

# Differences in Social Support Among Employed and Unemployed Adults Who Are Visually Impaired

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**Abstract:** This study of the differences in social support received by 97 employed and unemployed adults who were visually impaired found that the employed adults reported more positive and less negative social support than did the unemployed adults and had fewer anxiety symptoms and higher life satisfaction.

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Employment plays a significant role in the identity formation and personal well-being of all people. Not only does it shape one's financial status, daily activities, and social interactions (Goodwin & Kennedy, 2005; Jahoda, 1981), but it is related to greater self-esteem (Hagemoser, 1996). Research has also shown that the transition to employment is related to decreased psychological distress (Thomas, Benzeval, & Stansfeld, 2005), whereas the transition to unemployment is related to increased psychological distress (Flanagan, 1990; Lempers, Clark-Lempers, & Simons, 1989; McLoyd, 1989; Thomas et al., 2005).

Because of the acknowledged importance of employment for

well-being, there have been concerted efforts to support the employment of persons with disabilities, including the Americans with Disabilities Act (ADA), which prohibits discrimination in employment and requires employers to accommodate people with disabilities, and the Rehabilitation Act, which mandates the use of federal funding for vocational rehabilitation services and support activities (American Foundation for the Blind, n.d.). Despite these efforts to create more employment opportunities, rates of employment among working-age individuals who are visually impaired (that is, those who are blind or have low vision) are significantly lower (40%-45%) than are those of the general population (80%), as well as those of individuals with other disabilities (Kirchner, Schmeidler, & Todorov, 1999; McNeil, 1993). Because of the low rate of employment, research has focused on investigating functional barriers to employment for persons with visual impairments and has posited reasons for the high rates of unemployment, including the lack of employment skills and motivation, transportation, housing, and access to information (Crudden & McBroom, 1999; Crudden, Sansing, & Butler, 2005; Moore & Wolffe, 1997; O'Day, 1999).

Research in this area has also focused on the interrelationship between social support factors and employment status. In an effort to determine the risk factors associated with unemployment, Leonard and D'Allura (2000) compared the psychosocial characteristics of employed and unemployed persons with visual impairments who were referred to a vocational placement program at a vision rehabilitation agency. They found that employed persons reported more encouragement from family and friends, had higher self-efficacy scores, and were more likely to have received technology training and a college education than were unemployed persons. Similarly, Roy, Dimigen, and Taylor (1998) studied the relationship between the employment status and social networks of visually impaired college graduates in Great Britain. They found that employed college graduates reported a higher number

of social interactions in the past week, had a larger range of people in their social networks, and reported more helpful familial support than did those who were unemployed.

Conversely, the unemployed college graduates reported fewer social interactions in the past week, a smaller range of people included in their social networks, and less helpful familial support; they also experienced the majority of their social interactions in structured settings (such as a church group) than did their employed peers, who were far more likely to socialize in unstructured settings (such as public bars). In short, these studies have established that there are distinct differences in the characteristics of social support of employed and unemployed people who are visually impaired.

Moreover, research has repeatedly demonstrated the importance of positive social support in the rehabilitation process and for employment. Kaplan (1990) found that for participants with brain injuries who were living in intact families, those who reported high satisfaction with their social support network were more likely to become employed than those who reported low satisfaction with their social network. Other research has emphasized the importance for people with disabilities of support from family members and friends for both job seeking and job retention and adjustment by boosting motivation and confidence (Bolton, 1983; Crudden, 2002; Crudden & McBroom, 1999; DeMario, 1992; Kelley & Lambert, 1992; McShane & Karp, 1993; Moore, 1984). Hagemoser (1996) also found that employment is related to more harmonious familial relationships, whereas the transition to unemployment is related to increased familial conflict (see also Flanagan, 1990). These studies have suggested that positive social support is important to finding and maintaining employment.

More recently, research on social support and the psychosocial characteristics of employed and unemployed people has centered on the importance of formal support, as evidenced by new studies on the counselor-consumer relationship, the

development of supported employment in the workplace by external agencies, and on the role of the employer in providing an assistive and accommodative environment for workers with disabilities (Cappella-McDonnall, 2005; Crudden et al., 2005; Forrester-Jones, Jones, Heason, & DiTerlizzi, 2004).

Specifically, a high-quality relationship between a counselor and consumer, as rated by an outside observer, was found to be associated with competitive employment (Cappella-McDonnall, 2005); access to supported employment agencies, typically external agencies that provide flexible training and support services to people with disabilities in their work environments, was also related to a larger social network and positive outcomes (Forrester-Jones et al., 2004). In addition, Crudden et al. (2005) found that employers who had high expectations of their employees with disabilities contributed to their employees' success.

Although the literature has demonstrated that positive types of support play a beneficial role in fostering employment and the transition to employment, there has been little research on the influence of unhelpful or negative types of support that may undermine one's ability to become employed. Forms of negative social support include criticism, anger, or hostility (Ruehlman & Karoly, 1991) and overprotective attitudes and behaviors (Cimarolli, in press; Cimarolli & Boerner, 2005; Cimarolli, Reinhardt, & Horowitz, 2006; Diehl & Willis, 2003; Thompson, Galbraith, Thomas, Swan, & Vrungos, 2002). Research on negative types of support has shown that they have negative effects on mental health (Hirsch & Rapkin, 1986; Jackson & Lawson, 1995; Reinhardt, 2001; Rook, 1984) and exacerbate the adverse effects of stressful life conditions, such as chronic illness (Dunkel-Schetter & Wortman, 1982; Manne & Zautra, 1989; Stephens, Kinney, Norris, & Ritchie, 1987). For people who are visually impaired, for instance, perceptions of overprotective care were associated with less successful adaptation to age-related vision loss (Cimarolli et al., 2006) and with higher levels of depression and anxiety in young and

middle-aged adults (Cimarolli, in press).

Despite the demonstrated impact of negative social support on mental health and psychosocial adaptation to chronic illness and disability, there has been little research on the relationship between negative social support and employment status. Studies on unhelpful types of support are important in that they can identify possible reasons why some people have long-term vocational success while others do not and help professionals develop assessment methods that more accurately determine people's needs so that providers of vision rehabilitation services can create supportive conditions that may help individuals who are visually impaired become successfully employed.

Therefore, the primary purpose of the study presented here was to explore the amount of negative social support experienced (actual received unhelpful types of support and perceived overprotection) by employed and unemployed adults with visual impairments to gain further understanding of the differences and similarities in negative support between the two groups. The study also sought to explore differences in positive social support, differences in psychological well-being (depression, anxiety, and life satisfaction), and the sociodemographic and vision- and health-related characteristics of employed and unemployed working-age adults.

## **Method**

### **PARTICIPANTS**

The 97 participants were 62 (63.9%) women and 35 (36.1%) men aged 25-64 (average age: 47 years,  $SD = 9.86$ ) who were applicants at a vision rehabilitation agency. Of the 97, 66 were unemployed and 31 were employed (24 worked full time and 7 worked part time). Of the 94 participants who reported their race or ethnicity, 40 (42.6%) were Caucasian, 33 (35.1%) were African American, 15 (16%) were Hispanic, 5 (5.3%) were Asian, and 1 (1.1%) was Native American. Regarding

educational levels, 7 participants (7.2%) had at least an 11th-grade education, 26 (26.8%) had high school diplomas, 32 (33%) had completed some college, 17 (17.5%) were college graduates, and 15 (15.5%) had graduate degrees.

## **PROCEDURE**

The participants were recruited from a pool of 202 adults with visual impairments aged 22-64 who had been applicants at a vision rehabilitation agency serving the greater New York metropolitan area during a one-year period. All of their cases were closed by the agency before they were contacted to participate. Other criteria for inclusion were age of onset (onset of visual impairment at 18 years or older), residence (those who lived in the community), language (fluency in English), and the absence of cognitive or hearing deficits that could interfere with the telephone interview. The potential participants were mailed a large-print letter describing the purpose of the study and asking for their voluntary participation. One week after the letter was sent, the project staff telephoned them to see if they were willing to be interviewed or to schedule a later appointment. Data were collected by trained interviewers through telephone interviews that lasted an average of 40 minutes. All the study procedures and materials were approved by the Institutional Review Board of Lighthouse International, and the participants were asked for oral consent after they were read an informed consent form outlining the details of the study procedures, the potential risks and benefits, and the use of data.

Of the 202 potential participants, 44 could not be reached even after numerous attempts, 19 were non-English speaking, 5 did not live in the community, 1 was too depressed to participate, 1 had a speech impairment, and 5 were deceased. Thus, of the 127 potential participants, 97 participated in the interviews and 30 declined to participate, resulting in a response rate of 76%.

## **MEASURES**

### ***Sociodemographic and vision- and health-related characteristics***

Single items were used to assess the participants' age, gender, race, education, and employment status. The 15-item self-report Functional Vision Screening Questionnaire (Horowitz, 1998) was used to assess the extent to which vision loss caused difficulty in specific functional areas (such as reading regular print). Each item is scored: 0 = no difficulty, 1 = difficulty. Scores on each item are summed and can range from 0 to 15. The participants were also asked to report if they had received any type of vision rehabilitation services (yes or no).

The Activity Restriction Scale (ARS; Williamson & Schulz, 1992) was used to assess current levels of functional disability because of vision loss and other health problems. Using a 5-point Likert scale (0 = never or seldom did so to 4 = greatly restricted), this instrument measures the extent to which participants experience restrictions in nine areas of activity (such as caring for self, doing household chores, visiting friends, going to work, and working on hobbies) because of visual impairment and other chronic conditions. Scores on Likert-scale items were summed to form a total score, which can range from 0 to 36. The Cronbach's alpha of the ARS for the current sample was .79. In addition, a 1-item indicator was used to assess self-rated health: "How would you rate your overall health at the present time?" (from 1 = very poor to 5 = excellent).

### ***Positive social support***

Perceived positive support was assessed with the 6-item Lubben Social Network Scale (Lubben & Girona, 2003). Three items each assess the frequency of contact with relatives or friends, the number of relatives or friends who can provide emotional support, and the number of relatives or friends who can provide instrumental support (0 = none to 5 = nine or more). Scores on Likert-scale items are summed to form a total score for each

scale (family and friend scales) and can range from 0 to 15. Reliability analyses of the present data produced an alpha of .80 for the Family Support Scale and an alpha of .87 for the Friend Support Scale.

### *Negative social support*

The following open-ended question was used to assess received types of negative or unhelpful support: "Although the people who are close to us can be helpful, they can also make us angry or upset at times, for example, by assisting us with things we could do ourselves or by providing too much help. Could you please describe aspects of your social support system that are not helpful to you or that upset you?"

Perceived overprotection was measured using the 18-item Overprotection Scale for Adults (OPSA; Thompson & Sobolew-Shubin, 1993). The items in the scale assess an individual's perception of being overhelped, induced to be dependent, shielded from stress, and not treated as an adult on a 4-point Likert-scale (from 1 = strongly disagree to 4 = strongly agree). Summed scores can range between 18 and 72. The Cronbach's alpha of the OPSA based on the present sample was .83.

*Mental health outcomes.* The 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) was used to assess the frequency of depressive symptoms in the past week. Respondents indicate, on a 4-point Likert-type scale (from less than one day = 0 to 5-7 times a week = 3), how often they experience the symptoms described by the item. Scores are summed to form a total score ranging from 0 to 60. Reliability analyses of the present data produced an alpha of .93 for the CES-D.

The 21-item Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) was used to assess symptoms of anxiety. The BAI was chosen because it assesses symptoms of anxiety that are distinct from depressive symptoms. Respondents



indicate on a 4-point scale (from 0 = "not at all" to 3 = "I could barely stand it") how much each symptom of anxiety had bothered them during the previous week. The total score can range from 0 to 63. Reliability analyses of the present data produced an alpha of .92 for the BAI.

Life satisfaction was assessed with the 5-item Satisfaction with Life Scale (SWLS; Pavot & Diener, 1993). The SWLS is designed to assess a person's global judgment of life satisfaction. Participants are asked to rate their agreement or disagreement with statements concerning their life circumstances on a 5-point scale (from 1 = strongly disagree to 5 = strongly agree). Scores on the scale can range from 5 to 25. Reliability analyses of the present data produced a Cronbach's alpha of .82 for the SWLS.

## **PLAN OF ANALYSIS**

The first stage of the data analysis entailed the coding of the open-ended question that was designed to elicit types of negative or unhelpful support received using a coding system that was previously used in a study on social support among adults who are visually impaired (Cimarolli & Boerner, 2005). Two independent coders assigned codes to the narrative responses of the first 20 participants to generate codes that reflected common themes. The interrater agreement for this first round of coding was close to 60%. On the basis of this first round, the definitions of the codes were discussed and clarified. The remaining rounds of coding all produced interrater agreements of at least 80% for both social support questions.

Descriptive analyses were then conducted to identify the frequency of occurrence of the different categories of negative support that had emerged from the coding of the narrative responses. Next, cross tabulations were calculated for all categorical variables, including gender, race (dummy coded), use of rehabilitation services (yes or no), and different types of negative support received. Moreover, independent sample *t*-tests

were conducted to determine differences between the employed and unemployed groups along the following continuous variables: age, educational level, functional vision loss, functional disability, self-rated health, perceived support from family and friends, perceived overprotection, and the three indicators of psychological well-being (depressive symptomatology, anxiety symptoms, and life satisfaction).

## **Results**

### **NEGATIVE TYPES OF SUPPORT RECEIVED**

Categories of negative types of support, based on the narratives of the participants who reported negative types of support from their social networks, are displayed in [Table 1](#), including frequencies and comments to illustrate the codes. The most frequently reported type of negative exchange was "Social network doesn't understand my need for personal independence," followed by "Social network underestimates my limitations." "Social network underestimates my capabilities" and "Conflict with social network members" were mentioned less frequently.

#### ***Cross tabulations***

[Table 2](#) summarizes the results of the cross-tabulation analyses for the categorical variables--gender (female or male), African American (yes or no), Caucasian (yes or no), Hispanic (yes or no), use of rehabilitation services (yes or no), and different types of negative support received (all yes or no). Because certain categories of negative social support were mentioned infrequently, cross tabulations to determine differences among the employed and unemployed groups were calculated only for the following categories: "Social network doesn't understand my need for personal independence," "Social network underestimates my limitations," "Social network underestimates my capabilities," and "Conflict with social network members."

The chi-square tests of the following cross tabulations were significant: gender by employment status, Caucasian by employment status, African American by employment status, and conflict by employment status. Specifically, the results showed that 77.4% of the women were unemployed versus 51.4% of the men ( $\chi^2 = 6.95, p = .01$ ). In addition, 55% of the Caucasian participants were unemployed versus 75.9% of those of other races ( $\chi^2 = 4.55, p = .03$ ), and 87.9% of the African American participants were unemployed compared to 55.7% of those of other races ( $\chi^2 = 10.01, p = .00$ ). Finally, none of the employed participants versus 15.2% of the unemployed participants reported conflict with his or her social network ( $\chi^2 = 5.28, p = .02$ ).

## **INDEPENDENT SAMPLE *T*-TESTS**

[Table 3](#) summarizes the results of the independent *t*-tests. There were no significant age differences between the two groups. However, the two groups differed in educational level; that is, those who were employed had higher educational levels than did those who were unemployed. In addition, there were significant differences between the two groups in disability level and self-rated health, but not functional vision loss; the unemployed participants had significantly higher levels of functional disability and lower levels of self-rated health than did those who were employed.

Regarding the social support variables, the participants who were unemployed had significantly lower levels of perceived support from friends and significantly higher levels of perceived overprotection compared to those who were employed. Finally, the independent sample *t*-tests demonstrated significant differences between the employed and unemployed participants on two indicators of psychological well-being: The unemployed participants had significantly higher levels of anxiety symptoms and significantly lower levels of life satisfaction than did those who were employed. There were no significant differences

between the two groups in depressive symptomatology.

## **Discussion**

The primary purpose of this study was to explore the amount of actual negative social support received and perceived overprotection by employed and unemployed adults with visual impairments. The results demonstrated that the employed participants reported conflictual exchanges with their social networks significantly less often and felt less overprotected by the people around them than did the unemployed participants. It may be that the social, economic, and psychological benefits of employment ease or preempt negative supports by social networks; it is also possible that being in a situation in which there is less conflict and fewer overprotective attitudes exhibited by social networks creates a more conducive environment for seeking and maintaining employment. Being exposed to fewer negative types of support may provide a safer and more encouraging environment for individuals to seek and maintain employment, as was found in past research (Bolton, 1983; Crudden, 2002; Crudden & McBroom, 1999; Kaplan, 1990; McShane & Karp, 1993; Moore, 1984; Roessler & Bolton, 1985; Roy et al., 1998).

With regard to differences in the positive social support that the participants received, the results showed that the employed participants had higher levels of perceived support from friends, perhaps because being employed increases one's social circle. However, the finding underscores the importance and benefits of being employed, since high levels of perceived support have been found to have beneficial effects on well-being (Reinhardt, 2001).

In relation to sociodemographic differences, the female and nonwhite participants were more likely to be unemployed, which may indicate social biases in the advantages that certain groups have over others to succeed in becoming employed. The

finding that the employed participants had a higher educational level is in line with previous research (Leonard & D'Allura, 2000) and emphasizes the importance of education in attaining employment.

The results also indicated that the unemployed participants were more functionally disabled and in poorer health. However, there was no difference between the level of functional vision loss of the employed and unemployed participants. Hence, it is not the mere existence of a vision loss that was related to unemployment but, rather, the resulting disability (which was assessed as resulting from both visual impairment and other health conditions) and health status.

Finally, the study sought to determine differences in the psychological well-being (depressive symptomatology, anxiety symptoms, and life satisfaction) of the employed and unemployed participants. As hypothesized, the employed participants reported significantly lower levels of anxiety symptoms and significantly higher levels of satisfaction than did their unemployed counterparts. Our study emphasizes what has been previously documented in the literature: Employment is an important, influential, and beneficial factor in psychological well-being. Specifically, our study identified two specific types of well-being related to employment--a dearth of anxiety symptoms and greater satisfaction with life. Although there were no significant differences between the groups for depression symptoms, this finding may be due to the overarching, more global nature of depression.

The study had one major limitation--its cross-sectional design. Therefore, differences between employed and unemployed adults who are visually impaired were investigated, rather than longitudinally investigating the factors that are involved in the pathway to employment. In addition, the results are limited because of the small sample (only 24 participants were employed full time), and the sample was fairly educated, with

about 50% reporting at least some college education or a college degree. Another limitation is that the study did not assess the interrelationships among specific types of vision rehabilitation services and employment status. Despite its limitations, the study provides important preliminary information on social support factors, specifically, negative or unhelpful types of support that may represent risk factors for the unemployment of adults who are visually impaired. The findings should be viewed as a catalyst for future research in this area.

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