

Social support and psychological distress across different age groups in Argentine adults

María Agustina Aceiro¹, Gisela Delfino², Francisco González Insua³,
Lina Grasso⁴ y Solange Rodríguez Espínola⁵

^{1,3}*Centro de Investigaciones en Psicología y Psicopedagogía de la Pontificia
Universidad Católica Argentina, CONICET*

²*Universidad Pontificia Comillas; Doctorado en Educación y Sociedad de
la Universidad Andrés Bello; Universidad de Buenos Aires, CONICET*

⁴*Centro de Investigaciones en Psicología y Psicopedagogía de la Pontificia
Universidad Católica Argentina*


⁵*Observatorio de la Deuda Social Argentina de la Pontificia Universidad
Católica Argentina*


Psychological distress (PD) involves a deficit in emotional capacities. Social support (SS), structural and functional, is a protective factor for health as it reduces stress and distress. Previous literature indicates that both variables are related and vary throughout adulthood. Based on a cross-sectional study (n=5388; 53.7% women; age: 18-98, M=43.15; SD=17.38), we aimed to analyze whether age is a moderating factor in the relationship between SS and PD in adulthood. A deficit in SS is related to PD, and age moderates between them. The relationship between PD and structural SS is more potent in older adults, while instrumental and informational SS is more robust in younger adults. Affective SS is the best predictor of PD regardless of age.


Keywords: Mental health, depression, anxiety, social network, age moderation.

Apoyo social y malestar psicológico en diferentes grupos de edad de adultos argentinos


El malestar psicológico (MP) implica un déficit en capacidades emocionales. El apoyo social (AS), estructural y funcional, es un factor protector para la salud, ya que reduce el estrés y el malestar. La literatura indica que ambas variables están relacionadas y varían en la adultez.

María Agustina Aceiro  <https://orcid.org/0000-0001-8393-8747>

Gisela Delfino  <https://orcid.org/0000-0002-3732-184X>

Francisco González Insua  <https://orcid.org/0000-0002-7472-8286>

Lina Grasso  <https://orcid.org/0000-0002-8079-372X>

Solange Rodríguez Espínola  <https://orcid.org/0000-0003-2545-8483>

All correspondence about this article must be addressed to Gisela Delfino. Email: gidelfino@comillas.edu



Basándonos en un estudio transversal ($n=5388$; 53,7% mujeres; edad: 18-98, $M=43,15$; $SD=17,38$), analizamos si la edad modera la relación entre AS y MP. Un déficit en AS se relaciona con MP, y la edad modera esta relación. La relación entre MP y AS estructural es más fuerte en adultos mayores, mientras que el AS instrumental e informacional es más robusto en jóvenes. El AS afectivo es el mejor predictor de MP, independientemente de la edad.

Palabras clave: salud mental, depresión, ansiedad, red social, moderación por edad.

Social support is a protective factor for health as it contributes to well-being (Muratori et al., 2015; Zapata López et al., 2015) and mitigates the adverse effects of stress (Gariépy et al., 2016; Vivaldi & Barra, 2012). Gottlieb and Bergen (2010) conceive social support as a social resource that non-professionals provide. Social support can be categorised into two primary, complementary dimensions: structural and functional. Structural social support refers to the quantitative aspect, encompassing the number of social connections or relationships an individual has. It focuses on the presence of a social network. Functional social support, on the other hand, addresses the qualitative aspect, including the specific roles these relationships play in providing the individual with emotional, informational, or instrumental assistance. This dimension captures support's perceived availability and effectiveness, reflecting the subjective value and utility these relationships provide (Rosa Rodríguez et al., 2015; Vivaldi & Barra, 2012). Functional social support has the following dimensions: emotional support, understood as empathic responses, closeness, and tenderness; instrumental support, such as help with daily tasks; and informational support, such as access to information (feedback), which helps the person solve a problem (Salvia, 2017). Both dimensions, functional and structural social support, offer unique and valuable insights into an individual's social support system. While the structural dimension provides information about the extent of one's social network, the functional dimension offers insight into the quality and perceived effectiveness of these relationships. The interplay between these two dimensions provides a comprehensive understanding of an individual's social support landscape (Scherbourne & Stewart, 1991).

The deficit of social support in older adults has significant psychological and physical implications. Although it is not exactly the same variable, evidence on the impacts of loneliness in this population offers

a relevant perspective. Loneliness in older adults is associated with a significant increase in the risk of developing depression and anxiety (Gerlach et al., 2024). Furthermore, a relationship has been observed between loneliness and a higher risk of cognitive decline and dementia, including Alzheimer's disease (Luchetti et al., 2024). On an emotional level, unwanted loneliness can generate feelings of sadness, hopelessness, and loss of vital meaning, as well as a decrease in self-esteem and loss of social identity. Regarding physical health, loneliness has been associated with an increased risk of cardiovascular diseases, high blood pressure, and a weakening of the immune system. These findings underscore the critical importance of adequate social support for the psychological and physical well-being of older adults, justifying the need to further investigate the relationship between social support and psychological distress in this population (Dykstra, 2015). Loneliness, as a consequence of social support deficit, has been identified as a significant risk factor for the mental and physical health of older adults, highlighting the need for interventions that strengthen social connections in this population (Czaja et al., 2021; Taylor et al., 2018).

The present study investigates how age moderates the relationship between social support and psychological distress. Previous studies have demonstrated that this relationship varies with age. For instance, in young adults, instrumental and informational support is crucial for managing life transitions, such as entering the workforce or higher education, which can mitigate psychological distress (Ioannou et al., 2019). In older adults, structural support becomes more critical due to the reduction of social networks, which can increase psychological distress if this support is lacking (Zhang & Sun, 2024).

Social support networks are dynamic and can vary throughout life stages. The tendency to incorporate relationships predominates in childhood and adolescence, increasing the network. Then, in adulthood/middle age, this network tends to be more stable. In old age, it decreases due to retirement, widowhood, or difficulties incorporating new relationships (Arias, 2015). Social support immediately impacts the subjective well-being of older individuals, supporting the

hypothesis that social support positively influences older individuals' well-being (Zhang & Sun, 2024). Various studies indicate that, both in young adults and older adults, social support is inversely related to the onset of stress in critical situations and is, therefore, a factor that could reduce distress (Flórez Garay et al., 2018; Gronnin et al., 2018; Morgan et al., 2018; Stallman et al., 2018; Slonin Nevo et al., 2018; Volgensang, 2016). Research indicates that social support mediates the relationship between older individuals' physical health and subjective well-being, highlighting its protective factor enhancing the quality of life (Dehghankar et al., 2024; Zhang & Sun, 2024). Especially in the face of population ageing, the deficit of social support is a priority issue for designing prevention and intervention strategies and programs (Dehghankar et al., 2024; Salvia, 2017). In Argentina, the perception of a lack of social support is observed in one out of every four citizens, with higher percentages regarding instrumental and informational social support (Salvia, 2017). Likewise, deficits in structural and functional social support grow as age increases. Women with a shortage of emotional social support (evaluated through the perception of having people who provide affection and care) show increased psychological distress (Arias, 2015; Salvia, 2017).

Psychological distress refers to a deficit in the individual's emotional capacities that manifests itself in anxious and depressive symptoms that hinder the ability to respond to the demands of daily life, social functioning and the ability to maintain good social relationships (Brenlla & Aranguren, 2010; Kessler et al., 2003). Symptoms of depression, characterised by hopelessness, distress, lack of motivation, agitation and a sense of worthlessness, have a high impact on daily life and affect the ability to work and maintain social relationships, causing significant psychological distress (González Insua et al., 2020; Martínez Rodríguez, 2018; Sierra et al., 2003). During the COVID-19 pandemic, social support and self-efficacy enhanced hope and mitigated psychological distress among low-income older adults (Kwon et al., 2024).

Depression and anxiety are indicators of psychological disorders contributing to decreased quality of life (Calderón, 2018; Fernández

Ballesteros et al., 2010). Given that the prevalence of such diseases significantly increases after the age of 60, older adults are also the most vulnerable population, constituting an essential concern for designing public health programs (Alomoto Mera et al., 2018; Cuadra Peralta et al., 2012; López Nolasco, 2020; Ortiz Arriagada & Castro Salas, 2009; Tartaglino et al., 2017). There is little research studying psychological distress in persons over 65. Some studies have shown that psychological distress increases with age (Islam, 2019), especially in those over 80 years old who have some physical disability (Byles et al., 2012). In Argentina, higher levels of psychological distress were recorded in adults between 60 and 74 years old. Especially in the group of older adults, the results indicate that being a woman, having a low educational level, and widowhood are risk factors for psychological distress (Amadasi et al., 2015; Salvia, 2017).

Current studies seek to guide their research towards the interaction between precipitating factors and modulating variables that could explain the prevalence of psychological distress, such as social support, coping styles, self-esteem, locus of control and self-efficacy (Acosta Quiroz & García Flores, 2007; Cancino et al., 2018). Additionally, when studying the quality of life of individuals, factors such as nutrition, physical activity, sociodemographic characteristics, and daily life activities are also considered (Gronning et al., 2018). It has been found that affective and instrumental social support are protective factors for mental health, especially in adult women (Gariépy et al., 2016; Otsuka et al., 2019).

Regarding the deficit of social support, different studies have concluded that greater psychological well-being is associated with more significant social interaction and participation (Cuadra Peralta et al., 2012; Wang, 2016). Heavy use of social media is associated with higher levels of psychological distress, particularly among younger adolescents (Mougharbel, 2023). In adolescence and young adulthood, social support networks experience substantial changes. There is a transition in these networks from family to peers and friends. This can generate some instability in perceptions of support and can cause distress. Different researches have shown the importance of a good social support net-

work, specifically of guiding and supportive figures (Esteinou, 2015; Lee & Goldstein, 2016), to ensure coping with the various challenges of youth (Barra et al., 2006; González Retuerto & Estévez Gutiérrez, 2017; Orcasita Pineda & Uribe Rodríguez, 2010). In addition, it has been observed that the perception of social support in this age group was negatively correlated with indicators of psychological distress (Vungkhanching et al., 2017) and depression (Ioannou et al., 2019).

There are few studies on social support networks and psychological distress in middle age. Arias (2015) establishes that networks tend to remain stable in adulthood. A survey conducted with the Argentine population found that middle-aged adults mentioned more links in their networks than older adults. However, it was not correlated with indicators of anxiety and depression. Although the network size tends to shrink, the bonds of greater intimacy do not change. Likewise, the level of functionality of the networks was high, meaning that the support functions were satisfied. Family social support is a protective factor for psychological distress in adulthood (Roohafza et al., 2014).

In the older adult population, the subjective perception of a lack of social support is related to increased indicators of psychological distress, specifically the onset of depressive symptoms and psychological stress (Sherman et al., 2016; Taylor et al., 2018). Enjoyment of social interactions is better related to reducing psychological distress than the number of social interactions themselves (Sharpley et al., 2015). Lack of social support can result in a poor quality of life (Figueroa et al., 2016; Gronning et al., 2018) and increase the death risk (Taylor et al., 2018). Martins Pinto and Liberalesso Neri (2013) demonstrate that older adults who reported moderate or low social participation have a higher risk of experiencing dissatisfaction with life and a decline in their motor functions. Abandonment is feeling alone among others and undergoing no help from anyone (Soares Vello et al., 2014; Toribio Ferrer & Franco Barcenas, 2018).

Based on the background information, the present study aims to investigate the perception of social support and its relationship with psychological distress in young adults, adults and older adults in Argentina, specifically evaluating the moderating role of age in this relationship.

Method

Design

The research design was cross-sectional, retrospective ex-post facto with a single group and multiple measures. It is an analytical survey with a probabilistic sample of the Argentine urban population.

Participants

The study used the sample collected within the Argentine Social Debt Observatory - Bicentennial Series framework. The sample consisted of individuals aged 18 to 98 and was representative of urban clusters in Argentina with at least 80,000 inhabitants, according to the 2010 census. The sampling procedure was multistage. The selection of sample clusters within each urban group and stratum was random and weighted by the number of households. The blocks within each sample point and the homes within each block were selected randomly using a systematic sampling method. In contrast, the individuals within each household were determined using a quota sampling system based on sex and age. The socio-economic stratification was performed by classifying and ranking the census clusters according to the average educational level of the head of the household. The overall error is less than ± 3 with a 95% confidence level under the assumption of maximum dispersion (p and $q = 0.5$), considering a design effect of 23 (Rodríguez Espínola et al., 2020).

The sample consisted of a total of 5388 cases. 46.3% ($n = 2497$) were males and 53.7% ($n = 2891$) were females. The age of the subjects was divided into three groups: young adults (18-34 years old), middle-aged adults (35-59 years old) and older adults (60-98). The first group comprises 38.7% of the sample ($n = 2086$), with a mean age of 26.04 ($SD = 4.83$). The second group comprises 40.8% ($n = 2200$), with a mean age of 46.1 ($SD = 7.21$). Moreover, the third group comprises 20.5% ($n = 1102$), with a mean age of 69.68 ($SD = 7.2$). The mean age of all participants is 43.15 ($SD = 17.38$; Minimum = 18; Maximum

= 98). Although categorising these three age groups may have limitations (more groups or groups with equal participants could be created), this division was chosen to compare the results with previous studies conducted on representative samples of Argentina.

Instruments

A multipurpose survey known as the Argentine Social Debt Survey - Equity Agenda Series was used, which includes different questions and sections, of which only those related to the stated objectives are reported here.

The Kessler Psychological Distress Scale (KPDS-10) (Kessler et al., 2003; Argentine adaptation by Brenlla & Aranguren, 2010) is a ten-item scale designed to measure symptoms related to depression and anxiety. Respondents answer each item based on their feelings over the past month, using a five-point Likert-type scale ranging from 1 (never) to 5 (all the time). The total score ranges from 10 to 50, with higher scores indicating more significant distress. The Argentine adaptation of the KPDS-10 demonstrated strong psychometric properties. The scale showed excellent internal consistency with a Cronbach's alpha of 0.88. The scale demonstrated good convergent validity with the Symptom Checklist-90-R (correlations ranging from 0.62 to 0.76) and adequate discriminant validity with measures of psychological well-being. A cutoff score of 24 is used to classify participants with psychological distress, showing a sensitivity of 0.724 and a specificity of 0.756 (Brenlla & Aranguren, 2010). In this study, the scale demonstrated a Cronbach's alpha of .91.

The Medical Outcomes Study (MOS) questionnaire (Sherbourne & Stewart, 1991; Argentine adaptation by Rodríguez Espínola & Enríque, 2007) assessed social support. The Argentine version demonstrated strong psychometric properties. The scale showed excellent internal consistency with a Cronbach's alpha of 0.919 for the complete instrument. It has shown good convergent validity with other measures of psychological well-being and adequate discriminant validity.

It analyses four dimensions of social support: structural (feeling of companionship and response from others to one's own needs), instrumental (help with daily tasks), affective (loving and caring relationships), and emotional/informational (advice, information, and help with everyday issues). The lack of structural support is assigned when the respondent says they do not have someone to rely on. The functional social support deficit (affective, instrumental, and emotional/informational) is assigned when the participant reports that they never or rarely receive that support. In this study, we used a shorted version of 7 items with a 5-point Likert response format, asking how often the respondent perceives that type of support to be available. Structural support is composed of a single item, and affective (Spearman-Brown coefficient = .924), instrumental (Spearman-Brown coefficient = .919), and emotional/informational (Spearman-Brown coefficient = .894) support types are composed of two items.

Procedure

Participants were selected according to the procedure described above. Before starting the survey, participants provided informed consent, which complies with the ethical guidelines for Social and Human Sciences established by CONICET Argentina (Res. D N° 2857/06), which informed them about the purposes of the research. Participation was voluntary, and participants could choose to omit, not provide information or end the survey if necessary.

Data analysis

No special treatment was applied to missing data, nor were any participants excluded. There were no missing data recorded for gender and age. For psychological distress and social support, the missing data did not exceed 1.5% and, thus, did not affect the results. Percentages and means were used for descriptive analysis. Additionally, the Chi-squared statistic was used to analyse the relationship between different dimensions of social support according to sex and age group.

To compare psychological distress according to sex, the Student's t-test was used, while the one-way ANOVA test was used to compare age groups. In the case of ANOVA, Dunnett's T3 posthoc test was used. The Pearson correlation coefficient was used to determine the variation in psychological distress based on age. Furthermore, to contrast levels of psychological distress based on the presence or absence of deficits in different dimensions of social support, the Student's t-test was also used. Effect sizes were calculated for each contrast. The Cohen's d statistic was used for the Student's t-test, the Cohen's f statistic for the ANOVA, and the w statistic for the Chi-squared test. Effect sizes measure the magnitude of observed differences or relationships, with larger values indicating more potent effects. For instance, Cohen's d values around 0.2 are considered small, 0.5 medium, and 0.8 large. The G*Power v. 3.1.9.2 statistical package (Cárdenas Castro & Arancibia, 2014) was used for these calculations. Finally, to examine the possible moderating effect of age on the relationship between social support (dimensions) and psychological distress, the PROCESS macro (model 1) for SPSS developed by Hayes (2018) was applied. This macro allows for a path analysis based on regression. Specifically, the model analyses the influence of age group (moderating variable) on the effect size of social support on psychological distress. These analyses aim to elucidate the associations and potential moderating effects of age on the relationship between social support and psychological distress, thereby addressing the study's primary objectives.

Results

Social Support

Table 1 presents the results obtained for the social support scale. One in five participants shows a deficit in structural social support, while approximately one in three is deficient in instrumental social support. Regarding affective social support, one in ten reflects a deficiency, while one in four lacks emotional/informational support.

Table 1

Social support by sex and age

Social support	Structural		Instrumental		Affective		Emotional/ Informational	
Deficit	Without	With	Without	With	Without	With	Without	With
Total	77.20% (n=4160)	22.80% (n=1228)	70.30% (n=3790)	29.70% (n=1598)	84.80% (n=4569)	15.20% (n=819)	73.50% (n=3960)	26.50% (n=1428)
Men	77.90% (n=1945)	22.10% (n=552)	78.50% (n=1959)	21.50% (n=538)	84.10% (n=2101)	15.90% (n=396)	75.20% (n=1877)	24.80% (n=620)
Women	76.60% (n=2215)	23.40% (n=676)	63.30% (n=1831)	36.70% (n=1060)	85.40% (n=2468)	14.60% (n=423)	72.10% (n=2083)	27.90% (n=808)
Young adults	84.20% (n=1756)	15.80% (n=330)	75.80% (n=1582)	24.20% (n=504)	87.80% (n=1832)	12.20% (n=254)	80.80% (n=1685)	19.20% (n=401)
Middle-aged adults	75.50% (n=1662)	24.50% (n=538)	68.10% (n=1498)	31.90% (n=702)	85.20% (n=1874)	14.80% (n=326)	70.90% (n=1559)	29.10% (n=641)
Older adults	67.30% (n=742)	32.70% (n=360)	64.40% (n=710)	35.60% (n=392)	78.30% (n=863)	21.70% (n=239)	65.00% (n=716)	35.00% (n=386)

Note. Young adults = 18 to 34 years old; Middle-aged adults = 35 to 59 years old; Older adults = 60 years old or older.

Table 1 shows that, in all three age groups, there is a higher prevalence of instrumental social support deficit, followed by informational, structural, and affective social support.

Women exhibit higher levels of deficiency in instrumental social support compared to men, with a significant effect size ($X^2(1) = 146.81$; $p < .001$; $w = 0.17$). No significant differences were found in structural ($X^2(1) = 1.24$; $p = .265$), affective ($X^2(1) = 1.56$; $p = .211$) or emotional/informational ($X^2(1) = 6.69$; $p = .010$) social support between sexes.

Participants over 60 years old exhibit more significant deficits in all dimensions of social support compared to younger age groups (18-34 and 35-59), with small effect sizes across structural ($X^2(2) = 122.16$; $p < .001$; $w = 0.15$), instrumental ($X^2(2) = 54.03$; $p < .001$; $w = 0.10$),

affective ($X^2(2) = 51.02$; $p < .001$; $w = 0.09$) and informational ($X^2(2) = 105.68$; $p < .001$; $w = 0.14$).

Psychological distress

Of the total sample, 20.6% show indicators of psychological distress. Participants have an average score of 18.52 ($SD = 7.77$). Women exhibit higher levels of psychological distress than men, with a small effect size (see Table 2, $t(5344.93) = -6.604$; $p < .001$; 95% CI [-1.80, -0.97]; $d = 0.18$). Significant age group differences were also found, with a small effect size ($F(2, 5385) = 16.58$; $p < .001$; $f = 0.07$). Young adults display fewer distress indicators compared to middle-aged ($p < .001$) and older adults ($p < .001$), while no significant difference is found between middle-aged and older adults ($p = .966$). Likewise, when a correlation is performed between both variables, taking them as continuous, as age increases, levels of psychological distress also increase ($r = .076$; $p < .001$; $n = 5388$). However, the correlation coefficient is very low.

Table 2

Psychological distress by sex and age

	Without deficit	With deficit	<i>M (SD)</i>
Total	79.4% ($n = 4277$)	20.6% ($n = 1111$)	18.52 (7.77)
Men	82.0% ($n = 2047$)	18.0% ($n = 450$)	17.78 (7.49)
Women	77.1% ($n = 2230$)	22.9% ($n = 661$)	19.17 (7.95)
Young adults	82.8% ($n = 1728$)	17.2% ($n = 358$)	17.76 (7.65)
Middle-aged adults	76.6% ($n = 1685$)	23.4% ($n = 515$)	18.97 (7.81)
Older adults	78.4% ($n = 864$)	21.6% ($n = 238$)	19.09 (7.81)

Note. Young adults = 18 to 34 years old; Middle-aged adults = 35 to 59 years old; Older adults = 60 years old or older.

Social support and psychological distress

Comparing psychological distress means based on perceived social support reveals that individuals with deficits in any of the four support types report higher distress levels (see Table 3). The effect size indicates that affective support has the most substantial impact ($d = 0.62$), followed by emotional/informational ($d = 0.41$), instrumental ($d = 0.21$), and structural support ($d = 0.13$).

Table 3

Psychological distress by presence or absence of social support deficit

Social Support	<i>M (SD)</i>		<i>t</i>
	Without deficit	With deficit	
Structural	18.15 (7.51)	19.8 (8.48)	$t (1831.97) = 6.15; p < .001;$ 95% IC [-2.18, -1.12]
Instrumental	17.83 (7.35)	20.17 (8.47)	$t (2658.72) = 9.59; p < .001;$ 95% IC [-2.81, -1.85]
Affective	17.79 (7.28)	22.59 (9.06)	$t (1016.02) = 14.34; p < .001;$ 95% IC [-5.45, -4.14]
Emotional/ Informational	17.64 (7.22)	20.96 (8.68)	$t (5386) = 14.06; p < .001;$ 95% IC [-3.82, -2.81]

Social support, psychological distress, and age

A moderation analysis was conducted to determine whether the positive effect of social support on psychological distress varies depending on the participant's age group. It is found that age moderates the relationship between social support and psychological distress. Table 4 summarises the results found. The relationship between social support and psychological distress is stronger among young adults regarding instrumental and emotional/informational social support. On the other hand, when it comes to older adults, the relationship is more intense when considering structural social support. Regarding affective

social support, no age moderation was found. The Annex presents the four tables detailing the results.

Table 4

Relationship between social support and psychological distress with age as a moderator

Social support	Does age moderate?	Age group where the relation is the strongest
Structural	Yes	Older adults
Instrumental	Yes	Young adults
Affective	No	-
Emotional/ Informational	Yes	Young adults

The following figures show the moderations carried out, ordered according to the age group where the relationship between social support and psychological distress is most intense (see Table 4). In the young adult group, a stronger inverse association between psychological distress and instrumental and emotional/informational social support is observed (Figure 1). The strength of the relationship between psychological distress and instrumental social support is similar between the middle-aged group ($B = 1.85$; $p < .001$) and older adults ($B = 1.64$; $p < .001$). The intensity of this relationship is most significant in the young adult group ($B = 3.14$; $p < .001$). When considering the relationship between emotional/informational social support and psychological distress, once again, middle-aged adults ($B = 2.72$; $p < .001$) and older adults ($B = 2.75$; $p < .001$) have a similar intensity in the relationship. On the other hand, young adults who have deficits in this type of support show more significant distress than the other groups ($B = 4.15$; $p < .001$).

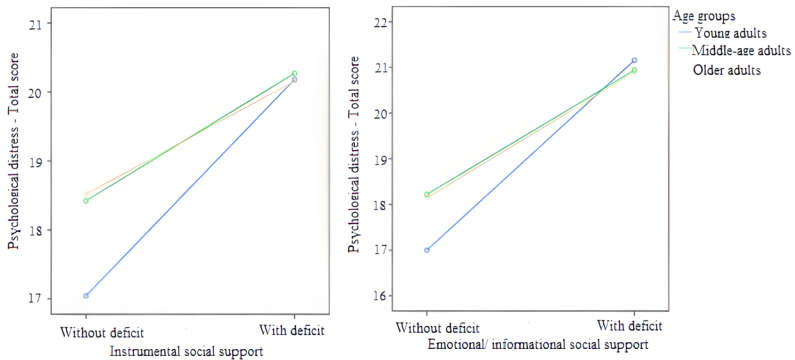


Figure 1. Relationship between psychological distress and instrumental and emotional/informational social support, according to age groups.

In the group of older adults, a stronger inverse relationship between psychological distress and structural social support is observed (see Figure 2). When comparing the strength of the negative relationship between structural social support and psychological distress, it is observed that it is higher in older adults ($B = 3.17$, $p < .001$). This relationship is lower in the other age groups (Young adults: $B = 0.99$; $p = .030$; Middle-aged: $B = 0.94$; $p = .013$).

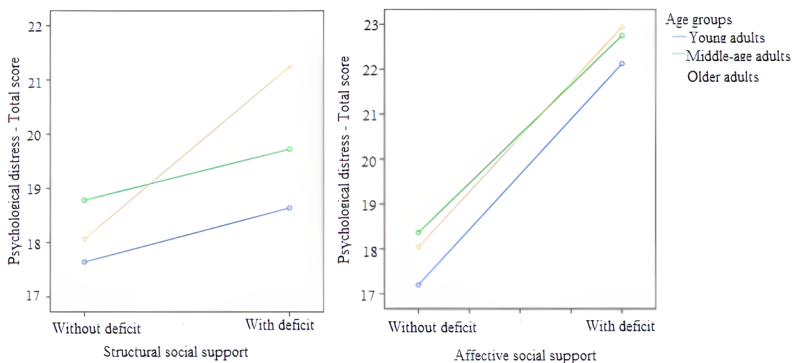


Figure 2. Relationship between psychological distress and structural social support and affective social support, according to age groups

As for the relationship between affective social support and psychological distress, the intensity is similar in the three age groups: young adults ($B = 4.92$, $p < .001$), middle-aged adults ($B = 4.38$, $p < .001$), and older adults ($B = 4.90$, $p < .001$).

Discussion

This study explored the relationship between social support and psychological distress across different age groups in Argentine adults, focusing on the moderating role of age. The findings revealed that deficits in social support are prevalent across all age groups, with instrumental support being the most commonly lacking dimension. Women reported higher levels of psychological distress compared to men, and older adults exhibited more significant deficits in all dimensions of social support. Notably, age moderated the relationship between social support and psychological distress. Young adults experienced a stronger inverse relationship between psychological distress and both instrumental and emotional/informational support, while older adults showed a more pronounced relationship between psychological distress and structural support. Affective support emerged as the most consistent predictor of psychological distress across all age groups. These results highlight the importance of considering age and gender when designing interventions to address psychological distress through enhanced social support.

Age differences in social support and psychological distress

The findings of this study highlight significant age-related differences in social support and psychological distress. Older adults exhibit more pronounced deficits in both structural and affective social support. This observation is consistent with prior research indicating that life transitions such as retirement and widowhood contribute to a reduction in social network size (Arias, 2015). As individuals age, they often experience decreased social connections, increasing feelings

of isolation and loneliness. This reduction in social networks is strongly linked to heightened psychological distress, underscoring the critical need for interventions to enhance social connections among older people (Alomoto Mera et al., 2018; Tartaglini et al., 2017). This finding underscores the importance of fostering social connections among older adults.

The study corroborates previous findings that older adults frequently lack close friendships and encounter challenges in affective/emotional understanding, which are associated with increased symptoms of depression and anxiety (Torrado, 2018; Cuadra Peralta, 2012). These emotional deficits can exacerbate feelings of loneliness and contribute to a decline in mental health. The inverse relationship between psychological distress and structural social support is particularly intense in older adults, suggesting that the shrinking network size significantly contributes to increased distress (Toribio Ferrer & Franco Barcenas, 2018).

Furthermore, older adults often face additional challenges, such as physical health issues and reduced mobility, which can further limit their ability to engage in social activities and maintain relationships. This highlights the importance of providing support systems to facilitate social engagement and emotional support for older adults, thereby reducing psychological distress and improving overall well-being.

Young adults aged 18 to 34 face distinct challenges that impact their psychological well-being, particularly social support deficits. The study reveals that young adults experience a deficit in instrumental social support, crucial for managing daily responsibilities and navigating life transitions such as entering the workforce or higher education (Esteinou, 2015; Lee & Goldstein, 2016). This lack of support is linked to lower autonomy and increased difficulties in coping with new environments, contributing to higher levels of psychological distress (Ioannou et al., 2019; Vungkhanching et al., 2017). Moreover, young adults also show notable deficits in emotional/informational support and exhibit a stronger inverse relationship between psychological distress and both instrumental and emotional/informational

social support compared to other age groups, highlighting the critical need for targeted interventions that bolster these support dimensions (Islam, 2019; Gariépy et al., 2016). By addressing these deficits, we can enhance young adults' ability to adapt to life's challenges and reduce their psychological distress.

These findings suggest that instrumental support, which involves assistance with daily tasks, is notably lacking across all age groups. This deficit may reflect the increasing demands of modern life, where individuals often juggle multiple responsibilities and may lack the necessary support to manage them effectively. Addressing this gap could involve developing community programs that offer practical assistance and resources, thereby reducing the burden on individuals and potentially lowering psychological distress. Such programs could be tailored to provide targeted support for young adults as they transition into new life stages, helping them to manage stress and improve their overall well-being.

Gender differences in social support

The study also reveals substantial gender differences, with women reporting higher levels of psychological distress and deficits in instrumental social support. These disparities may be attributed to traditional gender roles that impose a more significant burden of domestic responsibilities on women (Ferreira et al., 2018). Women often lack instrumental support, such as assistance with household chores, which exacerbates their psychological distress. The societal expectations placed on women to manage both domestic and professional responsibilities can lead to increased stress and a sense of being overwhelmed. Interventions aimed at promoting gender equality and supporting women in managing these responsibilities could help alleviate psychological distress and improve overall well-being. By addressing these gender roles through social and policy reforms, we can help reduce the psychological burden on women and improve their access to instrumental support. Additionally, community-based programs that provide

practical assistance and support for women can play a crucial role in mitigating the effects of these gender disparities.

Implications for interventions

The results underscore the importance of developing age-specific intervention programs. For young adults, enhancing instrumental and informational support is crucial, as they are at a life stage where they are still learning to manage daily responsibilities and require guidance (Esteinou, 2015; Lee & Goldstein, 2016). Targeted interventions such as mentorship programs and career counselling can empower young adults by providing the necessary support and resources to navigate challenges related to career development, financial independence, and personal relationships. These programs should improve young adults' access to instrumental support, reduce stress, and promote healthier coping mechanisms.

For older adults, strengthening structural and affective support networks is vital. Community-based programs or policy initiatives aimed at fostering social connections can play a significant role in reducing psychological distress. Social support is a protective factor against the adverse effects of stress, underscoring its importance in mental health interventions (Rosa Rodríguez et al., 2015; Stallman et al., 2017). Programs encouraging social interaction, such as group activities and support groups, can help older adults build meaningful relationships and reduce feelings of isolation.

Moreover, interventions should be tailored to address the specific needs of different age groups. For instance, older adults may benefit from programs that enhance emotional support and provide opportunities for social engagement. In contrast, young adults may require interventions emphasizing skill development and practical support.

Limitations and future research

While the study provides valuable insights, it is limited by its cross-sectional design, which precludes causal inferences. Future research

should employ longitudinal designs to better understand the dynamics of social support and psychological distress over time. Longitudinal studies can provide a more comprehensive understanding of how these factors evolve throughout the life cycle and identify potential causal relationships.

Additionally, the study did not explore cultural variables that could moderate the relationship between social support and psychological distress. For instance, cultural norms regarding family obligations, gender roles, and intergenerational support might shape how individuals perceive and utilize social support. In Argentina, where family networks often play a central role in providing emotional and instrumental support, these cultural factors could significantly influence the outcomes. Exploring the impact of cultural dimensions such as collectivism versus individualism, attitudes toward aging, or regional differences within Argentina could provide a more nuanced understanding of these relationships. Incorporating these variables into future studies would offer a broader perspective on how cultural contexts mediate the effects of social support on psychological distress.

Furthermore, segmenting the middle-aged group could yield more detailed insights into risk factors for promoting healthy longevity. Middle-aged adults often face unique challenges related to career transitions, family responsibilities, and health concerns. Understanding the specific needs of this age group can inform the development of targeted interventions that address their unique challenges and promote healthy ageing.

Finally, socioeconomic status is another critical variable that warrants further exploration. It can significantly influence access to social support networks and impact psychological well-being. Future studies should consider how socioeconomic inequalities intersect with age and cultural factors to shape the availability and effectiveness of social support.

Conclusion

In summary, the study highlights the critical role of social support in mitigating psychological distress across different age groups. By addressing deficits in social support, particularly among older adults and women, targeted interventions can promote mental well-being and improve quality of life. These findings provide a foundation for future research and policy development to enhance social support systems.

The results confirm the relevance of considering age and gender when analyzing the relationship between social support deficits and psychological distress, underscoring the need for tailored interventions to address these challenges effectively. By implementing targeted interventions that address the unique needs of different age groups and genders, we can enhance social support networks and reduce psychological distress, ultimately improving mental health outcomes for Argentine adults.

Furthermore, the study emphasizes the importance of fostering a supportive environment that promotes social connections and provides individuals with the resources they need to thrive. By creating a society that values and prioritizes social support, we can enhance the well-being of individuals across all age groups and contribute to a healthier, more resilient population.

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