

ACCEPTING ADVICE: A MODIFIER OF SOCIAL SUPPORT'S EFFECT ON WELL-BEING

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Advice is not always wanted or correct. Nevertheless, it is sometimes difficult for the provider of advice to judge the quality of advice. Giving recipients the freedom to reject advice (and reducing their feeling of being obliged to accept it) may increase the chances that other forms of intended aid, such as social support, will continue to be accepted and to have beneficial effects on well-being. This may be particularly the case in obligatory relationships, such as between parent and child or between supervisor and subordinate compared to voluntary relationships, such as among friends. These hypotheses were tested with a cross-sectional survey design which gathered self-report questionnaire data from 207 university students facing the stress of annual examinations in India. The findings support the hypotheses. Evidence is presented which suggests that the freedom to reject advice is particularly important in obligatory relationships because the donor and recipient of advice are likely to differ in their diagnosis of the cause of problems. Attention is given to the costs and benefits which the advice-giver may incur by encouraging the recipient to feel free to reject advice.

Advice is one of the most prevalent forms of attempted aid, particularly from older persons to younger ones (Colten & Kulka, 1979). Despite its prevalence, advice is not always viewed as helpful.

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People who experience bereavement, for example, report that advice is generally not a helpful form of aid. They prefer, instead, to receive companionship and empathy (Wortman & Lehman, in press). Accordingly, there are circumstances in which people want to be able to reject advice.

Nevertheless, there are situations in which people feel they must accept advice even if they do not really value it. As noted below, these situations involve social pressures from others and ulterior motives of the recipient. In such circumstances, are there costs to the recipient in terms of well-being? Does social support still have its beneficial mental health effects (e.g., House, 1981; Wortman, 1984)? Studying these questions provides an opportunity to test hypotheses, stated below, regarding conditions under which the beneficial effects of social support will and will not occur. This study examines these issues across two types of social relationships — that with a parent and that with a friend. These two types of relationships represent interactions in which social support is generally important but where the obligation to accept advice may differ.

Why reject advice? Advice has at least three characteristics which may make it important for people to be able to reject it. For one thing, people may not want advice because they are essentially uninterested in solving a problem. They may want to remain in a particular problematic state or situation because it has some special meaning for them (as in the case of bereavement, see preceding citations). Following Dewey's (1933) prescription for problem-solving, if the person does not have any felt need to solve a problem, advice will be perceived as irrelevant.

Second, advice can be (but need not be) objectively bad. There is a tendency for humans to offer advice prematurely (Janis & Mann, 1977) with inadequate diagnoses of the problem and inadequate evaluation of alternative solutions (Maier & Thurber, 1969). The fact that poor advice is given may satisfy the provider's need for closure and intolerance of ambiguity (Frenkel-Brunswick, 1949) as much as the provider's desire to help others.

Third, the acceptance of advice may lead the recipient to incur certain costs. Self-serving motives of the donor (e.g., holding the recipient responsible for the problem; Nisbett & Ross, 1980) may generate advice which is based on assumptions of who is to blame and who is to solve the problem which are different from those held by the recipient (Brickman et al., 1982). In such circumstances, if recipients accept the advice, they do so at the cost of abandoning

their own theories of who is to blame and who will solve the problem. As a related point, the mere provision of advice may imply that the recipient is incompetent (for example, prefacing advice with the words 'You should know better . . .' rather than saying 'Sometimes it is difficult to discover the right solution; here is what people in similar situations have found helpful . . .'; Nadler, et al., 1976). When advice-giving implies that the recipient is incompetent, rejection of advice can become an act of saving one's self-esteem (Fisher et al., 1982).

Why accept advice? Despite all the difficulties with accepting advice, it does get accepted and sometimes for reasons other than the face value of the advice. In situations where recipients have ulterior motives, the acceptance of advice can buy ingratiation from the donor (for example, one may comply with the recommendations of a superior in a work organization in order to increase the chances of a good salary recommendation; Jones, 1964). There are also conditions in which people are *obliged* to accept advice; obligation is a particularly important basis for following advice in traditional societies (e.g., Das & Bardis, 1978). In potentially obligatory contexts, such as the relationship between child and parent, freedom to reject advice may be an indicator of a relatively egalitarian social relationship.

Freedom to reject and the meaning of social support. In potentially obligatory settings, freedom to reject advice may lead the recipient to view those who provide the advice as non-manipulative and trustworthy. When such freedom does not exist, the recipient may view social support (e.g., expressions of liking, trust, affirmation of beliefs and certain types of direct aid; Katz & Kahn, 1978: 602) as a ploy aimed at further disarming the recipient's resistance to social influence.

Hypotheses

From the preceding analysis we derived the following hypotheses for testing:

1. *In potentially obligatory settings*, per the above arguments, it will be assumed that high levels of acceptance of advice will indicate that the donor of advice has a basis of power over the recipient which is likely to be coercive, reward or legitimate rather than referent (French & Raven, 1959). Referent power is based on the recipient's identification with the donor (akin to trust and liking).

Under conditions where the donor lacks referent power, social support should be viewed as a manipulative, persuasive device rather

than as a genuine attempt to be helpful. Consequently, it is predicted that when acceptance of advice is high in potentially obligatory relationships, social support should have little or no beneficial effect on emotional well-being. When acceptance of advice is low in potentially obligatory settings, it will be assumed, by definition, that freedom to reject advice is high, and that social support will be viewed as non-manipulative. Under such conditions, the usually-observed beneficial effects of social support on well-being should occur.

2. *In voluntary settings*, such as friendships, the reverse should be the case. High levels of acceptance of advice should indicate an exemplary level of social trust and, accordingly, social support should have particularly strong effects on well-being. On the other hand, when there is a high level of rejection of advice, this would suggest an especially low level of social trust. Under such circumstances, social support should have little beneficial effect on emotional well-being.

Social support usually takes place in the context of some stressor. As a routine matter of course, this study tests for the main effects of a set of stressors and of social support on well-being. Analyses also test for the ability of social support to buffer the hypothesized deleterious effect of stressors on well-being. The literature on the buffering effect is mixed. Some reviews conclude there is no such effect (e.g., Andrews et al., 1978), and others find a lack of effects is concentrated primarily among methodologically poor studies (Kessler & McLeod, in press).

Methods

Self-administered questionnaire data were gathered in 1980 from 293 unpaid, volunteer undergraduates of the University of Allahabad, India. As part of a larger study (Caplan et al., 1984, 1985), the students completed the questionnaires in their classes. Eighty-six of those questionnaires were rejected because of varying amounts of incomplete data, providing an effective response rate of 71 percent and an effective *n* of 207. The 207 students had a mean age of 18.6 years (*SD* = 1.4 years). Males comprised 72.5 percent of the sample; 27.5 percent were female. Additional details regarding the respondents and the procedures of questionnaire administration can be found elsewhere (Caplan et al., 1984).

The measures were developed through pilot testing, translation and back translation, and index construction using hierarchical cluster analyses (Johnson et al., 1967). Scores on multi-item indices represent the means of the items for the index. In general, indices were retained if they had internal consistencies (alphas) of 0.60 or higher.

Here, and throughout the text, all measures will have their first letter capitalized (e.g., Anxiety) to distinguish them from references to the general construct (e.g., anxiety). English translations that keep as close as possible to the Hindi questionnaire are used in this report. The full content is available from the authors.

Stressor. The stressor selected for study was the respondent's perception of the degree to which the demands of annual university examinations exceeded the abilities of the respondent. We refer to this stressor as a lack of fit (e.g., between abilities of the person and the demands of the environment, after French et al., 1974). These exams are traumatic events with up to one-third of the students failing them. Even without failure, low marks at any stage of education, from high school onward, can limit long-range access to academic programmes and to highly-desired civil service jobs and can bring disgrace to parents and self.

The study from which these data were drawn included six different types of fit representing two different domains (cognitive and motivational) and three time-frames (past, current and future; Caplan et al., 1985). We have limited the amount of analyses by selecting the measure of fit which showed the most consistent and strongest relationships with the measures of affective and somatic symptoms — Perceived Current Cognitive Fit. (A limited number of checks showed that the findings regarding social support and acceptance of advice were basically unaltered by the measure of fit one selected to study.)

The nine-item index of fit with the stressor (coefficient alpha = 0.95) asks respondents to 'Imagine you are required to appear in the examination *today*. What is the state of your preparation right *now*? If you take your examinations today in the most difficult subject how accurate would your answers be?' Ratings were made on a 5-point scale which ranged from 1 = 'Not at all' to 5 = 'Very much'. Besides asking for the ratings on accuracy, there were ratings on a variety of other cognitive dimensions including the logic of one's answers, the ability to organize one's ideas, and the ability to remember detail.

Perceived social support. Respondents were asked to rate the amount of social support from two sources — parents and friends. The content is detailed in Appendix A. Although the content for the parent and friend versions is somewhat different, it is not dramatically so.

Obligatory compared to discretionary context within which advice-giving and social support occur. These two contexts of support should be measured by having respondents rate the extent to which they feel obligated to accept advice. The original survey was not designed specifically to address this issue but does provide an indirect indicator of the context — the *source* of the advice, parents compared to peers.

In India there is considerably more *obligation* to accept advice from parents than from peers. Most Indian families are joint ones, and their potentially complex social relationships are dictated by strong norms of defence and obligation to elder members (Gupta, 1978). In contrast, peer relationships with other students are much more discretionary than obligatory. Consequently, we shall consider parental advice as potentially more obligatory and peer advice as potentially more discretionary.

Acceptance of advice. Again, because the study was not intended originally to focus on acceptance, only single-item measures of acceptance from parents and of acceptance from peers were available. The items asked the students to rate the extent to which 'When I got poor grades, I...' 'followed the advice given by my parents' and 'followed the advice of friends.' Students who might not have ever received low

grades were asked to indicate how much they would follow the advice of parents and friends in the event they had received such grades. These items were rated on a 5-point scale which ranges from 1 = 'Did not do this at all' to 5 = 'Did this very much.'

Indicators of emotional strain. This study examines symptoms rather than psychiatric disease categories. Several multi-item measures of somatic and affective symptoms were administered to the respondents. The results are generally quite similar for each of these measures. Consequently, the findings are limited to three of them. The three measures are labelled Influenza, Depression and Anger (alphas ranged from 0.58 to 0.88) and their item contents derive from measures developed in India by Spielberger et al. (1973) and by Wig & Verma (1973). These indices are very similar to such of those used in western cultures, such as the Hopkins Symptom Checklist (Derogatis et al., 1974). The Influenza Index includes items which are generally associated with having a cold (e.g., headaches, colds, breathlessness). The content of these items is described in greater detail elsewhere (Caplan et al., 1985). Respondents rated how much in the last two weeks they experienced each symptom. A 4-point rating scale was used, and ranged from 1 = 'Never' to 4 = 'Almost always'.

Results

Bivariate relations

Table 1 presents the intercorrelations among the variables of the study. It also presents the means and standard deviations for the measures. Several of the relationships are discussed here because they bear on the conceptual validity of the measures or else involve substantive bivariate predictions. All findings discussed in this paper are statistically significant unless noted otherwise.

TABLE 1
Intercorrelations among the measures

Variable	1	2	3	4	5	6	7	X*	SD
1. Cognitive fit	—							3.34	0.55
2. Parent support	20	—						3.93	0.75
3. Friend support	23	19	—					3.35	0.91
4. Accept: parent	21	40	19	—				2.84	0.86
5. Accept: friend	09	15	33	45	—			2.04	0.92
6. Influenza	-21	-27	-13	-16	-10	—		1.75	0.63
7. Depression	-30	-28	-09	-11	01	60	—	1.80	0.81
8. Anger	-13	-17	-15	-11	-06	46	48	1.99	0.78

Note $n = 202$, $r > 0.14$, $p < 0.05$; $\hat{r} > 0.18$, $p < 0.01$. Decimals for r s have been omitted.

*See the Method for a description of the scale values.

Relations among measures of social support. The findings in Table 1 allow us to see whether the tendency to report social support and acceptance of advice are part of some general yea- (or nay-) saying tendency. If such a tendency was present, reports of social support from one source, such as parents, would be correlated with reports of acceptance from another source, such as friends. These relations, however, were quite weak ($r_s = 0.15$ and 0.19).

Reported Social Support from Parents and from Friends were weakly and positively related ($r = 0.21$) whereas reported Acceptance of Advice from Parents and from Friends were moderately and positively related ($r = 0.44$). Parents and friends are assumed to come from social networks which are relatively unconnected with one another. The low correlation between Support from Parents and from Friends suggests that these measures may reflect perceptions of unique differences in the amount of support which is provided. On the other hand, the moderate relation between Acceptance of Parent's and of Friend's Advice suggests that acceptance may, in part, reflect a disposition of the person across different social networks.

As is shown in Table 1, respondents reported higher support from parents than from peers ($t(201) = 7.76, p < 0.001$) and greater acceptance of advice from parents than from peers ($t(201) = 12.06, p < 0.001$). This latter difference supports the characterization of the parent context as obligatory and of the friends context as relatively discretionary. These findings also support the possibility that parents gave more valued advice to these college students than was given by their friends. This second interpretation seems less likely because, as is shown in data presented later, parents were less likely than friends to agree on the causes of the problems for which advice was being given.

Social support and acceptance of advice were positively and moderately correlated both in the parental and friendship domains. This association could occur either if acceptance elicits support (why be supportive of someone if that person does not accept your advice?) or if support is a required antecedent to acceptance (Janis, 1983). In obligatory settings, such an association could occur because the donor is obliged to provide advice *and* social support. Consequently, the interpretation of these relationships is not straightforward. The multivariate analyses discussed later are more informative.

Relations among the measures of ill-being. The emotional and somatic measures were all correlated moderately with one another

(*r*s ranging from 0.39 to 0.60). This is reasonable because symptoms may trigger one another and may be triggered by similar stressors (for similar results, see Caplan et al., 1980; Derogatis et al., 1974). These interrelations indicate that findings which replicate with each of these indicators of emotional well-being are not necessarily independent.

Most other main effects in the table are not detailed here because they are addressed below in multivariate analyses. Note, however, that social support tended to be associated with good cognitive fit and with low levels of negative effect. These results are similar to those reported in other studies of social support (e.g., French et al., 1982; House, 1981; see the review by Wortman, 1984). These findings suggest that the measures in this study have reasonable predictive validity.

Multivariate relations

These analyses evaluated the unique main effects of cognitive fit, social support and acceptance of advice on ill-being. The interactions of interest were the extent to which social support buffered or exacerbated the effects of fit on emotional and somatic ill-being and the extent to which acceptance influenced the effects of social support on ill-being.

The analyses involved the following procedures: to examine the effects of social support from parents, all of the main and interaction effects were entered into a hierarchical multiple regression. The interaction effects were represented as multiplicative functions of their variables. A multiplicative function represents appropriately the buffering and exacerbating effects of interest (House, 1981). The hierarchical regression proceeded by entering in the main effects first (Fit, Social Support and Acceptance, in that order) followed by the interaction terms (Fit \times Support, Support \times Acceptance, and Fit \times Acceptance). Whenever adding an interaction term improved R^2 significantly, the relations between the hypothesized predictor and dependent variable were examined for each level of the hypothesized moderating variable, following the procedure of Arnold (1982). The effects of Support from Friends were examined in a similar manner. It was not possible to examine the main and interaction effects of Support from Parents and Support from Friends in a single analysis as the number of predictors would have been too large for the *n*.

In these analyses, the regression of perceived fit on the emotional

and somatic symptoms was exactly the same as the zero-order correlations presented in Table 1 because fit was the first step. Social Support from Parents added additional significant variance in predicting to Influenza (R^2 increased from 0.04 to 0.10, $p < 0.01$), to Depression (from 0.09 to 0.14, $p < 0.01$) and to Anger (from 0.02 to 0.04, $p < 0.05$). In all of these cases support was associated with lower levels of these symptoms. Unlike Support from Parents, Support from Friends did not explain any significant additional variance in the measures of somatic and effective ill-being. At step 3 Acceptance of Advice did not explain any significant additional variance in the measures of symptoms.

With regard to the interaction effects, there was no evidence that acceptance (for which no prediction was made) or social support (for which predictions were made) either buffered or exacerbated the effects of low levels of perceived fit on symptomatology. There was, however, consistent evidence that Acceptance of Advice from Parents and Social Support from Parents interacted in predicting the symptoms. For Influenza, Depression and Anger the respective R^2 s increased from 0.11 to 0.13 ($p < 0.05$), from 0.15 to 0.22 ($p < 0.01$), and from 0.04 to 0.08 ($p < 0.01$). Acceptance and Social Support from Friends, however, did not interact to affect these symptoms.

Table 2 presents the pattern of correlations represented by the significant interaction effects. (If one inspects the relative magnitudes of the slopes, they too mirror the results about to be described.) For comparison, data have also been presented for the non-significant interaction effect of Social Support from and Acceptance of Advice from Friends.

As noted earlier, respondents reported greater acceptance of advice from parents than from friends. As a result, there were very few responses in the two lowest categories of Acceptance of Advice from Parents, 'Not at all' and 'Very little'. These categories were combined to yield a cell size of sixteen respondents. The same combining was performed regarding Acceptance of Advice from Friends so that the same categorization would be comparable in both domains of interpersonal relationship.

When acceptance of parental advice was rated as low (and, therefore, rejection was high), social support was associated with low levels of symptomatology (r s ranged from -0.55 , ($p < 0.05$) to -0.81 , ($p < 0.01$); the slopes are given in parentheses in the table and follow the same patterns regarding magnitude). When acceptance was rated as high, however, the r s ranged from 0.02 to -0.13 (all

TABLE 2
Correlations between support and strain as a function of acceptance of advice

Measure of ill-being	Acceptance			
	Not at all/ very little	Somewhat	Much	Very much
N				
Parents	16	46	96	45
Friends	67	74	46	15
Correlations between: influenza and support from:				
Parents	-0.55*	-0.37*	-0.07	-0.13
Friends	-0.12	-0.08	-0.01	-0.43
Depression and support from:				
Parents	-0.81**	-0.45**	-0.06	-0.05
Friends	-0.11	-0.03	-0.01	-0.70**
Anger and support from:				
Parents	-0.55*	-0.30*	0.01	0.02
Friends	-0.12	-0.09	-0.14	-0.52*

* $p < 0.05$. ** $p < 0.01$.

ns). The findings for the social support and acceptance of advice from friends, however, were just the opposite. When acceptance was low, the r s ranged from -0.11 to -0.12 (all ns). When acceptance was high, however, the correlations ranged from -0.43 ($p < 0.10$) to -0.70 ($p < 0.01$). None of the relations shown in the middle categories of acceptance in Table 2 ('somewhat' and 'much') violates the overall pattern of these findings.

Whereas the interaction effects in the domain of friendship did not explain significant additional variance beyond that accounted for by the main effects, the pattern of relations was consistently in the predicted direction. There is no apparent reason why the interactions were not statistically significant for the data dealing with friendships.

Overall, the pattern of correlations in Table 2 conforms to the predictions that follow from the central hypotheses of the study. Nevertheless, it is possible that the cells where there was a lack of correlation could be due to a restriction of range on the measures of social support or of strain. The data did not support this possibility. Even though acceptance and social support were weakly to moderately correlated (see Table 1), there were no significant differences in the variance of social support across the four levels of acceptance of

advice from parents and from peers. Nor were there any significant differences in the variance of the measures of strain across the four levels of acceptance.

Discussion

Before discussing the results, we consider some potential limitations of the design. One of these is will the findings generalize to other cultures? The answer will depend on future research which attempts to replicate these findings elsewhere. We note, nevertheless, that in two regards, the findings from this study are similar to those found in the West. For one thing, the item analyses yielded measures of social support and of the strains (e.g., Anger and Depression) which are like those found in western cultures (see previous citations). Second, the overall inverse relations between social support and strain are also similar to that found repeatedly in published results from western cultures (see previous citations).

There is also the question of whether or not the findings will generalize to other particular social relationships. In the following sections we describe some general principles of advice-giving and social support that are suggested by the results. The generality of those principles can be determined only by extending this research to other peer and non-peer relationships such as at work, between spouses and between clients and their counsellors.

A third caveat regards the cross-sectional design. It limits our ability to infer the most likely causal paths among competing ones. For example, when Acceptance of Parental Advice was low, the -0.81 correlation (Table 2) between social support from Parents and Depression was interpreted to mean that social support will reduce depression in family situations where the recipient of support feels free to reject advice. We know from other research, however, that depressed people may have trouble eliciting social support (Lewisohn & Hoberman, 1982), and that if a person is depressed, persons in the social network will avoid contact with the depressed person (Coyne, 1976). So it is possible to view depression as the predictor, acceptance of advice as the moderator, and social support as the outcome.

These alternative interpretations of the data do not appear to have a compelling and consistent theoretical rationale that would explain them. Nevertheless, the empirical answer as to which interpretation

is more plausible will require designs that specifically examine these alternative explanations.

There was no evidence that social support from parents or from peers buffered (or exacerbated) the effects of poor fit on strain. These results cannot be blamed on inadequate measurement. The measures had adequate reliability and showed other evidence of predictive validity. Nor were the methods of searching for interaction different from those commonly followed in the literature which has reported buffering effects (e.g., LaRocco et al., 1980). We conclude that in this particular study substantive buffering did not occur.

The meaning of accepting advice: obligatory compared to voluntary settings

We began with the assumption that the recipient will show high levels of trust for the donor and perceive that the social support from the donor is genuine (not manipulative) when the setting is potentially discretionary, there is high social support and the recipient is able to reject advice.

From this assumption we hypothesized that, in obligatory settings, social support will have beneficial effects on the alleviation of strain only when freedom to reject advice is high. In voluntary (friendship) situations, the most strain-alleviating combination should be high acceptance of advice coupled with high levels of social support because high rejection of advice would suggest an absence of trust, rather than the presence of it. The findings support these hypotheses.

Earlier we noted several reasons why advice is rejected. There are two interrelated social dynamics that may explain why it may be particularly important for recipients in this study (and for persons in general) to be able to reject advice in a potentially obligatory situation.

Power equalization. For one thing, the respondents were adolescents — persons at a stage of life where issues of autonomy are particularly salient (e.g., Douvan & Adelson, 1966). In such circumstances, unconditionally accepting advice from parents can be tantamount to acknowledging that the parent has the right to socialize the 'child', in contradiction to the adolescent's self-image as 'adult' (Berne, 1964). Consequently, it may be important for the adolescent to reject advice in order to *equalize* social power in the relationship with parents.

In general, help from a more powerful other or from a person of higher social status appears to generate rejection of help (e.g., Baekelund & Lundwall, 1975, regarding patient compliance, and studies of peer group effectiveness, e.g., Janis, 1983).

Shared assumptions of the advice-giver and recipient. Another reason why peer advice may be accepted is that peers are more likely than power-unequal dyads to share the same assumptions about the underlying nature of problems for which advice is being sought. By contrast, differences in roles, in life stages, and in generations may lead parents and their offspring to differ in their assumptions about the nature of problems that are faced by the offspring.

The conjecture that parents and their adolescents do not share similar assumptions about the nature of problems is supported in this study. We assessed respondents' ratings of how much one's failure to do well in examinations was due to external factors (e.g., due to fate, God, the grader). We also obtained respondents' ratings of how much their parents and friends held these beliefs. Respondents rated their own and their friends' beliefs that failure is caused by external forces significantly higher (means = 4.87 and 4.86, respectively) than their parents' beliefs in it (mean = 2.40; parent vs respondent, $t = 21.11$, $p < 0.001$; parent vs friend, $t = 18.83$; $p < 0.001$, and respondent vs friend, $t = 0.08$, ns; all $df = 202$).

Potential application of the findings: advice to the advice-giver

According to recipients, advice is helpful in many situations (Veroff et al., 1981). Nevertheless, advice-givers face a tough job. It is often hard to judge in advance whether advice will be useful for at least three reasons: (1) there may be limited information about the current situation, (2) new contingencies may arise after the advice is given which renders it less useful, and (3) advice-givers may not know enough about the recipient to know whether or not such advice will be viewed as a threat to self-esteem (see previous citations). As a result, the effective advice-giver must walk a line between not providing any help, thereby contributing to the recipient's social deprivation, and providing too much help, thereby stifling the development of autonomy (Douvan & Adelson, 1966; Coyne & DeLongis, in press).

Given these constraints, it may be useful to let people *know* they have the freedom to reject advice, particularly in situations where they might feel obligated to accept advice. This bit of advice itself

has pros and cons for the advice-giver. Encouraging the recipient's freedom to reject advice may conflict with the advice-giver's need to have that advice accepted (e.g., Janis, 1983). As suggested by this study's findings, failing to give the recipient the freedom to reject advice, however, will also have its costs, by undermining the palliative value of allied attempts to provide social support. In sum, perhaps the best advice is as follows: if you wish to provide love as well as advice, give those you love the opportunity to reject not you but your advice.

APPENDIX A

Measures of social support

Support from parents (alpha = 0.95)

Major stem: We want to know about what your parents *do* for you. Tell us how much of each of the following your parents do for you.

Specific items: 263. Discuss with me my life in school; 264. Inquire about my progress in studies; 266. Get me books and other materials; 267. Encourage me when problems relating to study crop up; 268. Make life easy for me particularly at the time of examination; 269. Encourage me even when I get poor grades; 271. Love me; 272. Whenever I get poor marks and try to improve, they support whatever I do.

Response Scale: 1 = Never, 2 = Sometimes, 3 = Often, 4 = Very often, and 5 = Almost always.

Support from peers (friends) (alpha = 0.95)

Major stem: How much of each of the following do your friends do for you?

Specific items: 369. Help me in learning a difficult lesson; 370. Lend books, notes, and so forth when the need arises; 371. Lend money; 372. Encourage at examination time; 373. Stand by me even when I get low grades; 374. Support whatever I do to improve future grades.

Response scale: Same as for index of Support from Parents.

REFERENCES

- Andrews, G., Tennant, C., Hewson, D. & Vaillant, G. (1978). 'Life event stress, social support, coping style, and risk of psychological impairment'. *Journal of Nervous and Mental Disease* (166), 307-16.
- Arnold, H.J. (1982). 'Moderator variables: a clarification of conceptual, analytic, and psychometric issues'. *Organizational Behavior and Human Performance* (29), 143-74.

- Baekelund, F. & Lundwall, L. (1975). 'Dropping out of treatment: a critical review'. *Psychological Bulletin* (82), 738–83.
- Berne, E. (1964). *Games People Play*. Grove Press: New York.
- Brickman, P., Rabinowitz, V.C., Karuza, J., Coates, D., Cohn, E. & Kidder, L. (1982). 'Models of helping and coping'. *American Psychologist* (37), 368–84.
- Caplan, R.D., Cobb, S., French, J.R.P., Jr, Harrison, R.V. & Pinneau, S.R., Jr (1980). *Job Demands and Worker Health: Main Effects and Occupational Differences*. Ann Arbor: Institute for Social Research (originally published as HEW Publication No. (NIOSH) 75–160, 1975).
- Caplan, R.D., Naidu, R.K. & Tripathi, R.C. (1984) 'Coping and defense: constellations vs. components'. *Journal of Health and Social Behaviour* (25), 303–20.
- Caplan, R.D., Tripathi, R.C. & Naidu, R.K. (1985). 'Subjective past, present, and future fit: effects on anxiety, depression, and other indicators of well-being'. *Journal of Personality and Social Psychology* (48), 180–97.
- Colten, M.E. & Kulka, R.A. (1979). 'The nature and perceived helpfulness of formal and informal support'. Paper presented at the Annual Meetings of the American Psychological Association, New York, September.
- Coyne, J.C. (1976). 'Depression and the response of others'. *Journal of Abnormal Psychology* (85), 186–93.
- Coyne, J.C. & DeLongis, A. (in press). 'Beyond social support: the role of social relationships in human adaptation'. *Journal of Consulting and Clinical Psychology*.
- Das, M.S. & Bardis, P.D. (1978). *The Family in Asia*. Vikas: New Delhi.
- Derogatis, L.R., Lipman, R.S, Rickels, K., Uhlenhuth, E.H. & Covi, L. (1974). 'The Hopkins Symptoms Checklist (HSCL): a measure of primary symptom dimensions'. In P. Pichot, (ed.). *Psychological Measurements in Psychopharmacology. Modern Problems in Pharmacopsychiatry*. Vol. 7. Karger: Basel.
- Dewey, J. (1933). *How We Think*. D.C. Heath: New York.
- Douvan, E.A. & Adelson, J. (1966). *The Adolescent Experience*. Wiley: New York.
- Fisher, J.D., Nadler, A. & Whitcher-Alagna, S. (1982). 'Recipient reactions to aid'. *Psychological Bulletin* (91), 27–54.
- French, J.R.P., Jr, Caplan, R.D. & Harrison, R.V. (1982). *The Mechanisms of Job Stress and Strain*. Wiley: London.
- French, J.R.P., Jr, & Raven, B. (1959). 'The bases of social power'. In D. Cartwright (ed.). *Studies in Social Power*. ISR: Ann Arbor.
- French, J.R.P., Jr, Rodgers, W. & Cobb, S. (1974). 'Adjustment as person-environment fit'. In G.V. Coelho, D.A. Hamburg & J.E. Adams (eds). *Coping and Adaptation*. Basic Books: New York.
- Frenkel-Brunswik, E. (1949). 'Intolerance of ambiguity as an emotional and perceptual personality variable'. *Journal of Personality* (18), 108–43.
- Gupta, G.R. (1978). 'The joint family'. In M.S. Das & P.D. Bardis (eds). *The Family in Asia*. Vikas: New Delhi.
- House, J.S. (1981). *Work Stress and Social Support*. Addison-Wesley: Reading, Mass.
- Janis, I.L. (1983). 'The role of social support in adherence to stressful decisions'. *American Psychologist*. (38), 143–60.
- Janis, I.L. & Mann, L. (1977). *Decision Making. A Psychological Analysis of Conflict, Choice, and Commitment*. Free Press: New York.
- Johnson, B.C., Napier, J.A. & Keller, J.B. (1967). 'Assessment of potential bias due

- to selective population losses in the Tecumseh Community Health Study'. Paper presented at the Conference on the Epidemiology of Cardiovascular Diseases, February 4–5, Chicago, Ill.
- Jones, E.E. (1964). *Ingratiation*. Appleton-Century-Crofts: New York.
- Katz, D. & Kahn, R.L. (1978). *Social Psychology of Organizations*. Wiley: New York.
- Kessler, R.C. & McLeod, J.D. (in press). 'Social support and mental health in community samples'. In S. Cohen & L. Syme (eds). *Social Support and Health*. Academic Press: New York.
- LaRocco, J.M., House, J.S. & French, J.R.P., Jr (1980). 'Social support, occupational stress, and health'. *Journal of Health and Social Behavior* (21), 202–18.
- Lewisohn, P.M. & Hoberman, H.M. (1982). 'Depression'. In A.S. Bellack, M. Hersen & A. E. Kadzin (eds). *International Handbook of Behavior Modifications and Therapy*. Plenum Press: New York.
- Maier, N.R.F. & Thurber, J.A. (1969). 'Limitations of procedures for improving group problem solving'. *Psychological Reports* (25), 639–56.
- Nadler, A., Fisher, J.D. & Streufert, S. (1976). 'When helping hurts: the effects of donor-recipient similarity and recipient self-esteem on reactions to aid'. *Journal of Personality* (44), 392–409.
- Nisbett, R.E. & Ross, L. (1980). *Human Inference: Strategies and Shortcoming of Social Judgment*. Prentice-Hall: Englewood Cliffs, NJ.
- Spielberger, C.D., Sharma, S. & Singh, M. (1973). 'Development of the Hindi edition of the State-Trait Anxiety Inventory'. *Indian Journal of Psychology* (48), 11–20.
- Veroff, J., Douvan, E. & Kulka, R. (1981) *Mental Health in America: Patterns of Help-Seeking from 1957 to 1976*. Basic Books: New York.
- Wig, N.N. & Verma, S.K. (1973). 'PGI Health Questionnaire N-1: a simple neuroticism scale in Hindi'. *Indian Journal of Psychiatry* (15), 80–8.
- Wortman, C.B. (1984). 'Social support and the cancer patient'. *Cancer* (53), 123–44.
- Wortman, C.B. & Lehman, D.R. (in press). 'Reactions to victims of life crises: support attempts that fail'. In I.B. Sarason & B.R. Sarason (eds). *Social Support: Theory, Research, and Application*. Martinus Nijhof: The Hague.