MEMORANDUM

Manuscript #192A

To: ARIC P and P Committee
From: Maury Mittelmark
Date: December 16, 1993
Subject: Proposal for a second ARIC/CHS social support paper
          (off-shoot of MS #192)

A joint ARIC/CHS paper on social support has been submitted to the two P & P committees for review. The purpose of this memo is to request permission to proceed with a second paper, using data that had to be withheld from the first paper for reasons of excess length.

1. Title:
Patterns of social exchange and life satisfaction: Findings from the Cardiovascular Health Study (CHS) and the Atherosclerosis Risk in Communities (ARIC) Study

2. Authors:
(lead) Maurice B. Mittelmark, Richard Schulz, Bonnie K. Lind, Aaron Folsom, Peter J. Savage, Catherine A. Paton, and Joseph F. Polak

3. Background and Rationale:
Low levels of social contact and involvement have a significant and independent association with subsequent mortality (Berkman and Syme, 1979; House, Robbins, and Metzner, 1982; Blazer, 1982; Cohen, Teresi, and Holmes, 1987; Hirdes and Forbes, 1992; Hanson, Isacsson, Janzon, et al, 1989; Orth-Gomer and Johnson, 1987; Kaplan, Salonen, Cohen, et al, 1988; Kaplan, Salonen, Cohen, et al, 1988; Orth-Gomer, Unden, and Edwards, 1988; Kaplan, 1988; Ruberman, Weinblatt, Goldberg, et al, 1984). The measures of social ties used in epidemiologic studies with morbidity endpoints have varied, but all have focused more or less on the size, extend, composition, and availability for support of an individual's social network.

One potentially important property of social relationships that has not been closely studied in the epidemiologic literature is reciprocity, the degree to which there is balance in the giving and the receiving of support (House and Kahn, 1985). However, there is some evidence that health status may be best in dyads in which both parties initiate contact (Gallo, 1982). This may be true especially of older adults, among whom it has been demonstrated that social interaction positively effects emotional well-being (Lee, 1985). This is consistent with the tenents of social exchange theory, which posits that unbalanced exchange relationships, with too much dependency in either direction, are psychologically uncomfortable (Emerson, 1976).
Much of the research on reciprocity in social relationships has focused on dyads, usually of persons in close relationships such as marriage (Spanier and Lewis, 1980; Kitson and Sussman, 1982). However, issues regarding reciprocity apply as well to the extended social network of neighbors, friends, and church brethren, among others. As has been observed in dyads, balance in the degree to which an individual receives support from and gives support to the extended social network may have a positive effect on well-being and health status.

A unique opportunity to study balanced and unbalanced social networks and members' perceptions of well-being is presented by the recent acquisition of key data in two epidemiologic studies of the natural progression of cardiovascular diseases: the Cardiovascular Health Study (CHS) and the Atherosclerosis Risk in Communities (ARIC) Study (Fried, Borhani, Enright, et al, 1991; The ARIC Investigators, 1989).

The aim of this paper is to present basic descriptive data on patterns of social exchange and well-being in a large, demographically diverse population. It is expected, based on previous findings in the social exchange literature, that individuals in balanced exchange relationships report a higher level of well-being than do those in unbalanced relationships. There are also persons who are socially isolated, neither giving or receiving social support. It is expected that these individuals report the lowest level of well-being.

4. Data:
The basic data of this paper are presented in tables 1-8, attached. A few additional data runs will be needed to generate multivariate models associating exchange relationships with well-being, controlling for health status and sociodemographic characteristics (computed separately for women and men).

***For a copy of the data tables or the entire original proposal, please contact Pat Penland (919-962-2073) or the ARIC Student Assistant (919-962-3268) at the UNC-Chapel Hill Coordinating Center and it will be faxed to you.***

5. References:


Ruberman W, Weinblatt E, Goldberg JD, Chaudhary BS. Psychosocial influences after myocardial infarction. NEJM 1984; 311:552-559.
