

**PERCEPTIONS OF SOCIAL SUPPORT WITHIN THE CONTEXT OF RELIGIOUS
HOMOPHILY: A SOCIAL NETWORK ANALYSIS**

A Thesis

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ABSTRACT

Recent studies have documented (1) the direct effects of social network context on perceived adequacy of social support and (2) the indirect effects of social network context, through social support, on psychological well-being. This thesis extends that research by asking how religious homophily in social networks affects individual perceptions of support and, through that, psychological well-being (depression). Results indicate that being embedded in a network with greater religious homophily increases perceived support, but this relationship holds only for instrumental support. Additionally, both instrumental and expressive support exert significant affects on psychological well-being: greater perceived adequacy of support (both instrumental and expressive) decreases reports of depression. These findings suggest that future research in this area should explore more fully how specific types of homophily affect social support and depression.

INTRODUCTION

A typical individual is surrounded by a web-like structure of relationships – his or her social network. This network may provide a wide range of resources, including tangible aid and emotional assistance. Often, this system of support lies dormant but available, should the support be needed for day-to-day challenges or sudden crises. Together with formal assistance, an individuals' coping resources and the aid available from his or her personal network comprise a system of social support – one that can defend against a frustrating lack of control that can produce symptoms of depression (Ross and Mirowsky 1989; Thoits 1985; Wheaton 1985).

Social support has been the focus of scientific research for nearly three decades. Yet, the only consensus reached has been that more work is needed. Although studies have confirmed the protective effects of social support (Turner 1981; Thoits 1985; Pescosolido and Georgianna 1989; Ensel and Lin 1991), they have neither resolved what it is about support processes that provides such protection nor identified the full range of network characteristics that enhances access to support. This thesis addresses the second of these gaps by exploring how one aspect of social network context, religious homophily, affects the support process.

Ties are the relationships we sustain in life with kin, friends, coworkers, peers and a variety of other individuals that we interact with either occasionally or daily. Typically classified as strong or weak, both types can be beneficial but they tend to provide different kinds of help. Frequent contact, emotional support, and feelings of intimacy characterize strong ties. These ties often provide tangible aid, advice, and expressive outlets. Weak ties, such as acquaintances or friends-of-friends, are typically contacted less frequently. These ties generally entail much less emotional closeness; however, they often provide nonredundant information and

other resources that serve as valuable assets in such activities as job-finding (Granovetter 1973, 1995).

In addition to providing resources, “social ties play a substantial role in [the] adoption, retention, and modification” of the beliefs and values that serve as our templates for behaviors and emotions (Pescosolido and Georgianna 1989). Through social integration and regulation, the ties that comprise our networks anchor us within a community that protects against negative experiences and provides essential guidelines about community functioning.

Recent studies have documented the direct effects of social network context on perceived adequacy of social support and the indirect effects (through social support) that this structure has for psychological distress (Ross 2000; Ellison, Boardman, Williams, and Jackson 2001; Haines, Hurlbert, and Beggs 2001). This thesis extends that research by asking three related questions. First, does being embedded in a network characterized by greater religious homophily increase the perceived adequacy of instrumental support? Second, if so, does that relationship hold for expressive support? And finally, does religious homophily exert direct and/or indirect effects on depression?

PRIOR RESEARCH

A Network Perspective

Networks consist of an interrelated system of ties among a focal individual (ego) and the people to whom he or she is connected (alters)(Kef, Hox, and Habekothé 2000). The social support strand of network analysis asks how the interpersonal context in which ego is embedded affects the social support that she or he receives. Three assumptions underlie this perspective (Madhavan 2000). The first is that network structure influences outcomes in enabling and constraining ways. The second assumption of the perspective is that an individual's position within a network affects his or her access to resources. Finally, the network perspective focuses on the effects of the structure, rather than its antecedents.

Two variants of this approach exist. The dyadic approach examines the characteristics of the tie between ego and a single alter; the network structure approach focuses on the characteristics of the entire network or a bounded portion of that network (Haines and Hurlbert 1992). A combination of the two that “focus[es] on tie strength and homophily and their network structure counterparts, density and homogeneity, is characteristic of the support strand of network analysis” (Wellman 1988:203). This strand of network analysis argues “that strong, homophilous ties and dense, homogeneous networks are more effective channels of social support in routine and emergency situations than weak, heterophilous ties and wide-ranging networks” (Wellman 1988:204; Lin, Woelfel, and Light 1985; Haines and Hurlbert 1992).

Social Support

Many individuals turn to the people around them for assistance during troubled times – they seek social support. The term social support often encompasses a wide array of meanings. However, the concept is generally interpreted as the availability or provision of resources such as

emotional caring and help in dealing with problems (Vaux 1988; Ross and Mirowsky 1989; Aneshensel 1992; Jackson 1992).

Social support is often differentiated into two components (Vaux 1988; Ross and Mirowsky 1989; Aneshensel 1992; Jackson 1992). Expressive support entails having someone to talk things over with or to express emotional caring. Instrumental support – tangible aid – involves assistance with such everyday or emergency needs as transportation, childcare, or financial aid; it can also include transfers of information. Social support has been shown to provide important assistance in times of adversity (Aneshensel 1992:17). In effect, it helps a stressed individual to cope with difficult life circumstances.

Additionally, as with personal coping skills, the mere perception of an adequate support system has sometimes been shown to have more beneficial effects than the actual receipt of support (Vaux 1988; Wethington and Kessler 1986; Ross and Mirowsky 1989; Aneshensel 1992; Sutor, Pillemer and Keeton 1995). Social support is, therefore, a critical determinant of psychological well-being.

Socially Patterned Distress

Psychological distress is a subjective state that reflects exposure to social conditions in the environment. The objective realities that individuals face influence their beliefs in important and specific ways and these beliefs, in turn, affect the levels of distress they experience (Mirowsky and Ross 1980). Social statuses – such as educational achievement, occupational attainment, and level of income – can influence perceptions of social relations and sometimes result in feelings of frustration and a lack of personal control. Psychological distress often results. Social support available within a network can mediate the relationship between objective social conditions and an individual's beliefs about those conditions by providing necessary

resources in times of adversity. Because of its regulatory and integrative functions, religious homophily should enhance the ability of a network to provide that support (Pescosolido and Georgianna 1989).

Homophily and Religion

Homophily (having similar characteristics between ego and alters) has significant implications for individuals in social networks and has been shown to play an important role in the stress process (McPherson and Smith-Lovin 1987; Campbell and Lee 1992; Louch 2000; McPherson, Smith-Lovin and Cook 2001). Individuals in networks are typically homophilous on many characteristics (e.g. gender, race); these similarities are conducive to the maintenance of ties and the provision of social support through them. This is particularly true for religious homophily, because religion provides behavioral guidelines that promote both regular contact and supportive behavior. Frequent, meaningful contact with a “society” of individuals similar to each other guided by norms of behavior that dictate the provision of “social and emotional support” can enhance an individual’s access to resources that promote both physical and psychological well-being (Pescosolido and Georgianna 1989:43; Ellison and Sherkat 1995; Sherkat 2001).

Networks characterized by religious homophily tend to provide more informal support than networks demonstrating religious diversity (Ellison et al. 2001). Individuals embedded in such networks claim greater confidence in their worth as communal members and in their ability to access and activate their support systems (Ellison and Sherkat 1995). In these relationships, members feel that their own support contributions are investments into an “account” from which they can draw in the future (Ellison and Sherkat 1995:1257). In this way, religious homophily

strengthens the bond between ego and his or her alters and this sense of connectedness “is conducive to support” (Burt and Schott 1985; Wellman 1992:210).

Religious homophily is, therefore, a form of the critical social integration that was first identified by Emile Durkheim in 1897. It ties the individual to a system of support that distributes resources and provides guidelines for the resource distribution (Wellman 1992:223). Thus, individuals embedded in networks characterized by religious homophily benefit from supportive behaviors and evidence increased psychological well-being (Pescosolido and Georgianna 1989; Haines, Hurlbert, and Beggs 1996). These attachments function as “a source of collective energy on which individuals can draw during difficult times” (Pescosolido and Georgianna 1989:43).

METHODOLOGY

Operationalization

Networks characterized by religious homophily, then, should provide greater instrumental and expressive support and this support should, in turn, enhance psychological well-being. I, therefore, offer four hypotheses:

H₁: Being embedded in a network characterized by greater religious homophily will result in greater perceived adequacy of instrumental support than being embedded in a network characterized by less religious homophily.

H₂: Being embedded in a network characterized by greater religious homophily will result in greater perceived adequacy of expressive support than being embedded in a network characterized by less religious homophily.

H₃: Religious homophily will exert positive, direct effects on psychological well-being (e.g. decrease depression).

H₄: Religious homophily will exert positive, indirect effects on psychological well-being (e.g. decrease depression), through social support.

To test these hypotheses, I conduct a two-stage analysis. I begin by examining the effects of religious homophily on (a) instrumental support and (b) expressive support. I then explore whether religious homophily exerts direct and/or indirect effects on psychological distress by examining the effects of religious homophily, instrumental support, and expressive support on depression.

Network Controls

Network analysts have shown that networks differ on such characteristics as strength of ties (Granovetter 1973, 1995; Haines and Hurlbert 1992; Wellman 1992), residential proximity, and network size. These characteristics affect the amount of help (social support) that is given and received (Fischer 1982; Granovetter 1973, 1995; Lin et al.1985; Beggs, Haines, and Hurlbert

1996; van Duijn, van Busschback, and Snijders 1999; Ikkink and Tilburg 1999). Larger networks offer greater opportunities for social integration and typically enhance access to social support by providing a greater number of people to whom an individual can turn when support is needed (House, Umberson, and Landis 1988).¹ I, therefore, include controls for network size in my analysis.

Density, or the degree to which alters are connected to one another, has also been shown to affect social support (House et al. 1988; Lin et al. 1985; Haines et al. 1996; Ikkink and Tilburg 1999). I, therefore, control for network density. Finally, because geographic proximity has been shown to affect social support, I also control for the effects of this network characteristic (Wellman and Wortley 1990; Jackson 1992; Wellman 1992; Beggs et al. 1996). I also control for the effects of reciprocity because patterns of reciprocity can affect patterns of support (Hurlbert, Haines, and Beggs 2001) and well-being (Haines et al. 1996; Ikkink and Tilburg 1999; Louch 2000).

Individual Controls

I control for individual characteristics that can affect support and/or well-being. As individuals move through the life course, role transitions occur that require different amounts and types of support (Feld 1981; Marsden 1987; Vaux 1988). The young, who often view themselves as immortal, may feel a support system is entirely unnecessary. The elderly, on the other hand, have been shown to be disproportionately fearful for their safety and often face health issues that do not challenge other age groups (Wethington and Kessler 1986; Turner and Marino 1994; Beggs et al 1996; Ikkink and Tilburg 1999). One consequence may be that they

¹ Although for women, it seems, more network members mean less perceived support. It has been proposed that in light of women's helping roles, larger networks mean more work for them (Aneshensel et al. 1991).

perceive their support systems to be woefully inadequate, based on these and similar factors. Age and health are, therefore, both controlled for in the following analyses.

Because gender differences in psychological distress have been found (Moore 1990; Aneshensel, Rutter, and Lachenbruch 1991; Campbell and Lee 1992; Turner, Wheaton, and Lloyd 1995), I control for gender. It would be difficult to find research today that does not suggest that ethnicity has societal implications. Although the social support literature on race has been somewhat inconsistent (Mirowsky and Ross 1980; Ross and Mirowsky 1989; Parish, Hao, and Hogan 1991; Deng and Bonacich 1991; Tigges, Browne, and Green 1998), race differentials in physical and mental health are well documented (Marsden 1987; Aneshensel 1992; Ensminger 1995; Pugliesi and Shook 1998). I, therefore, control for race.

Because socioeconomic status has been shown to exert strong effects on both social support (Fischer 1982; Wethington and Kessler 1986; Vaux 1988; Campbell and Lee 1992; Turner et al. 1995) and health (Dressler 1988; Ulbrich, Warheit, and Zimmerman 1989; Broman 1991; Haines et al. 2001), I control for its effects. To do so, I include measures of education and family income.

Two additional characteristics need to be controlled for when examining effects of religious homophily on social support and well-being. These are marital status and number of children. Individuals who are separated, widowed, or divorced may have less access to social support than their married counterparts do (Campbell and Lee 1992). Having more children has been shown to increase psychological distress (Broman 1991). Therefore, both marital status and number of children are included in the analyses.

When examining effects of religious homophily, it is also important to control for the respondent's own religious affiliation. Another factor that has been shown to affect perceptions

of support is self-efficacy or mastery. The belief in one's own ability to deal with life's circumstances and challenges can be viewed as a psychological resource and is likely to affect one's perception that his or her support system is sufficient (Pearlin, Menaghan, Lieberman, and Mullan 1981; Ensel and Lin 1991; Aneshensel 1992). I, therefore, control for these effects.

Finally, I include a measure of the level of perceived neighborhood disorder in all models to control for aspects of an individual's surroundings that might influence perceived adequacy of support. Neighborhoods characterized by extreme economic deprivation, high levels of crime, excessive drug activity, and decay can challenge individual resources and force individuals to tax their support systems (Beggs 2001).

Data

The data used in these analyses come from the 1996 Structure of Social and Economic Isolation in the Underclass Study. Telephone interviews were conducted during the fall of 1996 with 629 residents of a mid-sized southern city in the United States. An additional 125 individuals randomly selected from households without telephones were interviewed by cellular telephone.

Dependent Variables

Perceived Adequacy of Social Support. My first two endogenous variables (the dependent variables in the first stage of my analysis) measure perceived adequacy of support. The first, which taps instrumental support, comes from a question that asked, "About how much of the time would you say you have enough people to help you?" The second measure, which taps expressive support, comes from a question that asked, "About how much of the time would you say you have enough people to talk to?" Responses ranged from "A lot of the time" (4) to "Never" (1).

Psychological Distress. The dependent variable in the second stage is an index of depression often included in studies of social support. It is based on Mirowsky and Ross' (1989) modified version of the Center for Epidemiological Studies' Depression Scale (CES-D). Each respondent was asked "how many days (0-7) during the last week did you 1) feel that you just couldn't get going, 2) feel sad, 3) have trouble getting to sleep or staying asleep, 4) feel that everything was an effort, 5) feel lonely, 6) feel that you couldn't shake the blues, and 7) have trouble keeping your mind on what you were doing." The measure, which was constructed by summing the items and dividing by seven, ranged from low (0) to high (7).

Independent Variable

Religious Homophily. My focal independent variable is the proportion of ego's network members that the respondent reported were the same religion as the respondent. The question was asked only of respondents who reported having a religious affiliation. Respondents who reported no religious affiliation were coded as (0) on this measure.

Controls

Individual. Age is measured in years.² Gender, a dummy variable, compares males (1) to females (0). Race compares nonwhites (1) to whites (0). Socioeconomic status is captured by two measures – educational level and family income. Education is measured in years.³ Income, which is reported in U.S. dollars, was logged for the regression analysis.⁴ Marital status compares un-partnered individuals (whether by separation, divorce, or widowhood) (1) to all

² Respondents reported the year in which they were born. That year was subtracted from 1996.

³ Respondents were asked to report their educational attainment and answers were recorded in categories (8th grade or less, some high school, high school diploma, vocational/technical school, some college, college degree, some graduate work, and graduate degree). The variable was recoded, and meaningful year increments were assigned to each category (i.e. 12 for high school diploma, 16 for college degree...).

⁴ Income was coded on the basis of respondent reports in sequential increments (under \$5,000, under \$10,000, under \$15,000, under \$25,000, under \$35,000, under \$50,000, under \$75,000, more than \$75,000). The entries were recoded into the midpoints of each category and the last category was recoded to \$100,000. A prediction equation was used to estimate family income for the respondents who did not report it. Details are available upon request.

other respondents (0).⁵ Number of children is recorded as reported. A dummy variable that listed “1” for respondents reporting “no religion” and (0) otherwise was included to control for those who lacked religious affiliation.

Health was measured by responses to the question, "In general, how would you say your own health is?" Responses ranged from excellent (4) to poor (1). The measure of perceived coping ability was tapped by the question, “When faced with a problem, how often would you say you try to figure out the cause and do something about it?” Responses ranged from frequently (4) to never (1).

Perceived neighborhood disorder was constructed by using principle components factor analysis on several variables designed to determine how respondents perceived their surroundings. The four areas include a measure of reported cleanliness and general upkeep, the occurrence of crimes in the streets, the prevalence of drugs in the area, and the perception of whether or not the neighborhood was becoming a better or worse place to live. The four questions read: 1) “how would you rate the cleanliness and general upkeep in your neighborhood? Would you say it’s excellent, very good, good, fair or poor,” 2) “how often would you say purse snatching, robbery, or other street crimes occur around your neighborhood? Would you say these things happen often, sometimes, rarely, or never,” 3) “how often do you see drug dealers or users on the streets around your neighborhood? Would you say these them often, sometimes, rarely, or never,” and 4) “overall, during the past five years, would you say that your neighborhood had become a better place to live, has gotten worse, or is about the same.” The range of the measure was from low (-2.24) to high (2.07) disorder.

⁵ Respondents were asked to characterize their “current marital status” as 1) "single, never married" 2) "not married, living with a partner," 3) "married," 4) "separated," 5) "divorced," and 6) "widowed."

Network. Density was measured as the average closeness between ego and the alters in his or her network, based on a measure tapping whether the respondent felt especially close (1), somewhat close (.5), or not close at all (0) to each alter (Marsden 1987). Network size is measured as the total number of the (nonredundant) alters elicited by the three name generators (maximum possible is 15). Geographic distance is the proportion of alters who live more than half an hour away from ego.

The measure of reciprocity was specific to each analysis. In the regression of religious homophily on perceived adequacy of instrumental support, the measure was constructed by combining measures of expressive and instrumental reciprocity. The instrumental reciprocity measures were captured by two questions: 1) "are there any people who you regularly get everyday help from? We mean people who give you help with things like taking care of children, giving you a ride somewhere, or someone you can go to if you want to borrow food or a small amount of money," and 2) "who on the list do you give everyday help to--things like taking care of children, giving them a ride somewhere, or lending food or a small amount of money to them." The measure was coded (1) if either form of reciprocity was present and (0) otherwise. The measure of reciprocity for the regression of religious homophily on perceived adequacy of expressive support was constructed with the following two questions: 1) "who are the individuals with whom you have discussed important matters in the last six months," and 2) in the last 6 months, have any of the people on the list talked to you about matters that were important to THEM." The measure was coded (1) if either form of reciprocity was present and (0) in the equation otherwise. Predicting distress, I include a global measure of reciprocity that included (1) if either type of reciprocity existed and (0) otherwise.

Method of Analysis

The analyses, which use Ordinary Least Squares regression, were conducted in two stages. The first stage of the analysis tests the relationship between religious homophily and perceived adequacy of support. Two regression equations are run with control variables included in the model. Model 1 (Table 1) examines the direct effect of religious homophily on perceived adequacy of instrumental support, net of the effects of the individual and network controls. Model 2 (Table 1) duplicates this equation with expressive support as the dependent variable.

In the second stage of analysis, I examine the direct and indirect effects (through social support) of religious homophily on distress. I do so in Model 3 (Table 2), by regressing depression on perceived adequacy of instrumental support, perceived adequacy of expressive support, and religious homophily. Tests for collinearity among the independent variables confirmed that the independent variables are not sufficiently correlated to cause problems in the estimation of the models.

RESULTS AND DISCUSSION

Results

Religious Homophily and Perceived Adequacy of Social Support. Table 1 presents the effects of religious homophily on perceived adequacy of instrumental support and perceived adequacy of expressive support. Starting with instrumental support, I find support for my first hypothesis: as an individual goes from having no one in their network of the same religious affiliation to having everyone of the same religion there is .20 increase in the number of individuals reporting higher levels of perceived adequacy of support.

Model 1 also shows that educational attainment and perceptions of personal coping capacity affect perceived adequacy of instrumental support. Consistent with the social support literature, education has a positive effect on perceived adequacy of support. The finding that perceived coping ability increases perceived adequacy of instrumental support also reproduces results in social support studies.

Two of the social network context variables also exert significant effects. Consistent with previous research on social networks, both reciprocity and geographic distance affect perceptions of instrumental support. Engaging in some measure of reciprocity with the alters in your network increases the perceived adequacy of instrumental support. Finally, the more likely alters are to live more than one-half hour away, the less likely respondents are to perceive that they have sufficient instrumental support.

Turning to Model 2 of Table 1, we see a very different pattern for perceived adequacy of expressive support. I find no evidence that religious homophily affects perceived adequacy of expressive support. Also, with the exception of perceived coping ability, the variables that affect expressive support differ from those that affected perceived adequacy of instrumental support. In addition to the positive effect of perceived coping ability, family income and chronic health

Table 1. Ordinary Least Squares Regression of Perceived Adequacy of Instrumental and Expressive Support on Religious Homophily and Control Variables

	Model 1 Instrumental	Model 2 Expressive
<u>Independent Variable</u>		
Religious Homophily	.204* (.104)	.102 (.086)
<u>Individual Controls</u>		
Age	-.002 (.003)	-.000 (.003)
Male ¹	-.058 (.082)	-.036 (.068)
White ²	.095 (.105)	.026 (.087)
Education	.045** (.017)	-.006 (.014)
Single ³	.082 (.105)	.091 (.086)
Number of Children	-.036 (.032)	-.019 (.026)
Family Income (logged)	.000 (.000)	.000*** (.000)
No Religion ⁴	-.028 (.147)	-.082 (.121)
Perceived Health	.047 (.051)	.121** (.042)
Perceived Coping Ability	.215*** (.053)	.088* (.044)
Perceived Neighborhood Distress	-.080# (.043)	-.033 (.036)
<u>Social Network Controls</u>		
Mean Closeness	.201 (.175)	.123 (.146)
Network Size	.025 (.017)	.030* (.014)
Reciprocity	.529** (.184)	.015 (.109)
Geographic Dispersion	-.343* (.136)	-.095 (.113)
R ²	.19	.12
N	450	451

^a Unstandardized coefficients. Standard errors in parentheses.

*p = .05 **p = .01 ***p = .001; two-tailed tests. #p = .05; one-tailed test

¹ Reference category is Female.

² Reference category is Black.

³ Reference categories are Single, never married, Not married, living with a partner, and Married.

⁴ Reference categories are Baptist, Catholic, and Other.

problems have significant effects. Just as the other measure of socioeconomic status, education, had a positive effect on instrumental support, family income has a positive effect on perceived adequacy of expressive support. Finally, those individuals who were less challenged by chronic health problems were more likely to perceive that their expressive support was adequate.

Only one social network control affects this outcome significantly: network size. The larger an individual's network, the more likely he or she is to report having adequate expressive support. This finding is consistent with previous research.

Perceived Adequacy of Social Support and Psychological Distress. In table 2, I examine the effects of religious homophily and perceived adequacy of social support on psychological distress, net of the effects of the control variables. As predicted, for every unit increase in the number of individuals with higher levels of perceived adequacy of instrumental support, there is a .18 decrease in reported levels of psychological distress. In addition, there is a .19 decrease in reported levels of psychological distress for every unit increase in perceived adequacy of expressive support.

I find no evidence that network context exerts direct effects on psychological distress. However, religious homophily (as well as reciprocity and geographic distance) does affect psychological distress indirectly, through perceived adequacy of instrumental support. Individuals who are embedded in networks with higher proportions of alters who share their religion perceived more adequate instrumental support than individuals embedded in networks of lower religious homophily did. Individuals who perceived that their instrumental support was more adequate, in turn, experienced less psychological distress. The presence of these effects supports the contention that structural context matters for psychological well-being.

Table 2. Ordinary Least Squares Regression of Depression on Religious Homophily, Social Support, and Control Variables

	Model 3
<u>Independent Variables</u>	
Religious Homophily	.205 (.176) [*]
Instrumental Support	-.176 [*] (.086)
Expressive Support	-.195 [#] (.105)
<u>Individual Controls</u>	
Age	-.021 ^{***} (.005)
Male ¹	-.172 (.138)
White ²	-.033 (.176)
Education	-.062 [*] (.029)
Single ³	.352 [*] (.176)
Number of Children	-.098 [#] (.054)
Family Income (logged)	.000 (.000)
No Religion ⁴	.719 ^{**} (.245)
Perceived Health	-.602 ^{***} (.087)
Perceived Coping Ability	.026 (.090)
Perceived Neighborhood Distress	.244 ^{***} (.073)
<u>Social Network Controls</u>	
Mean Closeness	-.171 (.300)
Network Size	.051 [#] (.029)
Reciprocity	.275 (.215)
Geographic Dispersion	.029 (.230)
R²	.31
N	448

^a Unstandardized coefficients. Standard errors in parentheses.

*p = .05 **p = .01 ***p = .001; two-tailed tests. #p = .05; one-tailed test

¹ Reference category is Female.

² Reference category is Black.

³ Reference categories are Single, never married, Not married, living with a partner, and Married.

⁴ Reference categories are Baptist, Catholic, and Other.

Several control variables exert significant effects. Consistent with previous research, older individuals report greater psychological distress than younger people do. Socioeconomic status also had a significant effect. Individuals with higher educational attainment reported lower levels of distress. Compared to individuals who had never been married, or were partnered (married or cohabitating), individuals who were separated, widowed, or divorced were more likely to report higher levels of psychological distress. I also found significant effects of having no religious affiliation and of being in ill health. Individuals with no religious affiliation were more distressed than their religious counterparts and individuals reporting better health were significantly less likely to be distressed than individuals in poorer health were. Finally, perceived neighborhood disorder was positively related to distress: higher levels of perceived disorder were associated with higher levels of distress. None of the social network context control variables affected psychological distress significantly.

Discussion

Although nearly fifteen years have passed since House et al. (1988) called for a more detailed understanding of the social network processes and mechanisms that affect well-being, only recently have sociological researchers responded to that challenge (Haines et al. 2001) and provided evidence of indirect, as well as direct effects of network structure on psychological well-being. In this thesis, I built on this research – the social support strand of network analysis. I extended it by exploring (a) the direct effects of religious homophily on the perceived adequacy of both instrumental support and expressive support and (b) its indirect effects, through perceived adequacy of instrumental and expressive support, on psychological distress.

I argued that the normative and integrative aspects of religious homophily would affect positively the degree to which individuals perceive that their social support is adequate. I also predicted that this perceived support, in turn, would enhance psychological well-being.

My analysis confirms that religious homophily significantly affects the perceived adequacy of instrumental support. I found no significant effects of religious homophily on the perceived adequacy of expressive support, however. In addition, this analysis confirms that perceived adequacy of instrumental support and perceived adequacy of expressive support affect psychological well-being. Thus, religious homophily proved to be a consequential aspect of social network context for perceptions of the adequacy of instrumental support and, through that, psychological well-being.

CONCLUSIONS AND IMPLICATIONS

Conclusions

These findings support my hypotheses that the level of religious homophily in individual networks is an important determinant of the perceived adequacy of social support. Because support, in turn, affects depression, this aspect of social network context exerts indirect effects on psychological well-being. This suggests that the norms and guidelines provided in religiously homophilous networks and the high level of integration that they provide may enhance the availability of social support for individuals embedded in them. These findings highlight the importance of examining the relationships among social network context, social support, and well-being.

Implications

Future research should explore further whether and how particular network contexts (such as homophily) (1) shape perceptions of support availability and (2) through these perceptions, affect psychological well-being. That religious homophily exerts significant effects on perceived adequacy of instrumental support, but not on expressive support also suggests new directions for future research. Future studies should ask whether other aspects of homophily also affect only one of these two types of support and they should also ask why. This thesis provides empirical evidence that both types of support exert significant effects on psychological well-being. Therefore, future studies should also explore possible mechanisms for effects of homophily on both support and well-being.

By exploring the relationships among social network structure, social support, and psychological well-being, my analysis provides empirical evidence that supports the premises of the social support strand of the network perspective. That perspective argues that the structure of

social networks enables and constrains their members in ways that importantly influence outcomes and that strong, homophilous ties are better conduits of social support than weaker ties to dissimilar others. This thesis confirms those findings. However, more work is needed. Social support researchers should continue to explore the processes involved within social network contexts to promote a clearer understanding of the mechanisms involved in these processes to enhance our understanding of the effects that social network context exerts on psychological well-being.

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APPENDIX A: MEANS AND STANDARD DEVIATIONS

	Means	Standard Deviation
<u>Dependent Variables</u>		
Perceived Adequacy of Instrumental Support	3.22	.90
Perceived Adequacy of Expressive Support	3.58	.73
Psychological Distress	1.61	1.60
<u>Independent Variable</u>		
Religious Homophily	.50	.42
<u>Individual Controls</u>		
Age	42.60	15.82
Male ¹	.38	.49
White ²	.38	.48
Education	13.76	3.25
Single ³	.23	.42
Number of Children	.89	1.28
Family Income	29872.90	26063.94
No Religion ⁴	.10	.30
Perceived Health	3.00	.85
Perceived Coping Ability	3.57	.76
Perceived Neighborhood Stress	.00	1.00
<u>Network Controls</u>		
Mean Closeness	.78	.23
Network Size	4.25	2.36
Reciprocity	.47	.33
Geographic Dispersion	.17	.28
N = 449		

¹ Reference category is Female.

² Reference category is Black.

³ Reference categories are Single, never married, Not married, living with a partner, and Married.

⁴ Reference categories are Baptist, Catholic, and Other.

VITA

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