

Can helping others be good for our health and well-being? This chapter summarizes recent research that offers new evidence in favor of this possibility.

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An altruistic reanalysis of the social support hypothesis: The health benefits of giving

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WE TAKE FOR GRANTED that receiving support from our loved ones makes us feel good and keeps us healthy. Yet few studies have examined the alternative possibility that the “helper” also benefits from helping. Can helping others be good for our health and well-being? Recent attempts to study social influences on health offer new evidence in favor of this possibility. The purpose of this chapter is to summarize this research and describe a new “altruistic” way of thinking about close relationships that challenges current approaches to relationship science.

Background

Do social ties influence our health? Before 1988, many would have laughed at the question. “Of course not . . . unless you believe in magic,” they would have chuckled. We take for granted that physical acts such as smoking, drinking, eating, and exercise affect our health. The possibility that social factors could also influence health

was not taken seriously until 1988 when James House, a professor of sociology at the University of Michigan, published a review paper in *Science* entitled, "Social Relationships and Health" (House, Landis, and Umberson, 1988). This revolutionary article was one of the first to elucidate the extensive evidence in favor of the possibility that social contact improves health and lengthens life. Fifteen years later, research continues to document that people who participate in high-quality social relationships are happier, healthier, and live longer than people who are socially isolated.

How does social contact influence health? The answer to this question may be just as much a mystery now as it was back in 1988. Researchers have tended to assume that people in close relationships receive more social support than their socially isolated counterparts (House, Landis, and Umberson, 1988). Despite the intuitive appeal of the assumption that receiving is good for our health, the evidence does not yield that conclusion. Tests of the hypothesis that receiving is beneficial have produced contradictory results (Smith, Fernengel, Holcroft, Gerald, and Marien, 1994), demonstrating in some instances that receiving support from others can be harmful (for example, Brown and Vinokur, in press). Some investigators have since challenged the receiving-support hypothesis, noting that there is a dark side to close relationships. Other researchers have shown that negative health problems arise when individuals get too much support. For example, Denys de Catanzaro, professor of psychology at McMaster University, and Michael Brown, professor of psychology at Pacific Lutheran University, have independently demonstrated that people who feel they are a burden to their loved ones are at risk for mental health problems such as depression, anxiety, and suicide (Brown, Dahlen, Mills, Rick, and Biblarz, 1999; de Catanzaro, 1986). If receiving support makes some people feel like a burden, then receiving could be harmful to, rather than improve, the health of the recipient.

After considering the limitations of the receiving-support hypothesis, I hypothesized that giving support, rather than receiving it, is what is beneficial about being in a close relationship. This idea derives from evolutionary biology and is consistent with social-

psychological studies of helping and altruism. Evolutionary theories of altruism note the considerable importance of making a contribution to others (Hamilton, 1964; Trivers, 1971). We would not be around as a species if not for our willingness to provide for and protect our children, spouses, friends, neighbors, and relatives. It is this help we give that would have been crucial to our own reproductive success (for example, taking care of children) and to the success of those who shared our genes. Individuals may have been able to exert a strong influence over their own fitness—that is, the reproduction of their own genes—by fighting to stay alive and prolonging the amount of time that they could contribute to others.

If helping was adaptive for our ancestors, then it should be rewarding for us, or make us feel good at some level. This is certainly the implication of numerous studies that have examined the social-psychological basis for helping. Robert Cialdini, professor of psychology at Arizona State University, has been part of an ongoing debate with Daniel Batson, professor of psychology at the University of Kansas, over whether pure altruism exists (Batson, 1998). This debate has spawned a generation of research that documents the “egoistic” benefits of helping others. For example, helping has been associated with positive emotion, including relieving negative states such as sadness and distress. Positive emotion, in turn, has been shown by Barbara Fredrickson, professor of psychology at the University of Michigan, to speed recovery from cardiovascular stress—a known risk factor for mortality (Fredrickson, Mancuso, Branigan, and Tugade, 2000). If helping produces positive emotion, and positive emotion protects health, then helping may account for some of the health benefits of social contact.

Benefits of giving

To test the idea that helping others creates health benefits, I examined the data from the Changing Lives of Older Couples (CLOC) project with the help of Randolph Nesse, professor of psychiatry at the University of Michigan, Amiram Vinokur, professor of

psychology there, and Dylan Smith, a research investigator in the school of medicine also at Michigan. The CLOC project was a study initiated a number of years ago by Camille Wortman, James House, Ronald Kessler, and Jim Lepkowski at the Institute for Social Research (Carr, House, Kessler, Nesse, Sonnega, and Wortman, 2000). The study followed a group of older couples for five years and was designed to look at psychological issues surrounding bereavement. Several factors made this study an ideal choice for examining the health benefits of giving. Most crucially, it included a tremendous number of high-quality measures of receiving *and giving* social support, and contained multiple measures of physical health, health behaviors, mental health, personality, and relationship dynamics. The study design allowed us to see how these variables related to later mortality.

Positive influence on longevity

We examined 423 couples and found that individuals who reported providing tangible forms of help to friends, relatives, and neighbors reduced their risk of dying by about one half, compared with individuals who reported providing no help to others. In addition, people who reported providing high amounts of emotional support to their spouse (for example, being willing to listen when the spouse needs to talk) were also about half as likely to die during the study period, compared with people who reported providing relatively lower amounts of emotional support. Receiving support had no influence on mortality.

These beneficial effects of giving remained after controlling for a variety of other factors that are typically associated with mortality risk—age, gender, socioeconomic status, race, self-rated health, functional health, smoking, drinking, exercise, depression, anxiety, subjective well-being, social contact (that is, how often individuals get together with friends or talk on the phone), dependence on one's partner—and individual differences, such as extroversion, agreeableness, locus of control, self-esteem, and emotional stability.

The results of this study offer preliminary support for the possibility that giving to others accounts for some of the health benefits of social contact. Because this is a single study, it is premature

to conclude definitively that increasing what we give will improve our health and our longevity. But this is certainly the implication.

Other benefits of giving

Another study, also conducted on the CLOC sample, was designed to examine whether giving is protective for widows (Brown, Smith, House, and Brown, 2003). Results of this study demonstrated that (a) widows who gave instrumental support to others were less likely to have their grief develop into depressive symptoms one year later compared with widows who did not give instrumental support to others; (b) widows who increased their amount of giving had lower levels of depressive symptoms compared with widows who did not increase their amount of giving; (c) giving was associated with reduced depression over time for matched controls who did not lose a spouse. These findings were obtained after controlling for receiving support, social contact, religious involvement, physical health, and personality traits such as locus of control and self-esteem.

Similar findings have been obtained for dialysis patients. In a three-month longitudinal study of a peer-support intervention for dialysis patients, giving was associated with lower levels of depressive symptoms over time (Brown, Perry, and Swartz, 2003). A one-year study of dialysis patients demonstrated that when patients felt their caregiver needed them—which is potentially related to giving—it was protective as measured by fewer depressive symptoms and higher subjective well-being (Brown, Vinokur, Perry, and Swartz, 2003). Even among caregivers, giving appears to be beneficial to one's health. For example, giving was associated with lower levels of caregiver burnout and higher subjective well-being among caregivers of dialysis patients.

A new look at interpersonal relationships

If giving is important, adaptive, and good for our health and well-being, how do we become motivated to give in the first place? Previous work has shown that high-cost giving is a central feature of

interpersonal relationships that are characterized by a social bond (Brown, 1999; Brown and Smith, 2003; Cialdini, Brown, Lewis, Luce, and Neuberg, 1997). As used here, a *bond* is defined as the experience of having feelings for another that involve affection, closeness, and commitment and that are enduring through time and in different contexts. Bonds are hypothesized to have been designed by natural selection to help individuals suppress their selfish tendencies so that they could reliably promote the well-being of another person. Giving behavior can be costly and maladaptive if it is directed indiscriminately, so it has been hypothesized further that bonds should have only formed under conditions that could not be exploited. These conditions are termed *fitness interdependence*, and refer to situations in which the fates of two or more individuals are intertwined. So, for example, individuals who were interdependent for fitness would have had common genes, common experiences, reciprocal exchanges, or the potential to have a child together. Because it entails a common fate, fitness interdependence would have provided a safety net, ensuring that giving behavior resulted in an increase rather than a decrease in reproductive success. If this is true, then we may tend to form bonds with individuals whom we need *and whom we think need us*.

Support for these ideas comes from a variety of disciplines, across a variety of giving behaviors such as sharing, self-sacrifice, and investing in young. For instance, studies of animal behavior note the selective occurrence of sharing and self-sacrifice among individuals who appear bonded to one another (de Waal, 1996). Anthropological ethnographies of human families illustrate that whether members of a particular society share outside the boundaries of the nuclear family is correlated with whether or not bonds exist between nonfamily members (Harrell, 1997). Findings from behavioral neuroendocrinology suggest that the hormonal basis of bonds is similar to that of parental investment. Specifically, experimental studies demonstrate that the hormones that underlie bonds (for example, oxytocin) also induce parental investment when injected into virgin animals who would otherwise kill unfamiliar young (Insel, 1993). Furthermore, the results from a direct test of the relationship between fitness interdependence, bonds, and giving

demonstrated that fitness interdependence, bonds, and the desire to give at high cost could be measured as separable constructs (Brown, 1999; Brown and Smith, 2003). The results of this study demonstrated that bonds mediated the relationship between fitness interdependence and costly giving in different types of relationships, including biological relatives, romantic partners, and platonic friends. Thus, research is consistent with the possibility that bonds evolved to promote giving.

Because of its emphasis on altruistic functions, this “altruistic” view of interpersonal relationships is a radical departure from the prevailing tendency to emphasize the egoistic or individualistic benefits of maintaining a close relationship. For example, attachment theorists ask whether an infant can get its needs met from a parent or caregiver, social psychologists ask whether romantic relationships are satisfying to the individual, and health psychologists ask whether individuals receive enough social support from their relationship partners or from the community. Of the few research lines that pursue giving (for example, caregiving), the clear emphasis is on the stress and burnout that accompanies it as opposed to the possible value, meaning, or sense of “mattering” that may go along with it. The analysis presented here suggests that our affection for others (and our social nature more generally) may be rooted in the value of what we do for others, as opposed to what others do for us. If this is true, then satisfying romantic relationships may be those in which an individual feels she makes an important contribution to a partner, childhood attachment may require a child to feel useful to his parents, and the value of social support for health may depend as much (if not more) on what is given as on what is received.

Directions for future research

Several unanswered questions eagerly await future research. For example, is the motivation for giving different in bonded and non-bonded relationships (that is, in relationships that are interdependent rather than one-sided)? How much helping is optimal, and

can too much be harmful? And are some types of helping more beneficial than others? We also need to know more about the precise mechanism through which helping others benefits health.

If the results of subsequent studies replicate and extend the present findings, then we may need to rethink the way we care for our loved ones. It may be that the best way to support other people is to provide them with an opportunity to feel useful—so that they can feel that they are making an important contribution to others.

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