Is It Better to Give or to Receive? Social Support and the Well-being of Older Adults

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Objectives. This study examines the separate effects of several dimensions of giving and receiving social support on the well-being of older adults, with hypotheses guided by identity theory.

Methods. Data derive from the Social Networks in Adult Life survey, a national probability sample of older adults (*N* = 689). Ordinary least squares regression was used to examine the impact of total support, size of support network, number of types of support, and types of alter support relationships—both given and received—on well-being.

Results. Providing support to others is beneficial to older adults' well-being, as illustrated in the relatively strong, positive associations of total support given, the number of types of support given, and support given to friends and children on well-being. Receiving support was less important to well-being except when received from a spouse or sibling.

Conclusion. Evidence from this analysis provides support for hypotheses predicted by identity theory, highlights the importance of examining giving and receiving support net of the other, and suggests that it is often better for the well-being of older adults to give than to receive.

Key Words: Giving—Receiving—Social network—Social support—Well-being.

ALTHOUGH numerous studies have examined the impact of *receiving* social support on the well-being of older adults (e.g., George, 2006; Matt & Dean, 1993), less attention has been paid to the effects of *giving* support (Krause, Herzog, & Baker, 1992). Among the few studies examining both giving and receiving, most focus on reciprocity (e.g., Wolff & Agree, 2004), which can limit our understanding of the positive or negative impact of each separately on well-being and the relative magnitude of each net of the other.

The central question of this study involves the independent effects of giving and receiving social support on well-being. The conceptual scheme begins with an omnibus test of the effects of total support given and received on well-being. This is followed by an examination of the number of types of support, number of network members (also referred to as "alters") exchanging support, and support exchanges to and from specific types of network relationships (e.g., spouse, children, friends) to determine whether the omnibus relationships are masking more specific and nuanced features of the support exchanges.

THEORETICAL FRAMEWORK

This study tests hypotheses guided by identity theory. Identities develop out of interactions with networks or groups and expectations attached to the positions occupied, which can influence behavior (Stryker, 2007; Stryker & Burke, 2000). Disturbances in identities can lead to distress (Burke, 1991). Relying on support from others can diminish older adults' sense of competence (Siebert, Mutran, &

Reitzes, 1999), which may disturb their identities with feelings of neediness and dependency. Thus, I hypothesize that receiving greater total support, more types of support, and support from more network members will be negatively associated with well-being. Providing support, however, can allow older adults to engage in socially productive behaviors, which can bolster well-being (Krause et al., 1992). I predict that providing greater total support, more types of support, and support to more network members will be positively associated with well-being.

This study also explores the impact of giving to and receiving from different types of network members (such as spouse, children, siblings, and friends). There are strong norms associated with the role identities attached to these different types of relationships (Siebert et al., 1999). I predict that giving to or receiving support from those in relationships with norms for support exchanges flowing between them, such as spouses, will be positively associated with well-being because it reinforces these role identities. If relationship norms are infringed upon, such as by receiving of support from children when the norm throughout most of their lives is rather to provide support to them, then well-being is likely to be lower.

RECEIVING SUPPORT

Empirical research reveals mixed findings regarding the impact of receiving support on well-being (George, 2006). On the one hand, receiving social support, in terms of both perceived and actual support, has important implications for stress, depression, and well-being by reducing levels of

depression and buffering the effects of stress on depression (Thompson & Heller, 1990). Matt and Dean (1993) find that receipt of high levels of social support, in terms of care and concern, is related to less distress longitudinally.

On the other hand, some empirical studies suggest negative effects of receiving social support on well-being (Lee, Netzer, & Coward, 1995). Silverstein, Chen, and Heller (1996), for example, found that high levels of received support (including instrumental, emotional, informational, and financial support) reduce well-being.

Providing Support

Most research on providing support finds positive effects of giving support on well-being. Providing informal instrumental support is associated with higher levels of well-being among elderly adults (Krause et al., 1992). Those scoring higher on the "Tendency to Give Social Support Scale" reported less stress and depression as well as lower blood pressure and mean arterial pressure (Piferi & Lawler, 2006). People who spend more time doing things to help others report less personal distress (Kessler, McLeod, & Wethington, 1985). Altruism, in terms of providing various kinds of support to others, is associated with greater well-being and longevity (Post, 2005).

Providing support generally has positive effects on well-being. The demands of caregiving are an exception to this pattern. Caregiving is frequently associated with lower subjective well-being and higher depression (e.g., Garand, Dew, Eazor, DeKosky, & Reynolds, 2005; Pinquart & Sorensen, 2006). Caregiving differs, however, from the more typical situations of informal support exchanges that this paper addresses.

Support Networks and Number of Types of Support

Most existing research examines the impact of network size on well-being or the impact of network size on social support, without linking size of *support* networks to well-being. Larger network size is related to increased social contact and social support (Arling, 1987) and is significantly associated with greater happiness (Jopp & Rott, 2006). In a meta-analysis of 286 studies, Pinquart and Sorensen (2000) found that both quantity and quality of network ties were positively related to several measures of well-being.

Beyond classification of types of support (Schaefer, Coyne, & Lazarus, 1981), few studies have examined the impact of the number of types of support provided and received on well-being. Wise and Stake (2002) report that more types of emotional and instrumental support received was associated with greater well-being. Those receiving few types of emotional support had significantly more depressive symptoms than those receiving more types of emotional support (Zunzunegui, Beland, & Otero, 2001). No studies were found examining the effects of the number of types of

support *provided* to others on well-being, further illustrating the dearth of research on this topic.

Types of Alter Relationships

A body of literature suggests that different types of social relations in one's network may differentially influence well-being. Fiori, Antonucci, and Cortina (2006) found that those in networks with friendship ties had higher morale than those in networks without friendship ties. Adams and Blieszner (1995) found that interaction with friends boosted self-esteem more than interaction with family. Those in diverse networks and those with many friends had higher morale than those with networks composed mostly of family or neighbors (Litwin, 2001). Most studies examining alter relationships and well-being focus on network composition that is detached from support received or given to different types of alters.

Methods

Data

This study uses data from the Social Networks in Adult Life (SNAL) survey conducted by the Survey Research Center at the University of Michigan (Kahn & Antonucci, 1980). This multistage national probability sample of households consists of 718 adults aged 50 years and older in 1980, with a 73% response rate. To increase the proportion of older respondents in the sample, household members aged 70 years and older were oversampled, yielding 71 additional respondents. Weights are not available; however, the oversample is very small and the correlated errors are negligible. (For more detailed information about these data, see Antonucci & Akiyama, 1987). Listwise deletion of missing values yielded an analytic sample of 689 older adults, ranging from 50 to 95 years of age with a mean of 72 years.

The SNAL is a unique data set with both network data and parallel measures of support given and received. These data improve upon previous studies in several ways. First, these data are based on a national probability sample, whereas most studies on this topic rely on local rather than national samples (e.g., Silverstein et al., 1996). Second, these data provide the opportunity to unpack the concepts of giving and receiving by including several dimensions of support exchanges: total support given/received, size of support network, number of types of support given/received, and the relationships of alters (e.g., spouse, children, siblings, friends) linked to support given/received.

A limitation of the SNAL survey is its age, with data from 1980. However, this study focuses on the relationships between giving and receiving support and well-being rather than on population estimates of the distributions of support given and received. Extensive network measures of support given and received remain quite rare because they are difficult and tedious to collect. Virtually no other data sets have

the combination of parallel measures of support given and received and information about members of the respondents' support network in a national sample. Thus, the advantages of this data set far outweigh its limitations.

Measures

Dependent variable.—The dependent variable, well-being, is operationalized using the Bradburn Affect Balance scale. This scale is highly correlated with other measures of well-being, such as happiness and life satisfaction (Bradburn, 1969) and has been shown to be a valid measure that is a better indicator of well-being than using the negative or positive affect scales separately (Van Schuur & Kruijtbosch, 1995). Negative items ask if respondents felt restless, lonely/remote, bored, depressed/unhappy, or upset when criticized during the past few weeks. Positive items ask if respondents felt excited/interested, proud when complimented, pleased with accomplishment, on top of the world, or that things were going their way during the past few weeks. Negative items are subtracted from the positive items, and the scale is then recoded such that scores range 0–10, with higher scores indicating more positive well-being. The mean score for this sample was 6.8. The alpha reliability is .67, which is acceptable.

Independent and control variables.—Respondents were asked to name the important people in their lives (starting with the closest) to elicit their network members. Up to 10 alters were included to capture relatively strong ties linked to support. Questions were asked about support given to and received from each of the 10 alters. The six types of support largely represent emotional support and, to a lesser extent, instrumental support: confiding ("Are there people you confide in about things that are important to you?"), reassuring ("Are there people who reassure you when you're feeling uncertain about something?"), respecting ("Are there people who make you feel respected?"), sick care ("Are there people who would make sure that you were cared for if you were ill?"), talking to when upset ("Are there people you talk to when you're upset, nervous, or depressed?"), and talking to about health ("Are there people you talk to about your health?"). Respondents reported whether they had received support from or provided support to each of their alters for each of the six types of perceived support.

The *number of network members* from whom respondents *received* support ranged from 0 to 10 and reflected the number of alters from whom respondents received *at least one type* of support. A parallel variable was created indicating the *number of network members* to whom respondents *gave* support.

The *number of types of support received* from network members had scores ranging from 0 (not receiving any support from any network members) to 6 (receiving all six types of support from at least one network member). A parallel measure reflected *the number of types of support given* to their network members.

A scale was created to reflect *total support received* from the respondent's network members. This variable is a *count* of the number of types of support received and the number of alters from whom that support was received. It ranges from 0 (receiving no support from anyone) to 60 (receiving all six types of support from all 10 alters). A parallel scale reflects the *total support given* to the respondent's alters. The alpha reliabilities for these scales are .85 for *total support received* and .89 for *total support given*.

For each type of support, a sum was calculated for the numbers of friends, children, siblings, spouse, and other family members who provided support to or received support from the respondent. For example, the numbers of *friends* to whom the respondent provided any of the six types of support were added to indicate the amount of support provided to friends. The same was done for each type of alter relation, separately for support given and received.

Measures of relationship quality were taken into account in the analysis. Subjective closeness was measured with three separate questions. First, respondents were asked about their *inner circle*: "Is there any one person or persons that you feel so close to that it's hard to imagine life without them?" Next, their *middle circle*: "Are there people to whom you may not feel quite that close, but who are still very important to you?" Finally, their *outer circle*: "Are there people whom you haven't already mentioned who are close enough and important enough in your life that they should also be placed in your network?" Family satisfaction was measured by asking, "How satisfied are you with your family life—the time you spend and the things you do with members of your family?" (ranging from 1 = *completely dissatisfied* to 7 = *completely satisfied*). Negative interaction was included through an indicator asking how many members of your network "get on your nerves," with answers ranging from 0 = *none* to 5 = *all*. All these relationship quality measures are independent of support exchanges and specific alters.

Several sociodemographic variables known to affect well-being were used as control variables. *Age* (respondent's year of birth subtracted from the year of the survey), *sex* (women = 1), *race* (White = 1, non-White = 0), *marital status* (married = 1, not married = 0), and *education* (in years) were included. Respondents identified the category of *income* representing their total family income from all sources before taxes in the previous year. This variable was transformed with a natural log to reduce the skew of the distribution.

Health may influence well-being and the amount of support given or received. To control for this, a *health limitations index* was included. The index combined responses to three questions: "Thinking of your network, does your

Table 1. Descriptive Statistics: Means and Percentages (*N* = 689)

Well-being (Bradburn Affect Balance scale, 0–10)	6.8
Age (50–95)	72.0 years
Women (%)	59
Men (%)	41
White (%)	86
Non-White (%)	14
Married (%)	54
Not Married (%)	46
Education (0–17)	9.9 years
Income [median]	$5,000–9,999
Health Limitations (1–5)	2.1
Inner Circle (0–16)	3.8
Middle Circle (0–36)	3.7
Outer Circle (0–23)	2.4
How Satisfied Are You With Your Family Life (1–7)	6.1
How Many Get on Your Nerves (0–5)	0.9
# Alters Received From (0–10)	6.5
# Alters Gave to (0–10)	6.5
# Types of Support Received (0–6)	5.4
# Types of Support Given (0–6)	5.4
Total Support Received (0–60)	19.1
Total Support Given (0–60)	22.9
Support Received From Spouse (0–6)	2.3
Support Received From Children (0–42)	7.5
Support Received From Siblings (0–23)	3.6
Support Received From Other Family Members (0–31)	3.9
Support Received From Friends (0–39)	3.1
Support Given to Spouse (0–6)	2.3
Support Given to Children (0–45)	8.5
Support Given to Siblings (0–37)	2.7
Support Given to Other Family Members (0–36)	5.1
Support Given to Friends (0–43)	3.9

health keep you from spending as much time with people in your network as you would like?" (1 = *yes*, 5 = *no*), "Are you limited in any other way because of your health?"(1 = *yes*, 5 = *no*), and "Compared to other (men/women) your age, would you say that your health is excellent, very good, good, fair, or poor?" High scores indicate worse health. The alpha reliability is .67. Table 1 presents the means and proportions of the variables.

RESULTS

Ordinary least squares regression was used for these analyses. Model 1 of Table 2 includes the sociodemographic, health, and relationship quality variables (subjective closeness, satisfaction with family life, and negative interaction). Those who are older, have higher incomes, have more network members in their middle circle, and are satisfied with their family life report higher well-being. Those who are White, have greater health limitations, have more network members in their outer circle, and have many network members who get on their nerves report lower well-being.

Models 2 and 3 show the separate effects of *total support received* and *total support given* on well-being. In Model 2, *total support received* has a significant, positive association with well-being. In Model 3, *total support given* is signifi-

cantly related to higher well-being. Model 4 includes both total support received and total support given. Notably, inclusion of total support given renders the relationship between total support received and well-being nonsignificant. Total support given is the strongest predictor of well-being in this model.

Model 5 adds two components of social support: the *number of alters* given to/received from and *number of types of support* given/received. Providing a greater number of types of support was significantly associated with higher well-being, but providing support to a greater number of alters was negatively associated with well-being. Total support given remained significantly related to higher well-being.

The association of well-being and support to and from specific types of alters (i.e., spouse, children, siblings, other family members, and friends) is examined in Model 6. (There is no full model with every independent variable included because variables indicating support to and from specific types of alters are derived from questions regarding support given/received that were used to create the other social support variables and thus cannot be included in the same model.) Receiving support from one's spouse and siblings is significantly related to higher well-being. Receiving more support from children, however, is significantly related to lower well-being. Giving more support to children and friends is significantly associated with higher well-being and had the strongest effects in the model.

DISCUSSION

Guided by identity theory, this study examined the separate effects of several components of giving and receiving support, net of the other, on the well-being of older adults. Results lend support for the overarching hypothesis that giving support to others promotes older adults' well-being, perhaps by bolstering their identity of independence and usefulness to others, as predicted by identity theory. This is supported by the strong, positive associations of providing greater total support and providing a greater number of types of support with well-being. Providing support to friends and children is also strongly related to higher well-being. There are important norms in the role relationships of friends and children to provide support to them, which can reinforce role identities and promote well-being. Giving support to a larger number of alters, however, is related to lower well-being. Providing too much support can be associated with feelings of burden and frustration (Lu & Argyle, 1992). Total support received is related to higher well-being on its own, but it loses its importance for well-being once it is examined in conjunction with total support given.

Receiving support can still be important for well-being, however, when received from specific types of alters. Receiving more support from a spouse or siblings is associated with higher well-being. The roles of spouse and sibling often hold clear norms to help one another and to be helped by one another. Support received from these relations may not

Table 2. Standardized Ordinary Least Square Coefficients of Elements of Social Support Given and Received and Well-being Among Older Adults ($N = 689$)

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Age	0.175*** (0.009)	0.173*** (0.009)	0.192*** (0.008)	0.197*** (0.008)	0.223*** (0.008)	0.202*** (0.008)
Women	−0.018 (0.158)	−0.010 (0.158)	0.004 (0.155)	0.003 (0.155)	−0.003 (0.152)	0.007 (0.152)
White	−0.086* (0.227)	−0.093* (0.227)	−0.087* (0.222)	−0.082* (0.223)	−0.069* (0.218)	−0.069* (0.220)
Married	0.030 (0.165)	0.032 (0.164)	0.018 (0.162)	0.014 (0.162)	0.005 (0.157)	−0.133* (0.268)
Education	0.028 (0.021)	0.0129 (0.021)	−0.05 (0.021)	−0.012 (0.021)	0.008 (0.021)	−0.045 (0.022)
Income	0.110** (0.194)	0.113** (0.193)	0.115** (0.189)	0.114** (0.189)	0.109** (0.187)	0.097* (0.186)
Health Limitations	−0.251*** (0.001)	−0.250*** (0.001)	−0.238*** (0.001)	−0.236*** (0.001)	−0.240*** (0.001)	−0.244*** (0.001)
Inner Circle	0.057 (0.027)	0.024 (0.029)	−0.010 (0.028)	0.001 (0.029)	0.070 (0.030)	0.042 (0.029)
Middle Circle	0.161*** (0.023)	0.120** (0.025)	0.078* (0.024)	0.091* (0.025)	0.157*** (0.025)	0.144*** (0.025)
Outer Circle	−0.088* (0.025)	−0.102* (0.026)	−0.094** (0.025)	−0.085* (0.025)	−0.047 (0.026)	−0.111** (0.025)
Satisfied With Family Life	0.090* (0.053)	0.091* (0.053)	0.078* (0.052)	0.074* (0.052)	0.087* (0.050)	0.082* (0.051)
How Many Get on your Nerves	−0.230*** (0.060)	−0.218*** (0.060)	−0.210*** (0.059)	−0.214*** (0.059)	−0.197*** (0.058)	−0.183*** (0.059)
Total Support Received		0.103* (0.009)		−0.070 (0.011)	0.012 (0.014)	
Total Support Given			0.226*** (0.006)	0.268*** (0.008)	0.281*** (0.011)	
# Alters Received From					−0.074 (0.053)	
# Alters Gave to					−0.214** (0.053)	
# Types of Support Received					−0.064 (0.093)	
# Types of Support Given					0.214*** (0.075)	
Received From Spouse						0.217* (0.079)
Received From Children						−0.268*** (0.018)
Received From Sibling						0.130* (0.036)
Received From Other Family Member						0.029 (0.024)
Received From Friend						−0.106 (0.027)
Gave to Spouse						0.007 (0.080)
Gave to Children						0.287*** (0.015)
Gave to Sibling						−0.105 (0.027)
Gave to Other Family Member						0.015 (0.018)
Gave to Friend						0.282*** (0.023)
Constant[a]	3.836*** (0.882)	3.639*** (0.883)	3.303*** (0.868)	3.337*** (0.868)	2.001* (0.996)	3.450*** (0.861)
Adjusted R^2	.20	.21	.23	.23	.28	.37

Note: Standard errors in parentheses.

[a]Constants are reported as unstandardized coefficients.

*Significant at $p < .05$; **Significant at $p < .01$; ***Significant at $p < .001$.

be perceived as burdensome and instead provide useful support that helps the older adult and reinforces the identities associated with these roles, which can bolster well-being. Receiving support from children was negatively associated with well-being. When parents receive more support from their children, it can violate the norms associated with their parent role, along with reducing their sense of independence by leaning on children who had previously relied on them (Silverstein et al., 1996).

Several limitations of this study should be noted. First, these data are cross-sectional, precluding confidence in the causal order of support and well-being. It is possible that those with higher well-being are more likely to provide support to others. Longitudinal data are needed to establish temporal order in future research. Second, the indicators comprising the health limitations index are not particularly strong. It is important to include health limitations in analyses because they could hinder respondents from providing support to others. Nonetheless, better measures of health and physical functioning would be desirable. Another possible limitation of these data is that questions about receiving support were asked before questions about giving support. People may understate the amount of support they receive unless they have first established themselves as providers of support. The potential limitations are far outweighed, however, by the scope and detail of the questions asked about support relationships.

Several areas of the relationship between social support and well-being may provide useful avenues for future research. Negative interaction, in terms of how many in your network "get on your nerves" was significantly associated with lower well-being, which is consistent with other research on negative interaction (August, Rook, & Newsom, 2007). Future research could examine how negative interactions moderate the effects of different components of giving or receiving support on well-being. Another area for future research is examining the impact of alters' resources, such as their health, leisure time, etc., on social support and well-being. Perhaps giving support to or receiving support from those who have greater resources versus fewer resources would have different effects on well-being. Future research could also better address the intensity of support, such as the number of hours of support given and received.

This study provides evidence that giving support to others can benefit the well-being of older adults. Regardless of physical impairments, older adults can provide emotional support to others, which can promote socially productive identities as well as their own well-being. Although providing more types of support to others can be beneficial, it is important not to spread oneself too thin in providing support to too many people. Older adults may feel especially useful when providing support to their friends and children and especially dependent when receiving support from their children. Receiving support from one's spouse and siblings can promote well-being, likely due to the norms of support

in these social roles. This research also highlights the importance of examining giving and receiving support together to more fully understand their impact on well-being. Once total support received and total support provided are simultaneously examined, total support received loses its importance and total support given retains its relation to higher well-being, indicating that it is often the case that it is better to give than to receive.

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