

## Social Support of Elderly Caregivers

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### Abstract

In this article, the author reviews the concept “social support” from western and eastern perspective, and the concept of adult child caregiver, finally analysize several cases from social support perspective.

**Keywords:** Caregiver burden, Elderly caregivers

A wide variety of researchers including anthropologists, physicians, psychologists, and sociologists express interests to study social support and the focus of their studies varies widely. The unit of analysis might be individual, family, community or society. Furthermore, social support has been defined in a variety of ways, but none is unified (Chappell, 1985; Chak, 1996). Yuen-Tsang (1997) summarized the concept of social support and distinguished it into five aspects: functional, structural, subjective, interactional, and the synthetic definition. Several researchers (Oxman & Hull, 1997; Chen & Silverstein, 2000) regarded social support as consisting of structural, functional, and appraisal support, although there are many ways to operationalize this construct: the structural dimension of social support is the composition of the social network and the availability of people to help the individual; the functional dimension represents the amount of instrumental, emotional, and financial backing, the appraisal dimension denotes subjective evaluation of the extent of satisfaction with the support.

Tardy (1985) identified five distinct factors in defining the concept at the operational level including: firstly, direction that means social support can be either given to other people or it can be received; secondly, disposition, that means differentiation between perceived support and received support; thirdly, description/evaluation that means a focus on the characteristics of supportive behaviors. The evaluation of social support concerns people's subjective appraisal of what they have received; fourthly, content, that means different theorists have proposed different categorizations of the content; and fifthly, network. According to Krause (2001), social support is best defined as a measure of “social embeddedness (e.g., indicators assessing the frequency of contact with others), received support (e.g., measures of the amount of tangible help actually provided by social network members), and perceived support (subjective evaluations of supportive exchanges)”(Krause,2001, p.273).

Social support is widely regarded as a valuable resource comprising tangible and intangible forms of assistance that individuals receive from family and friends. Studies of types of social support (House & Kahn, 1985; Cutrona & Russell, 1990; Wellman & Wortley, 1990) suggested one or more of the following forms: informational support, tangible assistance, emotional support, esteem support and social integration. Informational support refers to the guidance and advice received from others which help the family caregiver to understand and manage stressful situations. Tangible assistance is the instrumental behaviors and goods which directly subsidize the primary caregiver's caregiving responsibilities. The emotional support that caregivers receive refers to the behaviors of others that promote the primary caregiver's feelings of comfort, ease, and security. Some researchers (Streeter & Franklin, 1992; Bass & Noelker, 1997) distinguished between informal and formal social support. The former consists of the caregivers' relationships with family members, relatives, friends, neighbors and other associations who interact with the caregivers (Unger & Powell, 1980). Formal social support includes respite services like day-care center, day hospital, old-age center and residential services (Kane & Penrod, 1995).

Family support is composed of emotional support and instrumental support. Thompson et. al., (1993) said family support is the key point of decrease all kinds of negative outcomes. Most people acquire major portion of social support from their family, especially in the aspects of material and care of activities of daily living (Hermalin et.al., 1993). Social support is the attachments among individuals that provide a sense of being assisted and supported by others (Turner, 1981) and is regarded as one of the moderating factors which can potentially reduce caregiver burden and depression. It is essential for maintaining mental health, particularly in chronic stressors. Some studies (Horowitz, 1985; George & Gwyther, 1986; Barber, 1989) found that social support from family, friends, and institutions reduce the negative outcomes of caring. Furthermore, the specific type of support experienced in self-help or mutual help groups has been reported to provide to caregivers (Lazarus, Stafford, Cooper, Cohler, & Dysken, 1981). Others point out that social support can prevent stress, increase problem solving abilities, improve healthy actions, and increase wellbeing (Wright, Clipp, & George, 1993; Bass, Noelker, & Rechlin, 1996). Several researchers found that social support can reduce caregiver burden, but Lawton, Brody and Saperstein (1991) found

that social support has not obvious impacts on caregiver burden. Some studies (Zarit, Reever, & Bach-Peterson, 1980; George & Gwyther, 1986) showed that informal social support is related to reduction in the negative outcomes of caring, and if without informal social support, the negative outcomes of caring increase (Vitalinano, Russo, Young, Teri, & Maiuro, 1991). Other studies (Scharlach & Frezel, 1986; Whillach, Zarit, & Eye, 1991; Frakin & Heath, 1992) found formal social support, such as home help services, respite care, adult daily care, family counseling or psychotherapy, and caregiver support groups, can also reduce caregiver burden.

Although there are some positive aspects to caring for frail elderly people, most researchers focus on the negative outcomes and have developed *burden-coping* models to explore how to adjust burden of caregivers. Bass and Noelker (1997) developed *social support* models for caregivers. Social support has been found to be beneficial to caregivers, as those who have access to the support of others have a lower level of depressive symptoms than those without social support. Specifically, caregivers who have more frequent contact with family and friends tend to have higher psychological wellbeing (Fengler & Goodrich, 1979) and lower levels of burden (Zarit, Reeves, & Bach-Peterson, 1980) than caregivers with less frequent contact with their social support network. Research in past decades began to validate the importance of social support for individual wellbeing (Caplan, 1974) by demonstrating the role that support networks play in “buffering” individuals from the harmful effects of stress (Cohen & Syme, 1985). In order to elaborate the buffering hypotheses, Cohen and Mckay (1984) proposed a stressor-support specificity model based on the assumption that various stressors pose various coping requirements.

Studies of caregiver burden and well-being have shown that social support is important to their well-being. Evidence suggested that caring for a frail elderly is an arduous task what may cause financial difficulties, emotional strain, or physical health problem (Brody, 1981; Cantor, 1983; Zarit et al., 1986), but the burden are less severe for those having a strong social support network (Zarit, Reever, and Bach-Perterson, 1980). Informal support networks alleviate negative aspects of caregiving as emotional distress, health concerns, and economic strain (Clip & George, 1990).

The author uses two categories of social support in the current study: perceived and received social support. Tardy (1985) viewed social support as either perceived social support that the focus is on the recipient's subjective appraisal of the acts performed by others that are either helpful or intended to be helpful, or received social support that others intend to assist a particular person. Kahn and Antonucci (1980) defined perceived social support as the perception of the individual of the amount and quality of support received from his/her social network. Hermalin et al. (1993) defined received social support as objective quantification of the help and aid people receive from their social network. Antonucci (1990) demonstrated perceived social support has stronger predicting power for the effects of social support on adaptation than the measure of received social support, but Hermalin (1993) claimed the measure of received social support provides good information for assessment of policy implications. Theorists (Dunkel-Schetter & Bennett, 1990; Thoits, 1995) have argued that perceived social support is conceptually distinct from received social support. Perceived social support generally represents moderately stable cognitive appraisals that support from others will be available when needed or that connections to others are secure (Sarason et.al., 1990). In contrast to perceived social support, received social support generally refers to actual administered aid or the behavior of engaging in positive interpersonal social exchanges (Dunkel-Schetter & Bennett, 1990). Research investigating both perceived and received social support in relation to well-being has generally followed the stress-buffering model (Cohen & Wills, 1985). The stress-buffering model posits that social support benefits wellbeing by protecting individuals from the detrimental effects of stress.

### **Family Support**

Subjects experienced a lot of difficulties in caring for elderly parents. In order to lessen the burden, they would seek social support to mitigate the difficulties and negative feelings.

*My husband is a very filial person. Not only is he filial to his parents but also to my parents. He always brings food and clothes to my mother. Everyone in our community says that he is very filial. (F1)*

*When I am unhappy for my mother's misunderstanding, I will talk with my husband. My husband will comfort me that I should understand my aged mother, although she sometimes misunderstands me. (F2)*

*My daughter comes often. She will wash clothes and cook for my aged mother. (F2)*

### **Extra Family Support**

Adult child caregivers would ask for support from friends, neighbors, or other community members as a source of extra-familial support. This provided subjects with some comfort to lessen the burden. For most subjects, the family played a major role. Extra-familial support only served as a supplement to it. Subjects would turn outside the family if they could not receive available support from within it.

*Sometimes, I will talk with some good friends and colleagues. My colleagues say it is not easy to care for my aged mother, although my physical conditions are not good. After talking with them, I feel better. (F3)*

From her words, it is obvious that this subject did not receive enough support from family members, and so then turned to her friends and colleagues.

## References

- Antonucci, T. C. (1990). Social Supports and Social Relationships. In Binstock, R. H. & George, K. (Eds.), *Handbook of Aging and the Social Sciences* (pp. 205-226). Academic Press, Inc.
- Barber, C. E. (1989). Burden and Family Care of the Elderly. In Bahr, S. J. & Peterson, E. T. (Eds.), *Aging and the Family* (pp. 243-259). Lexington, MA: Lexington Books.
- Bass, D. M., Noelker, L. S., & Rechlin, L. R. (1996). The Moderating Influence of Service Use on Negative Caregiving Consequences. *Journal of Gerontology, Social Sciences*, 51B, S121-S131.
- Bass, D. M., & Noelker, L. S. (1997). Family Caregiving: A Focus for Aging Research and Intervention. In Kenneth, F.F. (Eds.). *Gerontology: Perspectives and Issues*. (2<sup>nd</sup>. Ed.) (pp. 245-264). New York: Springer Publishing Company.
- Cantor, M. H. (1983). Strain Among Caregivers: A Study of Experience in The United States. *The Gerontologist* 23 (6), 597-604.
- Caplan.G. (1974). Psychosocial Processes and Stress: Theoretical Formulation. *International Journal of Health Services*, 4, 471-482.
- Chappell, N. L. (1985). Social Support and the Receipt of Home Care Services. *Gerontologist*, 25, 47-99.
- Chak, A. (1996). Conceptualizing Social Support: A Micro or Macro Perspective? *Psychological*, 39, 74-83.
- Cohen, S., & Wills, T. (1985). Stress, Social Support, and the Buffering Hypothesis. *Psychological Bulletin*, 98, 310-357.
- Chen, X., & Silverstein, M. (2000). Intergenerational Social Support and the Psychological Well-being of Older Parents in China. *Research on Aging*, 22, 43-65.
- Cutrona, C.E., & Russell, D. (1990). Type of Social Support and Specific Stress: Toward A Theory of Optimal Matching. In Sarason, I.G., Sarason, B.R., & Pierce, G.R. (Eds.), *Social Support: An Interactional View*, 319-366. New York: Wiley. Cohen, S., & McKay, G. (1984). Social Support, Stress and the Buffering Hypothesis: A Theoretical Analysis. In Baum, A., Singer, J.E., & Taylor, S.E. (Eds.). *Handbook of Psychology and Health* (4). Hillsdale, NJ: Lawrence Erlbaum.
- Cohen, S., & Wills, T. (1985). Stress, Social Support, and the Buffering Hypothesis. *Psychological Bulletin*, 98, 310-357.
- Dunkel-Schetter, C., & Bennett, T.L. (1990). Defferentiating the Cognitive and Behavioral Aspects of Social Support. In Sarason, B.R., Sarason, I.G., & Pierce, G.R. (Eds.), *Social Support: An Interactional View*. New York: Wiley.
- Fengler, A.P., & Goodrich, N. (1979). Wives of Elderly Disabled Men: The Hidden Patients. *The Gerontologist*, 19, 175-183.
- George, L. K., & Gwyther, L. P. (1986). Caregiver Well-being: A Multidimensional Examination of Family Caregivers of Demented Adults. *The Gerontologist*, 26, 253-259.
- House, J.S., & Kahn, R.L. (1985). *Measures and Concepts of Social Support*. In S. Cohen & S. L. Syme (Eds.). *Social Support & Health*. (pp. 83-108). New York: Academic Press.
- Hermalin, A.I., Chang, M.C., Lin, H.S., Lee, M.L., & Ofstedal, M.B. (1993). *Patterns of Support Among the Elderly in Taiwan and Their Policy Implication*. In M. F. Li (Ed.), *Health and Living Status of the Elderly in Taiwan*. 6-1 to 6-14. Taiwan Provincial Institute of Family Planning.
- Horwitz, A.V. (1985). Sons and Daughters as Caregivers to Older Parents: Differences in Role Performance and Consequences. *The Gerontologist*, 25, 612-617.
- Krause, N. (2001). Social Support. In Binstok, R.H. & George, L.K. (Eds.). *Handbook of Aging and the Social Sciences*, 272-294. San Diego, CA: Academic Press.
- Kane, R.A., & Penrod, J.D. (1995). In Search of Family Caregiving Policy: General Considerations. In Kane, R.A. & Penrod, J.D. (Eds.) *Family Caregiving In An Aging Society: Policy Perspectives*, 1-14, California: Sage.

- Oxman, T. E. & Hull, J.G. (1997). Social Support, Depression and Activities of Daily Living in Older Heart Surgery Patients. *Journal of Gerontology: Psychological Sciences*, 52B, 1-14.
- Streeter, C. L., & Franklin, C. (1992). Defining and Measuring Social Support: Guidelines for Social Work Practitioners. *Research on Social Work practice*, 2(1), 81-98.
- Tardy, C.H. (1985). Social Support Measurement, *American Journal of Community Psychology*, ,13(2),187-203.
- Thompson, E. H., Futterman, A. M., Gallagher-Thompson, D., Rose, J. M., & Lovett, S. B. (1993). Social Support and Caregiver Burden in Family Caregivers of Frail Elders. *Journal of Gerontology: Social Sciences*, 48 (5), S245-S254.
- Turner, R.J. (1981). Social Support as A Contingency in Psychological Well-being. *Journal of Health and Social Behavior*, 22: 357-367.
- Thoits, P.A.(1995). Stress, Coping, and Social Support Processes: Where Are We/ What Next? *Journal of Health and Social Behavior*, 36, 53-79.
- Lazarus, L.W., Stafford, B., Cooper, K., Cohler, B., & Dysken, M. A. (1981). A Pilot Study of An Alzheimer Patients' Relatives Discussion Group. *Gerontologist*, 21, 353-358.
- Lawton, M. P., Brody, E. M., & Saperstein, A. R. (1991). *Respite for Caregivers of Alzheimer Patients: Research and Practice*. New York: Springer and Publishing.
- Lawton, M. P., Brody, E. M., & Saperstein, A. R. (1991). *Respite for Caregivers of Alzheimer Patients: Research and Practice*. New York: Springer and Publishing.
- Unger, D.G., & Powell, D.R. (1980). Supporting Families under Stress: The Role of Social Networks. *Family Relations*, 29 (4), 566-574.
- Wellman, B., & Wortley, S. (1990). Different Strokes from Different Folks: Community Ties and Social Support. *American Journal of Sociology*, 96, 558-588.
- Wright, L. K., Clipp, E. C., & George, L. (1993). Consequences of Caregiver Stress. *Medicine, Exercise, Nutrition and Health*, 2, 181-195.
- Yuen-Tsang, A. W. K. (1997). *Towards A Chinese Conception of Social Support*. Hants: Ashgate Publishing Ltd.
- Zarit, S.H., Reever, K.E., & Bach-Petersen, J. (1980). Relatives of the Impaired Elderly: Correlates of Feelings of Burden. *The Gerontologist*, 20, 649-654.
- Zarit, S. H., Todd, P. A., & Zarit, J. M. (1986). Subjective Burden of Husbands and Wives as Caregivers: A Longitudinal Study. *The Gerontologist*, 26 (3), 260-266.