

Social Support and the Media: Analysis of Responses by Radio Psychology Talk Show Hosts

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Radio psychology talk show hosts' responses were investigated from the context of social support. Forty-three members of the American Psychological Association assessed audiotapes of on-air conversations between callers and hosts. The exchanges were judged to be marginally helpful to callers and to provide a moderate amount of support both for callers and for the listening audience. Hosts' verbal behaviors were then categorized with the Hill Counselor Verbal Response Category System and analyzed with a social support taxonomy. Hosts tended to be directive in verbal style, offering primarily guidance and information. Nearly three fourths of hosts' statements qualified as types of social support; they fell mainly in the category of informational support, followed by emotional and appraisal support. Results indicate that radio psychology talk shows may be a moderately valuable source of social support; even at their worst, they appear to be a relatively benign phenomenon.

Radio call-in psychology talk shows are broadcast on dozens of regularly scheduled programs. In 1982, there were roughly 50 radio call-in mental health professionals who hosted programs throughout the nation (Bouhoutsos, Goodchilds, & Huddy, 1986), and estimates of listeners range from thousands to millions (Schwebel, 1982). Despite the magnitude of this phenomenon, however, it has been investigated empirically in only one study to date. In that study, Bouhoutsos et al. (1986) reported that listeners and nonlisteners were equally split by gender and did not differ significantly in terms of ethnic distribution, average age, marital status, educational level, or employment status, or on a measure of psychological well-being. In comparison with listeners, Bouhoutsos et al.'s sample of callers included more women (65%) than men (35%) and were more likely to be unmarried, unemployed, and less educated; these characteristics are often associated with lower scores on measures of psychological health.

Other than Bouhoutsos et al.'s (1986) study, most articles on radio psychology call-in programs are based more on conjec-

ture than empirical evidence. Critics (see Ricks, 1984) regard these shows as shallow, sensationalistic, and irresponsible, arguing that the public may be getting a picture of psychological adequacy that is both simplistic and unrealistic (Klonoff, 1983). Specifically, critics maintain that radio psychologists cannot possibly assess a caller's problem properly or offer meaningful advice given the limited time constraint and without face-to-face contact; in fact, such hasty advice may be more damaging than none at all for people who follow it and fail. Critics also assert that hosts cannot have sufficient expertise or experience to respond intelligently to the wide range of problems that they encounter. Moreover, without opportunity for follow-up, hosts have no way to judge the effectiveness of their advice. In regard to potential harm to the listening audience, critics argue that the shows are nurturing a population of radio therapy "junkies" addicted to secondhand advice that may be applicable to the caller but not to themselves (see Rice, 1981).

On the other hand, proponents maintain that radio psychology talk shows are informative, educational, helpful, and sometimes inspiring (see Ricks, 1984). They also contend that such programs offer treatment for those who might otherwise not seek it, prevent future psychological problems, and serve to demystify psychology (see Klonoff, 1983). Rubenstein (1981) argued that the real beneficiaries of therapy talk shows are not the callers but the listeners. Support for this proposition was found by Bouhoutsos et al. (1986), who concluded that the listening audience largely supports the idea of radio call-in programs, views the advice given as helpful or educational, and claims to learn things from listening that are relevant to their own lives.

Although media psychology is usually viewed in the context of traditional psychotherapy, other models may be more appropriate for the investigation of radio psychology talk shows. Schwebel (1982) encouraged a perspective of community psychology and a psychoeducational model. He believed that most people need assistance in problem solving, which professionals could give by providing information, encouraging the use of resources in the community, and supporting the individual's sense

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of competence. Ricks (1984) proposed that researchers examine the relationship of professionals and electronic media by shifting the context to that of the newly emerging study of social support and its impact on psychological well-being.

Although there are numerous and varied definitions of social support, the assumption underlying all models and empirical investigations of this phenomenon is that supported people are physically and emotionally healthier than nonsupported people. Dunkel-Schetter (1986) described *social support* as consisting of transactions in which a provider performs certain functions that are intended by the provider, perceived by the recipient, or observed by a third person to be beneficial or helpful with respect to the recipient's well-being. She maintained that the provision of support may range from discrete episodes to ongoing relationships, that it can occur both in times of stress and in the absence of stress, and that it may be perceived by the recipient as unhelpful, as well as helpful. Dunkel-Schetter's definition was adopted for this article because it provides sufficient latitude for the investigation of social support in the context of media psychology. Specifically, caller-host exchanges were assessed from the perspective of third-person observers.

The functions of social support have been described by many typologies or taxonomies (see S. Cohen & Syme, 1985, for review). For this study, House's (1981) fourfold taxonomy of support functions was used: (a) *instrumental support* (offering tangible aid in the form of behaviors that directly help the person in need); (b) *informational support* (provision of advice, suggestions, and directives); (c) *emotional support* (expressions of care, concern, reassurance, etc.); and (d) *appraisal support* (transmission of information relevant to self-evaluation).

These latter two support functions (emotional and appraisal) were conceptualized more fully by Wortman and her colleagues. Specifically, Dunkel-Schetter and Wortman (1981) stated that emotional support includes the attempt not only to communicate positive regard but also to encourage "ventilation" (i.e., the open expression of feelings). Ventilation enables individuals to articulate their uncertainties and problems in ways that help them to be more objective and, perhaps, even to resolve troubling issues. In addition to providing information for self-evaluation, Dunkel-Schetter and Wortman viewed appraisal support as important in terms of "validation" (i.e., expressing agreement with or acknowledgement of a person's beliefs or feelings). Thus actions that encourage ventilation would be considered emotional support, and those that provide validation would be considered appraisal support.

Although social support generally is found to be beneficial for the recipient's well-being (see Dunkel-Schetter, 1984; Mitchell, Billings, & Moos, 1982, for reviews), various negative effects also may occur (Heller, 1979). This has given rise to the term *negative social support* (see Shumaker & Brownell, 1984). To fully understand support processes and their outcomes, one must consider both positive and negative effects of support attempts. Thus in this investigation the focus was on transactions that were intended as helpful by providers (talk show hosts) but may be judged as either helpful or unhelpful by observers.

Shumaker and Brownell (1984) stated that although social support usually occurs between people who are members of the same social network, there are important exceptions to this norm that should be considered in a complete model of the phe-

nomenon. They argued that in addition to face-to-face encounters, examples of anonymous self-disclosure and problem-solving opportunities abound in today's increasingly technological society. Specifically, they contended that radio talk shows may provide participants with direct responses regarding their problems, as well as with vicarious information for the listener who is unwilling to present his or her problems for public consideration.

Unfortunately, no researchers to date have systematically explored the actual on-air exchanges between callers and hosts. What occurs during these conversations? Do hosts, in fact, provide social support to callers? If so, what form does the support take? What is the potential impact of these calls on callers and listening audience? In order to address these questions, two studies were conducted. In the first study, a sample of psychologists evaluated audiotapes of on-air radio sessions on helpfulness and support. In a second study, hosts' verbal behaviors were categorized by means of a counselor response inventory system and were then analyzed with a social support taxonomy.¹

Study 1: Evaluations of Conversations by Psychologists

Method

Materials. Stimulus materials were audiotapes of 12 caller-host conversations that had been recorded directly from radio broadcasts. The calls were drawn from an original pool consisting of 18 hosts. For each host, 50 calls were recorded (with permission) sequentially. The only criteria for call selection were audibility and that it dealt with a "psychological" problem (i.e., not pertaining to extraneous subject matter such as sports, weather, or current events). From the pool of hosts, only licensed psychologists who were members of the American Psychological Association (APA) were selected.

The final tapes featured 4 hosts (2 men and 2 women), each from a different geographic location (1 man from Seattle, 1 man from Atlanta, 1 woman from Los Angeles, and 1 woman from New York). For each host, three calls were randomly selected. The length of calls ranged from 3 to 14 min; the average call lasted approximately 7 min. Of the callers, there were equal numbers of men and women. The order of the 12 conversations was randomized (with a random order table) but adjusted so that conversations with the same host were never contiguous. The total time for all 12 conversations was 90 min.

Judges. A convenience sample of 43 PhD psychologists served as judges. Judges were selected with the goal of attaining a relatively heterogeneous sample of APA members. Approximately 60 invitations were extended to private practitioners and to faculty members of two large, public universities in the Los Angeles area. Of the 60, 43 actually served as judges. Nineteen were male (12 licensed and 7 nonlicensed), 19 were female (8 licensed and 11 nonlicensed), and 5 did not report either sex or license status.

Measure. Judges evaluated the conversations by means of a 12-item questionnaire (see Table 1). Each item was scored on a range of 1-5 and addressed globally all conversations on the audiotapes. Items were designed to assess the conversations in terms of social support. Specifically, judges estimated the extent to which these exchanges provided social support for callers (Item 11) and for the listening audience (Item 12). In addition, social support was operationalized in terms of helpful-

¹ Both studies were conducted in conjunction with a larger ongoing investigation of media psychology under the direction of J. D. Goodchilds, which provided the stimulus materials (audiotapes, transcripts) and sample of judges for this project.

Table 1
Judges' Evaluations of Caller-Host Conversations

Item	<i>M</i>	<i>SD</i>
1. Based on the 12 calls you have just heard, to what extent did the hosts vary in their effectiveness? (<i>a great deal to not at all</i>)	1.84	1.17
2. To what extent did the calls vary in severity of problems? (<i>a great deal to not at all</i>)	1.88	0.89
3. In general, what were the effects of these exchanges on callers? (<i>helpful to harmful</i>)	2.78	0.82
4. To what extent were the callers given advice? (<i>a great deal to not at all</i>)	1.69	0.68
5. Generally, the advice given was: (<i>poor to excellent</i>)	2.81	0.86
6. To what extent might the brevity of these exchanges have been: (<i>harmful to helpful</i>)	2.58	0.77
7. To what extent were the callers' problems accurately assessed? (<i>very well to not at all</i>)	3.26	0.79
8. To what extent might the effects of such one-time contacts have been: (<i>harmful to helpful</i>)	3.24	0.65
9. To what extent might the listening audience attempt to apply the advice given to themselves? (<i>not at all to a great deal</i>)	3.76	0.91
10. If the audience attempts to apply advice to themselves, to what extent might this be: (<i>helpful to harmful</i>)	2.98	0.84
11. To what extent did these exchanges provide social support for the callers? (<i>not at all to a great deal</i>)	3.50	1.04
12. To what extent did these exchanges provide social support for the listening audience? (<i>not at all to a great deal</i>)	3.17	0.93

Note. The scale for each item ranged from 1 to 5. Judges ($N = 43$) were licensed and nonlicensed members of the American Psychological Association. Portions of these data were presented at the annual meeting of the Western Psychological Association, April 1988, in San Francisco.

ness/harmfulness to callers (Item 3), amount of advice given (Item 4), quality of advice (Item 5), brevity of exchanges (Item 6), accuracy of hosts' assessments (Item 7), impact of such one-time contacts (Item 8), the extent to which members of the audience might apply the advice given to themselves (Item 9), and the impact if members of the audience apply the advice to themselves (Item 10). Measures of variability—that is, host effectiveness (Item 1) and severity of problems (Item 2)—were also included. The order of items was fixed for all questionnaires.

Procedure. Judges were administered the questionnaire after they listened to all 12 conversations on the audiotapes. Because a gathering of all judges at one time was not feasible, four separate group sessions were held. Judges worked independently and did not converse during these sessions. Judges unable to attend any of the scheduled sessions were provided with audiotapes and questionnaires to be completed individually at their convenience.

From the pool of 38 judges who attended the group sessions, 7 data sets were rejected, either because the questionnaires were incomplete or because the judges stated that they could not adequately understand the tapes. Of the 14 judges who took the tapes individually, 12 completed their questionnaires. Thus the total sample size was 43.

Results and Discussion

In general, the conversations were rated as marginally helpful to callers and were seen as providing a moderate amount of so-

cial support for them. The brevity of these exchanges was rated as slightly harmful, but the effects of such one-time contacts were viewed as slightly helpful. Overall, judges believed that the severity of problems presented in the calls was quite varied.

Several items addressed hosts' behavior. Judges believed that the effectiveness of the hosts was quite varied. Although hosts were seen as providing a great deal of advice, the quality of the advice given was deemed to be slightly below average. In addition, judges believed that the hosts were only mildly accurate in assessing the callers' problems.

The exchanges were evaluated as providing a moderate amount of social support for the listening audience, although slightly less so than for callers. Last, judges believed that members of the audience might apply the advice given to themselves but that if they did, the effects would probably be inconsequential.

In order to assess interactions between gender and license status of judges, analysis of variance (ANOVA) tests were performed for all 12 items. Results of the 2×2 (Gender \times License Status) ANOVAs showed no significant interactions ($p > .05$) between these two factors. Scores of licensed versus nonlicensed judges were then compared in t tests. A statistically significant difference was found on only 1 of the 12 items (Item 3): Nonlicensed psychologists ($M = 2.53$, $SD = 0.60$) believed that the effects of the conversations on callers were more helpful than did licensed psychologists ($M = 3.03$, $SD = 0.72$), $t(38) = 2.39$, $p < .025$. This result, however, does not imply that licensed psychologists rated the effects as harmful. In fact, their mean score fell at the midpoint of the scale, which indicates that their responses were more neutral than critical. For all other items, no significant differences (all other t s ≤ 1.75) were found.

Interitem correlations were calculated in order to investigate further dimensions of social support (see Table 2). Item 11, which concerned the degree to which the conversations provided social support for callers, showed a strong relation to a number of other conceptually related items. The provision of social support was significantly associated with having a helpful effect on callers ($p < .001$). Although it was not correlated with the extent to which callers were given advice ($p > .05$), there was a strong positive relation between provision of social support and the quality of advice given ($p < .005$). When amount of advice (Item 4) and quality of advice (Item 5) were included as predictors of support provision to callers (Item 11) in a multiple regression equation, the only significant predictor was advice quality ($R^2 = .218$, $\beta = .47$, $p < .005$). Support provision was also highly correlated with perceived helpfulness regarding both the brevity of exchanges ($p < .001$) and one-time contacts ($p < .005$). A mild but nonsignificant negative correlation emerged between Items 11 and 7, which indicates that the provision of social support is moderately associated with accurate assessment of callers' problems. Last, there was a strong positive relation between the provision of social support for callers and for the listening audience ($p < .001$).

In summary, the results of these analyses show that judges associated the provision of social support with overall helpfulness to callers. In addition, it was not the perceived quantity but rather the *quality* of advice that was seen as related to support. To a lesser extent, support provision was associated with accurate assessment of callers' problems. Last, judges strongly asso-

Table 2
Correlation Matrix for Judges' Evaluations of Caller-Host Conversations

Item	1	2	3	4	5	6	7	8	9	10	11	12
1	—											
2	.40	—										
3	.35	.25	—									
4	-.10	-.10	-.03	—								
5	-.42	-.28	-.63	-.06	—							
6	-.05	.19	-.41	-.11	.28	—						
7	.10	.18	.57	.29	-.60	-.46	—					
8	-.26	-.07	-.52	.01	.64	.48	-.45	—				
9	-.33	-.01	.03	.00	.28	-.11	.16	.10	—			
10	.34	.19	.50	.03	-.54	-.50	.55	-.48	.15	—		
11	-.27	-.13	-.53	.02	.46	.55	-.27	.47	.10	-.40	—	
12	-.25	-.11	-.28	.05	.28	.13	-.02	.13	.42	-.14	.52	—

Note. Items are presented in Table 1.

ciated the provision of social support for callers with the provision of support for the listening audience.

Study 2: Analysis of Hosts' Verbal Behaviors

Method

Coding system. Transcripts of all 12 calls, which had been typed from the audiotapes, were coded by means of the Hill Counselor Verbal Response Category System (HCVRCS; Hill, 1978). Hill developed the HCVRCS by incorporating components of 11 existing systems and then revising the resulting system through the use of transcripts and by comments from expert psychologists. The instrument consists of 14 nominal, mutually exclusive categories for assessing counselor verbal behavior: (a) minimal encourager (e.g., "Mm-hmm," "I see"); (b) approval-reassurance; (c) information (e.g., giving facts); (d) direct guidance (e.g., giving advice); (e) closed question; (f) open question; (g) restatement; (h) reflection (of feelings); (i) nonverbal referent (pointing out aspects of nonverbal behavior); (j) interpretation; (k) confrontation (i.e., pointing out contradictions or discrepancies); (l) self-disclosure; (m) silence (i.e., a pause of five seconds); and (n) other. A training manual for the HCVRCS (Hill, Greenwald, et al., 1981) provides a definition and four examples of client-counselor exchanges for each category.

Hill (1978) found that the system had acceptable levels of content and face validity and agreement levels between raters. A kappa statistic (see the discussion in the following section) was used to assess interrater reliability in three prior studies: $\kappa = .71$ (Hill, Thames, & Rardin, 1979), $\kappa = .79$ (Hill, Charles, & Reed, 1981), and $\kappa = .77$ (Toro, 1986).

Procedure for categorizing. The host statements were divided into "response units" (essentially independent clauses consisting minimally of a subject, an object, and a verb) according to rules adapted from Auld and White (1956). Across all 12 calls, there was a total of 901 response units. I then categorized each unit by using the HCVRCS.

A second rater (a graduate student in clinical psychology) was employed to assess interrater reliability. Training took 1 hr and consisted of reading over and discussing the HCVRCS manual (Hill, Greenwald, et al., 1981). Two complete conversations (each with a different host) were randomly selected. Using the transcripts, the second rater then independently unitized and categorized all host responses (a total of 88 units).

Average interrater scores for unitizing host responses yielded 89% agreement. This result compares favorably with those found in prior studies: Using Auld and White's (1956) rules, undergraduate students reached 95% agreement (Hill, 1978; Hill et al., 1979), and Toro (1986) obtained a kappa of .88 for unitizing audiotaped sessions. Agreement for categories between the raters was determined by a kappa statistic,

which is an indicator of the proportion of agreement between two judges after chance agreement has been removed from consideration. Despite criticisms of this measurement technique (see Uebersax, 1987), a number of researchers (Bakeman & Gottman, 1986; J. Cohen, 1960; Tinsley & Weiss, 1975) maintain that this is the appropriate statistic for determining agreement levels on a nominal system. For the independent judgments on all categories, $\kappa = .75$, which indicates relatively high agreement between the raters.

In order to assess the types of social support provided by hosts, the HCVRCS categories were collapsed to reflect House's (1981) fourfold taxonomy: emotional support² (Categories 1, 2, and 6); informational support (Categories 3 and 4); and appraisal support (Categories 7, 8, and 12). The remaining HCVRCS categories did not apply directly to this taxonomy and therefore were not included. In addition, because hosts do not provide tangible assistance to callers, the category of instrumental support was dropped from further analysis.

Last, a measure of host "talk time" was obtained by a clocking of the audiotapes. The purpose of this was to compare the relative proportions of air time between hosts and callers.

Results and Discussion

The usage of each HCVRCS category of counselor responses summed across all four hosts, as well as the proportion of air time used by hosts, reveals that hosts' comments were most frequently categorized as direct guidance, information, and minimal encourager, followed by interpretation, closed question, open question, approval-reassurance, and restatement (see Table 3). These eight categories accounted for 88% of the total response units. On the average, hosts used just over half of the air time in their conversations with callers. None of the hosts had responses in either of two categories: nonverbal referent and silence. Nonverbal referents were not used, presumably because hosts had no visual contact with callers. The absence of silence units may be attributed to the high-paced demands of commercial radio broadcasting (i.e., minimal "dead air" time).

² Open questions are considered to be particularly effective in soliciting thoughts, feelings, and views (Benjamin, 1974). As such, open questions provide the opportunity for ventilation, which was described earlier as an indicator of emotional support. Therefore, open questions (Category 6) were coded as instances of emotional support.

These results must be interpreted with caution, however, because the HCVRCS gives no information about the quality of the response (Hill, Greenwald, et al., 1981). For example, whereas two hosts may provide a comparable number of information responses, they may differ in terms of both the quality of the information that they offer and how it is communicated, (e.g., caring vs. condescending). This limitation, however, was surmounted to some degree in Study 1, in which quality was evaluated.

Of all the types of social support, hosts used mostly informational support, which was followed by emotional support and appraisal support (see Table 4). These three categories accounted for 73% of hosts' responses. Thus nearly three fourths of their statements may be viewed as types of social support. The remaining 27% of hosts' responses did not qualify as types of social support, according to this taxonomy.

These results show that hosts tended to be considerably directive in verbal style, offering primarily guidance and information. This may include direct advice, recommended reading material, research findings, referral services, and other forms of education. To a lesser extent, hosts appeared to supply emotional support to callers both by providing a means of catharsis and by communicating acceptance or approval. Last, by providing appraisal support in the form of validation, hosts may give callers the sense that they are not alone. Taken together, these domains of social support offer the potential to help alleviate callers' stress.

Conclusions

To summarize, the results of Study 1 show that psychologists judged on-air conversations to be marginally helpful to callers and to provide a moderate amount of social support for them. The exchanges were also seen as providing social support for the listening audience, although slightly less so than for callers. Judges believed that although members of the audience might

Table 3
Total Responses in Each HCVRCS Category and for Talk Time Across All Radio Hosts

Category	Raw units	%
1. Minimal encourager	140	16
2. Approval-reassurance	58	6
3. Information	164	18
4. Direct guidance	171	19
5. Closed question	86	9
6. Open question	52	6
7. Restatement	35	4
8. Reflection	6	1
9. Nonverbal referent	0	0
10. Interpretation	91	10
11. Confrontation	19	2
12. Self-disclosure	26	3
13. Silence	0	0
14. Other	53	6
Total	901	100
Host talk time	49 ^a	55

Note. HCVRCS = Hill Counselor Verbal Response Category System.
^a In minutes.

Table 4
Total Responses in Each Social Support Category Across All Radio Hosts

Category	Raw units	%
Emotional Support	250	28
Informational Support	335	37
Appraisal Support	67	8
Other	249	27
Total	901	100

Note. The Instrumental Support category was not applicable.

attempt to apply the advice given to themselves, the effects would probably be nominal.

Hosts were judged to vary considerably in their effectiveness. Although they were rated as offering a great deal of advice, the quality of the advice was seen as slightly below average. However, it was the quality, not the quantity, of advice that was viewed as related to the provision of social support. Last, hosts were seen as only mildly accurate in assessing the callers' problems.

Results of Study 2 show that hosts tended to be directive in verbal style, giving primarily direct guidance and information to callers; to a lesser extent, they offered interpretations and reassurance. Hosts rarely engaged in self-disclosures or confrontations. On the average, hosts used just over half of the air time in their conversations. In terms of social support, hosts' responses fell primarily in the category of informational support, which was followed by emotional support and appraisal support. The category of instrumental support is not relevant, insofar as hosts do not provide tangible assistance to callers.

Taken in conjunction, the results of these studies indicate that radio psychology talk shows may be a moderately valuable source of social support both for callers and for the listening audience; even at worst, such programs appear to be a relatively benign phenomenon. They may be especially beneficial to those individuals who have a limited social network.

These findings point to a number of directions for further research. First, replication with a new and perhaps larger sample of calls would be highly desirable. Second, psychologist hosts (the focus of this study) might be compared with hosts from other mental health professions, such as psychiatrists or social workers. Third, the effects of specific qualitative variables (e.g., type of caller problem) should be investigated systematically. Fourth, researchers might compare the attitudes of the lay audience with those of the professional audience. How might pre-existing attitudes affect the perceptions of these calls? Are psychologists their own worst critics? Last, researchers might explore similar phenomena in other media. For instance, at the time of this writing, there are in the United States at least two syndicated television programs that offer therapy and advice not only for persons who call in but for members of the studio audience as well. Because these shows tend to be quite vivid and have the capacity to reach millions of home viewers, they are particularly ripe for further research.

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