

Friendships Developed Subsequent to a Stressful Life Event: The Interplay of Leisure, Social Capital, and Health

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Abstract

This study focuses on the development of friendships forged subsequent to a stressful life event and its implications for the health and well-being of women coping with infertility. In so doing, this research contributes to the leisure and stress-coping literature by expanding our understanding of friendship forms of support. The findings suggest friendships are important to health and well-being because such social ties create social capital, which facilitates emotional support (expressive action) and access to information and resources (instrumental action). However, the results also demonstrate there are situations where friendships burden women, through the norms and effective sanctions associated with the friendships, to participate in what amount to as stressful activities.

KEYWORDS: *Social capital, social support, qualitative inquiry, obstructive action*

Introduction

Friendship is one of the most meaningful and personal connections formed between two people, yet few studies have explored its implications for individual health and well being. As it stands, leisure researchers (cf. Coleman & Iso-Ahloa, 1993; Green, 1998; Iwasaki & Mannell, 2000a; Lyons, Sullivan & Ritvo, 1995) have only recently considered friendship and its connection to leisure. Summing up the findings from this area of scholarship, Kleiber, Hutchinson, and Williams (2002, p. 222) wrote “Leisure, in its compassionate and friendship forms, and through social activities, clearly has the potential to provide people with feelings of social support and a decreased sense of loneliness and isolation.” Friendship, in other words, has been identified as a potential

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contributor to health and well being, in large part, because of its links to social support, which has long been associated with health benefits of all kinds, including improved physical, psychological, emotional, and spiritual health (Taylor, Dickenson & Klein, 2002). Coleman and Iso-Ahola (1993) defined social support as (1) feeling cared for by others, and (2) the perception that, should support be needed, it will be available. During stressful or negative life events, people often draw upon their leisure friendships to gain social support, which is meant to buffer the negative impact of stress and positively contribute to health (Iwasaki & Mannell, 2000a). Thus, shared or social leisure pursuits can presumably buffer stress. The role of friendships within the stress coping process remains largely under-explored within the leisure literature, however.

Research exploring the role of friendships that develop subsequent to a stressful life event has been largely confined to the therapeutic recreation literature where authors have explored the interpersonal issues that arise when relationships evolve under the challenges of chronic illness and disability (Lyons, Sullivan & Ritvo, 1995). Therapeutic recreation scholars have also tackled the role of social support in adjustment to injury (Loy, Dattilo & Kleiber, 2003). Even so, Kleiber et al. (2002, p. 222) explained,

What is not clear from the research is whether it is the preexisting leisure-based relationships that buffer the effects of stress or whether it is involvement in social activities subsequent to the occurrence of stressful life events that makes the difference. Indeed, the same activities that provided friends and companions before the life-altering event may become painful reminders of one's changed life circumstances.

This study is aimed at addressing this deficiency by exploring how friendships that develop subsequent to a stressful life event affect individual health and well-being. Our purpose was to understand friendship as a social process that leads to certain health outcomes. While friendships have been articulated as important leisure resources for stress-coping (Iwasaki & Mannell, 2000), we know little about the social processes involved. Understanding friendships in this manner will assist leisure researchers in better understanding how friendships contribute to improved (or perhaps worse) health outcomes. To this end, we examined the lived experiences of women who encountered a particular stressful life event, infertility. In this manuscript, we asked ourselves, (1) how did friendships developed after or as a result of an experience with infertility impact upon women's health? And (2) what were the by-products of those friendships that contributed to the health and well-being of the women? Before we report our results, we shall review the literature on friendship, social support, and leisure. We begin with a description of the experience of infertility and why it is an appropriate fit for the purpose of our research.

Infertility as a Stressful Life Event

Infertility is defined as the inability to conceive after one year of timely unprotected intercourse or the inability to carry a live pregnancy to birth (Aronson, 2000). Most people approach adulthood with the intent to bear children, so they assume fertility is a natural progression in their lives. Accordingly, Daniluk (1997) found "the similarity for most adults is the centrality of the parenthood role in organizing and constructing a meaningful life" (p. 662). As a result, when an individual or couple encounters infertility, the experience can have a significant, negative impact on his or her health and

well being. In fact, "there is evidence that the psychological effects [of infertility] are similar to those of cancer and heart disease" (Fidler & Bernstein, 1999, p.497). Imeson and McMurray (1996) suggested infertility is characterized by lifestyle changes, feelings of powerlessness, cycles of hope and disappointment, and social isolation. Women who struggle with infertility are forced to cope with an altered vision of their family structure and the meaning they associate with motherhood. These struggles play a powerful role in defining infertility as a stressful life event.

Women who encounter infertility report that their previous friendships often become a source of angst. "Infertile women feel thwarted in their efforts to enter the female world and to exchange in the 'currency of women,'" wrote Sandelowski (1990, p. 34). "They feel left out, marooned, and separated from their obviously fertile mothers, sisters, and sisters-in-law" (p. 34). Jirka, Schuett, and Foxall (1996) found many women who experience infertility feel stigmatized socially for being unable to procreate, so they avoid people or activities that remind them of their inability to conceive. Imeson and McMurray (1996) found women struggling with infertility felt left out of their pre-existing social networks because members of these networks were friends and parents whose social calendars tended to be dominated by children-centered activities. They reported "women especially expressed the feeling of being excluded from the social nexus of mothers and couples with children, whether close friends or casual acquaintances. Parenthood seemed to be the common ground for friendships" (p. 1021). To cope with infertility, many women seek out and develop new friendships, often with other women who are also experiencing infertility (Parry, 2005). Infertility, therefore, is an ideal context in which to study the role of friendships that develop subsequent to a stressful life event, precisely because women under such circumstances tend to discontinue previous friendships and develop new ones.

The Nature of Friendship

In Western societies, O'Connor (1998) noted, friendships are not institutionalized, but rather created through personal initiative and social chance. Consequently, friendships can be entered into and ended freely (Eve, 2003). As *voluntary* relationships, friendships share certain characteristics that presumably contribute to their ongoing sustainability. Eve suggested friendships are, first and foremost, intimate social relationships, marked by an exchange of affection, whereby individuals feel a personal predisposition to each other. Allan (2003) added that friendships are egalitarian, non-hierarchical, and reciprocal. That is, he noted they are not supposed to "involve differential power or authority, even if the friends occupy different positions within the wider social and economic structure" (Allan, 2003, p. 512). Because of this difficulty in reality, though, friendships usually develop between people who share similar social locations or situations (McPherson, Smith-Lovin & Cook, 2001). Friendship is presumably "equal" because a balance usually pervades in the symbolic, emotional, and material exchanges between friends. In instances where inequalities in exchange persevere over time, friendships typically wither.

Exchange is crucial to friendship, for the resources made available in friendships ultimately make friendships valuable. The literature has long recognized that friends act as resources for one another to help handle their daily lives and cope with incidents

they face (Litwak & Szelenyi, 1969). Friendships, in this regard, serve as important sources of social capital, which can be drawn upon in a variety of circumstances. By social capital, we mean “the consequence of investment in and cultivation of social relationships allowing an individual access to resources that would otherwise be unavailable to him or her” (Glover, Shinew & Parry, 2005, p. 87). While social capital is often mistakenly attributed to membership in social networks alone, there is widespread recognition that it is *realized* at the individual level (Portes, 1998) and its sources include all forms of social connections (Coleman, 1988, 1990), including friendships (Glover, 2006). The social capital developed between friends is important to an individual’s well-being because it can facilitate expressive (e.g., emotional support) and instrumental (e.g., favors) actions (Lin, 2001). Put another way, friendships provide necessary social support (more on this below) and personal advantage.

Many scholars, especially in leisure studies, remain uncomfortable with the notion that friendship enables purposive action and therefore question whether such outcomes reflect a genuine form of friendship. Here, there is confusion between the purpose and the outcomes of a friendship. As Allan (2003) made clear, friendship is *non-instrumental* insofar as it is not viewed by the individuals who belong to the friendship as a means to another end. Allan acknowledged that friends often turn to one another for help and can even gain advantage from their relationship, but he emphasized that utility is not the *basis* of a friendship. He explained,

... using a friend is acceptable provided the friendship is not developed and sustained purely because it is useful. This is also why reciprocity is so central within friendship, as well as why that reciprocity is usually implicit rather than explicit. Such reciprocity signifies that the friends are not using one another in inappropriate ways or in a manner that would undermine their solidarity. (p. 513)

In short, the resources acquired through friendship should be regarded as a *by-product* of that friendship, as opposed the *reason* for the relationship. Accessing such resources, we argue, are crucial to understanding the role friendship plays in affecting individual health and well-being.

Friendships, Social Support and Stress-coping

Friendships have long been identified as *sources* of social support. To be clear, friendships are *not* synonymous with social support; rather, social support is often a *consequence* of friendship. Social support refers to “an exchange of resources between at least two individuals perceived by the provider or the recipient as intended to enhance the well-being of the recipient” (Ashton & Fuehrer, 1993, p. 462), whereas friendship refers to “a close, mutual, dyadic relationship” (Erdley, Nangle & Gold, 1998, p. 62). Germane to leisure researchers is the notion that social leisure can facilitate the development of friendships, which can in turn lead to social support (Mannell & Kleiber, 1997).

The literature reveals social support has significant implications for health and well-being (Berkman & Glass, 2000; Heaney & Israel, 1997; House, Landis & Umberson, 1988; Israel & Rounds, 1987). Taylor, Dickerson, and Klein (2002) reported social support is tied to reduced health risks of all kinds; it decreases the likelihood that illness

will occur and improves the health of those who are already ill. A number of studies have found that emotionally supportive relationships have implications for survival among people with cardiovascular diseases and postmyocardial infarction (Berkman & Glass, 2000; Bosma et al., 1997). Moreover, there is considerable evidence that an absence of social support is associated with psychiatric impairment and depression (Kessler, Price & Workman, 1985; Leavy, 1983). Epidemiologists have demonstrated that people with stronger ties upon whom they can depend have mortality rates half or a third of that of people with weaker social ties (cf. Berkman, 1995; House, Landis & Umberson, 1988). Emotional support, in particular, has been tied most strongly and consistently to health (Heaney, et al., 1997; House & Khan, 1985; Israel et al., 1987), but material support has also been recognized for its contribution (Ensel & Woelfel, 1986; Schaefer, Cyne & Lazarus, 1981; Strogatz, et al., 1997; Strogatz & James, 1981). All told, social support matters when it comes to health outcomes.

So what makes social support so important to our health and well-being? First, Levine and Perkins (1997, p. 234) argued social support fosters "structural embeddedness in a network of human relationships, which may engender feelings of stability and predictability regarding one's social world." Caring relationships, in other words, provide a psychological security net for those who belong to them, therein enabling people to carry forward in their day-to-day lives with the understanding that someone is or will be available to support them should they falter. Second, Levine and Perkins explained social support provides people with specific resources they need to cope with stressful life events. Whether these resources entail emotional or esteem support or tangible aid and information support, they are made available through our social relationships, particularly friendships (Iwasaki & Mannell, 2000a). These benefits of social support are important because they assist us in responding to stressful life circumstances.

Coverage of the relationship between stress-coping and leisure continues to grow within the leisure literature, thereby generating interest in topics like friendship and social support because of their presumed implications for health. Much of this body of research has been dominated by studies that use Coleman and Iso-Ahola's (1993) buffer hypothesis to understand leisure's potential for stress coping. The buffer hypothesis assumes functions of leisure, namely self-determination dispositions and social support resources, are effective buffers against stress. Summing up the common sentiment among contributors to the leisure and stress-coping literature, Kleiber, Hutchinson, and Williams (2002) argued leisure serves as a resource for the self-protective effects of coping. Among the leisure-based coping strategies that individuals adopt to combat stress, Iwasaki and Mannell (2000a) listed (1) *leisure palliative coping* or engaging in leisure pursuits that grant participants temporary relief from stress and allow participants to regroup and gain perspective; (2) *leisure mood enhancement* or engaging in leisure activities to improve one's mood; and (3) *leisure companionship* or engaging in leisure activities with friends or significant others. This latter strategy, in particular, is tied to the social support associated with what Iwasaki and Mannell call leisure friendships.

The limited research in the area of leisure friendships reveals the potential of friendships for health outcomes. Coleman and Iso-Ahola (1993), for instance, showed that leisure friendships and social activities provide people with feelings of support and a reduced sense of solitude and seclusion. Consistent with other studies that dem-

onstrated the buffering effect of shared leisure activities (Bolger & Eckenrode, 1991; Rook, 1987), Iso-Ahola and Park (1996) found that leisure companionship moderated the effect of life stress on mental health, and leisure-based friendships moderated the effect of life stress on physical health. Specifically, they revealed depression and illness symptoms did not increase as much with high levels of life stress for those people who reported higher levels of leisure companionship or friendships. Notwithstanding the results of these studies, Mannell (personal communication, September 2005) argued friendship forms of support remain largely unexamined in the leisure literature and saw a pressing need for research to further explore this area.

Gender differences in the role of friendships as a stress-coping strategy also warrant attention. While both men and women report health benefits associated with the social support that comes from friendships and other social relationships (Taylor, Dickerson & Klein, 2002), there is evidence that men and women access social support differently (Iwasaki, MacKay, & Mctavish, 2005). For example, Klein and Corwin (2002) found women and men react differently with respect to their response to stress. Their research demonstrated men adopted a “flight or fight” response to stress, whereas women responded with a behavioral pattern more akin to a process they called “tend and befriend.” The “tend and befriend” response involved the use of friendships from which women gained physical and psychological protection against stress. They wrote, “tending and befriending promotes safety and diminishes distress by creating and maintaining social networks” (p.444). Similarly, Jordon and Revenson (1999) concluded, “in times of need women are more likely to mobilize their supports and cope through emotional expressions to these supports” (p. 346). Within a leisure context, Green (1998) also noted that “long-term friendships with other women in groups or as individuals can provide stability and a linking thread through personal and situational change” (p. 182). With these findings in mind, we sought to explore the role of friendships among women who were coping with the experience of infertility.

Method

This manuscript stems from a larger study exploring women’s experiences with infertility (Parry & Shinew, 2004). The overarching purpose of the larger study was to address the cultural contexts of women’s experiences with infertility. The topic of friendship in the process of coping with infertility was common among all of the participants and opened up conversations about the contribution of friendship to the overall health and well-being of participants. These conversations allowed the authors to understand the social processes associated with friendship and health. This manuscript is dedicated to this theme.

Selecting and Accessing Participants

Participants for the larger study were originally selected purposefully insofar as they were identified as rich sources of information that could “illuminate the questions under study” (Patton, 1990, p.169). Only participants who met “some predetermined criterion of importance” (Patton, 1990, p. 176), namely an experience with infertility, were recruited and selected for inclusion in the project. Those who met this criterion were accessed through snowball sampling. Friends or family members were asked to

contact women they knew who had experienced infertility. When the co-author was notified about a potential participant, she asked the contact to share the purpose of the study, determine if the individual was interested, and pass along her contact information or secure permission for her to make contact. In all cases, the first contact she made with participants was through an email message. Seven women agreed to participate in the study.

In addition to the snowball technique, an advertisement was sent out over an online newsletter, a weekly email sent out to all faculty and staff at a large Midwestern American university, which the co-author hoped would attract a diversity of participants. She chose to interview every woman who expressed a willingness to participate because she appreciated and valued the effort these women made to reach out and contact us about such a personal and private issue. In total, 32 interviews were conducted, which each lasted from 50 minutes to two hours. In most cases, interviews were transcribed and analyzed within one or two days of the interview.

Profile of the Participants

The 32 participants who were interviewed had reached some sort of personal closure to their experiences. For the purposes of this study, closure was defined as a conception, adoption, or a decision to remain childfree. Only individuals who had experienced some form of closure were interviewed because they were able to reflect back on the whole process of infertility. They were presumably less caught up in their current stage of the process (as opposed to those in the midst of experiencing infertility might be) and better able to comment on the overall nature of the experience.

The women interviewed represented diverse backgrounds, experiences, and outcomes with infertility. At the time of the interview, the participants ranged in age from 30 to 53 years with most in their late thirties to mid-forties. Two of the women were involved in lesbian relationships. All of the participants were Caucasian. With respect to employment status, three of the women were stay-at-home parents, while the rest of the participants were employed outside the home in a wide variety of careers including lawyer, dental hygienist, secretary, graphic designer, journalist, professor, teacher, computer specialist, dancer, librarian, student, and manager. The age at which the participants first tried to conceive ranged from age 17 to 41, with efforts in their late 20s to mid 30s. The length of time they tried to conceive ranged from a couple of months to seventeen years. Most participants had tried to conceive for two to eight years. The treatments they pursued ranged from nothing to in-vitro fertilization. Most used infertility drugs plus artificial insemination. At the time of the interviews, two were undergoing a final round of in-vitro fertilization, four conceived with the aid of in-vitro fertilization, fourteen conceived with assistance other than in-vitro fertilization, eight either adopted or were in the process of adopting, and four decided to remain childfree.

Data Analysis

The constant comparison method (Glaser & Strauss, 1967) was used to analyze the interview transcriptions. Each interview was first analyzed using open coding to develop initial descriptive categories, such as *development of new friendships*. Axial coding

then was used to compare categories, both within and between interviews, and to look for conceptual themes. Subsequently, patterns of relationship among themes also were examined. Consistent with the constant comparison method, these data analysis and coding processes proceeded simultaneously with the data collection (Ambert, Adler, Adler, & Detzner, 1995). That is, initial interview data were examined and analyzed as subsequent interviews were arranged and conducted. This process, combined with the respondents' feedback, was used to identify main themes.

The analysis of data occurred with the help of the women who participated in the study. Each participant was sent her individual transcript, along with our analysis, for review. We instructed each participant to clarify her comments or our analysis, provide additional information, correct any misinformation, or remove comments she no longer felt comfortable including in the study. Upon completion of the data collection, we also sent all the participants the findings of the research to solicit their input on our analysis. Most of the women responded and provided positive feedback in regard to their individual transcript and the findings. For example, Katie commented:

Thanks for sharing this with me. I loved my section and it was very accurate. The only change would be in the part where you talk about how children can be taken until the adoption process is complete. It's probably more accurate to say until they are eligible for adoption they can be taken. I read some of the other stories and can relate to some of their feelings. However, I obviously didn't go to the medical lengths that some of the other women had. Thanks for letting me be a part of your work.

As Katie's comments illustrate, some of the women brought to our attention inaccuracies about their experiences, which we corrected. In addition, some of the women identified gaps or a lack of emphasis on important aspects of their experiences. For example, Ella notified us that she responded to her infertility by immersing herself in her work, as well as activities she enjoyed. These types of comments were incorporated into the findings and sent back to the women for their final approval.

Findings

Our findings indicated how participants built new friendships based upon the shared experience of infertility. The by-products of these friendships led to the development of social capital, which allowed participants to (1) get by, (2) get ahead, and (3) fall behind in terms of their individual health and well-being. These three themes will be discussed in more detail in this section, but we turn first to the development of new friendships.

Sociability, Leisure, and Friendship

All of the participants in the current study noted the value of new friendships in terms of coping with their infertility. Previous friends who already had children were often felt to be "less sympathetic", "lacked empathy", and were sometimes "insensitive" when it came to appreciating the experience of infertility. In many cases, the research participants felt these individuals could not fully grasp the "emotional pain" and "personal stress" associated with infertility. Moreover, "it was impossible to erase the fact that my friends could go home to [their kids] and enjoy the kind of family scenario I could only dream of." Being around these individuals often "created more

stress” in reminding research participants of their situation. As a result, many women distanced themselves from their friends with children and turned to others in a similar situation for social support and friendship. These new friendships were cemented with the recognition of a common experience of adversity (e.g., the experience of infertility), and deepened and sustained through continued social interaction. In other words, although these new friendships were based upon the shared experience of infertility, the relationships grew within the context of sociability (in general) and leisure (more specifically).

Many of the women discussed “sparkling up friendships” with other woman they met while engaging in social activities. Lindsay, for instance, met a close friend while walking at a local track three times a week. The women started chatting and quickly realized they were both struggling with infertility. This scenario was similar to many of the other women’s experiences. In general, sociability facilitated the evolution of mere acquaintances into genuine friendships by establishing an informal setting in which participants could routinely get together and be “real with each other” and share “what was really going on.” Lindsay and her friend continued to walk together three times a week, thereby enabling them to deepen that friendship by sharing their stories, experiences, and thoughts with one another regarding infertility and other issues, concerns, and interests.

Like many of the other research participants, Catherine and her husband actively sought out other childfree couples. “We became pretty good friends with our neighbors in our old place,” Catherine explained, “because they didn’t have kids and they were going through the same issues, had the same problems as we were, so it was easy to relate to them, so we spent a lot of time with them.” When asked how the couples deepened their friendship, Catherine explained they spent time engaging in various social pursuits, including going to movies, dining out, visiting auctions, and shopping.

A social context that embodied a culture of relaxation was clearly important to the development of friendships as some research participants were adamant to keep co-workers from knowing their condition. As Ella explained, “it was tough and I didn’t feel like . . . this was the type of thing that I could share with anyone at work.” These sentiments were common, and consequently social contexts outside of work, particularly leisure contexts, became primary arenas in which people struggling with infertility built and maintained friendships. Interestingly, one participant described a situation in which she encountered a co-worker at an infertility clinic. Even though they rarely talked to one another at their place of employment, they initiated a friendship while sitting in the waiting room at the infertility clinic. Tara explained:

When I was going through infertility treatments, I didn’t talk about it with anybody at work, but I was sitting there at the fertility doctor’s office and another woman faculty member walked in. I said, ‘well, I know what you’re here for!’ and then we got to share with each other what we were going through.

Tara’s comments demonstrate a sociable moment when the two women opened themselves up to the possibility of relationship building, based upon their shared experience of infertility. Tara’s moment of comic relief at the fertility clinic brought her closer to her co-worker and led to a friendship that she explained deepened through ongoing social contact within leisure-oriented activities, like eating out, chatting on the phone, and invitations to dinner. Without the shared experience of infertility and these

leisure-oriented activities, Tara felt the friendship would have “fizzled out”. In sum, the women created infertility based friendships that led to shared leisure, which demonstrates that new relationships can arise from adversity experiences. Furthermore, the capacity for people to turn adversity based relationships into leisure based relationships is an interesting finding. The by-products of these friendships, the research participants revealed, helped participants “get by” and “get ahead”. We turn to these benefits next.

Getting By

Positive social support was the most commonly discussed outcome of the new friendships the participants formed. All of the participants gave examples connected to positive social support that resulted from the friendships they had made in leisure contexts. For example, Holly described her friends as supportive and particularly appreciated them saying, “I hope it works”, and saying “if it doesn’t, it will be all right.” When describing her experiences with infertility, Sadie commented, “there were many women in my life that helped me shift to this idea of adoption.” Perhaps Tina summed up the sentiments of all the participants best when she commented, “we could have never made it through all of the infertility treatment without friends.”

When asked *how* the social support was beneficial, Collette said, “just listening without being judgmental and [by not] saying, ‘well, you should do this’ or giving me advice and that was really helpful.” Marnie believed the social support she received improved her mood and let her feel at peace, despite the infertility problems. In her words, “[my friends] would be very supportive in that they would lift me up, and there were times I could feel at peace because I had let it go.” Heidi’s comments indicated that knowing she had support made her need it less. She explained:

Knowing there is somebody you can talk to at 3am, even if you never call them at 3am, is a great thing. These were the kind of friendships that if I called them at 3am they would talk to me about whatever and even though I didn’t tell them necessarily every week what was going on in my life, I knew that they were interested and that they would listen and that they did care. Sometimes if you know the support is out there you don’t need it nearly as much.

Jules believed the social support was reassuring for both her and her husband. She noted,

I think that helped give us some comfort in the fact that our emotions weren’t that unusual to talk with people who had been there, who had gone through infertility treatments who gotten pregnant and lost pregnancies or never achieved a pregnancy, we have some friends who ended up adopting a child and I talked with them for a long time and her husband was a good support person for my husband.

In sum, the participants in this study discussed receiving general emotional support from friendships through caring, listening, empathy, and feeling as though they had a shoulder on which to cry. Yet their friendships often provided more than just positive social support. Indeed, many participants also discussed accessing resources or information connected to their infertility treatment as a result of their leisure friendships. With this in mind, we turn to our next theme.

Getting Ahead

All of the participants noted they spent a lot of their time discussing their infertility experiences with their new friends. For the most part, this occurred because most of the participants befriended others who were also experiencing infertility problems. Consequently, many participants described sharing their treatment experiences, notes about doctors, various tips or advice they received regarding infertility. For example, Jules described how she received “a lot of materials about different medications, different procedures” from her friend who was also going through infertility treatments. Similarly, Nadine, who had developed a friendship with another woman who was also attempting to conceive with medical assistance, noted they “would compare notes, like what did your doctor tell you and this is what my doctor told me and where is he sending you next.” Melinda said she and her friends were “always talking about what I should do next. [Her friends] would ask, ‘what about this?’ and ‘what did your doctor say?’ and ‘what was your hormone level at this such and such a stage’.” Because her friends had also been through infertility treatments, they could compare notes and offer informed suggestions. Consequently, Melinda described her friendships as “a sounding board, education for me.” Tiffany noted it was through one of her new friends that she learned of an adoption agency at which she enrolled her name while simultaneously pursuing in-vitro. Heidi gained a lot of medical information from her friends. She explained,

I found out about the insulin resistance and I got pointers to medical articles on the web and I basically used that group more of a starting off point to find out other information. [I thought] here’s a group of people who understand what I’m going through because they’re going through it too. I used that as a pool of information.

Marnie described a situation where she needed to receive a needle as a part of her infertility treatment on Mother’s Day. She lived far away from the hospital and was unable to get away from home that day. The nurses at the infertility clinic asked if she knew a nurse who could administer the needle to save her from making the long trip to the clinic. Marnie’s friend happened to be a nurse who agreed to give Marnie the shot, which she administered at church, the place she came to know her friend. That shot contributed to Marnie successfully conceiving that month. Given that Marnie received the needle at church, she later referred to it as “the immaculate injection.” Becky described trading medications with her friends. In her words, “we would actually trade drugs - you know, mine’s expiring, you want to trade? You’re not supposed to do that, but we were going through the same doctor and so we figured they knew what we were doing.” Nina was part of a group of women who were seeking medical assistance to conceive, but she was one of the few who started with in-vitro fertilization (IVF). Although none of her friends had gone through IVF, they knew other women who had done so. As a result, Nina’s friends arranged for her to have lunch with other women who had gone through IVF to gain information and insights from their experiences. Ella was clear that her son had been placed with her for adoption solely because of one of her friends. She explained,

I don’t know that much about adoption law, but evidently it just got kind of hairy so the woman at the adoption agency was speaking to my friend saying this [other adoptive parents] might fall through. My friend actually stepped in and said ‘Tim and Ella

are ready' and the agency said it's only been three or four weeks and she said 'they're ready. Give them this baby' and we got the call, so she was the stork I guess.

When asked *how* access to resources and information was helpful to one's health, most participants explained it helped to reduce stress, control anxiety, and let some of the anger go. Heidi explained that access to resources and information contributed to her health through feelings of empowerment. She explained,

I felt more in control of things and you know I heard about a medication and that worked for these women, so I go out and find the articles and say, 'hey, this looks like a great idea'. Now I've got something I can do. I've got something I can try. It helps in the sense in that there's something I can do, I don't have to sit here and wait every month. I can do this actively now and I can try and do that actively later and it gives you a lot of power back because being out of control of something like that that you feel you ought to be in control of is pretty disempowering.

Heidi's sentiments about feeling empowered as a result of the information gained through leisure friendships was common among the participants. Indeed, most participants would have agreed with Sylvia who revealed, "more information was better for me. Personally, the more information I had, the more educated I felt, the better."

In sum, the participants in this study accessed resources and information as a result of their new friendships with others who were also dealing with infertility. While access to resources and information was not the prime *motivator* behind the development of new friendships, it nonetheless was an important byproduct of the friendships. Access to such resources and information was often beneficial to the health of the participants inasmuch as it helped them get ahead with the infertility treatments and made them feel more in control, empowered, and educated. The participants' friendships were not *always* beneficial to their health, though. The participants were clear that, at times, the same friendships that had once afforded them emotional support, access to resources, and access to information actually contributed to their stress level. We explore these experiences next.

Falling Behind

Despite the emotional support and access to resources and information that friends afforded them, many participants described situations in which their new friendships resulted in negative feelings as opposed to positive ones. That is, participants explained how, through their friendships, social norms and sanctions were developed whereby they felt compelled to support their friend, even when it meant feeling uncomfortable themselves. Perhaps the most common incidence in this regard was when one of the friends conceived. Sadie explained:

So they were trying and we were trying and it almost got to be a contest. Finally one day we were on the phone and she said, 'Well, I should just tell you now. I'm pregnant'. You have to be happy for them, so I was like 'oh, that's so great' and she's like 'well, I didn't know how to tell you.' So, yeah, it's like, 'oh, I'm so happy', and then you get off the phone and you're like sobbing.

Sadie's remarks about having to feel supportive were common among the participants in this study. The women in this research felt compelled to feel and act happy for friends because of the social norms associated with their close friendships. Amanda also experienced mixed feelings when she found out one of her friends had conceived.

She explained, "it was hard for me emotionally to be happy for them knowing we had been trying for so long and so hard." Despite feeling badly for herself, Amanda, like the other participants, believed she owed her friend an appropriately positive response.

Closely linked to one friend conceiving and leaving the other behind were issues connected to baby showers. All the women in the current study described situations where they felt compelled to participate in baby showers for friends even though it often left them feeling terrible about their own situation. When asked about baby showers, Tanis replied, "the showers were extremely difficult. I didn't probably go to all of the showers unless they were very close friends." Catherine found baby showers "totally depressing" because

People are asking 'oh, when are you having kids?' or 'I'm surprised you don't have kids!' And, at first, I didn't want to tell anybody [about the infertility, so] I would say 'oh, we're waiting for a while and just enjoying our marriage and our dog' [laughter]. I used to say that, but my husband used to get angry at me when I didn't tell people right away because some are really good friends. So then I just said 'Murray can't have kids so we're trying other avenues,' but it was pretty tough for me to talk about it to anyone. Like, if I even mentioned it, I would have this huge lump in my throat because my immediate reaction is to cry about it.

Even though Catherine found baby showers very difficult events to attend, she continued going, albeit only for people who were close friends because those friends expected her to be there to show her support.

Outside of baby showers, the participants also described other activities in which they felt compelled to participate, such as toy shopping for the children of those friends who had conceived. Jules explained, "I was at F.A.O. Schwarz shopping for toys thinking, this is not fun, this is not what I want to be doing, so I found that those sorts of things didn't make me feel happier or make me feel better." Participants also described the stress associated with attending child centered activities such as birthday parties or events such as Easter egg hunts or Halloween parties.

When asked why she attended events such as baby showers or birthday parties while struggling with infertility, Patricia said, "I want to be supportive for them because I'm their friend." These sentiments were very common among all of the participants. When asked how attendance at these events made them feel, participants responded with words such as, "lousy," "depressed," "inferior," and "unhappy." Clearly these were not situations in which the participants were improving their health.

Thus, there were some instances where friendships were the cause of stress as opposed to a source of emotional support in the current study. In such cases, new friendships resulted in negative feelings as opposed to positive ones, thereby negatively impacting upon their health and well-being.

As a consequence, some of these friendships did not last upon closure with the infertility experience. For example, in discussing a couple whom she and her husband befriended during their experiences with infertility, Stacy said "I loved it [talking with the couple], but I no longer keep up with them." In fact, Stacy noted that upon reflection she realized the friendship was not healthy as it allowed her to "obsess" on the infertility. She said, "looking back I wish I would have fostered the friendship differently. We talked about it [infertility], but maybe [I could have said] let's go shopping together or let's do something fun on the weekend together." Stacey's sentiments were common to the participants whose friendships did not survive the experience with infertility.

In contrast, there were other participants whose friendships did last past the closure with infertility. These participants often felt more loyal to these friendships because of the shared infertility experience and social support. For example, Ella said, “I now count many friends as part of my family, people who helped through the infertility treatment are, I mean those are my real siblings, the people I really count in my emotional family.” Ella’s suggestion that friends who supported her through infertility were now considered part of her family speaks to the loyalty she feels towards them. Other participants made similar comments about deepening loyalty towards friends.

Discussion

This study demonstrates how friendship links to health in positive ways through supplying emotional support and improving access to resources that improve health. However, the study also demonstrates how friendships have negative elements that can be detrimental to health when they serve as a source of emotional stress. Put another way, friendships offer emotional support and material resources that individuals are able to use directly to improve their care and reduce their stress, but they also come with strings attached, and the obligations that come with maintaining friendships can add stressors and reduce personal well-being. In this section of the paper, we aim to reconstruct our findings into a conceptual model intended to explain the social process associated with friendship and its connection to health outcomes (see figure 1). The model is specific to the particular group of participants who participated in this study, but nonetheless provides a conceptual framework that can be explored with other groups. We have divided our discussion under five headings: (1) shared social identity; (2) the sphere of sociability; (3) by products of friendships; (4) expressive, instrumental, and obstructive action; and (5) exit or loyalty. Where appropriate, we note the relation of the findings to theory.

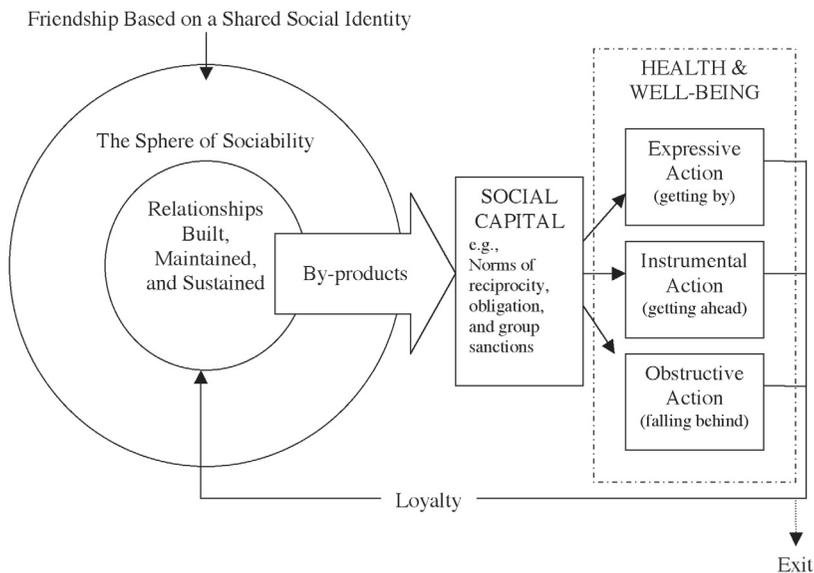


Figure 1: The social process of friendship and its implications for health and well-being

Shared Social Identity

Clearly, the shared social identity of being women struggling with infertility was central to the creation of new friendships for the participants in our study. Established friendships were often found lacking, so new friendships were sought with those who had an understanding of the health condition being experienced. This finding is consistent with the homophilous principle, which assumes social interactions at the micro level are more likely to take place among individuals with similar social positions within a social structure (Lin, 2001; McPherson, Smith-Livin & Cook, 2001; see Warde, Tampubolon, & Savage for a counter example). In this case, participants shared a social identity with others who could relate to the stressful life event with which they were dealing. Iwasaki and Mannell (2000a) found leisure friendships provided emotional support through thoughtfulness, encouragement, and providing esteem support to help stressed individuals maintain their self-esteem following an experience of failure. Similarly, the friendships under examination in this study were based upon a common experience of stress and a sense of failure. However, like Grafanaki et al. (2005) who found that leisure facilitated meaningful connections with others, we argue that friendships based upon a shared social identity (interest friendships) develop into deep friendships¹ as friends invest in the relationship through routine social contact, primarily within leisure contexts.

The Sphere of Sociability

As noted in the findings, the new friendships the research participants forged grew within leisure-oriented social contexts. This finding should come as no surprise, given that “doing things with family and friends is most likely to occur in leisure” (Caldwell, 2005, p. 19). Along these lines, the model suggests friendships are sometimes formed, and most often maintained and sustained within the sphere of sociability. The social nature of leisure venues fosters quasi-public sphere effects, thereby providing a social infrastructure that can facilitate social attachments. In the examples cited above, research participants discussed developing friendships with others they met in leisure-related or sociable environments, notably on the walking track and in a waiting room respectively. These spaces were presumably casual, unpretentious, and engaging, and therefore buttressed an effective socialization process.

This finding is consistent with the leisure literature. As Rojek (1999) pointed out, “the culture [of leisure] encourages people to be relaxed, to speak their minds, and be themselves” (p. 87). Perhaps with this in mind, Hemingway (1996) argued leisure brings people into communicative interaction with common purposes. “Leisure,” he wrote, “is an occasion for participation in common activities in which the individual has an equal right to engage in deliberative discussions” (p. 40). Whether an individual does have an *equal* right to engage in deliberative discussions is perhaps debatable, but Hemingway’s point nonetheless implies leisure contexts can conceivably support social structures in which an individual’s social position differs from his or her social position

¹ Matlin (1992) distinguishes between interest-related and deep friendships. The former refers to those with whom we share a similar lifestyle and interest, whereas the latter requires greater intimacy and feelings of personal closeness, which go beyond a shared interest.

within other social contexts (e.g., at work). Such a possibility presumably encourages individuals to be open to building new social relations.

Sociability was also captured in brief moments shared by individuals. These moments constituted genuine episodes of human connectivity during which research participants were willing to let down their guard, perhaps only briefly, in favor of friendship building. The one woman's willingness to engage her co-worker at a fertility clinic by announcing, "Well, I guess I know why you're here" was a form of comic relief followed by an equally genuine willingness on the part of the other woman to reciprocate and accept the invitation to forge a friendship. While this connection had a great deal to do with their similar experiences with infertility, their voluntary actions to enter a different relationship from their previous encounters at work were conceivably driven by intrinsic reward, that is, the opportunity to get to know someone (relatively) new or get to know someone better. Similar "moments" were described by Glover, Parry, and Shinew (2005) in their study on community gardeners. Garden leaders recruited passersby – often neighbors they knew only by appearance – for assistance by appealing to their "good looks" or sense of civic pride. In so doing, they made an appealing interpersonal connection that led to involvement. This finding encouraged Glover et al. to argue, leisure episodes are the social lubricant for the production of social capital.

So far, our discussion about sociability has been limited to the facilitation of friendship *building*. However, leisure also serves an important function in terms of facilitating the *ongoing maintenance* of social relationships. Nahapiet and Ghoshal (1998) noted, "social relationships generally, though not always, are strengthened through interaction but die out if not maintained" (p. 258). This observation ultimately speaks to an accepted notion upon which social capital is premised: The maintenance and reproduction of social capital are made possible only through the social interactions of members and the continued investment in social relationships (Portes, 1998). Attending a variety of leisure events (e.g., dining out, attending the cinema) was the means by which one female research participant and her husband maintained a friendship with another couple who were also experiencing infertility. In this case, joint leisure participation reaffirmed the sociable bonds among friends. To this end, ongoing sociability is paramount to the *sustainability* of relationships that provide some return to the individual. More often than not, sociability conceivably takes on leisure-like traits. All told, then, leisure itself appears to be indispensable to the development and maintenance of social friendship, thereby indirectly leading to the production of social capital. We turn next to the by-products of leisure friendships.

By-products of Leisure Friendships

The friendships developed in leisure contexts can lead to certain spin off effects or byproducts of those relationships. We conceptualize these by-products as social capital, which includes norms of reciprocity, obligation, and sanctions. Norms of reciprocity refer to the cooperative interchange of favors or privileges standard between friends or within a social network. These norms are evident in Putnam's (2000) definition of social capital, and they were demonstrated in the findings above, for instance, when friends shared different information with each other about infertility treatments. Obligation refers to the act of binding oneself to a social tie, as illustrated by research participants who felt obligated to attend baby showers of friends who were previously

infertile. Coleman (1990) identified obligation as a common form of social capital. Finally, sanctions refer to penalties that act to ensure compliance or group conformity (Halpern, 2005). The social consequences of not attending the baby shower, for instance, drove some research participants to participate in an activity that was detrimental to their own well-being. These forms of social capital – norms of reciprocity, obligation, and sanctions – are all crucial to an individual's health, for they can facilitate three forms of action: (1) expressive (getting by), (2) instrumental (getting ahead), and (3) obstructive (falling behind). Expressive and instrumental action are common terms used by social capital scholars such as Lin (2001), while obstructive action is our own term, which builds off of the scholarship of Portes (1998) and his revelations about the dark side of social capital. We explore each form of action next.

Expressive, Instrumental, and Obstructive Action

The first, *expressive action*, fits within the social support school of thought in the leisure and health literature. Here, there is plenty of existing evidence to suggest leisure friendships are important because they offer emotional and empathetic support to individuals. For instance, Green (1998) noted friendships are important contexts in which women review their lives and use humor to undermine sexist imagery. In doing so, women's friendships offer support inasmuch as they are contexts in which women feel empowered and resist stereotypical gender roles and expectations. Meanwhile, Iwasaki and Mannell (2000a) include leisure friendships as a coping strategy for stressful life events. In their words, "friendships developed through leisure may help people cope with stress in different ways, depending on individuals' varied needs in managing particular types of stressful events" (p. 169). Similarly, several illustrations of this emotional and empathetic support were listed in our findings. Research participants noted how their friends were available to them to talk through their infertility problems, encourage them between treatments, and offer a shoulder to cry on when treatments failed. Friendships were credited with helping research participants see themselves through the often trying experiences of infertility and come to closure with the outcomes. In one case, even just knowing she had access to support made one research participant less dependent on the support available. All of these examples serve to illustrate the importance of leisure friendships in the maintenance of health and well-being.

Presumably, these leisure friendships were meaningful in terms of their expressive effects because they consisted of individuals who were dealing with a similar problem, infertility. Evidently, the common experience allowed friends to empathize with each other, given that they had experienced or were experiencing similar challenges themselves. Group solidarity is cemented by a common experience of adversity. In this sense, our findings appear to support Lin's (2001) strength-of-strong-tie proposition: "the stronger the tie, the more likely that the social capital accessed will positively affect the success of expressive action" (p. 65). Bonding social capital, in other words, appears to facilitate social support, thereby assisting individuals by helping them to maintain their own health.

The second form of action, *instrumental*, is tied to the material dimension of friendship, which gives friends access to resources. The lack of attention to this particular form of action within the leisure and health leisure reflects a failure on the part of

leisure researchers to recognize the full potential of leisure in terms of facilitating valuable resources to advance health and well-being. Equating friendships with social/emotional support offers an incomplete and at times inaccurate picture of how friendship connects to health and well-being. Acquiring valuable information from friends is one of the most common, yet important by-products of friendship. *Information potential*, as Coleman (1990) called it, is a form of social capital that entails the use of social relations to increase knowledge and become privy to specialized information without having to obtain the information directly.

As noted in our findings, many research participants described sharing their treatment experiences, notes about doctors, various tips or advice they received regarding infertility. By providing access to this information, the research participants helped to advance their own health and that of their friends who were also dealing with infertility. In instances where they received information themselves, they felt empowered and in greater control of their situations. Participants tried new treatments, were referred to new specialists, and tested different strategies to address their infertility. While getting ahead did not necessarily mean “curing” their infertility, the information they put to use placed them further along in coming to some sense of closure with their experiences. There were even instances where research participants, through their friendships, acquired resources to which they otherwise had little or no access. The most powerful example from our findings came from the woman who credited her friend with the adoption of her son. In this example, the social connection worked to circumvent the standard process and match the woman with her adopted son. In short, instrumental action allows individuals to “get ahead” by gaining access to resources to which they would otherwise have no access.

Finally, the third form of action, *obstructive*, recognizes the harm friendships can have on individual health. Correspondingly, its inclusion in the model provides a more balanced perspective related to leisure and health insofar as it acknowledges the ill-effects friendships can create for individuals. In direct contrast to instrumental action, obstructive action can represent a set back or keep an individual from getting ahead. In our findings, we offered many examples related to this outcome. Notably, research participants who remained infertile felt compelled to support friends who conceived or adopted children, even though such support made them feel uncomfortable themselves. The activities that generated stress in the participants were, more often than not, child centered activities such as birthday parties, baby showers, toy-shopping, Easter egg hunts, and Halloween parties. All of these (notably leisure) events served to remind the research participants of their own childlessness, thereby creating further stress in their lives. Nevertheless, the social norms and sanctions embedded in their friendships compelled them to continue to support their friends under stressful circumstances.

Social norms and sanctions are forms of social capital that help keep social networks intact (e.g., expressive action), yet they can diminish the health of individuals, too. Coleman (1990) argued external rewards for selfless actions and disapproval for selfish actions support *norms and effective sanctions*, which sway members of a social structure to work for the collective good of the group and in its members’ interests. Nevertheless, Portes and Sensenbrenner (1993) recognized the very same social structures “that give rise to appropriate resources for individual use can also constrain action or even derail it from its original goals” (p. 1338). Under this premise, Portes and Landolt

(1996) argued social capital can contribute to overwhelming obligations. They noted high social capital is contingent on a high degree of conformity within the group, and nonconformists can be ostracized. Any attempt by a member to achieve something outside the network may be seen as a threat to group solidarity and is discouraged. With this in mind, it is easy to understand why many research participants felt compelled to support their friends, even though their participation was, to some extent, detrimental to their own health. The recognition that social capital can have negative consequences for members of a social network is nothing new (Portes, 1998; Portes & Landolt, 1996; Woolcock, 1998). Nevertheless, to our knowledge, the idea of obstructive action, is conspicuously absent from the social capital and health literature.

Exit or Loyalty?

Based upon the ongoing experience of friendship, individuals decide whether to exit the relationship or remain loyal to it. Some friendships, as noted, can become sources of angst, whereas others are comforting and therefore indispensable to well-being. With respect to the former, it is no surprise that “infertile women feel thwarted in their efforts to enter the female world and to exchange in the ‘currency of women’ . . . [because] they feel left out, marooned, and separated from their obviously fertile mothers, sisters, and sisters-in-law” (Sandelowski, 1990, p. 34). When a leisure friend conceives, in other words, the friendship takes on a different dynamic insofar as the social identity shared between friends changes. In these instances, friendships can sometimes dissolve because empathetic identification is perceived to cease. By contrast, the positive byproducts associated with friendship can lead to feelings of indebtedness, which strengthen relationships and reinforce loyalty. The recognition of exit or loyalty reveals the cyclical nature of the social support process.

Conclusion

In this article, we argue that friendships developed subsequent to a stressful life event are important to health because they facilitate expressive and instrumental actions. These actions are illustrated by the emotional support (expressive) and information potential and resources (instrumental) derived from friendships maintained and sustained within leisure-oriented social contexts. In recognizing the relationship between these outcomes and leisure, we are linking leisure to the relational and material byproducts associated with friendships. Accordingly, we argue these byproducts are beneficial to health. Nevertheless, we also recognize the detrimental effects of friendships on health by identifying what we call obstructive action as an additional form of (in)action. Here, our findings demonstrate there were situations where friendships burdened research participants, through the norms and effective sanctions associated with the friendships, to participate in what they viewed as stressful activities. In this sense, our findings re-enforce Iwasaki and Mannell’s (2000b) results that using leisure activities to create companionship can have negative, as well as positive, effects in the coping process. Our results also build off of Iwasaki and Mannell’s (2000a) *hierarchical dimensions of leisure coping*, which include leisure friendships as an important source of emotional, esteem, and information support, by exploring the process involved with friendship based support.

The model presented in the discussion reflects the lived experiences of the women in this study. Given the female proclivity to “tend and befriend,” it is possible men’s responses to cope with stress may result in different outcomes for their health and well-being, and may exclude the formation of new friendships. Thus, there is a need to examine men to determine how their experiences differ from or reflect the process outlined in this paper. At any rate, we hope the model we presented will serve as a point of departure for future work on friendship, social capital, and health, and encourage leisure researchers to work toward its theoretical refinement.

The findings of this study should be interpreted along side the limitations of the research. One such limitation is the racial and ethnic homogeneity of the group of participants. The racial and ethnic profiles of the participants were major limitations of the study because it is likely that people from minority populations would provide a different perspective given differences in culture, religion, and access to health care. Clearly, research is needed to examine if the same links exist among leisure, social capital, and health for those in different life circumstances. Along a similar line, the current study focused on the links among leisure, social capital and health within the United States. Cross cultural research would shed light on these linkages in different parts of the world.

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