The Health Benefits of Support Giving: A Meta-Analysis

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Introduction

Background

The relationship between social support and health is well-established. Although most of the research focuses on support receiving, giving support has also been shown to contribute to markers of positive health and wellness (e.g., reciprocity and self-esteem; Jaeckel, Seiger, Orth, & Wiese, 2012). Identifying potential benefits of support giving may also be aided by theory relating health and wellness to empowering social settings, such as those providing broadly distributed opportunities to help others (Prilleltensky, 2012; Maton & Salem, 1995). Such opportunities may be especially transformative for individuals at risk for marginalization due to disability (e.g., individuals with mental illness; Bracke, Christiaens, & Verhaeghe, 2012) or ageism (i.e., youth or older adults; Checkoway, 2010; Thomas, 2010). Such individuals may feel disempowered by others due to societally ingrained, stigmatizing beliefs that they possess limited capacity to provide support to others. Consistent with established theory on transforming identity through social behavior such as theories of empowerment (Cowen, 1994) and role identity theory (Thoits, 1986), opportunities to give support may provide access to a transformative social role, one that expands understanding of self from a "support receiver" to a "support provider" (Wolfensberger, 2000).

Present Study

The present meta-analysis examined the overall relationship between support giving and health as well as two possible moderators of this relationship: 1) health indicator type (positive health or well-being versus negative health or illness); and 2) membership in a population at risk for disempowerment or marginalization, due to age, illness, or disability. We expected, based on research and theory linking giving to wellness, that giving-wellness relationships would be stronger than giving-illness relationships. We also expected, based on theories of empowering settings and role-identity development that support giving-health relationships would be stronger among individuals at risk for disempowerment.

Methods

Inclusion/Exclusion Criteria

- Studies in English language published January 1990 – February 2015 reporting quantitative measures between social support giving and broadly defined range of health indicators.
- Support giving: self-reported or observed supportive behaviors in personal relationships or groups (e.g., giving to spouses, family, neighbors, or peers), and overall levels of giving in personal relationships and groups.
- Caregiving & volunteering excluded; may involve mechanisms outside scope of present study.
- Final sample included 30 studies consisting of 32 articles (29 journal publications, two dissertations and one thesis).

Coding

- Variables coded for analyses included two binary moderators:

1. "Health Indicator Type"
   - *Wellness (contributors or markers of positive health) vs. illness (contributors or markers of disease)*
2. "Empowerment Status"
   - *Whether individuals are at risk of being disempowered due to potential perceived limitations in capacity to give support. Study samples of individuals with serious mental illness, chronic physical health conditions, adolescents, or older adults were coded "Disempowerment Risk". All other samples coded "General Population".*
   - *Subgroup Moderator Analyses: Two specific Disempowerment Risk groups were also coded: Older Adults and an "Illness Group", consisting of samples of individuals with chronic physical and mental illness.*

Meta-analytic Procedures

- Random Effects Model
- Shifting unit of analysis approach was used (Cooper, 2010)
- Estimates calculated using the weighted mean of *z*-transformed bivariate correlations (Lipsey & Wilson, 2001)
- Present study adopted alpha level of .10 (Higgins & Green, 2008)

Results

Moderator Analyses

- The overall point-estimate of giving and health was small (Cohen, 1988) but significant (r = .12, p < .001).
- As predicted, giving was more strongly related to Wellness indicators than Illness indicators.
- Contrary to expectations, the difference between giving-health relationships for samples coded Disempowerment Risk vs. General Population samples did not reach statistical significance, though it was in the expected direction: effects were stronger for the Disempowerment Risk group.

Table 1

Moderator Analyses						
Analysis	*k*	Weighted *r*	95% CI for *r*		*Qb*	*Qw*
Overall Point-Estimate	30	0.12***	0.08	0.16		163.41***
Moderator Results						
Health Indicator Type					8.98**	
Wellness	21	0.16***	0.11	0.20		126.05***
Illness	19	0.05†	0.00	0.10		57.95***
Empowerment Status					2.38	
Disempowerment Risk	19	0.14***	0.09	0.19		66.01***
General Population	11	0.08*	0.01	0.14		72.29***

Note. ***p<.001, **p<.01, *p<.05, †p<.10

Meta-Regression

- The effects for Health Indicator Type and Empowerment Status were positive, but only Health Indicator Type was significant.
- The interaction between the Empowerment Status and Health Indicator Type moderators was negative and statistically significant.
- Contrary to expectations, simple slopes of the interaction suggest that giving was more strongly related to wellness in the general population, rather than the disempowerment risk subsample.

Table 2

Meta Regression Results				
Analysis	*b*	Model R^2	Q_R	Q_E
		0.15	12.19**	178.83***
Intercept	0.00			
Health Indicator Type (0 = Illness, 1 = Wellness)	0.20**			
Empowerment Status (0 = General Population, 1 = Disempowerment Risk)	0.09			
Empowerment Status * Health Indicator Type	-0.15†			

Note. ***p<.001, **p<.01, †p<.10

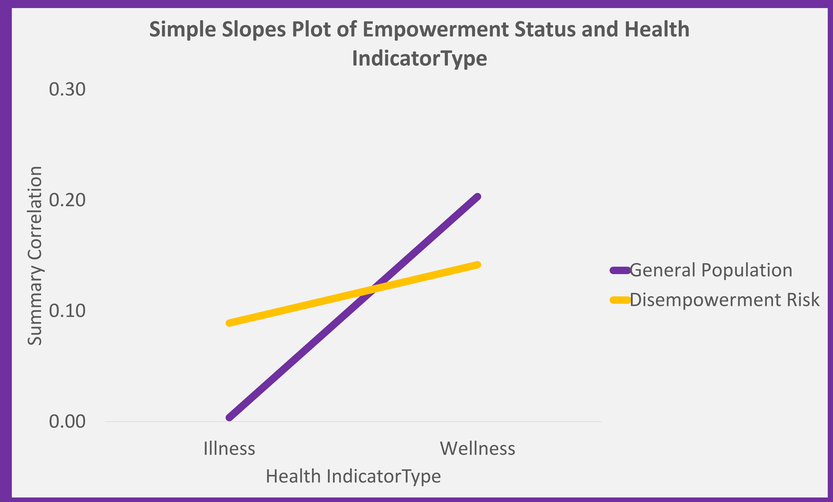
Subgroup Moderator Analyses

- The strongest giving-wellness correlation was among individuals with chronic physical or mental illness (Illness Group); the weakest was among general populations.

Table 3

Subgroup Moderator Analyses						
Analysis	*k*	Weighted *r*	95% CI for *r*		*Qb*	*Qw*
General Population					9.29***	
Wellness	6	0.20***	0.10	0.30		37.26***
Illness	9	0.00	-0.08	0.08		18.19*
Illness Group					1.08	
Wellness	4	0.23**	0.08	0.37		9.05*
Illness	3	0.11	-0.06	0.27		6.96*
Older Adults					0.28	
Wellness	9	0.11**	0.04	0.19		78.21***
Illness	7	0.08†	0.00	0.17		26.80***

Note. ***p<.001, **p<.01, *p<.05; †p<.10



Discussion

- This is the first study to estimate the overall relationship between giving and health
- This study examined (1) differences between support-giving effects on wellness and illness and (2) whether giving is more beneficial for groups at risk of disempowerment relative to other groups.
- Findings showed that the relationship between giving and health:
  - is small overall,
  - as hypothesized, is stronger for wellness than illness health indicators
  - may especially benefit wellness health indicators among individuals suffering from mental or physical illness, and
  - does not appear to be associated with disempowerment risk due to age (e.g., young or old age).
- Small numbers of samples in this emerging literature suggests that the present study's findings are highly preliminary.
- Findings provide qualified support for use of wellness and role-identity frameworks as a basis for research on the health effects of support giving.

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