

# The Relationship between Social Support and Mental Health of Older Adults: A Review

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## Abstract

Older adults are exposed to various high risk stressors that may impact their mental health. Chronic diseases, loss of function, physical deterioration, and loss of sources of income, retirement, and loss of spouse, confidants, and empty nest syndrome contribute as stressors for the older adults. The aim of this review is to conceptualize the relationship of social support and mental health in older adults. The availability of social support resources has shown to have buffering effect to the high risk stressors and helps older adults to develop coping and resilience. Low social support shows significant negative effect on mental health of older adults. Providing good social support for the older adults reduces the risk and adverse effects on mental health outcomes in older adults. Policymakers must focus on strengthening of targeted sources of social support to older adults and predispose higher social support to very old adults to reduce mental health problems.

**Key Words:** Stressors, Coping, Resilience, Buffering Effect, and Emotional Support.

## 1.0 Background

In the year 1970s, research interest in social support began (Bowling, 1994). Social support was thought to be crucial for mental health protection. Social Support refers to a range of phenomena that characterize an individual's social environment. Thoits (1982) defined social support as, "...the degree to which a person's basic social needs are gratified through Interactions with others" (p. 147). Social support research emphasized on mental health (House et al., 1988) and researchers have theorized that social support acts to buffer the adverse effects of stress upon mental health, as it played important role in moderating the effects of stress, particularly on mental health (Cooper et al., 1999). There is strong evidence that social support health benefits remain significant to very old adults (Grundy et al., 1996). Kessler & McLeod, (1985) and Cohen & Wills, (1985) considered social support as a means of meeting basic needs and also as a means of buffering stress. Initially, social support research focused on structural aspects of social support, but later, social scientists gave more significance to qualitative aspects of social support (Berkman et al., 2000). Older adults need both psychological and material resources, and social support was thought to be crucial for mental health protection (Hou et al., 2020). Most prominent criticisms of social support research include a lack of uniformity in operationalizing and conceptualizing the idea of social support, which was first utilized in the mental health literature rather than the physical health literature (Williams et al., 2004).

## 1.1 Sources of Social Support and Mental Health of Older Adults

There are different sources of social support like spouses, children, family, friends, and coworkers. The importance of support from a specific source may vary by gender, environment, and culture. In terms of sex-related connections, social support, particularly perceived emotional support, was the most commonly used social support variable. Han et al., (2007) conducted a study on older adults in South Korea and found that children were the primary source of support for all types of requirements like immediate aid, long-term care needs, financial needs, and emotional needs, even when the older adult had a living spouse. In general, spouses were the subsequently most common source of social support to older adults as evident from studies done in Taiwan (Lien et al., 2009) and Turkey (Kara & Mirici, 2004) showed that spouses were the major provider of social support. Alexandrino-Silva et al., (2011) identified gender variations in sources of social support in Brazil: he discovered that, although women have a close confiding relationship with their children, men depend more on their wives for support.

Social support from friends may have a significant impact on mental health in Western countries, which is based on strong evidence shown by a study conducted by Olutoyin Oni (2010) in Canada, which found that social support from friends was a good predictor of depression among older adults than family support, because family interaction may turn around everyday activities that are rarely emotionally inspiring, whereas activities with friends are rarely emotionally inspirational. These findings, however, may not be universally applicable to all Western societies. Unwanted, ill-timed, ineffective, or excessive support has been found to be stressful in the long run (Krause & Rook, 2003). This hypothesis is analogous to the „reverse buffering“ effect, which indicates that, when social support does not protect against stress, but rather exacerbates the trauma experience (Prati & Pietrantonio, 2010).

Research findings on social support reveal that the care giving partner's perceived social support may buffer the negative stress-quality of life relationship in older adults. Received social support has been explored as a contributor to improve psychosocial health (Cohen, Underwood, & Gottlieb, 2000).

## 1.2 Determinants of Social Support in Older Adults

The relationship between individual factors and the social environment generates social support. Age, gender, socioeconomic level, marital status, and family size may all influence the likelihood of obtaining social support. Various studies have found that older adults receive less social support than younger people (Choi & Wodarski, 1996), men versus women (Ross & Mirowsky, 1989), women versus men (Rambod & Rafaii, 2010), nuclear families versus extended families (Broadhead et al., 1983), unmarried versus married people (Ross & Mirowsky, 1989), and people with lower socioeconomic status compared to people with higher socioeconomic status (Dalgard et al., 2007).

There are number of studies done on the determinants of social support. Ali et al., (2010) found low life satisfaction may be attributable to a stress reaction with increased suffering, intensity, and psychosocial stresses rather than a cultural response to convey psychological difficulties in somatic terms. In another study, Patil et al.,

(2014) showed that the older adult's sense of social support is influenced by depression; there is a poor link between social support and mental health. There was no significant correlation between depression and received social support. Adequate treatment of depression which improves negative cognition would help in the perception of social support for older adults who are depressed.

### **1.3 Relationship between Social support and Mental Health of Older Adults**

A number of studies have found a link between social support and mental health well-being. Cohen and Wills (1985) have shown social support beneficial effects on psychological outcomes and there are number of studies which have shown linking social support to better mental health outcomes and well-being.

There are two key components of social support i.e., perceived and received (or enacted) social support. Received social support is the '*reported reception of support resources during an explicit time period*' (Dunkel-Schetter & Bennett, 1990). Received social support indicates what people obtain from others, hence received support assumed to be naturally occurring helping behaviors that are being provided to the recipient. While, Perceived support refers to the belief that such helping behaviors would be provided when needed. Perceived social support '*is the individual possible accessibility to social support and to a generalized appraisal that individuals are cared for and valued, significant others are available to them in times of necessity*' (Uchino, 2009). Thus perceived social support stems from interactions and it is the subjective feeling of being supported by one's relationships.

Given that interpersonal relationships are assumed to serve a supportive function, what is the actual relationship between social support and mental health? The literature suggests that social support may have both main and interactive effects upon mental health. According to Thoits (2011), the link between social relationships and mental health can be attributed to a number of psycho-social pathways that operate both directly and as stress buffers. One must first examine the interaction between changes in life events and changes in social support (Thoits, 1982). The evidence suggests that structural aspects of social support, such as the availability of support (Henderson, 1981), the size of the support network (Jang et al., 2002), and the frequency of social contacts (Conner et al., 1979), are less important predictors of mental health than functional aspects. However, according to social support theory, structural social support is a necessary antecedent to functional support (Queenan et al., 2010). Perceptions of accessible social support may be significantly more influential than actual social support levels in older adults.

Ultimately, good social relationships generally tend to be beneficial for mental health due to emotional sustenance and active coping assistance provided by a person's social ties. There is a link between social support and psychological well-being. Social relations improve the quality of life and maintain well-being. Social support protects elderly from loneliness (Pinquart & Sörensen, 2001), and depression (Prince et al., 1997). Ensel and Lin (1991) have shown that social resources have significant role in the relationship between distress and social stressors.

Psychological discomfort and low self-esteem is reported due to poor availability of social support (Cohen & Wills, 1985). The evidence suggests that structural aspects of social support, such as the availability of support (Henderson, 1981), the size of the support network (Jang et al., 2002), and the frequency of social contacts (Conner et al., 1979), are less important predictors of mental health than functional aspects. However, according to social support theory, structural social support is a necessary antecedent to functional support (Queenan et al., 2010).

Studies done by Lee & Dunkle, (2010) & Rueda & Artazcoz, (2009) have shown strong evidence indicating a link between emotional support (both perceived and received) and mental health. But, there is only a sliver of evidence linking instrumental social support (especially perceived instrumental social support) to depression as illustrated by Lee & Dunkle, (2010). Except for anxiety, factors like depression, mental health score; emotional social support was strongly linked to mental health as reported by Wong et al., (2007). Cruza-Guet et al., (2008) indicated that social support and informational social support (getting advice and explanations) were substantially connected with psychological disturbance, although instrumental and emotional support was not related.

Sethi and Sharma, (1980) undertook a study on depressive disorders and family constellation in Lucknow and revealed that depressed group was from nuclear family set up. Study conducted by Ramachandran et al., (1981) on family structure and mental illness in old age revealed that mental illness was higher in old age, and subjects living in small size family. Ramachandran et al., (1982) studied socio cultural factors and onset of depression with a sample of 406 subjects and depression was found to be the most common diagnosis, and depression was linked to a small family size.

#### **1.4 Conclusion**

Social support moderates the effects of major transitions in life and of unexpected crises. Therefore, individuals with strong social supports should be better able to cope with stressful life events. Low social support shows significant associations with the negative mental health outcomes. The positive features of social support are only addressed in the literature, while the negative aspects are overlooked. However, just focusing on the positive features of social support does not provide a holistic picture of quality of relationships. There is limitation in the social support literature in terms of measures linking to the provision of social support instead of focusing on the receipt of social support.

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