The Relationship Between Social Support, Loneliness, and Subjective Well-Being in a Spanish Sample from a Multidimensional Perspective

Isabel Hombrados-Mendieta · Miguel Angel García-Martín · Luis Gómez-Jacinto

Abstract   The aim of this study was to investigate the association between social support, loneliness and well-being from a multidimensional perspective for which two structural models are proposed. The study included 2042 participants from Malaga City (Spain) who were aged between 18 and 95 years. For the dimensions frequency of support and satisfaction with support, the results show that partner support, family support, and support from friends, respectively, significantly decrease romantic loneliness, family loneliness, and social loneliness. On the other hand, community support has little effect on reducing social loneliness. Of the three types of support analyzed (emotional, informational and instrumental), emotional support was significantly more effective in reducing loneliness (family, romantic and social) and increasing well-being. Loneliness partially acts as a mediator variable, although it is affected by social support, but at the same time decreases the effects of social support on subjective well-being. The three types of loneliness have a strong negative impact on subjective well-being. Implications of these results are discussed.

Keywords   Social support · Loneliness · Subjective well-being · Structural model

1 Introduction

Social support has become one of the most active research areas in recent years. Individuals who create and maintain intimate relationships with family, friends and the community experience the positive and lasting benefits of social integration (Lin 2001;

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Sarason et al. 1990). Empirical research has consistently shown that social support is a strong predictor of psychological well-being (Harknett 2006; Henley et al. 2005; Ryan et al. 2009; Thoits 1985).There are many definitions of social support and the concept itself has been developed according to a variety of perspectives (Cohen and Syme 1985; Gottlieb 1981; Lin 1986; Schaefer et al. 1981). One of the most comprehensive definitions is that provided by Lin et al. (1986), which includes the provision of real and perceived support, both instrumental and expressive, from the community, social networks, and intimate friends. Each of these sources provides different feelings of bonding. Thus, the community, which is the most external and general level, contributes to the sense of belonging and social identity. The next level is formed by social networks consisting of family relationships, work relationships or friendships. Finally, intimate relationships represent the level at which the individual feels close to others and from which he or she derives feelings of commitment to others and responsibility for their well-being.

In general, researchers have usually adopted a multidimensional concept of social support (for example, see Cohen and Wills 1985; Sarason et al. 1983). Laireiter and Baumann (1992) suggest that social support is a multidimensional concept with five components: support networks, the climate or environment of support, received support, perceived support, and the context in which it occurs. Tardy (1985) also identifies five possible dimensions: direction (support given or received), disposition (available or enacted), description/assessment (social support simply described or assessed in some way), content (emotional, instrumental, informational or appraisal support), and network (friends, family, etc.).

Although social support is a multidimensional construct, researchers generally use measures that do not distinguish between the dimensions of support and its sources. Most of these studies have obtained their results by focusing on the analysis of emotional support, regardless of other functions such as instrumental and informational support, or have used a global measure of support. The frequency of received support and the degree of satisfaction with it have rarely been analysed (Heitzman and Kaplan 1988) and most studies have focused on the analysis of intimate relationships (Gracia and Herrero 2006). However, research has shown that there are differences between the various subtypes of support (e.g., Barrera and Ainlay 1983; Cheng 1998; Chen and Feeley 2012; Harter 1985; Malecki and Demaray 2003; Tardy 1985), the different providers of support (e.g., Clark-Lempers et al. 1991; Procidiano and Heller 1983), and between the quantity of support and the degree of satisfaction with it (Cohen and Syme 1985; Gottlieb 1981).

Loneliness has a close association with social support. Humans are essentially social beings and as such desire interdependency and social and intimate relationships. The loss or scarcity of such relationships can lead the individual to experience loneliness. Loneliness stems from a feeling of being isolated from significant relationships and reflects an interpersonal deficit that exists as a result of fewer or less satisfying relationships than an individual desires. Various definitions of this phenomenon have been offered. Peplau and Perlman (1982) define it as the unpleasant experience that occurs when an individual's social network is qualitatively or quantitatively deficient. Loneliness is subjectively experienced as unpleasant and painful. It is a consequence of perceived deficiencies in social relationships and is not synonymous with social isolation (West et al. 1986). More recently, loneliness has been defined as an unpleasant subjective state of sensing a discrepancy between the desired amount of companionship or emotional support and that which is available in the individual's environment (Blazer 2002).

The effects of loneliness on well-being have been less studied than the effects of social support (Golden et al. 2009); however, classic studies have shown a high prevalence of

loneliness in the population (Rubenstein et al. 1979; West et al. 1986). Loneliness has been associated with lower reported well-being (e.g., Mellor et al. 2008). Loneliness is a problem for a significant percentage of the population, affecting both young people (e.g., Kapikirian 2012; Pretty et al. 1996) and older individuals (e.g., O'Luanaigh and Lawlor 2008; Stek et al. 2005; Uchino 2006; Reblin and Uchino 2008).

Some consensus exists on the multidimensional nature of loneliness. Thus, Weiss (1987) distinguishes between two types of loneliness: emotional loneliness and social loneliness. Emotional loneliness is understood as the lack of an attachment relationship and is associated with sensations of emptiness and the desire to share life with someone special. Social loneliness results from a deficient social network and leads to feelings of being rejected by others. Although this perspective suggests that the different types of loneliness share a common core, it also suggests that deficits in different relationships and the associated consequences of becoming lonely in a particular relationship domain can be qualitatively different (Weiss 1998). Research has indicated the importance of maintaining the distinction between these two types of loneliness (Russell et al. 1984) and the need to use instruments that have the capacity to analyze these dimensions (DiTommaso and Spinner 1997). DiTommaso and Spinner (1993) developed the Social and Emotional Loneliness Scale for Adults (SELSA) which is a multidimensional measure consistent with Weiss's (1973) distinction between emotional and social loneliness. The SELSA also distinguishes between two domains of emotional loneliness: family emotional loneliness and romantic emotional loneliness.

Social support and loneliness have usually been studied in relation to a set of related concepts, such as subjective well-being, quality of life, life satisfaction or happiness. The instruments that have been used to assess these concepts have focussed on a variety of different, but intimately related, constructs: Diener et al. (1985) examined subjective well-being as a function of satisfaction with life; Ryff and Keyes (1995) and Cummins (1997) addressed quality of life; and Mroczek and Kolarz (1998) investigated positive and negative affect. In relation to these two kinds of affect, there is a consensus among researchers that well-being has a dual aspect which appears to derive from a balance between two elements of emotional experience: positive and pleasant feelings and the absence of negative unpleasant feelings (Bradburn 1969; Bryant and Veroff 1982; Zevon and Tellegen 1982). These studies suggest that well-being consists of two different elements. They are not the positive and negative ends of a single dimension, but extend into different dimensions; positive experiences and affect and negative experiences and affect. Well-being is the result of former and the absence of the latter. On the other hand, recent studies have suggested that these dimensions may be associated (Diener et al. 1999; Fierro and Rando 2007; Watson 1998).

Diener (1984) sorted and grouped the definitions about well-being into three categories. In the first category, well-being is defined as the possession of a number of external and internal resources that are considered desirable (such as income, health, environmental facilities, security, etc.). This approach is more related to what was originally called "quality of life". This represents a normative approach which views well-being not as a subjective state but rather as the possession of some desirable qualities (Tang 2008). Second, some social scientists have focused on what is defined as life satisfaction, a concept that depends on what people understand as being a good life. The third category emphasizes emotionally pleasant experiences and involves the individual focussing on the positive affect rather than the negative affect. Subjective well-being is more related to the latter two categories, representing a combination of both. Thus, subjective well-being is defined by Diener et al. (1997) as judging life positively and feeling good. More than a

decade later, Diener et al. (2009)state that subjective well-being is essential for the understanding of well-being:

> "Subjective well-being is a person's evaluation of his or her life. This valuation can be in terms of cognitive states such as satisfaction with one's marriage, work, and life, and it can be in terms of ongoing affect (i.e., the presence of positive emotions and moods, and the absence of unpleasant affect)." (p. 34)

Well-being has also been studied by analyzing the relationship between objective and subjective well-being. Objective welfare is measured by external indicators or observable criteria, whereas subjective well-being is measured by self-perception or self-reports. Recently, the relationship between economic, social and cultural variables and subjective well-being has been studied by various researchers (Diener and Biswas-Diener 2002; Diener 2009; McGregor 2004; Newton 2007). We should identify the variables that make individuals evaluate their life as satisfactory overall and analyse the economic, social and cultural variables in their settings that influence their well-being. Generally, objective well-being, both individual and social, can be identified with the assets available: basic assets, such as health, education, occupation or income level; psychological assets, such as intelligence and personal qualities; and social-environmental assets, such as housing, the environment, culture, and social climate. All of these assets or resources may facilitate subjective well-being but do not guarantee it (Diener 1994). The review conducted by Diener and Biswas-Diener (2002) shows that the development and economic growth of countries does not necessarily entail an increase in subjective well-being among their inhabitants. A fundamental finding of that review is that for middle-income and upper-income individuals in economically developed nations, acquiring more income is unlikely to strongly enhance subjective well-being. In contrast, some studies have shown that rising wages sometimes predicts less well-being (Diener et al. 1993). However, experiencing control over the environment, perceiving that meaningful goals are being achieved and having positive social relationships are factors that affect subjective well-being (Diener and Biswas-Diener 2002). In their study on emigrant families, Gartaula et al. (2012) show that additional income increases the objective well-being of the women left behind, but it may not have increased their subjective wellbeing. In fact, increased objective well-being does not necessarily correspond to increased subjective well-being.

In reference to the relation between the variables of social support, loneliness and well-being several studies have identified loneliness as the mediator variable between the social support and well-being (Kong and You 2011). In the previous literature, Stroebe et al. (1996) analyzed loneliness as a mediator based on the dual-path model of attachment theory. The study concludes that social support has influence on well-being by different pathways and that emotional and social loneliness act as mediator variables which affect in different ways to well-being. Other researches also proved that social support diminishes loneliness and has direct and indirect effects on well-being (Gencöz and Özlale 2004).

1.1 The Current Study

Although there is abundant empirical evidence on the effects of social support on well-being, an important limitation in the previous literature is that few studies have examined social support, loneliness and well-being from a multidimensional perspective (De Jong-Gierveld 1989). This is relevant because the distinction between the different types of support, the sources that provide it, and the differentiation between the frequency of support and satisfaction with it would contribute to increasing our understanding of the

relationship of social support to well-being and loneliness. The analysis of the different sources of support (partner, family, friends, and community) would allow us to establish an association between each provider of support and the different types of loneliness (social and emotional loneliness). Thus, it could be assessed whether the lack of support from friends and the community is associated with social loneliness and whether the lack of support from the partner and family is, respectively, associated with romantic and family loneliness. The analysis of the three different types of support (emotional, informational and instrumental) would also identify the type of support that better predicts loneliness. Our understanding of these variables would also be furthered by analysing the perceived frequency of support and satisfaction with the support received. Differentiating between these two dimensions would be of value, since the frequency of support is not always matched by satisfaction with it, and this may have an influence on the experience of loneliness and well-being (Bowling 1994).

Another aspect to emphasise is that most studies linking social support and loneliness have used samples with specific characteristics, such as students (e.g. Baron and Kenny 1986), older persons (e.g. Golden et al. 2009), immigrants (e.g., Ip et al. 2007), people with health problems (e.g. Henk et al. 1998), and so on. However, there are few studies on the general population. It is important to highlight this issue since social support is a natural part of life and plays a positive role in well-being. Similarly, loneliness is a current problem related to deficiencies in social interaction. Given that both social support and loneliness form a regular part of people's lives, it is relevant to understand how they develop in the general population.

Given the study aims, a theoretical model was constructed to investigate if the frequency of and satisfaction with social support (emotional, instrumental and informational) decrease loneliness, whether social support from different sources (partner, family, friends, and community) specifically relate to romantic, family, and social loneliness, and if the experience of loneliness decreases well-being. Thus, it was predicted that social support would have a negative association with loneliness and both a strong direct negative association with subjective well-being and an indirect one that would indicate the mediating role of loneliness.

2 Method

2.1 Participants

The study included 2042 participants from Malaga City (Spain), aged between 18 and 95 years (M = 46.9, SD = 19.2) of whom 50.4 % were women and 49.6 % men. Regarding marital status, 28.1 % were unmarried, 51.1 % married (legally married couples), 6.2 % partnered (unmarried couples living together), 5.5 % divorced, and 8.7 % widowed. In relation to work, 38.8 % were employed, 11 % unemployed, 16 % students, 22.2 % retired, and 12 % were full-time home-makers.

The study was conducted in Malaga City, which is divided into 10 Municipal Districts. Municipal Districts are large territorial divisions whose boundaries are set by the city council; these divisions are subdivided into neighbourhoods. Participants were drawn from all of the districts, thus representing all the different socioeconomic levels of the inhabitants of the city. The participants were selected using random route sampling, which is appropriate to this type of research. Routes for each district were randomly selected from a map indicating streets, buildings, squares, houses, etc. A representative sample from each

district was obtained by using data obtained from the Malaga City census. Stratified sampling by sex and age was performed using a proportionate allocation strategy. Each interviewer had to interview a specific number of men and women of a given age range in each district. In total, 2060 participants were interviewed, but the final sample was composed of 2042 participants since 18 interviews were discarded due to being incomplete.

2.2 Procedure

First, postcards were designed and delivered to the residents briefly describing the study and the people conducting it, and containing a request for their cooperation. A telephone number was also provided for those with questions about the study. The interviewers knew where the interviewees lived; they delivered the postcards and arranged a day for the interview. Each interviewer carried accreditation provided by those responsible for the study authorizing them to conduct the interview. They were instructed to administer it to one person from each family until they had completed a set number of interviews with participants of the required age and sex.

2.3 Measures

2.3.1 Eudemon Scale of Personal Well-being (EBP) (Fierro and Rando 2007)

This measure assesses perceived subjective well-being. The scale has a four-answer format: No, absolutely not/rarely/sometimes/Yes, definitely. Principal components analysis showed two components for the EBP that explain 43.18 % of the variance, correlate negatively with each other (r = −0.56), and can be fully interpreted by the most widely accepted models in the study of psychological well-being. The dominant component, *absence of well-being* (AWB), explains most of the variance and loads highly on 17 items. This component reflects negative affect (e.g. *I'm less happy than I expected to be when I was younger*). The second component, which correlates with the dominant component, is called *Positive Well-being* (PWB), loads highly on 7 items of the scale and reflects positive affect (e.g. *I'm happy with my daily life*). On the original scale, Cronbach's alpha was 0.91 for the component "absence of well-being" and 0.79 for the component "positive well-being." Cronbach's alpha was 0.92 for the entire set of items, indicating that the internal consistency of the scale was good. In our study, Cronbach's alpha was 0.85 for the component "absence of well-being" and 0.78 for the component "positive well-being." For the complete scale Cronbach's alpha coefficient was 0.83.

2.3.2 Questionnaire on the frequency of and satisfaction with social support (Hombrados-Mendieta et al. 2012)

This questionnaire assesses sources that provide support in a specific context and for this study were evaluated the frequency of support received from the partner, family, friends, and community, and the degree of satisfaction with the support received from the social network in relation to the three types of support. Thus, each participant was assessed in relation to support networks, the type of support provided (emotional, instrumental and informational), the frequency with which each type of support was received (e.g. *How often do you receive emotional/instrumental/informational support of your partner/family/friends/community?*), and the degree of satisfaction with it (e.g. *How satisfied are you with the emotional/*

Table 1 Cronbach's alpha reliability indexes of the questionnarie on the frequency of and satisfaction with social support

	Cronbach's alpha
In relation to type of support	
Emotional social support received items	0.780
Instrumental social support received items	0.763
Informational social support received items	0.795
In relation to source of support	
Social support received from partner items	0.952
Social support received from family items	0.914
Social support received from friends items	0.923
Social support received from community items	0.917
In relation to frequency of and satisfaction with support	
Frequency of social support received items	0.840
Satisfaction with social support received items	0.867

instrumental/informational support received of your partner/family/friends/community?). Responses regarding frequency of support were rated on a 5-point scale with anchors 1: Rarely to 5: Always; similarly, satisfaction with the support ranged from 1: Dissatisfied to 5: Very satisfied. For the complete questionnaire Cronbach′s alpha coefficient was 0.91.The Cronbach′s alpha coefficient for each measures registered (Types of support, source of support and frequency of and satisfaction with support) is showed in Table 1.

2.3.3 Social and Emotional Loneliness Scale for Adults (SELSA-S) (DiTommaso et al. 2004)

The Spanish version of the SELSA-S, the *Spanish Adaptation Scale for the evaluation of social and emotional loneliness in adults*, was used (Yarnoz 2008). This instrument is designed to assess in adults the subjective experience of loneliness in its three aspects of social loneliness (e.g. *I don't have any friends who understand me, but I wish I did*), family loneliness (e.g. *I feel alone when I'm with my family*), and romantic loneliness (e.g. *I wish I had a more satisfactory romantic relationship*). The instrument consists of a Likert-type scale (1 = Totally disagree, 7 = Totally agree).

The principal components factor analysis found three factors that explain 63.51 % of the variance: social loneliness (23.5 %), family loneliness (21.4 %), and romantic loneliness (18.5 %). These results are consistent with those found by DiTommaso et al. (2004) using the original scale. Cronbach's alpha showed that the internal consistency of the scales was 0.71 for social loneliness, 0.83 for family loneliness, 0.83 for romantic loneliness, and 0.84 for the scale as a whole. The results indicate that the Spanish version of the SELSA-S scale is an effective measure to assess loneliness using a multidimensional approach. In our study, Cronbach's alpha was 0.83 for family loneliness, 0.84 for social loneliness, and 0.86 for romantic loneliness. For the complete scale, Cronbach's alpha coefficient was 0.86.

3 Results

For the purposes of the study, two structural equation models were created using the PRELIS 2 and LISREL 8.30 software packages (Jöreskog and Sörbom 1993) and the Maximum Likelihood estimation method.
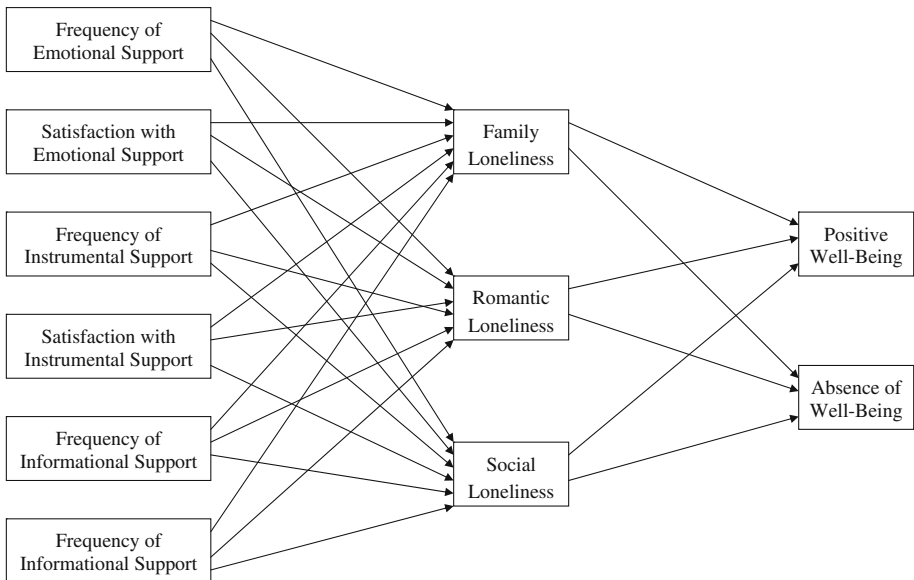
3.1 First Structural Model

The first structural model was used to assess whether the three different types of social support decrease loneliness and whether loneliness decreases well-being. The model proposed has six exogenous variables (frequency of emotional support, satisfaction with emotional support, frequency of instrumental support, satisfaction with instrumental support, frequency of informational support, and satisfaction with informational support) and five endogenous variables (social loneliness, family loneliness, romantic loneliness, AWB, and PWB).

Figure 1 shows the theoretical relationships between the variables. The model postulates that the frequency of and satisfaction with the three types of support decrease loneliness (family, romantic and social). Similarly, it was hypothesised that loneliness is directly associated with increasing the AWB and decreasing PWB. In addition, we postulated that social support is directly associated with well-being and is also related via loneliness (family, romantic and social), and increases positive well-being and reduces the absence of well-being. Table 2 presents the intercorrelation matrix of the variables analysed.

Table 3 shows a summary of this analysis. The global fit index (GFI) and comparative fit index (CFI) were 0.95 and 0.97, respectively, and indicate a good fit of the model, since both values are higher than 0.90. The RMSEA Index was 0.05 and is also a good indicator since 0.10 is below the critical value. Another indicator of a good model fit is provided by the R^2 value, since the proportion of explained variance of family loneliness is 24 %, romantic loneliness 28 %, social loneliness 27 %, the AWB 34 %, and of PWB 29 %.

The coefficients shown in Table 3 indicate that an increase in the frequency of emotional support directly and significantly decreases family loneliness ($\gamma = -0.17$), romantic

Fig. 1 First structural equation model proposed. Path diagram of the theoretical relationships between variables

Table 2 Correlation matrix of the frequency of and satisfaction with social support (emotional, instrumental, and informational), loneliness (family, romantic, and social), and well-being (the absence of well-being and positive well-being)

	FL	RL	SL	AB	PW	ESF	ESS	ITSF	ITSS	ISF
Romantic Loneliness (RL)	0.39**									
Social Loneliness (SL)	0.44**	0.30**								
Absence Well-being (AB)	0.46**	0.46**	0.44**							
Positive Well-Being (PW)	−0.44**	−0.35**	−0.41**	−0.60**						
Emotional support frequency (ESF)	−0.45**	−0.50**	−0.48**	−0.43**	0.43**					
Emotional support satisfaction (ESS)	−0.48**	−0.50**	−0.50**	−0.46**	0.44**	0.82**				
Instrumental support frequency (ITSF)	−0.35**	−0.40**	−0.41**	−0.35**	0.32**	0.74**	0.63**			
Instrumental support satisfaction (ITSS)	−0.40**	−0.44**	−0.46**	−0.41**	0.38**	0.68**	0.83**	0.74**		
Informational support frequency (ISF)	−0.39**	−0.41**	−0.44**	−0.35**	0.36**	0.80**	0.70**	0.76**	0.67**	
Informational support satisfaction (ISS)	−0.43**	−0.45**	−0.47**	−0.41**	0.40**	0.72**	0.86**	0.65**	0.86**	0.80**

** $p < 0.01$

Table 3 Summary of the structural equation model

		Emotional Support		Instrumental Support		Informational Support		Loneliness		
		Frequency	Satisfaction	Frequency	Satisfaction	Frequency	Satisfaction	Family	Romantic	Social
Family loneliness	CE	−0.17	−0.31	−0.02	0.04	0.00	−0.06			
	SE	0.05	0.06	0.04	0.05	0.05	0.06			
	t	−3.48	−5.35	−0.50	0.82	0.10	−1.01			
$R^2 = 0.24$										
Romantic loneliness	CE	−0.29	−0.22	−0.06	−0.01	0.09	−0.07			
	SE	0.05	0.06	0.04	0.05	0.05	0.06			
	t	−5.96	−3.94	−1.38	−0.14	1.89	−1.23			
$R^2 = 0.28$										
Social loneliness	CE	−0.15	−0.20	−0.02	−0.11	−0.06	−0.04			
	SE	0.05	0.06	0.04	0.05	0.05	0.06			
	t	−3.06	−3.48	−0.45	−2.00	−1.23	−0.70			
$R^2 = 0.27$										
Absence well-being	CE	(−0.14) −0.08	(−0.16) −0.05	(−0.02) −0.00	(−0.01) −0.06	(−0.01) −0.07	(−0.04) −0.03	0.21	0.24	.20
	SE	(0.02) 0.05	(0.02) 0.05	(0.02) 0.04	(0.02) 0.05	(0.02) 0.04	(0.02) 0.06	0.02	0.02	0.02
	t	(−6.69) −1.72	(−6.70) −0.92	(−1.38) −0.02	(−0.66) − 1.23	(−0.61) − 1.65	(−1.72) −0.47	9.40	10.47	8.59
$R^2 = 0.34$										
Positive well-being	CE	(0.10) 0.14	(0.13) 0.06	(0.01) 0.06	(0.01) 0.05	(0.00) −0.01	(0.03) 0.03	−0.23	−0.10	−0.17
	SE	(0.02) 0.05	(0.02) 0.06	(0.01) 0.04	(0.02) 0.05	(0.01) 0.05	(0.02) 0.06	0.02	0.02	0.02
	t	(5.45) 2.80	(6.31) 1.01	(1.08) 1.41	(0.54) 0.97	(0.00) −0.13	(1.56) 0.49	−9.71	−4.23	−7.19
$R^2 = 0.29$										

Direct and indirect effects of the frequency of and satisfaction with emotional, instrumental, and informational support on loneliness (family, romantic, and social) and well-being (the absence of well-being and positive well-being). Direct effects of loneliness on well-being (the absence of well-being and positive well-being)

Standardized γ and β Coefficients Estimates (CE), Standard Errors (SE) and t values (t). Indirect effects are in brackets. t values higher than 1.96 have a probability less than .05
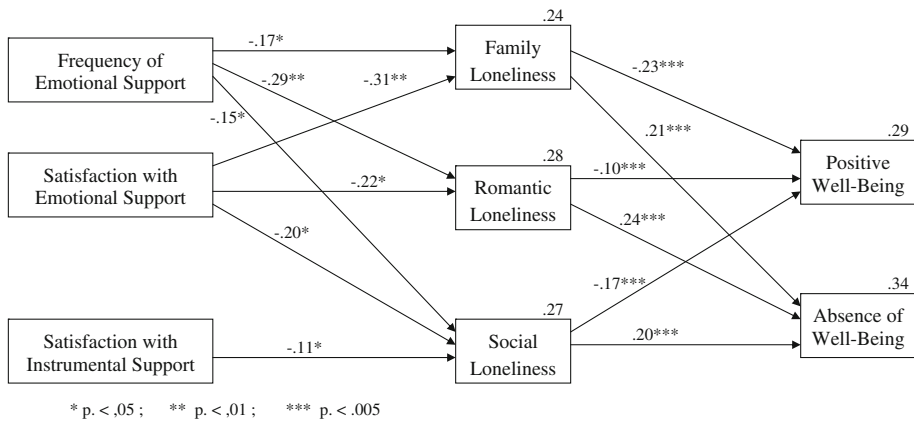
Fig. 2 Standardized γ and β coefficients estimates obtained for the first structural equations model proposed. Only those statistically significant coefficients are shown

loneliness (γ = −0.29), and social loneliness (γ = −0.15). It also has an indirect and very strong effect on decreasing the AWB (γ = −0.14) and increasing PWB (γ = 0.10). However, the direct effects of the frequency of emotional support on well-being were only significant for the increase in PWB (γ = 0.14).

Satisfaction with emotional social support directly and significantly decreases family loneliness (γ = −0.31), romantic loneliness (γ = −0.22), and social loneliness (γ = −0.20). It also has an indirect effect on decreasing the AWB (γ = −0.16) and increasing PWB (γ = 0.13). The frequency of support from friends decreases the AWB (γ = −0.16) and increases PWB (γ = 0.13). The direct effects of satisfaction with emotional support on well-being were not significant and neither were the results for the frequency of and satisfaction with informational support. We found that satisfaction with instrumental support alone decreased social loneliness (γ = −0.11). The relationship between social, instrumental and informational support and loneliness and well-being was weak.

The results were significant regarding the relationship between the endogenous variables of family, romantic, and social loneliness and well-being (the AWB and PWB). The coefficients shown in Table 3 show that the increase in family loneliness increases the AWB (β = 0.21) and significantly decreases PWB (β = −0.23). An increase in romantic loneliness increases the AWB (β = 0.24) and significantly decreases PWB (β = −0.10). The increase in social loneliness increases the AWB (β = 0.20) and significantly decreases PWB (β = −0.17). The three types of loneliness have a strong effect on well-being. The Fig. 2 shows the statistically significant coefficients.

3.2 Second Structural Model

A second structural model was created to assess whether the social support provided by the different sources (partner, family, friends and community) was negatively associated with loneliness (romantic, family and social) and positively and directly associated with well-being and also via loneliness. In addition, loneliness is directly associated with an increase in the AWB and a decrease in PWB. The model proposed has eight exogenous variables (frequency of partner support, satisfaction with partner support, frequency of family support, satisfaction with family support, frequency of support from friends, satisfaction
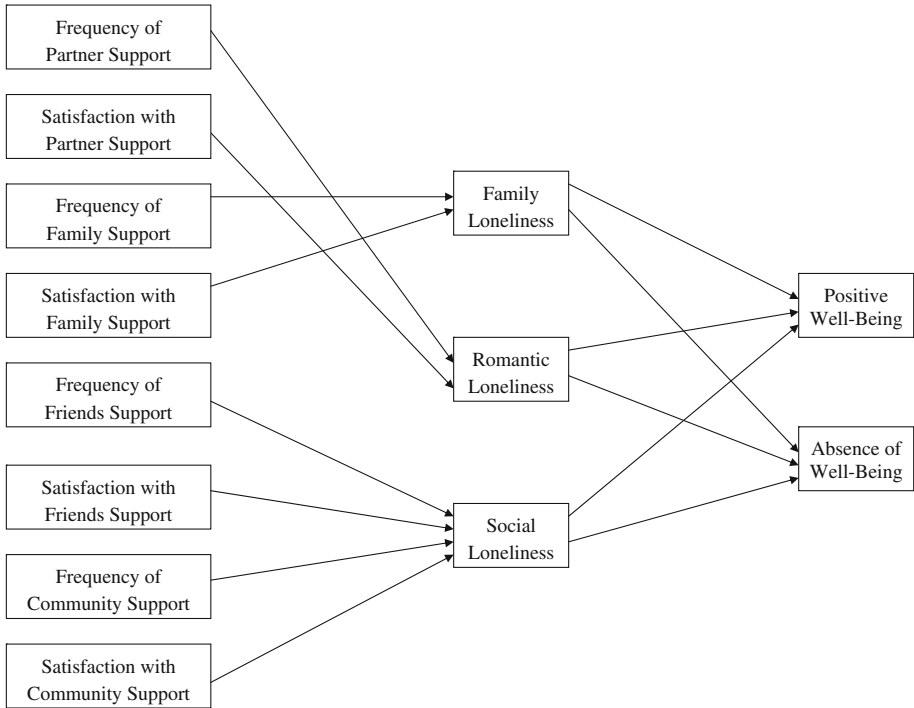
Fig. 3 Second structural equation model proposed. Path diagram of the theoretical relationships between variables

with support from friends, frequency of community support, and satisfaction with community support) and five endogenous variables (social loneliness, family loneliness, romantic loneliness, AWB, and PWB).

Figure 3 shows the theoretical relationships between these variables. The model predicts that the frequency of and satisfaction with family support decreases family loneliness, the frequency of and satisfaction with partner support decreases romantic loneliness, and that the frequency of and satisfaction with support from friends and community support decreases social loneliness. The frequency of and satisfaction with support from the sources is directly associated with well-being, and via loneliness (family, romantic and social). In addition, loneliness directly increases the AWB and decreases PWB.

Table 4 presents the intercorrelation matrix of the variables analysed.

Table 5 shows a summary of this analysis. The GFI (0.93) and CFI (0.95) indicate a good model fit, since these values are close to 1. The RMSEA index (0.06) and is also a good indicator since 0.10 is below the critical value. Another indicator of a good model fit is provided by the R^2 value; since the proportion of explained variance of family loneliness is 33 %, romantic loneliness 55 %, social loneliness 42 %, the absence of well-being 33 %, and positive well-being 28 %.

The coefficients presented in Table 5 show that the increase in the frequency of partner support ($\gamma = -0.37$) and satisfaction with partner support ($\gamma = -0.38$) decrease romantic loneliness. Regarding the direct association of partner support on well-being, the frequency of partner support increases PWB ($\gamma = 0.12$) and satisfaction with partner support

Table 4 Correlation matrix of the frequency of and satisfaction with the sources of support (family, partner, friends, and community), loneliness (family, romantic, and social) and well-being (the absence of well-being and positive well-being)

	FL	RL	SL	AB	PW	MSF	FASF	FSF	CSF	MSS	FASS	FSS
Romantic Loneliness (RL)	0.39**											
Social Loneliness (SL)	0.44**	0.30**										
Absence Well-being (AB)	0.46**	0.46**	0.44**									
Positive Well-Being (PW)	−0.44**	−0.35**	−0.41**	−0.60**								
Partner support frequency (MSF)	−0.34**	−0.72**	−0.29**	−0.42**	0.37**							
Family support frequency (FASF)	−0.52**	−0.25**	−0.32**	−0.34**	0.29**	0.43**						
Friends support frequency (FSF)	−0.25**	−0.16**	−0.60**	−0.30**	0.33**	0.32**	0.44**					
Community support frequency (CSF)	−0.10**	−0.07**	−0.13**	−0.08**	0.15**	0.14**	0.21**	0.35**				
Partner support satisfaction (MSS)	−0.35**	−0.72**	−0.30**	−0.44**	0.38**	0.91**	0.40**	0.30**	0.11**			
Family support satisfaction (FASS)	−0.57**	−0.28**	−0.37**	−0.38**	0.34**	0.40**	0.84**	0.41**	0.19**	0.47**		
Friends support satisfaction (FSS)	−0.30**	−0.20**	−0.62**	−0.35**	0.37**	0.32**	0.41**	0.83**	0.28**	0.38**	0.49**	
Community support satisfaction (CSS)	−0.16**	−0.13**	−0.22**	−0.16**	0.21**	0.19**	0.21**	0.31**	0.71**	0.22**	0.30**	0.44**

** $p < 0.01$

decreases the AWB (γ = −0.13). In addition, there were small, although statistically significant, indirect effects (via romantic loneliness) between the frequency of partner support and the AWB (γ = −0.08), and PWB (γ = 0.02). Table 5 shows that identical coefficients were obtained for satisfaction with partner support; this also decreases the AWB and increases PWB.

Table 5 also shows that when the frequency of support (γ = −0.16) and satisfaction with family support (γ = −0.43) increase, family loneliness significantly decreases. However, the frequency of and satisfaction with family support had almost no direct association with well-being; the only significant result was that the frequency of family support increased PWB (γ = 0.10). In contrast, there were more indirect effects on well-being via family loneliness, since the frequency of family support significantly decreased the AWB (γ = −0.03) and also decreased the AWB for the dimension satisfaction with family support (γ = −0.09). Furthermore, the frequency of family support (γ = 0.04) and satisfaction with it (γ = 0.12) increased PWB.

Support from friends had a positive effect on decreasing social loneliness. The coefficients presented in Table 5 show that the increased frequency of support from friends (γ = −0.30) and satisfaction with it (γ = −0.39) decrease social loneliness. The only strong direct effect on PWB was satisfaction with support from friends (γ = 0.13). The indirect effects of social loneliness on well-being were more numerous and statistically significant, although their magnitude was less than that of the direct effects. The frequency of support from friends decreased the AWB (γ = −0.06) and increased PWB (γ = 0.04). The indirect effects of satisfaction with support from friends had a significant effect on increasing PWB (γ = 0.06) and decreasing the AWB (γ = −0.08).

The results show that community support had a significant influence on decreasing social loneliness only for the dimension frequency of support; the effects were not significant for the dimension satisfaction. The coefficients presented in Table 5 show that the increased frequency of community support decreased social loneliness (γ = −0.09). The direct effects of community support on well-being were not significant. However, there was a small but significant indirect effect of loneliness on well-being. In this case, the frequency of community support decreased the AWB (γ = −0.02) and increased PWB (γ = 0.01).

Regarding the association between the endogenous variables family, romantic, and social loneliness and well-being (AWB and PWB), the coefficients presented in Table 5 show that the increase in family loneliness increased the AWB (β = 0.20) and significantly decreased PWB (β = −0.28); the increase in romantic loneliness increased the AWB (β = .21) and decreased PWB (β = −0.06), although to a lesser extent; and the increase in social loneliness increased the AWB (β = 0.19) and significantly decreased PWB (β = −0.14). The three types of loneliness had strong direct effects on decreasing PWB and increasing the AWB. The Fig. 4 shows the statistically significant coefficients.

The fit of the models to the data was optimal and the estimations were in the predicted direction. Regarding the influence of the types of support on decreasing loneliness and increasing well-being, the results show that emotional support was significantly the most effective for both frequency and satisfaction. In relation to the analysis of the sources of support and their specific association with loneliness, the results indicate, for the dimensions of frequency and satisfaction, that partner support, family support, and support from friends were associated, respectively, with romantic loneliness, family loneliness, and social loneliness. The results obtained in relation to community support did not have the same sign as those of the other sources analyzed, since satisfaction with community support did not have a significant effect on social loneliness. On the other hand, a small,

Table 5 Summary of the structural equation model

		Partner Support		Family Support		Friends Support		Community Support		Loneliness		
		Frequency	Satisfaction	Frequency	Satisfaction	Frequency	Satisfaction	Frequency	Satisfaction	Family	Romantic	Social
Family loneliness	CE			-0.16	-0.43							
	SE			0.04	0.04							
$R^2 = 0.33$	t			-4.25	-11.61							
Romantic loneliness	CE	-0.37	-0.38									
	SE	0.04	0.04									
$R^2 = 0.55$	t	-9.34	-9.62									
Social loneliness	CE					-0.30	-0.39	-0.09	0.02			
	SE					0.04	0.04	0.03	0.03			
$R^2 = 0.42$	t					-8.07	-10.29	-3.25	0.70			
Absence well-being	CE	(-0.08) -0.02	(-0.08) -0.13	(-0.03) -0.00	(-0.09) -0.06	(-0.06) -0.01	(-0.08) -0.04	(-0.02) -0.02	(0.00) 0.01	0.20	0.21	0.19
	SE	(0.01) 0.05	(0.01) 0.05	(0.01) 0.04	(0.01) 0.04	(0.01) 0.04	(0.01) 0.04	(0.01) 0.03	(0.01) 0.03	0.02	0.03	0.03
$R^2 = 0.33$	t	(-5.72) -0.36	(-5.78) -2.42	(-3.80) -0.08	(-6.88) -1.32	(-5.50) -0.28	(6.07) -1.03	(-2.98) -0.80	(0.70) 0.22	8.55	7.23	7.52
Positive well-being	CE	(0.02) 0.12	(0.02) 0.04	(0.04) 0.10	(0.12) 0.05	(0.04) 0.01	(0.06) 0.13	(0.01) 0.06	(0.00) -0.01	-0.28	-0.06	-0.14
	SE	(0.01) 0.06	(0.01) 0.06	(0.01) 0.04	(0.02) 0.05	(0.01) 0.04	(0.01) 0.05	(0.00) 0.03	(0.00) 0.03	0.02	0.03	0.03
$R^2 = 0.28$	t	(1.97) 2.12	(1.97) 0.78	(3.97) 2.28	(8.08) 1.11	(4.39) 0.17	(4.66) 2.89	(2.70) 1.91	(0.69) -0.25	-11.26	-2.01	-5.23

Direct and indirect effects of the frequency of and satisfaction with support from partners, family, friends and the community on loneliness (family, romantic, and social) and well-being (the absence of well-being and positive well-being). The direct effects of loneliness on well-being (the absence well-being and positive well-being)

Standardized γ and β Coefficients Estimates (CE), Standard Errors (SE) and t-values (t). Indirect effects are in brackets. t values higher than 1.96 have a probability less than .05
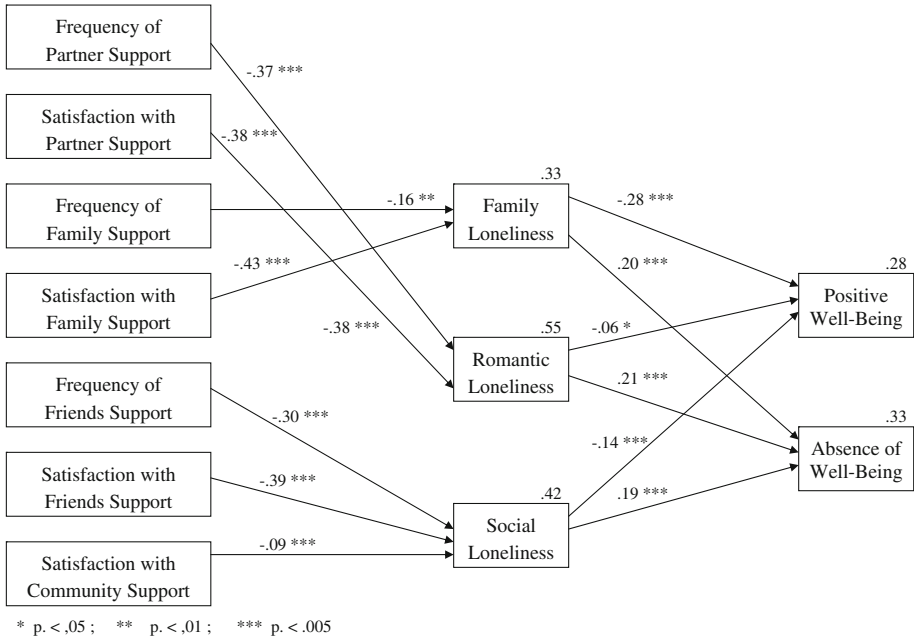
Fig. 4 Standardized γ and β coefficients estimates obtained for the second structural equations model proposed. Only those statistically significant coefficients are shown

but statistically significant, direct effect in the predicted direction was found for the association between loneliness and the frequency of community support, since this decreased social loneliness. As predicted, loneliness had a strong effect on well-being, by increasing the AWB and decreasing PWB.

4 Discussion

The main aim of the present study was to examine the association between social support, loneliness and well-being. The results provide strong support to the theoretical model proposed. Data support an association between these variables in the predicted direction. The multidimensional analysis of social support and loneliness serves to deepen our understanding of the complexity of the associations between these variables and their effects on well-being. Besides, these results match with the model of Stroebe et al. (1996) showing that the relation between social support and loneliness influence on well-being by different pathways.

In general, the data confirm that social support decreases loneliness and that the association between loneliness and well-being is negative. Loneliness partially acts as a mediator variable, although it is affected by social support, and also decreases the effects of social support on subjective well-being. It should be noted that the indirect effects of social support on well-being via loneliness (family, romantic and social) were stronger than the direct effects, of which there were few. The frequency of emotional support alone had a direct influence on increasing well-being. Regarding the sources of support, only the frequency of partner and family support and satisfaction with partner support and support

from friends had a strong direct effect on increasing well-being. It can be observed that the direct effects of social support generally increase PWB, whereas when it acts indirectly through loneliness (family, romantic, and social), in general, it decreases the AWB. It appears that perceived support is more strongly associated with PWB. This is an interesting contribution since when individuals feel lonely social support has a strong effect on decreasing the AWB. These results suggest that the lack of social support makes individuals feel lonely and it is this experience of loneliness that decreases well-being.

The differential analysis of the three types of support shows that emotional support is significantly associated with family, romantic, and social loneliness, whereas the effect of instrumental support is very limited and informational support does not significantly affect loneliness. There is some consensus that emotional support is the most relevant regarding a large number of problems (Cutrona 1986), although it is clear that each type of support fulfils a specific function. The present study demonstrates that the lack of emotional support is the best predictor of loneliness. In this regard, some authors (e.g. Blazer 2002) suggest that emotional support is a key element in the experience of loneliness since this occurs when there is a discrepancy between desired emotional support and available emotional support. These results show that loneliness has close links to the need for affection and to feeling loved than to the need for instrumental or informational support.

It was also relevant to individually analyze support provided by the partner, family, friends, and community since each source plays a different role in relation to loneliness. The study shows that decreased partner and family support, respectively, predict romantic and family loneliness, and that decreased support from friends and the community predict social loneliness.

These results support the theory of Weiss (1973) on the multidimensional nature of loneliness and the need to distinguish between emotional and social loneliness. The supporters of this approach suggest that loneliness is not a single measurement that varies in its degree, but that there are qualitative differences in the experience of loneliness. Thus, the present study found variations in the experience of loneliness in relation to each source of support (partner, friends, family, and community) and also showed that support from friends has a stronger effect on social loneliness than community support (neighbours, clubs, associations, etc.). When there is a deficiency at the level of friendships, individuals experience more social loneliness than when this is occurs at the community level. The association between romantic, family and social loneliness also has different effects on the components of well-being. The main effect of family loneliness, associated with the lack of family support, is to decrease PWB. Romantic loneliness and social loneliness, associated with the lack of partner support and the perceived lack of support from friends and the community, respectively, both have a stronger effect on the AWB. In general, loneliness had a stronger effect on the AWB, indicating a negative affect, than on PWB, which indicates positive affect. As Fierro and Rando (2007) suggest, further research is needed to ascertain whether the absence of negative experiences and affects have a greater effect on personal well-being than positive experiences and affects.

The results of the present study also show that social support has different levels of analysis, as suggested by Lin (1986). In this regard, Gracia and Herrero (2006) have noted that most studies on social support analyse intimate relationships and their effects on the health and well-being of the participants, without taking into account the community level. Nevertheless, as Cohen et al. (2000) point out, social interaction with community members and organizations is a potential source of support, and should be included in the study of social support since it contributes to developing a sense of belonging and social integration. Analyzing the different levels of social support—intimate, social, and community

support—is also of relevance, since their effects on loneliness and well-being have been shown to be different. Specifically, community support (neighbours, parish, clubs and associations) is weaker than other types of support and also has less influence on loneliness. These results are consistent with studies that show that intimate relationships and social networks have a stronger association with well-being than community support. The different levels of analysis are also taken into account in ecological models (Bronfenbrenner 2005; Franco and Levitt 1998), which emphasize the importance of developing social relationships through key microsystems such as the family, friends and the community. However, it would be of interest to further investigate the role of community support as this has the weakest association with loneliness and well-being. These data may be explained by the fact that community support corresponds to a broader level of analysis and has typically demonstrated fewer positive effects on well-being than more intimate levels of interaction. However, it is also possible that controlling interaction at the community level is more problematical than at an interpersonal level, which may lead to dissatisfaction when the possibility of regulating contact is absent (Altman 1975).

For the dimensions frequency of and satisfaction with support, the results showed that, in general, satisfaction with support from the family, friends, and partners had a stronger effect on decreasing loneliness than frequency of support. However, this was not the case for perceived community support. Although frequency of support is associated with decreasing loneliness, this is not the case of satisfaction with support. This confirms that the frequency of support does not always match satisfaction with support which, in turn, raises the issue of whether the community support available really meets the individual's need for community support. Satisfaction with support is determined to a great extent by the need for given types of support matching those offered by the networks (Pearlin 1985). These results are also consistent with studies that suggest that received support should match the assessment individuals make of their social network and their satisfaction with the resources provided (e.g. Cohen and Syme 1985).

Community support could be improved by developing resources that meet the needs of the community. This would clearly lead to increased satisfaction with community support and have a positive effect on loneliness, since the present study shows that the frequency of support and satisfaction with it decrease loneliness.

It should also be noted that social support and loneliness are intimately related and both are part of everyday life. The relationships maintained on a daily basis with partners, family, friends, and the community can be positive and the perception of being supported influences the individual's well-being; however, they can be relationships where a lack of interactions and the limited perception of support makes the individual feel lonely.

Before concluding, some limitations of the study should be noted. The data were collected using self-report questionnaires. When self-report questionnaires are applied, the researcher makes the assumption that the participants' responses accurately reflect their feelings (Heppner et al. 1992). In addition, these results may not adequately reflect the association between these variables in other countries, and thus it would be of interest to replicate these results in countries other than Spain.

It should also be noted that the present study used a cross-sectional design, and thus caution should be exercised when making causal inferences on the basis of the data available. Moreover, as Holmbeck (1997) remarks, the relationships between the independent variable, mediator, and outcome may not necessarily be causal; the same applies to the indirect effects. A longitudinal study would be required to shed more light on these associations and to increase confidence regarding the causal direction of the influences. It would be useful if future studies took into account the temporal variable and collected

information at different times during the study period. However, the present study provides useful data that help deepen our understanding of the relationship between these variables. Future studies should also focus on the multidimensional analysis of social support, loneliness and life satisfaction in relation to sociodemographic variables (sex, marital status, employment status, etc.) since differences may be found in the variables studied as a function of the individual's sociodemographic characteristics.

The findings of this study may have implications for policy making. Social intervention programs should be developed that promote positive relationships within the family, since the perception of being supported by the partner and family is significantly associated with decreased loneliness and increased well-being. In addition, within the community setting, social policy makers should analyze existing community support resources and plan actions to meet the needs of community support, such as promoting action to encourage contact between neighbours and developing activities that increase the social network and facilitate bonding between community members.

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