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Adolescent Perception of Social Support and Peer, Parent, and Teacher Relationships and Its Impact on Depression

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**Adolescent Perception of Social Support and Peer, Parent, and Teacher
Relationships and Its Impact on Depression**

BY

Raliat Q. Adeboyejo

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
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I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING
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Adolescent Perception of Social Support in Peer, Parent, and Teacher Relationships and
its Impact on Depression

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Abstract

The current study set out to examine how adolescents perceive social support from their peers, parents, and teachers and how this relates to depression. This study used the critical incident technique to gather open ended descriptions of incidents that participants identified as being the most socially supportive and non-supportive behaviors. Participants identified encouragement, concern, teaching, economic support, non-economic support, attendance, listening compassionately, advice, consoling, advocating, and prayer as the socially supportive behaviors they received from others. They identified criticism, ignoring, neglect, deterrence/discouragement, favoritism, inappropriate discipline, and distrust as the socially non-supportive behaviors. Parents displayed more encouragement, consoling, economic support, non-economic support, and attendance. Peers displayed more encouragement, consoling, economic support, attendance, listening compassionately, concern, advocating, and prayer. Teachers displayed more advice and teaching as types of support. In regards to the impact of depressive symptoms being present, teaching, economic support, and non-economic support were all identified as being supportive behaviors that participants with some depressive symptoms identified with, while neglect and ignoring were non-supportive behaviors that depressed participants identified with. In total we did find that depressed people tend to find emotionally based types of support like encouragement, listening compassionately, and attendance more supportive due to participants with no depressive symptoms present reporting these behaviors more. Participants displaying some depressive symptoms reported receiving types of support like teaching, economic support, and advices, which are less emotionally, based which can suggest that less

emotionally based types of support do not protect against the development of depressive symptoms. Explanations for the results and future areas of research are discussed.

| | |
|-------------------------------|---|
| Depression and Social Support | 7 |
|-------------------------------|---|

Table of Contents

| | |
|--|----|
| Acknowledgements | 2 |
| Signature Page | 3 |
| Copyright Page | 4 |
| Abstract | 5 |
| Table of Contents | 7 |
| Introduction | 9 |
| What is social support? | 9 |
| Social Support and Depression | 10 |
| Social Support, Peers, and Depression | 11 |
| Social Support, Parents, and Depression | 13 |
| Social Support, Teachers, and Depression | 15 |
| The Current Study | 16 |
| The Critical Incident Technique | 18 |
| Method | 21 |
| Result | 25 |
| Validity | 28 |
| Interrater Reliability | 29 |
| Main Analysis | 30 |
| Positive Parents | 33 |
| Positive Peers | 34 |
| Positive Teachers | 34 |
| Summary of Positive Sources of Support | 35 |

| | |
|--|----|
| Depression and Social Support | 8 |
| Negative Parents | 35 |
| Negative Peers | 36 |
| Negative Teachers | 37 |
| Summary of Negative Sources of Support | 37 |
| Depression and Social Support | 37 |
| Anxiety and Stress | 42 |
| Discussion | 44 |
| Limitations and directions for future research | 55 |
| Conclusion | 57 |
| References | 59 |

Introduction

Depression affects 4-5% of the total population of teens and adolescents (Thapar, Collishaw, Pine, Thapar, 2012), with chronic and severe impacts in this particular age group. In fact, research shows that teens who experience depression are 50% more likely to experience another episode of depression within 5 years of developing their first episode (Dunn & Goodyer, 2006) as opposed to those who have not experienced it.

Depression is caused partially by people's inability to develop appropriate coping skills and utilize social supports that are necessary to help them deal with distressing events that tend to arise in their lives (Cohen & Willis, 1985). Lack of social support can lead a person to experience depression (Monroe, 1983; Windle, 1992). When people do not feel as though they are receiving an adequate amount of social support while they are experiencing a lot of stress, they become more susceptible to experiencing depressive symptoms. The current study will examine how adolescents perceive social support from their peers, parents, and teachers and how this relates to depression.

What is Social Support?

Social support has been defined as the emotional, physical, and informational comfort that people receive from others that lets a person know that "he is loved, cared for, valued, and part of a network of communication with mutual objectives," (Cobb, 1976, p. 300). House (1981) divided the concept of social support into four categories: Emotional Support, Informational Support, Appraisal, and Instrumental Support. Emotional support refers to things such as intimate interactions, social companionship, positive social interaction, listening support, and intimacy. Informational support includes providing someone access to new and diverse information and advice.

Appraisal includes things such as communicating expectations, enhancing someone's self-worth, and providing someone with an evaluation. Finally, Instrumental Support refers to offering concrete help, such as providing money or material items or helping with the completion of specific tasks.

Social Support and Depression

Social support buffers against a person experiencing psychological distress. Cohen, Sherrod, and Clark (1986) found that people with supportive networks have a greater chance of obtaining the positive support that they need to buffer against psychological distress largely because supportive networks provide people with regular stable positive experiences. Although having supportive relationships is not going to completely shield someone from psychological distress, having supportive people around to help someone process information is valuable. Supportive relationships may help to improve reactions to stress by changing individuals' perception of the amount of stress posed by perceived challenging situations (Pössel, Rudasill, Sawyer, Spence, & Berg, 2013). Adolescents that are more depressed tend to have a lot more cognitive distortions and negative thought patterns than those who are not experiencing depressive symptoms (Aydin, & Oztutuncu, 2001). People can distort the way they perceive and understand external stimuli and situations which can lead to discrepancies in the way they engage in internal dialogue with themselves. Therefore, having others to help identify these cognitive distortions can be very beneficial. Of course, social support can come from different sources such as peers, parents, or teachers.

Social Support, Peers, and Depression

Barrera and Garrison-Jones (1992) found that disturbances in important supportive attachments, such as peers, could cause people to experience increased levels of depression. Adolescence is a confusing developmental period for many. Adolescents are in a time of searching for their own identity, while still having to have some dependence on their family. Having supportive peers around to help navigate this time period has been shown to help facilitate this transition to adulthood (Shulman, Kalnitzki, & Shahar, 2009). Having supportive peers increases a person's self-esteem therefore making them less susceptible to feelings commonly associated with major depressive disorder (Turner, 1999). Unsupportive behavior from peers—such as peer victimization or aggression-- tends to increase victims' negative affect as well as their negative thoughts about themselves (Hawker and Boulton, 2000). Burton, Stice, and Seeley (2004) also found similar implications in regard to how deficits in perceived social support in adolescent girls increased their risk for developing depression.

However, it is also possible that the causal direction goes the other way: people who are experiencing depression may end up having deficits in the social support that they are receiving from peers. Stice, Regan, and Randall (2004) found that initial depressive symptoms and depressive episodes did lead to decreases in support from peers. People may be less inclined to want to interact with individuals who are negative or sad. Being the friend of someone who is depressed takes a lot of work, and it can be very difficult for people to know the right things to say or do when they are faced with a friend who is experiencing depression (Coyne, 1987).

Likewise, people experiencing depression are less likely to put time and effort into maintaining relationships with their peers, and depressed individuals appear to be less desirable interaction partners for those peers (Coyne et al., 1976). People who are depressed have less effective social skills, therefore inhibiting their ability to keep or form friendships with others that might help support them. Furthermore, people tend to befriend others that they think are supportive and caring; someone experiencing depression is less able or likely to provide such care and support (Lemerise and Arsenio, 2000; see also Cohen, Sherrod, & Clark, 1986).

Another explanation for why depressed adolescents have deficits in the amount of social support that they are receiving could be related to the types of friendships that they are forming while they are depressed. Adolescents tend to associate with peers with similar levels of depression, and peers can influence each other by making each other's depressive symptoms worse (Conway, Rancourt, Adelman, Burk & Prinstein, 2011; Van Zalk, Kerr, Branje, Stattin, Meeuw, 2010). From a depressed person's perspective, it is much easier to interact with people who are also depressed as opposed to people who are not depressed (Rosenblatt & Greenberg, 1991). Therefore, people might not perceive that they are receiving social support from others if they are associating themselves with other depressed people who are not capable of providing adequate amounts of positive social support.

Whatever the direction or correlation between these two facets may be, social support has been shown to be very helpful for people who are dealing with a variety of difficult situations in their lives such as bereavement, substance abuse, and depression (Breen & O'Conner, 2011; Hamama, & Ronen-Shenhav, 2012). Although depressed

people might like to associate with others who are depressed, it is more beneficial for them to associate with others who are socially supportive (Mead, Lester, Chew-Graham, Gask, & Bower, 2010). For example, Hirsch and Barton (2011) identified how social support can be beneficial in preventing suicidal behavior in college students. In particular, positive social support, which was described as tangible, informational, and emotional social support, all were associated with lower levels of suicidal thought and behavior whereas negative social interactions with peers, such as negative comments or teasing remarks, were identified with increasing levels of suicidal thoughts and behaviors.

Social Support, Parents, and Depression

Adolescents' relationships with their parents have also been shown to be very beneficial for their mental development (Hair, Moore, Garrett, Ling & Cleveland, 2008). In fact some studies assert that parental support is even more important than peer support in protecting against the development of depression in adolescents (Stadler, Feifel, Rohrman, Vermeren & Poustka, 2010; Stice, Ragan, & Randall, 2004). In order for adolescents to develop properly socially and emotionally, they need to know that their parents are supporting them by being aware of them and the events going on in their lives, including them in family activities, and supporting them emotionally during stressful times (Hair, Moore, Garrett, Ling & Cleveland, 2008).

With adolescents spending a majority of their time at school, a lot of the support adolescents will need will be in relation to their school day. For instance, parental support in instances of bullying has been shown to buffer the effects of peer victimization/bullying. More specifically, support from one's mother in instances of

bullying has been shown to decrease their risk for developing disorders such as depression and anxiety (Baldry, 2004).

There are a variety of different factors that make it difficult for parents to provide support to their adolescents. For instance, the economic state a family is in can have a huge impact on the way they communicate and provide support. Families with a low socioeconomic status (SES) have less time available to spend providing support due to typically more demanding work schedules and economic stress (Brody, Murry, Kim, & Brown, 2002). Parents suffering with their own mental illness also will have a harder time providing support due to lack of proper coping skills and more difficulty tolerating the frustrations from their child (Lee, Anderson, Horowitz, & August, 2009). Moreover, having a child that has a mental illness can serve as another factor that makes providing support more difficult for parents.

In fact, even the best parents are going to struggle with dealing with a child who has depression. Knowing how to provide support to adolescents that are suffering from mental illnesses is something that most parents have not had to deal with in the past. Many parents' lack understanding of psychological disorders like depression, thus despite the many attempted interventions with their child they will continue to be unsuccessful. Regardless of how much they may love their child, intentionally and unintentionally parents who struggle to support their adolescents as a result of their depression might get frustrated trying to break through to them (Stadler, Feufekm Rohrman, Vermeren & Poustka, 2010). In turn this could cause parents to acknowledge their teens less, therefore decreasing the amount of support that they are providing.

Adolescents learn a lot about communication from their parents. Lack of a parent's ability to provide support for their peers or partner indicates that they might have some difficulty teaching these behaviors to their children (Colarossi & Eccles, 2000). If parents do not model a lot of support for their partners or friends, then adolescents might be more likely to mimic these behaviors with their peers, which could lead to deficits in their peer relationships.

Perceiving that parents will be unable to provide support in crisis situations can also be problematic (Hashima, & Amato, 1994). If adolescents do not perceive that they have a socially supportive parent to assist them, this could lead to the internalization of problems which is a symptom commonly associated with depression.

Social Support, Teachers, and Depression

For adolescents who do not have supportive parents or peers, having supportive teachers might serve as a substitute for the lack of support they receive from other sources. Positive student-teacher relationships increase students' feelings of belongingness, which in turn increases their school-related affect and academic achievement in school (Roeser, Midgley, Urdan, 1996). Similar to home environments, classroom environments that allow students to feel valued, cared for, and relevant in the classroom aid in the prevention of students experiencing psychological distress (Klem, 2004). Providing good instruction and support to students can help those struggling emotionally (Johnson, 2011). When teachers create a positive environment in which students feel they are being challenged as well as have the opportunity to be creative, students gain an outlet to channel any distress they may be experiencing from lack of support. Stadler and colleagues (2010) found that school support from teachers could act

as a protective agent against school victimization from peers. For people who are victimized and do not have other types of supportive relationships, the classroom can be a place where students can feel safe. Observant teachers help to serve as another source of reporters that are capable of noticing negative behavior changes in students. Teachers are also present in the school environment where most of the time parents cannot be.

Therefore teachers can serve as a line of defense against many of the different kinds of stressors adolescents face at school such as lack of peer acceptance and bullying which can make students more susceptible to depression (Stadler et al., 2010).

The Current Study

Despite this body of research that supports the importance of social support from teachers, parents and peers, the mechanism by which the sources of support provide that support is still not clearly defined. The current study has several goals. First, to examine what kinds of behaviors participants identify as being the most socially supportive; second, to explore whether there is a difference in the way adolescents perceive social support from their peers, parents, and teachers; and third, to see if there is a difference in what depressed people and non-depressed people find as being socially supportive. A fourth goal is to examine how forms of social support offered by our participants compare to the previously developed taxonomy proposed by House (1981). This very popular taxonomy is widely used, and we hope to examine its validity by comparing the forms of support gathered qualitatively in this study to House's categories. Finally, we hope to address the difference between positive and negative sources of support.

A study by Hombrados-Mendieta, Gomez-Jacinto, Dominguez-Fuentes , Garcia-Leiva, and Castro-Travé, (2012) also displayed an interest in studying the effects that

social support can have on adolescents. This study looked more at the different types of people that were providing the social support in the home and school environment and studied how satisfied the adolescents were with the three different types of social support (emotional, instrumental, & informational) that were provided. They found that overall emotional and informational support were two of the most important types of social support that could be provided. Specifically, they observed that in the family context, mothers were significantly more likely to provide support than fathers. Mothers provided more emotional support followed by instrumental then informational support, while fathers provided more instrumental support followed by informational, and then emotional support. In the school context they saw that classmates provided significantly more support than teachers. Classmates tended to provide emotional support the most followed by informational while teachers provided informational support the most followed by emotional support. They also found that for participants who were 15 years old and older classmate support matched or exceeded the amount of support provided by parents or teachers.

While Hombrados-Mendieta et al.'s study provides valuable information about social support provided by peers, parents, and teachers, the current study adds to our understanding by using qualitative methods instead of a quantitative questionnaire based on House's (1981) categories. The qualitative methods used to analyze the data will allow other categories to emerge that are not a part of the House (1981) categories. In addition, the incidents collected in the current study will provide more specific examples of social support. Finally, the current study will be conducted with American students, while Hombrados-Mendieta et al. studied Spanish participants.

The Critical Incident Technique

In the current study, we asked participants to provide specific examples of behaviors they found socially supportive as opposed to applying pre-established models of social support. In order to do this we utilized the Critical Incident Technique to gather examples of support. The Critical Incident Technique (CIT) consisted of procedures that allow observations of human behaviors to be observed and used to help solve practical problems and develop psychological principles (Flanagan, 1954 p.327). Essentially, the CIT method allowed participants to give open ended responses to research questions.

The Critical Incident Technique involves asking research participants to describe “critical incidents” related to the subject matter being studied. An incident is any relevant observed behavior during which participants easily understood the events that took place and are able to draw conclusions about the situation. An incident must have left a clear impression on the observer in regards to the intent of the behavior. The incident is determined to be critical when it had an important effect on the participant. The overall consequences of the behavior should have also been clear enough to the observer so that they do not leave any doubt in that observer’s mind about the effects of the incident.

Since its development, the CIT method has been used in a wide variety of fields, including counseling and psychotherapy research (see Butterfield et al., 2005; Woolsey, 1986). In the current study, adolescents will be asked to recall specific information about positive and negative social experiences that they have with their peers, parents, or teachers along with the specific environments that they took place in.

The CIT will be very beneficial in relation to obtaining detailed experiences from participants because it allows the content that was being described to be developed almost entirely from the participant's perspective and in their own words (Gremier, 2004). The critical incident technique will not restrict the observations of participants to a limited set of activities or variables (Walker, 1992). Therefore, participants will not need to feel confined to describe their experiences in a particular way. This will also be very beneficial because it will allow for participants to paint a clearer picture of what incidents had occurred so that those who are analyzing and interpreting the data get a more complete picture of what incidents participants are referring to, as opposed to getting less incomplete responses generated by testing measures such as surveys.

Using the critical incident technique allowed for exploration of what positive and negative qualities people associate with peers, parents or teachers that have helped them get through experiences that might have made them more susceptible to experience depressive symptoms. Another major advantage of conducting this study will be that it helps to identify which existing models and definitions of social support best fit the incidents that are spontaneously identified by adolescents as being the most beneficial and socially supportive. The CIT method also has been designed to have a lot of freedom associated with it, which might allow for new conclusions to be drawn that have not been talked about in the literature thus far.

In the current study, participants were asked to supply critical incidents describing socially supportive and non-supportive behaviors from their teachers, parents, or peers. A coding scheme was developed to categorize the individual incidents of support into distinct categories. The creation of these categories was done inductively, meaning that

we looked to identify patterns in the types of support adolescents reported rather than basing those categories on prior social support studies. Possible differences between each of the sources of support (peer, parent, and teacher) were identified and evaluated. Differences in the examples of the support provided based on gender and states of depression will also be identified and evaluated.

Methods

Participants

60 participants were recruited from the Eastern Illinois University introductory psychology research pool. A total of 48 participants provided useable data for this study. In total these 48 participants provided 87 useful responses of either positive, negative, or both types of support. Participants ranged in age from 18 to 25 years (mean = 19.10). The sample was 78% female. A summary of the demographics for racial makeup can be found below in Table 1

Table 1. *Racial Makeup of the Sample*

| | |
|----------|----------|
| Black | 19 (40%) |
| Hispanic | 3 (6%) |
| White | 26(54%) |

The original research plan was to use only freshmen students, so that their experiences in high school would be more recent, and therefore more available in memory; however, due to the low number of participants who initially signed up for the study, participants from other class years were allowed to participate.

Procedure

Participants were able to complete all of the materials required for this study online. Participants who were interested in this study first completed an online informed consent. They then filled out a brief demographic questionnaire asking for their age, gender, major, ethnic background, primary language, hometown city, current year in college, and year they graduated from high school. They were then given the following set of directions:

“Thank you for participating in this online survey. We are interested in the topic of Social Support and Depression. We will be asking for you to think back to a time while you were in high school. We will ask you to provide a detailed account of a situation in which you felt you received social support. In addition to that, we will ask you to provide a detailed description of a situation in which you felt you did not receive an adequate amount of social support. After you answer that question you will complete a brief questionnaire on Depression. In order to help you complete this survey we request that this survey is filled out in a quiet setting that is free from distractions. This survey is not timed and there are no limits on the amount of information you may provide.”

The critical incident technique was used to obtain positive and negative instances of socially supportive and non-supportive behaviors. Participants were randomly assigned to provide incidents from peers, parents, or teachers. They were then asked to describe a positive and negative incident involving that particular source of support. For example, those assigned to report on incidents concerning peers were first directed to: “Please think of a time while you were in high school when a friend or schoolmate displayed a positive behavior or reaction that provided you with the kind of support you felt you needed. Please describe the actual behaviors that took place in regards to what that person did to support you.” They were then asked five questions about the incident.

- “1. Tell us a little something about the friend or schoolmate who gave you the support. Don’t use the person’s name, but tell us about your relationship with that person.
2. Please describe what was going on that led up to your friend or schoolmate giving you that kind of support?

3. Please describe what happened during the situation. That is what did your friend or schoolmate do to support you?
4. Please describe what resulted from the event. What were the consequences?
5. Is there anything else we need to know to understand the event?"

For those assigned to report on incidents concerning teachers or parents, the words "friend or schoolmate" was replaced with "teacher" or "parent". For question one on the parents version of this study, the participants were given the question, "Tell us a little something about the parent who gave you the support. What was your relationship like with them?"

After completing their report on a socially supportive incident the participants were asked to report on a non-socially supportive incident from the same source. For example, those assigned to the peer condition were asked to "Please think of a time while you were in high school when a friend or schoolmate displayed a negative behavior or reaction that did not provide you with the kind of support you felt you needed. Please describe the actual behaviors that took place in regards to what that person did to not support you.

1. Tell us a little something about the friend or schoolmate who did not give you the support. Don't use the person's name, but tell us about your relationship with that person.
2. Please describe what was going on that led up to your friend or schoolmate not giving you the support?
3. Please describe what happened during the situation. That is what did your friend or schoolmate do to not support you?

4. Please describe what resulted from the event. What were the consequences?
5. Is there anything else we need to know to understand the event?"

After participants completed the first section of this study, they were given the Center for Epidemiological Studies Depression Scale CESD-R (Eaton et. al., 2004). The CESD-R is a self-administered 20 item measure that tests for depressive symptoms experienced during the past week. The symptoms that the CESD-R tests for are sadness, loss of interest, appetite, thinking and concentration, sleep disturbances, inappropriate guilt, tiredness, psychomotor movement, and suicidal ideation. Participants were also given the 21-item Depression, Anxiety and Stress scale (DASS-21; Lovibond & Lovibond, 1995). The DASS-21 is a 21 item measure that helped us test for core symptoms of depression, anxiety, and stress. This test was used in conjunction with the CESD-R to provide a comparison group for the measure of depression by including stress and anxiety.

Results

The CIT technique was utilized to gather open ended responses about incidents participants identify as being socially supportive. Participants were required to recall incidents of support in that occurred in high school. In order for the incidents to be included in this study, the incidents needed to be described in detail. In order to determine whether or not an incident should or should not be included, a participant should be able to describe the person who gave them support, what led up to the event, what occurred during the event, and what happened after the event.

After the data were collected the researcher sorted out the relevant data from the irrelevant data that needed to be discarded. Those incidents that were not described completely were attributed to lack of proper memory of the incident and those incidents were discarded (Butterfield, Borgen, & Amundsen, 2005). Based on this description of the necessary quality of the incidents, we were unable to use all of the incidents provided by the participants. Initially a total of 120 positive and negative incidents were collected from the participants. A total of 33 incidents had to be deleted due to lack of detail in their description of support. In some cases, no incident was provided either because the respondent claimed that they had not experienced an appropriate event, or because they chose not to answer. In other cases, there was simply not enough information to interpret the incident. For example in response to the questions tell us a little something about the friend or schoolmate who gave you the support and tell us about your relationship with that person, please describe what was going on that that lead to your friend or schoolmate giving you that kind of support, what happened during the situation and what did your

friend or schoolmate do to support you, and please describe what resulted from the event and what were the consequences, participants reported:

Participant 36

1. Both of my parents were supportive. They both pushed me to strive to do my best.
2. Nothing was really going on they just knew I had it in me.

Participant 23

1. A schoolmate of mine didn't really give me support because we weren't really close friends.
2. The relationship I had with this person was not necessarily on a best friend level I guess. This person was a little bit of a bully to me sometimes for some reason.
3. I don't know if it was a jealousy thing or what as to why this person didn't give me support.
4. A not so good friendship.

Other unusable incidents were not descriptive enough or confusing. An example of a non-descriptive incident was when a person said that their friend supported their goals in life, but they did not specifically describe the type of support. In response to the third question asking what happened during the situation they stated "I basically just was shouting I give up all because of one class." This person then went on to report they responded to what happened by deciding to push themselves and continue to strive all the way through which has nothing to do with receiving any kind of social support.

Some of the incidents from the negative sources of support were also difficult to understand due to lack of clarity in the descriptions of support. For instance one person reported that their parent was not supportive, but in responding to the question what their

parent specifically did to not support them they stated that they were “slacking off in class and getting distracted, and I wasn't too good at math.”

After the unusable incidents were removed, the categories were formulated by the researcher sorting the data into groups based on similarity. The researcher read through the data multiple times until the data was grouped as well as it could be. The researcher then gave tentative names and definitions for the groups. She next read through the data multiple times and necessary changes were made to help strengthen each individual category in the codebook.

All of the data were then coded by 2 coders (the researcher and a second, independent, coder). The primary investigator in this study was researcher and the second independent coder was a graduate assistant working on her masters in school psychology. A kappa value of .57 was obtained between the two coders for the first analysis. This kappa value indicated that there was a moderate amount of agreement (Landis & Koch, 1977), and was far below our ideal level of agreement ($\kappa \geq .80$; Wood, 2007). Therefore the coding scheme was revised, and additional training was developed to improve reliability.

Through discussion amongst the coders, a consensus on the meaning of each category was established. This process helped to revise the category descriptors and make them better defined. In order to test the reliability of the new categories without pulling from the main sample, example incidents were created by Coder 1 and utilized. These incidents were based on the data from the study. For example in response to the questions tell us a little something about the friend or schoolmate who gave you the support and tell us about your relationship with that person, please describe what was

going on that that lead to your friend or schoolmate giving you that kind of support, what happened during the situation and what did your friend or schoolmate do to support you, and please describe what resulted from the event and what where the consequences, example incidents included:

1. a. My mom is a really awesome woman who is caring and loving.
 - b. I had an assignment that required that I do some public speaking which totally terrified me.
 - c. My mom watched me rehearse multiple times until I felt more comfortable
 - d. I ended up doing pretty well on the project.
2. a. My dad is a pretty laid back guy and we have a good relationship
 - b. I wanted to go to spring break with my friends to Cancun with some of my friends.
 - c. My dad did not want me to go because he did not think I would be able to handle traveling that far and he was concerned something bad would happen to me.
 - d. I ended up not going on the trip due to other reasons

The primary coder and the 1st independent coder agreed on 13 out of 21 example incidents for a raw average agreement rate of 62%. Discrepancies were discussed to help each coder gain a better insight on exactly what should be done regarding the cases that were disagreed on.

Validity

Validity of the coding was established in two ways. The first way was to withhold the last 10% of incidents collected from classification. After the categorization of the first 90% of data is established, the last 10% of incidents was classified to see if

new categories emerge (Ronan and Latham, 1974). Our data passed this validity check. The final 9 incident category labels included: concern, teaching, discouragement, attendance, favoritism, criticism, advocating, neglect, and listening compassionately. Each one of these categories appeared before the last 10% of the data was coded.

Another test we used to establish validity consisted of ensuring that 90% of the subcategories emerged by the time 75% of the data was analyzed (Ronan and Latham, 1974). We also passed this test. By the time 75% of our data was coded almost all of our categories appeared except for the categories of non-economic support and humor. Therefore, exactly 90% of our categories did emerge by the time that we coded 75% of the incidents which further supports the validity of the coding.

Figure 1 in the appendix section outlines the overall process of coding the data.

Interrater Reliability

All of the data was then coded by the primary and secondary coder. 25% of the data was first extracted and coded by both the coders to ensure that the category labels were valid and had a high amount of agreement between the two. There was almost perfect agreement between the two coder's judgments on these 25 incidents, $\kappa = .95$ (95% CI, .857 to 1.045), $p < .001$.

The agreement rate for the first 25% of the data was high enough at this point of coding for revisions not to be needed. Out of 22 incidents that were coded there were only two incidents that were not agreed upon. These incidents were discussed and the most appropriate codes were applied. Once categories were further clarified both of the coders then coded the final 75 % of the data.

There was moderate agreement between the two coder's judgments, $\kappa = .52$ (95% CI, .396 to .636), $p < .001$. There were 15 disputes in coding that took place that were resolved by having a third coder code the conflicting incidents. This agreement rate was lower than the initial agreement rate that was presented before the coder training was done. It was expected that the agreement rate between the two coders was going to increase since more training was done with both of the coders. A high agreement rate was also found when coding the subsample of data therefore it was believed at that point in time that both of the coders had a good understanding of the categorization scheme.

A potential reason why the kappa value decreased in between this point could be due to the amount of time that passed in between the date the discussion was held regarding the data and the actual date the data were coded. There was a little over a month between the discussion about discrepancies on the sample population coding and the actual date that the final data were coded. Another potential reason why the coding the second time was lower could be because all of the categories were not discussed due to only a fraction of the data being coded. During our meeting to get further clarification on the codebook only those incidents that had discrepancies were discussed, therefore a significant amount of the codebook was not discussed in detail. Had it been, the kappa value could have been higher.

Main Analysis

A total of 11 positive and 8 negative categories of support were reported in this study. The complete list of labels and their final definitions are provided in Table 2.

Table 2. *Categories Used for Coding Incidents*

| Positive Forms of Support | |
|---|--|
| Concern | The act of a person showing a genuine active interest in the thoughts, feelings, and events of someone else's life by taking the initiative to ask or check on how someone is doing. |
| Encouragement | The active or passive action of building one's confidence, courage, or other psychological state with the goal and emphasis on encouraging them to carry out some action or reach some goal. |
| Teaching | Helping someone acquire knowledge or skills about information that is new to them. |
| Economic Support | Providing someone with housing, goods, or financial resources |
| Non-Economic Support | The physical action of doing something to help another person without any material goods being exchange e.g. helping someone move a couch. |
| Attendance | The physical act of being present for an event that is important to others; being there as a sign of support |
| Listening Compassionately/Showing Empathy | Providing an ear or sounding board to someone without verbal input or advice e.g. listening to someone who comes up to you to vent, but not providing feedback |
| Prayer | Requesting help or expression of thanks from God or an object of worship for the respondent's benefit. |
| Advocating | with another for the benefit of the respondent; -going to great efforts to provide personal support for or recommendation of a particular cause or policy e. g., letters of recommendation |

Positive Forms of Support

| | |
|-----------|--|
| Consoling | Providing emotional comfort to someone at a time of stress or disappointment; trying to change negative emotions to positive emotions by providing comfort or trying to make them feel good. (This category does not include using humor). |
|-----------|--|

Negative Forms of Support

| | |
|-----------------------------|--|
| Neglect | The passive act of not providing people time that is due or desired because one is focused on their own interest, or ; just not paying attention, having sympathy, or seeming to care about others |
| Ignoring | The deliberate act of not paying attention to someone e.g. the silent treatment; going out of one's way to disregard another actions, behaviors, or their presence |
| Criticism | Providing negative feedback or insult to someone, particularly if it is directed at their ability or personal characteristics. |
| Banter | A situation in which one is made fun of or joked about by others; to verbally mock or humiliate someone. |
| Discouragement/Deterrence | The action of directing the respondent away from doing or completing something that they need or want to do or achieving a goal that they want to achieve |
| Favoritism | Preferential treatment; the practice of giving unfair preferential treatment to one person or group at the expense of another |
| Inappropriate Discipline | Applying punishment for an act incorrectly due to a lack of appropriate understanding of the policy and regulations or a misapplication of those policies and regulations e. g. unfair punishments |
| Distrust/Lack of Confidence | The act or feeling that someone cannot be relied on; to doubt the honesty or reliability of or having insecurity or lack of assurance about one's abilities |

The positive and negative categories of support were broken up for analysis. A summary of the frequencies for each type of positive social support can be found below in Table 3.

Table 3. Frequency of each Type of Social Support by Source (Positive Incidents)

| | Parents | Peers | Teachers | Total |
|----------------------|------------|------------|------------|--------------|
| Encouragement | 4 (25.00%) | 4 (26.67%) | 4 (23.53%) | 12 (25.00 %) |
| Consoling | 4 (25.00%) | 3 (20.00%) | 0 (0.00%) | 7 (14.58%) |
| Advice | 2 (12.50%) | 0 (0.00%) | 5 (29.41%) | 7 (14.58%) |
| Economic Support | 2 (12.50%) | 1 (6.67%) | 1 (5.88%) | 4 (8.33%) |
| Attendance | 3 (18.75%) | 1 (6.67%) | 0 (0.00%) | 4 (8.33%) |
| Listening | 0 (0.00%) | 2 (13.33%) | 2 (11.76%) | 4 (8.33%) |
| Concern | 0 (0.00%) | 2 (13.33%) | 1 (5.88%) | 3 (6.25%) |
| Advocating | 0 (0.00%) | 1 (6.67%) | 1 (5.88%) | 2 (4.17%) |
| Teaching | 0 (0.00%) | 0 (0.00%) | 3 (17.65%) | 3 (6.25%) |
| Non-Economic Support | 1 (6.25%) | 0 (0.00%) | 0 (0.00%) | 1 (2.08%) |
| Prayer | 0 (0.00%) | 1 (6.67%) | 0 (0.00%) | 1 (2.08%) |
| Total | 16 | 15 | 17 | 48 |

Positive Support from Parents.

Descriptions of parents providing encouragement and consoling both occurred the most frequently in this group (25%). An example description of support from a participant receiving encouragement stated “My mom then helped me gain confidence by helping me rehearsing lines in front of her and we prayed to God about helping me get over my fear and it worked so I had fun.” An example of consoling reported by a participant stated “They just sat me down and told me that its ok, if I do not get all A's which was my goal. They also told me that I would do good on the football field. They also told me that even though I'm going through a lot, it will get better.” Another interesting thing observed was that the category of attendance occurred three times (18.75%) in this condition whereas it did not occur at all in the positive teachers condition and only once in the positive peers condition. An example of attendance reported by participants stated, “He gave me some support by talking the week leading up

to the tournament. But he also gave support by showing up to the tournament to watch me. That was encouraging for me to see him in the crowd.”

Positive Support from Peers.

The observed experiences of prayer (1 incident, 6.67%) and concern (2 incidents, 13.33%) both occurred higher in this condition than they did in any other (**Error! Reference source not found.**). The example of prayer reported stated, “We were sitting together talking about my situation. He then decided to pray for me right then and there.” An example of concern stated, “My friend would check up on me and do little things to make me smile/be happy.” This category had the highest number of categories used (8 total for 15 incidents) compared to the other two categories (7 teachers and 6 peers) despite the fact that this category included the lowest number of incidents in the positive sources of support category.

Positive Support from Teachers.

Advice had 5 incidents (out of 17) in its category making it the most popular type of support for this group (29.41%). An example of advice reported stated, “I was taking a turn for the worse during that year and she talked to me one on one and told me by jeopardizing my education I’m only hurting myself because in the end I’m the one who is going to get punished for it.” Advice and teaching all occurred at a higher rate in this category than in any other positive source of support group. The category of teaching occurred only in this group (17.65%). An example of teaching reported stated, “She had asked me to stay after class for a few days a week to go over the material we had learned prior to the meetings. She also would go over tests and quizzes with me to make sure I knew why I was getting the answers wrong that were incorrect.”

Summary of Positive Sources of Support Findings.

Encouragement occurred the most consistently in the positive sources of support with an equal appearance in all three of the sources of support. For the positive descriptions of support most of the categories appeared to be well defined. For each source of support the participant is asked to tell us something about the person providing the support, describe what led to the support, what happened during the situation, what resulted from it, and if there was anything else needed to better understand the event. An example of one of the incidents that was reported was when a supportive coach would “talk to me if I was having problems at home or in school and take me and my other friend Anthony out for ice cream.”

Negative Support from Parents.

Criticism provided 6 incidents for this condition (out of 13) which accounted for 46.15% of the data in this group (The frequency of all negative incidents are reported in Table 4). The category of criticism occurred the most in this group in comparison to the other negative support categories. An example of criticism from a participant stated, “My mother once told me I was dumb because she was upset that I got a low score on my ACT.” The category of Distrust/Lack of Confidence occurred only in this category (23.08%). An example of distrust/lack of confidence stated, “Looking through my stuff, not giving me privacy, support or trust.” A summary of the frequencies for the negative types of support can be found below in Table 4:

Table 4. *Frequency of each Type of Social Support by Source (Negative Incidents)*

| | Parents | Peers | Teachers | Total |
|-----------------------------|------------|------------|------------|-------------|
| Criticism | 6 (46.15%) | 4 (30.77%) | 1 (7.69%) | 11 (28.21%) |
| Neglect | 2 (15.23%) | 3 (23.08%) | 6 (46.15%) | 11 (28.21%) |
| Discouragement | 1 (7.69%) | 3 (23.08%) | 2 (15.38%) | 6 (15.38%) |
| Favoritism | 1 (7.69%) | 0 (0.00%) | 3 (23.08%) | 4 (10.26%) |
| Ignoring | 0 (0.00%) | 2 (15.38%) | 0 (0.00%) | 2 (5.13%) |
| Distrust/Lack of Confidence | 3 (23.08%) | 0 (0.00%) | 0 (0.00%) | 3 (7.69%) |
| Banter | 0 (0.00%) | 1 (7.69%) | 0 (0.00%) | 1 (2.56%) |
| Inappropriate Discipline | 0 (0.00%) | 0 (0.00%) | 1 (7.69%) | 1 (2.56%) |
| Total | 13 | 13 | 13 | 39 |

Negative Support from Peers.

The largest number of incidents in this condition also came from the criticism category with 4 (out of 13) incidents being provided (30.77%). An example of a participant being criticized was when a participant reported that “the kids in school were not supportive of me joining any athletic teams because I was white.” This participant stated that she “was the quiet chubby girl in school and no one liked me because they didn't bother to get to know me.” This participant reported that what her peers did to criticize her was tell her that she “sucked.” Ignoring was identified as a type of support twice in this group (15.38%). An example of a participant being ignored was when a female made all conference for her high school volleyball team and one of her peers made honorable mention. In response to the participant congratulating her peer by stating “good job in making honorable mention,” the peer “walked away”. Furthermore, after that lack of display of support, the peer “told everyone how I shouldn't have made the all-conference team.” The category of banter was the last category to be included in this category contributing one incident which consisted of 7.69% of the data from this group. The participant reporting banter stated, “He was just giving me a hard time and making

fun of me a little bit. He wasn't helpful at all.” The categories of banter and ignoring both occurred only in this group.

Negative Support from Teachers.

Neglect had the highest number of incidents occurring in this group with 6 incidents (out of 13) accounting for 46.15% of the data in this group. Neglect occurred more in this condition than in any other. An example of a participant reporting neglect stated, “My brother was in the hospital, so I missed a couple days of school and my teacher was unwilling to work with me.” Favoritism also occurred more in this group than in the negative peer and negative parent groups (23.08%). An example of favoritism stated, “My English teacher always favored boys and paid no attention to girls.” Inappropriate Discipline occurred only in this group (7.69%). An example of inappropriate discipline was “She took my phone and had it sent to the office not knowing that I was well in my right to use it.”

Summary of the Negative Incidents of Support.

For the negative examples of social support, criticism and neglect were displayed the most with a total of 11 incidents being classified in each category accounting for a total percentage of 56.42% out of all of the negative descriptions of support.

Depression and Social Support.

Summary statistics and inter-correlations for the CESD-R and the three DASS subscales are reported in Table 5. The scales were all significantly correlated ($p < .05$)

Table 5. *Correlation Matrix between DASS 21 and CESD-R*

| | Mean | Standard Deviation | DASS-D | DASS-A | DASS-S | CESD-R |
|--------|-------|-----------------------|--------|--------|--------|--------|
| DASS-D | 3.90 | 4.69 | .921 | | | |
| DASS-A | 3.66 | 4.01 | .574 | .884 | | |
| DASS-S | 5.44 | 4.84 | .798 | .697 | .889 | |
| CESD-R | 16.94 | 13.56 | .774 | .538 | .786 | .938 |

NOTE: DASS-D = DASS depression subscale; DASS-A = DASS anxiety Subscale; DASS-S = DASS stress subscale. All correlations are significant ($p < .05$). Chronbach's alpha for each scale appears on the main diagonal.

The CESD-R and the DASS depression subscale (DASS-D) were used in combination to assign depression status to participants. Cutoff values were created for the DASS-D (as well as the anxiety [DASS-A], and stress [DASS-S] subscales) based on the scoring template that was designed by Lovibond and Lovibond (1995). These cutoff values are reported in Table 6. The cutoff values for the CESD-R were established based on 16 being the subthreshold value for depressive symptoms being present (Eaton et. al. 2004). Table 7 reports a cross-tabulation of the depression assignments based on these cutoffs.

Twenty-four participants were classified as non-depressed by both measures, and 14 were classified as depressed according to the CESD-R, and at least mildly depressed by the DASS-D. Thus, the vast majority of our participants (79.16%) were given the same classification by both measures.

Table 6. DASS-21 Cutoff Values

| | Depression | Anxiety | Stress |
|------------------|------------|---------|--------|
| Normal | 0-4 | 0-3 | 0-7 |
| Mild | 5-6 | 4-5 | 8-9 |
| Moderate | 7-10 | 6-7 | 10-12 |
| Severe | 11-13 | 8-9 | 13-16 |
| Extremely Severe | 14+ | 10+ | 17+ |

Only two people were classified as “normal” by the CESD-R, but at least mildly depressed according to the DASS-D. Of these, one had a CESD-R score of 15 – one point below the cutoff; this person was therefore classified as depressed. The other participant with a mismatched classification had a CESD-R score of 13. We classified this individual as non-depressed.

On the other hand, there was no consistent pattern for the 8 participants classified as depressed by the CESD-R, but as “normal” by the DASS-D. Therefore the responses of these individuals were examined as a separate category.

Table 7. Cross-tabulation of CESD-R and DASS-D Cutoffs.

| DASS-D Cutoffs | CESD-R Cutoffs | | Total |
|----------------|----------------|--------|-------|
| | Depressed | Normal | |
| Normal | 8 | 24 | 32 |
| Mild | 1 | 1 | 2 |
| Moderate | 6 | 1 | 7 |
| Severe | 5 | 0 | 5 |
| Extreme | 2 | 0 | 2 |
| Total | 22 | 26 | 48 |

Table 8 reports the frequency of all the social support types for these three groups. Those participants who were not depressed reported experiencing concern, encouragement, non-economic support, attendance, listening compassionately, advice, prayer, and consoling as their positive types of support. These same participants reported that they received criticism, neglect, discouragement, favoritism, banter, and distrust as their negative types of support. Those people classified as depressed reported receiving concern, encouragement, teaching, attendance, listening, advice, advocating, and consoling. Those same people reported receiving neglect, ignoring, criticism, discouragement and favoritism as negative types of support.

People who were not depressed ended up reporting 23% more incidents of encouragement than the non-depressed category. Non-economic support, banter, distrust, and prayer were all reported only by non-depressives as types of support that they received. Non-depressed people also reported more incidents of attendance (7%), listening compassionately (7%), non-economic support (5%) and prayer (5%), compared to those in the depressed category. On the opposite side, people who were depressed reported experiencing more teaching (20%), advice (11%), advocating (7%) ignoring (8%), and discouragement (11%). Non-economic support and prayer were both only reported occurring with non-depressed participants while teaching, advocating, ignoring, and discouraging/deterring someone were all reported occurring only with potentially depressed participants. As far as similarities go, there were no differences between the non-depressed and the depressed on concern, consoling, and neglect.

Table 8. Frequency of Social Support Types by Depression Status

| | Depression Status | | |
|------------------------------------|---------------------|-------------------------|------------------|
| | Depressed n = 15 | Non-Depressed n = 22 | Mixed* n = 11 |
| Positive Support Categories | | | |
| Concern | 1 (7%) | 1 (5%) | 1 (9%) |
| Encouragement | 2 (13%) | 8 (36%) | 2 (18%) |
| Teaching | 3 (20%) | 0 (0%) | 0 (0%) |
| Economic Support | 0 (0%) | 0 (0%) | 4 (36%) |
| Non-Economic Support | 0 (0%) | 1 (5%) | 0 (0%) |
| Attendance | 1 (7%) | 3 (14%) | 0 (0%) |
| Listening Compassionately | 1 (7%) | 3 (14%) | 0 (0%) |
| Advice | 3 (20%) | 2 (9%) | 2 (18%) |
| Prayer | 0 (0%) | 1 (5%) | 0 (0%) |
| Advocating | 1 (7%) | 0 (0%) | 1 (9%) |
| Consoling | 3 (20%) | 3 (14%) | 1 (9%) |
| Negative Support Categories | n = 13 | n = 17 | n = 9 |
| Neglect | 3 (23%) | 3 (18%) | 5 (56%) |
| Ignoring | 1 (8%) | 0 (0%) | 1 (11%) |
| Criticism | 3 (23%) | 6 (35%) | 1 (11%) |
| Banter | 0 (0%) | 1 (6%) | 0 (0%) |
| Discouragement/Deterrence | 4 (31%) | 3 (18%) | 0 (0%) |
| Favoritism | 1 (8%) | 2 (12%) | 1 (11%) |
| Inappropriate Discipline | 1 (8%) | 0 (0%) | 0 (0%) |
| Distrust/Lack of Confidence | 0 (0%) | 2 (12%) | 1 (11%) |

* - Individuals in this group were over the threshold for depression on the CESD-R, but not on the DASS-D. See text.

Among the participants who had mixed depression status, 18% of people reported experiencing encouragement, 36% people reported economic support, 9 % reported experiencing concern, 9% reported experiencing consoling, 9% reported experiencing advocating, and 18% experiencing advice as their positive types of support. As far as the negative types of support are concerned, 56% of people reported experiencing neglect, 11% of people reported experiencing ignoring, 11% reported favoritism, and 11% of people experienced distrust. The significant thing observed for this category is that economic support was found to be very high in comparison to the other types of positive

supports that were displayed. Economic Support also was only found in this mixed depression status category. Another interesting finding for participants with mixed depression status scores is that 56% of people reported experiencing neglect as a negative type of support.

Anxiety and Stress.

Table 9. Frequency of Social Support Types by Anxiety and Stress Status

| | Stress Status | | Anxiety Status | |
|------------------------------------|---------------|------------|----------------|-------------|
| | High Stress | Low Stress | High Anxiety | Low Anxiety |
| Positive Support Categories | n = 21 | n = 30 | n = 20 | n = 31 |
| Concern | 2 (10%) | 1 (3%) | 2 (10%) | 1 (3%) |
| Encouragement | 4 (19%) | 7 (23%) | 2 (10%) | 9 (29%) |
| Teaching | 2 (10%) | 1 (3%) | 3 (15%) | 0 (0%) |
| Economic Support | 2 (10%) | 2 (7%) | 2 (10%) | 2 (6%) |
| Non-Economic Support | 0 (0%) | 1 (3%) | 0 (0%) | 1 (3%) |
| Advice | 1 (5%) | 3 (10%) | 1 (5%) | 3 (10%) |
| Attendance | 3 (14%) | 5 (17%) | 3 (15%) | 5 (16%) |
| Listening Compassionately | 3 (14%) | 4 (13%) | 3 (15%) | 4 (13%) |
| Prayer | 0 (0%) | 1 (3%) | 0 (0%) | 1 (3%) |
| Advocating | 1 (5%) | 1 (3%) | 1 (5%) | 1 (3%) |
| Consoling | 3 (14%) | 4 (13%) | 3 (15%) | 4 (13%) |
| Negative Support Categories | n = 17 | n = 22 | n = 15 | n = 24 |
| Neglect | 6 (35%) | 6 (27%) | 5 (33%) | 7 (29%) |
| Ignoring | 1 (6%) | 1 (5%) | 1 (7%) | 1 (4%) |
| Criticism | 3 (18%) | 8 (36%) | 3 (20%) | 8 (33%) |
| Banter | 3 (18%) | 4 (18%) | 3 (20%) | 4 (17%) |
| Discouragement/Deterrence | 3 (18%) | 1 (5%) | 1 (7%) | 3 (13%) |
| Favoritism | 1 (6%) | 0 (0%) | 1 (7%) | 0 (0%) |
| Inappropriate Discipline | 0 (0%) | 2 (9%) | 1 (7%) | 1 (4%) |

Table 9 reports the frequencies of each category of support broken down by high and low stress and high and low anxiety according to the cutoffs on the DASS stress subscale and the DASS anxiety subscale (see above). The main purpose of this breakdown was to examine whether any differences between depressives and non-

depressives on the types of support reported were unique to depression, or whether they might be a reflection of a more general emotional distress categorization. As can be seen by comparing

to **Error! Reference source not found.**, this does not seem to be the case (see above).

Discussion

In the current study we had 4 goals. Goal 1 was to determine what kinds of behaviors participants identify as being the most socially supportive and what kinds of behaviors are identified as non-supportive. Goal 2 was to determine if there is a difference in the way adolescents perceive social support from their peers, parents, and teachers. Goal 3 was to determine how the current information found in this study compares to prior classifications of social support. Goal 4 was to determine whether or not there was a difference in what behaviors depressed people vs. non-depressed people found to be socially supportive.

Goal 1 was to identify what behaviors participants' found to be the most socially supportive and non-supportive. The most common positive type of support was encouragement, which occurred four times in each category (25% of the total positive incidents). The second overall highest positive type of support reported was consoling, occurring as 14.58% of the positive incidents reported. Although, no incidents of consoling were reported for the teachers category, the frequency of participants who reported they received consoling from peers (20%) and parents (25%) were around the same rate. Advice tied consoling for the second highest overall positive type of support reported. Advice was received the most from teachers (29.41%) and from parents (12.5%).

For the negative incidents of support there were two categories that occurred at an equally high rate. The first was criticism which was reported the most from parents (46.15%), followed by peers (30.77%). Criticism was only mentioned once (7.69%) as coming from teachers. Neglect was the next most common negative support type,

reported most by teachers (46.15%), followed by peers (23.08%), and least by parents (15.38%).

Goal 2 was to determine if there is a difference in the way adolescents perceive social support from their peers, parents, and teachers. All of the participants reported receiving encouragement and economic support from all three of the potential sources of support. A potential reason for this could be attributed to the fact that encouragement is one of the most common types of support present in everyday social interactions (Wong, 2015). Therefore by being exposed to it more, adolescents may have a better understanding of encouragement and recall more instances of it.

Economic Support may work in a very similar way. Adolescents are still in the position of their life where they tend to depend more on assistance from others especially when it comes to finances and goods. Therefore due to them receiving more tangible items from others based on their needs they may also be more likely to recall instances of economic support.

There were differences between each of the sources of support. Participants reported receiving consoling from both parents and peers, but not from the teachers. A possible reason for why consoling was not reported by teachers could be due to the large number of students that they may have to see. The process of consoling someone could take a long period of time and compared to peers and parents, teachers in high school may have less overall direct time with students compared to the other two sources of support. Another possible cause could be due to the nature of the student-teacher relationship. Consoling is a more personal type of support and having teachers provide this could be perceived as crossing the border of propriety in such a relationship.

It may also be difficult for teachers to provide the type of support we called attendance due to the nature of their relationship with students being more in the professional nature. Attendance from teachers, like consoling, takes more effort and time which can be difficult for teachers.

Participants also reported receiving advice from their parents and teachers. A possible explanation for this could be that participants find advice that they receive from parents and teachers to be the most useful due to them having more life experiences. Parents were the only sources of support that provided non-economic support. A possible explanation for this could be because parents are more in the providing role compared to the other two sources of support, therefore this could increase the likelihood of them providing more services.

Participants also identified that they received listening compassionately, concern, and advocating as a type of support from their peers and teachers. A possible explanation for participants perceiving that their peers and teachers listened compassionately could be due to the natural separation that starts to happen as children enter their teenage years. The more separation that there is between an adolescent and their parents, the less communication that is likely to take place and the less adolescents will feel as though their parents listen compassionately to them.

Concern was also provided by both the peers and teachers and not by parents. This also could be accounted for by the natural separation in the adolescent-parent relationship as teens get older. If adolescents push their parents away more as they get older, it is only natural for their parents to stop trying and to stop showing as much concern.

Advocating was also a type of support that was provided by both the peers and teachers. Advocating in both of these cases revolved a lot more around sources of support providing letters of recommendations and sticking up for the participants.

As far as the negative incidents are concerned, participants reported receiving criticism, neglect, and discouragement from their peers, parents, and teachers. Criticism appears to be a very common type of negative behavior that may be displayed in social interactions. Even in school students receive criticism for their performance; therefore the higher frequency of it in an adolescent life may lead to adolescents identifying it more.

Neglect also is a common negative type of support across categories. The presence across different sources of support could be caused by a greater dependence that adolescents have on others during this stage in their life. Adolescents may expect and depend on others to behave in certain ways and when those other people do not they may perceive that as neglect even if the person providing the “neglect” were unaware of the person’s expectations. Discouragement may be common due to the nature of adolescents and the search for one’s own independence and identity. Having the space to express oneself and try new things helps to build confidence and independence. So when any source of support tries to combat that it makes sense that teens identify that as being unsupportive.

Only teachers and parents provided favoritism, which could be attributed to both teachers and parents being in more of a leadership role with the adolescents, which could cause them to place expectations on them. When the expectations are met or exceeded this could lead to more positive feeling being generated toward that student or child

which could lead to favoritism. Based on these findings one could even hypothesize that there are fewer expectations in peer relationships compared to the relationship between an adolescent and their parents or teachers. The concept of expectations also can affect how much a parent trusts an adolescent. Parents were the only source of support that displayed lack of trust for their adolescents. A possible explanation for this could be due to adolescents naturally distancing themselves more from their parents which can lead parents having less trust for their teens due to lack of communication.

Peers were the only group that displayed ignoring which can be caused by a lack of proper communication skills being developed to help them appropriately work through situations with others. Peers were also the only group to provide banter as a type of negative support, which could also be due to lack of full understanding of appropriate ways to handle other's feelings in an appropriate way.

Teachers were the only ones that provided inappropriate discipline, which could again be attributed to the high number of students that some teachers have to serve. Keeping track of each and every person's negative behaviors can be very difficult in a classroom that is full of multiple students and this could lead to inappropriate discipline being provided.

Our third goal was to compare how the current information compares to prior classifications of social support. One of the most popular taxonomies of different types of support was proposed by House (1981), who found that there were four different types of social support: emotional support, appraisal, instrumental support, and informational support. Emotional support was defined as receiving comfort and security from others that allows one to feel that they are cared for by others (Sarason, I., Levine, Basham, &

Sarason, B., 1983). Some examples of emotional support consist of empathy, concern, caring, love, and trust. Appraisal support refers to evaluative feedback consisting of both positive and negative types (Tardy, 1992). Appraisal is generally shown through affirmations, feedback, and social comparison. Informational support consists of advice, suggestions, or directives that assist the person in accomplishing the task that they are trying to accomplish. Instrumental support is concrete and it is generally defined as the provision of tangible services or goods (Wan, Jaccard, & Ramey, 1996). Instrumental support can be shown in the form of money, time, and aid in labor. A summary of the comparison between the House types of support and the types of support reported in this study can be found in Table 10.

Table 10. Comparison of House vs Current Study Category Comparison

| House Categories | The Current Study |
|-------------------|--|
| Emotional Support | Encouragement, Consoling, Listening Compassionately, Attendance, Concern, Advocating, Prayer |
| Appraisal | None Reported |
| Instrumental | Economic Support and Non-Economic Support |
| Informational | Advice and Teaching |

Overall when comparing the current study to that done by House (1981) every single category that was generated from the current study fit into one of House's four types of support. Based on no categories of support falling outside the four House categories, the current coding scheme appears to agree with that of House's. However, we found no examples falling into House's category of Appraisal. It may be that this is an inappropriate category, but it seems more likely that we did not find examples in this category because of the small number of incidents collected.

Hombrados-Mendieta, et. al. (2012) found that parents mainly provide emotional and instrumental support. In regards to the current study, it was noted that

encouragement and consoling were the most prevalent types of support that were reported as being socially supportive from parents. The current study is consistent with the findings from Hombrados-Mendieta, et. al. due to encouragement, consoling, economic support, non-economic support, and attendance all falling into the two categories of emotional and instrumental support. The only category in the positive support from parents that was not consistent with these findings was that of advice. Hombrados-Mendieta, et al. also stated that the most prevalent types of social support that were provided by peers were emotional support and informational support. Most of the types of support provided in the current study by peers were examples of mostly emotional support which were consistent with the findings of Hombrados-Mendieta, et. al. Teachers were reported to provide more examples of informational support compared to the other two sources according to the study by Hombrados-Mendieta et al. In the current study both advice and teaching, which are two types of informational support, were found to occur more frequently in this condition compared to any other sources. Participants did also report examples of emotional support (emotional support, listening compassionately, concern, and advocating) and instrumental support (economic support) coming from teachers. Therefore, most of the information gathered in the current study was fairly consistent with prior research confirming the validity of both the current study and the study by Hombrados-Mendietal et al.

Goal 4 was to determine if there was a difference in the types of support depressives versus non-depressive receive. People that were not depressed tended to display differences when it came to types of support like encouragement which was present in the non-depressed section 20% of the time, whereas it was only present in the

depressed section 7% of the time. Other acts of support like attendance and listening compassionately were also found to occur 50% more often for those experiencing depressive symptoms. Since encouragement, attendance, and listening are all types of emotional support based on House's classification system, it seems that non depressed participants reported more emotional support from others. Those with potential depression reported receiving all the participants' reports of teaching and 20% more advice which are both informational types of support. This may indicate that people that are depressed would not benefit from more informational based types of support.

We included measurement of anxiety and stress to assist us in determining if any differences in support between depressives and non-depressives were driven by depression specifically, or were more generally tied to emotional distress. As can be seen in Table 11, however, the difference between depressives and non-depressives in frequency of emotional versus informational support was not replicated when we make the same comparison using the DASS Stress subscale or the DASS Anxiety subscale. (Because of low expected frequencies, chi-square tests are not really appropriate for these data [see Preacher, 2001]. Nevertheless, when conducted, the tests are significant or marginally significant for the depression data [including the mixed category: $\chi^2(4) = 15.56, p < .01$; not including the mixed category: $\chi^2(2) = 5.44, p = .066$], while the tests for stress [$\chi^2(2) = .011$] and anxiety [$\chi^2(2) = 1.12$] were not.)

Table 11. Frequency of Positive Support Types according to House (1981) by Mental Health Status.

| Social Support Types | Depression Status | | | Stress Status | | Anxiety Status | |
|-----------------------|-------------------|---------------|------------|---------------|------------|----------------|-------------|
| | Depressed | Non-Depressed | Mixed | High Stress | Low Stress | High Anxiety | Low Anxiety |
| Emotional Support | 9 (60%) | 19 (86.4%) | 5 (45.45%) | 16 (76.2%) | 23 (76.7%) | 14 (70%) | 25 (80.6%) |
| Informational Support | 6 (40%) | 2 (9.1%) | 2 (18.2%) | 3 (14.3%) | 4 (13.33%) | 4 (20%) | 3 (9.7%) |
| Instrumental Support | 0 (0%) | 1 (4.5%) | 4 (36.4%) | 2 (9.5%) | 3 (10%) | 2 (10%) | 3 (9.7%) |

As can be seen in Table 11, however, the difference between depressives and non-depressives in frequency of emotional versus informational support was not replicated when we make the same comparison using the DASS Stress subscale or the DASS Anxiety subscale. (Because of low expected frequencies, chi-square tests are not really appropriate for these data [see Preacher, 2001]. Nevertheless, when conducted, the tests are significant or marginally significant for the depression data [including the mixed category: $\chi^2(4) = 15.56, p < .01$; not including the mixed category: $\chi^2(2) = 5.44, p = .066$], while the tests for stress [$\chi^2(2) = .011$] and anxiety [$\chi^2(2) = 1.12$] were not.)

As far as negative sources of support go, non-depressed participants reported receiving 20% more criticism than those with potential depressive symptoms present. This might indicate that types of support like criticism are less emotionally damaging compared to other types of support. Depressed participants received more neglect (20%), discouragement (13%), and all of the reports that were coded into the ignoring category. This might indicate that these types of support are more emotionally damaging for people to receive as negative types of support.

Those people that had mixed depression status also reported far fewer forms of emotional support than the non-depressed (and then the depressed participants). Since the mixed category is made up of participants scoring depressed on either one of the scores it is possible that some of these participants may have some symptoms of depression present, this would further support the finding that emotionally based types of support are more helpful in protecting against depressive symptoms due to economic support being an instrument type of support. Another interesting thing observed about participants with mixed depression status scores is that 56% of people from

this group reported experiencing neglect as a negative type of support. Therefore, neglect can be a type of support that could lead participants to feeling more depressed.

Limitations of this study and directions for further research

The greatest limitation of the current study was the difficulty in obtaining a sufficient number of participants and therefore a sufficient number of incidents. There were a total of 87 incidents used for data analysis. This made interpretation of the data more difficult because in some instances there was only 1 incident per category for the peers, parents, and the teachers combined. Furthermore, the limited amount of data could have also caused us to miss other categories that would potentially have shown up if we had more incidents. This also made it more difficult to analyze the data efficiently because certain validity and reliability test could not be performed due to the low number of incidents. More data should be collected.

Another limitation is that this study included upperclassman, which could affect how accurately the information from high school was recalled. We intended to only utilize data from freshmen for our analysis, but due to the low sample size, participants from all age groups were allowed which even consisted of a senior who was 25 year old. The results from the study by Hombrados-Mendieta et. al. (2012), was encouraging because it was conducted with a large sample of high school students and they did yield similar results.

Another limitation of our study is that information was collected online which led to difficulty understanding some of the participant's examples of support. According to Butterfield, Borgen, Maglio, & Amundson (2009), CIT is most effective when data is collected through in person interviews. They report that gathering information in personal interviews enriches the quality of the data in ways other methods of data collection would not. Therefore doing in-person interviews would have provided for further clarification of the data which would have been more helpful in understanding some of the descriptions of support. This would have also allowed for more descriptions of support to actually be used because follow up questions would

help clarify the data that did end up being eliminated from this study. This also would have helped descriptions to be more precise which ultimately would make coding and classifying the data a lot easier.

Using in-person interviews also would have ensured that the descriptions of support collected in our study were actually critical incidents and relevant to what the current study was trying to measure. In total 33 incidents had to be deleted due to the data not capturing what the study was trying to test or the data being very unclear. By conducting in-person interviews, the amount of data that had to be deleted could have been drastically reduced because unclear statements could have been clarified, short explanations could have been lengthened, and more context could have also been provided to better understand what contributed to the supportive behavior.

The method the data was presented in could have also had an impact on the number of incidents that were reported in the positive and negative categories. In this study, the questions to elicit positive social support were always presented first. In the final break down of the numbers there were 48 positive incidents compared to 39 negative incidents of support. The lower number of incidents could be potentially accounted for by participants not making as much of an effort to answer the second set of questions. Another explanation could be that it may be more difficult for participants to actually identify a negative type of support after they have to think about the positive source of support. It would have been helpful to see if the number of negative incidents still would be lower if we randomly assigned half of the participants to answer the negative source of support first.

Conclusion

In all, this study set out to determine if depressed versus non depressed people find certain behaviors to be socially supportive from their peers, parents, and teachers. In total we did find that depressed people tend to find emotionally based types of support like encouragement, listening compassionately, and attendance more supportive. Therefore in regards to socially supportive behaviors from either a person's peers or parents, it is important for many people to get some kind of emotional support to help combat psychological disorders like depression. When it comes to teachers, participants reported receiving support like informational types of support like teaching and advice the most. The interesting thing observed through this study is that those participants displaying some depressive symptoms reported receiving types of support like teaching, economic support, and advice, which are less emotionally based. Therefore it can be implied that support from teachers would be less likely to prevent the development of depressive symptoms. The cause of this could be due to participants actually getting less emotional support from sources like teachers who are naturally less able to provide it. A study by Scher and Moore (2016) found that teachers tended to focus more on instructional methods, student learning, and growth academically as types of social support compared to taking an interest in the personal lives of students and providing extra benefits for students. Although, there are ethical concerns to make sure that teachers are not crossing certain boundaries in their relationship with students, it appears that teachers are potentially stepping back too far. Teachers should be encouraged to provide more emotional types of support when difficult situations arise for students.

Another potential explanation for our results be that depressives perceive situations differently which can make it harder for people to identify, see, and absorb certain types of

support that may be directed towards them. They may be getting the same amount of emotional support as non-depressives, but simply not perceiving it, and therefore not reporting it to us.

A study by Stice et al. (2004) supports the thought that depression could affect the amount of support adolescents receive when it found that people with depressive symptoms and major depressive disorder did in fact receive less social support from their peers. Another study by Väänänen, Marttunen, Helminen & Kaltiala-Heino (2014) also supported this same finding and found that low perceived social support was a risk factor for depression in adolescents. People that are depressed also can resort to isolating and pushing others away which can cause them to also have fewer opportunities to experience positive supports. Regardless of the exact mechanism of action, there is a need for emotional support for participants who are reporting depressive symptoms. Not many studies talk specifically about how different types of emotional support can potentially protect against depressive symptoms. A variety of studies address overall that social support can buffer against the development of depressive symptoms, but most of those studies do not talk in detail about the specific types of support that do this. Therefore it is important for peers, teachers, and parents to consider providing more emotional support to others especially if it appears that they are going through a difficult time. In general given the natural tendency of adolescents to pull away during this time in their life, this study still shows that the types of interactions teens have with not only their peers, but also their parents and teachers still can have a significant impact.

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