

## Social Support for Older Adults—A Bane or a Boon for their Health?

Rahul Malhotra,<sup>1,2</sup> MBBS, MD, MPH, Shannon JW Ang,<sup>1</sup> BSocSci (Sociology)

Older, compared to younger, adults are more likely to experience physical and cognitive impairment and functional limitations, which may limit their daily activities.<sup>1</sup> Consequently, some may require physical assistance in basic activities (e.g. dressing, going to the toilet, cooking) or in activities that demand a higher level of autonomy (e.g. getting groceries, managing finances).<sup>2</sup> Even for those who do not require physical assistance, there may be reliance on financial<sup>3</sup> or emotional support.<sup>4</sup> In Singapore, as elsewhere in Asian societies, support from the family is seen as the primary source of care for older adults.<sup>5</sup> Societal expectations of filial piety place the responsibility of care largely on children.<sup>6</sup> The same is reflected in legal provisions such as the Maintenance of Parents Act, enforcing financial support from children who can provide it but choose not to.

Support from the family, as we have discussed thus far, is one type of social support, amongst others. Social support refers broadly to the resources available to a person through his/her social network members.<sup>7</sup> Several distinctions have been made regarding the nature of these resources. They may either be tangible (e.g. material goods, money) or intangible (e.g. information, emotional support), routine or ad hoc, as well as kin-based or non kin-based. What is most important for health outcomes, however, seems to be whether the social support in question is “perceived” (i.e. the support a person perceives to be available if needed), or “received” (i.e. support actually received). Perceived social support has been consistently linked to better mental and physical health outcomes.<sup>8</sup> While one would intuitively expect a similar beneficial effect of received social support, its association with health outcomes is ambiguous, with several studies finding no effect, or even a detrimental effect.<sup>8</sup> In fact, studies have suggested that receipt of excessive support from the family may induce a sense of dependency in older adults.<sup>9</sup> It is thus pertinent that we

focus on the nuanced links between received social support and health outcomes, since most social policy in Singapore and elsewhere is concerned with improving actual support received by older adults.

### Received Social Support and Health Outcomes

Recent research suggests that whether received social support is salubrious or detrimental for health remains contingent on at least 2 main modifiers. The first key modifier is the influence of received social support on the recipient’s perception of control. Bolger and Amarel<sup>10</sup> elucidated this mechanism among young women, showing that while receipt of social support reduced emotional reactivity to stressors, this effect was only observed when the recipient was unaware of the support being given to him/her (i.e. invisible support). Support which the recipient was aware of (i.e. visible support) was either ineffective or exacerbated emotional reactivity to stressors instead. They attributed this phenomenon to visible support often communicating a sense of inefficacy (i.e. control over an intended outcome) to recipients. Our own research, in Singapore, validated this explanation among older adults.<sup>11</sup> We demonstrated that while receipt of social support from the family directly reduced older adults’ depressive symptoms, it simultaneously reduced their personal mastery (i.e. control over one’s life). In turn, this reduction in personal mastery was associated with increased depressive symptoms, resulting in no net mental health benefit of received social support among older Singaporeans.

The second key modifier is the responsiveness of received social support to the recipient’s needs. In other words, the provision of support should be appropriate to the specific physical or emotional needs of the recipient. A previous study among adults aged 18 to 73 found that the positive

<sup>1</sup>Centre for Ageing Research and Education, Duke-NUS Medical School, Singapore

<sup>2</sup>Health Services and Systems Research, Duke-NUS Medical School, Singapore

Address for Correspondence: Dr Rahul Malhotra, Centre for Ageing Research and Education, Duke-NUS Medical School, 8 College Road, Level 4, Singapore 169857.

Email: rahul.malhotra@duke-nus.edu.sg

effects of received social support for mental health broke down (i.e. became weaker, absent, or negative) when there was an oversupply of support in relation to the needs of the recipient.<sup>12</sup> Similarly, a large survey of Europeans aged 65 and above found that the relationship between receiving instrumental support and depression varied by the severity of the recipient's physical limitation.<sup>13</sup> They found that while daily instrumental support increased the likelihood of depression among older adults with a medium level of physical limitation, it decreased the likelihood of depression among those who had severe physical limitations.

### Future Considerations

After reading our article, support providers of older adults would likely benefit from knowing how best to respond to specific needs of their care recipients, or how best to provide support that retains one's perception of control. Unfortunately, the literature on factors and interventions addressing the "mixed blessing"<sup>14</sup> provided by received social support is relatively scant, especially in research among older adults. A deeper understanding of previously unexplored pathways regarding how received social support may become "too much of a good thing"<sup>9</sup> is needed to promote the well-being of older adults in more incisive ways. For instance, distinctive facets of received social support apart from those listed above (such as the breadth, the frequency, or the source of the support provided) may affect recipients differently.<sup>11,13</sup> Also, structural factors such as gender, ethnicity and socioeconomic status can further be explored, since women have been shown to be more sensitive to kin-based social support compared to men.<sup>11,13</sup> Lastly, most research on the mixed effect of received social support focuses on psychological health outcomes, but physical health outcomes could also be affected either directly or indirectly through psychological pathways. As a result, it is likely that the effect of received social support on health in totality has been consistently underestimated.<sup>15</sup>

### Conclusion

Thus, is received social support a bane or a boon for health outcomes? A simple answer is that it depends—from what we know thus far, we reiterate that at least 2 considerations must be taken into account. First, received social support is a bane when it erodes the recipient's sense of control, but

can be a boon if it allows retention of his or her sense of control. Second, it is a bane when it exceeds the physical or emotional needs of the recipient, but can be a boon when it is responsive or appropriate to the needs. In sum, provision of social support certainly has the potential to improve the lives of older adults, but must be wielded carefully, much like a double-edged sword.

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