

# Providing emotional support to others, self-esteem, and self-rated health



Neal Krause

Department of Health Behavior and Health Education, School of Public Health, University of Michigan, 1420 Washington Heights, Ann Arbor, MI 48109-2029, United States

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## ABSTRACT

The purpose of this study is to assess the effects of helping others on self-rated health in middle and late life. Data are from a nationwide sample of middle-aged and older adults ( $N = 1154$ ). The findings indicate that women and Blacks are more likely than men or Whites to help others. Moreover, the results suggest that people who attend church more often are especially likely to help others. The data further reveal that people who help others are more likely to have a greater sense of self-worth and people with more self-esteem, in turn, tend to rate their health in a more favorable way. The findings help clarify issues in the assessment of helping others in middle and late life.

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## 1. Introduction

Findings from a vast body of research suggest that strong social support systems are associated with better physical and mental health (Chen & Feeley, 2014; Hill, Weston, & Jackson, 2014; Pantell, Rehkopf, Jutte, Sume, Balmes, & Adler, 2013). As this literature began to evolve researchers quickly realized that in addition to receiving support from social network members, people provide support to their significant others, as well (Krause, Herzog, & Baker, 1992). This distinction is important because mounting evidence suggests that providing social support to others may be more beneficial than receiving it. Compelling evidence of the benefits that are associated helping others may be found in two studies (Brown, Nesse, Vinokus, & Smith, 2003; Krause, 2006). Both studies simultaneously evaluated the effects of giving and receiving support on mortality. The findings reveal that providing support to others is associated with a lower mortality risk but receiving support fails to exert a significant effect on longevity. Further evidence of the benefits that arise from helping others may be found in the rapidly growing literature on altruism (e.g., Post, 2007).

Although findings from the literature on providing support to others are encouraging, researchers still know relatively little about the factors that foster helping behaviors as well as the ways in which helping others may influence health. The purpose of the current study is to address these gaps in the literature by evaluating three issues.

The first issue involves whether it is necessary to take the nature of the relationship between the support provider and the support recipient into account. More specifically, researchers need to know whether people exhibit a generalized tendency to help all individuals regardless of the nature of the relationship they share or whether people are primarily concerned with helping only those individuals whom they know well. Stated more broadly, this issue involves determining whether helping others is a general or domain-specific phenomenon.

Second, if people possess a more generalized tendency to help others then researchers need to know more about how this proclivity arises. As literature reviewed below will reveal, helping a wide range of significant others may arise from broad social influences.

Third, if providing support to others is associated with better health then the intervening variables that link the helping process with health outcomes needs to be identified and evaluated empirically. As the discussion that is provided below suggests, self-esteem may play an important role in this respect.

### 1.1. Generalized versus relationship-specific helping

A number of studies suggest that personality factors, such as greater extraversion, are associated with helping others more often (e.g., Gonzalez-Mule, DeGeest, McCormick, Seong, & Brown, 2014). If this is true, then there should be some consistency in the extent to which people help individuals in different life domains, including those whom they know well as well as strangers. However, factors other than personality traits may explain more generalized helping behaviors. For example, cultural factors may

E-mail address: [nkrause@umich.edu](mailto:nkrause@umich.edu) (N. Krause).

also come into play. Evidence of this may be found in the widely-cited distinction between individualistic and collectivist cultures (Triandis, 1995). According to this view, people in individualistic cultures see themselves as relatively independent from the groups to which they belong, they are motivated primarily by their own preferences and needs, and they consider personal goals to be more important than group goals. In contrast, individuals in collectivist cultures view feel more tightly bound to the groups in which they are members, they are motivated by the social norms and duties of their culture, and they value their connectedness to others. This distinction is important because it helps show why generalized helping behaviors should be more likely to arise in collectivist than individualistic cultures.

An alternative perspective suggests that people are more inclined to help only those individuals whom they know well and feel close to. The basic tenets of social exchange theory would be consistent with this view (Homans, 1974). According to this perspective an actor provides support to another individual in order to repay the other for assistance that he or she has given the actor in the past. In order to be involved in this kind of give and take situation, a person typically must have entered into a reasonably close relationship with the other. But once again, alternative explanations arise. For example, evolutionary psychologists argue that people are willing to help others, but only if the other is part of their in-group (Haidt, 2012). Helping in-group members is valued more highly because it helps insure survival of the group in the ongoing competition with other groups for resources. If this is true, then a focal person should be more likely to provide support to some individuals (i.e., in-group members) but not others (e.g., strangers).

A key issue that arises at this juncture has to do with finding a way to distinguish between the two scenarios that are discussed above. The strategy that is followed in the current study involves addressing the following fundamental question: Are people more inclined to help all individuals or only some individuals regardless of the factors that may be driving their choices? Consistent with this more fundamental approach, the analyses that are provided below are designed to assess the amount of help study participants provide in three life domains, thereby making it possible to identify the extent to which support is consistently provided across them.

This issue is evaluated with the second-order factor model that is depicted in Fig. 1.

The second-order factor model in Fig. 1 consists of two levels. The first level factors (i.e., the lower-order factors) assess support that is provided in three specific life domains: (1) emotional assistance that is given to family members and friends, (2) emotional support that is given to strangers, and (3) emotional help that is provided to fellow church members. If people are inclined to help all individuals regardless of the domain in question then the three domains should be correlated significantly. Moreover, as shown in Fig. 1, these high correlations can be attributed to the influence of a higher-order unmeasured construct, which may reflect factors like personality traits or cultural proclivities. In contrast, if providing support to others depends upon the domain in question then the correlations among the three domains will be relatively low and the relationships between the first-order domains and the higher-order factor will be weak.

The discussion in this section leads to the following study hypothesis

**H1.** A second-order factor model will more adequately depict the relationship between helpings others and health than estimating the effects of each dimension of support individually.

## 1.2. Explaining consistency in social support across domains

There is another advantage to approaching the help-giving process with the model that is shown in Fig. 1. If support is provided across all three domains, then it is possible to explore the factors that are responsible for this broad-based practice of helping others. Three potentially important explanatory factors are examined in this respect: Sex, race, and religious involvement. Research consistently reveals that women give and receive more social support than their male counterparts (e.g., Anotonucci & Akiyama, 1987). Although there is some controversy over how these sex differences arise (Neff & Karney, 2005), most researchers attribute them to the differential emphasis that is placed on learning interpersonal skills during the socialization process (MacGeorge, Gillihan, Samter, & Clark, 2003). Regardless of the

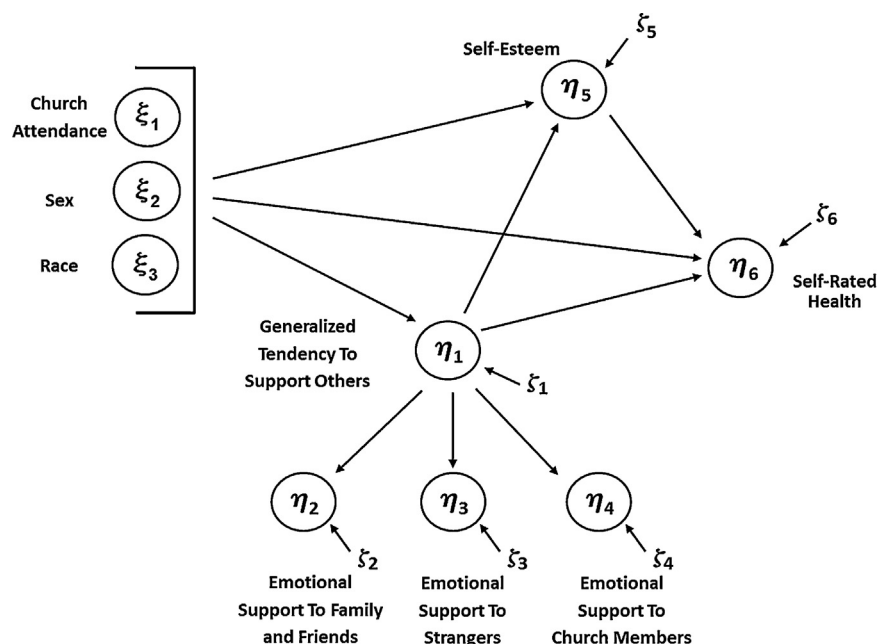


Fig. 1. A conceptual model of the relationship between helping others, self-esteem and self-rated health.

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