When Experience Counts: The Effects of Experiential and Structural Similarity on Patterns of Support and Interpersonal Stress*

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Abstract

Previous research has suggested that individuals benefit from having associates who are similar to themselves on a variety of dimensions. This article develops a theoretical basis for predicting which types of similarity are most important in determining whether associates will be sources of social support or interpersonal stress. Drawing upon theories of homophily and reference groups, we suggest that experiential similarity (e.g., having experienced a similar status transition) is more important than structural similarity (e.g., similarity of age, gender, marital status) in determining sources of emotional support and stress following life events. The theoretical arguments are supported by data from two separate longitudinal studies of social networks following status transitions; specifically, returning to school and becoming the primary caregiver to an elderly parent.

A decade ago, House (1981) posed what is now viewed as a classic question regarding social support: "*Who* gives *what* to *whom* regarding *which* problems?" (22). A great deal of attention has been directed toward answering this question over the intervening years. Much of this work has focused on the categories of associates most likely to be sources of support. Specifically, researchers have explored the relative prominence of various categories of kin and nonkin as sources of support (Allen 1989; Connidis & Davies 1990; Morgan 1989; Morgan & March 1992; Schuster, Kessler & Aseltine 1990), and differences in the

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particular types of support provided (Cohen & Wills 1983; Fischer 1982; Wellman & Wortley 1989, 1990).

While our understanding of support processes has been increased by this line of research, little attention has focused on an equally important component of House's question: What characteristics of associates, aside from their relationship to the individual (e.g., kin vs. nonkin), affect whether they are sources of support?

Arguments by Cohen and McKay (1984), Feld (1984), Morgan (1989; Morgan & March 1992), and Pearlin (1985) suggest that sources of support are likely to vary substantially according to the specific life event or problematic situation at hand. The "specificity hypothesis" contends that different problems will call for variations in the kinds of supportive resources needed, and therefore in the specific individuals who serve as sources of support as well. Further, both Cohen and McKay (1985) and Pearlin (1985) suggest that sources of support may change as an individual experiences different stages of the same problematic circumstance in his or her life.

We generally agree with these formulations; however, we believe there needs to be additional attention directed toward understanding the processes underlying patterns of support following life events. In particular, we feel that it is important to investigate the effects of both experiential and structural similarity in explaining support.

While the issue of similarity is implicit in Cohen and McKay's (1985) and Morgan's (Morgan 1989; Morgan & Marsh 1992) discussions of the specificity hypotheses, its importance has not been made explicit. In the present article we develop an argument for the importance of similarity — particularly experiential similarity — in explaining patterns of emotional support following status transitions, and test that argument using data collected from women experiencing one of two distinct status transitions in midlife: returning to college, or becoming a primary caregiver to an elderly parent.

HOMOPHILY, SOCIAL SUPPORT, AND INTERPERSONAL STRESS

Proponents of homophily theory have long argued that individuals are more likely to develop and maintain supportive relationships with others who are similar to them on important social dimensions (Bell 1981; Feld 1982; Lazarsfeld & Merton 1954; Marsden 1988; Merton 1968). Studies of adjustment to life events suggest that similarity may be particularly important in affecting the quality of interpersonal relations when individuals experience status transitions. In particular, these studies have shown that friends and relatives who have ever experienced the same transition are the most emotionally supportive and least critical following the acquisition of a new status. This pattern has been particularly well-documented among individuals who have become divorced (Johnson 1988; Spanier & Thompson 1987; Weiss 1975) or widowed (Lopata 1979; Morgan 1989), as well as those who have experienced job loss (Newman 1988). The same pattern has been found when the life events or status transitions are generally viewed more positively, as in the case of becoming parents (Gottlieb & Pancer 1988), or returning to school in midlife (Suitor 1987a, 1987c).

While these studies demonstrated the importance of similarity, they did not explain why similarity has such consistent effects on patterns of friendship maintenance and social support following status transitions. In particular, they did not attempt to determine whether the effects of homophily occur because social statuses play such a dominant role in structuring individuals' identities (Thoits 1992), or because people who occupy similar positions within the social structure are also likely to share life experiences.

Theories of role structure and reference groups (Coser 1991; Homans 1950; Lazarsfeld & Merton 1954; Merton 1968) imply that structural similarity (e.g., similarity based on age, life cycle stage, educational attainment, etc.) produces these patterns because individuals who share social statuses tend to hold similar values and are more knowledgeable about one another's circumstances, resulting in greater empathy.

We suggest that such shared values and knowledge are primarily the result of *experiential* similarity. Specifically, we suggest that it is actually shared experiences, rather than merely shared positions in the social structure, that result in greater support between individuals who share social statuses.

In this, we follow a theoretical argument developed by Thoits (1986). She proposed that experiential similarity increases empathetic understanding, which is crucial to the support process. In particular, others who have been through the same experience are better prepared to help stressed individuals understand their feelings; further, similar others are less likely to reject persons because of their distress.

Based on this argument, we hypothesize that experiential similarity will be particularly important in explaining which associates will be sources of emotional support. However, this does not mean that we anticipate that structural similarity will be of *no* consequence; on the contrary, we believe that some dimensions of structural similarity will affect patterns of support, even when taking experiential similarity into account. The structural similarities that we suggest will be important following status transitions are those that: (1) involve socialization processes or life events similar to those experienced by the respondent; or (2) lead the associate to anticipate experiencing the same transition.

Thus, age similarity is likely be an important structural factor explaining support for transitions that are specific to particular stages in the life course. For example, associates who are in the middle years might be more supportive of similar-age individuals caring for their elderly parents than would those who are in younger life stages and have not begun anticipating this transition.

This basic argument also suggests that labor force participation will be a salient structural factor for women who are enrolled in school, given similarities in the causes and consequences of women's participation in both the labor force and higher education in midlife (Suitor 1987b).

Finally, gender similarity may be an important structural factor affecting patterns of support in the case of both of the transitions under investigation in the present study. Women become both caregivers and returning students primarily as the result of decision-making processes that are affected by gender-role socialization throughout the life course. Given the ubiquitous nature of such traditional socialization patterns among women currently in their middle years,

even women who have not become caregivers or returned to school themselves are likely to be able to identify with and understand the decision-making processes involved in such experiences.

To summarize, we are suggesting that experiential similarity will be the most important factor determining which associates will be sources of support, regardless of the transition under investigation; however, dimensions of structural similarity that are especially salient following a particular status transition may also affect these patterns.

RELATIONAL CONFLICTS AND INTERPERSONAL STRESS

Over the past decade interpersonal stress and relational conflicts have become a major focus of the literature on social support and well-being (House, Umberson & Landis 1988). This line of research has revealed that such stress is as important a predictor of well-being as is "positive support" (Fiore, Becker & Coppel 1983; Rook 1984; Schuster, Kessler & Aseltine 1990).

Despite its importance in explaining well-being, even less is known about the processes affecting patterns of interpersonal stress than is known about patterns affecting support. Studies of widowhood (Morgan 1989), divorce (Spanier & Thompson 1987), job loss (Newman 1988), and returning to school (Suitor 1987a, 1987c) suggest that associates who have experienced the same transition are less likely to be sources of interpersonal stress; however, none of these studies compared the relative importance of experiential and structural similarity.

The present data allow us to extend this line of research by examining the role of both structural and experiential similarity in explaining patterns of interpersonal stress across two distinct transitions at two points in time. Specifically, we hypothesize that the processes affecting patterns of support will also affect patterns of interpersonal stress and relational conflicts.

Methods

DATA COLLECTION AND PROCEDURES

The Family Caregivers Study

The data on family caregivers were collected between January of 1989 and April of 1993 during two-hour interviews with individuals who were identified as the primary caregivers to elderly relatives with some form of irreversible dementia.[1]

About 91% of the participants were referred to the study by physicians at 13 major medical centers in the northeastern U.S. that have dementia screening programs. The remainder of the participants were referred by psychiatrists and neurologists who work extensively with dementia patients. We requested that we be placed in contact with the primary caregiver to all of the patients who received a diagnosis of Alzheimer's disease or a related dementia; on the basis of the information from each of the sites, we estimate that we were provided with approximately 90% of the appropriate cases from the medical centers, and approximately 75% of the appropriate cases from the private physicians.[2]

One of the major considerations in the design was to interview the individuals shortly after they had acquired the formal status of caregiver. In order to accomplish this, we attempted to limit our sample to individuals whose parents had been given a diagnosis of dementia within the previous six months. (Because of errors in the referral process, a small number of the care recipients had been diagnosed more than 6 months prior to the interview.)[3]

We completed interviews with 60% of the individuals who were eligible for participation, resulting in a sample of 256 caregivers. The sample included 118 daughters, 14 sons, 30 daughters-in-law, 53 wives, 25 husbands, 7 siblings, 6 other relatives, and 3 nonrelatives who were viewed by the respondents as equivalent to kin.

Preliminary analysis indicated that the structure and function of the caregivers' social networks varied substantially by gender, marital status, and relationship to the patient. Therefore, it was not appropriate to combine the various categories of caregivers for any of the analyses involving patterns of support and interpersonal stress. Further, we wanted to maximize the similarity between the subsample of caregivers and the sample of returning students. To accomplish these goals, we restricted the present analysis to married caregiving daughters who had been interviewed at both T1 and T2 ($n = 75$).[4]

The mean age of the caregivers was 45.5 (Std. dev. = 8.4). Moreover, 40% had completed high school, 25% had completed some college, and 35% were college graduates. Results also showed that 18% had a total family income of less than $30,000 during the year of the study, that 38% had a total family income between $30,000 and $49,999, and that 44% had an income of $50,000 or more. Also, 42% were employed part time, 31% were employed full time, and 27% were not employed. All but two of the women were white and non-Hispanic.

The mean age of the parents was 75.6 (Std. dev. = 6.9). Moreover, 91% were mothers; 9% were fathers. In 32% of the cases the parent lived in the daughter's home, in 35% of the cases the parent lived elsewhere in the community, and in 33% of the cases the parent lived in some type of nursing home or board and care facility.[5]

The Returning Students Study

The returning students were interviewed in person between 1980 and 1982, at the beginning and the end of their first year of enrollment in a large public university in the northeastern U.S. With one exception, none of the women had completed a bachelor's degree previously, and only one had attended a university within the previous ten years. The 56 women who were interviewed represented approximately 70% of the married mothers over 25 years of age who entered the university as matriculating students in 1980.[6]

The mean age of the returning students was 36.8 (Std. dev. = 5.9). Furthermore, 9% had a total family income of less than $15,000 during the year of the study, 24% had a total family income between $15,000 and $24,999, 29% had an income between $25,000 and $34,999, and 38% had an income of $35,000 or more.[7] At the beginning of the year 66% of the returning students were not employed, 27% were employed part time, and only 7% were employed full time; at the end of the year, 48% were not employed, 40% were employed part

time, and 12% were employed full time. All of the returning students were white and non-Hispanic.

MEASURES OF SOCIAL NETWORK STRUCTURE AND FUNCTION

The Caregivers Study

We used the name-elicitation approaches developed by Fischer (1982) and Wellman (1979) to collect information on the structure and function of the caregivers' social networks. We asked each woman whether there was anyone on whom she relied for a variety of instrumental and emotional tasks, including tasks related to caregiving, and those not directly related to caregiving. The questions related to caregiving included: (1) whether anyone had helped her to provide care to her parent; (2) whether anyone had done anything to make it easier for her to care for her parent; and (3) whom she talked to about her parent. The instrumental and socioemotional tasks not related to caregiving included: (1) advice regarding personal problems; (2) advice regarding financial matters; (3) talking about day-to-day or other problems; (4) borrowing small items; (5) housesitting; and (6) socializing. For each item we asked the first names of the people on whom she relied for each of these tasks.

We also asked each caregiver about interpersonal stress, such as criticism regarding care, direct interference with caregiving, and lack of anticipated support.

In addition, we collected information on each of the caregiver's household members, siblings, and children, regardless of whether they were named as sources of support or stress. Altogether, we collected data on 963 adult associates named by the 75 caregivers, including both kin and nonkin. It is important to note that we omitted "formal service providers" (such as doctors, home health aides, and social workers) from the present analyses, since their bases for providing support were more likely to be affected by their formal positions than by the factors under investigation. We also omitted minors (children, nieces, and other relatives younger than 17) from the present analysis.

For each of the 963 adult network members named, we collected data on the individual's demographic characteristics (age, educational attainment, gender, marital status, employment status), and whether the associate had experience caring for an elderly relative.

Eliciting names of associates relied on for a wide variety of interpersonal and instrumental tasks provides a more comprehensive picture of the respondent's day-to-day social network than would be produced by asking *only* about sources of support or stress regarding caregiving. This is evidenced by the fact that only about half of the network members named were sources of either support or stress *specific to caregiving*. Collecting information about network members who serve a variety of functions in the caregivers' social networks allowed us to compare the characteristics of associates who were sources of support or interpersonal stress regarding caregiving with those who were not.

For the present analysis, we measured support using the following items: (1) "In the past year, has anyone done anything to try to make it easier for you to care for your parent?"; (2) "Does anyone else besides you help your

<relative> with [any of the activities of daily living just listed]?"; and (3) "Whom do you talk to about your parent?" For the first two items, each respondent who answered yes to either question was asked both who had provided that support and specifically what that individual had done to make things easier.

Network members were categorized as sources of emotional support if the caregiver's response met at least one of two criteria: (1) the caregiver *directly stated* that a network member had provided emotional support (e.g., "she always supports me emotionally," "he tries to cheer me up when I'm upset about my mother;") or (2) the caregiver's response met Cobb's (1976) classic definition of emotional support — the caregiver's statement indicated that she viewed herself as loved, cared for and esteemed in terms of the caregiving context (e.g., "my friend Susan is just there for me in terms of my mother").[8] We considered any associate who was coded positively on either of the first two items, or was someone the caregiver talked to about her parent to be a source of emotional support.

For the present analysis, each network member was categorized as having or not having been a source of interpersonal stress on the basis of whether he or she was mentioned when the caregiver was asked whether anyone had criticized her caregiving or made it harder for her to provide care to her parent.

The Returning Students Study

Similar procedures were used to collect data on the structure and function of the returning students' networks. At both the beginning and the end of their first year of enrollment, the women were asked name-elicitation questions regarding their sources of emotional support, instrumental support, and interpersonal stress, both specific to the return to school and more generally. Altogether, the women named 781 adult network members.

The women were asked a series of questions about each of the associates they named, including the associate's sociodemographic characteristics and the structural relationship between the respondent and the associate (i.e., whether the associate was a friend, sister, or other relation). Consistent with the caregiving subsample, we omitted university personnel such as administrators and professors from the present analysis, since we felt that their support would be a function of their position in the university rather than of the variables under consideration.

Network members were classified as a source of emotional support if they were named in response to any of the following questions regarding the women's return to school: (1) "Whom do you talk to when you find it difficult being a wife, a mother, and a student at the same time?"; (2) "Whom do you talk to when you feel guilty about having returned to school?"; and (3) "Whom do you talk to about your schoolwork?" (The last question was asked as one of a series of questions about emotional support for various other issues; thus, it is unlikely that the women interpreted this question as referring to instrumental help for difficulty with schoolwork.)

Network members were classified as having or not having been a source of interpersonal stress on the basis of whether they were named in response to the

question: "Has anyone ever tried to make you feel guilty about having returned to school?" which was asked at both T1 and T2.

The analysis revealed that both emotional support and interpersonal stress regarding the recent transition were commonly experienced by the returning students and the caregivers. All of the women in both groups had received emotional support from at least one member of their networks regarding the transition, and 61% of the caregivers and 86% of the returning students had experienced interpersonal stress regarding their new role.

INDEPENDENT VARIABLES

Status Similarity

For both samples, age similarity and employment similarity were created using a combination of data on the respondent and each of her network members. Age similarity is the absolute difference between the respondent's age and that of her associate. Employment similarity is a dummy-coded variable; 0 = not same employment status, 1 = both employed or both not employed. Since all of the respondents in the present analysis were married women, the associate's gender (0 = male; 1 = female) and marital status (0 = not married; 1 = married) were used to measure gender similarity and marital status similarity.

The measure of experiential similarity used for the caregiving sample was whether the associate had cared for an elderly relative at any point. Caregiving similarity was dichotomized: 0 = associate has not cared for an elderly relative; 1 = associate has cared for an elderly relative. The measure of experiential similarity used for the returning student sample was the associate's level of education. Since the women were all matriculating students who were committed to completing four-year degrees, we felt the most appropriate measure of similarity was whether the associate had completed a four-year degree.[9]

Relationship to the Respondent

Most studies of sources of support and stress have found that kin are more likely than nonkin to be sources of both support and stress (Allan 1979; Fischer 1982; Schuster, Kessler & Aseltine 1990; Suitor & Pillemer 1993; see Wellman & Wortley 1990 for an exception). Therefore, we felt it was important to include this variable as a control throughout the analysis. For the present analysis each associate was assigned to a category of kin or nonkin (0 = nonkin; 1 = kin).

Results

The analysis clearly supported our hypothesis regarding the importance of experiential similarity in explaining patterns of emotional support and interpersonal stress. As shown in Tables 1 and 2, having experienced the same status transition consistently differentiated between network members who were and who were not sources of support, both immediately after the transition and one year later for both the caregivers and the returning students.[10] In fact, experiential similarity was the only variable that was consistently related to the provision of emotional support across the first year after both transitions.

TABLE 1: Logistic Regression Analysis of Emotional Support among Caregiving Daughters at T1 and T2[a]

	T1		T2	
	Coef.	Std. Error	Coef.	Std. Error
Associate's caregiving experience	.621**	.158	.344*	.151
Associate's marital status	.001	.193	.100	.179
Associate's gender	.290	.193	.272	.178
Age similarity	.023*	.009	.017*	.008
Similarity of labor force participation	-.008	.167	-.021	.159
Relationship to respondent	.237	.186	.479**	.175
Model χ^2	25.726**		14.686*	
Degrees of freedom	6		6	

[a] N = 697 adult associates at T1; N = 765 at T2

* $p < .05$ ** $p < .01$

The analysis of factors affecting interpersonal stress provided a similarly consistent picture of the effects of experiential similarity. As shown in Tables 3 and 4, associates who had cared for an elderly relative themselves were less likely to have been a source of interpersonal stress to the caregivers, while associates who had completed college were less likely to have been a source of interpersonal stress for returning students.[11]

It is important to note that the consistency in the findings at T1 and T2 is not due merely to the *same* associates serving as sources of support or interpersonal stress at both points. Although the actual number of associates who provided support did not decrease across the year, slightly less than half of the associates mentioned at T1 as sources of support continued to be named as sources of support at T2 by either the returning students or caregivers. A similar pattern was found regarding sources of interpersonal stress. While the total number of associates who were sources of stress changed little across the year, only two-thirds of the associates named as sources of interpersonal stress by the caregivers at T1 continued to be named at T2, and only about half of the

TABLE 2 Logistic Regression Analysis of Emotional Support among Returning Students at T1 and T2[a]

	T1		T2	
	Coef.	Std. Error	Coef.	Std. Error
Associate's educational attainment	.096*	.039	.125**	.042
Associate's marital status	-.004	.131	-.233	.127
Associate's gender	.101	.231	.312	.237
Age similarity	.009	.011	-.008	.012
Similarity of labor force participation	.092	.243	.339	.258
Relationship to respondent	.484*	.224	.427	.239
Model χ^2	11.911*		20.893**	
Degrees of freedom	6		6	

[a] N = 479 adult associates at T1; N = 455 at T2

* $p < .05$ ** $p < .01$

associates who created stress for the returning students continued to be named as sources of stress at T2. (Tables not shown.)

This finding is, in part, consistent with the specificity argument that sources of support change as individuals experience different stages of the same problematic circumstance in their lives (Cohen & McKay 1984; Morgan 1989; Pearlin 1985); however, it also suggests that while *specific* associates do not necessarily continue to be sources of support, the factors affecting which associates serve as sources of support at later points in the process do not change.[12]

We were surprised by the absence of *consistent* effects of any of the dimensions of structural similarity included in the present analyses, particularly in light of the findings of other studies of homophily. We questioned whether the reason structural similarity has often been found to be related to support is that it has served as a surrogate for experiential similarity. In other words, perhaps structurally similar associates are more likely to be a source of support because they tend to be experientially similar. If this is the case, we would expect some dimensions of structural similarity to be important in the present analysis if experiential similarity were not taken into consideration.

TABLE 3: Logistic Regression Analysis of Interpersonal Stress among Caregiving Daughters at T1 and T2[a]

	T1		T2	
	Coef.	Std. Error	Coef.	Std. Error
Associate's caregiving experience	-.595*	.303	-.751*	.330
Associate's marital status	-.228	.342	.262	.379
Associate's gender	.216	.304	-.088	.320
Age similarity	.038*	.016	.001	.016
Similarity of labor force participation	.332	.329	.464	.347
Relationship to respondent	2.786**	.548	1.907**	.505
Model χ^2	55.811**		34.741**	
Degrees of freedom	6		6	

[a] N = 697 adult associates at T1; N = 765 at T2

* $p < .05$ ** $p < .01$

Further analysis provided support for this suggestion. We conducted a second set of analyses including the same structural similarity variables, and omitting experiential similarity. (Tables not shown.) These analyses revealed that some dimensions of structural similarity became predictors of support and interpersonal stress once experiential similarity was not included in the regression equations. For example, in the case of the family caregivers, gender became important in explaining emotional support, while in the case of the returning students, employment similarity became important across three of the four analyses.

It is interesting to note that gender and employment similarity are two of the structural dimensions that we expected would be predictors of support and stress in the present analysis, since they are particularly salient for the transitions at hand. However, the statuses whose similarity appears to have less direct bearing on these transitions remained unimportant, even when experiential similarity was omitted.

The structural relationship between the respondent and the associate was also less consistently important in explaining patterns of support and interpersonal stress than we had anticipated. While kin were generally more likely

TABLE 4: Logistic Regression Analysis of Interpersonal Stress among Returning Students at T1 and T2[a]

	T1		T2	
	Coef.	Std. Error	Coef.	Std. Error
Associate's educational attainment	-.163*	.068	-.165*	.066
Associate's marital status	.166	.258	.134	.224
Associate's gender	-1.058**	.394	-.735	.379
Age similarity	.002	.017	.014	.017
Similarity of labor force participation	-.660	.442	-.875*	.401
Relationship to respondent	1.062*	.420	.548	.387
Model χ^2	43.434**		37.723**	
Degrees of freedom	6		6	

[a] N = 479 adult associates at T1; N = 455 at T2

* $p < .05$ ** $p < .01$

to be sources of both support and stress, as found in previous studies (Allan 1979; Fischer 1982; Schuster, Kessler & Aseltine 1990; Suitor & Pillemer 1993), the pattern was found across only five of the eight analyses.

Discussion

The data presented here demonstrate the importance of experiential similarity in explaining patterns of emotional support and interpersonal stress. Having experienced the same or a similar transition was the only variable that consistently differentiated between associates who were or were not sources of support or stress after the transition to the status of either family caregiver or returning student. Further, experiential similarity continued to be important throughout the year, despite the fact that there was a great deal of turnover of the *specific* associates who served as sources of support or stress. It is also noteworthy that the pattern of findings was the same despite differences in the specific measures of emotional support and interpersonal stress.

It is interesting to note that the women were often aware of the importance of experiential similarity, as indicated by their responses to open-ended questions about support and stress during the year. For example, many of the returning students accounted for the differences in the responses of their friends and relatives on the basis of whether they had attended college:

I would say that the majority [of my neighborhood friends] don't feel people should be going to college . . . They think I'd come off of my high horse and be okay [if I dropped out]. A few of my friends through [work] have gone to graduate school and it's a wonderful feeling to see them. Friends I associate with who [didn't go to college] say "What are you trying to prove?"

Similarly, many of the caregivers indicated that relatives and friends who were supportive had been caregivers, while those who were sources of stress had little sense of the responsibilities and emotions involved in caring for a parent suffering from dementia, because of their inexperience. As one of the caregivers explained:

Everyone will put their two cents in on how they think it should be . . . if you don't live with an Alzheimer's patient, you have no idea. It's like you're in a world unto yourself because [my mother] will go out and do absolutely nothing in front of somebody else and be as normal as normal can be and [my relatives and friends] think that [I'm] exaggerating. Walk in my shoes kind of thing . . .

These statements provide support for Thoits' (1986) contention regarding the importance of experiential similarity. Specifically, this dimension of similarity appears to have been important to the respondents because of the greater empathy and understanding it created, as well as the increased ease of discussing problematic aspects of the transitions.

The analysis we have presented may also shed light on the conditions under which structural similarity is especially important in explaining patterns of support and interpersonal stress. While structural similarity was not consistently related to support or interpersonal stress when experiential similarity was included in the analysis, structural dimensions particularly salient to the transitions at hand became predictors when experiential similarity was omitted.

This pattern of results may help to explain the inconsistent effects of structural similarity reported in the literature. For example, while studies using community samples have sometimes found similarity of marital status to be of little importance in explaining patterns of support (e.g., Wellman & Wortley 1990), several studies of interpersonal relations following divorce have found such similarity to be a consistent predictor of support (e.g., Johnson 1988; Spanier & Thompson 1987). Perhaps this is because various dimensions of structural similarity only become salient at points in the life course when individuals experience particular status transitions or other life events. Analyses that are unable to take such events into consideration may not produce consistent patterns of effects of structural similarities. Future investigations using a variety of status transitions, and including measures of both structural and experiential similarity, can help to answer this question.

In sum, the findings presented here contribute to a growing literature showing the benefits that individuals receive from associating with others who

have experienced the same status transition. Further, they suggest that structural similarity, which is often assumed to be important in explaining interpersonal relations may be of less importance than experiential similarity for individuals who have recently experienced major status transitions.

Notes

1. We planned to conduct all of the interviews in person; however, it was necessary to conduct approximately 14% by telephone. In some cases this was because the caregiver lived a substantial distance (some more than 150 miles) from the medical centers through which we recruited participants. In other cases it was because the caregiver felt that the patient would find it too upsetting to have a stranger present in the house, or because there would be fewer interruptions by the patient if the interview was conducted by telephone. Mode of interview was not related to any of the variables of interest in the present analysis.

2. Recruiting subjects through medical centers following diagnosis provides an improvement over the recruitment procedures employed in most other studies of caregiving and social support. Recruiting subjects through caregiver support groups, as most studies have done, selects for those caregivers who have already sought additional support, and who have the time and respite care available to allow them to attend such groups. Many caregivers never attend support group meetings — for example, less than half of the respondents in the present study have done so. Thus, support groups contain a select and highly unrepresentative sample of caregivers.

3. Our rationale for selecting respondents whose relatives had been diagnosed recently was that caregiving responsibilities are most likely to become clearly defined at the time that a formal diagnosis of dementia is made. This suggestion has been supported thus far by our findings. Many of the respondents have made statements indicating that being given a specific diagnosis solidified their view of themselves as caregivers. Further, it appears that the date of diagnosis is related to several variables of interest in the study (e.g., violence toward the relative, marital satisfaction, depression, demands of caregiving, consideration of institutionalization). These findings suggest that the date of diagnosis is an appropriate, albeit still imperfect, baseline to use when attempting to study the "caregiving career." (Suitor & Pillemer 1990, for a more complete discussion of this issue.)

4. Seventy-nine married daughters were interviewed at both T1 and T2; however, four were excluded from the present subsample because the parents for whom they were caring died during the year.

5. By the end of the year more than half (57%) of the parents were living in nursing homes, and only 19% were still residing with their daughters. Separate analyses showed that changes in the parents' residence did not alter the sources of support or interpersonal stress, nor the factors affecting support and stress.

6. A more detailed discussion of the ways in which the sample was drawn can be found in Suitor (1988).

7. These family income figures are slightly above the median for white families in which both husbands and wives were present in 1980 (U.S. Bureau of the Census 1982:434). Further, comparison of the returning students' the caregivers' family incomes indicates that the incomes of the two groups were similar when using constant dollars (U.S. Bureau of the Census 1992:452).

8. Two independent coders rated the emotional support variable and had 87% agreement in their ratings.

9. We felt that a simple measure of educational similarity computed as we had done for age similarity would not suffice, since this would not capture the associate's commitment to and involvement in higher education. Specifically, this procedure could assign the same degree of status similarity to two associates whose educational experiences were vastly different from one another; one might have completed a two-year vocational degree at a community college,

while the other had completed a bachelor of science in biology in a university. For the woman in her first year of enrollment, the community college associate would then be coded as being more similar to the student than would the former university student.

10. The difference in the number of associates in the T1 and T2 analysis is due to the way in which we conceptualized the "active network" for the analyses. Following the lead of Fischer (1982) and Wellman (1979), we included in the T1 network all of the individuals named at T1 in response to name elicitation questions. We continued this procedure when defining the T2 network. Specifically, we included the individuals named at T2 as composing this network at this time point. The findings remained essentially unchanged by conducting the analyses using different conceptualizations of the active networks at T1 and T2 (for example, including all people mentioned at either wave in the T2 network; including all people *known* at T1 in the T1 network, even if they were not mentioned until T2, etc.) This conceptualization of the network also clarifies why the number of cases in each part of the analysis is smaller than the overall network size reported in the methods section.

11. Analyses conducted separately on subsamples of kin and nonkin revealed the same pattern of findings presented throughout the article.

12. In a separate analysis we have found that this degree of turnover in associates is common across other dimensions of network function. For example, almost half of the associates named as people with whom the women socialized at T1 continued to be named at T2. Similar patterns were found for other network functions as well. Thus, it appears that there is a great deal of turnover in networks over a short period, particularly when individuals have recently experienced major life events.

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