

10

Social Support

Understanding Supportive Relationships Through Cultural Perspectives

Chapter 10 provides an overview of the literature on social support, highlighting its multi-dimensional meanings as situated in interpersonal and social contexts. By situating the meanings of social support in cultural contexts, we acknowledge that social support is a cultural phenomenon that needs to be understood, interpreted, and enacted through its cultural norms. By adopting a normative approach to individuals' interpretation and evaluation of social support, we will explore the challenges to identity management and illness management faced by patients and their supportive others in offering different forms of social support.

I. Social Relationships in Health Contexts

As social beings, we inherently recognize that social relationships are essential if we want to survive and thrive in our environments and communities. Economists found that people who face extreme poverty and food insecurity – people who have almost nothing to lose – are often reluctant to leave their communities to pursue better economic opportunities due to concerns about losing family ties and social support at home (Banerjee & Duflo, 2019). Despite the significant financial incentives for emigration, people believe that moving away from their hometown and families can entail significant financial costs (e.g., no more free babysitting from grandma), reputational downsides (e.g., no one can vouch for your reliability and trustworthiness as a business owner), and psychological suffering (e.g., loneliness and feeling homesick; Banerjee & Duflo, 2019).

Social support has been a central topic in various disciplines, including psychology, economics, communication, and medicine, among others. **Social support** is defined as supportive others' provision of "psychological and material resources intended to benefit an individual's ability to cope with stress" (Cohen, 2004, p. 676). Through interdisciplinary approaches, researchers have agreed that social support is a multidimensional construct, involving emotional (e.g., feeling assured or anxious), cognitive (e.g., assessing whether and what type of support is available), behavioral (e.g., soliciting and offering support), and normative (e.g., what is considered supportive based on social norms) components. Social support has been found to have significant impacts on *both* support

providers' and support recipients' coping strategies, identities, relationships, and even health statuses, including psychological and physiological outcomes.

Social support can involve different forms of support. Some of the commonly identified types of support include: **instrumental support** (i.e., provision of material resources, such as offering financial assistance or assisting daily tasks; also referred to as **tangible support**), **informational support** (i.e., provision of relevant information to promote successful coping, such as giving advice about preparing for exams), **emotional support** (e.g., provision of social connection that acknowledges, elaborates, and legitimizes a person's identity and emotions that make them feel heard; sometimes also referred to as **esteem support**, which often focuses on giving reassurance of self-worth), **appraisal support** (e.g., provision of perspectives that assists individuals to evaluate the issues at stake, such as constructive feedback), and **network support** (i.e., opportunities for socializing or belonging to a group; Cohen, 2004; Goldsmith, 2004; Heaney & Israel, 2008).

A. The Protective Functions of Social Support

Researchers have long noted that strong social support is essential to individuals' *psychological* and *physical* wellbeing in both *good* times and *bad* times (Feeney & Collins, 2015; Roy, 2011). Social support helps people to thrive when coping with stressful life adversities as well as pursuing life opportunities for growth and development. In particular, social support functions as (a) a source of strength that promotes thriving through adversity and (b) as a relational catalyst that promotes thriving through "full participation in life opportunities for exploration, growth, and development in the absence of adversity" (Feeney & Collins, 2015, p. 118).

1. Buffering Effects in Life Adversities

A plethora of research in the 1980s investigated **buffering effects** of social support for stressful life events (Dean & Lin, 1977; Roy, 2011; Thoits, 1982). By acting as "buffers" against life adversities, social support is triggered under stressful life circumstances as it promotes individuals' resilience. In Western societies, spousal or partner relationship is one of the most powerful buffers in assisting individuals in mitigating the negative impacts of stressful life events (Roy, 2011). **Stressful life events** are typically conceptualized as major life events (e.g., death of spouse/parent/child, leaving home for an out-of-state education/job, getting married/divorced, or becoming new parents) that are expected to result in "psychological and physiological stress responses for the average person" (Cohen et al., 2019, p. 579). Stressful life events have been linked to a wide range of illnesses that involve affect regulation (e.g., depression and anxiety), health behaviors (e.g., poor sleep and smoking), hormones, and/or the autonomic nervous system (Cohen et al., 2019). Experiencing stressful life events is associated with increased risks of depression, cardiovascular disease, infectious disease, and cancer-related mortality (Cohen et al., 2019). Three types of stressful life events have been found to be particularly damaging to individuals' health: interpersonal problems (e.g., workplace conflict or death of a loved one), loss of social status (e.g., divorce or being bullied), and employment (e.g., unemployment or underemployment; Cohen et al., 2019).

Emotional support and informational support have consistently demonstrated to have buffering effects because they enhance a wide range of coping strategies for the

support recipient (Burlleson & MacGeorge, 2002; Cohen & Wills, 1985). Feeney and Collins (2015) noted that when individuals are faced with adversities, they rely on social support to provide a safe haven (e.g., a place that offers emotional and physical comfort free of negative judgments), develop fortification (e.g., nurture and embrace hidden talents and abilities), assist reconstruction process (e.g., coping with adversities in a positive manner), and reframe/redefine adversities for positive change.

In their extensive review of the literature, Cohen and Wills (1985) suggested that social support has buffering effects when interpersonal resources are responsive to the needs elicited by stressful life events. The **matching model** proposes that “social support is effective in reducing the effects of stressful events only in so far as the form of assistance matches the demands of the event” (Cohen, 2004, p. 677). For example, lending someone money may be helpful when the support recipient has lost a job, but it may be useless if the support recipient is grieving over the death of a loved one. The matching model of social support, however, has *failed* to find clear evidence to support buffering effects (Burlleson & MacGeorge, 2002; Goldsmith, 2004). This is partly due to the complex interrelationships between different types of support and the wide range of factors moderating individuals’ experiences of social support. For example, a single stressful event can result in needs for different types of support. When a person experiences the death of a spouse, they may concurrently face financial uncertainty, loss of social status, and anxiety related to self-worth. Thus, offering money to a person who is grieving over the death of a spouse can be helpful not only in addressing financial uncertainty but also communicating care and love for the person. In other words, support recipients may attribute meanings (e.g., esteem support) to the act of instrumental support (e.g., giving money).

Second, individuals’ appraisal of the support received may be moderated by other factors. For example, by recognizing a friend who has little money but offers a shoulder to cry on is doing her best to help, a support recipient may find the strength to develop a wide range of coping strategies that she otherwise would not have had. Similarly, a person is unlikely to appraise emotional support to be sincere and genuine if the person who offers it repeatedly snubs extending instrumental or appraisal support when they can easily afford to do so. Goldsmith (2004) explained, “The matching metaphor fails to adequately acknowledge the ways in which situations may be represented and constructed in communication” (p. 84). A support provider may view giving a ride to an alcoholic friend to an AA meeting versus a liquor store means very different things; in contrast, a support recipient may not differentiate the meanings of the rides. Although support typologies can be distinguished conceptually, it is likely that peoples’ understanding of social support offered and received are dynamically negotiated and contextually situated (Goldsmith, 2004). In short, the matching model, despite its intuitive appeal, oversimplifies complex relationships and processes of social support in real life (Burlleson & MacGeorge, 2002).

Interestingly, Cohen and Wills (1985) found buffering effects with perceived social support, but not with received social support or support structure. Similarly, Roy (2011) found that intimacy of close relationships, rather than the size of a person’s support network, is a stronger predictor of buffering effects. Even one single, reliable source of social support (e.g., a confidant) is sufficient and effective as a stress buffer to provide appropriate aide (Cohen, 2004). **Perceived social support** is defined as individuals’ perception concerning the *general* availability of support and/or *global*

satisfaction with support provided (Haber et al., 2007). It represents a global understanding of one's perception and satisfaction with the availability of social support. In contrast, **received social support** is defined as the *specific* supportive behaviors received in the past; **support structure** is assessed through objective measures of an individual's support network (e.g., number of friends or frequency of contacts).

Researchers were intrigued by the consistent findings of perceived social support as a predictor of health, but not received social support (Haber et al., 2007). After all, the received social support is a more accurate, objective measure of the extent of supportive behaviors received by a recipient. In contrast, perceived social support may not be representative of the actual support received in reality, and can be influenced by support recipients' bias, judgment, and memory. Nevertheless, researchers have noted that compared to perceived social support, receiving actual support can entail significant risks (e.g., disclosing one's illness status may result in potential stigmatization) or future obligations (e.g., expectations of paying back the favors in the future) that may dampen the benefits of social support – making received social support a less powerful predictor of health than perceived social support. In addition, maintaining an extensive support network may demand a significant investment of one's time and resources – mitigating the positive effects of social support. On the other hand, the belief that others will provide necessary resources if asked (i.e., perceived social support) can bolster one's ability to cope with stress and mitigate maladaptive behaviors (e.g., avoidance) without the risks and ensuing obligations of received social support (Cohen, 2004). As a result, “although the perception that support is available is associated with better adjustment, the perception that one has been the recipient of specific supportive act is not” (Bolger et al., 2000, p. 958).

2. Direct Effect in Everyday Life

Although early studies focused on the buffering effects of social support against stress, researchers have increasingly recognized that social support can constitute valuable resources in everyday life, not just in stressful moments. According to the **direct effect** model (also called the **main effect** model), researchers argued that social support is beneficial “irrespective of whether one is under stress” (Cohen, 2004, p. 678). Feeney and Collins (2015) explained that in the absence of adversity, social support continues its influence by providing a *secure base* to encourage one's exploration behaviors (e.g., desires to learn, grow, discover, and accomplish goals). In the absence of adversities, social support encourages individuals to create, reframe, recognize, embrace, and prepare for life opportunities (e.g., challenge oneself to reach outside of one's comfort zone).

From this perspective, social support exerts its impact when individuals engage in **social integration** (i.e., participation in a broad range of social relationships), providing a sense of normative rules that enhance their sense of identity, relationship, life-meaning, belonging, self-worth, security, and stability (Cohen, 2004). Researchers have argued that social support in intimate relationships has not only buffering effects in times of stress but also direct effects in everyday life (Roy, 2011).

Social integration involves a *behavioral* component (e.g., active engagement in a wide range of social activities or relationships) and a *cognitive* component (e.g., a sense of community and identification with one's social roles; Brissette et al., 2000). People who demonstrate a strong level of social integration with their communities or relationships (e.g., married, have close family and friends, belong to social and religious groups) have been found to have a better chance of survival after heart attacks, less

risk for cancer recurrence, less depression and anxiety, less severe cognitive decline with aging, and better resistance against infectious disease (Cohen, 2004).

More importantly, social integration suggests that both receiving social support *and* providing social support can lead to positive outcomes. A study of churchgoers found that the negative impacts of financial strain on mortality were reduced for elderly churchgoers who provided more emotional support to fellow church members (Krause, 2006). “**Paying it forward** (PIF)” has now become a social movement, encouraging individuals to provide random acts of kindness to others (Cobb, 2015; see Figure 10.1). A recent study found that both receivers and givers of random acts of kindness experience positive benefits to their well-being, noting that “PIF givers reported increased overall PA [positive affect], optimism, gratitude, life satisfaction, and joviality, with the largest changes found in PA and joviality” (Pressman et al., 2014, p. 6). In addition to experiences of positive mood, receivers of acts of kindness often demonstrate desire and behaviors of paying the kindness forward (Pressman et al., 2014). This is a proliferating, upward-and-forward effect of goodwill that has also been observed by other studies on PIF, altruism, and generosity (Chang et al., 2012; Dass-Brailsford et al., 2011; Tsvetkova & Macy, 2014).

Acts of kindness can spread through a social network, creating a compounding impact with an increasing number of people choosing to “pay it forward” as they become inspired and revitalized by others’ acts of kindness. In short, acts of kindness energize the givers; at the same time, they inspire and revitalize recipients to pass on the goodwill. It catches on. Researchers argued that groups with altruistic members would become more altruistic as a whole, resulting in a higher likelihood of survival than selfish groups (Fowler & Christakis, 2010; Klein, 2014; van Doorn & Taborsky, 2012). Being mindful of others’ acts of kindness may just be the key to providing the needed energy for us to create, support, and maintain the community that we love. It creates a community in which everyone can be seen, heard, and thrive.



Figure 10.1 Pay it forward. During the COVID-19 pandemic, many citizens volunteered to sew facemasks for frontline health professionals and whoever need them. *Source:* Elaine Hsieh

B. Potentially Negative Impacts of Social Support

Recent studies have highlighted the complex relationships of social support and its corresponding impacts. Although social support is given with the intent to be beneficial to the recipients, researchers have noted that support offered may be unwanted, undesirable, or negative to support recipients (Goldsmith, 2004; Roy, 2011). Successful provision of social support requires the participants to “construct together a vision of the situation and coping options that is coherent – internally, externally, and between partners” (Goldsmith, 2004, p. 150). In other words, the participants of supportive communication need to develop a mutually agreeable understanding of the event and coordinate their efforts to meet the demands of the situation.

How people evaluate the helpfulness of social support may be moderated by a wide range of factors. For example, relationships between support providers and support recipients and the timing of the support (e.g., whether support was solicited) have been found to influence the helpfulness of emotional support; similarly, source credibility and the co-existence of other forms of support may influence support recipients’ assessments of the helpfulness of informational support (Brashers et al., 2006; Burleson & MacGeorge, 2002). How support is delivered may also shape individuals’ evaluations of the helpfulness of the support. For example, receiving social support can implicate costs or risks to one’s identity, relationship, or future obligations (e.g., accepting money from a friend may suggest that a person is unable to financially support oneself imposes additional burdens to a friend, or requires one to pay back or offer money in the future). As a result, a relational partner may intentionally offer assistance in indirect or tactful ways (e.g., concealing the assistance provided, completing tasks without mentioning it, and shielding a support recipient from concerns or problems) so that the support recipients does not experience threats to self-esteem or feelings of obligation and dependence (Goldsmith, 2004). For example, a sibling may offer significant cash to celebrate his elderly sister’s birthday, labeling the cash gift as a birthday present for a life milestone (e.g., a normative practice) rather than instrumental support to assist her dire financial situation. In a study of 68 couples in which one partner was preparing for the New York State Bar Examination, Bolger et al. (2000) found that partners’ report of support provision was related to an examinee’s feeling less depressed the next day; however, when examinees reported receiving support, their levels of anxiety and depression tended to be greater the following day. As a result, during the most stressful time (i.e., the final week before the bar exam), **invisible support** (i.e., when a support provider reported offering support, but the support recipient did not report receiving it) demonstrated the best outcome. From this perspective, “the most effective support may be that which goes unrecognized as support” (Goldsmith, 2004, p. 117).

In certain situations, the provision of social support does not always guarantee positive influences on the support recipients. And social support can even lead to negative outcomes (e.g., increased anxiety and stress) for the support provider (Burg & Seeman, 1994; Roy, 2011). For example, despite the benefits of social integration, staying unhappily married is more detrimental than divorcing because people in low-quality marriages are (a) less happy than individuals who divorce and remarry and (b) have lower levels of life satisfaction, self-esteem, and overall health than people who divorce and remained unmarried (Hawkins & Booth, 2005). Negative interactions with support

networks may increase stress, resulting in maladaptive behaviors and physiological responses that compromise health status (Cohen, 2004). Supportive behaviors that aim to offer support to a spouse who suffered a heart attack may be viewed as nagging or controlling, resulting in threats to identity and the relationship (Goldsmith et al., 2006).

Offering support can also be draining for the support giver. A supportive other who offered emotional support by listening to a friend in distress may feel more sadness afterward, particularly when they feel that they are responsible for the circumstances or fail to improve the support recipients' distress (Perrine, 1993). When faced with increasing demands to offer social support to their online communities, participants of social networking sites may feel exhausted, reduce usage intensity, or even stop visiting these sites (Maier et al., 2015). Interestingly, a study of female breast cancer patients and their male partners' relational satisfaction and illness-related distress found that the male partners' unsupportive behaviors resulted in negative consequences *only when* the patients perceived their behaviors as unsupportive (Manne et al., 2006). In other words, the impacts of enacted social support may be determined not by the exact forms it takes in reality but in how the support is negotiated, interpreted, and coordinated in a support network (Goldsmith et al., 2012; Goldsmith & Miller, 2013).

II. Cultural Approaches to Social Support

Although the literature on social support has been extensive and researchers have been cognizant of the cultural or normative variations of social support (e.g., Goldsmith, 2004), there are limited studies that examine the cultural perspectives of social support. The literature of social support and its impacts on health and illness is predominantly Western and often entails a Judeo-Christian bias (Roy, 2011). Nevertheless, in the following section, our goal is to reframe the existing literature through the cultural perspectives that set the foundations of this book.

A. Social Support through Magic Consciousness: This Is Who We Are

For people with Magic Consciousness, social support is not something to be given or received, nor is it communicated to signal love, assistance, or “support.” Supportive behaviors and communication are not something external to the we-identity, relationships, and social norms that form the group. More importantly, by the qualities of Magic Consciousness, “supportive acts” are not categorized as such. Rather, they enact such behaviors and communicative acts because that is what they (i.e., members of the Magic Consciousness community) do. Your needs are my needs. We are one. Support is presumed and nondirectional (i.e., the concepts of support “giver” versus “recipients” are nonexistent as Magic Consciousness is nonspatial). We live within a supportive environment that nurtures us as a whole. It is inherent in life itself.

1. Support Is Unreflective, Taken-for-Granted

One of the best examples for social support through Magic Consciousness often takes place within a family unit – one of the most ancient, primal community of Magic Consciousness bound by blood. When we offer support to our children or parents, we

do not think about whether we have the capacity, ability, or resources to offer support. When a child being held by its mother reaches for something it cannot grasp, the mother extends the child, and reaches for them to grasp for them as a single motion-identity (Merleau-Ponty, 1945/2002). Anthropologists have called this “sympathetic magic” (Lévy-Bruhl, 1926/2018) or “participation mystique” (Jung et al., 2012). We just do it. The newspapers are full of stories of **hysterical strength** (i.e., a display of extreme strength by humans beyond what is normal). For example, a BBC report noted:

In 2012, Lauren Kornacki, a 22-year-old woman in Glen Allen, Virginia, raised a BMW 525i off her father when the car toppled from a jack. Seven years earlier, a man named Tom Boyle hoisted a Chevy Camaro, freeing a trapped cyclist in Tucson, Arizona. The events don’t always involve vehicles, like when Lydia Angyiou went toe-to-toe with a polar bear in northern Quebec to protect her son and his friends while they played hockey. (Hadhazy, 2016, para. 2)

In these moments of profound identification, support providers do not hesitate. They do not calculate what support is necessary or whether they are capable of offering such support. The support was offered immediately, without requests from the support recipient *and* without any analysis of the costs to the support provider. What they are attempting to do may seem illogical – unrealistic. In such moments, it is said that individuals who exhibit hysterical strength (i.e., the support providers) ignore pain and fatigue, and push their performance to the extreme. In hindsight, observers may suggest that they experienced an “adrenaline rush,” but that is a reductionist and perspectival explanation after the fact. The person performing the feat of hysterical strength experiences nothing but a profound sense of urgency that slows time to a point and restricts spatialized emotional “distance.” For example, “only upon returning home from having lifted a car off of a teenager, Boyle – the Arizonian man – felt pain in his mouth. It turned out he had unknowingly cracked eight of his teeth, apparently from clenching his jaw during the intense lift” (Hadhazy, 2016, “Adrenaline rush” section). There were no calculations of cost-benefit analysis nor appeal to morality or cultural values. The supportive acts were enacted with little internal reflection or external appeal – it’s simply what we do for one another.

The **clan culture** within the Chinese family system reflects social support through Magic Consciousness. In a study of Chinese working mothers, a participant explained, “The clan is most important to us. During the most critical moments, we can always rely on our clan members. Friends are helpful, but they can only give short-term help. If we need long-term help, we will always rely on our clansmen” (Yuen-Tsang, 2018, p. 140). Support was given and received simply because they shared common blood ties, “the only criteria for making the decision on whether support should be given or withheld” (Yuen-Tsang, 2018, p. 140). Clan members utilize a wide range of resources to help each other to find jobs and resources.

Social support among clan members involves a “common strength.” By “pooling their resources together for use by network members as and when the need arose,” they view the success of a single clan member not as an achievement of the individual but as an achievement of “the entire family network” – because the individual’s success could bring financial and material support to the whole clan in the long-run (Yuen-Tsang, 2018, pp. 150–151). Social support to other clan members is often spontaneous, extremely

generous, and entirely selfless, reflecting a Magic Consciousness orientation; in contrast, support to “secondary support network” is often transactional and calculative, a Perspectival Thinking approach (Yuen-Tsang, 2018). The family is the most important source of social support for aging parents, who received relatively little support from friends, neighbors, or any social or governmental organizations (Chen et al., 2014).

Within the clan culture, Chinese parents and their children’s success are intertwined as one (Zhang, 2019). One study found that one-third of Chinese parents in China relied on their adult children for income at old age (Logan & Bian, 2003). It is not an economic exchange but rather a holistic effort for the success of the clan. Only in modern times have economists compared this familial process with dissociated governmental support, which is impersonal and bureaucratic. In traditional clans, the elderly parents view their son’s success as theirs. Chinese parents still often offer financial support, assist housework, provide free housing and childcare, and live with their adult children. As a result, there is a significant pooling of resources, including finances and labor, to ensure “individual” success within the clan – after all, success of one is success of all – they are nearly identical. For example, it is not uncommon for Chinese grandparents to live with their grandchildren and be their primary caregivers for years, allowing their adult children to pursue financial/career opportunities out-of-town (Chen et al., 2011). Providing instrumental support to adult children (e.g., assisting housework and babysitting grandchildren) are particularly beneficial to Chinese parents who subscribe to traditional cultural norms, *enhancing* their morale and overall well-being (Chen & Silverstein, 2000). Under Magic Consciousness, offering social support is not draining but empowering and *reenergizing* – as the social act reinforces one’s identity as an in-group member. In short, in a community of Magic Consciousness, social support is not a resource to be mined or parsed. The community (e.g., a family clan) acts as one, pooling resources together and treating individual success as collective success. The support provider is energized and empowered through community success. Although a person of Perspectival Thinking may consider such supportive acts to be “selfless,” “generous,” or “altruistic,” it is important to remember that for a person with Magic Consciousness – there is no “self” and thus, as support providers, they are not “selfless” per se but simply act the way they assume to be the only way to act – as part of the clan. Similarly, they do not consider themselves generous or altruistic either because their actions are not meant to benefit “others” at the expense of “self,” but rather to assure the survival of the communal system.

2. Community Norms Dictates Behavioral Patterns

Under Magic Consciousness, community norms govern individual behaviors. At times, social support among community members of Magic Consciousness can appear problematic, if not risky, to outsiders. In the sitcom *Friends*, Rachel, a nonsmoker, decided to take up smoking in her new workplace because she felt that she was not part of the group when her co-workers and supervisors went for smoking breaks without her (Curtis & Holland, 1999). In fact, when group norms reinforce smoking behaviors as a social habit (e.g., colleagues engage relationship-building chats when taking a smoke break), smokers are less likely to quit smoking (Caplan et al., 1975). When examining the impact of job-related stress on individuals’ smoking behaviors, Westman et al. (1985) concluded that supportive others who smoke can reinforce a stressed smokers’ intention to smoke, counteracting any tendency to quit smoking.

Group norms reinforce individuals' behaviors (see also the Theory of Reasoned Action and Theory of Planned Behaviors in Chapter 6). **Norms** are socially-enforced rules that embody community values and worldviews (Horne, 2009). Community members are motivated to enforce norms by rewarding members who abide by these social rules and punishing those who do not. The more a person identifies with a community, the more likely they follow group norms. For example, students who believe that it is normal for students to have unhealthy eating habits *and* hold strong identification for their identity as students, are more likely to adopt poor diet practices (Louis et al., 2007). College students are more likely to intend to binge drink when they perceive normative support from their friends and peers at university to engage in binge drinking and perceive more pressure from significant others to binge drink (Johnston & White, 2003). Researchers have argued social integration into the military's fatalistic masculinity (e.g., soldiers sacrifice for others and do not bring attention to their pain) is a major contributor to the high rate of military suicide (Braswell & Kushner, 2012). Horne (2009) explained, "Social relationships ... can lead to enforcement efforts that are counterproductive. People might enforce norms that they would rather not enforce because of their connections to others. This means that even rational people can enforce norms in ways that are damaging" (p. 64).

Our history is full of extreme brutality and horrifying acts that ordinary people participate in the most uneventful, routine manners as part of their everyday life in their communities (Baron-Cohen, 2012). Nazi concentration/extermination camps and China's Cultural Revolution had created death tolls in the millions yet received strong support from their citizens at the time. Human slavery/trafficking, honor killings, and forced sterilization continue plague in many parts of the world today (Bales & Soodalter, 2010; Kulczycki & Windle, 2011; World Health Organization, 2014). It is important to point out that individuals within a community of Magic Consciousness are not calculating the benefits to be gained nor the horror to be invoked through their acts. People with Magic Consciousness engage in group norms because that's what they do. They do not question the behaviors, nor do they attach ethical or moral standards to the act. Consequently, for people of Magic Consciousness, when problematic health behaviors are part of the groups' normative behaviors, they can be particularly detrimental to individual members' health.

B. Social Support through Mythic Connection: This Is What Is Right

Under Mythic Connection, social support is attached with values that community members aspire to, acting as the embodiment of community values. Whereas social support under Magic Consciousness is primal and unreflective (i.e., presumed and taken-for-granted), social support under Mythic Connection reflects what we think "good" people should do.

1. Shared Identities Encourages Support Provision

Social support through Mythic Connection highlights community aspirations. For example, during 2019–2020, COVID-19, a novel coronavirus, was the cause of a global pandemic. By May 2020, 185+ countries/regions around the world faced dire situations requiring many local communities to impose travel bans, shelter-in-place, or stay-at-home orders to ensure public health safety and conserve medical resources

(Johns Hopkins Coronavirus Resource Center, 2020). Along with many governmental responses, many grassroots activities reflected some of the best social support offered between strangers in our society. For example, in early February in Taiwan, as face-mask inventories became depleted and the government imposed individual quotas, “我 OK, 你先領 (I’m okay, you get it first)” became a trending slogan, framing many Taiwanese people’s profile picture on social media, encouraging people to save the facemasks to the people who need them most. The social movement of saving facemasks for those who need them the most allowed people who “sacrificed” their rights, to feel good about their good deeds. Simultaneously, the messaging created social pressure to make others who were ambivalent or unwilling to follow the movement to feel ashamed of their selfishness (Chu, 2020). Likewise, in late March, when New York and California had imposed shelter-in-place and/or stay-at-home orders, hospital workers posed pictures of their bruised faces after wearing N95 facemasks for long hours, and with them holding signs that said, “I stayed at work for you, you stay at home for us” (Williams, 2020; see Figure 10.2). College students who decided to enjoy their spring breaks in New Orleans, who went clubbing on St. Patrick’s Day weekend, and who visited public beaches in Florida all faced a hostile backlash for being “selfish” or “ignorant,” common labels used in the mass media and social media commentary (Flynn, 2020; Mounk, 2020). By praising healthcare professionals’ sacrifice and assigning negative labels to norm violators, a society can assert its control over community members.



Figure 10.2 “I stayed at work for you; you stay at home for us.” During the COVID-19 pandemic, healthcare providers have used their social media posts to show solidarity with the public at a time of great anxiety and fear. Photo by Dr. Preston E Kramer, MD, at Swedish Medical Center at Seattle, WA. *Source:* Elaine Hsieh

Social support through Mythic Connection, employing stories that portray moral standards, can be rewarding for individuals who act as “good” citizens in their communities. Crocker and Canevello (2008) investigated the different outcomes of people who offered social support motivated by compassionate goals versus self-image goals. **Compassionate goals** involve focusing on “supporting others, not to obtain something for the self, but out of consideration for the well-being of others;” in contrast, **self-image goals** involve the desire to “construct, maintain, and defend desired public and private images of the self to gain or obtain something for the self” (Crocker & Canevello, 2008, p. 557). Compassionate goals reflect a Mythic Connection approach to social support; in contrast, self-image goals echo a Perspectival Thinking approach. Crocker and Canevello (2008) concluded that “people with compassionate goals create a supportive environment for themselves and others, but only if they do not have self-image goals” (p. 555). In particular, they explained,

Compassionate goals were associated with spiritual transcendence, specifically, the belief that all life is interconnected. People with compassionate goals do not view relationships as non-zero sum, with positive outcomes for the self being achieved at the expense of others. These people have compassion for themselves, as well as others. ... [People] with compassionate relationship goals do not give support strategically to obtain support for themselves; ... compassionate goals ... reflect a non-zero-sum perspective. Indeed, students who strive to give support to others reap considerable benefits in social support received, increased trust, feelings of closeness, low loneliness, and decreased conflict. (p. 572)

In addition, although receiving support can entail risks (e.g., face threats), the higher compassion a support recipient holds, the lower the stressed responses are (e.g., lower blood pressure reactivity and lower cortisol reactivity; Cosley et al., 2010). As Brené Brown (2010) explained in her TED Talk, *The Power of Vulnerability*:

[The people who have a strong sense of love and belonging had], very simply, the courage to be imperfect. They had the compassion to be kind to themselves first and then to others, because, as it turns out, we can’t practice compassion with other people if we can’t treat ourselves kindly. And the last was they had connection, and – this was the hard part – as a result of authenticity, they were willing to let go of who they thought they should be in order to be who they were, which you have to absolutely do that for connection. (08:36)

In short, people with high compassion goals embrace their own vulnerability, connect with others, and benefit more when receiving social support.

In contrast, people with self-image goals adopt a zero-sum perspective, believing that “people should take care of themselves, even at the expense of others” (Crocker & Canevello, 2008, p. 572). They adopt a transactional view of social support (i.e., what can I receive in return by offering the support). The self-image goals ultimately undermine the beneficial effects of compassionate goals. From this perspective, like social support under Magic Consciousness, social support under Mythic Connection creates a non-zero-sum relationship between support providers and support recipients. By

framing social support as gains for one's community *and* assurance of one's community membership, social support substantiates its positive effects to both the giver and the recipient.

2. Support Prioritizes In-Group Members

Mythic Connection bridges supportive behaviors with cultural values that energize support providers. The Myth of a people links all members together through a common worldview. For example, although Chinese family caregivers of elderly persons face chronic stress, the stronger the caregivers identify with the cultural values of *filial piety* (i.e., Confusion ethics rooted in Chinese culture that instructs individuals to be respectful and obedient to their parents, placing family needs above individual interests), the more likely they will view their caregiving tasks as positive, beneficial, and less costly (Lai, 2009). Similarly, the more children subscribe to the cultural norms of filial piety, the more likely they are to increase their social support in response to the growing health needs of their parents (Silverstein et al., 2006). Support providers and recipients under Magic Consciousness enact their social support without recognizing those as supportive acts (because they do not differentiate self-versus-others and thus, the acts are not meant to be “supportive” of one another). In contrast, individuals of Mythic Connection recognize that it's their cultural values and social norms that obligate community members' supportive behaviors toward one another.

Under Mythic Connection, members of a community share stories with one another, from one generation to the next, reinforcing their cultural values and forming a cultural heritage. Storytelling has the form of drama – emotional identification. Myths explain the universe to us, our place within it, what are proper and improper behaviors. The identity of the members is conferred by the system as members affirm each other's membership and existence. This is what Niklas Luhmann (1997/2012) called “recursive communication.” We come to embody our social structures and cultural beliefs. The structure gives identity and meaning to its members, and they, in turn, maintain the structure by enacting its patterned, normative formations. This is the fundamental dialectic of the whole of human reality. Structure is thus a verb, not a noun, and it is a process of continual maintenance through enactment – structuration (Whitehead, 1929/2010). The stories we tell help to socialize people to become members and to assume roles with the social construct. The stories give us a general guide for how to exist and behave, a syntagmatic structure, including the compulsion to retell them to the next generation.

Silverstein et al. (2012) proposed that **moral capital** can serve as “the stock of internalized social values that obligates children to care for and support their older parents” (p. 1252). In this case, children are socialized into the cultural values of filial piety. Moral capital is a normative form of social regulation, providing “the certainty with which one can anticipate that others hold particular values from which they anticipate a benefit” (p. 1252). Although Silverstein et al. (2012) adopted a perspectival understanding of the transactional economy of moral “capital,” we argue that the foundational strength of the moral capital is the cohesiveness of the moral community, not the capital earned or owed. In other words, it is the moral values imposed through cultural norms that hold community members accountable for one another. As international communities struggled to respond to the rapidly growing COVID-19 pandemic, The Director-General of World Health Organization, Dr. Tedros Adhanom

Ghebreyesus, urged, “Washing your hands will help to reduce your risk of infection. But it’s also *an act of solidarity* because it reduces the risk you will infect others in your community and around the world. Do it for yourself, *do it for others*” [emphasis added] (Tedros, 2020). This is an appeal to community values, a call for social support through Mythic Connection. From this perspective, social support under Mythic Connection can serve as a tool for social control, encouraging community members to act in a collaborative and collective manner that supports the public good.

Because community is central to Mythic Connection, social support under Mythic Connection is not universally granted. Joseph Campbell (1988/2011) explained that myths are bounded: The local culture has its landscape, flora and fauna, and myths. For example, Maner and Gailliot (2007) found that empathy-driven helping behaviors are dependent on relational contexts. For close personal relationships (e.g., kinship), social support can be motivated by empathic concerns and “a true desire to help the welfare of another person;” however, empathy is not a significant motivator for supportive behaviors offered to a distant relationship (e.g., a stranger). Similar attitudes are exhibited in Chinese families. Unquestioned support is limited to members of their primary support networks (e.g., clan members). A more transactional approach is taken toward their secondary support networks (e.g., friends and colleagues; Yuen-Tsang, 2018). Social support is prioritized for in-group members under Mythic Connection. As a result, if a person views only family members with “blood ties” as in-group, the person may even limit his or her support to in-laws or adopted children, even though they are considered family members by secular law. On the other hand, if a person views all human-beings (or all living creatures) as in-group members, then support is extended to all. One’s definition of community sets the boundaries for acts of sympathetic support, and acts of denial, rejection, and repudiation.

Finally, because social support under Mythic Connection prioritizes in-group members but also focuses on public goods, it is likely that support-seeking behaviors may be suppressed through Mythic Connection to maximize group interests. For example, although the collectivist cultural orientation in East Asian cultures may suggest that social support is freely offered (under Magic Consciousness) or is obligated through social norms (under Mythic Connection), researchers were surprised to find individuals who are in need of support actively avoid support-seeking behaviors. Kong and Hsieh (2012) found that although many elderly Chinese immigrants believed that their adult children or relatives would not hesitate to offer help (e.g., taking them to clinics), they nevertheless felt guilty for being a burden to others. They actively silenced their suffering. For example, an elderly couple talked about how they managed minor illnesses with Chinese herbal medicine without going to the doctor. The husband concluded, “It’s not right to always ask [our nieces] for help. You actually bring trouble to them” (Kong & Hsieh, 2012, p. 845). Another elderly participant echoed, “[Somebody says,] I am old; I have to depend on my children. They should do this and that for me. That’s wrong” (Kong & Hsieh, 2012, p. 845). Kong and Hsieh (2012) explained,

The reason that such behaviors are “wrong” is not because elderly Chinese should not ask for family support, but that such behaviors conflict with their desired social roles within the family structure (i.e., they should be the caregivers for the family and the primary caretakers for the grandchildren) in the United States. (p. 845)

Similarly, through a series of studies on Asians and Asian Americans' support-seeking behaviors, Taylor et al. (2004) concluded, "East Asian cultural norms appear to discourage the active engagement of one's social support network for help in solving problems or for coping with stress" (p. 360). Taylor et al. (2004) explained,

In individual cultural contexts, relationships may be seen as means for promoting individual goals, and as such, one may recruit explicit help or aid from those in one's social networks in order to achieve one's personal goals. In collectivist cultural contexts, individual goals may be seen as a means for promoting relationships. Pursuing the goals of the self may risk straining relationships if one calls on his or her social support network for aid. Thus, a person from an interdependent country may feel that he or she has less to gain personally than he or she can lose socially by calling on others for help. That is, if pursuing the goals of relationships is primary, then a person may prefer not to burden the social network and to solve problems individually instead. (p. 360)

Under Mythic Connection, these individuals allied with the normative morals of the collective. It made them "good" members and gave them solace. As a result, even as they "deny" their own needs, they view such acts as their contribution to the system. They were happy to sacrifice, to do their part, to be involved not by taking but by actively declining resources.

In summary, social support under Mythic Connection can impose social pressure to encourage desirable behaviors. The definition of community highlights the availability and boundaries of social support. Being members of a mythic community has inherent value, which represents the shared moral dimension of identity and relationship in the mythic worldview. The parents need not "earn" the respect and support of the children and vice versa. Rather, through group identity, the inherent obligations, rights, and privileges are presumed by in-group members. By highlighting public goods of shared communities, support providers are energized through their "good deeds." At the same time, support recipients can reasonably anticipate that their in-group membership will entitle them to anticipated resources from other community members. Nevertheless, because Mythic Connection emphasizes public interests (rather than individual needs), individuals may also be encouraged to suppress their support-seeking behaviors to conserve community resources.

C. Social Support through Perspectival Thinking: This Is What Is Needed

Social support through Perspectival Thinking adopts a mechanical and/or transactional approach to social support. A Perspectival Thinking approach to social support can take on many different forms.

1. Social Support as a Mechanical and/or Transactional Process

One of the examples of Perspectival Thinking is reducing individual actions and supportive behaviors to biological processes, arguing that it's the hormonal production that motivates our social behaviors and shapes individuals' health status (Uchino,

2006). For example, some researchers argued that social support can reduce one's cortisol levels (i.e., a high level of cortisol indicates a stressed response that has immunosuppressive effects), allowing individuals to have a stronger immune system to fight infectious disease (Uchino, 2006). In a TED Talk, Psychologist McGonigal (2013) emphasized the importance of oxytocin, a neuro-hormone, in motivating individuals' support-seeking behaviors. By noting that oxytocin's nickname is "the cuddle hormone" because it is released when you hug someone, McGonigal (2013) explained,

[Oxytocin] is a stress hormone. Your pituitary gland pumps this stuff out as part of the stress response. It's as much a part of your stress response as the adrenaline that makes your heart pound. And when oxytocin is released in the stress response, it is motivating you to seek support. [...] When life is difficult, your stress response wants you to be surrounded by people who care about you. (08:07)

Thus, a physiological approach biomedicalizes one's processes and experiences of social support, including their stress responses, supportive behaviors, and health outcomes.

Another example of a perspectival approach is the legalization of support obligations. When Magic Consciousness and/or Mythic Connection no longer bound community members to offer support, individuals and communities may resort to legal means to ensure the availability of social support. For example, as Chinese societies become more westernized and modernized, clan culture and filial piety may have less influence over individuals' supportive behaviors (Cheung & Kwan, 2009). As a result, Chinese parents have resorted to contractual agreements to ensure that adult children will provide support to them in their old age (Chou, 2011). In 2007, South Korea passed filial piety legislation to encourage "the practice of filial duties and responsibilities within the family unit, the community, and the wider society" (Park, 2015, p. 281). Relying on the legal system to ensure the provision of social support is a perspectival approach because it eliminates any sentimentalities or moral obligations that bond support providers with recipients. Dissociation creates an emotional "distance" between people and caring diminishes.

A transactional approach to social support entails **reciprocity**: providing support to others will result in the receipt of (future) support from others. Silverstein et al. (2012) explained, "Norms of reciprocity, backed up with punishment for defection, encourage people to respond to cooperation with cooperation and to give with giving in return. Thus, people can elicit support from others by giving it first, obligating the support recipient to reciprocate" (p. 556). For example, parents who provide financial assistance to their adult children are more likely to receive support from them in old age (Silverstein et al., 2012). A study of social support among coworkers found that reciprocity relationships are positively related to social support availability – the amount of social support received is dependent on whether they offered support in the past (Bowling et al., 2004). Because reciprocity operates through a sense of equity and fairness (i.e., social support should be somewhat equitable in the exchange), individuals are more likely to hold each other accountable for support reciprocity when they share equal status (Buunk et al., 1993). For example, we are more likely to demand support reciprocity from coworkers and siblings than from supervisors or parents. From this perspective, social support under Perspectival Thinking is sensitive to

relational contexts, but not in the sense of community, but in terms of the power hierarchy.

Under Magic Consciousness, reciprocity is not calculated or expected. Aid is simply always part of life and if one person helps another more than they “get back,” that is not a concern. Parenting among all animals is instinctive and the “altruism” shown is not toward individuals but the entire group (species, “We, the People”). You succeed, so we all succeed. The clan endures. The man who lifts a car off of a child does not think or ask for assurances of reciprocity before “expending” his energy. Whereas social support under Magic Consciousness can be considered “unconditional” by the standards of Perspectival Thinking, what is implied is that “conditions” are directional and part of the calculation. Under Perspectival Thinking, support without conditions is often viewed as “irrational” as it ignores the perspectives of cost/benefit and hedonic calculus.

Without reciprocity and the sense of “balance” (as in reason, ratio, and accounting), a perspectival person may feel justified by withholding resources. What is “fair” in the perspectival world, is a sense of balance/equality. That is not the case in magic or mythic worlds where power distance (i.e., the acceptance of inequality between those in power and the subordinates as natural and normal) prevails. Filial piety does not depend on the parents reciprocating the children’s support. The parents must show deference to their parents; at the same time, they also expect it from their children. There is no person-to-person reciprocity or equality. Rather, all equally have inherent obligations and rights, but not to each other in the same ways. Equality in the perspectival world is spatial and therefore, it is based on “balance.” Equality strips away Mythic Connection, which gives roles various inherent meanings and statuses. Social support can be presumed in a magic or mythic collective. It cannot be presumed by perspectival individuals.

2. Social Support as Exchanges of Individual Interests

Because social support under Perspectival Thinking is mechanical and transactional, support recipients can be cynical or critical of supportive behaviors. For example, support recipients’ mood and well-being may be harmed if they believe that (a) a support provider was motivated by self-image goals (e.g., the support offered in the hope that it will result in a trade-off), or (b) that their self-image goals (e.g., desire to appear competent) may be compromised as a result of receiving support (Crocker & Canevello, 2008). As a result, a transactional view of social support minimizes the benefits of social support because social support is reduced to a cost-benefit analysis without a sense of interconnectedness or moral aspirations rooted in the sense of shared community.

Some researchers have coined the term “**social capital**” to conceptualize social support. The term “capital” is predominantly perspectival because it suggests a quantifiable set of reserve assets that can be accumulated, exchanged, and depleted by individuals. This is an economic approach to social relationships, which are conceptually anchored through individualistic and capitalistic approaches to identity and relationships (Schuller et al., 2000; see Figure 10.3). Social capital has been theorized in two primary ways: as resources and as social norms (Fulkerson & Thompson, 2008). As a *resource* grounded through interpersonal relationships and networks, social capital can be transacted and exchanged into other forms of resources (e.g., money or status; Fulkerson & Thompson, 2008). Viewing social capital as a resource fits squarely with Perspectival Thinking. In contrast, when viewed as a social norm, social capital

entails debts and favors that one accumulates through *reciprocity transactions* (i.e., expectations of reciprocal, rational exchange of intangible goods) and *value introjection* (i.e., the moral expectations that underlies and precedes contractual relationships and economic behaviors; Fulkerson & Thompson, 2008; see also Silverstein et al., 2012). Depending on how one orients her obligations and relationships, such normative expectations can be driven by either *Perspectival Thinking* (e.g., an impersonal exchange with business-like expectations and obligations) or *Mythic Connection* (e.g., doing the “right” thing as a good member of the collective).

Many researchers have warned how a transactional approach to social support can become problematic. For example, researchers observed that “parents who worry about being abandoned in old age may strategically underinvest in the education of their children to make sure they do not have the option of moving to the city” (Banerjee & Duflo 2019, p. 36). In other words, to guarantee their future support, parents may strategically limit their support to their children. Because *Perspectival Thinking* is strategic and calculating, individuals are driven to maximize their *individual* interests. This approach dissociates, rather than associates, individuals from their community and support network. Others are regarded as mere resources to be exploited. In his book, *The Science of Evil: On Empathy and the Origins Of Cruelty*, Baron-Cohen (2012) cautioned,

Treating other people as if they were just objects is one of the worst things you can do to another human being, to ignore their subjectivity, their thoughts and feelings. When people are solely focused on the pursuit of their own interests, they have all the potential to be unempathic. (pp. 7–8)



Figure 10.3 Social support as social capital. What can be more perspectival and transactional when we treat relationships as a resource, with values to be realized through exchanges? Source: Andrii Yalanskyi / Alamy Stock Photo

Zero degrees of empathy is ultimately a lonely kind of existence, a life at best misunderstood, at worst condemned as selfish. It means you have no brakes on your behavior, leaving you free to pursue any object of your desires, or to express any thought in your mind, without considering the impact of your actions or words on any other person. (p. 44)

In summary, support provision under *Perspectival Thinking* is strategic and transactional, focusing on a narrowed understanding of zero-sum analysis of costs and benefits. This is equated with rational choice and rational decision-making. Reciprocity demands through psychological processes, normative expectations, or even legal mechanisms serve to explain and guarantee the exchange of social support. Such an approach to social support, however, is driven by individuals' self-interests. As a result, even the closest of social ties do not warrant support provision if the support provision may lead to diminishing self-interests.

III. An Integral Fusion Approach to Social Support

Because there are many different ways to understand culture, we have worked to avoid limiting discussions of cultural variations through the lenses of national, ethnic, or racial cultures. Such an approach also overlooks the variations between cultural subgroups, individual differences, and contextual considerations (e.g., issues at stake, relationships, and support availability). When we referenced ethnic or group cultures, our focus was not on the ethnic or group differences, but on how specific cultural perspectives (e.g., *Magic Consciousness*, *Mythic Connection*, and *Perspectival Thinking*) are enacted. For example, we explored how social support within familial clans in Chinese societies can operate through *Magic Consciousness*, how filial piety, a Chinese cultural value, can create normative pressure for both support givers and support recipients, and how legal systems are utilized to ensure support between adult children and elderly parents in recent years. By recognizing the complexity of cultures (e.g., culture as ethnic/racial groups, speech communities, worldviews, and as a living process), our analytical focus centers on how support is appraised, negotiated, and coordinated among multiple parties.

A. Empathy and Support Enacted through Communication

An *Integral Fusion* approach requires individuals to have the ability to not only understand others' perspectives but also to respond to their perspectives in a way that accommodates (rather than patronizes) differences. If one recognizes others' perspectives but patronizes their concerns, his or her approach is *Perspectival Thinking* because such an approach centers on accomplishing one's own objectives *and* objectifying others' perspectives for strategic gain (see also "Exploitations" when *Cultural Perspectives Collide* in Chapter 13). Our understanding of an *Integral Fusion* approach is akin to the concept of **empathy** proposed by psychologist Baron-Cohen (2012):

Empathy is our ability to identify what someone else is thinking or feeling and to respond to their thoughts and feelings with an appropriate emotion. This suggests there are at least two stages in empathy: recognition and response. Both are needed, since if you have the former without the latter you haven't empathized at all. If I can see in your face that you are struggling to lift your suitcase onto the overhead rack on the train and I just sit there and watch, then I have failed to respond to your feelings (of frustration). Empathy therefore requires not only that you can identify another person's feelings and thoughts, but that you respond to these with an appropriate emotion. (pp. 16–17)

In this sense, empathy is not just an emotional state but involves both cognitive components (e.g., identifying another person's feelings and thoughts) and behavioral components (i.e., responding with actions that convey the appropriate emotions).

Goldsmith (2004) proposed that communication is how social support is enacted in interpersonal relationships. She explained, “**Enacted support** occurs in the context of conversation, which includes an exchange of messages as well as processes of interpretation and coordination between conversational partners” (p. 26). Goldsmith (2004) explained,

Rather than picturing enacted support as a resource that is handed over unproblematically from one person to another, we should see enacted social support as a *process* through which conversational partners construct together a view of the situation, including the nature of the problem, the options for coping, the implications for valued images of self, and the significance for the relationship. If and when social support facilitates coping, it is not only by virtue of having advised, informed, complimented, assured, or aided but also by virtue of having created (or sustained) an understanding of the task, identities, and relationship involved. If we fail to consider how well enactments of support are adapted to these symbolic purposes, we miss critical features that make some enactments of support better than others. [emphasis added] (p. 151)

How a person frames their support-seeking messages may influence the types of support received as well as the audiences' evaluations of the support seeker (Caughlin et al., 2009). For example, if a person's HIV disclosure is limited to their HIV+ status, they are likely to receive informational support (e.g., advice) but not emotional support; however, if they expressly indicate that their reason for disclosure was to seek support, they were able to elicit emotional support and suppress unsolicited (and often unwanted) advice (Caughlin et al., 2009). Similarly, how a person responds to a sibling's disclosure of distress may influence whether his or her provision of social support is successful. In particular, a response that is sensitive to the support seeker's multiple goals (e.g., task, identity, and relational goals) is rated more favorably than those that are limited to the speakers' perspective or adopts normative statements (Caughlin et al., 2008). In short, social support is successful not simply because of the form it takes nor the amount offered, but is dependent on conversational partners' ability to collaborate and coordinate their tasks, identities, and relationships in a way that they find mutually

agreeable, meaningful, and beneficial. Successful social support is a coordinated achievement between multiple parties (Goldsmith & Brashers, 2008).

An Integral Fusion approach highlights that one's understanding of others' perspectives and needs is essential to the success of support provision. For example, Crocker and Canevello (2008) found that support recipients' perception of support providers' intent (e.g., to get something for themselves versus genuine concern for the recipients' wellbeing) can influence the beneficial effects of social support. We argue that invisible support (i.e., when a support provider reported offering support, but the support recipient did not report receiving it) reflects an Integral Fusion approach of social support. By recognizing that support recipients may experience face threats or feel an additional burden, support providers actively disguise their supportive behaviors as routine interactions. For example, rather than offering a loan to help a friend to save his business, a person may suggest that she is looking for investment opportunities, and the friend's business, though not currently profitable, represents an important trend for future markets. Elderly Chinese grandparents may add Chinese herbal medicine in their cooking as they prepare meals for the family, hoping such food therapies can safeguard other family members' health (Kong & Hsieh, 2012). In the movie, *Farewell*, rather than informing grandma about her terminal illness, a Chinese family decided to hold a wedding – inviting all relatives from Japan and the United States for a “happy gathering” in grandma's hometown and allowing all to spend quality time with grandma (Wang, 2019). In these scenarios, support recipients enjoy the benefits of support without the burdens of identity threats, risks, or obligations.

Finally, an Integral Fusion approach suggests that the interactive process and complex relationships of providing and receiving social support can be fluid and multilayered. As Goldsmith (2004) explained, “One problem with the provider/recipient conceptualization is that in close relationships, it may not be entirely clear who is the provider and who is the recipient of support” (p. 117). For example, as discussed earlier, support providers may make extensive efforts and meticulous planning to offer *invisible* support. However, what if the support recipients were aware of such efforts and decided to pretend that they were unaware of such efforts? Many of us had pretended ignorance and acted shocked when we already knew about a surprise party or a Christmas present that was meant for us.

In a Chinese funeral attended by the first author, she overheard the deceased's adult children talking among themselves about whether their mother pretended not to be aware of her diagnosis of terminal cancer in support of their efforts to conceal the devastating news from her. In these scenarios, the intended support recipients became the support providers, allowing the initial support providers to enjoy their “invisible” support. Although the literature has traditionally treated support providers and support recipients as two distinctive entities through which support is offered in a unidirectional manner, these examples highlight the malleable and interactive dynamics of social support.

B. Challenges to In-Group Definitions and Negotiations

1. In-Group Memberships Essential to Social Support

Because in-group membership is essential to social support enacted through Magic Consciousness and Mythic Connection, how a community (or an in-group) is defined shapes the boundaries of support provision by these cultural perspectives. In contrast,

because social relationships under Perspectival Thinking are transactional, the boundaries of communities have little influence over social support in interpersonal relationships. However, even in the most modern, perspectival societies, when communities are faced with a crisis, they often resort to cultural values and social norms to solidify community cohesion. For example, three days after the 9/11 Terrorist Attack, President Bush (2001a) proclaimed September 14, 2001, as a National Day of Prayer and Remembrance (see Figure 10.4). In his remarks at the National Cathedral, Bush (2001b) stated:

God's signs are not always the ones we look for. We learn in tragedy that his purposes are not always our own. Yet the prayers of private suffering, whether in our homes or in this great cathedral, are known and heard, and understood.

There are prayers that help us last through the day or endure the night. There are prayers of friends and strangers, that give us strength for the journey. And there are prayers that yield our will to a will greater than our own.

This world He created is of moral design. Grief and tragedy and hatred are only for a time. Goodness, remembrance, and love have no end. And the Lord of life holds all who die, and all who mourn. (para. 10–12)

The appeal to sacred symbolism is mythic. And such symbols are strong binders of community. But as much as they bind in-group members, so too they distinguish one group and its mythological foundation from another. This is the bounded nature of in-group, out-group identities. This can form the basis of profound conflict because the more sacred and exclusive the symbolic community, the more the out-group is excluded and even defined as profane.

During such a crisis, when the physical world is endangered, humans tend to move to what Ernest Becker (1971/2010) called the “symbolic,” a realm beyond the physical



Figure 10.4 During the newly proclaimed National Day of Prayer and Remembrance, president George W. Bush addresses the congregation and the nation Friday, September 14, 2001, at the national cathedral in Washington, D.C. *Source:* The U.S. National Archives.

space and time, which often entails Magic Consciousness and Mythic Connection. The shift to the symbolic gives us a sense of immortality. It also gives us a collective identity insofar as we believe we are part of something bigger than our limited physical existence. The sacredness of the symbolic structure also casts the Other as the opposite of the sacred: the profane. The Other is a profanity. Once this takes place, symbolic and/or physical violence against the Other is no longer prohibited. One cannot be wrong in their pursuit of sacred peace and justice. This is the dangerous side of extreme group cohesion and community. Community posits a shared identity, which is a common source of strength for social relationships in adversities and against adversaries.

An Integral Fusion approach is responsive to the worldviews of the participants involved, reflecting a blending of different cultural perspectives. An Integral Fusion approach appreciates the primal emotions under Magic Consciousness, the value aspiration under Mythic Connection, and the analytic reflection under Perspectival Thinking. Although the boundaries of group membership are straightforward and unambiguous in communities with Magic Consciousness and Mythic Connection, the definitions of in-group memberships can be overlapping, conflicting, or contentious from an Integral Fusion approach.

For example, although infertility is a shared problem for couples, disclosure of infertility struggles for support-seeking may involve disclosing information related to the couples' personal, medical, or financial struggles. As a result, couples struggling with infertility concerns face challenges in terms of whom they can seek support from, and what (and to what extent) they feel comfortable disclosing. In an interesting study, Steuber and Solomon (2011) found that when husbands reported higher internalized stigma (see self-stigma in Chapter 8) and disclosure concerns, the couples, both husbands and wives, are less likely to share their infertility issues with their support network. In contrast, when wives reported internalized stigma, they were more likely to disclose their struggles with their support network. In other words, with male-factor infertility, the husband and wife acted as a unit in guarding their privacy and restraining from support-seeking from friends and family, and even offering vague or inaccurate reports of the cause of their infertility (Steuber & Solomon, 2011). However, when wives struggled with self-stigma of infertility, wives included their friends and family in the coping process (Steuber & Solomon, 2011). The differences may be caused by how infertility stigma functions differently for men and women – as women may disclose their infertility struggles to negate a potentially more damaging stigma – selfish, career-driven women who choose to be voluntarily childless (Bute & Vik, 2010). Women reported that they avoided disclosure to family members who were unhelpful in their coping process, often modifying their disclosure and shifting their privacy boundaries throughout their journey of infertility struggles (Bute, 2013; Bute & Vik, 2010). From this perspective, an Integral Fusion approach to social support highlights the dynamic and interactive nature of “community.” In-group membership is dependent on the issues involved, risks entailed for individuals, and resources available.

2. Rethinking Communication Privacy Management Theory

Disclosing illness-related information is an essential part of individuals' managing of identity, relationship, and tasks in order to solicit the support needed for illness management (Fair & Albright, 2012; Peterson et al., 2012). **Communication Privacy Management Theory (CPM)**, proposed by Petronio (2002), aims to explain

individuals' management of private information in social relationships. By noting that individuals believe that they own private information (i.e., **privacy ownership**) and have the right to that information, an "information owner" actively manages control of their **privacy boundaries** (i.e., people with whom the information owner share his or her private information). By recognizing the co-existence of different layers of privacy boundaries (e.g., husband-wife boundary, family boundary, and community boundary), CPM suggests that individuals rely on **privacy rules** (i.e., a set of rules that determine when, how, with whom, and in what way others might be granted or denied access to someone's private information) to determine with whom, and to what extent, they share private information (Petronio & Durham, 2008). As private information is shared, the trusted individuals become co-owners or shareholders of the information and, thus, enjoy a shared privacy boundary around that information (Petronio & Child, 2020). When co-owners of the private information disclose information to other parties, the information owner may experience **privacy boundary turbulence** (i.e., when the management of private information violates one's expectation; e.g., confidants breaking social norms/rules in disclosing the private information to others), resulting in a **recalibration** of the privacy boundaries of their private information (Petronio & Child, 2020). In other words, when an information owner becomes concerned about increased costs due to their lack of control of private information, they "recalibrate privacy rules or establish new rules to meet their risk-benefit threshold in a given situation or in terms of meeting an overall need" (Petronio, 2010, p. 180). CPM has been applied in various contexts, including family communication, health communication, and computer-mediated communication.

Although CPM may first appear as an Integral Fusion approach to social support as one actively coordinates with others in a dynamic process of management of information, CPM has a strong Perspectival Thinking undertone. For example, it is Perspectival Thinking to conceptualize information as being "privately own" by an individual who has a "right" to "control" access and dissemination of the information. The information owner's personal agenda determines a focused strategy to maximize one's benefits through the control of private information (e.g., obtaining social support through disclosure of illness). Violations to an information owner's expectations do not result in renegotiations of identities or relationships but center on the information owner's change of "privacy rules" (Petronio & Child, 2020) – a relatively information owner-centered, mechanical, and rule-based process that is indicative of a Perspectival Thinking worldview.

Although CPM emphasizes a dialectic perspective, which may suggest an Integral Fusion approach, the approaches to the management of private information centered on the information owner's perspective and control, relying on risk-benefit analysis for decisional balance (Petronio, 2010) – a Perspectival Thinking perspective. Information is conceptualized as an asset, a "thing" that can be owned, shared, parsed, and concealed by the owner in strategic ways. CPM does not directly address the components of Magic Consciousness (e.g., how one's identity is impacted by self-disclosure) or Mythic Connection (e.g., relationship building through shared narratives/storytelling), which are presumed and remain somewhat hidden. We argue that if CPM appears intuitive to our readers, it is a result of us living in a modern, perspectival society: We are accustomed to viewing information as a resource to be shared or withheld to achieve specific ends (i.e., maximizing individual benefits).



Figure 10.5 Family secrets. Because domestic abuse in a family is a common taboo topic where all family members safeguard the secret to avoid stigmatization from outsiders, interventions must address the Magic Consciousness that binds the family unit. *Source:* ahmetnaim/AGE Fotostock

However, we propose that recognizing CPM as a predominately Perspectival Thinking worldview can also provide opportunities to reconsider how CPM may operate in other cultural contexts and perspectives. CPM posits that cultural-specific norms and rules may guide individuals' management of private information (Bute et al., 2017; Petronio & Child, 2020). However, for people with Magic Consciousness, the concepts of privacy and ownership do not exist. All is shared – a collective One. There is very little “privacy.” Thus, it would be unthinkable for a person with Magic Consciousness to consider that there are privacy boundaries or privacy rules. However, this does not mean that a person with Magic Consciousness does not have control over private information – rather, under Magic Consciousness, all information is free-flowing within the community but strong distinctions are made for people outside of the magic community. In her work on family secrets, Vangelisti (1994) found that taboo topics (i.e., activities that are often condemned and stigmatized by both family members and the larger society; e.g., incest, substance abuse, illegalities, and physical/psychological abuse) are often treated as a *whole* family secret: Although all members of the family were aware of the secret, it was not shared with non-family members (see Figure 10.5). Although the most stigmatizing topics are shared by the greatest number of family members (i.e., lack of privacy) and despite the negative consequences of withholding such information (e.g., emotional distress), the whole family acted together to guard against outsiders' evaluation and to defend the family name (Vangelisti, 1994; Vangelisti & Caughlin, 1997). We argue that due to the highly stigmatizing nature of taboo topics, the “self” of individual family members disappears; at the same time, the magic community of a blood-bound family unit is invoked. As a result, information is shared freely within the magic community yet outsiders are indiscriminately denied access to the information.

On the other hand, for people with Mythic Connection, sharing information may become a symbolic act to display cultural or community values (as opposed to maximizing individual gain) and to develop and maintain relationships. For example, rule violations (e.g., getting a tattoo or piercing) is often shared between individual family

members, but not necessarily the whole family, to bond with one another (Vangelisti & Caughlin, 1997). Similarly, individuals may choose to disclose their vulnerability to solicit social support and to perform relational closeness (Goldsmith et al., 2007). Sharing information under Mythic Connection is not about individual gain per se, but about individuals' desire to conform to societal-level norms that speak to specific social values, such as honesty, privacy, or restraint (Bute, 2013; Bute et al., 2017). For example, some people may choose to disclose family secrets to a person they are not familiar with if there is an urgent need (e.g., helping a person in crisis; Vangelisti et al., 2001). From this perspective, individuals' management of private information is not driven by individual-level risk-benefit analysis but incorporates considerations for cultural values within their communities.

3. An Integral Fusion Approach to Social Relationships

An Integral Fusion approach to CPM means that the coordinated management of private information is not limited to information owners' cost-benefit analysis. Rather, we propose that individuals manage their privacy boundaries through their understanding of the in-group community. Individuals in the in-group community are viewed as co-owners of the "private" information. The boundaries of the community shapes (a) whether and how certain information may stay private or even be considered private at all, and (b) how the information should be managed. One may recognize that the husband-wife unit is a magic community and thus, they have no concerns about "privacy" per se; similarly, one may argue that a family clan serves as a magic community and thus, not differentiating the "ownership" of property, whether it's information or resources, between members. For example, it would have appeared that with male-factor infertility, couples treated the husband-wife unit as an in-group; in contrast, when wives struggle with infertility-related self-stigma, the wives treated their whole support networks as in-groups (Steuber & Solomon, 2011). As a result, the disclosure of private information varies due to how couples construe their in-group membership for support-seeking purposes.

The understanding of "ownership" is essential in distinguishing communities of Magic Consciousness from other cultural perspectives. Because there is no concept of self, individuals of magic communities would not consider themselves having a "right" to "private" information or properties. For example, Western biomedical traditions (i.e., a perspectival worldview) assume that an individual's health data and biospecimens are considered his or her individual "property" and thus, the individual can choose to give access to the private information via informed consent. However, indigenous participants emphasized the need to consult tribal elders before participating in biobank projects – noting that their biospecimen is not theirs to give since their biological materials also include group information (e.g., a cultural group's migration patterns or genetic history; Burgess & Tansey, 2009). Similarly, Chinese people often resisted organ donation because their cultural values (e.g., filial piety) emphasize that a person's body is not his or her own (e.g., a person's body is given by one's parents and ancestors) and thus, one has a duty, "to return his or her body to the ancestors in the same intact condition that he or she received it from his or her parents out of respect" (Lam & McCullough, 2000, p. 452). In other words, for some indigenous people and Chinese people, they do not even consider themselves having sole ownership of their bodies.

Recognizing that the inclusion and exclusion of members of a magic or mythic community can be dynamic *and* symbolic, an Integral Fusion approach to CPM suggests that individuals may make decisions against their own personal (individual) interests. For example, individuals may experience social and cultural pressures in how they determine the membership of their magic or mythic community. A mother may feel hurt when her daughter struggles with infertility or miscarriage without telling her. When a Chinese father allows his son to take over the responsibilities of information management and to be a proxy decision-maker (e.g., making decisions about treatments), he is demonstrating his commitment to his family and community (Ellerby et al., 2000). Although individuals may choose to disclose or withhold private information for self-interest purposes (e.g., obtaining social support), individuals were found to disclose *or* conceal private, distressing, negative information *against their personal preferences* due to their moral beliefs and ethical obligations (e.g., disclosing one's HIV+ status because their relational partner has a right to know) and relational considerations (e.g., disclosing/concealing one's cancer diagnosis would be devastating to a parent's psyche; Derlega et al., 1998; Derlega et al., 2000; Goldsmith et al., 2007). From this perspective, whether one chooses to conceal or reveal private information may be best understood from a multiple-goal approach (Caughlin & Vangelisti, 2009).

A **multiple-goal approach** is inherently integral because it is responsive and accommodating to the perspectives of multiple parties, including their diverging purposes, needs, and resource availability. Recognizing that there may be competing and even conflicting goals within a single person as well as between a person and his/her supportive others, an Integral Fusion approach recognizes that soliciting social support through communication may create dilemmas and challenges to identities, relationships, and tasks involved. As a result, a person may choose to disclose or withhold certain information (e.g., cancer-related concerns) for the needs of others – even when such a decision conflicts with her personal interests, preferences, or needs. The disclosure of information for support-seeking is not construed as a dualistic process (i.e., disclose or not) but complex coordination between parties involved. Greene et al. (2006) explained,

[S]elf-disclosure (including “who” discloses, “what” is divulged, “how” the partners influence one another to disclose or not, and “when” and “where” disclosure occurs) is a process that unfolds over time – within a single conversation as well as across days, weeks, months, and even years of a personal relationship. ... Also, despite the conceptual distinction between “discloser” and “disclosure recipient,” partners in a relationship are likely to exchange roles of discloser and recipient within a conversation and across time as they coordinate their needs and expectations about disclosing or listening. (p. 415)

In summary, an Integral Fusion approach to social support recognizes that social support is a complex with magic unity, mythic group, and perspectival individuated aspects. Like shifting a heavy burden from one muscle group to another in order to carry the load, integral support takes into account how a person can shift from one source to another as need dictates. An integral understanding and appreciation for support recognize the efforts of rational scientists working to find a cure for us, our church friends praying for and with us and reading scripture to us, and the comfort we

take from even a strange dog, with its magic touch that calms us. An Integral Fusion approach is a fluid process coordinated between individuals. Individuals' supportive acts are constructed through communication, appraising, and negotiating the meanings and impacts of their support coordination. An Integral Fusion approach aims to reconcile differences in individuals' perspectives and to achieve mutually agreeable and beneficial outcomes. Support (and care) may seek no final outcome but rather to be here now comfortably (Dass, 1971/2010, 2011).

An Integral Fusion approach to social support blurs the lines of support giving and receiving support. A support provider may intentionally disguise her support to minimize the risks and burdens faced by the support recipient. Similarly, a support recipient may actively perform ignorance to the support provider's effort to show their appreciation *and* support to the support provider. In other words, support providers and recipients do not act as "individuals" but as a "team," a community. An Integral Fusion approach recognizes that individuals can learn to see meanings of supportive actions from another person's perspective and respond to others' perspectives in a way that is understanding, responsive, and accommodating. Rather than focusing on individual needs or perspectives, it calls for empathy and compassion. As a result, what can be perceived as "nagging" or "controlling" to an outsider is interpreted as "caring" or "reminding" (Goldsmith et al., 2006). Support was given *and* received even when the form it takes may not be perfect.

In the midst of COVID-19 pandemic, local businesses, community members, and even children worked to donate food supplies, medical supplies, homemade face-masks to local hospitals, homeless shelters, and food pantries. People reached out: not to seek support, but to offer it in endless forms. "I'm contributing some good to where it's going to be needed. [... It] gives me purpose," said a 70-year-old volunteer who has been sewing masks to be donated to local hospitals (Huber, 2020). As University of Dayton faculty members donated personal protection equipment (e.g., gloves and masks) to healthcare workers, a professor commented, "I think this effort shows how giving something, even if it's a small amount, can help, and it empowers people to feel they can do something to help. When people are feeling helpless and hopeless in a crisis like this, giving or doing just a little bit can make a big difference" (Spicker, 2020, para. 3). An Integral Fusion approach to social support is a non-zero-sum relationship. It energizes the support providers, inspires community members, and embraces support recipients. It recognizes we are all connected as one.

IV. Additional Resources

A. Key Terms and Theories

Forms of support
 instrumental support = tangible support
 informational support
 emotional support ↔ esteem support
 appraisal support
 network support
 buffering effects

stressful life events
 matching model
 perceived social support
 received social support
 support structure
 direct effect model = main effect model
 social integration
 paying it forward (PIF)
 invisible support
 hysterical strength
 clan culture
 compassionate goals
 self-image goals
 moral capital
 reciprocity
 empathy
 enacted support
 Communication Privacy Management Theory

- privacy ownership
- privacy boundaries
- privacy rules
- privacy boundary turbulence
- recalibration

 multiple-goal approach

B. Discussion Questions

1. Please give examples of the following types of support when you are preparing for an important exam for an undergraduate course. Please explain who are the likely support givers and whether they are likely to be useful or not?
 - a. instrumental support
 - b. informational support
 - c. emotional support
 - d. esteem support
 - e. appraisal support
 - f. network support
2. Do you think timing makes a difference on when you are likely to need the support you identified in Question 1? In what ways?
3. Please compare and contrast buffering effects and direct effects of social support.
 - a. What are the functions and impacts of social support when you are facing adversities?
 - b. What are the functions and impacts of social support in everyday life?
4. Do you agree that the support you need must match the support that was offered for social support to have positive effects? Why or why not?
 - a. Why do you think Pay-It-Forward as a social movement can transform the whole community? Does the matching model explain this effect?

- b. Do you think social support offered would not be effective as long as it is not what the support recipient needs?
5. Why do you think perceived social support is a better predictor of health than received social support?
 - a. If this is the case, why is it that invisible support (i.e., support received but not perceived) is so effective?
 - b. Have you tried to offer invisible support? How did you do it?
 - c. Based on the two the lines of research (i.e., (a) perceived support is a better predictor than received support for health outcomes, and (b) invisible support has some of the best outcomes), what are your suggestions for people who want to offer support to their loved ones?
6. Please answer the following questions by using each of the four cultural perspectives (i.e., Magic Consciousness, Mythic Connection, Perspectival Thinking, and Integral Fusion).
 - a. Think about your experiences of offering social support. Give examples of the support you offered under each of the four cultural perspectives. Why do they belong to these cultural perspectives?
 - b. Whether people would avoid support-seeking (even when they need the support) under Magic Consciousness? Why or why not? What are the possible reasons that they would do so? (How about other cultural perspectives?)
 - c. When offering social support, what are the likely emotional impacts (e.g., empowered, fulfilled, drained, or exhausted) under different cultural perspectives? Why do you think people feel that way?
7. When you offer social support to others? Do you expect them to pay you back later? Why or why not?
 - a. Are there people that you would always offer support even if they would not have paid you back (e.g., symbolically with praises and/or literally with other favors)? Why?
 - b. Are there people you would not have offered support if they would not pay you back? Why?
 - c. Are there strangers that you would still offer support even if they would not have paid you back? Why would you do that?
 - d. Do you think you may have different decisions based on different types of support (e.g., instrumental versus emotional support)?

C. References

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