SEVERE SOCIAL STRAIN: EFFECTS ON PSYCHOLOGICAL HEALTH AND WAYS OF COPING (SOSIAL BELASTNING OG HELSE)

PROJECT DESCRIPTION

Background and significance of the Project

There is abundant scientific evidence that the social environment has a powerful influence on health and well-being, but little is known about the specific mechanisms involved (Okun et al, 1998; Rook, 1994; Schwarzer et al, 1992; Henderson, 1992). There is a particular need to better understand how **social strain** affects functioning. As used here, the term 'social strain' refers to a process involving a stressor and a stress response. The social strain process is defined as one in which 'actions by members of a person's social network cause the person to experience adverse psychological or physiological reactions' (Rook, 1990). Examples of such reactions include somatic symptoms (e.g., stomach ache, sleep problems), depressive symptomology, negative psychological affect, anger, and loneliness. All of these can contribute to poor physical, psychological, and social functioning.

The problem is serious enough that the World Health Organisation has recommended the strengthening of positive social ties as a top priority for health promotion. The anticipated benefits would be better functioning families, neighbourhoods, and communities, and improved physical and mental health. However, there is a large gap between this goal and knowledge about how to achieve it. Too little is known at present about the social-psychological processes involved in the social ties/health connection. Especially needed is research on the stress-producing processes of social networks, to provide a rational basis for the development of effective primary and secondary prevention approaches.

This dr.grad research proposal builds on a strong theoretical and empirical base. The project will be part of a research programme at the HEMIL Centre that prof. Mittelmark co-ordinates, titled 'Den nære sosiale miljøets betydning for helse og trivsel'. The research programme includes at present several population-based survey studies of social strain and health-related outcomes. These surveys provide important information, having already revealed, for example, that over 20 percent of adults in Hordaland experience social strain, and that a high level social strain is strongly related to somatic and psychosomatic symptoms.

However, survey research methods cannot provide deep insight into *how* people experience social strain, and how they attempt to cope. A qualitative research approach is needed as a complement to the quantitative studies already underway. This dr.grad project will draw on the philosophy and methods of grounded theory to study the meanings that people attach to chronic social strain and to elucidate key processes by which people attempt to cope with chronic social strain. This dr.grad project and the survey studies will complement one-another. Both approaches have unique strengths and acknowledged weaknesses. Both approaches are needed in a comprehensive research strategy to improve our understanding of the nature of severe social strain, ways to prevent it, and ways to reduce or prevent negative outcomes of social strain.

Goals

The goal of the project is to examine in detail the phenomenon of severe social strain. The project has five sub-goals:

1. Describe the types of chronic social strain that people experience, including frequency, duration, intensity, and the physical and psychological effects that people ascribe to social strain;

2. Describe social strain in terms of the relationships (family members, co-workers, etc.) between those who experience strain and those who cause the strain;

3. Describe types and sources of social support that may serve as a buffer to ill effects of social strain;

4. Describe the ways people cope or attempt to cope with social strain;

5. For goals 1-4, compare and contrast men/women, and younger/older adults with regard to their experiences with social strain.

Major Research Activities
To achieve these goals, seven research activities will be undertaken:

1. Develop an interview guide for in-depth, semi-structured interviews to probe the details of peoples' experience with serious, chronic social strain (based on experience from the masters thesis);

2. Recruit 32 adults with documented high levels of social strain to take part in interviews, including 8 men and 8 women aged 40-44 and 8 men and 8 women aged 70-72;

3. Conduct two tape-recorded interviews with each participant with total interview time of 2-3 hours;

4. Transcribe the interviews immediately following each interview;

5. Begin data analysis from the start of data collection, using the transcripts and computer software designed for the analysis of qualitative data;

6. Generate codes, themes, and categories, combining and modifying these throughout data analysis;

Develop five scholarly articles to comprise the thesis dissertation (avhandling). All the papers will be based on the data collected from the sample of 32 men and women. Articles based on grounded theory methodology cannot be planned in detail because they will be based on the outcomes of data analysis. At present the following themes are planned for the articles (theories and previous research related to each of these themes is described in the next section of this proposal):

a) Typology of social strain. Social ties function as environmental stressors, but this aspect of social environment has received relatively little attention. The purpose of the paper is to describe what kinds of experiences respondents classify as social strain, why they do so, how they are connected and what are the main characteristics of each type of strain. The paper will also describe primary sources of problematic exchanges and what causes people to experience such exchanges as strain.

b) Patterns of coping responses. Lazarus and Folkman (1984) point out that often, doing something directly as a response to stressors is what is typically though of as coping, but not doing something on purpose is also a way of coping. Other ways of coping are seeking out information relevant to the situation, trying to change the way one thinks about the stressful situation, and attempts to make one feel better (or at least different) without changing either the situation or how one thinks about it. The paper will describe what coping mechanisms the respondents use to cope with the social strain. Coping mechanisms will be categorised and described according to the 'strain' typology developed for paper 1.

c) Relationships between social support and social strain. Social strain and social support appear to be two relatively independent, yet interacting domains of social relationships. The social-psychological processes involved are quite complex, with buffering effects for example, being conditioned by gender, age source of strain and source of support. There has been written much about the buffering effect of social support in the stress health relationship (Cohen et al. 1994; Henderson 1992; Cohen & Mckay 1984). Most research indicate that social support buffers the negative effect of acute stress and social support might serve as a buffer to ill effects of chronic social strain. This paper will explore if the buffer hypothesis applies to chronic social strain.

d) Age differences in the experience of social strain and coping responses. As people age and move through the life course, there are obvious and predictable changes in their social networks, their strains of daily living, the kinds of major stressors they experience, and their coping resources. By taking these changes into

consideration the purpose of the paper will be to explore the differences in the experiences of social strain in two age-groups to explore and describe these differences and according to these differences describe different coping responses.

e) Gender differences in the experience of social strain and coping responses. Literature suggests that there may be important differences in how men and women experience and react to social support and social strain. Relative to men, women have larger social networks, receive more support, and provide more support (Antonucci et al, 1987). The purpose of this paper will be to explore from the emerging data if there are gender differences in the experiences of social strain, to explore and describe these differences and the differences in coping responses.

Theory and Previous Research

The theoretical perspective guiding the project is one in which psychosocial stressors, coping, and psychological well-being are linked in the classic stress-health relationship (Billings and Moos, 1985; Stroebe and Strobe, 1995). In this model, the link between life stressors (including social strain) and indicators of personal functioning (such as depressive symptomology) is mediated by individuals' personal and environmental resources (such as mastery and social support), their cognitive appraisal of the stressor(s), their coping responses, and the inter-relationships among these. The model is a social-psychological one, and does not incorporate biological, genetic, or macro-environmental factors. However, this over-simplification of an extraordinarily complex phenomenon is needed in order to work within a manageable research model.

Social Support. Several psychosocial pathways have been proposed to explain how supportive social ties exert influence on the physical and psychological health of individuals (Cassel, 1976; Wills, 1985; Cohen et al, 1994). Members of one's social network can be sources of information to help one avoid stressful or high risk situations. They can serve also as behavioural role models, both positive and negative. Also, social integration may increase feelings of self-esteem, of self-identity, and control over one's environment, leading to better health outcomes. Social isolation may have the reverse effect. Social ties can also subject an individual to social regulation and social controls, and define normative behaviour (ways of coping with social strain, for example).

Social ties can be sources of both tangible support (e.g., financial assistance) and emotional support (e.g., a confidant in a time of need). The perceived availability and adequacy of such support may be more important for one's psychological well-being than the amounts of support actually received. In times of stress (e.g., the death of a loved one), the resulting stress responses may be buffered to a degree by the actions of others, such as the providing of emotional support, companionship, sympathetic listening, and practical support. It is also possible that social support can buffer the negative effects of chronic social strain, as is discussed in the next section.

Social strain. Social ties function also as environmental stressors, but this aspect of social environment has received relatively little attention from researchers, compared to social support. What research there is has mostly to do with the health affects of major stressful life events (e.g., divorce). However there is an emerging literature that has its theoretical and empirical focus on the negative effects of severe *social strain* (Rook, 1994; Wiseman et al., 1995; Marshall, 1994). Rook (1992) 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 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).

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 relationship (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 kill 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) suggests 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 women 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 gives consistently more to a relationship than one receives. 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 data from the UiB research programme 'Den nære sosiale miljøets betydning for helse og trivsel'. We have built on existing theory and research to create a new measure of social strain that is now being used in several large survey research projects in Hordaland. Initial findings are that severe social strain is associated with many somatic and psychosomatic problems (see later under Pilot studies)

Coping. Coping strategies assist individuals in dealing with both acute and chronic stress. Lazarus and Folkman (1984) define coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" This definition is very wide with different dimensions where the only limitation is that these cognitive and behavioural strategies should have the function of managing the stressful situation (Stroebe and Stroebe 1995). The functions of coping are essentially the same in all situations, although the forms of coping might vary from one situation to another. All coping serves either to change the situation from which the stressors arise, to manage the meaning of the situation in a manner that reduces the threat, or to keep the symptoms of stress within manageable bounds (Pearlin 1989). Persons' coping resources such as psychological characteristics of the person (e.g., self-esteem, sense of mastery or social competence), characteristics of the persons' social environment (e.g., social network characteristics and levels of available social support) or achieved statuses (e.g., education, financial resources or occupational prestige) have been shown to be important for how people cope. Persons with what could be considered as favourable resources (e.g., higher level of mastery; more material resources etc.) have consistently been shown to fare better in the face of stressful circumstances (Eckenrode 1991). Like coping resources, coping responses have been conceived in the literature as a multidimensional set of cognitions and behaviours called upon to help the persons manage or tolerate the demand imposed by chronic or acute stressors.

Age Differences. As people age and move through the life course, there are obvious and predictable changes in their social networks, their strains of daily living, the kinds of major stressors they experience, and their coping resources. There is some evidence that older people may be especially deeply affected by untoward events that occur in the lives of others to whom they are close, especially when there is nothing they can do to help (Pearlin et al, 1996; Aldwin, 1990; Lowenthal, et al, 1975). Examples are the break-up of a family member's marriage, and the loss of employment by a friend or family member. There may be important age differences in the effects of social support and social strain, as a function of the source of support and strain. For example, it has been observed that for older adults, but not for younger adults, positive exchanges with children buffer negative exchanges with spouses (Okun et al, 1998).

Gender Differences. The existing literature suggests also that there may be important differences in how men and women experience and react to social support and social strain. Relative to men, women have larger social networks, receive more support, and provide more support (Antonucci et al, 1987). Also, different sources of support seem to vary in their impact on men and women. Spouses seem to be more important sources of support for men than for women, while non-spouse family members and friends appear to contribute more to the well-being of women than that of men (Belle, 1987; Gore et al, 1991; Schuster, et al, 1990; Lepore, 1992). There is mixed evidence on the role of gender as a moderator of the effects of social strain on emotional health

(Okun et al, 1998). Some studies have found no gender differences, others have observed that women are more affected by negative social exchanges than are men, and at least one study has observed the opposite. The answer to this confusion may be that gender differences may be more or less evident depending on the source of the strain (Rook, 1994). For example, negative exchanges with relatives (compared to non-relatives) have been observed to exert a greater influence on depressive symptomology in women than in men (Schuster, et al, 1990).

Limitations of Research on Social Ties and Well-being. Much of the existing research has been conducted under the assumption that the social ties/health relationship is dominated almost entirely by the positive effects of social support (Rook, 1992). Indeed, many studies have measured social support but not social strain. However, there is emerging evidence that social strain may play a vital role in health status through classical stress processes. Social strain and social support appear to be two relatively independent, yet interacting, domains of social relationships. The social-psychological processes involved are likely quite complex, with buffering effects for example, being conditioned by gender, age, source of strain, and source of support. Thus, more research is needed that undertakes a balanced and detailed examination of how people experience social strain, how social support may buffer the effects of social strain, and how people cope, with attention to gender and age differences in all these phenomena. Such research attempt to develop better appreciation of how social strain affects well-being, as viewed from peoples' own perspectives.

Qualitative Research and Grounded Theory. In the research programme 'Den nære sosiale miljøets betydning for helse og trivsel' at UiB, it is recognised that the survey research presently underway needs to be accompanied by highly detailed studies of the ways that social bonds influence well-being. One way to develop such fine-grained conceptions is to conduct in-depth studies of peoples' experiences with social strain and social support, and attempt to extract insight from their reports about the processes involved. The qualitative methods proposed for this dr.grad research project are particularly well-suited to the in-depth exploration of peoples' experiences that is called for. Strauss and Corbin (1990) define the grounded theory approach as "a qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon." Grounded theory is a research method that "seeks to discover basic social-psychological problems and processes assumed to be inherent in various groups" rather than being descriptive (Wilson et al, 1991). In grounded theory, data analysis is a process that begins simultaneously with data collection and goes on as long as the phenomena is studied. This process of constant comparison is used to develop and refine theoretically relevant categories grounded in the data and is a part of validating the study. This method is therefor well suited to explore areas that are little known, such as is the case in this research project.

Design of the Research

The research method used will be grounded theory, and data will be collected through tape-recording in-depth interviews. Because of the flexibility and openness of the method the phenomenon under study, the experience of social strain, can be studied in a holistic way. Thirty-two participants will be enrolled using a sampling approach described in a later section. Data collection will take one year. Data analysis will occur co-incident with data collection and will extend six months after data collection is complete.

Time Frame. This dr.grad research will take three years to complete. One year is allocated to data collection. Based on the pilot study, it is estimated that on average, three cases can be conducted each month. Each case will require 1.5 days for preparation time, travel, and interview time. This will include two interviews per case, conducted approximately one week apart. The rationale for conducting two interviews is based on experience from the pilot study. The interviewer requires time to reflect on the data collected in an initial interview in order to determine what topics require more in-depth treatment in a second interview. Approximately 45 pages of transcript will be produced from each case, requiring three days of transcription per case. Preliminary data analysis (open coding) will require 2.5 days for each case. In sum each case is expected to require 7 days. Data collection, data processing, and preliminary analysis will thus require 224 days according to the research plan. This is a tight but feasible time schedule, based on experience from the pilot study.

Month/Year Activity	jan-mar '99	apr-jun '99	jul-sep '99	oct-dec '99	jan-mar '00	apr-jun '00	jul-sep '00	oct-dec '00	jan-mar '01	apr-jun '01	jul-sep '01	oct-dec '01
Develop initial interview guide	X											
Pilot test and revise interview guide	X											
Data collection		X	X	X	X							
Data transcription		X	X	X	X							
Initial data analysis (open coding)		X	X	X	X							
Data analysis (axial & selectiv coding)					X	X	X					
Prepare and submit paper #1					X	X						
Prepare and submit paper #2						X	X					
Prepare and submit paper #3							X	X				
Prepare and submit paper #4								X	X			
Prepare and submit paper #5									X	X		
Complete and submit dissertation										X	X	
Disputas												X

Participants. Thirty-two men and women will be invited to participate, equally divided by gender and in two age groups, 40-44 and 70-72. They will be recruited from among participants in an epidemiological study of social environment and health that prof. Mittelmark is conducting as part of "Helseundersøkelsen i Hordaland '97-99'". Approximately 10,000 40-44 year olds will complete a 6-item screening questionnaire measuring social strain (called the KAM-B, and described in detail in the section Pilot Studies). Approximately 4,500 participants aged 70-72 will also complete the KAM-B.

Participants scoring in the highest tertile (highest third of the distribution) of the social strain questionnaire, compared with those in the lowest tertile, report significantly higher levels of depressive symptomology, sleep problems that disrupt work, seasonal affect problems, loneliness, and somatic complaints. It is from those scoring in the highest tertile of the social strain subscale that participants will be recruited. To avoid sampling individuals at the extremes of the high tertile of social strain, sampling will focus on individuals at approximately at the mean level of social strain within the high tertile. A strictly volunteer sample will be recruited. No effort will be made to convince people with high social strain that they should participate. To the contrary, the in-depth and intensive interview methodology to be used requires motivated participants with the desire to participate.

Data collection. Data will be collected by semi-structured interviews. Kvale (1996) has defined a semi-structured interview as "an interview whose purpose is to obtain descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena". An interview guide will be used to be better able to elicit viewpoints from the respondents. The interview guide will be reconsidered, adjusted and developed as new codes, and themes emerge from the data. It is important to emphasise openness in the data collection to insure that the interviewer does not interfere with the data producing process. Data collection in this study will be a process where each interview feeds new information into the study. This will be continued until theoretical saturation is reached (that is, when data collection ceases to yield significant new information).

All activities related to data collection will be undertaken by Sigrun G. Henriksen. Each participant selected in the manner described above will receive a letter of invitation for this study, followed by a telephone call to make an appointment for a home visit if the individual wishes to participate. Both the letter and the telephone call will describe the purpose of the study, how and why the person was selected, the time commitment needed to participate, expected benefits, possible risks, confidentiality of the data, and the persons' right to withdraw at any time. The initial home-based interview will last about 1-2 hours. Interviews may take place at a location other that the home if the participant prefers. A follow-up interview will be scheduled approximately one week later, lasting about 1-1/2 hours. The interviews will be conducted in private. The interviews will be recorded on audiotape, with prior agreement of the participant. Persons who cannot agree to tape-recorded interviews will not be selected for participation. If an interviewee becomes fatigued or for any other reason is unable or unwilling to complete an interview, a new appointment will be agreed to complete data collection. Interviewees

will be informed that they have the right to discontinue participation at any time, for any reason. The interview guide will include questions related both to positive and negative aspects of social network. Each interview will begin and end with discussion of positive aspects, to provide participants with a balanced experience, a procedure that was pilot tested in Henriksen's masters thesis research with good results.

Data analysis methods. The method of analysis to be used in this research is that developed by Strauss and Corbin (1990), in which grounded theory is built up by careful data collection as described above, combined with a data analysis process containing three main steps. 1) Open coding, 2) axial coding and 3) selective coding. The aim of data analysis is to build a conceptual density by moving from the non-abstract (transcript) to the more abstract level of codes and categories.

1) Open coding will be used in the process of breaking down, examining, comparing, conceptualising, and categorising data. It is a process of 'fracturing' the data into concepts that are labelled and sorted while the analyst remains unrestricted by predetermined theory. In practice, the analyst goes through the transcripts line by line and asks "What is this an example of ?" By comparing the coded data, patterns and categories start to take form. In this step the researcher get an systematic oversight over emerging themes that will be used in further data collection (interviews) to get an deeper insight into the phenomenon.

2) After open coding the data are put back together in new ways, by making connections between categories. This process is called axial coding. This is done by utilising a coding paradigm involving conditions, context, action/interactional strategies and consequences. At this stage the analyst tries to discover the main problems/processes seen from the respondents point of view and decides what themes or processes are important to explore further.

3) The highest level of abstraction, selective coding, is the process of selecting the core category (or the central phenomenon), and all other categories that have been developed are systematically related to it. All relationships are continually validated against data, and categories that need further refinement and development are 'filled in' by the collection of more data. At this level it is helpful to employ existing research literature and theory to evaluate the degree to which findings are reflected in previous work and ideas, or appear to be unique.

The analysis process will be facilitated by a computer software programme (NUDIST). Support in using the software is available at the Hemil-Center, where several researchers have special training in its use..

Pilot Studies

We have conducted two prior studies related to this dr.grad project. One is a qualitative study conducted by Sigrun G. Henriksen (masters thesis) in which the research methodology for the dr.grad project has been developed and tested. The other study, conducted by prof. Mittelmark, is a questionnaire development study (funded by Rådet for psykisk helse) in which the reliability and validity of a new social strain scale has been studied. Data from this study are relevant because they show that the prevalence of social strain is high in western Norway (Hordaland) and that social strain is strongly associated with depressive symptomology, loneliness, somatic complaints, seasonal affect disorder, and serious sleep problems. The experience with both studies is reported below.

Questionnaire Development Study. We have developed the *Kontakt med Andre Mennesker-Belastning Scale* (KAM-B) and tested its reliability and validity in a sample of 895 men and women ages 40-44 living in Hordaland. The scale consists of six items, each rated by respondents using one of four response alternatives (stemmer helt, stemmer ganske bra, stemmer ikke særlig, stemmer slett ikke). The scale is available in Bokmål and Nynorsk. The items are listed here, followed in parentheses by the percent of respondents reporting 'stemmer helt' or 'stemmer ganske bra': 1) Det er mennesker i livet mitt som jeg bryr meg om, men som misliker hverandre (36,9 prosent); 2) Det finnes en person i livet mitt som trenger min hjelp, men jeg vet ikke hvordan jeg kan hjelpe (28,6 prosent); 3) Det finnes en viktig person i livet mitt som ønsker å støtte meg, men som ofte sårer meg istedet (16,6 prosent); 4) Det finnes mennesker som jeg må være sammen med nesten daglig som ofte hakker på meg (15,2 prosent), 5) Det finnes personer som gjør livet mitt vanskelig fordi de ønsker for

mye omsorg fra meg (14,9 prosent), 6) Jeg har noen jeg bryr meg om, som forventer mer av meg enn jeg kan klare (24,8 prosent).

The KAM-B is normally distributed, has minimum and maximum values of 6 and 24, a mean of 10,5 and a standard deviation of 3,6. The internal reliability of the KAM-B is well within an acceptable range (Cronbach's Alpha = 0,75). Comparing the lowest versus the highest tertiles of the KAM-B, respondents in the highest tertile of social stress reported higher levels of somatic complaints ($t = 4,3$; $df = 631$; $p < 0,000$), higher levels of depressive symptomology as measured by the Hospital Anxiety and Depression Scale ($t = 6,1$; $df = 627$; $p < 0,000$), more symptoms of seasonal affect disorder ($t = 5.9$, $df = 281$, $p < 0,000$), and higher levels of loneliness ($t = 10,8$, $df = 632$, $p < 0,000$). Also, high levels of social strain measured using the KAM-B were associated with sleep problems serious enough to disrupt work performance (Chi-Square = 28,8, $p< 0,000$), and with symptoms of hypochondria (Chi-Square = 8.5, $p = 0,014$).

Henriksen's master's thesis. The purpose of the master's research was to study the validity of the KAM-B from the perspective of typical individuals who have experienced the situations described in the KAM-B questions. The experience of social strain and the ways in which people understand the KAM-B questions were explored in-depth by asking respondents to describe their personal experiences with social strain and the meanings they attached to the strain concepts presented in the KAM-B. The qualitative methods used were a combination of grounded theory and phenomenology. Thirteen men and women, 34-53 years old, were interviewed, with each interview lasted 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 tape recorded and transcribed as an ongoing process. The data analysis was organised in four parts to address distinct questions: 1) What kind of experiences do people characterise as strain? A descriptive approach to the data was used to examine individual experiences and similarities and differences between individuals 2) How do people understand the words and constructs in the KAM-B questions? Here a more abstract, interpretative analysis was used to extract new meanings. 3) How do people experience using the KAM-B questionnaire? The interpretative method of analysis was applied. 4) What patterns emerge when the data are considered jointly? All parts were analysed singly and then together to uncover new aspects and categories.

Data analyses already undertaken indicate that people experiencing different kinds and amounts of social strain are willing to talk about these issues without experiencing undue discomfort. Respondents reported experiencing daily a wide range of social strains that had negative affective consequences for them. For example, this 46 years old women expressed angst about having persons that needed her help but without knowing how to help:

> *"I was thinking about two persons but mostly a friend and a neighbour of mine. She has been very sick and is never getting quite well, and maybe she has problems with dealing with her live in a positive way. This is very difficult because she is isolating herself socially and it is difficult to get her out and you can see that her marriage is not functioning well (get tears in her eyes). We have tried to help in different ways but can't see any progress. There is always something negative. I feel that this is so hopeless and now and then I get bored by it ,and then I get bad conscious about it and very often very disappointed "*

Respondents reported that strain experiences connected to the closest members of their social networks (family, relatives and close friends) were the most distinctive of their social strain experiences.

Preliminary findings show that experiences with social strain are manifold and complicated. This pilot study serves therefor as an important point of departure for additional studies of the phenomena. Based on the findings in the master's thesis it is clear that it is important to develop grounded study of the phenomenon of social strain, to fully understand its elements and the processes involved.

Ethical Aspects and Protection of Privacy

Certain ethical aspects of this project have already been addressed above, such our intention to recruit only well-motivated volunteers, and that we will emphasise participants' right to withdraw from the study at any time. Additional ethics information is described here. All data collected for this study will be anonymous with no tracer information attached to the raw data. The researcher (Henriksen) will be the only individual with access to linking information, and she will keep this information strictly confidential, in locked files under her

supervision. After data collection is complete, all traceable information will be destroyed, leaving only completely anonymous raw data files.

There is the very remote possibility that discussion of social strain could be seriously uncomfortable for certain participants. However, this was not the case for any participant in the pilot study. The recruitment methods (selection of motivated participants who are eager to take part) is in fact more likely to result in participants who feel satisfaction at having the opportunity to discuss matters that are important to them. Nevertheless, the researcher (Henriksen) will be attuned to possible serious untoward reactions and will moderate or terminate interviews that are too uncomfortable for a participant. In the most unlikely event that an interviewee appears seriously depressed and in need of professional care, the researcher will offer a list of service providers.

This study protocol and an information/consent form will be submitted to Datatilsynet and the Regional Ethics Committee, and we have good reason to expect approval. The masters thesis pilot study used the same methods of screening and recruitment, data collection and data analysis as are proposed for this dr.grad project, and it was approved by Datatilsynet and the Regional Ethics Committee. Thus, we have no reason to expect any decision except approval of this protocol.

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