided more beneficial social support to spousal dementia carers than family members in England. However, in other parts of the world, social support may be more frequent and reliable from family than from friends or non-relatives (Tajvar et al., 2013).

For those experiencing adversity, support groups may help supplement support networks that were not previously robust or deteriorated under challenging conditions (Leung et al., 2015).

Relationship to Resilience

In systematic reviews, social support has been demonstrated to be an important factor for enhancing resilience in both children and adults facing various adversities, though the mechanisms of this process are not always known (Fritz et al., 2018; Kamp et al., 2019). In addition to systematic reviews that included studies from multiple nations, studies demonstrating the importance of social support in facilitating adaptation to life's challenges were conducted in The United Kingdom, China, The United States, Pakistan, Spain, Serbia, Norway, Ireland, Peru, and a study that combined several Middle Eastern countries. The following discussion will outline some of the proposed mechanisms through which social support contributes to resilience.

However, it should be noted that in some populations, social support is not always associated with improved outcomes and sometimes the associations between social support and resilience are unclear. For example, Sheikh (2018) conducted a three-wave, retrospective population study in Norway and concluded that the association between exposure to childhood adversity and psychological distress in adults occurred by mechanisms independent from social support. Kruithof et al. (2013) conducted a systematic review of social support and quality of live for stroke survivors and found that studies were inconsistent in reporting improved quality of life with higher rates of social support. Similarly, Kamp et al. (2019) found that while there was some evidence to support the association between low levels of social support and psychological distress in adults with inflammatory bowel disease, there is not currently enough evidence to determine which kinds of social support are the most protective.

Mental Health and Psychological Well-Being

Several studies have noted the significant impact of social supports on mental health and psychological well-being. It is through improvements in psychological well-being that individuals experiencing adversity are able to minimize or avoid negative outcomes. Several studies noted here explored the role of social support as protective for mental health, rather

than responding to a particular adversity. For example, in both children and adults, research as supported the association between higher levels of social support and lower levels of depression. In children, the protective role of social support was more pronounced for girls than for boys. For adults of all genders, *emotional support* was most strongly associated with protection from adversity, followed by *tangible support.* Informational support was not found to be well supported as a protective factor for depression. Finally, the role of social support generally was found to be very significant for older adults, though it appears to be slightly more important in protecting older men from depression (Gariépy et al., 2016). Similarly, Tajvar and colleagues (2013) found significant associations between levels of social support and overall mental health in Middle Eastern older adults. Though most of the studies they reviewed did not specify between 'received' and 'perceived' social support, 'perceived' social support was more clearly connected to enhanced mental health, though the authors did not specify which kind of social support was most beneficial.

However, some studies included here explored the role of social support in mediating negative impacts on mental health and psychological well-being when individuals were faced with particular adversities. For example, in ethnically diverse British children, perceived ethnic discrimination is a risk factor for poor self-esteem, psychological resilience, and academic achievement, but appropriate social supports – specifically, supportive peer groups – can act as a protective factor that helps children to avoid negative outcomes. Here, cross-ethnic friendship quality was related to higher psychosocial well-being and overall resilience. Additionally, racialized children with higher numbers of cross-ethnic friendships experienced a greater buffering effect from the impacts of perceived ethnic discrimination. While psychological well-being is one important pathway here that promotes resilience, the authors suggest that this buffering may also work by providing "consistent disconfirmation of negative expectations about intergroup contact" (Bagci et al., 2014, p. 112). Though the authors did not specify which kind of social support was provided through peer relationships, it seems most likely that *emotional* and *affectionate support*, as well as *positive social interaction* are the most common sources of social support among children and youth.

A systematic review of 14 studies (2759 patients) analyzed the relationship between social support from healthcare professionals, friends, and family and lung cancer patients (Luszcynska et al., 2013). The authors of this review combined social support from family with that received from friends (peer group), and found that over half of analyzed relationships (53%) showed associations between perceived support and both emotional and physical aspects of quality of life (Luszczynska et al., 2013). While these authors also did not state which types of social support were most closely associated with improved emotional and physical quality of life*, emotional support* may be important for negotiating the stresses and worries associated with illness and *tangible support* is often an important component of care during illness. It is possible that the reason *perceived social support* is so important for psychological well-being and mental health is because the feeling of knowing you are not alone while facing challenges helps to alleviate some of the stress associated with facing adversity; rather than

feeling like a person needs to "figure it out" by themselves, having people to talk with and rely on decreases the burden of adapting.

Decreased Externalizing Behaviours

When faced with adversity, some children and youth respond with what are called 'externalizing behaviours,' which can be understood as behavioural problems that are disruptive to a person's environments, such as the family, school, or work environments. Not surprisingly, behavioural problems can influence a child's ability to succeed academically and in other areas of their lives.

Some scholars noted the role of social support in decreasing the externalizing behaviours of children and youth exposed to adversity. For example, Criss and colleagues (2002) found that where peer acceptance was high, children exposed to high levels of family adversity did not demonstrate externalizing behaviours in the way that children with low peer acceptance did. Peer acceptance seems most closely aligned with *positive social interaction*, but perhaps also elements of *emotional* and *affectionate* support. For children exposed to harsh discipline, specifically, a higher number of friends overall was associated with significantly fewer externalizing behaviours. It is possible that where children do not feel accepted by their parents or caregivers, supportive friends and peers may provide an essential sense of belonging. Therefore, the authors argue that peer acceptance and higher numbers of friendships can be a protective factor for youth experiencing family adversity.

In Peru, Yearwood et al. (2019) also found that healthy peer relationships (characterized by intimacy and *emotional support*) could mitigate the influence of complex trauma (such as exposure to violence, abuse, etc.) on both internalizing (depression, anxiety, etc.) and externalizing symptoms. However, low quality peer support actually increased the effects of experiencing abuse and neglect. Therefore, the quality of supportive relationships makes a significant difference in youth outcomes. However, the authors did not note an association between higher levels of social support and protection from environmental adversity (such as community violence, socioeconomic inequality, etc.).

Finally, a study by Khan et al. (2014) in Pakistan also found that higher levels of social support were associated with fewer behavioural problems in children whose parents were living with mental illness.

Positive Coping

Most importantly, social supports appear to play a significant role in the development of positive coping mechanisms that help people to adapt to adversity. On a broad level, higher *perceived* social support has been associated with lower levels of perceived stress, which can help individuals not to feel overwhelmed and isolated by the circumstances they are negotiating (Jose & Novaco, 2016).

While supportive peer relationships have been found to directly bolster resilience, they also enhance resilience through the development of helpful behaviours. Graber and colleagues (2016) propose several mechanisms through which close friendships are hypothesized to contribute to resilience, including positive coping (behaviour modelling and support), self-efficacy, self-esteem, and self-construal (constructing oneself as part of and dependent on important relationships). More specifically, *emotionally supportive* friendships can help individuals to reduce disengaged or externalizing coping, as well as develop more constructive emotional coping skills like planning and positive reappraisal. These are seen as important coping skills that help to bolster resilience in the face of socioeconomic inequality (Graber et al., 2016; Pejičić et al., 2018).

Pejičić et al. (2018) noted that the connection between social support and resilience was mediated by cognitive emotion regulation strategies – namely, supportive peer relationships helped individuals to brainstorm for effective ways of responding to their challenges, rather than ruminating on them. This appears to combine elements of *emotional* and *informational support*. Supportive peer groups can encourage effort and improve support-seeking behaviours in times of need (Graber et al., 2016). Graber and colleagues (2016) found that close, *emotionally supportive* friendships were particularly important for adolescent boys, who may otherwise face pressure in their social groups to engaging in externalizing coping. Instead, these close friendships provided opportunities to express vulnerability and rely on one another. In addition to providing people with the opportunity to vent their feelings, it is possible that emotional and informational support contributes to the development of positive coping mechanisms by reducing feelings of isolation and providing opportunities to learn emotional regulation skills from behaviour modelled through socially supportive relationships.

Interventions

While the literature makes it clear that social support, though various mechanisms, can bolster individual resilience, several authors also noted that the stresses associated with experiencing adversity can have deleterious effects on social networks (Sheikh, 2018; Waqas et al., 2016; Yang et al., 2018). Thus, improving social supports, and specifically, supportive peer groups, is not only important for enhancing resilience, but maintaining consistency during challenging circumstances.

In 2002, Hogan and colleagues published an article reviewing 100 social support interventions for individuals experiencing difficulties ranging from cancer to lack of parenting skills. They found that while social support interventions appear to have some utility in increasing perceived social support, evidence was lacking about which interventions were most useful and for whom. While a more recent, broad review of social support interventions does not appear to have been completed, some recent systematic reviews of social support interventions with specific populations have been conducted. However, evidence of strong interventions appears to be lacking. For example, Clayton et al. (2019) conducted a systematic

review of social support interventions for persons with cardiovascular disease and found that, with the exception of caregiver-focused interventions, changes to social support following intervention were limited. Likewise, a systematic review of social support interventions for caregivers of persons with dementia found that results were generally inconsistent (Dam et al., 2016).

However, that is not to say that interventions have no positive outcomes. In a study that employed an information and communication technology platform to deliver a social support intervention to older adults, Czaja and colleagues (2018) found that older adults receiving the intervention experienced significantly less social isolation and greater perceived social support at 6 months post-randomization than adults in the control group (receiving a similar, paper-version). While the differences were not maintained between groups after 12 months, initial benefits were maintained. Likewise, other social support interventions may have moderate qualitative impacts. However, further research and intervention development appears necessary.

Activities

Activities involved in social support interventions are diverse and may be employed to some positive effect. In their discussion of potential social support interventions for immigrants, Hernández-Plaza et al. (2006) identify four different kinds of social support interventions: (a) Dyadic Interventions – which may include social mediation between individuals/groups to enhance their interactions and volunteer support; (b) Social Network Interventions – are interventions that identify and mobilize pre-existing support in the community, helping to connect individuals to a larger social system (ex: grassroots organizations, religious organizations, other networks of others with related experiences); (c) Mutual Aid Groups – more formalized group interactions, meant to add new supportive connections to a person's network (may be professional-led or participant-led); and (d) Community Level Interventions/Social Action – which connect individuals to broader social issues impacting the collective. Importantly, they note that choosing an intervention strategy first requires an extensive needs assessment.

Additionally, for individuals experiencing stigmatized hardships like postpartum depression or other mental illnesses, an effective way to increase social support is to educate others about the condition experienced. Where people believe that a condition is self-inflicted or controllable by the sufferer, sympathy and social support tend to be low. Therefore, efforts to provide education which debunks stereotypes can increase people's willingness to provide social support to someone experiencing these adversities. This education can range from education directly with peers to large-scale media campaigns (Ruybal & Siegal, 2017).

Finally, support group interventions have the potential to be useful in many different populations. For example, grandparents providing full-time kinship care to grandchildren have

been found to experienced increased levels of social support following participation in a support groups (Strozier, 2012). Additionally, for spousal dementia caregivers, those experiencing greater distress in adapting to caregiving tended to rely more on support groups for emotional support, which suggests this can be an important resource for those who are struggling (Donnellan et al., 2017).

Supportive Peer Groups in Schools

Grapin and colleagues (2016) suggest the employment of a multi-level intervention model to increase the social support available to students in schools. Peer groups are a large part of students' school experience. Creating more supportive peer groups and giving students the tools to support each other can benefit the resilience of all students. Intervention takes place at the primary, secondary, and tertiary levels. At the primary level, interventions are administered universally to all students. These interventions are focused primarily at preventing issues and promoting positive outcomes socially and academically. Well-developed primary interventions include: Social-Emotional Learning programs, which bolster supportive peer groups by focusing on communication and relationship building (Durlak et al., 2011); Violence Prevention programs, which work by improving school culture (Centers for Disease Control, 2007); School-Wide Positive Behavior Support programs, which promote supportive peer groupds by improving overall school culture and creating more prosocial environments (Waasdorp et al., 2012); and Cooperative Goal Structures, which focuses on creating positive teacher-student relationships and between peers (Roseth et al., 2008).

At the secondary level, interventions are administered to small groups of students perceived to need more attention. These interventions are designed for children at-risk or beginning to display problems. Frequently, interventions at this level are delivered in groups and focus on enhancing socio-emotional resources (ex: emotional regulation and coping skills). An example of a well-established intervention at this level is the Coping-Power Program, which addresses the aggressive behaviours of at-risk children to promote social competence (Lochman & Wells, 2002).

At the tertiary level, interventions respond to the unique needs of specific individuals. At this level, interventions should be highly specialized and responding to recognized disabilities. Grapin et al. (2016) do not note any well-established interventions for this area, but include Teachers as Mentors (Slicker & Palmer, 1993) as an emerging intervention that connects children with behavioural problems to teachers or other mentors with whom to build positive, supportive relationships.

General Tips and Ideas for Promoting Social Support

The following are ideas about different ways to increase the main types of social supports. Importantly, among the various sources reviewed, authors regularly note that giving

support to others to improve overall relationships is often an important element of being the recipient of support.

Emotional Support

- Programs designed to increase empathetic listening skills (Grapin et al., 2016).
- Recognize that not one person is going to be able to provide emotional support for all aspects of your life, so find a handful of people you can count on to provide emotional support in different circumstances. For example, a coworker might be able to provide sympathy and support for work difficulties, but a neighbour might be a better listener when it comes to issues closer to home. Also, if needed, joining peer support groups for people experiencing similar challenges can be an effective way to find emotional support to address those challenges (American Psychological Association, 2019).
- Emotional support can be enhanced within pre-existing relationships by appropriately increasing use of physical touch, taking time to listen to one another's feelings, and offering words of affirmation – by providing more emotional support to others, it is likely to be returned (Goldsmith, 2011).
- Consider an emotional support animal.

Affectionate Support

- Know and communicate your 'love languages' to people with whom you have close relationships. The main love languages are gifts, acts of kindness (things like doing chores or errands to reduce someone's work load, or bringing them coffee at work), quality time, physical touch, and words of affirmation (for example, compliments) (Relate, n.d.).

Informational Support

- Online or in-person support groups can be a useful way to get informational support needs met, particularly from those living with illness (Deetjen & Powell, 2016).
- Ask advice from someone you respect and trust.

Tangible Support

- Possible resources include: neighbours, help groups. churches, community associations, etc.
- Don't be afraid to ask for help when you need it – people in your social support network cannot always anticipate what you need.

Positive Social Interaction

- Seek out positive interactions with others by joining clubs, sign up for a recreational class, or sign up to volunteer – put yourself in the path of people who share similar

interests and activities and give yourself time to make friends naturally (American Psychological Association, 2019).

Assessment

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988)

- A 12-item scale
- Used by Kamp et al. (2019), Pejičić et al. (2018), Waqas et al. (2016), and Yang et al. (2018).
- For free access to scale and scoring: https://gzimet.wixsite.com/mspss

Interpersonal Support Evaluation List (ISEL; Kamp et al., 2019)

- A 40-item measure
- A repeated measure noted in systematic review by Gariépy et al., 2016
- https://www.midss.org/content/interpersonal-support-evaluation-list-isel

30-item McGill Friendship Function Questionnaire (Mendelson & Aboud, 1999)

- A 30-item subjective assessment with six subscales based on functions of friendship:
    - stimulating companionship – fun
    - help – perceived tangible support
    - intimacy – perceived openness and acceptance
    - reliable alliance – perceived availability and loyalty
    - self-validation – perceived encouragement
    - emotional security – trustworthiness and perceived available meotional support
- Used by Graber et al. (2016) =, who found an alpha of .94
- 9-point Likert scale ranging from 'never' to 'always'
- https://www.midss.org/mcgill-friendship-questionnaire-friendship-functions

Social Support Questionnaire (Sarason et al., 1987)

- A 6-item measure
- Internal reliability ranged from .90 - .98 (Sarason et al., 1987)
- Found in systematic review by Kamp et al. (2019).
- https://elcentro.sonhs.miami.edu/research/measures-library/ssq6/index.html

Social Provision Scale (Cutrona & Russell, 1987; Appendix A)

- Smyth et al. (2015) used the Child and Adolescent Specific Version

Quality of Relationships Inventory (Pierce, 1994)

- A 25-item self-report measure with three subscales: support, conflict, and depth

- Yearwood et al. (2019) used the support subscale and found an internal consistency coefficient of .82

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Appendix A: The Social Provisions Scale

Cutrona &Russell (1987)

Instructions

In answering the next set of questions I am going to ask you, I want you to think about your current relationship with friends, family members, coworkers, community members, and so on. Please tell me to what extent you agree that each statement describes your current relationships with other people. Use the following scale to give me your opinion. (Hand a response card.) So, for example, if you feel a statement is very true of your current relationships, you would tell me "strongly agree". If you feel a statement clearly does not describe your relationships, you would respond "strongly disagree". Do you have any questions?

1 = Strongly Disagree; 2 = Disagree; 3 = Agree; 4 = Strongly Agree

1. There are people I can depend on to help me if I really need it. _____
2. I feel that I do not have close personal relationships with other people. _____
3. There is no one I can turn to for guidance in times of stress. _____
4. There are people who depend on me for help. _____
5. There are people who enjoy the same social activities I do. _____
6. Other people do not view me as competent. _____
7. I feel personally responsible for the well-being of another person. _____
8. I feel part of a group of people who share my attitudes and beliefs. _____
9. I do not think other people respect my skills and abilities. _____
10. If something went wrong, no one would come to my assistance. _____
11. I have close relationships that provide me with a sense of emotional security and well-being. ___
12. There is someone I could talk to about important decisions in my life. _____
13. I have relationships where my competence and skills are recognized. _____
14. There is no one who shares my interests and concerns. _____
15. There is no one who really relies on me for their well-being. _____
16. There is a trustworthy person I could turn to for advice if I were having problems. _____
17. I feel a strong emotional bond with at least one other person. _____
18. There is no one I can depend on for aid if I really need it. _____
19. There is no one I feel comfortable talking about problems with. _____
20. There are people who admire my talents and abilities. _____
21. I lack a feeling of intimacy with another person. _____
22. There is no one who likes to do the things I do. _____
23. There are people I can count on in an emergency. _____
24. No one needs me to care for them. ___

R2

For more information about R2 or to discover how you can bring the program to your organization, business or educational setting, please contact us.

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