



## Physical and emotional well-being and the balance of needed and received emotional support: Age differences in a daily diary study



Julia K. Wolff<sup>a,b,\*</sup>, Florian Schmiedek<sup>a,c</sup>, Annette Brose<sup>a</sup>, Ulman Lindenberger<sup>a</sup>

<sup>a</sup> Max Planck Institute for Human Development, Berlin, Germany

<sup>b</sup> German Centre of Gerontology, Berlin, Germany

<sup>c</sup> German Institute for International Educational Research (DIPF), Frankfurt/Main, Germany

### ARTICLE INFO

#### Article history:

Available online 10 May 2013

#### Keywords:

Received support  
Support needs  
Support balance  
Daily relationship  
Aging  
Well-being

### ABSTRACT

Whether received social support matches the actual needs of the recipient is a largely overlooked aspect in research on associations of support and well-being. In particular, studies that investigate the match of needed and received support from a within-person perspective are rare. Therefore, we investigated the daily within-person relationship of well-being and the balance of needed and received social support in a German Sample of 79 younger (23–34 years) and 88 older adults (68–83 years). Health complaints and negative affect were predicted with linear effects of received and needed emotional support and quadratic effects of the balance (i.e., difference) of these two aspects using multilevel modeling of self-reports over 20 days. The predicted beneficial association between a match of needed and received support (i.e., a support balance) and well-being was observed among younger adults. Needed support was associated with more health complaints and negative affect on the same day. The match of needed and received support is important for well-being, particularly in younger adults. Future research should account for support needed in research on received support and shed more light into the processes underlying these short-term within-person relationships of social support and well-being.

© 2013 Elsevier Ltd. All rights reserved.

### Introduction

The relationship between social support and physical or emotional well-being has been studied intensively in psychological, medical, and sociological research. Most studies found beneficial effects of the perceived availability of social support on (a) various health measures, for example subjective health, or physical functioning (Cohen, 1988; House, Landis, & Umberson, 1988; House, Landis, & Umberson, 2003; Seeman, 2001; Uchino, 2006; Uchino, Cacioppo, & Kiecolt-Glaser, 1996) and (b) well-being outcomes, for example mood, or life satisfaction (Atienza, Collins, & King, 2001; Karademas, 2006; Murrell, Norris, & Chipley, 1992). However, actually received support is sometimes associated with less positive psychological and health outcomes (Krause, 1997; Reinhardt, Boerner, & Horowitz, 2006). Received and perceived support are only moderately correlated (Haber, Cohen, Lucas, & Baltes, 2007). Perceived support may be rather a trait of a person

than a reflection of past received support (cf. Uchino, 2009). The current study contributes to the explanation of negative effects of received support by investigating the daily association between a balance of needed and received emotional support and health complaints as well as negative affect.

#### *Explanations for adverse effects of received support*

In the literature, there are different attempts to explain negative effects of received support (Seidman, Shrout, & Bolger, 2006). Receiving support can be a consequence of a lower physical or emotional well-being (i.e., receiving support when feeling bad). Also, both lower well-being and receiving support may relate to a common cause such as a critical life event. Additionally, receiving support can point to deficits and thereby be detrimental for well-being as well as self-esteem. With simulated data Seidman et al. (2006) showed that the first two scenarios are very unlikely to cause the negative effects of received support found in the literature. Therefore, received support more likely evokes negative consequences by pointing to deficits or overprotection which may be especially true, when it exceeds the needs of the recipient.

Moreover, empirical evidence suggests that receiving support is not always detrimental: First, an exchange of support (i.e.,

\* Corresponding author. German Centre of Gerontology, Manfred-von-Richthofen-Str. 2, 12101 Berlin, Germany. Tel.: +49 30 26074034; fax: +49 30 7854350.

E-mail address: [julia.wolff@dza.de](mailto:julia.wolff@dza.de) (J.K. Wolff).

reciprocity in social relationships) was shown to be beneficial for well-being and health, while especially receiving more than giving was associated with less positive outcomes (e.g., Gleason, Iida, Bolger, & Shrout, 2003; Jung, 1997; Väänänen, Buunk, Kivimäki, Pentti, & Vahtera, 2005). Second, receiving support from a partner seems beneficial in daily relationships, but only if the support is not noticed by the recipient (Bolger & Amarel, 2007; Bolger, Zuckerman, & Kessler, 2000; Gleason, Bolger, Iida, & Shrout, 2008; Maisel & Gable, 2009; Shrout, Herman, & Bolger, 2006).

What has received little attention so far is the importance of a match of needed and received support—in particular, whether received support was actually needed by the recipient in daily life, and this aspect may be crucial to evaluate effects of received support (Cutrona, 1990). The kind and amount of support received should match the individual needs caused by stressful situations (matching hypothesis).

First empirical findings are mainly in accordance with these notions: Over a course of five years, marriage satisfaction was more likely to decline when there was an over- or under-provision of support by the partner (Brock & Lawrence, 2009). Likewise, receiving less support than requested was related to poorer mental and physical health in a Japanese student sample (Jou & Fukada, 2002). Conversely, unwanted but received support (including mismatches in kind and amount of support) was associated with poor psychosocial adjustment in women recovering from breast cancer (Reynolds & Perrin, 2004). In the same vein, a German sample of younger, middle-aged, and older adults rated the occurrence of unwanted support as unpleasant (Smith & Goodnow, 1999). To our knowledge, only one study did not find negative effects of an oversupply of support on negative affect and perceived stress in a German sample of students (Siewert, Antoniw, Kubiak, & Weber, 2011). Taken together, both undersupply and oversupply of support may be related to worse health and well-being outcomes.

These effects of a balance of received and needed support are related to and should be discriminated from other concepts of support. While reciprocity is a balance of giving and taking between individuals, the balance of needs and receipts is an evaluation within one individual. Moreover, needing support may be, but is not necessarily, equivalent with seeking support, as a person in need may not become active. Similarly, the provision of support is not verified by the partner who may (or may not) agree that s/he has actually provided it. This means that the balance of received and needed support is a personal evaluation of needs and receipts. It does not include evaluations of the interactive partner (e.g., his or her responsiveness to needs of support; cf. Maisel & Gable, 2009).

The question of the association between a balance of support and well-being can be approached from two levels: first, as already done in previous work, one can look at between-person relationships, asking questions like: Do persons who in general receive too much or too little support, report lower levels of well-being or a worse health status? Another approach is the within-person perspective asking questions like: Is an over- or undersupply of support on a particular day related to worse well-being or more health complaints on that same day in comparison to days where supply and needs are balanced? Although the congruence between needed and received support may be especially salient at the within-person level, this has not been studied explicitly yet. For example, coping with newly occurring stressors may induce an immediate need for support requiring assistance on the same day. The kind and amount of support received should match the individual needs to cope adequately with the situation. An undersupply of support could indicate unsuccessful coping or ineffective asking for support. Moreover, it may function as a stressor in itself, or it may amplify the negative effect of the source of needed support. Hence, individuals with too little support may report lower physical

or emotional well-being. An oversupply of support can also function as a stressor. It can signal unwanted support that the receiver potentially feels obliged to acknowledge, even though it was not helpful. Over and above, an attribution of support need (i.e., over-protection) may give rise to health concerns. That is, support oversupply may encourage the support receiver to dwell on negative feelings and complaints, and hence lower his or her physical and emotional well-being. In summary, those individuals who get as much support as they need on a given day should feel balanced and socially well embedded on that day.

As a consequence of these considerations, we introduce a balance score of received and needed support on a daily basis, that is, a score representing optimal support that is tailored to current needs. We predict that this score shows a quadratic relationship to health and well-being outcomes. As illustrated in Fig. 1, both the oversupply and the undersupply of support may be associated with lower health status or well-being on a given day.

#### Adult age differences

As stressors and developmental tasks change across the lifespan, the association between support and well-being is likely to differ between age groups. Even though some studies investigated the relationship between received support and health in older adults (e.g., Krause, 1997; Reinhardt et al., 2006), only one study investigated age differences in effects of unasked-for support. This study revealed that situations with unasked-for support were reported less frequently by older as compared to younger and middle-aged adults (Smith & Goodnow, 1999). However, the questions were asked retrospectively, and the authors did not assess the difference between needed and received support directly in their daily lives.

More generally, social support may play a crucial role in older adulthood because old age is characterized by losses in several domains such as health and cognitive functioning (Baltes, 1987). Referring to the support-efficacy model (Antonucci & Jackson, 1987), available support should increase a sense of self-efficacy and thereby enhance well-being, a suggestion that was empirically supported in older adults (self-efficacy beliefs were positively associated with the availability of social relationships; Lang, Featherman, and Nesselroade, 1997). However, as noted earlier, received support is a different matter. On the one hand, received support could help individuals in maintaining relatively high levels

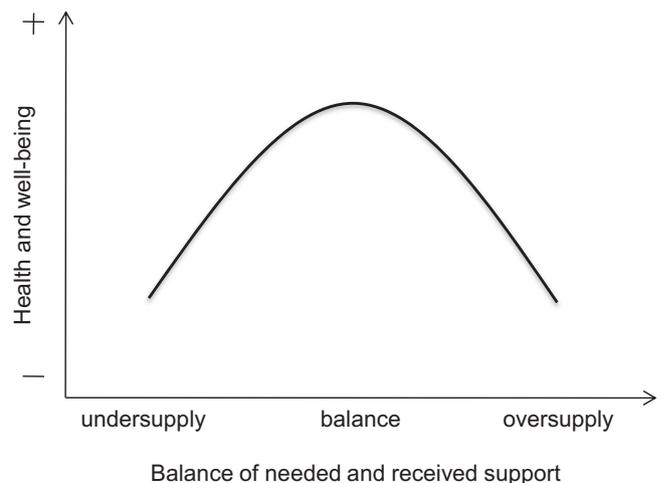


Fig. 1. Illustration of the proposed relationship between balance support and health or well-being.

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات