

# Successful Aging Among Older People: How Social Support Contributes to Psychological Health

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## ABSTRACT

This article reviews both theoretical and empirical findings on the effects of receiving and providing support on psychological health of older people, addressing confounding effects from perspectives of gender and functional status. Psychological health is the key to successful aging. It is generally agreed that receiving support benefits psychological health of old people, while the effectiveness depends on the appropriateness of the support to the demands, over-support may be harmful. Providing support is also reported to have positive effects on psychological well-being of old people.

**Keywords:** *Social support, Older people, Psychological health.*

## 1. INTRODUCTION

It has been argued that the negative aspects of aging have been exaggerated, considering the demographic trend of longer life expectancy and compressed morbidity among the older population. On the other hand, the positive aspects of intimate relationships, modifying effects of habits, personality, life styles, and other psychosocial factors have been underestimated. Though older people's competence in function, mobility, and information-processing decline with age, their psychological and social characteristics remain stable and generally have not shown any age-related erosion [1]. Even with a slow decline in functional status, older people are capable of keeping personal growth and maintaining satisfied psychological health. To gradually accept the declines while maintaining psychological health is a way of coping and an approach to successful aging.

To highlight the adaptation and adjustment imbedded in behaviours/activities older people occupy in daily lives confronting the later life challenges, I would like to take the psychological health as a key measure of successful aging, and review how social support (both providing and receiving support) could achieve the psychological health.

## 2. PSYCHOLOGICAL HEALTH

Considerable studies have been directed at the predictors and pathways to psychological health across age groups and gender. Yet there is no consensus on the definition of psychological health. Generally, psychological health refers to conditions of psychological activities and emotional state [2]. Earlier definition includes but not limit to: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, personal growth [3]. Yet they are troubled with the difficulty of distinguishing clearly between predictors and constituent variables in empirical studies [4]. And in the most recent literature on psychological health, it is operationalized as negative affection/mood, distress, depression, anxiety, happiness, life satisfaction, self-esteem. In my review, psychological health is treated broadly as positive about oneself or about the relationship with others, such as life satisfaction, marriage satisfaction, and depression.

## 3. RECEIVING SUPPORT, INTIMATE RELATIONSHIP AND PSYCHOLOGICAL HEALTH

Social support is the perception or experience that one is loved and cared for by others, being esteemed and valued, and it is part of a social network of mutual assistance and obligations [5]. It could be exchanged between family members, relatives, friends, neighbours

and even strangers. The relationship between social support and psychological health has been studied extensively, and it has consistently been shown that social support positively impacts both physical and psychological health for elders [5], especially under stressful situations. However, negative feelings arise when undesired amount of support is provided [6] such that the basic need of autonomy is disrupted and self-esteem is undermined among support recipients [4].

### ***3.1. Positive Effects of Receiving Support***

Two models---the stress buffering model and the main effect model---have been proposed to explain benefits of receiving support. The former is a more situational specific approach as social support is frequently tied to stressful events, and the latter is a more developmental approach focusing on relationship specific support [7].

The stress buffering model suggests that social support helps to decrease the negative impacts of stressful events and protects the help recipients' health. The association between stressful life events and poor psychological health is stronger for people with low social support than for those with high social support [8]. Social support not only contributes to physical well-being by increasing survival and better resistance to illness and onset of chronic diseases, but also consistently reduces distress such as depression or anxiety during stressful times, and protects against cognitive decline in older adults [2]. In fact, social isolation itself is identified as an independent major risk factor for all-cause mortality [8].

The main effect model holds that social support could benefit health, even in the absence of specific stressors [9]. The effect is evident as people with high social support have better psychological health than those with low social support, regardless of stress levels. Some researchers argue that the main effects are more evident and frequently supported than the stress buffering effects, as the positive link between perceived social support and psychological health [8] has been documented extensively. Relational regulation theory (RRT) proposes that main effects occur when people regulate their affection, thought, and action through ordinary yet affectively consequential conversations and shared activities [10]. Supportive relationships promote well-being in many ways, not just as a resource in times of adversity. "Aspects of regularized social interaction and not emotional support dimensions per se, are responsible for maintaining well-being. What we recognize as dimensions of emotional support and main effects of support are simply by-products of these more abstract social-psychological processes" [7].

Better relationships fostered by social support have been shown to have positive effects on long-term

intimate relationships, such as between couples, and with adult children [8]. Researchers on social support and health generally agree that deep and meaningful close relationship plays a vital role in human development [9], no matter how they define the health outcome. Having a confidant of spouse may be the most effective social support, especially for men. Married couple report higher perceived support than unmarried people [11], as intimate partners could serve the function of "safe haven" by accommodating a close other's dependency needs, providing a comfortable environment for the outlet of negative emotion [8], as well as emotional comfort and reassurance, understanding and acceptance. Quality of relationship with adult children and anticipated support are proxies for the past experience of relationship, which are frequently linked to psychological health of older people. Research also consistently shows that couples or families characterized by unsupportive relationships have damaging outcomes for the mental, physical, and social health of members, especially children, not only on the short term, but across the lifespan [6].

### ***3.2. Negative Effects of Receiving Support***

No single type of support is uniformly effective; the effectiveness depends on the appropriateness of the support to the demands of the situation and the perception of the recipient. Appropriate support provided to someone in need should lead to esteem enhancement, and increase psychological well-being. Harmful psychological effects associated with over-support are observed for receiving support [8, 12], similar or less harmful effects with under-support. A case in point is that in some families older parents received excessive amount of care from their children. Rather than view over-support with gratitude, these parents felt resentful and infantilized because their self-sufficiency was threatened [13]. It reveals how the basic needs and personal competence of older parents shape the effect of receiving support on psychological health. The act to seek help is sometimes considered a lack of competence, knowledge, or other valuable resources to cope, and received support reflects the loss of autonomy and control associated with dependence on others in meeting basic needs [12]. This is consistent with the social breakdown syndrome, which suggests that overly strong social support provided to vulnerable older persons results in greater dependency by causing eroded skills and competence, hence further increasing vulnerability and distress.

### ***3.3. Confounders in the Link between Receiving Support and Psychological Health---Functional Status and Mental Health***

As Lawton's model [1, 4] predicts, personal competence restricts both the basic needs and activities

older people participate in daily lives. Level of functional status influences both the need for help and the ability to provide help to others. Older parents receiving support from their children are more likely to be women, more likely to exhibit higher functional limitations; while those who provide help are more likely to be women and more likely to live with spouses and report low levels of functional limitations [7]. Older parents are more likely to change from mainly support provider to support recipients when there are increasing function-related health problems and widowhood.

With more severe functional limitations or cognition declines, older people not only require greater levels of support but may find it increasingly difficult to reciprocate. Social support received under conditions of dependency can create negative emotions in recipients [13]. And those (usually women) who take care of their spouse with dementia showed high risks of stress, depression and declined health [5].

Relatively few researchers on social support have employed a detailed index on functional status or mental health, and some even ignored the health condition due to data limitation, as it is granted that those who both provide and receive support should be those who are capable of doing so. It could be one of the future research topics to understand how change or variation in functional status and mental health could mediate the link between social support and health among older people, if longitudinal datasets are available.

## **4. PROVIDING SUPPORT AND PSYCHOLOGICAL HEALTH**

The vast majority of studies on social support in later life have focused on the benefits related to receiving support from others. While relatively few studies have been done to examine the impact of providing support to family or friends on older people's health [11], it could be an important topic for further exploration. Existing researches give us some clue on this topic, suggesting: Older people who provide more support to others generally have better health than those who receive more [9]. The mechanism accounting for the effect of providing support on psychological health is different from that of receiving support; providing and receiving supports have separate impacts on well-being and their magnitude relatively net of each other [10, 13].

### ***4.1. Providing Support in Intimate Relationships***

The types of support provided---instrumental, emotional, and financial --- vary with relationships. Basically literature reports that it is psychologically beneficial for older people to provide support. However, the link is not universally salubrious

depending on the intensity of support provided, the quality of the relationship, the circumstances and cultural norms. We focus on the effect of providing support on psychological health of older people in different types of close relationships---with spouse, with adult children.

#### ***4.1.1. Support between Spouses***

Most researches on older adults' health have taken for granted the simple fact of being married as a stress buffer and a health protector. And it is implied that each positive type of exchange (e.g. affirmation, talk, sex, and affection) between spouses could reduce depression and build up senses of trust and intimacy, which increase marital satisfaction and psychological wellbeing for both the support provider and receiver [5, 10]. Both older men and women prefer to provide more. The role of support provider is preferred as it symbolizes the value and norm of independence. Additionally, a provider role gives older spouses a sense of usefulness, efficacy, and productivity [9].

Very few investigations have examined the impact of spousal support on the support provider's health, even less have examined the gender difference in providing support on psychological health. Some studies show that gender difference exists in types of providing support. However, there are contradicting findings. Women are mainly the support providers to their husband, their children and grandchildren [8]. Antonucci and Akiyama found that husbands are more likely to report receiving from and providing affective support (confiding, talk when upset, talk about health) to their wives, than wives report such support from and to their husbands [14]. Yet VanFossen reported that almost a third of the husbands respond to their wives' stress problems with criticism, rejection, passive listening, or dismissal of them as unimportant [15]. And more wives report receiving affective support from children and friends than husbands. Also, gender difference is suggested to confound the effect of providing support to spouses. Providing support positively correlates with perceived support and general wellbeing for wives, while it only links artificially to perceived support and not to general wellbeing for husbands.

In cases of care giving by older spouse, female caregivers account for the majority taking care of their older spouse. And females seem to be more easily exposed to mental health problems than male caregivers. The costs to the support provider include the inconvenience of being interrupted or imposed upon as well as the feeling of being burden by another person's dependency [13]. Therefore, it is frequently associated with lower subjective well-being and higher depression [10, 14], especially for those who care for the elders with Alzheimer or dementia. Too highly demanding

caregiving in everyday life could be emotionally exhaust and burn-out.

#### 4.1.2. Older parents' support to adult children

Taking the position of life-course reciprocity, gerontology literature generally supports that parents tend to provide more support to children than they receive until very late in life (when they transition to a state of dependency).

Typical supports to adult children include providing care for grandchildren and financial assistance when adult children get married or grandchildren go to school [8]. Although providing instrumental support to adult children may instil a sense of purposefulness, providing financial support to children has proven to be detrimental to psychological health, when those older parents themselves are in short of financial support. As rural Chinese elders have largely transferred their major assets to adult children when they get married, any ongoing financial support imposes a substantial economic and psychic strain [10]. The most common type of support to adult children is emotional support, such as motivation, encouragement, guidance, companionship, and closeness [15].

The type and amount of parental support to adult children are strongly affected by many factors, including the number of adult children, the distance from them, gender and marital status, and most importantly, the quality of relationships with them.

The evolutionary theory predicts that older parents would not evenly distribute their resources among their kids. When a larger number of children compete for resources, parental support would be diluted and will be more heavily concentrated on children who bear grandchildren [12], those who are relatively disadvantaged (physical or economic), and those who are in important life transitions. Though relative less support provided for more number of children, which might cause a tension for providing support in older parents, the anticipated support from children is greater and it links positively to older parents' psychological health.

## 5. CONCLUSION

Implications for successful aging include two. First, encouraging older people to adopt helping roles may be an effective way of reducing psychological distress, hence providing some support for the benefits of productive activities. Second, when assistance is provided to the older people, it should not be excessive as to result in increased distress.

To treat old people as simple support providers or simple support receivers may be risky, as an old adult can be a support provider and a support receiver at the

same time. Therefore, a mix of both positive and possibly negative influences exists in the ambivalence of parent-child relationship. What strategies older people would employ to balance the support provided and received worth further exploration.

Obviously, if comprehensive longitudinal data is available, much work then could be done to deepen our understanding of the relationship between providing and receiving support and psychological health of old people, which will also enable us to better understand behaviors of other family members.

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