

## Berlin Social Support Scales (BSSS)

<b>Reference:</b>	Schulz U & Schwarzer R. Soziale Unterstützung bei der Krankheitsbewältigung. Die Berliner Social Support Skalen (BSSS) [Social support in coping with illness: The Berlin Social Support Scales (BSSS)]. <i>Diagnostica</i> . 2003; 49: 73-82.  Schwarzer R & Schulz U. Berlin Social Support Scales (BSSS). 2000. Available at: <a href="http://www.coping.de">http://www.coping.de</a>
<b>Language:</b>	German (Original), English, French, Polish, Spanish
<b>Contact:</b>	Prof. Dr. Ralf Schwarzer, Free University Berlin, Habelschwerdter Allee 45, 14195 Berlin, Germany, E-mail: <a href="mailto:health@zedat.fu-berlin.de">health@zedat.fu-berlin.de</a>
<b>Copyright:</b>	Authors

**Origin:** Original

**Purpose:** To measure cognitive and behavioural aspects of social support; to assess quantity, type, and function of social support in general and in stressful circumstances; to investigate dyadic support interaction in stressful situations

**Population:** The scales were developed for and validated with an adult population of cancer patients and their partners. They can be used across different clinical and healthy adult populations.

### Administration

*Rater: Self-administered*

*Time Required: Completion of the entire BSSS takes approximately 20 minutes*

*Training: None*

*Scoring: The answering format is the same for all subscales: Participants indicate their agreement with the statements on a four-point Likert-type scale. Possible endorsements are strongly disagree (1), somewhat disagree (2), somewhat agree (3) and strongly agree (4). Negative items need to be reversed. Scale scores are obtained either by adding up item responses (sum scores) or by generating the scale mean score.*

*Also, three subscales, i.e., perceived support, received and provided support, respectively, allow for further distinction of different kinds of support. In some research contexts, a fine-grained analysis of various support types may be of great value. The perceived support subscale comprises items of emotional and instrumental support; adding up the respective items yields two discrete scores for each support type. Similarly, overall received and provided support scores can be split up by summarizing emotional, instrumental, and informational support item scores for each subscale separately.*

**Description:** The 6 subscales of the BSSS (Perceived, Actually Provided and Received Social Support, Need for Support, Support Seeking, Protective Buffering) measure both cognitive and behavioral aspects of social support. The instrument permits individual and dyadic social support assessment. One item presented in conjunction with the scale Actually Received Support assesses participant's satisfaction with the support that was received within a defined time period. Items of the Received/Provided Support subscales referring to unfavorable support behavior of the partner were omitted from our cancer study after participants expressed rejection of those statements. No data on these items are available.

**Coverage:** Research (cross-sectional, longitudinal, experimental studies) and clinical (e.g., psychosocial intervention to enhance support from social network), counselling and training

**Reliability:** Internal consistency for subscales in validation sample (cancer patients, N=457): Perceived Social Support (8 items): Cronbach's alpha = .83; Received Social Support (general score, 11 items): Cronbach's alpha = .83; Need for Support (4 items): Cronbach's alpha = .63; Support Seeking (5 items): Cronbach's alpha = .81; Protective Buffering (6 items): Cronbach's alpha = .82. Internal consistency for Provided Social Support (general score, 11 items) in partner sample (spouses only, n=175): Cronbach's alpha = .75.

**Validity:** Validity has been demonstrated in several studies (cf. Schulz & Schwarzer, 2003; Schulz & Schwarzer, 2004).

**Responsiveness:** Measures of Perceived Social Support, Need for Support, and Support Seeking were assessed only once as they reflect stable, general characteristics. With varying coping tasks, stress levels, and adjustment requirements over the study period, levels of Received and Provided Social Support as well as Protective Buffering changed accordingly. Within marital dyads, provided and received support were related. Higher levels of received support were associated with indicators of better psychosocial adjustment.

**Strengths:** The multifaceted structure of the instrument allows for a comprehensive assessment of social support in various research contexts in individuals and across dyads. The simplicity and shortness facilitate flexible use according to the particular assessment needs without compromising on reliability and validity. The items are easy to understand, the answering format is the same across all subscales. The broad spectrum of applications from laboratory research to clinical settings and across different healthy and disease populations alleviates comparisons between diverse populations. The BSSS is also suitable for repeated measurement. The scales may be applied in conjunction or separately, with or without reciprocal (dyadic) support assessment.

**Weaknesses:** The subscales on Actually Received and Provided Support and Protective Buffering are geared towards coping with a stressful episode. Also, the range of assessed actual support behaviors is limited with focus on a temporarily hospitalized/physically impaired population. At this time, no information is available about the usefulness of these three subscales in the absence of life stressors. Especially the aforementioned subscales may also be susceptible for distortion of measurement due to social desirability, a typical problem in social support research. The scales also do not assess negative social interaction or its consequences.

#### **Bibliography:**

Cohen S, Underwood LG & Gottlieb BH, editors. Social support measurement and interventions: A guide for health and social scientists. New York: Oxford; 2000.

Coyne JC & Smith DAF. Couples coping with a myocardial infarction: A contextual perspective on wives' distress. *Journal of Personality and Social Psychology*. 1991; 61:404-412.

Eckenrode J. The mobilization of social support: Some individual constraints. *American Journal of Community Psychology*. 1983; 11: 509-528.

Klauer T & Schwarzer R. Soziale Unterstützung und Depression [Social support and depression]. *Verhaltenstherapie und Verhaltensmedizin. Themenheft: Soziales Netz und psychische Störungen*. 2001; 22:333-352.

Laireiter A & Baumann U. Network structures and support functions: Theoretical and empirical analyses. In Veiel HOF & Baumann U, editors. *The meaning and measurement of social support*. New York: Hemisphere; 1992. p. 33-55.

Leppin A & Schwarzer R. Sozialer Rückhalt, Krankheit und Gesundheitsverhalten [Social support, illness, and health behavior]. In Schwarzer, R, editor. *Gesundheitspsychologie. Ein Lehrbuch*. Göttingen: Hogrefe; 1997. p. 349-373.

Sarason I, Sarason BR & Pierce GR. Three contexts of social support. In Veiel HOF & Baumann U, editors. *The meaning and measurement of social support*. New York: Hemisphere; 1992. p. 143-154.

Schulz U & Schwarzer R. Soziale Unterstützung bei der Krankheitsbewältigung. Die Berliner Social Support Skalen (BSSS) [Social support in coping with illness: The Berlin Social Support Scales (BSSS)]. *Diagnostica*. 2003; 49: 73-82.

Schulz U & Schwarzer R. Long-term effects of spousal support on coping with cancer after surgery. *Journal of Social and Clinical Psychology*. 2004; 23: 716-732.

Schwarzer R, Knoll N, & Rieckmann N. Social support. In Kaptein A & Weinman J, editors. *Health Psychology*. 2004, Oxford, England: Blackwell; p. 158-182.

Schwarzer R & Leppin A. Social support and health: A theoretical and empirical overview. *Journal of Social and Personal Relationships*. 1991; 8:99-127.

Vaux A. Assessment of social support. In Veiel HOF & Baumann U, editors. *The meaning and measurement of*

social support 1992; New York: Hemisphere: p. 193-216.

Wills TA & Fegan MF. Social networks and social support. In Baum A, Revenson TA & Singer JE, editors. Handbook of health psychology. 2001. Mahwah: Erlbaum: p. 209-234.