

“You’re not a Good Support Provider, but I Still Like You:” Satisfaction with Social Support and Happiness with Close Others in Patients with Chronic Illness



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Introduction

- Research generally suggests that the more social support one receives from a close other, the more satisfied one is with that close other (Cramer, 2004).
- However, this relationship between social support received and satisfaction with the support provider may depend on characteristics of the support receiver. For example, in a study of romantic relationships, those who held strong intimacy goals (i.e., goals for disclosure and dependence) were relatively satisfied with their relationship, regardless of the amount of social support they received from their partner (Sanderson & Cantor, 1997).
- Mental or emotional health may be another factor that could differentiate between those whose relationship satisfaction is strongly connected to how satisfied they are with the social support they receive and those whose relationship satisfaction is minimally linked to how satisfied they are with the support they receive.
- In fact, distressed individuals with higher mental health generally report greater satisfaction with close others (Segrin, Badger, Sieger, Meek, & Lopez, 2006). Specifically, the significant others of women receiving treatment for breast cancer reported greater relationship satisfaction if they were relatively higher (as opposed to lower) in global mental health.

The Current Study

The current study extended previous research by examining the mental health of the support receiver (both subjectively and objectively) as moderators of the relationship between satisfaction with support received and satisfaction with the support provider.

Specifically, it was hypothesized that the more dissatisfied one was with the support a close other provided, the less satisfied one would be with that close other, especially if one was lower in mental health (or if one's illness was classified as a mental illness).

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Method

Participants

- 93 individuals (77.52% female) diagnosed with a chronic illness selected a close other in their life and completed an online survey.
- Mean age of patients was 32.45 years (SD = 14.51 years)
- Mean relationship length was 16.17 years (SD = 5.04 years).

Close Other the Patient Selected	No. of Participants (%)
Family Member (sibling, mother, father, child, grandparent)	45 (48.39%)
Romantic Partner (spouse or boyfriend/girlfriend)	26 (27.96%)
Friend	16 (17.20%)
Other	6 (6.45%)

Chronic Illness of Patient	No. of Participants (%)
Physical (Life Threatening)	39 (41.94%)
Physical (Non-Life Threatening)	32 (34.41%)
Mental	22 (23.66%)

Measures

Mental Health

- Subjective** – As perceived by the patient (Short Form-36; Ware & Sherbourne, 1992)

The mental health subscale of the SF-36 is designed to assess subjective emotional quality of life (including distress and well-being, limitations in role activities because of emotional problems, vitality, and general health perceptions).

- Objective** – Based on chronic illness diagnosis

Patients indicated the chronic illness they had been diagnosed with. Reported illnesses included bipolar disorder, depression, chronic anxiety, diabetes (types 1 and 2), cancer, bronchitis, hypertension, lupus, epilepsy, hypoglycemia, migraines, anemia, fibromyalgia, colitis, and endometriosis.

A skilled physician then categorized the illnesses into three classes: mental, life-threatening physical, and non life-threatening physical.

Satisfaction with Social Support Provided by Close Other

The medical outcomes study social support survey (MOS; Sherbourne & Stewart, 1991) was adapted such that participants indicated the extent to which it was important to receive four types of social support from their partner in their study, as well as the extent to which they perceived that they actually received these types of support from that close other.

Greater dissatisfaction with the social support received was evident when participants did not feel they were receiving the types of support that were important to them.

Relationship Satisfaction (adapted from Hendrick, 1988)

7-item measure assessing satisfaction with the selected close other
Example item: “How well does your partner meet your needs?” (1 = Poorly; 5 = Extremely well)

Results

Table 1. Means, Standard Deviations, Alphas, and Correlations

	M	SD	1	2	3
1. Mental Health	48.91	12.93	---		
2. Dissatisfaction with Social Support Received	11.06	10.07	-.21*	.94	
3. Relationship Satisfaction	4.35	.62	.39*	-.49**	.85

Note: * $p < .001$, ** $p < .0001$, † $p < .10$. Cronbach's alphas are listed along the diagonal. Higher scores indicate more of each variable

Multiple Regression

Both dissatisfaction with social support provided by one's partner and the patient's mental health predicted the patient's satisfaction with the close other ($F(1, 68) = 17.82, p < .0001$ and $F(1, 68) = 7.46, p < .01$, respectively).

Additionally, a significant interaction between dissatisfaction with social support provided and subjective mental health emerged predicting relationship satisfaction, $F(1, 68) = 7.48, p < .01, pr = .17$.

Tests of simple slopes indicated that the negative association between dissatisfaction with social support and relationship satisfaction was *only evident for those who reported lower mental health*, $F(1, 68) = 26.90, p < .0001, pr = .52$. For those who reported higher mental health, dissatisfaction with support provided did *not* predict satisfaction with one's partner, $F(1, 68) = 0.00, p = .98$.

Figure 1. Relationship Satisfaction as a Function of Subjective Mental Health and Dissatisfaction with Support Provided by Close Other

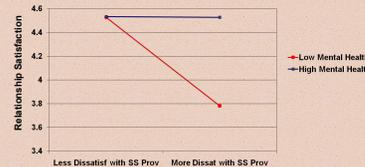
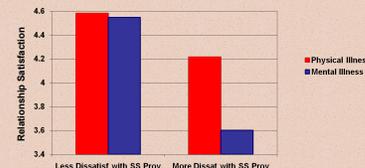


Figure 2. Relationship Satisfaction as a Function of Objective Health Classification and Dissatisfaction with Support Provided by Close Other



Discussion

Conclusions

- Those who reported more dissatisfaction with the social support that that close other provided were less satisfied with their relationship with that close other. Importantly, this association only emerged for those lower in mental well-being. Patients with higher mental well-being reported greater relationship satisfaction with the close other, regardless of satisfaction with the support they felt the close other provided.
- Results suggest that higher mental health can buffer the otherwise adverse implications associated with perceiving that a close other does not provide adequate social support.

Limitations and Future Directions

- Examine specifically why those who report lower mental health are more dependent on their perceived social support in order to feel more satisfied in their relationships with close others. Things that could be tested would include type of mental illness as well as the level to which the patient feels dependent on the close other.
- The current study is limited to the study of college students and a close other whom they selected. These close others were romantic partners, friends, and family members. Perhaps satisfaction with social support plays a larger role in predicting relationship satisfaction within certain types of dyads. For example, there might be differences in expectations about the type or magnitude of support one's partner should provide.
- Whereas satisfaction with support provided by one's close other did predict satisfaction with that close other for those with lower mental health, this was not the case for those with relatively higher mental health. Further examination of what predicts how satisfied patients with higher mental health are with their close others may be warranted. Perhaps time spent together or perceptions of support may play a role in the relationship satisfaction these individuals past experience.
- Examine the results from studying the patients' demographics, including regions, cultures, and gender differences. Identifying whether those from different regions and/or cultures perceive social support and relationship satisfaction differently may impact treatment options available in those areas. Gender differences and age may also be two variables that play a role in the type or quality of social support the close other provides and have an impact on communication and relationship satisfaction between the two.
- Because satisfaction with the support provided by a close other is a predictor of relationship satisfaction, only for those with lower mental health, educating the close other on how to provide the greatest quality of social support could in turn improve the patient's relationship satisfaction, and possibly, the close others' relationship satisfaction as well.

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