

The Experience of Social Strain¹

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TABLE OF CONTENTS

Acknowledgements

TABLE OF CONTENTS	1
ABSTRACT.....	3
INTRODUCTION	6
1.1. STUDY OBJECTIVES.....	9
SOCIAL ENVIRONMENT AS A HEALTH PROMOTION ISSUE.....	11
THEORETICAL AND EMPIRICAL BACKGROUND.....	13
1.2. SOCIAL SUPPORT	13
1.3. SOCIAL STRAIN.....	14
1.4. STATE OF RESEARCH.....	16
1.5. CONTEXT OF THE PRESENT STUDY	16
1.6. STRESS AND HEALTH	20
METHOD.....	25
1.7. THE QUALITATIVE RESEARCH INTERVIEW METHOD	25
1.8. SAMPLE SELECTION METHODS	28
1.9. STUDY SAMPLE.....	29
1.10. DATA COLLECTION PROCEDURES.....	30
1.11. PILOT STUDY	30
1.12. DATA ANALYSES.....	31
1.13. TRANSLATION.....	33
1.14. ETHICAL CONSIDERATIONS	34
STUDY RESULTS.....	35
1.15. THE COMPREHENSION OF THE QUESTIONS IN THE KAM-B SCALE	37
1.15.1. <i>Changing one's mind.....</i>	38
1.16. THE EXPERIENCE OF SOCIAL STRAIN AS CONNECTED TO RESPONSES TO THE KAM-B.....	41
1.16.1. <i>The duration of and relationships between the underlying experiences.....</i>	42
1.16.2. <i>The respondents' reactions of the straining experience.....</i>	43
1.17. COMPREHENSION OF AND EXPERIENCES CONNECTED TO THE SPECIFIC KAM-B ITEMS.....	44
1.17.1. <i>B1. There are people in my life that I care about but they dislike each other.....</i>	45
1.17.2. <i>B2. There is someone important in my life who needs my help, but whom I don't know how to help.....</i>	47
1.17.3. <i>B3. There is someone important in my life who wants to support me but who often hurts my feelings instead.</i>	52
1.17.4. <i>B4. There are people I have around almost every day who hen peck me frequently.....</i>	55
1.17.5. <i>B5. There are people who make my life difficult because they want too much of my time and attention.....</i>	57
1.17.6. <i>B6. There is someone I care about who expects more of me than I can give.....</i>	61
1.18. EMERGING THEMES ACROSS THE ITEMS.....	64
1.18.1. <i>Communication problems.....</i>	65
1.18.2. <i>Expectations clashes.....</i>	66
1.18.3. <i>Passivity in coping attempts.....</i>	66
DISCUSSION.....	67
1.19. CHRONICITY, SEVERITY AND COPING.....	69
1.20. THE EXPERIENCE OF SOCIAL STRAIN AS CONNECTED TO RESPONSES TO THE KAM-B.....	71
1.20.1. <i>B1. There are people in my life that I care about but they dislike each other.....</i>	72
1.20.2. <i>B2. There is someone important in my life who needs my help, but whom I don't know how to help.....</i>	73

1.20.3.	<i>B3. There is someone important in my life who wants to support me but who often hurts my feelings instead.</i>	73
1.20.4.	<i>B4. There are people I have around almost every day who hen peck me frequently.</i>	74
1.20.5.	<i>B5. There are people who make my life difficult because they want too much of my time and attention.</i>	75
1.20.6.	<i>B6. There is someone I care about who expects more of me than I can give.</i>	76
1.21.	CONCLUSIONS.....	77
1.22.	METHODOLOGICAL CONSIDERATIONS	78
IMPLICATIONS		82
REFERENCES.....		84
APPENDIXES.....		88
1.23.	APPENDIX 1: THE INTERVIEW GUIDE.....	88
1.24.	APPENDIX 2: DEMOGRAPHIC OVERVIEW OVER THE STUDY PARTICIPANTS.....	93
1.25.	APPENDIX 3: NORWEGIAN AND ENGLISH VERSION OF THE KAM-B SCALE	94

ABSTRACT

PURPOSE The purpose of the study was to explore in-depth the experience of social strain, within the context of an epidemiological study in which a brief self measure of social strain was used. Thirteen individuals who completed the brief questionnaire then underwent in-depth interviews in which they provided insights about why they chose to answer the questionnaire as they did. The material of this thesis is that obtained in the thirteen interviews (no epidemiological data are included).

The purpose of the in-depth interviews was to assess validity of the short questionnaire from the respondent's point of view. The interview data were used also to gain insight about how the respondents interpreted the specific words and phrases used in the brief questionnaire. The interview data were in addition analysed to illuminate aspects of respondents' experiences with social strain that could not be revealed in a brief self-report questionnaire.

The brief epidemiological questionnaire is called KAM-B Scale, an abbreviation of the Norwegian "Kontakt med andre mennesker-Belastning". This translates as "contact with other people-social strain". It is a six-item questionnaire developed from social-psychological theory about positive and negative interpersonal relationships.

METHOD The data was gathered by a qualitative research interview and grounded theory guided the analyses. Thirteen men and women, 34-53 years old, were interviewed in-dept, with each interview lasting from 45 minutes to 2 hours. A semi-

structured interview guide with open-ended questions was developed beforehand and adjusted after each interview. The interviews were audio taped and transcribed as an ongoing process. The data analysis was organised in three parts to address distinct questions: 1) What experiences did respondents connect to each item in the KAM-B scale? 2) How did respondents understand (interpret, comprehend) the words and phrases of which the KAM-B items were composed? 3) What patterns of experience with social strain emerge when the data are considered jointly?

RESULTS The social strain experiences recounted by the study participants were characterised by diversity with regard to the specific events and actions that they described as having been stressful. There was also diversity in the degree to which various social strain experiences caused distress; some experiences were very distressing and others were not. Straining relationships were most often with members of the close social network, that is family, close relatives and friends. In some instances, colleagues from work were also mentioned. The duration and intensity of the strain experiences reported by the participants indicate that the KAM-B assesses chronic social strain, as it is intended to. Furthermore the respondents' comprehension of the KAM-B scale items were homogeneous, with only few exceptions. This indicates that the KAM-B wording is relatively unambiguous and therefore not open to wide interpretation.

CONCLUSION It is concluded that in the main, the KAM-B scale makes the measurements that were intended, consistent with the social-psychological theories of interpersonal relationships upon which the KAM-B is based. To the degree that

one can extrapolate from the interview data, KAM-B respondents think about chronic, personally meaningful, distressing, near relationships, as they read and respond to each of the six KAM-B items. The overall conclusion is that from the perspective of the respondent, the KAM-B's measurement is consistent with its theoretical foundations. This study also demonstrated that the experience and expertise of study participants might be useful in assessing both the construct and the face validity of a scale. There is no common term for this approach to validity assessment, which has herein been termed 'respondent validity'. It is concluded that respondent validity studies of the type described in the present work can be a valuable adjunct to more traditional approaches to the study of scale validity.

INTRODUCTION

The purpose of the present study was to explore in-depth the experience of social strain, within the context of an epidemiological study in which a brief self report measure of social strain was used. Thirteen individuals who completed the brief questionnaire then underwent in-depth interviews in which they provided insights about why they chose to answer the questionnaire as they did. The material of this thesis is that obtained in the thirteen interviews (no epidemiological data are included. Here, the background and rationale for this research is described.

The World Health Organisation (WHO) recommends as a health promotion priority the strengthening of social ties to improve the functioning of families and physical and mental health. Better understanding of the causes and opportunities for prevention of psychosocial problems is also recognised as a priority in Norway (Haglund et.al., 1996; Sosialdepartementet, 1992-93).

A research group at the University of Bergen has implemented a series of epidemiological studies to describe the prevalences and correlates of social support, social strain, and loneliness and their association with a range of physical and mental health states. As a part of this research, a brief scale measuring social strain was developed. This was necessary because there exists no other instruments for the self-report of social strain that is suitable both in terms of: 1) the social-psychological theory that underpins the Bergen research, and 2) the practical requirements of large-scale epidemiological research.

The brief epidemiological questionnaire is called the KAM-B scale, an abbreviation of the Norwegian “kontakt med andre mennesker – belastning”. This translates as “contact with other people – social strain”. It is a six-item questionnaire developed from social-psychological theory about positive and negative interpersonal relationships.

When a new survey instrument, like KAM-B, is developed for use in epidemiological research, it is important to secure its trustworthiness and quality in order to be able to conduct useful research. This is especially important when dealing with complex phenomena like social ties. Psychometric studies of validity, reliability, sensitivity and specificity provide useful information on the measurement properties of a scale. Validity assessment is particularly complex because the scale validity construct is itself complex. Questions about scale validity ask if a scale measures what it is intended to measure. ‘Face’ validity reflects the degree to which a scale seems reasonable through a simple comparison of the scale items and the stated measurement intention for the scale. ‘Construct’ validity reflects the degree to which the scale items reflect underlying theory or models for which it was constructed. ‘Convergent’ validity reflects the degree to which the scale provides measurement results similar to those produced by other means of measuring the underlying construct. Validity may be assessed also by comparison with a ‘gold standard’ measurement, assuming such a standard is available. There is in fact no universally accepted typology or terminology for the study of scale validity, and the four types named above are merely representative (ref).

Regardless of the type of validity study undertaken, a basic assumption is that respondents interpret the meanings of scale items in the same way that scale developers intend they should. This is not a trivial issue, since abundant research shows that even seemingly minor wording differences in a scale item can produce meaningful response differences (ref). Regarding the choice of wording and phrases in the development of scale items, one key threat to validity is that ‘experts’, that is the scale developers, could choose wording that take on different meaning on the part of respondents.

Indeed, when respondents reply to a close-ended questionnaire their answers are influenced by many factors, including their background and their understanding of important concepts used in the questions and the response alternatives (Tanur, 1992; Belson, 1986). Epidemiological studies are usually restricted to close-ended questionnaires, and brief ones at that, due to practical limitations of the study method. This increases the possibility of what may be called ‘interpretation’ error described above.

Thus, when considering the validity of a new instrument, it is prudent and useful to evaluate how respondents’ interpretations of words and phrases influence their responses. Data from such an evaluation study can significantly aid in the (non-statistical) interpretation of the quantitative data (Steckler, 1992; Polit & Hungler, 1995). The investigation of respondents’ understanding of meanings of scale items is referred to here as a ‘respondent validity’ study, and can be considered a combination of face and construct validity assessments. Respondent validity asks the

question; ‘to what degree do respondents interpret the scale wording and phrases (constructs) as the developers intended them to?’ It is implicit that the developers have stated their measurement intentions and that these reflect clearly stated theoretical constructs. The exploration of respondent validity, such as undertaken in this thesis, requires a research method in which respondents provide rich descriptions, in their own vocabulary, of how they interpret, reflect on, and respond to, scale items. It is important also that the methods of data collection and analysis be as disconnected as possible from the underlying theory and intentions of the scale developers, to reduce bias.

Thus, a qualitative method is called for in the study of respondent validity, and in particular a grounded theory approach, in which the researcher attempts to extract theory (meaning) from data, rather than interpret data in the light of theory. This is the approach taken here, as described in detail in later sections. It is important to state that the study of respondent validity is meant to supplement, not supplant quantitative validity studies. Separate quantitative validity and reliability studies of the KAM-B Scale are underway as of this writing, and the present study is meant as a complement to these.

1.1. Study objectives

The main objective of the study was to conduct in-depth interviews to generate data on:

1. The types of experiences the respondents’ connect to each item of the KAM-B scale;

2. The phenomenology of those experiences, including source of strain, situation, frequency, duration, intensity and coping attempts.
3. The respondents' understanding of the words and phrases used in the KAM-B scales.

SOCIAL ENVIRONMENT AS A HEALTH PROMOTION ISSUE

Health Promotion has been defined as “the process of enabling people to increase control over, and to improve their health” (WHO 1986). In this perspective health is seen as a resource for everyday life, not the object of living; it is a positive concept emphasising social and personal resources as well as physical capacities (Nutbeam, 1986). A top priority for health promotion is the building of supportive environments, in recognition that the health and functioning of individuals is influenced to a significant degree by the larger world around them. Included in the concept of supportive environments are both the physical and the social environment. While there has been much energy spent during the two past decades on improving physical environments (safer roads, pollution control, and sanitary maintenance as examples) relatively little systematic attention has been paid to the health promoting aspects of positive social environments. This seems odd, given the compelling evidence on the link between social ties and health (Okun, 1998; Rook, 1994).

It is a positive development, therefore, that authoritative agencies such as the WHO are now calling for increased research to help inform the development of family, workplace, and community based programmes to strengthen the beneficial aspects of social environment (Haglund et al., 1996).

Thus the present respondent validity study is directly relevant to core ideas of health promotion in two ways. First, it considers lay respondents to be experts in their own right and valuable sources of information concerning the validity of the KAM-B scale. This is in accordance with a basic value of health promotion research, that all

who participate, researchers and respondents alike are partners in the work. Second, the presents study contributes to a programme of research at the University of Bergen that has the aim of building supportive social environments to enhance health, which is an important health promotion priority.

THEORETICAL AND EMPIRICAL BACKGROUND

There is ample evidence that the social environment influences physical health and psychological well being. Positive social environments enhance health, and negative social environments can damage health, but little is known about the specific mechanisms through which the social environment exerts this influence (Okun et al., 1998; Rook, 1994; Schwarzer et al., 1992; Henderson, 1992). Daily interactions with people that are close to us can provide both social support and cause social strain (Rook, 1994). Nevertheless, much of the existing research has been conducted under the assumption that the positive effects of social support dominate almost entirely the social ties/health relationship. (Rook, 1992; Rook, 1994).

1.2. Social Support

The most compelling evidence on the social ties/health link is from a diverse group of epidemiological studies that have conceptualised social ties in terms of extent and amount of contact with one's social network. It has been observed, for example, that low levels of social contact and involvement are associated prospectively with: a) higher mortality from all causes (Berkman & Syme, 1979; Blazer, 1982; Cohen et al., 1987; Hanson et al., 1989; Hirdes and Forbes, 1992; House et al., 1982; Kaplan et al., 1988; Orth-Gomer & Johanson, 1987), b) cardiovascular disease (Berkman & Syme, 1979; Kaplan et al., 1988; Orth-Gomer & Johnson, 1987), c) ischemic hearth disease (Berkman & Syme, 1979; Kaplan et al., 1988; Orth-Gomer & Johnson, 1987), d) myocardial infarction (Ruberman et al., 1984), and e) cancer (Berkman & Syme, 1979) (Sited in: Longino & Mittelmark, 1996, p.146).

1.3. Social Strain

Social ties function also as environmental stressors (Rook, 1994; Wiseman et al., 1995; Marshall, 1994). Rook (1992; 1994) has focused primarily on a class of problematic social exchanges in which specific actions of network members are perceived as misdeeds that cause a person psychological distress such as resentment, shame, or sadness.

Other social interactions that can result in social strain include genuine support attempts that fail, as can happen for example when friends or family of a seriously ill person minimise the seriousness of the medical situation (Wortman et al., 1985). At the other extreme, supporters are sometimes over-protective (Lehman & Hemphill, 1990). Inept support can also result out of good-willed support attempts that unintentionally create a stressful obligation for reciprocity, or expose people to disappointments, conflicts, tensions, or unpleasantness (Schuster et al., 1990; Rook, 1984; Sandler et al., 1984).

Violence, threats of violence and psychological abuse (aggression) have long been recognised as particularly perverse sources of strain because they very often occur in the context of close relationships (Marshall, 1994). Examples of prevalent types of aggression in close social relationships are threats of violence to objects, to another, or to oneself (e.g., threatening to harm oneself), bullying, and threatening body language. Other forms of psychological abuse, of which Marshall (1994) identifies more than 40 types, include control, degradation, double binding, exploitation, isolation, punishment, sabotage, and self-denunciation. These acts are often performed by people in very close relationships, but such negative feelings and

actions can be found also on the job, at school, in the neighbourhood, and so on (Wiseman and Duck, 1995).

Balance theory (Heider, 1958) and theories of social exchange (Molm and Cook, 1995) suggest yet another aspect of interpersonal relations that may produce severe social strain. Relationships in which personal regard is not balanced, and relationships in which giving and taking is perceived as too uneven, may produce severe psychological strain when change in the base relationship is not a realistic option. An example of imbalance in personal regard is the situation of a divorced woman who remarries, and whose teenage son and new husband cannot get along. Imbalance in social exchange can cause feelings of unfairness and resentment, as may occur for example when one give consistently more to a relationship than one receive. Alternatively, feelings of guilt and shame may occur when one gives less than one receives (Rook, 1987).

The range of negative effects of social strain may be quite broad, as indicated by preliminary unpublished data from the Health survey in Hordaland (mentioned later), Norway. For example, in a comparison of two groups of middle-aged adults with low versus high social strain, the high strain group had significantly higher levels of somatic complaints, higher levels of depressive symptomology, more symptoms of seasonal affect disorder, higher levels of loneliness, and more sleep problems serious enough to disrupt work performance ($p < 0,001$ for all comparisons) (Mittelmark, 1999).

1.4. State of Research

The research on social contact and social support has been conducted mostly by epidemiologists, who have been oriented primarily to the population-based study of risk factors and protective factors for specific diseases and conditions such as cardiovascular diseases and cancers. The research on social strain has been conducted mainly by psychologists and applied researchers such as gerontologists, and oriented primarily towards patient groups or other special population sub-groups, with psychosocial distress as the main health issue. For understandable though regrettable reasons, these two streams of research have not influenced one another much. These two groups of researchers are trained in different academic traditions, publish in speciality journals that do not overlap much in content or readership, and participate in specialised scientific conferences where they are hardly exposed to one another's work..

1.5. Context of the present study

The relative lack of connection between research on social support and social strain has challenged a research group connected to the Research Centre for Health Promotion at the University of Bergen to undertake a series of epidemiological and qualitative studies in which support and strain effects on health are considered jointly. The first such study was the Hordaland Health Survey '97-'99 (Hordaland Helseundersøkelser '97-'99), conducted in the Western Norway county of Hordaland. The study is a part of a National Health Service screening project to detect cardiovascular disease risk factors among adults 40-44 years of age. This ongoing (as of this writing) project, known as "HUSK", includes a number of ancillary research studies in which volunteers from the screening centre are enrolled.

One of the ancillary projects is an epidemiological study focused on social ties and physical and mental health.

The earliest task was to construct, test, and refine a very brief self-reported, self-administered measurement instrument to assess social contacts, perceived availability of social support, perceived experience of social strain generated by one's social network, and loneliness. This was an essential task, since no measures suitable were available that included assessment of all these elements of social ties.

The instrument that was developed is called the KAM Scales and includes three sub-scales: (1) the KAM-S (social contacts and perceived availability of instrumental and confidant support), (2) the KAM-B (perceived social strain generated by one's network, and (3) the KAM-E (self-assessed loneliness). KAM stands for 'kontakt med andre mennesker', which translated to English means 'contact with other people'. As this thesis has to do only with the KAM-B sub-scale, the other two scales are not discussed further here.

The KAM-B has 6 items (statements) (see figure 1), all rated by respondents using a four point scale ranging from 'very true' to 'very untrue' (In Norwegian the options are: 'stemmer helt', 'stemmer ganske bra', 'stemmer ikke særlig', 'stemmer slett ikke'). The research team that developed the KAM Scales realised from the outset that the scales, especially the KAM-B, had important limitations caused by the need for extreme brevity, and the inherent weaknesses of using closed-ended, quantitatively scored items to measure very complex constructs such as social

strain. It was judged therefore to be of substantial importance to conduct a study to explore respondents' understanding/interpretation of the terms and phrases used in the scale items, and to develop understanding of the experiences that respondents classified as strainful (the phenomenology of social strain).

Figure 1: The KAM-B scale questions.

- | |
|---|
| <p>B1: There are people in my life that I care about but they dislike each other</p> <p>B2: There is someone important in my life who need my help, but don't know how to help.</p> <p>B3: There is someone important in my life who wants to support me but who often hurts my feelings instead.</p> <p>B4: There are people I have around almost every day who hen peck me frequently.</p> <p>B5: There are people who make my life difficult because they want too much of my time and attention.</p> <p>B6: There is someone I care about who expects more of me than I can give.</p> |
|---|

Through developing some understanding of these phenomena it was hoped that interpretation of the epidemiological data could be aided. This study, the subject of this thesis, was conceptualised as a respondent validity (defined earlier) study, standing complementary to the more conventional, quantitative validity studies that were also undertaken. Although it is not usual to assess validity using data from respondents' own reflections, this method adds confidence regarding a measure's validity when no gold standard is available (Polit & Hungler, 1995). And, as already alluded to, this approach, in which participants' expertise plays a critical role in the research process, is in concert with the central principles of the field of health

promotion (participation and empowerment) that provides the overarching framework for the research programme of which this thesis is a part.

The following description of the theoretical rational underpinning the KAM-B scale is abstracted from the protocol of the HUSK Ancillary Study on Social Ties and Health (Mittelmark, 1999):

The KAM-B Scale was constructed to induce a response set in which a reference person 'P' includes all significant others 'O' ('someone close to me', 'someone I care about', etc) in considering the applicability of the social strain situations that are described in the Scale.² . Measurement of social strain is in six domains: (1) helpless bystander, (2) inept support; (3) performance demands; (4) role conflict; (5) social conflict, (6) criticism.

The *Helpless Bystander* dimension encompasses situations in which P is aware of a problem in the life of O. P desires to assist O but is unable to do so, does not know how to assist, or feels unwelcome to assist. In other words, P wishes to engage in prosocial behaviour but cannot. The psychology of prosocial behaviour is controversial. There are divergent views on why people are motivated to help others that are in trouble. Social exchange theory (Homans, 1961; Thibaut and Kelley, 1959) reasons that helping others is rewarding because it relieves the personal distress of an observer, a view that rejects explicitly altruism (Dovido, et al, 1991; Eisenberg and Fabes, 1991). Altruism is, nevertheless, also advanced as an explanation for prosocial behaviour, based on the idea that the human emotion of empathy causes observers to feel others' suffering and thus motivates the observer to help even at cost to themselves, i.e., no reward (Batson, 1991). Yet a third viewpoint, that of socio-biology, holds that helping behaviours among members of a group is adaptive to group survival and thus favoured by natural selection (Rushton, 1989). Common to all three understandings of prosocial behaviour is this: for most people, it is stressful to be in the presence of suffering and not be able to assist.

The *Inept Support* dimension encompasses situations in which O makes genuine support attempts that fail P, as can happen for example when friends or family of a seriously ill person minimise the seriousness of the medical situation (Wortman et al, 1985).). At the other extreme, supporters are sometimes over-protective (Lehman and Hemphill, 1990). Inept support can also result out of good-willed support attempts that unintentionally create a stressful obligation for reciprocity, or expose people to disappointments, conflicts, tensions, or unpleasantness (Schuster et al, 1990; Rook, 1984; Sandler et al, 1984). The social psychological foundations of many such situations are addressed in theories of social exchange and of equity (Homans, 1961; Thibaut and Kelley, 1959; Molm and Cook, 1995). Social exchange models emphasise that how people feel about a relationship depends on the costs and rewards involved, while equity models add that people strive for fairness in the distribution of costs and

²² There is one domain, Criticism, for which O includes persons in the near social environment that may not be included in the 'significant' other category.

rewards. It is consistent with these models that people expect support attempts to be appropriate to the situations they find themselves in, and react negatively when they perceive that they receive too much help, too little help, or the wrong help, even when O's motivations are the best.

(3) The *Performance Demand* dimension has its focus on the strain of achievement striving experienced by P when O's set seemingly too-high demands. Lazarus and Folkman's (1985) theory of stress emphasises that social demands are stressful when they overload P's (perceived) resources. Karasek and Theorall's (1990) theory emphasises that when psychological demands are high and decision latitude is low, accumulated strain is to be expected.

(4) The *Role Conflict* dimension refers to a class of strains in which multiple roles (wife/mother/daughter/employee) are perceived to demand too much time and attention from P. This corresponds to the social demands construct in Lazarus and Folkman's (1984) stress and coping model, but differs from the performance demand dimension, above, in its emphasis on multiple roles as the stress factor, not on too low capacity to perform as expected. Other common terms that have approximately the same meaning are 'role overload' and 'role strain' (Lee, 1998). Although role conflict can effect anyone, it has been noted as one of the issues of central importance to women's health, as women tend to be carers at the same time they juggle paid and unpaid employment.

(5) The *Social Conflict* dimension is suggested by Balance theory (Heider, 1958) and theories of social exchange (Homans, 1961; Thibaut and Kelley, 1959; Molm and Cook, 1995; Alessio 1990). Relationships in which personal regard between P and O's is not balanced, and relationships in which giving and taking is perceived as too uneven and favouring O's over P, may produce psychological strain when change in the base relationship is not a realistic option. An example of imbalance in personal regard is the situation of P who remarries, and whose teenage son and new husband cannot get along. Imbalance in social exchange can cause feelings of unfairness and resentment, as may occur for example when P gives consistently more to a relationship than does O.

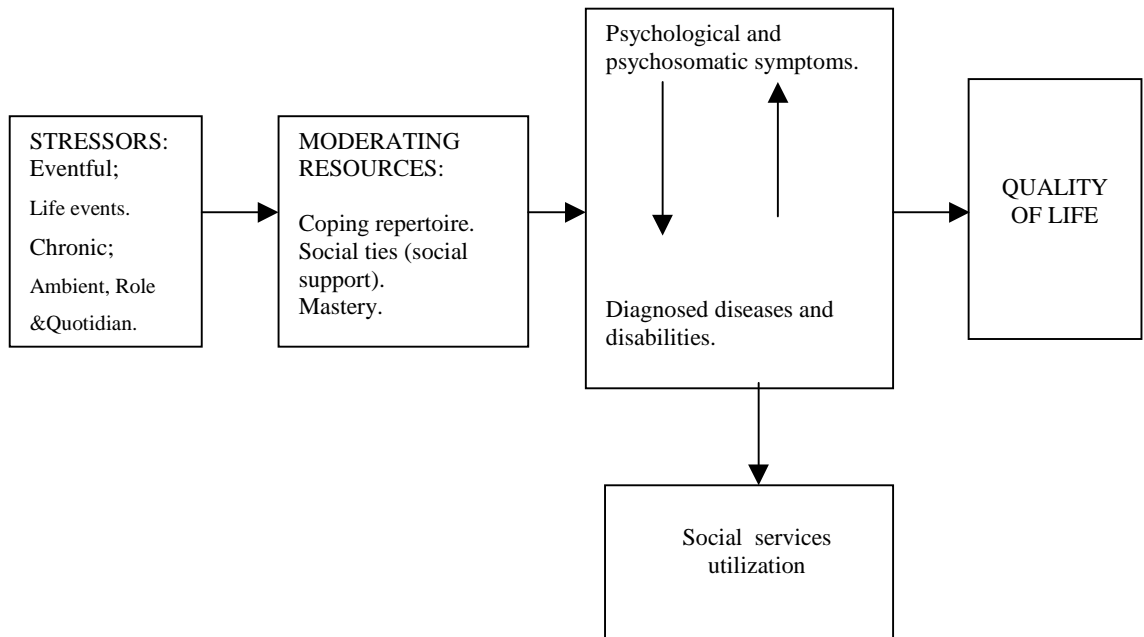
(6) The *Criticism* dimension includes a class of problematic social interactions in which specific actions of O's are perceived as misdeeds that cause P psychological distress such as resentment, shame, or sadness (Rook; 1992). This can range from the extreme of physical violence to actions and words that induce degradation, double binding, exploitation, isolation, and punishment (Marshall, 1994). These acts are often performed by people in very close relationships, but such negative feelings and actions can be found also on the job, at school, in the neighbourhood, and so on (Wiseman and Duck, 1995). Perhaps the most frequent types of criticism are those that induce the feeling of being regularly hen-pecked (picked on) or nagged, and it is this type of criticism that the KAM-B is intended to measure.

1.6. Stress and health

Much research on social networks, social support and health springs from classic stress models (Stroebe & Stroebe, 1995). One recent and particularly useful model

in this vein is that of Pearlin and Skaff (1996), who take a life course perspective on stress, in which the kinds, frequencies, and intensities of stresses vary over the life course, as do stress responses, available coping resources and outcomes. Figure 2 illustrates the main features of the model, in which stressors are differentiated into two classes, eventful and chronic. Eventful stressors are those whose onset is relatively sudden, such as the diagnosis of a serious illness or the death of a loved one. Chronic stressors are defined as of three types: ambient, role and quotidian strains. Ambient strain arises out of person-environmental interactions. Role strain is traced to institutional roles, the family and its interpersonal relationships being prominent in this regard. Quotidian stressors are those to which exposure varies through the life course, in concert with the common challenges of daily life. By recognising role obligations and relationships as having the potential to be stressful, Pearlin and Skaff explicitly acknowledge that social ties may be sources not only of social support, but also of social strain. As gerontologists, Pearlin and Skaff have illustrated this model with constructs that are relevant mostly to older adults (diseases and disabilities; social service utilization).

Figure 2. Stress and coping model.



However with suitable modification the general model is applicable to all ages. The special utility of this model in the current context is that it recognises explicitly chronic social strain, while most other stress-and-coping models focus on acute stressors only.

It is axiomatic that people exposed to the same stressors are not necessarily affected in the same way. This can be explained by the fact that they may be exposed to very different configurations of primary and secondary stressors and that they have different access to and use of moderating resources like coping repertoires, social support and mastery.

Behavioural coping is usually aimed at modifying exposure to a stressor (problem management). Cognitive coping is usually aimed at modifying the meaning of the

stressor. Important strategies for the management of meaning include positive comparison (with someone in a worse situation) and priority shifting (reducing the importance of a stress situation that one cannot change).

Social ties, in the Pearlin and Skaff (1996) framework, are important moderators and operate at several levels. Social networks that are sufficiently extended and available (or perceived to be available) are sources of emotional, tangible, and informational support that bolster both the behavioural and cognitive coping repertoires (Cohen & Syme, 1985). Social ties are also conceptualised as influencing the coping repertoire through the psychological processes of social influence and social comparison.

Normative beliefs about how similar others cope and how significant others expect one to cope have a demonstrated effect on attitudes, belief and sometimes behaviour. However, this effect is probably greatest in new stress situations for which belief sets have yet to be formed. Thus social comparison may be more important at the onset of a stressor than during its course.

Mastery, or a global sense of control, has repeatedly been shown to contribute to well being. And as Pearlin and Skaff (1996) point out, mastery, coping and social support seemingly have dual roles in the stress process, as regulators of the impact of stressors and as resources that may be elevated or lowered because of exposure to stressors. Quality of life is conceptualised here very broadly, as self-reported degree of satisfaction with the meaning and purpose of life. Quality of life, measured in various ways, is strongly influenced by social support, social strain and balance in social exchange. Social services utilisation in this framework refers to physical and

mental health services (in- and outpatient), rehabilitation services, home-delivered services, and use of institutional care. As already pointed out, various aspects of the framework are more or less dependent on phase of life span.

Rook (1992) has discussed in detail how negative social exchanges in social networks can be conceptualised as chronic stressors. Rook's perspective is helpful in better understanding the chronic strain component in Pearlin and Skaff's (1996) framework. One approach has involved explicitly contrasting the effects of positive and negative exchanges on various aspects of emotional health and functioning. A less common strategy has involved conceptualising negative exchanges as stressors and comparing the impact of interpersonal versus non-interpersonal stressors. A third approach to gauging the effects of negative social exchanges has been to contrast the stress-alleviating effects of social support with the stress-exacerbating (or stress-amplifying) effects of social conflict. Rook emphasises that if either kind of experience (social support, social strain) is neglected in research on social environment and health, efforts to develop a comprehensive understanding of how social ties affect health and well-being are hindered (1992). This is consistent with Pearlin and Skaff (1996), and indeed is the main rationale for the programme of research of which this thesis is a part.

METHOD

A qualitative research methods was used as this approach is useful to explore a phenomena when the goal is to identify the qualities that together characterise the phenomena under study (Eneroth, 1989). The goal in this study was to elicit respondents' descriptions of the life experiences underpinning their answers to the KAM-B scale questions, and how they understood the wording and phrases of each item in the scale.

1.7. The qualitative research interview method

The data collection was conducted by qualitative interview, which takes the dialogue between the respondent and the interviewer as the point of departure for gathering information. Kvale (1996) has defined the qualitative interview as an interview whose purpose is to obtain descriptions of the 'life world' of the interviewee. The interviewer interprets the meaning of the described phenomenon, with the objective of uncovering the central themes that characterise the respondent's experiences. The life world, according to Kvale (1996), is "the world as it is encountered in everyday life and given in direct and immediate experience, independent of and prior to explanations" (p. 55). The life world in the case of the present study is the respondents' experiences of responding to the KAM-B scale, and of those social strain experiences to which they connect their responses.

Kvale (1996) distinguishes between daily life conversations and the qualitative research interview. He emphasises that "the research interview is characterised by a methodological awareness of question forms, a focus on the dynamics of interaction

between interviewer and interviewee, and a critical attention to what is said" (p.20).

The author of this report, who conducted all the interviews of the study, kept Kvale's guidelines in mind when she designed the interview-guide for the study and when the interviews were planned and undertaken. The interviewer tried to explore certain themes that were determined beforehand (social strain frequency, duration, intensity, and so on) but not lead the respondents to meanings about these themes. She also tried to go to the field without prior assumptions and was open for discovery of new dimensions of the phenomena under study.

There is some likelihood that respondents may try to give socially desirable responses either to please the interviewer, to conceal experiences they do not wish to discuss, or do not want to respond to at all. Respondents' expressions can often be ambiguous and therefore it is important to probe such responses in order to clarify the respondents' intentions (intended meaning). Through the process of being interviewed the respondent can change his/her descriptions and meanings about a theme because he/she develops new insight or changes his/her mind upon reflection. In this study, the interviewer tried to comprehend and explore each respondent's intended meaning by asking additional questions in order to gain detailed accounts of their experiences.

Social strain can be a sensitive matter for people to talk about. Interviewing people about matters that can be sensitive for them can also provoke responses and thoughts that they will have to deal with on their own after the interview is completed and the interviewer has gone. Therefore, each interview was started and finished by talking

about the more positive topic of social support, in an attempt to reduce any distress that might have accompanied talking about social strain experiences. No attempt was made to pursue topics that the respondents claimed were too difficult to talk about, or said that they did not want to talk about for private reasons.

A semi-structured interview guide was developed beforehand in order to ensure that basically similar topics would be covered in each interview. The interview guide (Appendix 1) was developed by the researcher from the literature on questionnaire development, social support, social strain and in co-operation with her supervisor. Most of the questions in the guide were open-ended and the possibility to rephrase and/or ask additional questions was kept open. The purpose of gathering responses to open-ended questions was to capture the points of view of the respondents without predetermining those points of view through detailed questioning. It was kept in mind that a too-rigid interview guide could limit the respondents' ability to express themselves freely. During the interviews the questions were adjusted to follow emerging themes, and follow up questions were added to allow the interviewer to elucidate and illuminate particular topics (Patton, 1987; Patton, 1990). Following each interview, adjustments were made in the interview guide and interview method so as to take advantage of what had to be learned in the prior interview.

The interview-guide contained:

- 1) demographic questions to describe the respondents according to age, gender, education, occupation and family structure;

- 2) questions about what it was like to answer each KAM-B scale item;
- 3) questions on each item of the KAM-B that probed the frequency, duration, intensity and source of the events/experiences that produced their KAM-B response;
- 4) questions on the respondents' reactions towards the social strain source; and
- 5) questions about how the respondents understood the meaning of the words and phrases used in the KAM-B items.

1.8. Sample selection methods

The sample frame was a convenience sample, consisting of parents of children attending two secondary schools in the Bergen (Norway) area. As detailed below, the study was described to parents by the investigator in preliminary meetings, with the aim of recruiting information-rich respondents. School I is located in a small neighbouring municipality to Bergen and school II is centrally located in Bergen. School I is both a primary school and a secondary school with 320 pupils in 1st - 10th grade, while school II is a secondary school with 350 pupils in 8th-10th grade.

Sampling was done in three steps. In school I, the investigator was invited by the head teacher to meet all the parents of one class during a parent-teacher meeting at the school. The parents were given both oral and written information about the study and information about what they should do if they wanted to participate. Three persons from that school volunteered. At school II, an information letter was sent to parents in three classes via their children. The same written information about the study was given as at school I, with notice that the researcher would be at the school

during an upcoming parent-teacher meeting. Immediately after the meeting the researcher met parents one or two at a time and provided information about the study and asked them to participate. Nineteen persons agreed to participate.

Next, all 22 volunteers were mailed the KAM-scales and asked to complete them just before they came to the interview. The respondents then were called to make an appointment for an interview. Nine persons were not interviewed for the following reasons. Six persons could not find time for an interview, two persons withdrew from the study with the explanation that after seeing the KAM-B scale, they did not want to be interviewed about these matters, and one person withdrew without explanation.

1.9. Study sample

The sample consisted of thirteen persons, seven women between the ages of 37 and 53 years old and six men between the ages of 34 and 46 years old. Ten of them were married, with one man and one woman from the sample married to each other. One of the men had remarried after being a widower. Two of the female respondents had divorced, and had no contact with their ex-husbands and a third woman was divorcing at the time of the study. Their education levels ranged from secondary school completion to holding a higher University degree (Appendix 2). All the respondents had two to four children between the ages of 4 and 25 years. One man had received permanent disability benefit because of chronic illness, while the other respondents were full or part time employed. Three of the women were partly on sick leave at the time of the study and a third woman had elected reduced hours (80% of full time) in order to have better time for her children

1.10. Data collection procedures

The respondents were given the opportunity to choose the setting of the interview. Nine interviews were done in a neutral, quiet office at the University of Bergen where both the interviewer and the respondent could feel relaxed and their attention fully focused. Three interviews were done in a school office close to the respondents' homes, and one interview was done in the respondent's office. They were asked to keep in mind that it was important to select a place where unforeseen interruptions could be prevented. All interviews were audio taped. After each interview, the researcher wrote a diary account of her experience in the interview, including notes about her thoughts about the dialogue, the respondents' posture, style of speech and non-verbal communication, and ideas for questions and themes to be taken up with remaining respondents. The duration of the interviews was between 45 minutes and 2 hours. The shortest time was spent with three people that had not answered yes to any of the KAM-B questions. The interviews were done when it suited the respondents, in the morning, middle of the day, in the afternoons or weekends. The interviews were spaced to allow time for the interviewer to reflect on the incoming data. After the interview the respondents received a small honorarium to cover their travel expenses.

1.11. Pilot study

Before the data collection was started one pre-test was done to try out the interview guide and practice the interview situation. The pre-testing situation was kept as much as possible similar to the real research situation. An ex-colleague of the researcher was interviewed. She was told the purpose of the interview and

afterwards the interview situation and the questions in the interview guide were discussed. In addition a researcher at the Research Centre for Health Promotion with experience in qualitative methods critiqued and gave advice about the interview and the interview-guide. The interview-guide was re-evaluated and necessary changes were made, especially regarding the probing of emerging themes with follow up questions.

1.12. Data analyses

Each interview was transcribed word for word from the tapes, changing the conversation into a transcription, and thus doing the first interpretation and reduction of the data (Schmidt & Dyhr, 1996). The transcripts were analysed using the analysis method of grounded theory, which means that patterns, themes and categories of the analyses emerged from the data through a process of asking questions about data and making comparisons for similarities and differences between each incident, event, and other instances of phenomena (Strauss & Corbin, 1990).

During each interview, the focus of the discussion was each of the six KAM-B items, taken in turn, and analysis followed suit. The first stage in the analysis focused on the experiences reported by the respondents who had answered in the affirmative to each scale item. An open coding of each question in the data began by analysing each word and sentence in order to generate substantive codes that conceptualised phenomenon emerging from data. These codes were written in the margins of the transcribed interviews. They were then grouped into categories and sub-categories by constant comparison of the conceptualised phenomenon, by

asking questions about their similarities and differences both within and between responses reflecting the respondents experiences with social strain as probed by the items in the scale. Then, axial coding was performed in order to put the fragmented data back together in new ways by making connections between a category and its sub-category. One to four categories of experience emerged for each KAM-B scale item that could be characterised by properties such as social strain duration, frequency, source of strain and the respondent's reaction to the straining experience.

Secondly, the transcripts were analysed according to how the respondents understood the words and phrases of the scale items. In this part of the analysis all data were used, that is data both from those respondents that answered 'yes' and those that answered 'no' to the scale items. The transcripts were read repeatedly to identify meanings that the participants attached to the words and phrases in the scale items. The same analytic steps were followed as described earlier, in which each aspect was openly coded and similarities and dissimilarities traced in how the respondents comprehended the items. Similarities and differences between gender and according to if they had answered 'yes' or 'no' to the questions were traced for relationships.

After analysing each scale item separately, similarities and differences across items were traced. This involved a new round of analysis on the data of those respondents that had answered 'yes' to the scale items following the same steps as mentioned above.

1.13. Translation

The interviews and the data analysis were performed in Norwegian. The data (transcripts) were translated into English in order to be presented in this thesis, to meet the requirement for writing the thesis in English.

A major task was to translate the Norwegian into English trying, at the same time, to capture the metaphors in the respondents' responses and the exact meaning of the respondents' accounts. The researcher tried to translate the verbatim accounts of the respondents but in some cases it was not possible, and in those instances the translation was performed to capture the respondents' meanings. Translation of the respondents' accounts carried the possibility of losing valuable information that was connected to the way of speaking in one's own language, and thus could effect negatively the validity of the study. An experienced researcher with fluent English skills read the original excerpts and the author's translations. In some cases the translations were adjusted based on feedback from the experienced researcher.

It was difficult, too, to translate the Norwegian KAM-B items into English so the meaning would be the same in both languages (Appendix 3). An example can be found in item B5 which in Norwegian says 'Det finnes mennesker som gjør livet mitt vanskelig fordi de ønsker for mye omsorg fra meg', which in English became 'There are people who make my life difficult because they want too much of my time and attention'. In this case, 'time and attention' is an inadequate substitution for the concept 'omsorg' that cannot be captured by a single English word or phrase.

1.14. Ethical considerations

The Regional Ethics Committee in Hordaland and the Data Inspectorate (Datatilsynet) approved the study. All respondents received both oral and written information about the project. Participation was voluntary and on the basis of informed consent. Confidentiality and anonymity were assured and the respondents were informed about their right to withdraw from the study without explanation whenever they wished. Coded information about respondent identity and data sets were kept separately. These rights have been respected throughout the study.

STUDY RESULTS

Table 1 provides an overview of the response patterns for the respondents highlighting those who answered ‘yes’ to the KAM-B scale items (empty boxes, indicate that the respondent answered ‘no’ to the question)³. The designations B1 through B6 are used in the presentation of results and in the discussion to represent the KAM-B items. While eight persons answered yes to B2, only one person answered yes to question B4. Three persons did not answer yes to any of the questions in the KAM-B scale. Thus the range of material available for analysis varied substantially from item to item.

Table 1. Response pattern among those respondents that answered ‘Yes’ to the KAM-B items.

	Female 39 R 1	Male 43 R 2	Female 40 R 3	Female 46 R 4	Male 46 R 5	Male 34 R 6	Male 47 R 7	Female 41 R 8	Female 41 R 9	Female 53 R 10	Female 37 R 11	Male 43 R 12	Male 42 R 13	Total
B1: There are people in my life that I care about but they dislike each other.	yes			yes	Yes					yes				4
B2: There is someone in my life who needs my help, but whom I don't know how to help.		yes	Yes	yes	Yes	yes				yes	yes		yes	8
B3: There is someone important in my life who wants to support me but who often hurts my feelings instead.						yes				yes	yes			3
B4: There are people I have around almost every day who hen peck me frequently.						yes								1
B5: There are people who make my life difficult because they want too much of my time and attention.	yes								yes		yes		yes	4
B6: There is someone I care about who expects more of me than I can give.	yes					yes			yes	yes			yes	5
Total	3	1	1	2	2	4	0	0	2	4	3	0	3	25

³ In this study the response alternatives were dichotomous (yes/no). The KAM-B was later revised to employ four response alternatives as mentioned earlier.

However, as mentioned earlier, data from all respondents were used in the analyses, as the issue of understanding of scale item wording and phraseology is just as important for people who do not indicate having experienced social strain as for those who do.

As seen from Table 2, there are few differences between women and men regarding the number of scale items they answered yes to. There appears to be no strong connection between education level, civil status and how many questions respondents answered yes to.

Table 2. Overview over **yes** answers distribution

Answered YES to	Females	Males	Total
0	1	2	3
1	1	1	2
2	2	1	3
3	1	1	2
4	2	1	3
Questions in KAM-B	7	6	13

The quotations presented in the results are intended to facilitate the readers' evaluation of the validity of the results. However, the reader is reminded that the excerpts are translations, not original data. In some places in the excerpts non-italic remarks are included in parentheses. These are the investigators remarks, intended to clarify the situational context of the excerpts

1.15. The comprehension of the questions in the KAM-B scale

Three respondents claimed that they were not sure that they remembered they had answered some of the questions in a certain way, because up to four weeks had passed between the time they answered the questions and the time they came to the interview.⁴⁵

Most of the respondents expressed that they had no problem in interpreting the meanings of the questions, and in some cases only had to re-read them once to capture their essence. A 41 years old single mother saw it as positive to focus on matters related to social strain because she became more aware of her life situation and that her living conditions really were all right. She said;

"Yes I felt that it made my own situation clearer. That I do not have too many (relatives and friends) and that there are many reasons for that but I felt that what I have really is all right." R9- Female 41

Some of the respondents were also preoccupied with the thought that when they were asked how they understood the questions, the focus could change, that is the questions could acquire new meanings when thought about. A 53 year old female expressed that:

"...when one communicate about a question you comprehend it differently than you do when you just sit there and answer them." R10- Female 53

The respondents attached their answers to several of the KAM-B items to the same person or personal relationship. This gave some of the respondents the impression during the interview that they had answered the same or similar items before.

⁴ All participants had been instructed to complete the KAM-B just before the scheduled interview, but several did not comply.

The respondents comprehended the items in a similar way independent of gender and whether they had answered yes or no to the questions.

1.15.1. Changing one's mind

When analysing the data on experiences it occurred sometimes that the respondents changed their minds about their choice of response. A systematic trace was undertaken to explore and record in what items this had occurred and what reasons the respondents gave for this. An overview of which respondents changed their mind, or had doubts about their answers is given in the Table 3. Ten out of thirteen respondents changed their mind or had doubts about one to three of their answers to items in the KAM-B scale. Two out of the three persons that did not change their minds about any items had answered "no" to all items in the scale. No one changed their mind about the item "There are people I have around almost every day who hen peck me frequently." Three explanations were given as reasons for changing one's mind on an answer: uncertainty about the meanings of words, lack of adequate response alternatives, and remembering instances during the interview that had not come to mind while responding to the KAM-B. The reasons were connected to the respondent's different interpretation of words and/or phrases in the items. These differences emerged as uncertainty about how to understand the item according to the degree of seriousness or the meaning of certain words

Table 3. Instances of changing answers in the interim from responding to the KAM-B to the interview.

	Female 39 R 1	Male 43 R 2	Female 40 R 3	Female 46 R 4	Male 46 R 5	Male 34 R 6	Male 47 R 7	Female 41 R 8	Female 41 R 9	Female 53 R 10	Female 37 R 11	Male 43 R 12	Male 42 R 13	Total
B1: There are people in my life that I care about but they dislike each other.	Y→N				Y→UN	N→Y							N→Y	4
B2: There is someone in my life who needs my help, but whom I don't know how to help.								N→UY						1
B3: There is someone important in my life who wants to support me but who often hurts my feelings instead.	N→UY							N→UY		Y→N	Y→UN		N→Y	5
B4: There are people I have around almost every day who hen peck me frequently.														0
B5: There are people who make my life difficult because they want too much of my time and attention.			N→Y						Y→UN					2
B6: There is someone I care about who expects more of me than I can give.		N→Y												1
Total	2	1	1	0	1	1	0	2	1	1	1	0	2	13

(Y= yes; N= no; UY= uncertain if yes; UN= uncertain if no. Example:Y→N=changes one's mind from answering yes to the question to answering no)

This is especially apparent in items B1, B3 and B5. One typical example from each item is given below.

An 46 year old man, who answered no to item B1 was uncertain how he should comprehend the phrase "they dislike each other", said:

"I don't have any that dislike each other so much that they set about each other just if they see each other. It is more like that they avoid each other if they have the opportunity ...My wife isn't too enthusiastic over visiting my family, but I don't think that she dislikes them. You can say that I withdraw a little eighth part from that. " R5-Male 46

In item B3 two women expressed insecurity in their answers when they noticed the word "often" in the item. While one of the women stuck to her answer the other remarked:

“But then we have this ”but who often hurts my feelings” that is it’s just now that I notice the word “often” ...I believe that I should have turned more to ‘no’ instead here. It is actually just now that I notice the word often, who often hurts my feelings instead” So I wonder.” R10-Woman 53

In addition to confusion over the word ‘often’, three respondents expressed uncertainty about how serious the situation would have to be before one answered yes to it. Item B5, for example, was difficult for two respondents. They were unsure how serious the situation would have to be regarding someone making one’s life difficult before a ‘yes’ response would be appropriate. One of these respondents changed from no to yes and the other changed in the reverse direction. As an example, a 40 years old woman who answered ‘no’ to B5 has her 81 year old mother living in the house. She decided during the interview that she should have answered yes to the item. She remarked:

"I have written ‘no’, ehh maybe because that when I think a little bit it really strikes me that ... I have a mother, she lives in the house with us, and has more or less been with us since we, my husband and I came together. She’s been with us on holiday trips, we have had only two vacations alone in over twenty years... It is strenuous that I feel here can make my life difficult because I find myself a little bit between the devil and the deep blue sea. For her sake to be together with us, and on the other side I have him (referring to her husband) who say that I can’t bear it any more, right. It is therefore I say that I’m lying a little bit on the edge, at the same time that I don’t feel that she demands a lot of me in every day life even though she lives in the house, right!” R3-Female 40

Another example that highlights different ways in understanding this item was of a 41 years old woman who was uncertain if she should have answered ‘no’ to B5, claiming during the interview that it is actually her way of handling others’ expectations of her that makes her live difficult.

As mentioned already, lack of adequate response alternatives was also a problem for some respondents. In these cases, ‘yes’ and ‘no’ were too restrictive. This issue

emerged especially in items B2 and B6. A 41 year old woman was uncertain if she should change her answer for B2 from 'no' to 'yes'. She explained that the item has more depth than it is possible to answer with either yes or no, and therefore she was uncertain if she had picked the right response alternative. She said:

"Mm, when I answered, it was on the border between yes and no because very often you feel that you help them (referring to close relatives) but you don't know how effective it is, right? If you go into depth this is a question one can answer yes and no to. It will always be like, you have to choose, right? That is, the question is actually more varied if you dive into it." R8-Female 41

The third main explanation the respondents gave for changing their minds about their responses was that when reflecting about the questions during the interview, they thought of episodes that they had not thought about at the time they completed the KAM-B. Two respondents were in doubt about their answer to B1 because of this reason, and gave examples of experiences that formed the basis of their changing their minds from answering 'no' to being able to answer 'yes' to the item. A 34 years old man who had had from time to time experienced serious conflicts with his father in law explained:

"But at the same time, when I think about the question I have my parents in law that are divorced. I care about them both but there are lots of problems. So actually I know people that dislike each other. So I could have answered yes, when I think a little bit about it." R6-Male 34

1.16. The experience of social strain as connected to responses to the KAM-B.

This section discusses the respondents' accounts of what kinds of underlying strain they connected to the KAM-B items. The items are intended to measure different aspects of social strain. During the interview the respondents described different experiences and conflicts that were the underlying reasons for how they responded to

the scale items. At the same time, there emerged from the data evidence of underlying similarities that transcended the situations described in the various KAM-B items.

1.16.1. The duration of and relationships between the underlying experiences.

The underlying experiences showed little variety with regard to their chronicity. Most of the experiences were related to ongoing conflicts that had a long history (several months/years). One example was expressed by an 39 years old woman that experienced strain over a long period, connected to having to be alone with the responsibility for her two children while her husband worked off-shore. At the time, she was dealing also with conflict between her and her brother in connection to settlements due to heritage. Another example was expressed by a 34 years old man that was connected to his experiences in an ongoing and long lasting marriage conflict. A third example was found in the accounts of a 37 years old female who felt the weight of the responsibility for caring for her mother following her father's three years previously, a situation she expressed as straining.

In only one case was the strain experience reported by a respondent partly connected to one recent ongoing experience. That was the case of a 53 years old woman, who connected some of her responses to experiences she had due to an ongoing divorce. Two of the respondents that had gone through personal crisis some years previously did not connect any of those experiences to present strain, but referred to them as examples of how they understood the wording in some of the questions.

Among those who answered 'yes' to two or more items, it was conspicuous in the data analysis that the underlying conflict/strain was connected to the same person or personal relationship. This found expression in different ways. As a prime example, a 42 years old man answered 'yes' to items B2, B5, and B6. His experiences related to all these items were associated with his brother's death five years previously, and the fact that he had promised his brother to support his family in the future. He felt obliged to help, felt guilty that he was not providing enough help, and did not know how to improve the situation.

1.16.2. The respondents' reactions of the straining experience.

The respondents reactions to the straining experiences varied from (1) accepting them like they are, (2) to explain them as a part of natural development (connected to teenagers/parents conflicts), (3) to try to deal and/or solve them, or (4) to have a passive attitude to them. An overarching explanation was that the respondents' reactions were characterised of passivity in their ways of dealing with their situations.

The respondents expressed the experiences followed by a variety of emotions with different degrees of seriousness. Feelings like frustration, helplessness, defiance, anger, hopelessness, feeling of injustice, inadequacy, resigning and bad conscience were represented in different degrees.

For some of the respondents the experience had only little influence on them, while others loosed their good night sleep and/or got sick because of them. While a

reaction as having a feeling of bad conscience did not influence the respondents' daily life, three respondents expressed more serious physical and psychological reactions in relation to their experiences that affected their well-being.

The respondents reacted differently on different conflicts they experienced but in case where the same conflict were the underlying reason for their experiences then their emotional reaction to them were the same.

1.17. Comprehension of and experiences connected to the specific KAM-B items

In addition to the general findings reported above, there were additional findings connected to each scale item, and these are reported below. For each item, results are presented in two domains: the meaning respondents attached to the items, and their descriptions of the experiences that were the basis for their responses. With regard to the analysis of meanings, each item was broken down into the main clauses of which it was composed, and analysed at the clause level. For example, item B1 states "There are people in my life that I care about but they dislike each other." This was decomposed into three clauses (underlined): There are people in my life that I care about but they dislike each other. With regard to the analysis of the experiences that respondents reported, the aim was to capture the uniqueness of experiences associated with each item (common experiences associated with several items have been described in a previous section).

1.17.1. B1. There are people in my life that I care about but they dislike each other.

Regarding the clause people in my life, respondents most often thought about friends, several mentioned family members, and one respondent included colleagues in his reflections. Regarding the clause I care about, the dominant reflections had to do with caring about significant others' welfare, their feelings, and having a desire to be of help.

Regarding the clause they dislike each other, the word 'dislike' was associated with situations in which people were in conflict with each other. For example, participants reported conflicts related to a divorce, to the holding of different attitudes about an important matter, to jealousy, and to behaviours and verbalisations that were upsetting. Degree of disliking ranged from very mild to so serious that several respondents reported that those who disliked one another were incapable of being in the same room together.

Four persons answered yes to item B1, three women and one man, and all explained that they experienced the kind of strain described in B1 as a part of every day life.

The experiences the four bring forward as background for their answers can be divided into two types: (1) personal relationships and conflicts such as poor communication, marriage conflicts or people disliking each others' company, and (2) relationships characterised by distrust and lack of confidence. Regarding the former type, a 46 years old woman expressed it like this:

"I think of colleagues, right people that you have worked with for a long period, that you like and care about, but that you know don't like each other...it can be anything from doing silly things to each other or being

jealous of one another. It isn't always that the chemistry is right". R4-Female 46

Another example that focused on communication problems was recounted by a 53 years old woman who said:

"To dislike is to, not wanting to exchange, communicate because one doesn't get anything out of that sort of communication... and it can be connected to ways of being and non-verbal things or for example yes that one dislikes to talk because one has different attitudes, that the differences just become too big..." R10-Female 53

As an example of the second type of daily strain (lack of trust), a 39 years old woman related that her response to B1 was connected to her lack of confidence in others. She stated that one could not trust other people when they have turned their back to you. She said:

"one talks best with the one talks with last... That people can talk nicely about each other when everybody is present but start talking behind others' backs when they are gone... But they dislike each other not so much that they can't bear each other if they are in the same place... Everyone believes that the others have told secrets about them and everyone goes home and talks behind their backs anyway. That was what I thought of as disliking. Dislike colleagues for instance, the way they do things or don't do things" R1-Female 39

This experience is of a different type compared with the others in the way she emphasises distrust and gossiping. Several times during the interview she gave different examples of her relationships with her close family in which she expressed that she had problems in trusting other people. Gossiping appears also as the basis for a positive response to B3.

A positive response to B1 was connected to closest family in just one case, that of a conflict between a respondent and his father-in-law. Most of the respondents expressed that these were conflicts in which they were not directly involved, but

stood more on the side, ready to support the one or the other (or both) parties to the conflict.

1.17.2. B2. There is someone important in my life who needs my help, but whom I don't know how to help.

The respondents connected someone important in my life to their closest family members, with friends mentioned secondly (reverse the finding for B1, and as reported in the following sections, consistent with all the remaining KAM-B items). Respondents interpreted who needs my help in three ways according to what kind of help was needed: personal help (emotional help), practical help, or a combination of both. Emotional help as described by respondents' centres on helping people in crisis, grief or needing ventilation (someone to listen, for example, when marital problems are troubling). Practical help includes concrete actions such as providing transportation, financial aid, doing carpentry or giving help with homework. Thirdly, the respondents related the clause to a person needing both practical and emotional help.

Three respondents wondered if the item could have more than one meaning. One of them wondered about what 'important' persons meant, where he claimed that he connected his answer both to important and less important people. The second respondent was in doubt if she should answer yes or no to the item because, as she expressed, it could be difficult to be sure if the help was effective enough. The third respondent expressed concern that it could be difficult to know when someone needs "my help" and that some uncertainty could exist both within the person who wanted

to provide the help and within the person that might receive it, thus complicating communication. He said:

“It is really a belief question that is that there is important people in my life that I think needs my help. To categorically know that a person needs help is rather strong and you have to be pretty self-confident maybe beyond the limit of reason, that is some kind of self-confidence that is close up to being arrogant. To be the one to establish that the persons concerned need my help. Because there is something in this, that I don't know how to help, it has something to do with uncertainty I believe is dependent on both parts” R13-Male 42

In addition, several of the other respondents expressed uncertainty and raised questions about how one can give help to a person who is not able to judge if she/he needs aid, or does not express the wish to receive others' help.

Item B2 was, among all six items, the one most respondents answered 'yes' to. Four respondents associated this question with friends while the rest of them connected it to their closest family, that is their children, spouse, their parents or parents-in-law. One of the respondents connected the item to an elderly neighbour.

The experiences that emerged as connected with this item are quite variable. Some of the respondents gave examples in which they did not know how to help a person. They also gave different explanations as to why they had trouble knowing how to do so. Among these was the situation of a person needing help, but not expressing a need for help. Another was the situation of the respondent feeling perplexed over how to give appropriate help. A third situation revealed in the interview data was that a respondents did not know how to communicate to the needy person that he could/would help.

Respondents described three types of problems connected to their responses to B2. These are: (1) providing help to their own children or parents; (2) providing help to extended family members or friends in dealing with stressors, crises or illnesses; (3) providing help in chronic stress situations, such as ongoing marriage problems.

Respondents described having greater difficulty providing emotional help than practical help (when they were asked to explain the reasons for this they found it difficult to do so). A 46 year old man described how he can give practical but not emotional help. He related:

"To begin with there are two things I can help people with. One thing is money and the second is what I can do for them purely practically. But there can be other categories of people that need help which I have no chance to give. Yes, maybe, among my mates and among my colleagues. When I think about things like people having problems within families, that they are on the edge of divorcing for instance. But in that case I have no opportunity to help." R5-Male 46

His basis for answering 'yes' to the item was that he felt a need to "adjust the course of" and guide his teenage daughter that he says has poor self-confidence.

This case is a good example of the first of the three types of problems mentioned above (Problems in providing help to children or parents). He explained that he does not know how he can help her or if it is right to try to do so. He said:

"...this that you are able to help the kids, for example our youngest one, she is of the type that believes that everything turns out wrong. That is it went a long time before she dared to take the bus alone because she was afraid that she wouldn't get off. And when she goes to school to take an examination she is sure beforehand that it will go badly. And I could very much imagine that she could be like her sister where everything is going to be all right until the opposite is proved and our youngest she could

have been directed toward this. I don't have the opportunity to do it and it is not certain that it's so important either." R5-Male 46

Similarly, a 53 years old woman going through a divorce described her experiences of poor contact and conflict in relation to her daughter, and how she wanted to help her teenager cope with the divorce. Along the same vein, a 37 year old woman described how her mother became dependent on her after her father died three years previously. She said:

"So we had to be there a lot and now I don't know what more we can do. ...I know to a certain degree what she wants from me but I have the feeling that it is too little. She wants me to help her with everything... I feel that I'm everything, have to be there and invent things, yes." R11-Female 37

She expressed that she felt she had to be 'everything' for her mother. Because of her responsibilities to her own family, she felt she did not provide her mother with enough time, and had a bad conscious about her mother needing her help.

Four respondents told of their experiences connected to wanting to help people face disease or crisis. They gave examples of close relatives or friends' illnesses, such as problems with colon stomia, alcohol or chronic diseases involving isolation. A 46 years old woman described how her friend and neighbour had been very ill and never seemed to fully recover:

"... I thought actually... maybe primarily about a girlfriend and neighbour that has been very sick and that never recovered properly and then she has problems in tackling her life in a positive manner. It is very difficult and I can tell that she isolate herself socially and it is difficult to drag her out and you have tried different things and you see that her marriage is halting, yes (gets tear in her eyes). We try to help but telling it as it is, I can't see any progress, no." R4-Female 46

Another respondent described friends that were self-destructive or in grieving

situations, that he knew he could have helped if he had time enough. He explains that:

"..it feels rather desperate sometimes, it's a matter of grief situations or where there is self destructiveness, and there are all kind of situations that could be called self destructive because it can be interpreted in that way but that in one way are some kind of normal behaviour but where one really would be able to say that it could be all right to adjust the course a little bit so one could receive more of the good things in life."
R13-Male 42

Three respondents relate their experiences to marriage conflicts. One of them, a 34 year old man expressed how his marriage in periods was strained when he struggled to find ways to communicate with his wife that they could both feel good about. The two other respondents, both women, associate their experiences with their girlfriends' marriage problems. One of them, a 40 year old woman expressed how she functioned as a confidant to a friend needing to 'air out' her problems. She said:

"Yes there is a good friend of mine that has problems you could say with her family life. I'm a little uncertain of how I can help. My friend is married but her marriage is cracking and her daughter that is the same age as mine has got problems. They have problems in talking together and things like that. But it is so hard to know how to break in and help because many times you feel... Because sometimes they are so resigned but maybe my help is good enough anyway because my friend uses me as a kind of ventilation... So maybe it is good enough just to be able to get it out.." R3-Female 40

Despite the fact that the experiences recounted above are different in character they also have similarities. All the responses reflect helplessness, i.e., not knowing how to help the needy person. Additionally, two of the respondents mentioned the need to help a person change their life situation (hoping that it could give the person a better life), at the same time that they were insecure about the appropriateness of any involvement.

1.17.3. B3. There is someone important in my life who wants to support me but who often hurts my feelings instead.

The respondents connected the first part of the item, someone important in my life to their closest family (spouse or own children), their own parents, friends and colleagues and in one case their employer.

The respondents understood the phrase who wants to support me as having to do with the provision of emotional or practical support. On the other hand the last part of the item that often hurts my feelings instead is comprehended in several ways, depending on the degree of seriousness of the situation. The most common explanation regarding ‘hurting ones feelings’ related to silly or unfair actions or verbalisations (perceived), for example being reminded repeatedly about ‘doing the right thing.’ One’s feelings could also be hurt because of perceived disloyalty, or more seriously, that the ‘supporting’ person constantly overruled the respondent.

One respondent pointed out a situation like that described in item B3 could result from lack of necessary social competence. Another respondent explained that he related this item to a situation he was in after his wife’s death. He explained that people he thought would support him, instead avoided him, and by that hurt his feelings.

It is also revealed by the data that the source of inept support was an important factor when the respondents judged the seriousness in the situation. For example, it was

recounted that if the source of an inept support attempt was his or her own child, it was better tolerated than if the source was someone more remotely related.

The word often in the item complicated the respondents' comprehension of it. How often was 'often' depended to a degree on the source, and 'often' for some respondents was once a month, while for others the occurrence had to be at least a couple of times every week.

Two women and one man answered yes to this item. Two of them related their experiences to their husbands and the third, a 53 years old woman, related it to one of her two children. All three focused on experiences strongly connected to the last part of the item, i.e., connected to the hurting part of the relationship while the supporting part of the relationship was less in focus. The first two respondents described experiences connected to their spouses' lack of appreciation for what they do or for who they are as a person, while the third respondent gave examples of communication problems as the background for her answer.

A 34 year old man described that he steered by his wife, she did not trust how he managed tasks at home, that she meddled in his ways of raising the children, and interfered in situations that he felt that he should decide himself. He said:

"It can be so simple that I let the kids watch a video. She's very fanatic against that. Me too, I'm very sceptical to it but every now and then if the weather is bad and they have nothing they want to do, I let them watch a movie, maybe half an hour, an hour but she can't bear it.... But it can be like I quit smoking many years ago but I can take a cigarette every now and then without starting again, it has been like that the last five years. And she known about it and she is very fanatic and it can suddenly act as a bomb, if she gets to know that I have been smoking without her being

there. And it really hurts because she knows about it, but she chooses to keep aloof from and she makes the life a burden. ...No you get so resigned because it has been discussed so much and there have been so much irritation around that you are controlled in this way.” R6-Male 34

A 37 year old woman who wasn't sure if she ought to answer yes or no to the item explained that she connected her answer to her husband's lack of appreciation of her, for example not celebrating her birthday. She points out that he does not hurt her feelings often and that he otherwise supports her. She said:

“No I feel that maybe that sometimes that my husband has a different way of thinking, that he wants to be there and support me but then it doesn't work quit that way For example he can't buy presents, no he can't. I tell him it doesn't matter what it is only that you do something. I feel it's a little bit damned...I remember when I turned thirty, I thought that it was a little bit of a big day, but there was nothing. Yes I thought all the time that something would come, but it is like that he can't, he feels it is much easier to... you can have some money and then you can do it yourself. But it's not what it's about. It wasn't so easy for him to understand. ...Yes I get very upset.” R11-Female 39

The third respondent, a 53 years old woman going through a divorce mentioned conflicts that she had with her teenage daughter. The daughter hurt her feelings by being withdrawn and by denying her mother a part in her experiences, something that made communication between them difficult. The respondent described early in the interview that she tried as hard as she could to tolerate the conflicts with her daughter and to place them in light of the period they were going through, both with regard to the divorce and to her daughter being a teenager.

“I think about our 14 year old, and it's obvious that she's an important person in my life and she wishes to support me, I know that, we are very fond of each other of course. But she often hurts me now, but that is time dependent connected to the period she's in as a teenager and in angry, tumults then but otherwise I think that this is a concrete example of something I could have answered yes to.” R10-Female 53

She also thought about episodes that had to do with her ex-husband, but since the wording is ‘who often hurts’, she expressed that her experiences related to her ex-husband would not be often enough to qualify.

1.17.4. B4. There are people I have around almost every day who hen peck me frequently.

Only one of the respondents answered yes to this item, but all respondents provided data as reported below. When asked which people the respondents would associate the item with, everyone connected it to closest family and colleagues. Two of the respondents stated that the item could also be understood in two ways connected with adolescents or younger grown-ups. First, that one’s child could ‘hen peck’ one, and on the other hand that a grown up could hen peck children. One man connected this additionally to friends.

Regarding the clause who hen pecks me frequently, the respondents agreed that the ‘hen pecking’ had to last for some time before it could be called ‘hen pecking’. One of the respondents said that to be able to call it ‘hen pecking’ it had to “ *be repeated so that it would be felt as straining*”. To be experienced like that, it had to occur several times a day over shorter periods, or more seldom, but then lasting for weeks or months.

The respondents’ understanding was homogeneous. ‘Hen pecking’ was associated with having someone who constantly criticises or is not satisfied with one’s actions. Two respondents discussed situations in which the hen pecking behaviour was

stimulated by tiredness on the other person's part. The bases of the 'hen pecking' instances were often trifling and intended to correct or guide behaviour. Several respondents use the word 'criticism' or the term 'negative criticism' to capture what they meant by 'hen pecking' and agreed that the word is negatively loaded.

When questioned if they thought 'hen pecking' could be associated with bullying, they all claimed that bullying was of a more serious character, where the victim suffered more and the action taken against the victim was more conscious. All the respondents stated that there were clear differences between bullying and 'hen pecking'.

The 34 years old man that answered yes to this item associated it with his conflicts with his wife. He related his experience associated with the distribution of housework tasks in the home:

“ Well yes there are things in the house, there is nothing else I know of. It is not like personal criticism. It is about practical manners. It is about time, for example that today, I'm going to vacuum clean and if the time passes and I'm too late she says: “I have to do it myself, it's not gonna be done” (mimics his wife), because she can't stand it if time passes. She believes that it's not going to be done, right. In that way it becomes 'hen pecking'.” R6-Male 34

This respondent related that the nagging appeared in periods when he did not work much outside the home and when he wanted to 'take it easy.' For example, his wife took most of the responsibility for the housework, but she demanded that the respondent took his part when at home.

1.17.5. B5. There are people who make my life difficult because they want too much of my time and attention.

In this item the people were respondents' parents, close family members, spouses or children. Respondents' associated make my life difficult with the situation in which one is expected to be available to such a high degree that it becomes a source of strain. Several of the respondents, in describing the situations that would provoke a 'yes' response to this item, used stronger terminology than provided in the item. The word 'demands' was for example substituted for the word wants in several instances as respondents recounted their experiences.

Time was an important aspect in respondents' accounts related to this item. Some respondents related that they did not have time to fulfil the demands that were made of them. These respondents wanted to prioritise differently than the person that wanted their time and attention. An emotional aspect was also connected to people who make my life difficult. Two of the respondents expressed that having people that made their life difficult gave them the feeling of being worn-out, burned-out and out of control.

With regard to the last part of the item, want too much of my time and attention, the respondents gave homogeneous answers for how they understood it. The words 'time and attention' were replaced by words like 'to give contact to', 'attention to', 'to follow up' or help people with practical or emotional matters, and not least to be available and have time to be there when needed.

Three of the respondents expressed that the degree to which situations like that described in item B5 were difficult depended on what persons were involved. For example, one's own children could demand more time and attention without being experienced as difficult, compared with others not so close. The same respondents expressed that it was first and foremost themselves that made their life difficult, by having too high expectations about what they should be able to undertake, independent of others' levels of wants/demands.

Four persons answered yes to the item, three women and one man. They focused on close family, that is brothers and sisters, parents, aunts, grandparents or their own children. One respondent connected her experiences to her patients (she works in a mental hospital).

Two types of experiences emerged from those who responded yes to this item. First, two of the respondents related their experiences about their own expectations of what they should be able to provide to others. One of these women, a single mother, working in a busy ward in a mental hospital related that:

“...people don't make my life difficult, it is my way of tackling it, handling the expectations on me that makes it difficult. ...But you could say that both having work of a caring nature and having a caring situation at home, I have enough people that demand something of me all the time from morning to night and it is obvious that sometimes it can be experienced as too much but I wouldn't say that the boys make my life difficult for me. I have thought of my work situation where I often feel that I come off too short because I have many patients to take care of. All of them are standing there each with their mouths open like baby cuckoos and in a way can't get enough. But being the devoted nurse I am, one wants all the time to relieve suffering and yes moderate all difficulties in these lives. But that is something that you have to work on all the time, that is to delimit oneself and yes one can not give everything.” R9-Female 41

This woman claimed that item B5 did not reflect her situation at home, but did describe her work situation. She had insufficient time to give all the patients good nursing care. In addition she pointed out that it was very important to work on setting limits to protect herself from being overloaded, something that had in fact already happened. Boundary problems were also present for a 39 years old woman that had the opposite experience, in that her conditions at home were pressing while her work conditions was not so pressing. She said:

“Yes it is obvious that I feel that I should cover more than I for sure can manage. So there has to be conflicts really and it is probably not the person who makes it difficult but rather myself. ...it is not certain that people or my kids need so dreadfully much attention as I believe. They need attention for their homework that’s right and we should arrange their leisure time that is very concrete. Yes we need to follow up and have to tell them whom to call and if they should call someone and if they should make an appointment and tell them what to do, go out now, and go down to see him or to him. I can’t be both a friend and a mother and a father and a buddy everything at once. Now I’m both mother and father for fourteen days because my husband works offshore... There is no breathing space and I can’t see the end of it...” R1-Female 39

The boundary problems were made more serious because she did not make demands on her sons to activate themselves more, to make better time for herself. It is apparent that in the periods her husband was away, her being alone with all the home responsibilities was straining because of her sons’ needs for close monitoring.

The two other respondents experienced competing expectations of closest family and others (for example an old aunt or a brother) that wished participation in their lives. They experienced the situation as straining because it happened at the expense of

their life with their family. A 42 year old man expressed what this type of conflict is like:

“I have family members that want very much contact and nearness and participation in my life that I don’t want to admit in that way and who at the same time don’t receive the type of care that lies in nearness to or closeness to others, that would happened if I opened up for it.” R13-Male 42

This relationship gave him pangs of poor conscience because he had prioritised his own immediate family in preference to other more distant relatives.

The other respondent connected her experience to being helpful to her brother who is alone caring for his two children. She expressed that she wished to help him but that it sometimes made her life difficult because of the competing time and attention from her own family:

“Yes, I feel that the five of us, my children and my husband get too little time together. We run off the race in a way as a family for all the time there are others in the picture that want to be there the whole day... Yes I think a little bit that my brother, I feel that he exploits us sometimes. Umm he became alone not long ago, he had a period were he thought a lot of himself or he still does that, so it was very easy to bring the kids to me. “Can they stay till tomorrow?” Yes, it becomes a little difficult, and goes on until my husband gets irritated and then I see, that maybe it has become too much...” R11-Female 37

This last example illustrates how the respondent had problems in placing clear boundaries between herself and her family on the one hand and her brother on the other hand. This can be seen as both a communication problem and a boundary problem.

1.17.6. B6. There is someone I care about who expects more of me than I can give.

Respondents' understanding of someone I care about in this item was connected to family, colleagues and friends. There was a clear similarity among the respondents in how they understood the last part of the item, who expects more of me than I can give. The respondents comprehended these issues as related to situations where there existed a constant pressure to perform more than one thinks one is capable of. The understanding of the item, according to the data, was centred round expectations attached to both emotional and practical matters. An example of the former is the situation someone who is in mourning or needs social companionship. The latter is characterised, for example, by situations in which one is wanted all the time practical work or aid, for example doing carpentry, shopping, and the like.

Five persons answered yes to this item, three women and two men. All of them thought of close family such members as spouses, children, parents or grandparents when they answered the item. One of the women, who works in the health sector, connected her experiences both to close family and patients, while one of the men also thought of friends and colleagues.

A 53 years old woman that answered yes to the item did not want to talk about her experiences in connection with this item. She explained that this was so connected to the agonising situation she was in, related to her divorce and experiences connected with her former husband that she did not want to talk about. Her wishes were respected.

When asked what experiences the respondents related their answers to, two of the women, reflecting on whose expectations were of greatest importance, said they weighed their own expectations higher than those of others regarding their performance. This interpretation of the item was apparent in the account of a 34 years old woman:

“Yes but maybe the kids, that our boys feel, no I don’t know what they expect that I can manage, but I feel maybe that they expect more from me than I manage. It is not certain they do. ...no the expectations are made by myself, I think. ...O yes, do you know what I imagine that the boys should have had it the same way I did when I was growing up. It sounds maybe a little crazy because I grew up as a child of divorced parents but I had grandparents close by that were terribly good to have. My boys don’t know about this, they have never experienced it and then it seems that I believe that I can be everything for them that I had around me in my childhood and that is quite impossible, I can’t be everything. Right? I can’t be the grandparent I had for them. But that is nothing they expect because they don’t know anything about it.” R1-Female 39

The respondents brought forward different expectations as examples they connected with this item. All respondents gave examples of expectations connected to relationships within the family. In addition, one man and one woman pointed to expectations connected to their obligations at work. As an example of obligations to family is 39 year old woman, the mother of two boys and much alone with responsibility while her husband worked offshore. She has an ongoing conflict with her brother who lives in a different part of the country but in the same place as her stepmother and grandmother. The latter two expect her to remain in touch with the family and to come and visit them, something she expresses as difficult because of the ongoing conflict with her brother:

“...and then stepmother of course she expects that I come more often, she expects that I shall come and visit her. But it will not happen before

Christmas that's for sure. So that was a very concrete example of expecting more of me than I can give. ...Yes and grandmother for example she expects, poor thing, she expects that I will come for Christmas and she expected that I would come last summer and I didn't show up. It may seem very hurtful because I don't want to involve her in the conflict, right that I have with my brother..." R1-Female 39

A 34 years old man described how his wife had very little understanding of his role at home and that she underestimated and failed to value his contribution in terms of daily maintenance and house work. He said:

"No it is automatically connected to my wife you know, its connected to that you can manage the things that you are instructed to do. But there are things that the man takes in hand things that women in general don't realise what they demand of strength and time. ...No it's a lot of maintenance and different things like taking care of the car, right? I do it all by myself... but things like that she takes for granted, but she doesn't know what it is about. It demands periodically quite a lot of work and toil then.... Yes you can say that that kind of work is not seen as work, it's things you manage. The male things here, things that are my responsibility are underestimated. Sort of like that can't be much work."
R6- Male34

This latest example can also be seen as an example of a communication problem between spouses. They had problems in communicating about seemingly trivial matters such as daily housework and maintenance without starting to argue.

Two of the other respondents pointed to expectations they experienced both at home and at work. A 42 years old man related how others had emotional expectations of him that he could not always respond to. This had among other roots a connection to his brother's death five years previously. He told that periodically more of him was expected, both at work and at home, than he felt himself capable of:

“You often experience it in relation to your closest family in relation to both practical things and even to things that have to be worked on emotionally. I feel that there are situations where I understand that it is expected that I should be able to get a grip on them or should have been gone further than I have felt that I could manage. I experience this in relation to friends and colleagues that there is someone there constantly that expects that I should go to other roles or perform other tasks than I feel that I can master but that is probably another interpretation of it. But that it often happen that someone I care about expects more of me than I can give, that I want to answer yes to.” R13-Male 42

A 41 years old woman, a single parent working as a nurse in a busy mental hospital, pointed out that it was the expectations of her at work, in addition to those at home, that caused her stress. She expressed:

“I think I thought of both of my roles. That sometimes it feels like this, both in relation to being a nurse and in relation to being a mother, right? I care about them all but I feel it is difficult to manage everything. ...I believe that I can manage a lot but in a way I can't live my patients' lives over again. No right for all the time there are expectations from the patients. But maybe I'm involved in creating these expectations.” R9-Female 41

1.18. Emerging Themes Across the Items

When the transcripts were analysed item by item, broad underlying themes emerged as the basis of the respondents' strain experiences. The respondents' responses were further analysed across the items to trace these patterns. Three main themes emerged in the interpretation of the data: (1) communication problems, (2) expectation clashes, and (3) passivity in coping attempts. This section provides an overview of these three themes, but since each item in the KAM-B scale is in focus in this study they will not be discussed separate but included in the general discussion. Theme examples are found in the result section connected to each KAM-B item.

1.18.1. Communication problems

In several of the respondents' responses communication problems arose as underlying contributing factors to the straining situation. Communication problems were also seen as reasons why conflicts were not solved. Examples of this were found in the data for all six KAM-B items. The communication problems, however, were of a different character depending on the KAM-B item in question. Some problems related most to the communicator, some related most to the message itself, and other problems rested apparently with the receiver.

For item B1 the communication problems were not directly connected to the respondents, but to people they knew. These people, that disliked each other, had difficulties in having a dialogue, for instance due to marriage conflict. Another communication problem revealed in the data from B1 was gossiping, the purposeful use of communication by one party to work against another party.

In items B2 and B3 (and to some extent in items B4 and B5), the communication problems were connected to how message should be communicated. Many respondents were concerned and uncertain about how the message should be sent (referring both to the content and the method) in such a way that the receiver would interpret it in the way the respondent intended.

In items B1, B3 and B4 there are examples that show that communication problems arose because the partners simply did not talk together at all about their problems, working eventually to solve them separately without confronting the other party.

1.18.2. Expectations clashes

Expectation clashes refer to situations where the respondents' expectations connected to an experience did not correspond with others' expectations. Best examples are found in the data from items B5 and B6. In these items four female respondents located the source of an interpersonal problem in them instead of placing it with others (no males did likewise). The women seemed to blame their own perceived inadequacies for the situation. In other words, they viewed the problem as not being one of too much demand from others, but as inadequacy on their own part.

Boundary role problems are another form of expectations clash that were evident in the data for items B5 and B6 (and to some extent in items B3 and B4). For some respondents, strain occurred because they were not able to set satisfactory boundaries on the degree to which others could make claims on them. This was connected both to situations at home and at work

1.18.3. Passivity in coping attempts.

Passivity, instead of active coping, characterised a number of respondents' reactions to strain situations, as was evident in the data for all of the KAM-B items. This passivity showed itself for instance in situations where respondents avoided confrontations by making other people happy at the cost of their own health and well being, or they expressed that they simply did not know how to handle the straining situations. Most of the respondents had tried to solve their problems but without luck, and they had become resigned.

DISCUSSION

The main aim of this study was to explore the underlying experiences connected to, and the respondents' understanding of, the wording and phraseology of the items comprising the KAM-B Scale, to evaluate the correspondence between the intentions for measurement and what respondents perceive is being queried. The qualitative research method used attempted to capture respondents' unique life world of experiencing and dealing with social strain in everyday life.

The experiences recounted were characterised by diversity with regard to the specific events and actions that they described as stressful. However the analysis revealed underlying themes that were common to many of their experiences: communication problems, a clash of expectations, lack of trust, and passivity in coping responses. Furthermore, in many instances the same underlying incident or event influenced responses to several KAM-B items. To a degree, then, the KAM-B items are redundant (correlated), which is to be expected if they are indicators of the same underlying construct. Self report measures such as the KAM-B are useful instruments to the extent that items convey to the respondent the desired intent of the researcher. By asking the respondents about their understanding of the wording of a statement, one can gather information about what they think the researcher is trying to seek from them (Tanur, 1992) and compare the measurement intentions and respondent perceptions. In the programme of research of which this work is part, this has been termed 'respondent validity.' An overall conclusion is that the respondents in this study had a homogeneous understanding of the content of the scale items, with few exceptions discussed below, and that the intentions of the Scale's authors were

in the main reflected in the respondents' perceptions of the Scale. Thus, to the degree that complex data can ever be summed up in a single statement, it is concluded here that the respondent validity of the KAM-B is acceptable.

Nevertheless, respondents encountered difficulties when working with the Scale, and on occasion became uncertain of their responses upon later reflection. Problems or uncertainty in interpreting the content of some of the KAM-B items were connected to; 1) not remembering why they had answered in a certain way; 2) items acquiring new meanings when focused on in an interview situation (by remembering instances during the interview that had not come to mind before); 3) uncertainty about the meaning of words or phrases in the statements; 4) uncertainty in evaluating the seriousness of a social strain experience; and 5) lack of adequate response alternatives. The latter four issues resulted in uncertainty such that at the time of the interview, some respondents wished to change their mind about their earlier responses.

There was for some participants a four-week interval between answering the KAM-B Scale and being interviewed. During the interval, changes occurred as described in (1) and (2), above. Tanur (1992) claims that respondents in a survey perceive their attributes as stable over time, but what is recalled is influenced in part by the way the problem under consideration is probed. An interview can produce change in perceptions because the researcher asks additional questions that stimulate reflection. Another possible source of variation in responses to a single survey question as

discussed by Tanur (1992) and Labaw (1980) can be changes in participants' understanding of the intent of a question upon second reading (reflection).

The third and fourth issues are related to the respondents' uncertainty about the meaning of words or phrases in the statements, which is connected to fifth issue, the adequacy of the response alternatives. In the present study, the most prominent words or phrases that the respondents had problems interpreting were; 'dislike' (as in 'they dislike each other' (B1)), 'often' (as in 'who often hurts my feelings' (B3)), and 'difficult' (as in 'make my life difficult' (B5)). Problems in interpreting the seriousness of the social strain situations described in the various items were especially apparent in items B3 and B5, and this was strongly connected to the response scale which allowed only two possibilities, yes and no. With no shades of certitude possible between the absolutist positions of yes and no, some participants felt forced to make difficult decisions. However, this problem was recognised even before the results of the present study can to light, and it should be noted that the KAM-B as used in the HUSK study employs a four point response scale that permits shades of certainty to be expressed.

1.19. Chronicity, severity and coping.

The study participants were asked about the onset and duration of the experiences that stimulated them to respond 'yes' to the various KAM-B items. In all except one instance, the underlying experiences were of long lasting (months to years) character. This is an important aspect of measurement in the present case, since the KAM-B is intended to assess chronic strain, not exposure to acute stressors. It should however

be pointed out that there is some ambiguity in the chronic/acute distinction. In Rook's (1992) definition of social strain there is no reference to this issue. Pearlin (1989) pointed out that chronic strains are stressors involving "the relatively enduring problems, conflicts, and threats that many people face in their daily lives" (p 245), but the term 'relatively enduring' is imprecise. Both Pearlin (1989) and Wheaton (1996) point out the methodological problem of establishing the degree of chronicity of a strain, because of the possible insidious onset and end of a strainful situation. They are in agreement that the strain experience must last a long period to be called chronic, but how long is long enough is left open to interpretation. According to both Pearlin (1989) and Wheaton's (1996) distinction, however, it seems reasonable to conclude that the KAM-B scale items measure chronic strain, because it is clear in the respondents' accounts are of strain experiences that had substantial duration.

Aside from the degree of chronicity of a social strain situation, the perceived severity of the situation (how distressful it is) is an important issue. Even the longest term social strain may be inconsequential to health if it is only mildly annoying, while severely distressing situations may be significant even if lasting but a few weeks. As well, the degree of distress is both person- and situation-dependent. While a given type of chronic stressor (inept support, for example) might severely distress one person it can leave another relatively undisturbed (Pearlin and Skaff, 1996). This possibility was confirmed in the present data. Respondents' differed in the degree of seriousness they attributed to social strains. Three of the thirteen respondents claimed that their strain experiences had very serious effects on their health and well-being,

to the degree that they had problems coping in their every day life, while the rest of the respondents reported milder reactions.

With regard to coping, in most of the respondent's accounts it was possible to trace passivity as a final stage in their coping attempts. The passivity followed unsuccessful attempts to cope with the strain experience. This is predicted by Wheaton (1996), who describes the chronic stressors as typically open-ended, using up coping resources, but not promising resolution, thus indicating that the KAM-B Scale is measuring chronic strain not only with regard to chronicity but also with respect to poor coping over the longer term.

1.20. The experience of social strain as connected to responses to the KAM-B.

As described in the beginning of this thesis, the KAM-B was constructed from a social-psychological perspective, drawing on several theories and models in the domain of interpersonal relationships. One element of respondent validity that requires attention is the degree to which the formulations of these theories and models are reflected in the data obtained from the study's respondents. Following the formulation of the KAM-B, in which each item is intended to serve as an indicator of a distinct social strain construct, the discussion turns now to an item-by-item and construct-by-construct summary. So as not to be too repetitious, the reader is merely reminded here of the relevant theories and models, and referred to the background section for a detailed description of how each social strain construct was derived from the theory.

1.20.1. B1. There are people in my life that I care about but they dislike each other.

Item B1 is derived from Heiders' (1958) balance theory and theories of social exchange (Homans, 1961; Thibaut & Kelley, 1969; Molm & Cook, 1995; Alessio, 1990). The experiences the respondents expressed in relation to this item were twofold, 1) that they connected their experiences to conflicts that had their roots in poor communication, marriage conflicts or people disliking each others' company, and 2) relationships characterised by lack of confidence. These were situations the respondents indicated they were not directly involved in but rather observing from the sideline. According to Heider's balance theory, relationships which are not balanced can cause strain that one attempts to alleviate by making changes that result in balance (Heider, 1958). Following Heider, it is implicit that when change is not possible, distress becomes chronic. The respondents' understanding of item B1 is consistent with this formulation. Some respondents, for example, described social strain situations in which they had good relationships with two other persons who did not like each other.

Based on social exchange theory, social exchanges are imbalanced when the mutual dependence and power balance between the actors is disturbed. This imbalance will then initiate exchange in the relation between the actors in an attempt to restore balance in exchange (Molm & Cook, 1995). The respondents in this study expressed that their experiences related to item B-1 were not related to persons that were very close to them and therefore the mutual dependency between them might not have

been so strong. It was clear in the respondents' accounts that they were not seriously affected by these relationships and they did not cause them severe strain.

1.20.2. B2. There is someone important in my life who needs my help, but whom I don't know how to help.

Item B2 is based on perspectives taken from social exchange theory (Homans, 1961; Thibaut & Kelley, 1969; Dovidio, et al., 1991; Eisenberg & Fabes, 1991), altruism (Batson, 1991), and sociobiology (Rushton, 1989). It is clear from the study results that the respondents connect their accounts and understanding of item B2, to situations where they wanted to help others they felt needed their help. Included were situations in which emotional help, practical help or both were needed. The respondents also gave clear examples of how they were uncertain how to help the needy person, and explained that it can be difficult to help because the person in need does not express any need for help. Emotional support was described as more difficult to give compared with practical help. There were also examples of uncertainty in accessing what kind of help was appropriate. There exists no data in the present study on the respondents' motives for wanting to help, so it is not possible to discuss whether any of the three motives for helping given in the theoretical background are more likely than others.

1.20.3. B3. There is someone important in my life who wants to support me but who often hurts my feelings instead.

Item B3 is founded on the theories of social exchanges and equity (Homans, 1961; Thibaut & Kelley, 1969; Molm & Cook, 1995). As mentioned in B1, the social

exchanges are imbalanced when the mutual dependence and power balance between the actors is disturbed (Molm & Cook, 1995). Respondents focused mostly on the negative aspect of this item and thought of situations in which close relatives should have 'been there' to aid the respondent with either emotional support or practical help.

It is difficult if not impossible to judge from the results if it was the equity, the pure cost-reward exchanges or the stressful obligation of reciprocity in the relationships of the respondents was the trigger factor in the perception of the unbalanced exchange (or some combination of these three). Three respondents gave as examples accounts which can be interpreted as support attempts that the respondents perceive as wrong, unfair or overarching in a way that produced strain for them, for instance, a spouse's lack of appreciation for what they do or are. Accordingly it seems reasonable to assume that the item measures what it is intended to, that is genuine support attempts that fail or are interpreted as misdeeds.

1.20.4. B4. There are people I have around almost every day who hen peck me frequently.

Item B4 is rooted in different psychosocial research literature that focus how misdeeds, that vary from exploitations to violence are perpetrated by people that are, such as relatives or colleagues (Rook, 1992; Marshall, 1994; Wiseman & Duck, 1995).

Only one respondent answered yes to this KAM-B item.

thus providing only one version of how this strain is interpreted by one whom experiences it. Nevertheless, respondents demonstrated a homogeneous understanding of the item. There is no doubt that the respondents connected the item to people that might criticise one (at home or at school/work) negatively or nag them, because of relatively small matters. They stated that the nagging had to exist over a period of time to be called hen pecking. Hen pecking was connected to having someone who criticised or was not satisfied with one's actions, where the hen pecking itself could be started by a minor episode. It was clear that the word was negatively loaded though not related with bullying, which was interpreted to be much more serious than hen pecking.

1.20.5. B5. There are people who make my life difficult because they want too much of my time and attention.

Item B5 is rooted in the social demand construct of Lazarus and Folkman's (1984) stress and coping model. In this item it is intended that it is the multiple roles that are the stress factor (perceived to demand too much time and attention). Interestingly three of the respondents that answered yes to this item were women, in concert with Lee's (1998) assertion that role conflicts are more central for women than men. She summarises a body of research that has examined the effect of holding multiple roles and concludes that it will lead to negative outcomes to the extent that the demands of those roles are conflicting or excessive (p.101).

The examples the respondents gave in their account of what they experience as role conflicts are by two of the respondents connected to own role expectations, but role overload and role conflicts are also apparent in the respondents accounts.

1.20.6. B6. There is someone I care about who expects more of me than I can give.

Item B6 is like B5 rooted in Lazarus and Folkman's (1984) theory of stress, but in this item the focus is on the capacity to perform as expected. The theoretical background of B6 is extended by Karasek and Theorall's (1990) theory, which proposes that one can expect reactions of psychological strain when the psychological demands of the job are high and the worker's decision latitude in the task is low (p. 31-32).

As indicated in the comprehension of this item, demand is related to situations where there exists a constant pressure to perform more than one (thinks one) is capable of. Two of the women interpreted the demands as rooted in their own expectation to perform rather than others expectations. The demands were both connected to relations within the family and to situations at work. A woman that had experienced that she had little influence on her workplace reported also a feeling of overload with the consequences that she suffers from psychosocial ailments.

The interpretation of B5 and B6 seem to overlap in the accounts of the respondents, which are compatible with that they both measure social demands.

1.21. Conclusions

The overall conclusion, then, is that the KAM-B Scale items are consistent with their theoretical foundations. Several of the items have their roots in the same theories, where social exchange theory (Homans, 1961; Thibaut & Kelley 1969; Molm & Cook 1995; Alessio, 1990), and Lazarus and Folkman's (1984) stress and coping theory are the most prominent. Based on the theoretical relationship across the items, it can be argued that the items measure nuances of the same strain complex, as indicated when the respondents connect the same experience to more than one of the strain items.

The wordings of the items are of such a character that the respondents were led to think of people that they had a close relationship to (family, friends or colleagues). The wordings of the items were understood quite homogeneously and there seemed to be only minor difficulties in interpreting the terms. The Scale also captures chronic social strain as indicated by the long duration of episodes and eventual passivity in coping attempts.

By using a qualitative method to evaluate and explore the KAM-B Scale, some understanding of how the respondents themselves interpret the content of the Scale has been gained. Together with the more traditional psychometric studies, this knowledge contributes to understanding the extent and limits of the Scale's validity of the scale. The present results on respondent validity are encouraging and suggest that the KAM-B, despite limitations of the self-report methodology used, may produce reasonable epidemiological data on the prevalence of social strain in large population studies.

1.22. Methodological considerations

The study limited its focus on the KAM-B and did not include the KAM-S or the KAM-E. It is therefore not possible to comment on the degree to which either of the two latter scales exhibits good respondent validity. The choice of focus was based on the fact that many studies and instruments exist on social support while social strain has not gained as much interest and little is known about what and how assumed healthy people experience as social strain.

The study's credibility depends on how well the theoretical framework, the research procedures, the analyses process and how the results correspond to the factual content of the interviews are described (Morse, 1994; Patton, 1990; Kvåle, 1996). In this study the results are grounded directly from interviews with the respondents. The interview situations are special and depend on the contact the interviewer and the interviewee have during the interview. An interview situation can never be alike in two interviews both because the context and the persons interviewed are different.

As this was the author's first qualitative study, her lack of experience could have affected its quality. To secure better quality, analyses of the data were presented to an expert qualitative researcher to clarify them for meaning and basis for interpretation (for critical independent analyses). By consulting an experienced researcher own subjectivity could be diminished somewhat but it was not a goal to be totally objective for as Patton (1990) says. "scholarly philosophers of science now typically doubt the possibility of anyone or any method being totally "objective"..."(p.482). The point is to be aware of how one's perspective affects the

work and the analyses of the data, and document carefully every step taken. In that way it was intended that not the author's knowledge came forward but rather the respondents' knowledge was in focus. (Another important factor is that subjectivity is needed in qualitative work to be able to gather meaningful information about the phenomena under study.)

In such research it is important that respondents can articulate themselves so that the interview is rich in detail and meaning. The respondents articulated themselves well, in the judgement of the author, and there existed no notable problems during the interviews. It is never the less plausible that when the respondents are asked to talk about difficulties in their own lives it is possible that they exclude 'determinate alternative possible accounts' of their behaviour (Cuff, 1980), (Sited in Silverman, 1985, p.175) This has to do with how the respondents talk about themselves as member of a social unit were they know that they are heard as one-sided unless their accounts consider their own involvement. By keeping an awareness of what kind of moral adequacy the respondent hold and by asking additional questions to confirm or reject possible meanings of accounts.

The interviews were semi-structured, using an interview-guide to gather information and help ensure that approximately the same themes were covered in every interview were covered. This approach may have excluded valuable information that could have emerged in an unstructured interview. However leading the interview in desired direction provides opportunities to explore themes of interest. To get the depth and

nuances in the situations that participants described, follow up and confirmatory questions were asked.

Another possible limitation is the size of the study sample. Because of the time limit and the frame of the Master study, one had to limit the number of respondents.

However for those that did participate, the interviewing were continued until data on the experience and understanding of each item of the KAM-B scale was covered thoroughly. However the amount of material varied from item to item, based on the respondents' experiences. While eight respondents had answered yes to item B2 only one answered yes to B4, although all participants discussed all items. Several authors (Patton, 1990; Kvale, 1996 and Corbin & Strauss, 1990) point out the importance of gathering data until one reaches the stage at which no new information is uncovered and the relationships between categories are well established and validated. Although it is possible that a bigger sample could have provided the study with greater breadth and depth, but by sampling respondents that themselves had thoughts about being able to provide the study with valuable information and as the purpose was to explore in-depth and describe in detail the experience and comprehension of social strain smaller sample was appropriate.

The results of the study are not transferable to other settings or can be compared to similar studies because there exist none. It is hard to predict if the results can be transferred to another similar context or situation and still preserve the particularised meanings, interpretations and inferences from this study (Morse 1994).

IMPLICATIONS

This qualitative study has provided the KAM-B Scale authors a better understanding of what the KAM-B Scale measures. It has also indicated the complexity and diversity of experiencing social strain. The study provides limited knowledge of the phenomena of social strain in general, however, because the interviews were closely connected to each of the scale items, and these were based in pre-existing theory, not in participant's experiences.

The preliminary results from HUSK (mentioned earlier) show that the percent of those who responded positively to the KAM-B items were: B1= 36,9%, B2=28,6%, B3=16,6%, B4=15.2%, B5=14,9% and B6=24,8%, indicating that it is not rare to experience social strain in everyday living. In comparing the lowest versus the highest tertiles of the KAM-B in the HUSK data, respondents in the highest tertile of social strain reported higher levels of somatic complaints, higher levels of depressive symptomatology as measured by the Hospital Anxiety and Depression Scale, more symptoms of seasonal affect disorders and higher levels of loneliness. Also, high levels of social strain measured using the KAM-B were associated with sleep problems serious enough to disrupt work performance and the symptoms of hypochondria.

Still, little is known about the stress-producing aspects of social networks, and more research is needed in order to being able to build a scientific basis for the development of effective intervention to reduce chronic social strain.. Because

survey research methods cannot provide deep insight into how people experience social strain and how they attempt to cope, it is therefore prudent to go further with the present work to explore in-depth the phenomena of social strain, from a phenomenological perspective.

In a doctoral project to be undertaken by the author, the goal is to examine in detail the phenomenon of severe social strain. The aims are to explore the types of chronic social strain that people experience and the relationships between those who experience strain and those who cause the strain. The next study will also attempt to describe the types and sources of social support that might serve as buffers to ill effects of social strain and describe how people cope or attempt to cope with social strain.

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APPENDIXES

1.23. APPENDIX 1: The interview guide.

Demographic issues:

Age/gender

Civil status

- single
- married
- cohabiting
- divorced (-ing)
- widow (-er)

Education

- What education do you hold?
- Do you use your education in your work?

Work

- Can you tell me about your work?
- How much are you working?
- Sick leaves? Why? How much?
- If not working, why?
- Can you tell me about your working conditions? (good/bad, influence on work)

Family

- Can you describe your family, family structure?
- Children/Spouse/ Extended family.
- Responsibility at home (for the children, house, home, economy, etc.)
- Cooperation / solidarity/ loyalty within the family
- What/how much/what kind of contact do you have with your family/extended family?

Leisure time

- Can you describe your leisure time (if you have)?

- What do you do?
- How often?
- With whom?

General questions about the scale

- Can you tell me how it was to answer the scale items?
- How /why/what was easy/difficult?
- Did you have to think about the items before you answered them? Why/why not?
- How long time did you need?
- Were there something you noticed while answering the scale you thought could/should have been different? (Please, let me know if something comes into your mind during the interview).

Questions probing the experiences connected to each item in the scale

For each item a respondent responded 'yes' to, the dialogue about that item was started with:

-I can see that you answered yes to this item, can you tell me what episodes/experiences in your life you were thinking of ?

Then additional questions were asked to capture the frequency, duration, intensity, source of the events/experiences, and the respondents' reaction to the social strain source. The questions were not used in all instances, merely used as a guide to be sure that all the aspects under consideration were captured.

Frequency/duration:

- For how long time has 'this'(experience) been going on?
- When did it happen?
- How long time did it last?
- Is it still going on?
- Why do you think this has been going on for so long time?
- How often does it happen?

Source:

- Who were involved in the experience/episode?

- Children/spouse/other family members/friends/colleagues at work/ others?
- What relationship do you have with 'this' person? (good/bad, friendly/hostile, dependent on/not dependent on, etc.).

Intensity/Reactions:

- Can you tell me how this experience affects/have affected you?
- What do/did you feel?
- How do/did you react to the experience/sources of the experience?
- Why do you think you reacted like that?
- Can you describe how you approach the experience in order to solve it/life with it?
- Do you have anyone you can talk to about these matter? Who?/Why that person?

Questions about the comprehension/understanding of words and phrases.

When the respondents were interviewed about their comprehension of the scale items, they were first asked:

- Can you tell me how you understand the wording in the item (B1-B6)?**

Then the general question were followed up with more detailed questions about words and phrases in each item.

B1 There are people in my life that I care about but they dislike each other.

- What people do you connect this item to?
- 'People in your life that you care about', what does 'I care about' mean to you in this item?
- What relationships do these people have?
- What does 'they dislike each other' mean to you?
- What kind of situations can this be? (Please give examples).

B2 There is someone important in my life whom I want to help, but don't know how to help.

- 'Someone important in my life', whom do you think of? Why?
- The word 'important' what meaning does it have for you?
- What does 'someone important in my life' mean to you?

- How do you interpret the phrase 'someone in my life whom I want to help'?
- How do you interpret the 'but don't know how to help'?

B3 There is someone important in my life who wants to support me but who often hurts my feelings instead.

- 'Someone important in my life', whom do you think of? Why?
- The word 'important' in this item, what meaning does it have for you?
- 'Someone important in my life who wants to support me', how do you interpret this phrase?
- What does the word 'often' mean to you? How often is 'often'?
- How do you interpret 'who wants to support me but who often instead hurts my feelings instead'?
- What meaning does 'hurt my feelings' have for you?

B4 There are people I have around almost every day who hen peck me frequently.

- 'People I have around almost every day', who are they?
- How do you interpret the word 'hen peck'?
- What does it mean for you 'who hen peck me frequently'?

B5 There are people who make my life difficult because they want too much of my time and attention.

- 'People that make my life difficult' who are they?
- How do you interpret the phrase 'who make my life difficult'?
- What meaning does the phrase 'want too much of my time and attention' have for you?

B6 There is someone I care about who expects more of me than I can give.

- 'There is someone I care about', who are they?
- What meanings does 'care about' have for you?
- What does the phrase 'who expects more of me than I can give' mean to you?

Additionally, for all of the items, the respondents were asked:

- Can the item have other/additional meanings for you? Which?
- If you were asked to re-phrase this item, how would you have formulated the item?

General scale questions to close the interview

- Why did you volunteer to join the study?
- What do you think of the interview situation?
- Do you have ideas for changing the scale items?
- How do you feel, after the interview?
- Is there something you want to add?

1.24. APPENDIX 2: Demographic overview over the study participants.

Respondents	Gender	Age	Education	Civil status	Children
R1	Female	39	3	Married	2
R2	Male	43	2	Married	2
R3	Female	40	3	Married	2
R4	Female	46	5	Married	2
R5	Male	46	3	Married	2
R6	Male	34	3	Married	2
R7	Male	41	6	Married	2
R8	Female	41	5	Divorced	3
R9	Female	41	6	Divorced	2
R10	Female	53	6	Divorcing	4
R11	Female	37	5	Married	3
R12	Male	43	4	Married	4
R13	Male	43	6	Married	3

Education = Highest level of education.

1. Less than 7 years of Elementary school (Mindre enn 7 årig grunnskole).
2. Elementary school 7-10 years. Community college (Grunnskole 7-10 år, framhaldsskole, folkehøgskole).
3. Middle school. (Realskole, middelskole, yrkesskole, 1-2 årig videregående skole).
4. High school (Artium, øk. Gymnas, allmennfaglig retning i videregående skole.)
5. University education lesser than 4 years (Høgskole/Universitet, mindre enn 4 år).
6. University education 4 years or more (Høgskole/Universitet, 4 år eller mer).

1.25. APPENDIX 3: Norwegian and English version of the KAM-B scale

Norwegian version.

B1 Det er mennesker i livet mitt som jeg bryr meg om men som misliker hverandre.

B2 Det finnes en viktig person i livet mitt som trenger min hjelp, men jeg vet ikke hvordan jeg kan hjelpe.

B3 Det finnes en viktig person i livet mitt som ønsker å støtte meg men som ofte i stedet sårer meg.

B4 Det finnes mennesker jeg må være sammen med nesten daglig som ofte hakker på meg.

B5 Det finnes mennesker som gjør livet mitt vanskelig fordi de ønsker for mye omsorg fra meg.

B6 Jeg har noen jeg bryr meg om som forventer mer av meg enn jeg kan klare.

English version

B1 There are people in my life that I care about but they dislike each other.

B2 There is someone important in my life whom I want to help, but don't know how to help.

B3 There is someone important in my life who wants to support me but who often hurts my feelings instead.

B4 There are people I have around almost every day who hen peck me frequently.

B5 There are people who make my life difficult because they want too much of my time and attention.

B6 There is someone I care about who expects more of me than I can give.