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Social Support During Stressful Waiting Periods: An Inductive Analysis

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When going through stressful experiences, people often turn to others around them for support with the hope that what is said or done will help reduce distress or improve one's efforts to cope. In particular, waiting for uncertain news arouses considerable distress that often prompts individuals to seek respite from their support network. However, no research has examined support behaviors during the uniquely challenging experience of awaiting uncertain and personally significant news. In the current study, we examined open-ended responses across three separate studies describing the behaviors people found helpful and unhelpful during a difficult waiting period. Through a qualitative analysis, we developed a taxonomy consisting of five broad themes for both helpful and unhelpful support, with more specific types of support behaviors articulated within each theme. Our findings highlight the value of interpretation over intention in supportive behavior and build upon past research on support perceptions and efficacy.

Keywords: social support, waiting, uncertainty, qualitative

Imagine the following scenario: You are meeting two friends for coffee after interviewing for a desirable new job. You feel like you represented yourself well, but the interview had some hiccups and you know the position is highly competitive, so you are uncertain of whether you will get the job. This uncertainty leaves you a bit anxious and makes it difficult for you to focus. When you meet your friends, they ask how the interview went and try to offer support. One friend emphasizes your overall brilliance and strong likelihood of getting the job, whereas the other friend provides a more pragmatic approach by giving you advice on how to follow up if they do not call back. Which behavior would be more helpful to you: the upbeat positivity of your optimistic friend or the pragmatic advice from your more realistic compatriot?

When going through stressful experiences, people often turn to others around them for help, advice, and support with the hope that what is said or done will help reduce distress or improve one's efforts to cope. This may be particularly true when people experience the stress of awaiting outcomes that are unknown and uncontrollable; that is, during uncertain waiting periods (Sweeny, Andrews, Nelson, & Robbins, 2015). The opening scenario depicts only two of the myriad responses friends and family might provide when attempting to support someone going through a stressful event. Unfortunately, however, the support people receive is not always helpful and may even have a negative effect on well-being (MacGeorge, Feng, & Burleson, 2011; Maisel & Gable, 2009). For instance, research on attempts to communicate emotional support has found that more empathic, person-centered messages are likely to effectively reduce the recipient's emotional distress (Bodie & Burleson, 2008; Burleson, 2003; Goldsmith, 2004).

Researchers have explored interpretations of helpful and unhelpful support behaviors in the context of specific stressors, including bereave-

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ment (Lehman, Ellard, & Wortman, 1986), chronic illness (Barbee, Derlega, Sherburne, & Grimshaw, 1998; Brashers, Neidig, & Goldsmith, 2004), and mental health challenges (e.g., Doherty & MacGeorge, 2013). However, no research has examined support behaviors during the uniquely challenging experience of awaiting personally significant news (see Sweeny, 2018; Sweeny & Cavanaugh, 2012; Sweeny & Falkenstein, 2015). These acute moments of uncertainty may pose a distinct challenge to support providers because waiting does not permit many opportunities for action. Thus, waiting periods render traditional forms of informational and tangible support to be somewhat futile. Furthermore, because these moments entail substantial uncertainty about one's future, attempts to help an individual "look on the bright side" or otherwise reappraise a troublesome situation may appear premature. The current study provides a qualitative analysis of people's experiences with support during uncertain waiting periods. Specifically, across three separate studies, participants going through a stressful period of uncertainty reported support behaviors that they found helpful or unhelpful.

Social Support and Uncertainty

Social support is a critical resource for managing stressful life events and plays a considerable role in both mental and physical health (Taylor, 2011). Research has demonstrated that having a strong social support network is linked to immune function, recovery, longevity, and psychological adjustment to life events. However, perceptions of one's support network, rather than activation of social support, convey these benefits, and actively seeking social support during stressful life events may actually be detrimental (Bolger & Amarel, 2007). Therefore, researchers are particularly interested in when and what types of support are most helpful during stressful experiences.

In fact, several general taxonomies of support behavior have appeared in the literature. For example, both Wills (1985) and House (1981) conceptualized distinct functions of social support behaviors into emotional, informational, instrumental, appraisal, and companionship. In a review of classic support literature, Barrera and Ainlay (1983) also divided social support into six categories including material aid, intimate interaction, guidance, and positive social interaction. These categories surmise common support themes such as tangible aid, emotional support, guidance in the form of information or advice, and positivity, which are reminiscent of many support behaviors in the current studies. Similarly, Lehman and colleagues (1986) created a 21-item taxonomy of support gestures deemed helpful and unhelpful by bereaved participants. This taxonomy included helpful gestures such as providing the opportunity to vent and being present, along with unhelpful gestures like interference into the bereaved person's life and forced cheerfulness. Many of these behaviors map onto those noted in the present analysis. Nonetheless, these initial taxonomies are far from comprehensive or definitive. Notably, they also attempt to describe social interactions and support broadly rather than addressing social support in context.

Contextualizing social support is crucial because not all stressors are created equal, and certain types of stressors place unique hurdles on the path to effective support. Many stressors in life stem from the arrival of an undesirable outcome or event (Bolger & Eckenrode, 1991; Iida, Gleason, Green-Rapaport, Bolger, & Shrout, 2017; Lazarus & Folkman, 1984). For instance, people may lose their job, fail an exam, or receive a dire medical diagnosis. In response to these stressors, people often turn to their support networks with an expectation that friends and loved ones will provide comfort, reassurance, and perhaps advice for how to respond to the news and move forward with life. Sometimes, however, the stressor is not an event that has already occurred, but the uncertainty of whether an undesirable future event will occur. In these situations, people are forced to await news that may result in a favorable or unfavorable outcome. Ample research demonstrates that these uncertain waiting periods are a source of significant distress, due to a toxic combination of a lack of control over the situation and an inability to predict and plan for one's future (Howell & Sweeny, 2016; Sweeny & Andrews, 2014; Sweeny & Falkenstein, 2015; Sweeny et al., 2015). In fact, research suggests that the distress people experience while awaiting uncertain news can be as intense, if not more so, than receiving bad news (Boivin & Lancastle, 2010; Sweeny & Falkenstein, 2015).

During these moments of acute uncertainty, people often look to others for support, just as they do once bad news arrives (Bolger & Eckenrode, 1991; Cohen & Wills, 1985; Wethington & Kessler, 1986). In a study of law graduates awaiting their bar exam results, 93% of law graduates who were in a romantic relationship talked to their partner about the exam in the days following the exam, and 96% talked with their partner about the exam in the final hours before receiving their results (Dooley, Sweeny, Howell, & Reynolds, 2018). As mentioned earlier, however, social support efforts are often ineffective, and can make matters worse, even under optimal circumstances (Bolger & Amarel, 2007; Gleason, Iida, Shrout, & Bolger, 2008; Wethington & Kessler, 1986). Moreover, uncertain waiting periods may create additional challenges for support providers. Just as the person waiting for news is uncertain how best to prepare for the future in these moments, support providers may have difficulty deciphering the optimal way to help that person cope while they wait. Should support providers help the person maintain hope and optimism, or should they help the person prepare for the worst? Should they distract the person, given that nothing can be done to alter the future at that point, or should they encourage discussion about how the person is feeling and how things might turn out? The typical social "scripts" break down in these paralyzing moments of uncertainty (see Schank & Abelson, 1977; Thoits, 2013). Thus, the current study attempts to shed light on these challenging interpersonal moments by identifying and categorizing behaviors that people find helpful and unhelpful during uncertain waiting periods.

Overview

In the current studies, we take a qualitative approach to understanding the support behaviors people deem to be helpful and unhelpful during uncertain waiting periods. Across three samples, we asked people awaiting an uncertain outcome to indicate behaviors they found most helpful and most unhelpful as they waited. In Sample 1, we asked participants about their experience awaiting any type of uncertain news, resulting in a variety of responses ranging in wait length, outcome importance, and likelihood of a desirable outcome. In Sample 2, we recruited recent PhD graduates who had searched for jobs during the previous academic year. We asked them to reflect on the types of support they found most helpful and unhelpful while waiting for the outcome of their job applications and interviews. In Sample 3, we recruited law graduates awaiting their result on the California bar exam. Hours before learning whether they passed or failed, we asked these participants to indicate the types of support they found most helpful and unhelpful during the wait. In sum, for all three samples, we examined open-ended responses that described the behaviors participants found helpful and unhelpful during a personally significant waiting experience. After thoroughly inspecting these open-ended responses, we produced a list of commonly reported behaviors and organized them by themes into a set of behavioral categories. The three samples included in the present analysis allowed us to explore behavioral manifestations and interpretations of support across different uncertain waiting contexts.

Method

Sample Participants and Measures

Sample 1. Using Amazon's Mechanical Turk (mTurk), we recruited 200 participants (54% male, M_{age} = 34, SD_{age} = 10.8) to provide retrospective accounts of support received during a stressful waiting experience. Any mTurk worker over the age of 18 was eligible to participate in exchange for $2.00. The advertisement included a brief synopsis of the study and a link to an online survey. A project code at the end of the survey allowed participants to immediately collect their payment through mTurk. The sample was primarily White/Caucasian (81%) but also included individuals who identified as Asian (7%), Black or African American (6%), Hispanic/Latino(a) (4%), and other or multiple (2%). This sample, as well as the samples discussed below, was pulled from studies approved by the authors' institution's IRB.

During this study, we asked participants to recall a time that they experienced a difficult waiting period. Specifically, participants read the following prompt:

> *Think about a time when you were waiting for some kind of important news. Examples include (but are not*

limited to) waiting to find out about academic outcomes (an exam, college admissions, etc.), waiting for results from a doctor's visit or medical test, or waiting to hear back about a job interview, promotion, or lay-offs. First, please tell us in your own words what it was like to wait for the important news. How were you feeling during the waiting period? What were you thinking about? Was it hard to wait? Easy to wait? Somewhere in between? Was the news you were waiting for important to you?

Participants described various types of waiting experiences, including waiting to become pregnant, awaiting a cancer prognosis, waiting to hear back after a job interview, and awaiting college admission decisions. As part of the survey, participants then thought back on the experience and described the "interactions or support [they] found particularly helpful/unhelpful." These responses were the primary focus of our analyses. We excluded any responses that failed to address the prompt (e.g., "none," "nothing was helpful"), resulting in 166 descriptions of helpful behaviors and 138 descriptions of unhelpful behaviors.

Sample 2. As part of a separate study, we recruited 292 recent PhD graduates (61% female, M_{age} = 32.39, SD_{age} = 5.45) who had searched for jobs in the previous academic year. Researchers advertised the study by sharing a link and a short description on academic listservs and social media sites. Individuals over the age of 18 who had recently been on the academic job market were eligible to participate. The sample was primarily White/Caucasian (70%) but also included individuals who identified as Asian (14%), Black or African American (2%), Hispanic/Latino(a) (7%), Middle Eastern (1%), and other or multiple (6%). As in Sample 1, participants reflected on their waiting experience and described interactions they had that were particularly helpful or unhelpful. We excluded any responses that failed to address the prompt, resulting in 256 descriptions of helpful behaviors and 138 descriptions of unhelpful behaviors. This sample allowed us to examine support behaviors in a more specific and recent context than the broad exploration in Sample 1.

Sample 3. Our third sample consisted of 89 law school graduates (56% female; M_{age} = 28.21, SD_{age} = 4.00) taking the July 2014 California bar exam. These law school graduates represented 20 law schools in the United States, with the greatest number receiving degrees from the University of California Hastings College of the Law (n = 23), Stanford University (n = 14), George Washington University Law School (n = 12), San Joaquin College of Law (n = 9), and American University (n = 5). The sample was primarily White/Caucasian (61%) but also included individuals who identified as Asian (12%), Black or African American (6%), Hispanic/Latino(a) (5%), and other or multiple (16%). Participants received an Amazon gift card as compensation for completing the study ($10 for each survey they completed). The relevant data are drawn from a larger study that included eight surveys that participants completed throughout the 4-month wait for their results, beginning just before taking the bar exam at the end of July and ending just after the results were released at the end of November. In the 24-hr span before results were posted online, participants completed a survey that included two items asking participants to reflect on their waiting experience and describe interactions they had that were particularly helpful or unhelpful (similar to Sample 2). Once again, we excluded any responses that failed to address the prompt, resulting in 58 descriptions of helpful behaviors and 42 descriptions of unhelpful behaviors.

Qualitative Analysis

Following data collection from all three samples, the authors of this paper reviewed the responses and constructed a list of support behaviors from the themes present within the helpful and unhelpful behavior descriptions. A general inductive approach (see Thomas, 2006) was used to identify the relevant categories of behavior. As stated by Thomas, inductive analysis entails "the development of categories from the raw data into a model or framework . . . [which] contains key themes and processes identified and constructed by the evaluator during the coding process" (p. 240). Although other researchers have developed indices of helpful and unhelpful support behaviors, uncertain waiting periods represent a unique stressor that may require unique types of support. Thus, we conducted a bottom-up, data-driven review of our data rather than utilize a preexisting taxonomy.

We began our process by examining the Sample 1 narratives, which we anticipated would

contain the broadest array of behaviors, given the wide variety of reported contexts. The first author read through all transcribed narratives and recorded the behaviors that were mentioned or described. Any given response might describe multiple support behaviors and thus receive multiple category labels. At this point, support behaviors were not ranked hierarchically; rather, they were simply listed if they were mentioned in a given response.

This initial category list, which included each support behavior with a short description, was given to the second author, who was blind to the first author's categorization of specific responses. The second author read through the responses and categorized each response based on the initial category list to establish interrater reliability. After the second author had applied the categories, the two authors met to resolve remaining coding discrepancies. During these meetings, each author provided justifications and made the decision to change or maintain their coding for each discrepant response. Additionally, based on this collaborative discussion, the authors edited the original category list, where appropriate, to better capture the array of behaviors.

After using this approach to generate an initial list of helpful and unhelpful behaviors, our next step was to explore the responses from Sample 2. We used a similar approach to the one just described but applied the behavioral categories developed with Sample 1. The first and second authors independently read through the responses from Sample 2 and either recorded an existing behavior category or noted a category that was conceptually distinguishable or absent from the existing list. The two authors later met to reach a consensus regarding the coding of behaviors and the inclusion of additional categories. We then repeated this process for Sample 3.

Finally, after developing an inclusive categorical list, the authors organized the behavioral categories into broad themes of helpful (see Table 1) and unhelpful (see Table 2) support. This process resulted in five support themes, which we discuss further in the following section. Within each theme, we articulate several behavioral categories that provide greater specificity to our taxonomy and illustrate how each theme is likely to manifest. Using the final category list, we recoded Sample 1 and 2 responses to ensure that each sample was coded for all behavior categories (i.e., recoding to include the new categories that emerged in Samples 2 and 3).[1]

Results

In the following section, we first describe the broad themes of helpful and unhelpful support and then provide a more in-depth exploration of helpful and unhelpful behaviors that fell into each taxonomic theme. When discussing behaviors, we use the term *recipient* to describe the participant who is the target of the supportive behavior, and we use the term *provider* to describe supportive others whom the participant identifies (e.g., romantic partners, academic advisors, parents).

Common Themes

We inductively derived five overarching taxonomic themes to characterize helpful and unhelpful support behaviors identified by our participants. The helpful support themes were (a) active engagement, (b) positive reframing, (c) addressing negatives, (d) practical support, and (e) helpful downplaying. The unhelpful support themes were (a) intrusive concern, (b) unwanted positivity, (c) negativity, (d) impeding coping efforts, and (e) unhelpful downplaying. Each support theme includes behavioral manifestations of that broad support type. For example, the theme "addressing negatives" includes *planning for the future* and *validation of concerns* (see Table 1). We note that the themes are somewhat paired across helpful and unhelpful types of support, such that *active engagement* is in essence a helpful version of *intrusive concern*; *positive reframing* is a helpful version of *unwanted positivity*; *addressing negatives* is a helpful version of *negativity*; *practical support* is the helpful opposite of *impeding coping efforts*; and *helpful downplaying* is a helpful version of *unhelpful downplaying*. In the following sections, we describe each of these themes with

[1] We further refined the organization of themes and categories after feedback from anonymous reviewers.

Table 1
Taxonomy of Participant-Reported Helpful Interactions

Theme and subcategories	Description	Example
1. Active engagement		
Talking/venting	Recipient appreciated talking or venting to someone or being listened to	*My boyfriend . . . let me guide the conversation so I could talk about if I was really stressed, or if I didn't want to talk about it, and he just followed my lead.*
Responsiveness/care	Provider expressed concern, sympathy, or understanding of the recipient's problem	*I felt as if [my spouse] understood me more than anyone since he was there when we received the news and did the additional testing on the baby.*
Physical presence	Provider was physically present in a helpful way	*My husband being there for me.*
2. Positive reframing		
Optimism/reassurance	Provider said that everything will work out for the best	*Reassured me that if I failed the exam, I was still on the right track and not a failure.*
Reminders of past success	Provider mentioned times when desirable outcomes occurred	*Offered positive comparisons to past successes.*
3. Addressing negatives		
Planning for the future	Provider helped the recipient plan what to do in the case of an undesirable outcome	*They were supportive but realistic in that they presented scenarios in which I might have failed.*
Negative validation	Provider indicated that the recipient's worries are valid, reasonable, or acceptable	*She listened to me, validated my feelings.*
4. Practical support		
Tangible aid	Provider gave a tangible form of help (e.g., grocery shopping, laundry)	*My husband cooked for me, helped me relax, and drove me places.*
Information/advice	Provider offered helpful information or advice	*My advisor understood my financial situation and timeline, and was able to offer suggestions about how to plan for postdocs.*
5. Helpful downplaying		
Providing distractions	Provider helped the recipient take their mind off the wait	*My friend helped me in distracting about the news by saying all other stories.*
Normalizing the situation	Provider acted as though everything was normal or otherwise ignored/ downplayed the situation	*They reminded me that failing the bar isn't that big of a deal in the grand scheme of things, that it doesn't automatically mean I'm a loser, that they love me either way.*

Note. Quotations have been lightly edited for brevity.

a focus on the specific behaviors reported as helpful and unhelpful.

Themes of Helpful Support Behaviors

Active engagement. Our broadest theme of helpful behaviors, *active engagement,* consisted of interactions in which providers conveyed their concern by behaving in ways that addressed the stressor rather than avoiding it in some way. The most frequently described incidents of helpful behaviors in this theme occurred when support providers spent time talking openly about the issue, listened to the recipient's concerns, and let the recipient vent in ways that helped to process the situation (*talking/venting*). Specifically, talking/venting included responses involving a mutual dialogue in which recipients felt their concerns were heard (i.e., talking, listening) and conversations focused on providing recipients with an outlet to process their situation (i.e., venting). The descriptions of helpful interactions in which recipients noted the providers' willingness to communicate were often relatively broad and abstract, such as simply stating that they appreciated when people "talked with me," "listened," or "allowed me to vent." However, some recipients elaborated on the advantages of these conversations. For many, the ability to discuss the situation helped them

Table 2
Taxonomy of Participant-Reported Unhelpful Interactions

Themes and subcategories	Description	Example
1. Intrusive concern		
Unsolicited advice	Provider offered unsolicited advice	*People tried to pretend they had experienced the same thing and offered unsolicited advice.*
Excessive worry	Provider conveyed their own distress regarding the recipient's situation in ways that burdened the recipient	*My mother was worrying which made me worry about the situation even more*
2. Unwanted positivity		
Unwarranted optimism	Provider expressed unjustified confidence that the outcome would be desirable	*People saying "don't worry, you'll be fine."/ "you are so good, I'm sure you will get something." I am all for "should" statements, I think those are entirely correct. I am actually very, very good. But that doesn't mean it'll actually work out, the world just doesn't work that way.*
Reminders of success	Provider mentions other situations in which desirable outcomes occurred for the recipient or other individuals	*Point to the people (or themselves) who made it to positions in top ranked institutions as examples of why I'll be ok, when these people were clearly incredibly productive up and coming stars.*
3. Negativity		
Unwarranted pessimism	Provider expressed unjustified confidence that the outcome would be undesirable	*When people said things like well maybe you aren't what they are looking for, or well not everyone can just go get a job. I think enough negative things myself so I really didn't need more negative thinking from other people.*
Judgment	Provider conveys that the situation is the recipient's fault	*Being judged by the things I was saying and going through*
4. Impeding coping efforts		
Obstructionism	Provider prevented the recipient from reaching a desirable outcome or finding resolution (e.g., by withholding information)	*Did not stand up for me or push my current department to find a way to offer me employment, despite clear indication that most in the department would like me to stay.*
Impatience	Provider displayed exasperation, frustration, or impatience with the current situation or the recipient's distress	*My husband never took my daughter's illness very seriously or wanted to talk about it. One time when we had to take her to the ER to get an infection lanced, he acted like it was a huge inconvenience to him.*
5. Unhelpful downplaying		
Dismissals	Provider downplayed the situation or noted the inherent uncertainty or uncontrollability of the situation	*Minimizing what I perceived as legitimate fears (in an attempt to make me feel better).*
Ignorance	Provider demonstrated a lack of knowledge or understanding of the situation, or was absent when needed	*My colleagues and parents . . . offered no serious insight into how to effectively address my problem or a deep understanding of it.*
Indifference	Provider conveyed indifference to the recipient's situation or distress	*My spouse for the most part was indifferent and unconcerned.*

Note. Quotations have been lightly edited for brevity.

gain a better handle on their experience, as described in the following response:

> *My boyfriend and I talked throughout the day—he let me guide the conversation and so I could talk about if I was really stressed, or if I didn't want to talk about it, and he just followed my lead. It made me feel in charge of my feelings.*

These conversations helped recipients understand themselves as well as the situation. For instance, one recipient noted that the process of talking/venting "helped me to be accepting about outcomes and process the different information along the way." Other recipients noted that without a specific person to contact they would have felt completely isolated in their experience and that this person was one of the few people with whom they could release tension and anxiety. Here, one recipient describes venting to her husband:

> *My husband, even though he was out of town, being able to call him to discuss my fears and concerns made me feel like I was not alone. He was the only other person besides myself who knew about the test, so the only person I felt I could turn to.*

Although these "behaviors" are in many ways more representative of recipients' perceptions rather than providers' objective behavior, some behaviors were commonly mentioned when providers effectively conveyed helpful support. For instance, in describing interactions that conveyed responsiveness/care, recipients frequently mentioned attempts to "call and check in," "keep informed," and "ask how I was feeling." That is, recipients felt that providers were actively interested in their experience. Such interactions also reinforced the strength of the relationship, such as when one support provider "reminded me that they would still love me no matter what."

As the above examples indicate, helpful interactions did more than give recipients an audience for their concerns; they also allowed providers to express care about and understanding of the recipient's experience (*responsiveness/care*). Notably, understanding is an integral component of responsiveness/care. Often providers had undergone the same experience as the recipient and were able to convey their understanding in a deeply personal way. Indeed, many recipients noted appreciating providers' "ability to empathize [after] going through the same struggle." Similarly, recipients appreciated comments from people who were familiar with the situation even if they had not experienced it themselves. As one participant described:

> *My sister knows deep down how I'm scared of doctors and really tried to help me through it. She was there for me when the others weren't. I trusted her to not tell anyone since I was embarrassed about it.*

Likewise, another recipient appreciated "confiding in a close friend, because he knows my history and was able to point out the differences in this job situation from other situations in my past." Clearly, both of these support providers conveyed that they understood the recipient's individual characteristics and history in ways that also served to reinforce the relationship and express care.

Lastly, the theme of active engagement also included general statements that providers were physically or emotionally present (*physical presence*). One recipient noted appreciating the following from her husband:

> [. . .] *being around my husband daily. The bond we have is amazing, and I always feel more optimistic about everything when I'm around him. Just his presence alone is enough to make things better.*

Positive reframing. A large proportion of helpful descriptions included mention of positive thoughts and feelings about the high probability of a good outcome; we labeled this support theme *positive reframing*. Behaviors in this category included general optimism about the trajectory of the recipient's life and reassurance of the recipient's worth and abilities (*optimism/reassurance*), as well as describing similar situations in which desirable outcomes occurred (*reminders of past success*). Examples of optimism/reassurance included two recipients who mentioned interactions in which someone "encouraged me that I would get a job and had the skill set to be successful," or "offered unconditional support/cheerleading/advice."

Although these behaviors were consistently upbeat, they were also grounded in honesty or conveyed an understanding of the recipient's experience. For instance, one recipient noted that the positive words:

> *Reminded me that I worked really hard and did as best as I could. Those words of encouragement remind me of how much work I put into it and how I felt while I took the exam. Helped my confidence.*

Recipients commonly mentioned that positively framed interactions were helpful when it seemed that the person truly wanted them to succeed and believed in their potential to achieve a positive outcome. Even when a desirable outcome was improbable, recipients also appreciated when support providers conveyed their belief in a positive future regardless of the outcome. This optimistic belief in a positive future endorsed the recipient's ability to overcome future challenges. For instance, one recipient from Sample 3 mentioned that someone "reassured me that if I failed the exam, I was still on the right track and not a failure." Thus, positive reframing granted them the perspective to view the situation differently.

Addressing negatives. Helpful interactions that addressed the possibility of an undesirable outcome fell within the category *addressing negatives.* Many of the helpful interactions recipients reported included times when support providers helped recipients plan for an undesirable outcome (*planning for the future*) or conveyed a sense that the recipient's worries were valid and acceptable (*validation of concerns*). For example, recipients mentioned interactions in which someone talked about "what [they] would have to do if the news was bad," and "didn't judge me for feeling anxious."

Although these interactions focused on undesirable outcomes, people reported feeling that these interactions were honest in ways that helped them cope with the situation. For instance, one recipient felt validated when the support provider was:

> [. . .] *supportive but realistic in that they presented scenarios in which I might have failed. For me, I feel most supported when someone is being realistic, not saying, "oh of course you passed."*

Coming up with a plan made recipients feel more confident and also reinforced their relationship with those who had helped devise a course of action. One recipient summed up how collaborating with those in their support network prepared them for news of any outcome:

> *Talking about all the possibilities with my husband and with my family. We came up with so many different solutions to any problems that came up if we had to stay in the city. It made me feel prepared for anything. I felt like I had their unconditional support no matter what the news was.*

Interactions that addressed the inherent difficulties of the situation were also helpful, such as when one recipient mentioned that a support provider "suggested that failure on the exam would be explained by something other than my lack of intelligence or effort, and that it would not mean that I was not qualified to practice law." Thus, by addressing the negative potentialities, a silver lining emerged.

Practical support. Recipients frequently described interactions in which support providers made tangible efforts to reduce stress during the waiting period (*tangible aid*) or presented advice and information that would guide recipients' actions and help them to better understand the situation (*information/advice).* Tangible aid included a wide range of behaviors such as doing the participant's laundry, helping with childcare, and providing meals. We most frequently observed this type of instrumental support in the job market sample (Sample 2), wherein recipients often commented on the efforts of their advisors or other faculty to review application materials, conduct practice interviews, and help recipients connect with an existing network of contacts. As one participant described:

> *My advisor helped me with my applications (lots of feedback on my research statement), helped me prepare for my interviews, talked/debriefed with me after the interviews, and helped me during the negotiation process.*

Across all three studies, receiving information/advice from support providers was one of the most frequently reported helpful behaviors, although it often occurred in tandem with other types of support. Some reports were relatively general, such as simply appreciating receiving "information" or "advice," but many of the descriptions expanded on attributes that made that behavior helpful. For instance, many recipients appreciated information/advice when it came from people who were able to offer unbiased feedback. Information/advice from sources with valid knowledge of or experience with the stressor were also seen as helpful. For example, one recipient recalled:

> *A doctor gave me his e-mail address. I communicated to him about my fears and sought information from him about all the possibilities. He responded with a thorough walk through of possible actions for each possible result. This knowledge helped me get a better grip and gave me a lot of support.*

Another recipient discussed helpful advice from a knowledgeable colleague:

> *[Receiving] advice from my colleague. He had been through the process and told me how to handle potential disappointment and make a plan. Updates on the situation made me feel less uncertain and less worried about what was happening.*

Helpful downplaying. Finally, we included a taxonomic theme of behaviors that attempted to minimize or circumvent the stressor entirely by shifting focus or ignoring it altogether. We labeled this theme *helpful downplaying*. Specifically, recipients described how people attempted to redirect the recipient's attention (*providing distraction*) or to treat the situation as though everything was normal by ignoring the issue or downplaying the situation (*normalizing the situation*). With regard to distraction, support recipients commonly mentioned appreciating providers' attempts to divert their attention by involving them in activities or outings, or by discussing unrelated topics. Some recipients even described the distracting activities that they found particularly diverting:

> *My boyfriend pulled me away from the computer where I was staring at the grade report and made me play video games with him, which did a great job of distracting me and killing time. I felt like I was going to have a heart attack while I was staring at the screen because I was so anxious, but playing silly video games was both distracting and fun.*

Similar to distraction, many recipients appreciated when support providers completely ignored the stressful situation and acted normally. Recipients welcomed this purposeful avoidance because it freed them from having to answer questions about the situation. One recipient noted when a provider normalized the situation:

> *They reminded me that failing the bar isn't that big of a deal in the grand scheme of things, that it doesn't automatically mean I'm a loser, that they love me either way.*

Themes of Unhelpful Support Behaviors

Intrusive concern. Many of the unhelpful responses lamented providers' excessive involvement and their tendency to bring up the situation, thus increasing the salience of stressful uncertainty. We labeled this theme of unhelpful support *intrusive concern*. In particular, recipients did not appreciate when people offered unsolicited or unhelpful advice (*unsolicited advice*) or transmitted their own worries and anxieties to the recipient (*excessive worry*).

Across all three samples, receiving unsolicited advice from support providers was one of the most frequently reported unhelpful behaviors. Unhelpful advice was often that which recipients perceived as unrelated to the situation or coming from a source who lacked knowledge or experience. One recipient reflected this common sentiment, noting that providers "offered no serious insight into how to effectively address my problem or a deep understanding of it." Another recipient summed up this feeling:

> *My mother-in-law would often give us advice that didn't really apply to our case. She didn't have any idea how the whole process worked but still tried to give advice that wasn't relevant.*

Unsolicited advice had the added detriment of reminding recipients of the difficulty of the situation, leaving them more upset than they had been before the interaction. Moreover, by its very nature, "unsolicited" advice was given by support providers who had encroached upon the needs of recipients, who may have preferred working through the situation on their own. One recipient even noted the unhelpfulness of a provider attempting to "mansplain the job market."

In the case of excessive worry, recipients disliked interactions in which people shared their own anxiety or provided constant reminders about the stressor, particularly when the stressor was otherwise irrelevant to the situation or when no updates were readily available. As one participant put it, it was unhelpful "being constantly asked if I've heard back. I would tell you if I did. It is ok to check in every once in a while, but I didn't like constant, everyday check-ins about whether or not I've heard back." Likewise, recipients disliked having to rehash details of their experience. As one participant from Sample 2 described:

> *Friends kept asking me questions about the interview, the job and the company, and I didn't have the answers. The friend was acting like I already had the job and knew all the information—which I didn't, so it was a little frustrating to be asked all these questions that I didn't have answers for. It added to my stress about waiting, because I felt like since my friend was thinking these things, it must mean I'm not going to get the job.*

These questions also forced recipients to perpetually evaluate their chances of securing a desirable outcome. Although the support pro-

vider may be attempting to display interest and concern regarding the situation, asking questions that the recipient was unable to answer ultimately resulted in greater stress.

Unwanted positivity. Although many recipients appreciated providers' efforts to help them keep a positive outlook, sometimes recipients perceived unhelpful intentions behind these efforts. We labeled this theme *unwanted positivity.* Examples of unwanted positivity included interactions in which someone mentioned that everything would work out in the end, assuming the inevitability of a desirable outcome (*unwarranted optimism*), or described superficially similar situations in which desirable outcomes occurred either for the recipient or other people (*reminders of success*). Several recipients described unwarranted optimism in their interactions when the support provider "said it would work out in the end when I knew there was a high probability it wouldn't," and "told me that 'everything will be fine.'" Common to unwarranted optimism were reports of clichéd terms and phrases, which conveyed a sense that people were putting little thought into their choice of words.

Together, the descriptions of positively framed yet unhelpful interactions conveyed that recipients felt the positivity to be dishonest, invalidating, or based in a lack of understanding of the situation. For example, people mentioning "it would all work out in the end" appeared frequently in both helpful and unhelpful descriptions, but as one recipient who found this sentiment unhelpful put it, "these made it clear how little others understood the process, and I found this quite isolating." Some recipients mentioned that this overconfidence and dismissal of the stressor resulted in not only isolation, but also feeling that they had to defend their distress or expend additional effort explaining the situation to the provider. As one recipient from Sample 2 described, a support provider:

> *Expressed too much confidence in my chances of getting the job. I ended up engaging in a lot of "devil's advocacy," trying to explain to my (non-academic) spouse how the academic job market works and why I actually was NOT a shoo-in for this position. It was emotionally draining and discouraging every time.*

Similarly, providers' reminders of past success often enhanced recipients' own anxieties about the outcome. By sharing successful outcomes, providers reminded recipients of the lingering potential for an undesirable outcome. Even brief comments about success were sometimes detrimental. For instance, one recipient recalled when their colleague "[. . .] got a lot more campus visits than I did. Their success made me feel insecure (until I got a job)."

Even when recipients perceived it to be genuine, positivity could backfire due to the feeling that providers harbored high expectations for recipients' success. One recipient mentioned that these positive words resulted in greater stress "because I felt like I had to [get in] or they would be disappointed." Likewise, shared stories of past success or others' success in similar situations increased tension by fostering a sense of social comparison. Ultimately, interactions in which support providers attempted to convey positivity were a mixed bag, with some recipients reporting these behaviors as helpful and validating, and many others reporting a heightened sense of pressure and stress.

Negativity. Just as positivity could be seen in multiple ways by recipients, negativity took multiple forms—both helpful (as with addressing negatives, discussed earlier) and unhelpful. We labeled this theme of unhelpful support *negativity.* Unhelpful behaviors in this category included conveying a belief that things would turn out poorly and attempting to plan for a negative outcome (*unwarranted pessimism*) or conveying a belief that undesirable outcomes would be the recipient's fault (*judgment*). For example, several recipients described how support providers "asked me what my Plan B was if I failed," or "were rather pessimistic at times."

Many recipients indicated that they disliked these negatively framed responses, often mentioning that these comments made them recognize and dwell on the potential for an undesirable outcome. One recipient noted that being with family was "a bit too much emotionally, because you can talk much more sincerely with them, and as a result dwell on the negatives." At times, the potential negatives generated by a support provider were even worse than what the recipient currently was imagining:

> *Certain family members were worrywarts and often made the situation much worse than it should have been. They weren't doing it purposefully, but they would pose unpleasant hypothetical situations that*

many of us would have preferred not to think about during that time.

As revealed above, recipients were often attempting to avoid thinking about undesirable outcomes, yet support providers inadvertently compelled them to ruminate on these possibilities. Similarly, clichéd comments that acknowledged the negatives of the situation frustrated many recipients. As one recipient said, "When I told people my situation and they said 'that sucks,' like yes, it does suck. Thanks for reminding me."

The unhelpfulness intensified when recipients believed support providers were bringing up the negative outcome as a way of chastising the recipient for causing the situation. Some recipients sensed judgment in these "I told you so" moments and felt they were being lectured about what they should have done earlier. These support providers also tended to involve themselves in unwelcome ways, as though the potential for a negative outcome warranted their involvement. One recipient reported:

My step-father was nervous about my financial situation and my bar result. He passed his worry to me by judging me that I made a terrible decision to travel for 2 weeks. Also, while I was studying for the bar exam, he would call me to discuss the strategy of job hunting and give me a hard-time if I could not go home. I knew he meant well, but the way he handled it, added extra stress and pressure on me.

Even negative comments intended to provide useful information were sometimes described as unhelpful, particularly if the information raised the possibility of an extreme hypothetical outcome. For instance, many recipients reported visiting online forums and chat rooms to find out more information, yet coming away with a greater sense of foreboding:

Looking online and seeing posts in forums. Everyone's situation is different and I was learning things that didn't pertain to my situation. I was allowing Google to diagnose something that hadn't even happened yet. It made me stressed and upset to think that my newborn baby could be born without a functioning kidney and then have kidney failure altogether. In actuality, the situation ended up not being that severe.

Impeding coping efforts. Many unhelpful interactions included instances of providers' failure or unwillingness to provide support, in a way that hindered the recipient's ability to cope or even to secure a desirable outcome. We labeled this theme *impeding coping efforts.* Here we use coping to refer to the recipients' efforts to adaptively alter their cognitions and behaviors to manage psychological stress (DeLongis & Holtzman, 2005). Specifically, recipients described unhelpful interactions in which support providers refused or failed to disclose important information about the situation (*obstructionism*) or displayed exasperation, frustration, or impatience with the recipient's distress (*impatience*). We most frequently observed these types of unhelpful interactions in the job market sample (Sample 2), in which recipients often felt frustrated with support providers when they prevented a desirable outcome by failing to provide useful information or tangible aid. For example, one recipient reported that his or her advisor:

did not stand up for me or push my current department to find a way to offer me employment, despite clear indication that most in the department would like me to stay.

Many of these support recipients also felt resentment toward their advisor for not encouraging them to explore alternative employment options, such as nonacademic jobs. In fact, many of the unhelpful support descriptions in this sample were less about specific interactions and more about the advice or support recipients wished they had received from providers.

Other examples of obstructionism included when providers created barriers that exacerbated the recipient's stress. One recipient shared how his or her partner augmented his or her stress:

My boyfriend had his kids here for 5 weeks while I was studying for the bar and that added a lot of additional stress because I had to watch them a few days while they were not at summer camp since my bf had to work. That was unhelpful even though the boys were pretty good.

The provider's request served as an obstacle during the recipient's stressful waiting period.

While obstacles such as these were burdensome, providers also at times burdened recipients with their impatience, which communicated their intolerance for the situation and erected an unhelpful barrier to coping. One recipient shared the impatient behavior of a spouse:

My husband never took my daughter's illness very seriously or wanted to talk about it. One time when we had to take her to the ER to get an infection lanced, he acted like it was a huge inconvenience to him because

he knew we'd be there for hours and he needed to get up early for work. I understand that, but our daughter's health is more important. He pouted and had a stone face throughout the whole ER visit. I would have rather had my mom and/or sister there with me for moral support because he was just aggravating a situation that was already bad. He's never apologized for his actions that night and I'll never forgive him for that.

Unhelpful downplaying. Although downplaying was sometimes seen as helpful, as addressed earlier, minimizing or avoiding the stressor also backfired for some recipients and serve as examples of *unhelpful downplaying*. Many recipients described unhelpful interactions in which the provider dismissed the recipient's worries as unnecessary or excessive (*dismissal*), demonstrated a lack of knowledge or understanding of the recipient's situation (*ignorance*), or was indifferent to the situation or recipient (*indifference*).

Recipients noted that dismissals such as being told to "calm down" by providers increased their stress. One recipient recalled,

I remember he told me straight out to "calm down," as though it was in my control how anxious or calm I was. Doing things could make me calm down, but just telling me to calm down didn't really help that much and was a tiny bit irritating.

Some recipients even indicated that this type of censure resulted in decreased relationship satisfaction. Recipients also found it particularly unhelpful when providers' attempts to downplay the situation revealed an underlying ignorance of the situation. One provider was noted as having:

Expressed too much confidence in my chances of getting the job. I ended up engaging in a lot of "devil's advocacy," trying to explain to my (nonacademic) spouse how the academic job market works and why I actually was NOT a shoo-in for this position. It was emotionally draining and discouraging every time.

Ignorance of the situation resulted in the provider overlooking how significant the stressor was to the recipient. Similar to ignorant interactions, indifference engendered a sense that the provider not only failed to understand the gravity of the situation but also did not attempt to do so. One recipient recalled that it was particularly unhelpful when their spouse was, "[. . .] for the most part indifferent and unconcerned."

The aforementioned failures to acknowledge the stressor were sometimes intentional, such as a support provider who was perceived as "waiting for the right time to discuss it." However, some support providers were even perceived as having a malicious intent behind their avoidance of the stressor.

Discussion

In the current study, we conducted a qualitative review of support behaviors during uncertain waiting periods. Despite the apparent value of social support during stressful life experiences (e.g., Fleming, Baum, Gisriel, & Gatchel, 1982; Sarason, Sarason, & Shearin, 1986; Uchino, Cacioppo, & Kiecolt-Glaser, 1996; Wills & Vaughan, 1989), a large body of literature suggests that support can have inconsistent or even negative effects. Although other researchers have explored support behaviors in a number of contexts and populations, uncertain waiting periods create additional hurdles to providing effective support (Dooley et al., 2018). Our study denotes the first categorization of helpful and unhelpful support behaviors reported during acute moments of stressful uncertainty. Using three unique samples, we inductively derived a taxonomy underlining commonly reported helpful and unhelpful behaviors, consisting of 10 support themes in total (i.e., 5 helpful and 5 unhelpful) along with behavioral examples of each (see Tables 1 and 2).

Taken together, our findings highlight the value of interpretation over intention. As represented by this taxonomy, many support behaviors seem to have similar intentions (e.g., attempting to stay positive, trying to help plan for negative outcomes, offering advice) but resulted in both helpful and unhelpful interpretations of that behavior, depending on the support recipient and the situation. That is, providing effective support when the outcome is uncertain cannot simply be reduced to a definitive list of what to do and what not to do. This finding is consistent with research on interpretations of supportive behaviors in other contexts (e.g., Bodie & Burleson, 2008; Dakof & Taylor, 1990; Goldsmith, 2004; Lehman et al., 1986), which highlights that individual differences in the support recipient, support provider, and situation play a large part in the success of some support behaviors over others. Additionally, most of the descriptions provided by our recipients, regard-

less of perceived helpfulness, conveyed a sense that the support provider was attempting to at least be somewhat supportive, even if that support fell flat. Rather than vilifying unsuccessful attempts at support, these narratives reinforce the idea that providing support is difficult, particularly in moments of acute uncertainty.

Relative to unhelpful behavior narratives, helpful behavior responses typically depicted a support provider who was understanding of and focused on the participant and the participant's problem, rather than discounting the situation or focusing on themselves. Specifically, these helpful support efforts communicated a sense of understanding, value, and care for the participant that highlights the importance of *perceived responsiveness* (Maisel, Gable, & Strachman, 2008; Reis, Clark, & Holmes, 2004). For instance, during helpful interactions, support providers conveyed that they truly understood what the participant was going through by demonstrating their knowledge of the situation, validating the importance of the outcome to the recipient, and acting in ways that matched the recipient's needs. Support providers also expended time and effort talking and allowing the recipient to vent thereby conveying that they were interested in the outcome for the recipient's sake and not their own. Even ignoring the issue created a sense of responsiveness if recipients felt that the support provider had their best interest in mind.

On the other hand, unhelpful behaviors tended to convey ignorance of the participant's needs or a sense that support providers were either intentionally or unintentionally failing to put sufficient effort or care into their behaviors, thus reflecting a lack of care and value for the recipient. In sum, recipients appreciated the support they received when that support was considerate of their needs, wants, and cares, rather than based on generic supportive phrases or selfish intentions. Therefore, our findings suggest that the distinction between helpful and unhelpful behaviors is less about what one does, but more about how one does it. That is, as a support provider, one's actions may be more helpful if one devotes mental effort to first understanding what the support recipient is going through (understanding), determines that the recipient is worth one's time and effort (value), and considers the recipient's well-being as important to one's own well-being (care).

We should also note that although we intentionally developed our taxonomy independent of existing taxonomies of support behaviors, embracing a data-driven strategy, many of the behaviors we identified matched those captured by previous taxonomies in contexts other than uncertain waiting periods. For instance, Dakof and Taylor (1990) found that cancer patients reported perceptions of helpful and unhelpful behaviors that are similar to those in our taxonomy, including physical presence, optimism/reassurance, and information/advice. Categories of unhelpful behaviors in their taxonomy that appear in ours as well include judgment, dismissals, and excessive worry. Additional overlap with prior literature includes the distinction between emotional and practical aid (Martin, Davis, Baron, Suls, & Blanchard, 1994; Lehman et al., 1986) and normalizing the situation by providing distractions (Gurowka & Lightman, 1995). Other researchers have also noted that people perceive advice and attempts at encouragement to be both helpful and unhelpful, whereas others behaviors such as providing a chance to vent or bringing up unwanted discussions tend to be uniquely helpful or unhelpful, respectively (Dakof & Taylor, 1990; Doherty & MacGeorge, 2013; Hays, Magee, & Chauncey, 1994; Lehman et al., 1986; Sullivan, 1996).

Our findings thus provide convergent evidence for the effectiveness and ineffectiveness (or in some cases, the mixed effectiveness) of various support behaviors during a broad set of stressful situations. Waiting permeates various life events, from the commonplace to the critical. Accordingly, the taxonomy we provide captures support behaviors applicable to normative life events, such as waiting for test results and searching for employment, and offers further insight into the support behaviors people may find helpful in acutely stressful and uncertain circumstances.

Limitations and Future Research

Although the present investigation had a number of strengths, we recognize several notable limitations. First, our investigation entailed open-ended descriptions of helpful and unhelpful behaviors rather than an exhaustive examination of how people interpret specific supportive behaviors and interactions. Due to the qualitative nature of our data, it is difficult to

definitively assess the accuracy or validity of the categories we have identified and described; thus, it is possible that different researchers would derive different categories of support from our data. Further, because the responses were open-ended, our exploration was limited to those behaviors that were most salient to recipients at the time of the survey. It may be that other helpful and unhelpful behaviors are more prevalent in reality than in recipients' reports. Support providers may also have provided support outside of recipients' awareness, leading to unreported "invisible" support (Bolger & Amarel, 2007; Maisel & Gable, 2009) that recipients would otherwise have reported as helpful.

Additionally, two of our studies (Samples 1 and 3) were retrospective, and recipients may have forgotten or reinterpreted the efficacy of certain support behaviors with the passage of time. In fact, memories of support may be particularly susceptible to hindsight bias, such that people recall supportive attempts as helpful if things turned out well and unhelpful if things did not go their way. Many job seekers in our study reported dissatisfaction with their advisor failing to detail options that came to light after the job search, which likely only become apparent upon failure to attain a job. Therefore, researchers might attain greater depth through in vivo studies of support throughout a stressful waiting period. Longitudinal research aimed at elucidating helpful and unhelpful support behaviors may also reveal the degree to which fluctuations in the situation influence perceptions of support. This type of study would also more accurately detect the frequency with which support behaviors occur and are perceived as helpful or unhelpful (e.g., advice from one's partner may be helpful at some times but not others).

Moreover, due to the nature of our qualitative data, we can only offer a description of general themes and categories of support behaviors. Empirical evidence to establish a causal relationship between support behaviors and outcomes for well-being, or between characteristics of the person or situation and the effectiveness of particular support behaviors, is not available.

Furthermore, we suspect that individual differences such as dispositional optimism, defensive pessimism, or intolerance of uncertainty may influence perceptions of support during waiting periods, due to the relevance of these characteristics when coping with uncertainty (Sweeny & Andrews, 2014). Our samples were also predominantly White and female, limiting the generalizability of our findings. However, the present data do not allow for a compelling empirical assessment of these and other individual difference factors. Our study is intended to serve as the first step in identifying behaviors individuals tend to find helpful or unhelpful during acute moments of uncertainty. A promising avenue for future research will be to link perceptions of and preferences for supportive behaviors, as outlined in our taxonomy, with personality traits, motivations, demographic characteristics, and other person-level characteristics.

Nonetheless, our investigation provides an analysis of supportive behaviors that is currently absent from the literature. It is intrinsically valuable to uncover behaviors that people consider helpful or potentially harmful. The findings of this study may be of use to support providers attempting to alleviate the discomfort of their loved ones during periods of uncertainty, as well as medical practitioners who interact with patients during health-related waiting periods (e.g., the wait for biopsy results). Indeed, a meta-analysis on social support and adherence to medical treatment found that social support was associated with patients' adherence to treatment across 122 studies over more than 50 years of research (DiMatteo, 2004).

Although we focused on the unique nature of stressful waiting periods, we suspect that our taxonomical categories likely generalize to other types of stressors, particularly ones that entail a degree of uncertainty or a lack of control. Ultimately, given the choice between the upbeat positivity of an optimistic friend and the pragmatic advice of a compatriot, the efficacy of their support may lie not in their respective approaches but in the motivation implicit in their behavior.

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