

Gender Moderates the Effects of Independence and Dependence Desires During the Social Support Process

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This investigation examined the roles of gender and desires for independence and dependence in the support process. We assessed 118 older adults who reported needing help with at least 1 activity of daily living as a result of illness or health problems. Men with a high desire to be independent responded negatively to receiving support from their social network. Women's outcomes were generally unaffected by their independence and dependence desires. These results indicate that gender and desires for independence and dependence should be taken into account when examining the social support process, especially in men with health problems.

Although a considerable literature has developed that examines the psychological effects of caregiving situations on the care provider (Schulz, O'Brien, Bookwala, & Fleissner, 1995), several psychological effects on the care recipient generally have been ignored (Newsom, 1999). There is ample evidence from the social support literature that, even when support providers feel that they are being helpful, their gestures may be perceived as negative by the recipients of their support (Cohen & Wills, 1985). In helping situations, recipients of aid often experience negative feelings associated with the receipt of help (Fisher, Nadler, & DePaulo, 1983). With these ideas in mind, the current investigation sought to examine three variables that may be associated with negative psychological reactions to receiving aid: gender of the care recipient, recipient's desire for independence, and recipient's desire for dependence.

Gender of Support Recipient

Prior research has not determined whether men and women differ from one another in the way they respond to the receipt of aid. However, there is evidence to suggest that men should respond more negatively to support receipt than women. In Fritz, Nagurney, and Helgeson's (2003) study, participants disclosed a relationship problem to a real-life friend while their blood pressure was monitored. Gender moderated the effect of emotional support on cardiovascular reactivity; support was associated with decreased reactivity for women but increased reactivity for men. This

suggests that men were uncomfortable receiving support, whereas women seemed to benefit from it.

Participants in a study by Linden, Chambers, Maurice, and Lenz (1993) completed a measure of typical support receipt from their social network and then wore an ambulatory blood pressure cuff for a period of 8 hr. Support and ambulatory systolic blood pressure (SBP) were negatively correlated for women, suggesting that social support is associated with lower SBP. For men, however, support receipt and ambulatory SBP were uncorrelated, indicating that support and SBP are independent of each other. Fry (2001) studied widows and widowers between the ages of 65 and 85. For widows, social support receipt was positively correlated with quality of life, well-being, and self-esteem; however, social support receipt was negatively correlated with each of the outcomes for widowers. These studies suggest that support receipt affects men and women differently, perhaps being more beneficial for women than men.

Desires for Dependence and Independence

Dependence, as conceptualized in the current study, entails a desire to be taken care of by others or the ability to lean on others for support. Independence is conceptualized as a desire to take care of oneself and to stand alone when dealing with problems. Although rarely conceived of as an individual difference in personal preference, the concept of independence is not a new one and has been an important concept in a number of research areas, including cross-cultural work (Kitayama, 2002), aging research (Baltes & Wahl, 1996), and research on personal relationships (Dykstra, 1995). We focused here on desires for being independent or dependent.

It is reasonable to expect that individuals will differ in personal preferences for functional independence. Individuals with a high desire for control who find themselves in uncontrollable situations have been found to experience higher levels of depression than those with a low desire for control in similar situations (Burger, 1992). High desire for control has also been found to be a marker for heightened physiological reactivity to stressful (and uncontrol-

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lable) situations (Burger, 1992). Desire for control is relevant to the current investigation in that desire for independence involves reliance on the self rather than on others to function independently. If one's social environment instead provides support, the individual who desires to be independent should become depressed and experience lowered positive affect and lowered self-esteem. Stated differently, when one receives support, that person may feel that his or her sense of control has been undermined. If someone who has a high desire for independence receives support, he or she should experience negative adjustment.

Reich and Zautra (1995) have investigated the role of physical health and spousal encouragement of dependence. They found that spouses of married patients were more likely to engage in dependence encouragement when the patients were more ill. Helgeson (1993) found that taking over responsibilities was helpful for patients who have just become ill; over time, however, such dependence encouragement was counterproductive, leading to poorer adjustment. A framework is thus suggested that interrelates support provided by one's social network and personal desires for independence or dependence. This study sought to systematically investigate these variables and their interaction with gender.

Hypotheses

On the basis of past research and theory, it was hypothesized that men, especially those with a high desire for independence or a low desire for dependence, would respond more negatively to support from their social networks than women. More specifically, men who receive high levels of social support from others should experience heightened levels of depression, lowered positive affect, and lowered self-esteem, especially when they want to be independent. A parallel prediction was made concerning men with a low desire for dependence. More specifically, men who receive high levels of social support from others should experience heightened levels of depression, lowered positive affect, and lowered self-esteem, especially when they do not want to be dependent. At the same time, women's reactions to receiving high levels of social support should not affect their levels of depression, positive affect, and self-esteem regardless of their desire for independence or dependence.

Method

Participants

Participants in the current study met the following selection criteria: 60 years of age or older, married (not to other participants), and in need of help with at least one instrumental activity of daily living (IADL) or activity of daily living (ADL). Sixty-three male and 55 female participants (mean age = 74.8 years) were recruited through public contacts, for a total of 118 participants. Participants were paid \$22 for their participation.

Procedure

When potential participants made first telephone contact with the investigator, they were briefly screened and scheduled for a 1-hr interview to be conducted either in their home or at the university where the study was conducted. At the time of this interview, informed consent was obtained, and the interview commenced with the participants responding to ques-

tionnaire booklets containing the scales assessing the variables of interest in the study (and others not reported on here).

Instruments

Perceived health. Participants rated their health using four items selected from the short form of the SF-36 (Ware & Sherbourne, 1992). Sample items included "I seem to get sick a little easier than other people" and "I am as healthy as anybody I know." Items were rated on a 5-point scale from 1 (*definitely false*) to 5 (*definitely true*). An average of the items was computed and used in the analyses. The internal consistency for this scale in the current study was .63.

Received social support. Social support receipt was assessed using an 11-item scale developed by Krause (1997). This scale was developed specifically for use with older populations. Sample items include "In the past month, how often has someone helped you with shopping?," "In the past month, how often has someone been right there with you in a stressful situation?," and "In the past month, how often has someone suggested some action you should take in dealing with a problem?" Items were rated on a 4-point scale ranging from 0 (*never/not at all*) to 3 (*very often/very much*). An average of the items was then computed and used in the analyses. The internal consistency for this scale in the current study was .78.

Desires for independence and dependence. Because there are no existing individual difference measures of desires for independence and dependence, we developed 10 face-valid items, 5 for independence and 5 for dependence. Based on results obtained using a confirmatory factor analysis (CFA) utilizing this particular sample, one's desire to be independent was assessed with a final set of two items: "It's very important for me to retain my independence" and "It's important for me to work through my problems by myself." The items were rated on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). An average of the two items was computed and used in the current analyses. The items were correlated .48 ($p < .01$) with each other. One's desire to be dependent on others was assessed with a final set of three items. The items were "I enjoy being taken care of by others," "I would rather have others take care of things for me because it's easier," and "I don't like having to tackle my problems on my own." The items were rated on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The internal consistency for this scale was .74. An average of the items was computed and used in the current analyses. Loadings of .4 or higher were obtained in the CFA for each of the retained items in both scales.

Self-esteem. It has been demonstrated empirically that self-esteem can be a major outcome variable when examining support provision in the caregiving situation (Druley & Townsend, 1998). In the current study, self-esteem was assessed with the Rosenberg Self-Esteem Scale (Rosenberg, 1965). A sample item is "I feel that I am a person of worth, at least as much as others." Participants rated each item on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The internal consistency of this scale for the current investigation was .82.

Positive affect. Positive affect was measured using the 10-item scale from Veit and Ware (1983). Sample items from the scale are "How much of the time have you felt that the future looks hopeful and promising" and "How much of the time has living been a wonderful adventure for you?" Items were rated on a 6-point scale ranging from 1 (*none of the time*) to 6 (*all of the time*). The internal consistency of this scale for the current study was .90.

Depression. Depression was assessed using the Center for Epidemiologic Studies Scale for Depression (CES-D; Radloff, 1977). This 20-item measure assesses the frequency with which participants have experienced depressive symptoms within the past week. Sample items included "I had trouble keeping my mind on what I was doing" and "I felt that everything I did was effortful." Participants rated each item on a 4-point scale ranging from 0 (*rarely or none of the time*) to 3 (*most or almost all of the time*).

Responses were summed into a single composite score, which was then used in the analyses. The internal consistency of this scale for the current investigation was .85.

Results

See Table 1 for the correlations among the major study variables. Descriptive tests of the skewness and kurtosis of all computed variables showed these values to be within normal ranges.

Six regression analyses were conducted predicting depression, self-esteem, and positive affect. For three of these regressions, perceived health was entered as a covariate on the first step, followed by gender (dummy coded), received social support, and desire for dependence, entered on the second step, their two-way interactions entered on the next step, and their three-way interactions entered on the final step. The other three regressions were identical to the first three, except desire for independence was included in place of desire for dependence. Each of the independent variables in these regressions was centered to eliminate problems resulting from multicollinearity. The follow-up analyses for any significant interactions used the simple effects procedure outlined by Aiken and West (1991), in which analyses are conducted by plotting and testing the significance of the simple regression slopes within the overall regression. Because gender is a categorical variable, we tested for double interactions within each gender separately. We tested the significance of the regression slopes for independence and dependence by support interactions within each gender for all each dependent variable.

Desire for independence. The hypothesized three-way interactions of gender, support, and desire for independence emerged when predicting depression ($\beta = -0.30, p < .04$), positive affect ($\beta = 0.26, p < .07$), and self-esteem ($\beta = 0.36, p < .02$). To probe these interactions, the two-way interactions of desire for independence and support receipt were examined separately by gender. The results showed that men with a high desire to be independent were more depressed and demonstrated lower levels of positive affect and self-esteem under conditions of high rather than low support; no such differences emerged for men with a low desire to be independent or for women, regardless of their independence desires. The results of these analyses, as based on the final step of the regressions, are presented in Table 2.

Desire for dependence. When predicting depression, only a main effect of desire for dependence ($\beta = 0.19, p < .04$) emerged as significant; a higher desire for dependence was predictive of

higher depression scores. Two-way interactions between gender and support emerged when predicting positive affect ($\beta = 0.25, p < .04$) and self-esteem ($\beta = 0.37, p < .01$). Men who received high levels of support reported lower positive affect and self-esteem than those who reported a lower level of support; no such difference emerged for women. The results of these analyses, as based on the final step of the regressions, are presented in Table 2.

Discussion

This study examined the differential roles that desire for independence and desire for dependence might play in men and women when examining reactions to the receipt of social support. It was found that men who reported a higher (vs. lower) desire for independence responded more negatively than women to receiving high levels of social support. Our initial hypothesis—that support, independence, and gender would interact in predicting mental health outcomes—was supported. Within the context of the three-way dependence interactions, it was found that men responded more negatively to support receipt than women.

Although intuitively we may assume the constructs of desire for independence and desire for dependence are bipolar opposites, empirically our findings suggest otherwise ($r = -.32$). A modest correlation between the two factors and the differences in their predictive relationships suggest that it is important to distinguish between the concepts of desire for independence and dependence. Perhaps one adaptive strategy older adults have combines a strong desire to attain goals independently with a realistic acknowledgment that one cannot always get by without the help of others. Conversely, there may be individuals who simultaneously shun the appearance of stubborn individualism and desire to be reliant on others.

The current investigation extends past research in at least two major ways. First, it has examined the impact of gender, a variable that has been largely ignored in past research on help receipt. The results of this study indicate that gender should be included as a variable when examining reactions to receiving aid. Second, this study includes a unique attempt to capture individual differences in overall desire for independence and dependence. Interestingly, it is a desire for independence and not a desire for dependence that appears to be important in how men and women react to social support.

Some caveats in our interpretations are in order. The data presented here are cross-sectional in nature. This limits our inter-

Table 1
Correlations of the Main Study Variables

Variable	1	2	3	4	5	6	7	8
1. Gender	—							
2. Perceived health	-.06	—						
3. Social support	.30****	-.35****	—					
4. Desire for independence	-.03	.11	-.03	—				
5. Desire for dependence	.14	-.25****	.30****	-.32****	—			
6. Self-esteem	.03	.20**	-.03	.19**	-.34****	—		
7. Positive affect	.10	.40****	-.13	.05	-.21**	.47****	—	
8. Depression	.03	-.42****	.26***	.04	.29***	-.47****	-.72****	—

** $p < .05$. *** $p < .01$. **** $p < .001$.

Table 2
 Linear Regressions Predicting Depression, Positive Affect, and Self-Esteem From Gender, Social Support Receipt, and Desire for Independence/Dependence (Controlling for Perceived Health)

Variables entered	Depression β	Positive affect β	Self-esteem β
Desire for independence analyses			
Step 1			
Perceived health	-.38****	.41****	.23**
G	-.03	.12	.03
S	.14	-.02	.05
I	.09	.03	.20**
Step 2			
G \times S	-.29**	.33***	.42***
G \times I	-.03	-.19	.22*
S \times I	.01	.06	-.17*
Step 3			
G \times S \times I	-.30***	.26*	.36**
Desire for dependence analyses			
Step 1			
Perceived health	-.32***	.38****	.17*
G	-.04	.13	.04
S	.11	.01	.12
D	.19**	-.14	-.32***
Step 2			
G \times S	-.21*	.25**	.37***
G \times D	-.18*	.10	.09
S \times D	.02	.12	.04
Step 3			
G \times S \times D	-.03	-.01	-.04

Note. G = gender; S = support receipt; I = desire for independence; D = desire for dependence.

* $p < .10$. ** $p < .05$. *** $p < .01$. **** $p < .001$.

pretations because the causal paths of these variables cannot be clear. It is also worth noting that this study did not use a random sample. Participants were selected who had some level of physical health problems in addition to being currently married. It is possible, therefore, that there may have been a selection bias, suggesting the need for research on other populations. Finally, the current study also used a general measure of social support, combining items assessing emotional, informational, and instrumental types of support. Although this combined measure demonstrated a high level of internal consistency, future research should seek to identify any differences that may be operating in these different realms of social support.

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