Anticipated Support, Received Support, and Economic Stress Among Older Adults

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This study examined the interface between anticipated support, received support, recent economic stressors, and depressive symptoms in later life. A theoretical perspective was developed suggesting that received support exacerbates the effects of financial stress on depressive symptoms. However, this conceptual framework further specified that the noxious effects of economic stress are buffered or offset by anticipated support. Data from a nationwide survey of elderly people provided empirical support for both hypotheses.

One of the most fundamental tenets in stress research states that assistance provided by social network members helps older adults deal more effectively with the problems that confront them. Although this basic principle makes sense, empirical research designed to test it has produced conflicting results. While some investigators report that help from others offsets the deleterious impact of stress (e.g., Krause, 1986), other researchers fail to find significant effects (e.g., Lin, Simeone, Ensel, & Kuo, 1979). Perhaps more important, a small cluster of studies suggests that getting assistance from others may actually exacerbate, rather than offset, the noxious effects of stress (Barrera, 1981; Cohen & Hoberman, 1983; LaRocco & Jones, 1978; Pearlin & Schooler, 1978). A number of explanations have been offered for these counterintuitive findings. For example, some investigators point to problems in stress measurement (Monroe & Steiner, 1989). Others argue that researchers may be using improper statistical models to test for stress-buffering effects (Krause, 1995a). Although these criticisms are valid, the purpose of the present study was to pursue an explanation that has not received sufficient attention in gerontological research. More specifically, investigators may be unable to consistently observe stress-buffering effects because they are not working with measures that tap the most salient aspects of the social support process.

Most researchers who test for the stress-buffering functions of supportive social ties rely on measures of either received support (e.g., the amount of tangible support actually provided by others) or perceived support (subjective evaluations of support exchanges, such as satisfaction with support). As this literature continues to evolve, it is becoming increasingly clear that measures of perceived support exert more beneficial effects on psychological distress than scales that assess received support (Eckenrode & Wethington, 1990). However, the perceived support domain is complex, and there are a number of ways to gauge how elders subjectively evaluate their relations with others. One frequently overlooked dimension of perceived support is the focal point of the present study — anticipated support. Anticipated support is defined as the belief that significant others are willing to provide assistance in the future should the need arise (Wethington & Kessler, 1986). While this is not the first study to evaluate the effects of anticipated support in later life (e.g., Stolar, Macentee, & Hill, 1993), the theoretical rationale that spells out how anticipated support might offset the effects of stress is not well developed. Moreover, there are virtually no studies that explicitly contrast the stress-buffering functions of received support and anticipated support with samples consisting of older adults. The goal of this study was to take a modest first step toward addressing these limitations. The discussion that follows is divided into three main sections. The theoretical underpinnings of the study are developed first. Following this, the study sample and measures are described. The data analytic strategy is presented at this juncture as well. Finally, the study findings are reviewed and discussed.

Anticipated Support and the Stress Process

The theoretical rationale for this study begins with a brief discussion of two key issues involving stress measurement. Then, an explanation is provided for why received support may exacerbate the deleterious effects of stress, whereas anticipated support may be beneficial in this context.

Issues in Stress Measurement

Before turning to a discussion of the role played by social support in the stress process, it is important to first think carefully about stress measurement. This issue is important because the nature of the stressor that confronts an elder may determine whether assistance is sought, as well as the kind of help he or she is likely to get (Krause & Borawska-Clark, 1994). Life events are typically evaluated in checklist form. This means that respondents are asked if they have encountered a diverse array of stressors ranging from the death of a spouse to getting a traffic ticket. Information obtained with these checklists is then used to create a single summary score that is thought to capture the total amount of stress experienced by an individual during a specified time period (e.g., 1 year). There are two problems with this approach. First, researchers using this strategy as-
Anticipated Support and Economic Stress

sume that all events play a significant role in the genesis of psychological distress. However, as Kessler, McLeod, and Wethington (1985) argued over a decade ago, this is unlikely to be the case. When the global checklist approach is used, it is not possible to tell whether all events are capable of creating distress, or whether a subset of events, or even a particular stressor, are primarily responsible for changes in psychological well-being. Common sense would suggest that the death of a spouse is more likely to be a factor in this respect than getting a traffic ticket. The second problem with the global approach to stress measurement is that it tends to confound stress with informal social support. As Wheaton (1994) observed recently, interpersonal difficulties are among the most frequently observed stressors. Moreover, older adults are also especially likely to experience the death of a loved one (Murrell, Norris, & Grote, 1988). In either case, these events signal an erosion or loss of potentially supportive informal relationships. As Thoits (1983) points out, including this type of event in studies that focus on the stress-buffering function of social support confounds assistance from others with stress. What is needed is a stressor that is capable of creating psychological distress, but at the same time is not confounded with informal social support.

In an effort to confront the problems identified above, the analyses in the present study focus on one specific type of life event — economic stressors that have arisen in the past year. There are three reasons why this is a good choice. First, research consistently shows that economic problems are encountered frequently in later life (Holden, Burkhauser, & Myers, 1986) and that they exert a noxious effect on psychological well-being (Arling, 1987; George, 1992; Krause, 1995a). Second, measures of economic problems are not confounded with measures of informal social support. Finally, focusing on this particular life event makes it easier to explain why received support may heighten the undesirable effects of stress.

The Downside of Received Support

To see why received support may exacerbate the deleterious impact of stress, it is helpful to consider first what individuals may do when they encounter a life event. Although the selection of a particular coping response is undoubtedly shaped by many factors (Aldwin, 1994), research reviewed by Eckenrode and Wethington (1990) suggests that instead of immediately turning to others for help, at least some people may initially try to resolve difficulties on their own. After this, they might ask for assistance, but only if their own personal resources prove to be ineffective (Gore, 1979; Wethington & Kessler, 1986). Viewed from this vantage point, some researchers argue that received support actually serves as a marker of failed or ineffective individual coping efforts (Wethington & Kessler, 1986). If older adults are unable to resolve economic problems on their own, it may initially appear that obtaining assistance from others would be especially useful. Unfortunately, elders who face economic problems may find that their social network members are not in a good position to help out. As Coyne and his associates argue, stressors frequently affect not only individuals, but entire social networks as well (Coyne, Wortman, & Lehman, 1988). This may be especially true with respect to financial problems. Social networks are composed largely of individuals with the same socioeconomic status (Lin, 1982). Consequently, when older adults encounter economic problems and turn to significant others for help, the very individuals they hope to rely on may be experiencing financial difficulties of their own (Belé, 1982). This may, in turn, create interpersonal conflict. More specifically, as La Gaipa (1990) points out, significant others may feel their own security is threatened by the economic needs of the focal elder and that, as a result, they may feel ambivalent and even hostile about the exchange of goods and resources. The theoretical link involving negative interaction is important because there is a growing body of research suggesting that unpleasant interaction tends to promote psychological distress in later life (Krause & Liang, 1993; Pagel, Erdly, & Becker, 1987; Rook, 1990, 1992).

The Benefits of Anticipated Support

If support provided in response to economic difficulty proves to be ineffective, then it is not clear how some elders are able to cope effectively, while others subsequently experience psychological distress. Perhaps part of the answer may be found by focusing on anticipated support. There are three reasons why anticipated support may perform an important function in this respect. The first has to do with the promotion of individual coping efforts, the second involves the enhancement of smooth network functioning, and the third is concerned with the maintenance of hope.

As Wethington and Kessler (1986) point out, the realization that others stand ready to help constitutes a social safety net that promotes risk taking and encourages individuals to resolve problems on their own (see also Pierce, Sarason, & Sarason, 1996). The experience of successfully confronting a stressor without the direct intervention of others may be an especially effective way to promote well-being, because self-directed action enhances feelings of self-worth and personal control (Rodin, 1990).

In addition to this more overt function, anticipated support may benefit support providers as well as elderly support recipients in ways that are less evident. Social relations are fragile phenomena that can easily go awry (Rook, 1984). For example, Eckenrode and Wethington (1990) point out that support providers may feel overburdened and put upon when faced with repeated requests for assistance. In fact, there is some evidence that too much assistance may not be beneficial for, or even preferred by, older adults. More specifically, research reviewed by Lee (1985) reveals that older adults value independence highly, and they prefer to take care of things on their own instead of relying on others. This predilection for autonomy appears to be part of a wider historical trend toward an increasing preference for independence in successive cohorts (Hareven, 1994). By encouraging elders to take care of their needs on their own, anticipated support may reduce feelings of burden among support providers and enhance feelings of independence on the part of potential support recipients. Averting network conflict in this manner may, in turn, enhance feelings of psychological well-being in later life.

Finally, the belief that others are ready to assist may foster the perception that even though economic problems are present, there is a chance they may ultimately subside. Stated
simply, the social safety net afforded by anticipated support may promote hope for the future. There is some evidence that individuals can endure tremendous adversity as long as they have hope, and believe that things will eventually turn around (Nunn, 1996). The loss of hope is a critical factor, because it plays a central role in a number of theories that explain the genesis of depressive disorders (Nunn, 1996).

Before turning to the mechanics of this study, it is important to address one final conceptual issue. According to the theoretical rationale that has been developed up to this point, receiving assistance in response to financial problems may promote network burden and conflict. But if these negative consequences arise, it is not clear why elders would, nevertheless, believe that significant others are still willing to help in the future. Perhaps part of the reason lies in the fact that social relationships are complex multidimensional phenomena that simultaneously contain negative as well as positive elements (Rook, 1984). This may be especially true of family ties, which are frequently the source of help in later life, especially with respect to economic matters (Litwak & Szelenyi, 1969). Family members are better able to withstand conflict and burden than friends because family relations are involuntary in nature. Consequently, even though providing assistance may prove to be difficult at times, the sense of duty that forms the basis of these ties serves to convey a sense of continuity and commitment. By assessing the differential impact of both received and anticipated support in a multivariate framework, we take a preliminary step toward disentangling these concomitant features of informal social relations in later life.

Taken as a whole, the theoretical rationale developed in this section leads to the following hypotheses: (1) Anticipated support will buffer the noxious effects of economic stressful events on depressive symptoms, and (2) received support will exacerbate the impact of financial problems on psychological distress.

METHODS

Sample

The population for this study consisted of all household residents who were noninstitutionalized, English-speaking, 65 years of age or older, and retired (i.e., not working for pay). Geographically, this study population was restricted to all eligible persons residing in the contiguous United States (i.e., residents of Alaska and Hawaii were excluded).

The sampling frame consisted of all eligible individuals contained in the Health Care Finance Administration (HCFA) Medicare Beneficiary Eligibility List. This list contains the name, address, sex, age, and race of virtually every older adult in the United States. It should be emphasized that elderly people are included in this list even if they are not currently receiving Social Security benefits. Even so, two groups of older adults are not covered by this data base: elderly people who do not have a Social Security number (this may result from factors such as illegal immigration) as well as older adults who are 100 years of age or older (HCFA does not release the names of these individuals).

A three-stage process was used to draw the sample for this study. First, 5% of the names in the master file maintained by HCFA were selected with a simple random sampling procedure. Next, 110 counties across the contiguous United States were identified as primary sampling units (PSUs). These PSUs were selected with probability proportionate to the number of residents who were retired and at least 65 years of age. Following this, 10 eligible persons were selected at random from each PSU. Some counties (e.g., Dade County, Florida) were oversampled because they contain a disproportionately large number of eligible older adults.

The interviews were conducted by Louis Harris and Associates. Interviewing began in October 1992 and concluded in February 1993. A total of 1,103 interviews were completed successfully. The response rate for this study is 69.1%. The average interview lasted 68.3 minutes ($SD = 18.4$ minutes). After taking item nonresponse into account with listwise deletion of cases containing missing data, complete information was available for 947 study participants. Approximately 41% of these individuals were men. The average age of the respondents in this sample was 74.0 years ($SD = 6.8$ years) at the time of the survey. These study participants reported that they had completed an average of 11.2 years of schooling ($SD = 3.4$ years). About 58% indicated they were married at the time of the interview. Finally, the descriptive data reviewed here, as well as the estimates provided below, have been weighted. More specifically, U.S. Bureau of the Census (1990) data were used to adjust the data to approximate the national distributions of the cross-classification by age, gender, race, marital status, education, region, and urbanicity.

Measures

Table 1 contains a list of the measures used in this study. The scoring procedures are presented in the footnotes of this table.

Anticipated support. — As shown in Table 1, anticipated support is measured with three items that were taken from the work of Liang (1990). These measures assess whether older adults feel that others would be willing to provide emotional, informational, and tangible support in the future should the need arise. A high score on these indicators denotes greater anticipated support. The internal consistency reliability estimate for this brief composite is .825.

Received support. — Support that has actually been received from significant others is measured with 11 items taken from the work of Krause and Markides (1990). As shown in Table 1, these indicators assess how often elders received emotional, tangible, and informational support from their social network members. Confirmatory factor analytic work with this scale suggests that it is appropriate to combine these items into a global composite reflecting overall received support (Krause, 1995b). A high score on this measure indicates that assistance was received from others more frequently. The reliability estimate for this composite is good (.844).

Economic stress. — Information on economic stress was taken from a larger 49-item stressful life event checklist developed by Krause (1994). The five specific stressors that cap-
Table 1. Study Measures

1. Anticipated Support
   A. If you were sick in bed, how much could you count on the people around you to help out?
   B. If you needed to talk about your problems and private feelings, how much would the people around you be willing to listen?
   C. If you needed to know where to go to get help with a problem, how much would the people around you be willing to help?

2. Received Support
   A. How often has someone been right there with you (physically) in a stressful situation?
   B. Comforted you by showing you physical affection?
   C. Listened to you talk about your private feelings?
   D. Expressed interest and concern in your well-being?
   E. Suggested some action you should take in order to deal with a problem you were having?
   F. Given you information that made a difficult situation easier to understand?
   G. Helped you understand why you didn’t do something well?
   H. Told you what they did in a stressful situation that was similar to one you were experiencing?
   I. Provided you with some transportation?
   J. Pitched in to help you do something that needed to get done, like household chores or yardwork?
   K. Helped you with shopping?

3. Economic Stressors in the Previous Year
   A. Had difficulty paying phone or utility bills.
   B. Suffered a major financial loss (20% or more of our income).
   C. Had a problem with social security or other retirement benefits.
   D. Failed to qualify for money to pay for medical expenses, food, or housing.
   E. Made a major purchase that you had difficulty paying for.
   F. (From open-ended probes) Any other economic event that is not listed above.

4. Depressed Affect
   A. I felt that I could not shake off the blues even with the help of my family and friends.
   B. I felt depressed.
   C. I felt sad.
   D. I had crying spells.

5. Somatic Symptoms
   A. I did not feel like eating; my appetite was poor.
   B. I felt that everything I did was an effort.
   C. I felt sad.
   D. I had crying spells.

*These items are scored in the following manner (coding in parentheses): a great deal (4); some (3); a little (2); not at all (1).
*These items are scored in the following manner: yes (1); no (0).
*These items are scored in the following manner: very often (4); fairly often (3); once in a while (2); never (1).
*These items are scored in the following manner: most or all of the time (4); occasionally or a moderate amount of the time (3); some or a little of the time (2); rarely or none of the time (1).

Depressive symptoms. — The outcome measure in this study was depressive symptoms. This construct was measured with eight items taken from the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977). The indicators in this brief index were identified through previous factor analytic work in studies of older adults (Kraue, 1986). Two dimensions or underlying factors are reflected in these items. The first, depressed affect, represents the cognitive aspects of depression. The four indicators used to measure this dimension assess how often elderly people feel sad, blue, or depressed, and how often they cry. The second factor, somatic symptoms, stands for the physiological manifestations of psychological distress, including difficulty sleeping and eating as well as the inability to "get going." These dimensions of depressive symptomology are treated as separate outcome measures because research indicates that they are related differentially to a range of independent variables, including social support (e.g., Kraue, Herzog, & Baker, 1992).

The items composing both depressive symptom measures are coded so a high score stands for greater psychological distress. The internal consistency reliability estimate for the depressed affect measure is .823, while the corresponding estimate for the somatic symptom composite is .720.

Demographic control measures. — The relationships among the constructs discussed above were evaluated after the effects of age, sex, marital status, and education were controlled statistically. Although the relationship between these demographic measures and depressive symptoms is of some interest substantively, these indica-
tors are included in the analyses primarily to control for the effects of population heterogeneity. Age is coded continuously in years, while sex (1 = men; 0 = women) and marital status (1 = married; 0 = otherwise) are treated as binary measures. Finally, education is scored in a continuous format reflecting the total number of years of schooling that were completed successfully by the study participants.

Data Analytic Issues

The main goal of this study was to see whether the impact of economic stress on depressive symptoms depends on the amount of anticipated support and received support that is available to study participants. Stated in more technical terms, these specifications call for tests of statistical interaction effects. Although there is some debate in the literature on how best to test for statistical interactions (Busemeyer & Jones, 1983), no attempt is made to resolve this issue here. Instead, interactions are evaluated with the ordinary least squares (OLS) multiple regression approach described by Aiken and West (1991). Cast within the context of the present study, this strategy involves the estimation of the following OLS equation:

\[ D = a + b_1ES + b_2RS + b_3AS + b_4(ES \times RS) + b_5(ES \times AS) + \Sigma Z. \]  

(1)

In Equation 1, D stands for the depressive symptom measures, ES represents economic stress, RS denotes received support, and AS is anticipated support. The two multiplicative or cross-product terms (ES × RS and ES × AS) are designed to capture the interaction between received support and economic stress as well as anticipated support and economic stress, respectively. Z is the control measure identified above, and the b_i and c are unstandardized regression coefficients. Finally, the intercept is denoted by "a." Following the recommendations of Aiken and West (1991), the independent variables in Equation 1 were converted to deviation score form (i.e., centered on their means) before the OLS regression analyses were performed.

Equation 1 is estimated in a hierarchical fashion. This means that the additive effects of economic stress (ES), received support (RS), anticipated support (AS), and the control variables are entered first. Following this, the multiplicative terms are added at step 2. If the coefficients associated with the cross-product terms are statistically significant (i.e., b_4 and b_5), then it is important to perform some additional calculations by hand to make sure that the observed interaction effects are consistent with the study hypotheses. This can be accomplished by using an additional formula provided by Aiken and West (1991; p. 12). In essence, this formula makes it possible to determine the relationship between economic stress and depressive symptoms at select values of anticipated and received support. Observed anticipated support scores range from 3 to 12. Although any value in this range could be selected for the purpose of these computations, the following equally spaced values are used in the analyses presented below: 3, 6, 9, and

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Depressed Affect (N = 947)</th>
<th>Somatic Symptoms (N = 953)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Additive Effects</td>
<td>Interactive Effects</td>
</tr>
<tr>
<td>Age</td>
<td>.020*</td>
<td>.026</td>
</tr>
<tr>
<td></td>
<td>(.007)*</td>
<td>(.009)</td>
</tr>
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<td>Sex</td>
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<td>-.002</td>
</tr>
<tr>
<td></td>
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<td>(-.008)</td>
</tr>
<tr>
<td>Education</td>
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<td>-.057</td>
</tr>
<tr>
<td></td>
<td>(-.038)</td>
<td>(-.038)</td>
</tr>
<tr>
<td>Percentage married</td>
<td>-.088*</td>
<td>-.085*</td>
</tr>
<tr>
<td></td>
<td>(-.402)</td>
<td>(-.390)</td>
</tr>
<tr>
<td>Economic stress</td>
<td>.175***</td>
<td>.138***</td>
</tr>
<tr>
<td></td>
<td>(.109)</td>
<td>(.859)</td>
</tr>
<tr>
<td>Anticipated support</td>
<td>-.132***</td>
<td>-.131***</td>
</tr>
<tr>
<td></td>
<td>(.134)</td>
<td>(.133)</td>
</tr>
<tr>
<td>Received support</td>
<td>.187***</td>
<td>.188***</td>
</tr>
<tr>
<td></td>
<td>(.160)</td>
<td>(.061)</td>
</tr>
<tr>
<td>Economic Stress × Anticipated Support</td>
<td>-</td>
<td>-.072*</td>
</tr>
<tr>
<td></td>
<td>(-.189)</td>
<td>(-.189)</td>
</tr>
<tr>
<td>Economic Stress × Received Support</td>
<td>-</td>
<td>.103***</td>
</tr>
<tr>
<td></td>
<td>(-.089)</td>
<td>(-.089)</td>
</tr>
</tbody>
</table>

*Standardized regression coefficient.
*Metric (unstandardized) regression coefficient.
*p < .05; **p < .01; ***p < .005.
12. Similarly, the received support scores range from 11 to 44. The following values were selected to illustrate the interaction effects involving this measure: 11, 22, 33, 44.

Two additional hand computations were performed to further clarify the study findings. First, based on a formula provided by Aiken and West (1991; p. 12), t-tests were computed for each of the estimates derived with the procedures described in the previous paragraph. Second, standardized coefficients for each coefficient were computed in the usual manner.

RESULTS

The findings from this study are presented in two sections. The results obtained from estimating Equation 1 are reviewed first. Following this, supplementary analyses are discussed that have not been mentioned up to this point. In particular, the relationship between received support and anticipated support is examined in an effort to further probe some of the more subtle aspects of the theoretical rationale that was developed for this study.

Stress, Social Support, and Depressive Symptoms

Table 2 contains the coefficients that were derived by performing the hierarchical estimation of Equation 1. The first column contains the additive effects of the independent variables on depressed affect scores while the second contains the results that were obtained after the cross-product terms were entered into the equation. The two columns on the right side of the table provide the corresponding estimates that were derived when somatic symptom scores served as the dependent variable.

The data in the first column of Table 2 suggest that older adults who experienced one or more financial problems in the past year tend to report more depressed affect symptoms than elderly people who did not encounter economic difficulty during this time (Beta = .175; p < .005). A similar relationship is observed when somatic symptom scores serve as the outcome measure (Beta = .189; p < .005; see Column 3). However, as the tests for the proposed statistical interaction effects reveal, better insight into the nature of these relationships may be obtained if the level of received and anticipated support is taken into consideration simultaneously. More specifically, the findings in Table 2 suggest that the interaction between financial stress and received support on depressed affect scores is statistically significant (b = .089; p < .005; metric coefficients are discussed here because standardized estimates are not meaningful in this context). Similarly, the statistical interaction between recent economic stress and anticipated support is also significant (b = -.189; p < .05), but the sign of the coefficient is in the opposite direction. Finally, the data in the right column of Table 2 reveal that anticipated support also modifies the impact of economic stress on somatic symptoms of depression (b = -.246; p < .005).

Although significant statistical interaction effects have emerged from the analyses, it may be somewhat difficult to determine the precise nature of these relationships based solely on the data provided in Table 2. Fortunately, as discussed earlier, it is possible to clarify these findings by performing additional computations by hand. The results of these calculations are presented in Table 3. This table is divided into three panels. The top panel (Panel A) contains estimates of the impact of economic stress on depressed affect scores at select levels of anticipated support. Panel B illustrates how the effect of economic stress on somatic symptom scores also varies according to the amount of assistance that elders believe others will provide in the future. Finally, Panel C helps clarify the interface between economic stress, received support, and depressed affect scores.

The data in Panel A reveal that the effect of recent economic events on depressed affect scores is fairly substantial for older adults who report that no one is willing to come to their aid in the future (Beta = .356; p < .005; at a value of 3). However, the noxious impact of financial stress is offset somewhat for elders who report that they might receive even a little assistance from their social network members if needed (Beta = .265; p < .005; at a value of 6). As the faith of older adults in the willingness of others to help increases beyond this point, the relationship between economic stress and depressive affect scores becomes progressively weaker (Beta = .174; p < .005; at a value of 9). Finally, the deleterious effects of recent financial events are offset completely for elderly people with the highest anticipated support scores (Beta = .083; not significant; at a value of 12). These stress-buffering effects may be summarized

Table 3. Impact of Economic Stress on Depressive Symptoms at Selected Levels of Social Support

<table>
<thead>
<tr>
<th>A. Level of Anticipated Support</th>
<th>Impact on Depressed Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>.356***</td>
</tr>
<tr>
<td>6</td>
<td>.265***</td>
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<tr>
<td>9</td>
<td>.174***</td>
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<tr>
<td>12</td>
<td>.083</td>
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<table>
<thead>
<tr>
<th>B. Level of Anticipated Support</th>
<th>Impact on Somatic Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>.441***</td>
</tr>
<tr>
<td>6</td>
<td>.325***</td>
</tr>
<tr>
<td>9</td>
<td>.210***</td>
</tr>
<tr>
<td>12</td>
<td>.093*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Level of Received Support</th>
<th>Impact on Depressed Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>-0.030</td>
</tr>
<tr>
<td>22</td>
<td>(-1.188)</td>
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<tr>
<td>33</td>
<td>2.84***</td>
</tr>
<tr>
<td>44</td>
<td>.441***</td>
</tr>
</tbody>
</table>

*Standardized regression coefficient.
**Metric (unstandardized) regression coefficient.
***p < .005; **p < .01; *p < .05.
succinctly by comparing the difference in the magnitude of the standardized regression coefficients at the lowest (3) and highest observed anticipated support values (12). This simple contrast reveals that anticipated support reduces the noxious effects of economic stress on depressed affect scores by approximately 77%.

The data provided in Panel B serve to further underscore the stress-buffering potential of anticipated support in later life. In particular, the most vulnerable elders appear to be those who feel that others cannot be counted on to help in the future (Beta = .441; p < .005; at a value of 3). However, the noxious effects of financial stress gradually diminish as elders place greater faith in the willingness of network members to provide assistance. These potentially beneficial effects are especially evident at the highest level of anticipated support (i.e., a value of 12). Here, recent financial stressors exert only a minimal impact on somatic symptom scores (Beta = .093; p < .05). Once again a comparison of the standardized effects at the highest and lowest anticipated support values reveals that this form of social support is associated with a 79% reduction in the deleterious impact of recent economic events.

Although anticipated support may help elderly people cope effectively with financial problems in the previous year, actually receiving assistance from others appears to have the opposite effect. Consistent with the theoretical rationale presented earlier, the data in Panel C reveal that recent economic life events do not exert a statistically significant effect on the psychological well-being of elderly people who get little help from others (i.e., those with the least amount of received support — a value of 11; Beta = -0.030; not significant). However, the impact of financial stress on depressed affect scores is significantly greater among elders who report receiving more assistance from their social network members (Beta = .127; p < .005; at a value of 22). The deleterious effects of economic life events become even more evident among older adults at the next highest level of received support (Beta = .284; p < .005; at a value of 33). Finally, the noxious impact of financial stress is especially pronounced for elderly people who receive a substantial amount of assistance from their social network members (Beta = .441; p < .005; at the highest value — 44). Taken as a whole, there is almost a 15-fold increase in the impact of economic stress when elders with the least amount of received support (11) are contrasted with older adults who get the most help from others (44).

**Supplementary Analysis**

The findings reviewed up to this point suggest that received support may exacerbate the effects of recent economic stressors, while anticipated support may have important stress-buffering effects. Taken at face value, this may create the impression that received support is undesirable, and that it is better to merely believe that help will be available in the future if needed. However, this simple interpretation may not do justice to the complex processes that are at work. One possibility is that received support may affect well-being indirectly by reinforcing the belief that assistance will be forthcoming in the future should the need arise. This potentially important link was evaluated by performing an additional OLS regression analysis. More specifically, anticipated support was regressed on the following independent variables: age, sex, education, marital status, received support, and recent financial stress. These additional analyses (not shown in Tables 2 or 3) reveal that the more assistance elders have received from others in the past, the more likely they are to believe that social network members will be willing to help in the future (Beta = .310; p < .005) (a table containing the results of these analyses is available from the author). This finding suggests that while the direct interactive effect of received support and economic stress on psychological well-being is negative, these deleterious effects are partly offset by the indirect effect of received support that operates through anticipated support. Stated in more substantive terms, these supplementary analyses indicate that received support has both positive and negative effects on psychological well-being, and that the positive effects arise because actually getting help from others bolsters faith in the willingness of others to help again in the future.

**Discussion**

The prevailing view of the social support process holds that the deleterious effects of stress are offset by the actual supportive behaviors of others. However, findings from the present study provide a different way of thinking about this issue. Stated simply, particular supportive acts may not be what matters most. Instead, their greatest value may arise from what they convey indirectly. The sense of commitment and continuity, as well as the promise that someone will be there in the future, may constitute the most salient elements of the social support process. Perhaps these key features of supportive relations promote more effective coping by providing the impetus for self-directed action that is essential for the maintenance of independence (and ultimately psychological well-being) in later life.

Although the results reported above provide one way to resolve conflicting findings in the literature on stress and social support, considerably more work must be done to ensure that this emerging perspective is valid. In the process, researchers should address some of the shortcomings in the present study. Eight limitations are discussed briefly below:

Only one type of stress was examined; important information on the contextual effects of stress is missing; key intervening constructs were not measured explicitly; the data are cross-sectional; the source of support was not taken into consideration; no effort was made to examine age, gender, and ethnic variations in the way elderly people cope with stress; there is some debate about the relationship between received and anticipated support; and the data analytic procedures used in this study do not take the effects of random measurement error into account.

The analyses presented here deal with only one specific type of stress — recent economic life events. Consequently, it is not possible to tell whether the results hold when elders are faced with different kinds of stressful experiences. Examining the potential stress-buffering effects of received and anticipated support across a range of life events is a crucial next step in the development of this literature.

The measure of economic stress used in this study relies on brief checklist items, such as having difficulty with
Social Security or other retirement benefits (see Table 1). However, as Wethington, Brown, and Kessler (1995) point out, more comprehensive information regarding the nature of these events, as well as the context in which they emerge, is essential for fully understanding the impact of stressors. Cast within the context of the item identified above, we need to know more about the precise nature of the difficulty an elder might encounter with the Social Security system. Did they have a reduction or termination of benefits, or did they merely have trouble processing the paperwork required by the system? The answer to this as well as other contextual questions would allow a more precise estimation of the effect of this event.

The theoretical rationale for this study rests on notions of network burden, individually initiated coping efforts, and a preference for independence. Yet, none of these intervening linkages were measured or evaluated explicitly. Doing so will facilitate the refinement and further development of this perspective.

The data used in this study are cross-sectional. As a result, the temporal ordering among the study constructs was determined by theoretical considerations alone. Nevertheless, it is possible to argue for different causal specifications. At least three possibilities exist. The first two involve the positive relationship between received support and distress. As Barrera (1986) points out, a positive relationship may arise between these measures because an individual who initially experiences depression may be seen by network members as needing more help, and as a result, he or she receives it. In this scenario, depression therefore causes support. Second, the positive relationship between support and depression may be spurious, because economic stress causes people to get support from others and it also makes people depressed. As a result, any relationship between support and depression will arise because of their common dependence on economic stress. Finally, in addition to issues regarding received support, one might also argue that elders who are initially suffering from psychological distress subsequently believe that others are not willing to provide assistance in the future should the need arise. These as well as other assumptions should be evaluated rigorously with data that have been gathered at more than one point in time.

The measures of received and anticipated support that are evaluated in this study assess support from all informal social network members taken together. However, it may be important to take the specific source of support into consideration. For example, Rook and Pietromonaco (1987) point out that elderly people are much less comfortable accepting support from offspring than from their spouse. Reassessing the relationships in this study according to specific relationships may shed more light on the nature of the underlying processes at work.

No attempt was made in this study to evaluate whether there are gender, ethnic, or social class differences in the way that older adults cope with the effects of stress. Nevertheless, a substantial number of studies indicate that it is important to take the influence of these social status factors into account. Evidence for this may be found by looking at the literature on social support. More specifically, research by Krause and Borawski-Clark (1995) suggests there are social class differences in a number of dimensions of social support. Similarly, gender as well as racial and ethnic differences in the social support process have been discussed widely (Antonucci, 1985; Gore & Colten, 1991).

The supplementary analyses performed in this study reveal that received support may affect well-being indirectly by reinforcing the belief that assistance will be provided in the future, should the need arise. However, not all investigators would agree with this specification. More specifically, some researchers argue that anticipated support reflects little more than an underlying personality trait (e.g., Sarason, Sarason, & Pierce, 1994). Others maintain that perceptions of support availability in the future are shaped, at least in part, by the amount of assistance that has actually been provided in the past (e.g., Wethington & Kessler, 1986). The importance of the latter view for research in later life may be seen by briefly reviewing Antonucci's (1985) work on the support bank. This view, which is derived from social exchange theory, is best described by assessing the relationship between elderly people and their grown offspring. Early in life, parents make a substantial investment in their children without receiving compensation that is commensurate with their efforts. Even so, they are building up support credits (i.e., expectations for assistance in the future) that may be cashed in during later life. In particular, when parents reach old age, the balance of supportive exchange tips, and they begin to receive more than they provide. Nevertheless, this unbalanced exchange is not problematic because both elders and children recognize that the children are merely making repayments for assistance that was provided decades earlier. Although the support bank construct cannot be tested with the data available in this study, the concept is, nevertheless, useful because it provides an intuitively pleasing way of showing why expectations for support in the future may rest on the provision of assistance in the past. The validation of this theoretical specification, however, awaits empirical confirmation in future studies.

As noted earlier, there is some controversy in the literature on how best to test for statistical interaction effects. Part of this concern arises over the potential problems created by random measurement error. The OLS regression procedures used in the present study are based on the assumption that all constructs have been measured without error. This is not likely to be a valid assumption. As a result, the estimates may be biased. Although recent advances in latent variable modeling now make it possible to take the effects of random measurement error into account when estimating interaction effects (Jaccard & Wan, 1996), the implementation of these procedures is fraught with difficulty, especially when more than one interaction must be taken into consideration at the same time. Even so, the effects of random error should be kept in mind as the findings from this study are reviewed.

Although there are limitations in the work presented here, the strategy of juxtaposing received and anticipated support in the same analyses will hopefully promote renewed effort to distill the essential elements of the social support process. Doing so may help identify the most vulnerable elders and form the basis of the interventions needed to improve their quality of life.
ACKNOWLEDGMENTS

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REFERENCES


CORRECTION

This is the corrected Table 3 for “Measures of Cognitive Functioning in the AHEAD Study,” by A. Regula Herzog and Robert B. Wallace (Volume 52B, Special Issue on AHEAD, May 1997, p. 41). We regret that, because of a production error, the first two correlations under Factor 1 were omitted.

Table 3. Exploratory Factor Analysis of Cognitive Measures

<table>
<thead>
<tr>
<th>Cognitive Measures</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate recall</td>
<td>.39</td>
<td>.93</td>
</tr>
<tr>
<td>Delayed recall</td>
<td>.34</td>
<td>.93</td>
</tr>
<tr>
<td>Serial 7s</td>
<td>.56</td>
<td>.49</td>
</tr>
<tr>
<td>Counting backward</td>
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<td>.23</td>
</tr>
<tr>
<td>Dates</td>
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<td>.31</td>
</tr>
<tr>
<td>Name cactus</td>
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<td>.39</td>
</tr>
<tr>
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<td>.71</td>
<td>.19</td>
</tr>
<tr>
<td>Name Vice President</td>
<td>.67</td>
<td>.31</td>
</tr>
</tbody>
</table>

Note: Table entries are item-factor correlations resulting from an oblique-rotated principal component solution. Factors explain about one-half of the common variance and correlate (r = .40) with each other. Unweighted N = 6,459.