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SOCIAL NETWORKS, SOCIAL SUPPORT AND ISSUES OF AGING:

SURVEY OF THREE RURAL NEW ENGLAND COMMUNITIES

A Thesis Presented

By

David J. Armstrong, Jr.

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

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Department of Psychology

SOCIAL NETWORKS, SOCIAL SUPPORT AND ISSUES OF AGING:

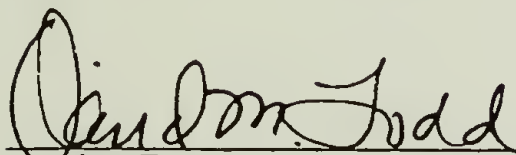
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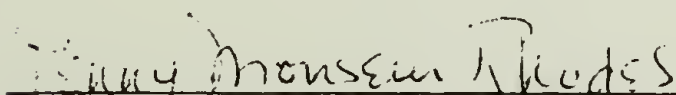
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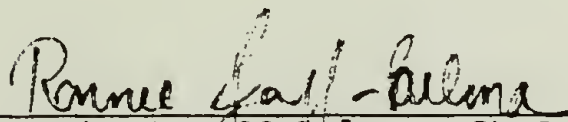
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INTRODUCTION

This Masters Thesis is actually a combination of two separate but related works. A comprehensive literature review of research pertaining to social networks and elders is presented here alongside a description and analysis of a much more limited and focused original research project.

The research presented in this thesis is drawn from a telephone survey which was one aspect of a program evaluation of the Elder Support Project (ESP). ESP was a preventive community project designed to lower stress caused by issues of aging by holstering informal community supports for elders. Funded by AoA Model Projects Grant number 01-AM-000010/02, ESP was sponsored from February, 1979 to February, 1981 by the Franklin/Hampshire Community Mental Health Center of Northampton, Massachusetts. The project was experimental in nature and designed to develop, test and refine community intervention techniques focused on community support systems. A more complete description of ESP and it's conclusions may be found in the Final Evaluation Report (Armstrong & Warner, 1981) and ESP Manual (Warner, Hutchison, Shannon & Armnstrong, 1981).

The program evaulation was designed to closely monitor the implementation and periodic revision of this exploratory project. Detailed descriptive information relating to implementation and impact was emphasized in the evaluation design over more quantified outcome measures. The evaluation served important functions within

the project, providing an ongoing cycle of formative feedback to the staff. Given the financially restricted size of the project (with a staff of 3.5 full-time equivalent positions) and its service delivery priorities, the evaluation design was fairly focused in scope. Research priorities for data unrelated to project impacts could rarely be indulged.

The survey reviewed here includes some of the evaluation's rare "indulgences". The research intentions of the survey were to provide some descriptive data on variables related to the conceptual underpinnings of ESP. Relevant questions included: How isolated are the living situations of elders? Who cares for elders? What kinds of stress do such caregivers experience and where do they turn for their own support? While some associations between variables are considered, based chiefly on correlational statistics, much of the data was collected purely for their descriptive value. As an example, one important result of the survey was the discovery that almost one-fifth (19%) of adults surveyed reported having responsibility for the care of an elder: more than two-thirds of these caregivers were women. This descriptive measure has not been previously documented in a randomly selected sample of adult community residents.

The focused and exploratory nature of the research presented here stands in sharp contrast to the much more comprehensive scope of the literature review. ESP was based on a developing field of research and practice which examines the interactions between stress, support and social networks (patterns of relationships in a community).

The literature review describes a wide range of research drawn from this field. General findings pertaining to social networks, social support and help-seeking are presented and then re-examined from the more specific perspective of older adult populations. Conceptually complex questions examined in the literature (such as what network variables are most conducive to stress reduction given a particular issue and a specific person?) are not specifically tested or addressed by the survey data. While the review presents descriptive material which frames the survey data, the survey data is not designed to test specific theories or hypothesis beyond that of a general pattern of relationship between social relationships, stress and life situations.

It is hoped that this introduction will serve to alert the reader before his or her expectations are effected by the somewhat grandiose scope of the literature review. Chapter One is designed to offer a brief review of the literature pertinent to the survey. Those readers interested in the more detailed review may want to begin with Chapters Two and Three. Chapter Four introduces the research method utilized for the collection of data in ESP's telephone survey. Research results are presented in Chapters Five and Six. A brief discussion section, Chapter Seven, offers an integration of some of the stronger patterns found in the results. The limited comparisons which can be made to research reviewed earlier are also examined in Chapter Seven. The Thesis concludes

with four appendices which include a copy of the survey instrument and information related to the questionnaire and surveyed communities.

C H A P T E R I

SUMMARY LITERATURE REVIEW

This chapter is designed to offer the reader a brief review of research literature relevant to this thesis. It may be read as an introduction or substituted as an alternative for the more comprehensive literature reviews presented in Chapters 2 and 3. Information presented here may be also found in the following chapters and it is suggested that readers who desire the more comprehensive review skip this first chapter and begin with Chapter 2.

It is the premise of this thesis that social networks mediate the individual's experience of stress and related help seeking behavior. The term "mediate" is chosen here to denote a process of undetermined causality wherein an association is observed to occur between social networks, experiences of stress and help-seeking behavior. It has been proposed that social networks may "buffer" or reduce stress, function as channels of informal support, thereby reducing need, and serve as pathways of information and referral guiding utilization of formal social services. The term "mediate" is used here to encompass all of these proposed interactions.

The process of aging and the needs of elders have been selected as the specific topics of research. The needs of elders as a sub-population are examined within the context of their surrounding social support systems. Issues of aging relating to all generations are examined as a source of stress which both effects and is moderated by social networks. Social networks mediate the individual's ex-

perience of stress related to issues of aging and help-seeking activities which address the needs of the elder or his or her helpers.

Social network analysis is a conceptual orientation to social research methodology first introduced by Barnes (1954, 1972) in his anthropological investigation of a Norwegian fishing village society. Social networks, defined as, "a set of nodes (e.g., persons) connected by a set of ties (e.g., relations of emotional support) (Wellman 1981, p. 173)", were proposed by Barnes as a new level of focus for research, offering an alternative to kinship or work-role classifications. Research by Barnes (1954) and Bott (1957, 1971) explained behavior between individuals according to patterns or networks of associations which cut across barriers of kinship, work group and class. Sociological and anthropological uses of the social network concept have typically focused on the effects networks have in directing the flow of resources and in controlling or directing a member's behavior.

The methodological developments of social network analysis have been joined in community psychology by two other historical trends: public health and mental health epidemiology and the community mental health movement (Gottlieb, 1981b; Wellman, 1981). Public health and mental health epidemiology, beginning with the early research of Farris and Dunham (1939), has examined the role that societal patterns play in the etiology of mental disorder. Research by Holmes and Rahe (1967) and later by Cassel (1974) contributed to a growing interest

in stressful life experiences and communication patterns as possible causative agents in psychosomatic and psychological disorders. A major coinciding shift developed in the basic public health model of disease. Originally concerned with identifying specific causes (e.g., swamps and mosquito-borne parasites) linked to specific diseases (e.g., malaria), researchers moved towards a more complex model of disease etiology. In this refined paradigm, a general experience such as stress might be related to a wide range of symptoms, from high blood pressure to depression (Bloom, 1979).

These developments, which placed great emphasis on social patterns related to stress, were joined in mid-stride by the growing community mental health movement. Focused originally on important issues of manpower use, lay helpers and underserved populations, the community mental health movement fostered an interest in informal helping resources. Led by the writings of Caplan (1974) on community support systems and Collins and Pancoast (1976) on "natural helpers," researchers and practitioners have shown increasing interest in the concept of "social support networks." Walker, MacBride and Vachon (1977) define a social support network as, "that set of personal contacts through which the individual (1) maintains his social identity and receives (2) emotional support, (3) material aid and services, (4) information and (5) new social contacts (p. 35)." This concept represents a specialized interest in the properties of social networks which encompass lay or informal resources of help and support and function to buffer or alleviate harmful impacts of stress.

The integration of these developing interests in community psychology was "officially" legitimized in 1978 by the recommendations of the President's Commission on Mental Health. The Commission advocated community social support resources as a central focus for preventive mental health programming.

Research documenting associations between social integration and health has provided a major source of legitimization for program planning based on a social support network perspective. The most common conceptual model posits a mediating or buffering effect between sources of life stress and the individuals health. Numerous studies have lent ample support for this model (Dean & Lin, 1977; Eckenrode & Gore, 1981; McGrath, 1970; Wilcox, 1981). One of the more extensive recent investigations, conducted by Berkman and Syme (1979) documents a striking association between levels of social integration and mortality rates. In a 9 year follow-up review of mortality rates for a random sample of 7,000 residents of Alameda County, Berkman and Syme investigate the effects of social integration, defined variously as marriages, frequency of contacts with friends and/or relatives and membership in churches, clubs and associations. The rates of mortality are controlled for the effects of age, sex, socioeconomic status, health status, health behaviors and service utilization rates. Their conclusion: "For every age group examined, and for both sexes, people with many social contacts had the lowest mortality rate and people with the fewest had the highest (p. 201)." Cobb (1976), in his review of the buffering effects of

social support in mediating pathological impacts of stress, summarizes the field: "What is new is the assembling of hard evidence that adequate social support can protect people in crises from a wide variety of pathological states: from low birth weight to death, from arthritis through tuberculosis to depression, alcoholism and other psychiatric illnesses (p. 310)."

While research has documented a mediating effect provided by social integration, several researchers have cautioned about an overly simplistic image of social networks as wholly beneficial environments of support. Dean and Lin (1977) in their extensive review of the field emphasize that both social stress and social support may be found in social networks. Eckenrode and Gore (1981) note that many research models pose stress and support as orthogonal, independent variables. Their research suggests that, far from orthogonal, stress and support frequently exist side-by-side in social networks. Wellman (1981) emphasizes that social network analysis must investigate the full scope of social relations in all its complexity, with support as one variable which may or may not exist in various relationships. Social network analysis, as a methodological tool, offers a bridge from the general concept that social integration is beneficial to more specific structural information on exactly how and in what situations social networks are supportive.

Research into patterns of help seeking has provided an additional perspective on social networks and social support, serving to document the central role which informal relations with family and

friends play as a source of support in daily life. Help-seeking behavior highlights one specific aspect of support where individuals are conscious of a need and communicate an explicit request for help. While a considerable degree of social support may not fall within the confines of such explicit exchanges, patterns of help-seeking behavior offer an indication of the relationship which many people consciously perceived to be supportive. Research documents that family members, friends and co-workers typically provide a vast range of needs and life crises (Brown, 1978; Gottlieb, 1978; Gurin, Veroff & Feld, 1960; Veroff, Kulka & Douvan, 1981). Patterns of preference of help sources vary according to need, with more specialized issues such as health typically associated with formal help sources, such as doctors. In general, however, the order of preference most often favors a spouse, friends or relatives as sources of help (Lieberman & Mullan, 1978). Dividing the possible support systems into formal (professional) and informal (lay) help sources, the most typical pattern of help seeking relies heavily on informal resources with occasional formal help in specialized areas (Rosenblatt & Mayer, 1972). Social networks of informal social relations provide the dominant realm for a majority of help seeking.

The relationship of social networks with help-seeking behavior has been proposed to be rather complex. Gourash (1978) suggest that social networks affect patterns of help seeking:

- (a) by buffering the experience of stress which obviates the need for help, (b) by precluding the necessity for pro-

fessional assistance through the provision of instrumental and affective support, (c) by acting as screening and referral agents to professional services and (d) by transmitting attitudes, values and norms about help-seeking. (p. 416)

Gottlieb and Hall (1980) propose that social networks function as information, referral and support systems simultaneously, directing the individual's use of more formal services. The premise of this thesis, that social networks mediate the individual's experience of stress and related help-seeking behaviors, is based on these patterns of effect proposed by Gottlieb and Hall (1980) and Gourash (1978) among others.

Elders, Issues of Aging and Social Networks

This thesis examines the manner in which elders are supported by their social networks and the nature of stress which issues of aging may create in these social networks. Like people of all ages, elders receive a considerable amount of support in their daily lives from their family and friends. Elders have been traditionally labelled as an "underserved" population of formal service systems, receiving fewer social services than younger generations (Butler & Lewis, 1979; Kaplan & Fleischer, 1979). Rural elderly are particularly noted for their under-utilization of formal services, reflecting a lack of available programs as well as a greater discomfort among elders with the client or service-recipient role (Coward, 1978; 1979). Elders as a generation are less active help-seekers in both formal and informal social spheres than younger people (Gurin et al.,

1960; Veroff et al., 1981).

Elders typically rely heavily on family members and friends for help and support (Brody, Davis, Dulcomer & Johnson 1979: Quinn & Hughston 1979). It has been estimated that families "deliver" 80% of "health care services" for elders (Public Health Service 1972). According to one needs assessment of the county in which the served communities are located, of the 17% of elders who require "extensive personal care from another person," more than half are cared for at home by relatives (Migid 1981). Elders most often rely on their spouse for help, followed in preference by adult daughters or daughters-in-law, adult sons and more distant relatives (Johnson 1979). Help-seeking and support in the lives of elders is typically based on the integration of a device for the maximum level of independence and self-reliance possible (given the limits of the elder's health, finances and network situation) with an equally strong desire for security and intimacy based on regular access to family and friends.

This thesis examines the process of "network stress" which occurs in relation to elders' needs for social support. Eckenrode and Gore (1981) introduced the concept of network stress as a means of addressing the possible interactions of stress between an individual and his or her social network. In the case of aging, the changing needs of an elder for support exerts stress in their social network, just as the network's ability to adapt to these changing needs will mediate to a greater or lesser degree the elder's experience of stress. The

degree of adaptation required may be significant, with retirement, widowhood and the launching of children frequently associated with the loss of key support segments and associated life roles. Lowenthal and Robinson (1976) report that, "a number of studies have noted that with advancing age there is a decline in number of roles (another way of saying that there are fewer networks to which the individual relates), in amount of interaction, and in the variety of social contacts (p. 435)." All of which suggests a greater concentration of need for support focused on a smaller number of relationships.

The nature of network stress related to issues of aging encompasses a variety of conflicts and strains. Lowenthal and Robinson (1976) describe one process of stress based on conflicting attitudes in families. Norms of self-reliance may conflict in elders with expectations of family care, leading some elders to adopt an unrealistic rigidity in their insistence on self-help. Younger generations may be equally conflicted, expressing acknowledgement of filial responsibilities while feeling resentful that their own independence is impeded by such responsibility. Lowenthal and Robinson find that unrealistic proclamations of self-reliance or responsibility for care often reflect "sterility, formality and ritualism" (p. 438) symptomatic of conflicted family relations. In contrast to such family conflicts, they identify friendship networks as typically less bound by rigid and contradictory norms. Life satisfaction levels for elders are typically higher when friends are available (Bowling 1979).

The process of aging presents a source of stress for younger

generations. Regardless of the family situation or degree of responsibility, nearly 25% of all adult children are troubled to some degree by the aging of parents or relatives. Approximately 19% of all adults seek help for issues of aging, with those who are troubled three times more likely to do so than those who are not. Concern increases in women with age while remaining fairly low and constant in men. Lieberman concludes that, "these findings suggest as a first conclusion that at least for women, parent concern constitutes stress, somewhat from the onset of adulthood, more so from age 35 to 50, and especially over 50 (p. 496)." Middle generation women are suggested by Brody and others (1979) to be particularly vulnerable to such stress given their caregiving responsibilities for multiple generations (children, spouse and parents) combined with increasing financial pressures to enter the workforce.

Direct responsibility for the care of an elder may be associated at different ages with different types of stress. Johnson (1979) reports that elder caregivers such as spouses often face significant physical health stress associated with responsibility. Younger caregivers experience mental health stress and increased isolation from their own support networks of family and friends as free time becomes scarce. Often caregiving responsibilities are associated with stress in the marital relationship (Sussman 1976). Johnson (1979) concludes that the major sources of stress in the support networks of elders is not a conflict in norms but simply a lack of available helpers, with

only one relative typically near enough and able time-wise to assume the caregiving roled.

Issues of aging create significant stress in the social networks of elders, for the elders themselves as well as for their friends and relatives. This thesis will offer a description of the typical network situation of elders as based on a survey of three rural New England towns. Sources of support for problems of daily living and issues of aging in particular will be identified for adults of three generations; young, middle and elder. It is expected that issues of aging will present a significant source of stress for adults of ages and especially for those with responsibility for the care of an elder. Based on the premise of social supports, it is also anticipated that adults with greater network resources will report lower levels of stress and greater life satisfaction.

C H A P T E R I I

LITERATURE REVIEW: SOCIAL NETWORKS, SOCIAL SUPPORT AND HELP SEEKING

Within the context of community assessment, the social network patterns of contrasting neighborhoods and demographic groups could be examined to identify problem areas and at risk groups. For example, an analysis of social network patterns of the elderly within a particular neighborhood might indicate isolation and a failure to utilize existing formal resources. If the analysis also revealed that church membership was a frequently cited link, then this may suggest starting with the church and the clergy as a source of disseminating information and possibly developing programs. Similarly, network analysis of a neighborhood might identify particularly central individuals who might play influential roles in supporting and developing community-based programs. At a more general level the extensiveness, quality and stability of residents' social networks may provide concepts for assessing the quality of life in a community. (Mitchell & Trickett 1980, pp. 41-42)

The hypothetical program of community assessment outlined above by Mitchell and Trickett reflects the development of several major trends in current mental health practice. The program integrates a fairly extensive methodology of applied social research in order to provide an informed basis for the planning and design of mental health interventions. The focus of this assessment suggests that the interventions will address an environment of social relations more extensive than client-therapist dyads or family systems. The use of such terms as "social network patterns," "link," and "central individuals" indicates that the research will reflect a structural understanding of these social relations emphasizing the function of patterns of

associations between individuals which, taken as a whole, carry import for the quality of life of the individuals. The emphasis in this hypothetical example on community assessment research, designed to guide community-based interventions and focused on patterns of "links" in the population exemplifies the growing acceptance of social network concepts of social support as a vital aspect of health promotion.

This thesis examines the patterns of social support, help seeking and service utilization in three rural New England towns. The research is organized around the general life situation of aging and addresses the experiences of stress, need and well-being as they are affected by issues of aging. The research is based on the hypothesis that patterns of social networks will mediate the individuals experience of stress as it relates to issues of aging. The data for this research were collected in a survey which comprised one aspect of a community assessment similar to that described above by Mitchell and Trickett. The community assessment provided evaluation and needs data for a community-based prevention project entitled the Elder Support Project (ESP).

In reviewing the developing field of social supports on which this research is based I begin as many writers in this field do with the question of definitions. Enjoying a rapidly growing popularity, concepts of social support and social networks have been applied in a vast range of settings with an equally wide range of definitions.

Wellman (1981) offers a succinct description of social networks as, "a set of nodes (e.g., persons) connected by a set of ties (e.g., relations of emotional support) (p. 173)"--a straightforward definition similar to that originally used by Barnes (1954) when he introduced the concept as a basis for an anthropological description of society in a Norwegian fishing village. Mitchell (1969) elaborates slightly on this perspective, defining social networks as, "a specific set of linkages among a defined set of persons, with the additional property that the characteristics of these linkages may be used to interpret the social behavior of the persons involved (p. 2)." Sociological and anthropological use of the social network concept has typically focused on the effects social networks have in directing the flow of resources and in controlling or directing members' behavior.

The concept of social networks as defined by Wellman and Mitchell is basically one of methodological perspective more than it is a developed field of theory. Boisserian (1979) in his review of the research emphasizes the understanding of social networks as a methodological approach to fundamental questions about human behavior: "Basically, network analysis is very simple: it asks questions about who is linked to whom, the nature of that linkage, and how the nature of the linkage effects behavior (p. 34)." The use of this perspective in community psychology has coincided with theoretical developments in public health and mental health epidemiology which mark the method as a vital research tool in the field.

Writing from the vantage point of an anthropologist in a field now long familiar with network analysis, however Boissevian (1979) offers a caution which seems particularly important. Comparing the possible fate of network analysis to that of, "the dodo, Neanderthal Man and sociometry (p. 394)," Boissevian describes network analysis as an analytical instrument which, in a process of "methodological involution," threatens to advance far beyond any coinciding development in theory or paradigm which could frame the method and protect researchers from an overinvestment in "suffocating" technical expertise yielding trivial results. Boissevian's warning points to the control role of theory development as a comparison to the growing interest in network analysis in psychology.

The use of social network analysis in community psychology coincides with a developing interest in social support as one dimension of the social milieu strongly related to well being. Support in this context has been defined broadly as, "any input, directly provided by an individual (or group) which moves the receiver of that input toward goals which the receiver desires (Caplan, Robinson, French, Caldwell & Shinn, 1976, p. 211)." Cobb (1976) characterizes social "support" as a form of information exchange which leads the persons involved to believe they are: "(1) cared for and loved; (2) esteemed and valued; or (3) belong to a network of communication and mutual obligation (p. 300)." Support as such is a property associated not only with intimate dyadic re-

lationships of love and friendship but also with a more complex system of social ties. Drawing on Cobb's third condition of support, researchers have proposed an interaction of social support, with social networks, a "social support network." Walker, MacBride and Vachon (1977) define a social support network as, "that set of personal contacts through which the individual (1) maintains his social identity and receives (2) emotional support, (3) material aid and services, (4) information and (5) new social contacts (p. 35)"-- a definition very similar to those proposed by the President's Commission on Mental Health (1978) and Mitchell and Trickett (1980) in their summary of definitions. The concept of social support networks focuses on the distribution and effects of social support as an exchange mediated by the structure of social networks.

Social support networks, often associated with an individual person, have also been viewed as social support "systems" analogous to but distinct from more formal human service "systems." The characterization of support networks as a system of lay or "natural" helping (Collins & Pancoast, 1976) differentiates support in terms of its source. Despite the difficulties of romanticizing this concept of support (Gottlieb, 1981a,b) and identifying what in fact is humanly "natural," research in the field of social supports has focused on the interaction of formal and informal helping sources as an important and useful distinction. Intuitively sensible, if rationally difficult to clearly define, the distinction of formality

relationships of love and friendship but also with a more complex system of social ties. Drawing on Cobb's third condition of support, researchers have proposed an interaction of social support, with social networks, a "social support network." Walker, MacBride and Vachon (1977) define a social support network as, "that set of personal contacts through which the individual (1) maintains his social identity and receives (2) emotional support, (3) material aid and services, (4) information and (5) new social contacts (p. 35)"-- a definition very similar to those proposed by the President's Commission on Mental Health (1978) and Mitchell and Trickett (1980) in their summary of definitions. The concept of social support networks focuses on the distribution and effects of social support as an exchange mediated by the structure of social networks.

Social support networks, often associated with an individual person, have also been viewed as social support "systems" analogous to but distinct from more formal human service "systems." The characterization of support networks as a system of lay or "natural" helping (Collins & Pancoast, 1976) differentiates support in terms of its source. Despite the difficulties of romanticizing this concept of support (Gottlieb, 1981a,b) and of identifying what in fact is humanly "natural," research in the field of social supports has focused on the interaction of formal and informal helping sources as an important and useful distinction. Intuitively sensible, if rationally difficult to clearly define, the distinction of formality

refers in part to the differences in relationships discussed by Lenrow (1978) in his description of "The Work of Helping Strangers." Formal helping typically occurs in the context of paid, working roles involving exchanges between people who do not know each other outside of the immediate helping situation. A social support network for an individual typically includes a wide range of formal and informal helping relationships, intertwined in one network of contacts. The emphasis within the field, however, on informal help underscores a frequent interest in support as one variable in the day to day, familiar social networks of individuals.

One final concept frequently related to social support and social networks is that of help and help seeking. Gourash (1978) defines help seeking as, "any communication about a problem or troublesome event which is directed toward obtaining support, advice or assistance in times of distress (p. 414)." Representing an expansion of research interests in service "utilization" to encompass both formal and informal sources of support, help seeking defines another aspect of support framed within the context of social networks. While support may exist outside of active help seeking (i.e., an explicit request), help seeking behavior offers insight into the nature of sources of support as perceived by the individual in need who turns to his or her social network for assistance. Taken as a whole, the concepts of social networks, social support and help seeking offer three broad perspectives which are integrated in current research interests in the community psychology of well being and health promotion.

History of Interests in Social Networks and Social Supports

The field of social support networks currently enjoys a rapidly growing enthusiasm among community psychologists. The roots of this enthusiasm may be traced to at least three different fields of research and social intervention: (1) early public health and mental health epidemiological research; (2) the community mental health center (CMHC) movement and concerns with lay manpower resources; and (3) developments in sociological and anthropological research methodology (Gottlieb, 1981; Wellman, 1981).

Public health research has focused on the identification of disease etiology in the interaction of environmental conditions and social practices. Early mental health epidemiologists applied the concepts of public health research to the incidence of mental illness. Farris and Dunham (1939) investigated the mental health correlates in an urban Chicago sample to identify the social conditions associated with emotional disturbance. Among other demographic variables, their results suggest harmful effects of barriers in communication associated with the isolation of ethnic groups and with the general social confusion of an urban center (linked to the experience of anomie). The focus on social conditions associated with morbidity led to an emphasis on stress as a major psychosomatic variable. The research of Holmes and Rahe (1967) served to crystalize this developing concern by demonstrating the various levels of stress associated with a wide range of life changes. Their Social Readjustment Rating Scale

set forth a range of quantified levels of stress associated with various changes, thereby permitting the identification of the effects of accumulated stress. This research tradition culminates in the work of John Cassel (1974) on "psychosocial processes" and stress, wherein he investigated the relationship between health and the social environment. Cassel's conclusions emphasize the role of informational deficits in contributing to stress and illness. Bloom (1979) summarizes a general shift in the traditional public health paradigm. Originally concerned with identifying the specific causes of specific illnesses, researchers have come to recognize the effects of social conditions and practices which are associated with a generalized increase in the individual's vulnerability to a wide range of possible disease conditions, from ulcers and strokes to low birth weight to depression and suicide.

The movement in mental health services toward a concern with lay resources and community control gained its contemporary form in the conclusions presented by President Kennedy's Joint Commission on Mental Illness and Health (1961). While the existence of interests in this area predated the Commission, the commission's report offered an articulate call for more community input and diversity in addressing the needs of underserved populations and manpower issues. The Commission's conclusions, strongly supported by President Kennedy, led to the establishment of the Community Mental Health Center Act (Title II, P.L. 88-164, 1963) and a major programatic emphasis on the use of paraprofessionals. Gerald Caplan's writings in social

and preventive psychiatry (1964) and social support systems in the community (Caplan, 1974; Caplan & Killilea, 1976) identified the importance of informal relations in providing valuable, preventive support. The cycle of Presidential Commissions returned again in 1978 to emphasize the importance of social supports by way of the formalism of a specific Task Panel on Community Support Systems (President's Commission on Mental Health), which signalled the acceptance of social support networks as a variable central to mental health promotion.

The third contributing area of development, that of methodological refinements in anthropological and sociological research, was originated by Barnes (1954, 1972) with his introduction of social research which went beyond the traditional categories of kin, class and corporate structure. Barnes utilized the actual pattern of social ties in a Norwegian fishing village to explain behavior which could not be accounted for by kin and class structure alone. Bott's research (1957, 1971) quickly followed Barnes in examining the effects of social networks. Creating the network variable of density (the proportion of actual ties to total number of potential ties linking members of a network). Bott used the social network properties of families of origin to account for the marital roles adopted by married couples.

The research and intervention priorities of mental health epidemiology, CMHC's and network analysis in anthropology and sociology have formed intertwined traditions at this point, forming the basis for

current interest in social support systems among community psychologists. Mitchell and Trickett (1980) suggest that the particular appeal to mental health professionals is based on the useful methodological perspective for community psychologists, the workable conceptual base for prevention program design and the emphasis on non-professional resources offered by a social network perspective on social support.

Stress, Health and Social Support

Research investigating the relationships between stress, health and social support has provided one of the most persuasive sources of legitimization for current interests in social support networks. Cobb (1976), in his review of the buffering effects of social support in mediating pathological impacts of stress, summarizes the research: "What is new is the assembling of hard evidence that adequate social support can protect people in crises from a wide variety of pathological states: from low birth weight to death, from arthritis through tuberculosis to depression, alcoholism and other psychiatric illnesses (p. 310)." McGrath (1970) reviews numerous studies in which the effects of stress are shown to be moderated by interaction with other people with whom the subject has a positive relationship. Wilcox (1981), investigating the health ramifications of separation and divorce, traces the history of stress theories from the early concept of stress contributing to morbidity to the later introduction of social support as a mediating factor which accounted for wide discrep-

ancies in health impacts which stress produced in the individual. One of the most striking surveys in the field (Berkman & Syme, 1979) documents the effects of social relations in mediating death rates at all ages. In a 9 year follow-up review of mortality rates for a random sample of 7,000 residents of Alameda County, Berkman and Syme investigate the effects of social integration, defined variously as marriage, frequency of contacts with friends and/or relatives and membership in churches, clubs and associations. The rates of mortality are controlled for the effects of age, sex, socioeconomic status, health status, health behaviors and service utilization created. Their conclusion: "For every age group examined, and for both sexes, people with many social contacts had the lowest mortality rate and people with the fewest contacts had the highest. The relative risks between these groups range from just under 2 to over 4.5 (p. 201)." Their results suggest that the most important ties relative to mortality rates are the more intimate relationships of marriage, family ties and friendship. The risks of death increased sharply only when isolation occurred in multiple social spheres simultaneously, suggesting that intimate friendship ties can compensate for family losses and visa versa.

Despite the mounting body of empirical research which demonstrates a positive health impact of social ties, a number of methodological and conceptual controversies exist in the field. Eckenrode and Gore (1981) review stress studies dating from Holmes and Rahe (1967) and present a major critique of the research in the separation

of stress from the context of individual life settings. The generalized quantification of stress ratings for a range of life events disregards the different meanings which these events may carry for the person--an important variable which may account for discrepant results found in some studies. Eckenrode and Gore also question the frequent approach to stress and support as "orthogonal" or independent factors. Stress and support are both aspects of social networks, frequently intertwined in the same relationship. Dean and Lin (1977), in their extensive review of the stress-illness literature, express a similar concern in their recommendation that researchers view social systems as encompassing both health stressors and stress buffering elements.

The research of Eckenrode and Gore (1981) indicates that changes in surrounding network members often impact on the central person with increased stress and/or reduced support and that the system of impacts is reciprocal, suggesting the possibility of interactional patterns (such as escalation) of stress and support within social networks. They recommend that researchers focus on "network stress" as a complement to individual stress data. DiMatteo and Hays (1981) elaborate on this dynamic as found in conditions of serious physical illness. The evidence reviewed indicates a mixture of interactions between social ties and illness, serious illness often carrying negative or stressful impacts for marriage and family relations which in turn may exacerbate the morbid condition of the subject.

In addition to suggested refinements in the conceptual understanding of stress-support interactions, research and statistical designs

in the field are commonly based on correlational evidence which is inconclusive in examining causal pathways of morbidity. Rabkin and Struening (1976) estimate that despite strong correlational associations, stressful life events, as measured by the Social Readjustment Rating Scale (Holmes & Rahe, 1967) and similar stress models, may account for as little as 9% of the variance in illness. Heller (1979) emphasizes the weakness of correlational data in examining directions of causality. He argues convincingly that the present state of research leaves the question of stress--social support--illness association open to "rival hypotheses," the most viable of which might be found in the personal variable of social competence. In summary, while the accumulated data demonstrate the existence of a social process of stress and support which can carry significant effects for health and illness in the individual, the complete nature of this interaction remains unclear.

Structural Network Analysis

Researchers have operationalized the definition of social ties in a wide variety of manners ranging from measures of church attendance to marriage. Gottlieb (1981c) differentiates these parameters into three general levels of social research. The macro level of research (represented by such studies as Berkman and Syme, 1979) typically integrate a number of measures to examine a person's general level of social integration and participation. Structural network analysis, operating in a middle ground, examines interactions in the context of a social network with particular structural properties (Hirsch, 1981; Wellman, 1981). A micro level of research addresses the relative effects

of access to dyadic intimacy. Lowenthal and Haven's (1968) findings that an overall reduction in social activity is moderated by the maintenance of a single intimate tie, associated with higher morale in the elderly, exemplifies the micro level of social support. Gottlieb (1981c) summarizes the major conclusions reached by the macro and micro levels of research as being, respectively: "(a) there is something about social contact that is important to health maintenance, and (b) the distinction between social isolation and access to at least one confiding relationship may be of greatest importance to the study of social support (p. 206)." The avenue to more complex understandings of social network lies, he suggests, along the middle ground of network analysis.

Social network analysis involves the explication of distinct structural properties based on patterns of social relationships. Social networks may be conceptualized as the personal (Mitchell, 1969) or ego-centered (Erickson, 1975) patterns of ties which surround an individual or, alternatively, as system-centered social networks including all the ties which comprise a discrete group of community (Barnes, 1954). In either case, structural properties of social networks are generally divided into network-wide variables and properties associated with individual ties within the network. Network variables include size, density, clustering or segmentation, dispersion, boundary density, member centrality and homogeneity. The size or range of a network represents a simple count of the "nodes" or persons included. Operationally the definition of network membership varies widely. The precise definition depends on some choice of parameters (i.e., intimacy, importance,

frequency of contact, locality) which specify the set of relationships to be examined and reflect a conceptual or theoretical orientation assumed by the investigator. Density is a measure of the total existing ties between nodes of a network divided by the total number of potential ties possible. A density of 1.00 would indicate a network situation in which every member had a tie or relationship with every other member. Wellman (1981) points out that measures of density are useful in extremes, suggesting very dense or sparse social structures, while moderate density scores such as .33 may be associated with widely divergent network patterns. Clustering is a structural condition where a network has pockets or groups of high density loosely interconnected with other clusters. Such clustering is often associated with different network segments such as co-workers, family, neighbors and college friends where segment members tend to know each other more than they do members of other segments. Dispersion is used variously to refer to the degree of separation between members, segments and/or the degree of geographical distance. Boundary density is a fraction formed by dividing the number of existing ties between members of two different segments or clusters by the total number of possible ties--the measure represents the degree of separation or inter-connectedness between different segments of a network. Membership centrality is a structural condition where one or two members have a high number of connections to others, forming a central bridge or a switchboard between less connected individuals. Homogeneity is an overall measure of membership similarly based on shared values, norms, roles, income and other demographic properties. Homogeneity is frequently associated with geographically

close, dense networks while heterogeneity is often found in less dense, more segmented networks.

Characteristics typically used to examine the dyadic ties between network nodes include frequency of contact, intensity or intimacy, duration, multiplexity, symmetry, voluntarism and conflict. Frequency of contact (in person and/or by phone or mail), reported intimacy, intensity or importance and duration or history are measures commonly integrated in various combinations to yield some indication of a tie's strength. Multiplexity or multidimensionality represents the complexity of a link in terms of multiple properties such as roles, functions or interactions. A tie may be based solely on a co-worker basis. If the tie also comes to include a friendship or affair it is said to have increased in dimensionality. Symmetry or reciprocity refers to the balance of roles and the directionality of exchanges. A reciprocal relationship is one in which resources are exchanged in both directions--when resources are extremely different but equally valuable the symmetry would be one of complementarity. One interesting measure of reciprocity surveyed by Shulman (1976) involves the reciprocal nomination by two people of each other as an intimate or close relationship. Shulman reports that only 36% of the ties surveyed were identified by both parties as intimate. Wellman (1981) concludes that most ties are symmetrical in acknowledgement of a tie but asymmetrical in content and intensity. Voluntarism is defined by Wellman (1981) as a measure of the fact that, "many ties are with persons whom one does not like and with whom one would not voluntarily form a twosome (p. 181)." Conflict is a property which integrates aspects of multiplexity and reciprocity in

measuring the degree to which a link involves stress, support or both.

A final property of networks, applicable to overall patterns as well as individual ties, involves the dimension of temporality. In his investigation of the effects of transition in the lives of separated and divorced women, Wilcox (1981) emphasizes the importance time plays in fully understanding the network properties most relevant to adaptation in his sample. The magnitude and structure of membership loss and reorganization over time were central variables reflecting significantly different social situations in the lives of the subjects. Hirsch (1981) advocates a "life span approach to social networks" which encompasses the developmental process of change in personal identity and social network which unfolds over the course of life. This perspective is particularly important in the understanding of the social networks of elders (Swenson, 1979).

Person-Environment Interrelation and Social Support:

Person-Centered Determinants

The body of variables relevant to conditions of social support and help seeking encompass a range of great scope and complexity. Fortunately for this writer, researchers in the field have identified organizing perspectives particularly useful in approaching this maze. Kelly (1977) proposes the reciprocal nature of the person-environment interaction as an appropriate model for examining social support. Based on Kelly's perspective Mitchell and Trickett (1980) identify three areas of determinants encompassing individual, environmental and interactional properties.

Person-centered determinants include at least 5 areas of findings: (1) interpretation and meaning; (2) norms, attitudes and beliefs; (3) personal resources; (4) types of stress; and (5) demographic characteristics of the individual.

The personal meaning or interpretation of a life event and relative need as well as the degree of personal satisfaction with support offered act as person-centered variables which frame the experience of support. Strong (1978) posits that the interpretation of a potentially stressful life event can affect "the initial reaction, the use of particular situation mediators and the final outcome (p. 463)." In a case example of divorce Strong reports that the subjects focus on closeness (loss of spouse) and well being or success in facing a new role emphasized two aspects of support which were most important to her personally. The two aspects included: substitution (relevant to the loss of closeness) based on the closeness and intimacy offered by the helper; and modeling (relevant to her future well being) based on the similar experiences of the helper. Strong also emphasizes the temporal nature of meaning, open to successive reinterpretations of the event and relevant support at different stages in time. Individual meaning may function independently of external measures. Millrather (1979) reports a low correlation between objective, observer-based measures of support and subject assessments of support. Barrera (1981) integrates objective measures of available social support resources and helping behaviors received with subjective appraisal of support and reports the three measures to be "mildly associated" at best. While demonstrating a central role played by personal satisfaction, Barrera (1981) concludes:

"the receipt of satisfying support is related to positive adjustment, but the facts that contribute to the development of satisfying support are for the most part obscure (p. 86)."

Norms, values and beliefs may also function in a similar manner to meaning as person-centered determinants which affect the definition of stressful life events, personal need and appropriate support. The findings in this area have not, however, demonstrated a direct effect of personal values on support preferences or helping behavior. Theorizing a class difference in the values of personal autonomy versus conformity, Asser (1978) investigated the possible relationship between these values and preferred helping styles. Value differences per se were not found to be directly associated with differences in preferred helping styles. Interactions of class, sex and problem definition appear to be at least as important as personal values in accounting for differences in preferred helping styles.

Schreiber and Glidewell (1978) advance a theory of norms which shape helping exchanges based on a pattern of complementarity and reciprocity of rights and duties. Their findings offer only limited support to this theory. With informal support sources, 45% of those receiving help believe they have no normative right to it and 43% feel no duty to reciprocate. In the total sample, 40% of the subjects fall into the nonreciprocal, noncomplimentary categories of rights but no duties or duties with no rights. The overall relation of norms to actual behavior appears to be more complex, situational and dynamic than presently investigated theoretical models propose.

The personal resources of social competency, coping skills and

social orientation have frequently been proposed as central determinants in the person-environment interaction (Heller, 1979; Mitchell & Trickett, 1980). Data suggest that individual coping styles affect the person's access to network resources (Pearlin & Schooler, 1978). In comparing the social orientation and problem-solving styles of medical and psychiatric inpatients, Tolsdorf (1976) describes differing network orientations which characterize the two samples. Medical patients tended to view their networks of social relations as a potential source of help to be resorted to in problem-solving when individual resources failed. In contrast, psychiatric patients viewed their social networks as potentially hostile, did not expect support and did not integrate effective help seeking in the informal realm within their problem solving styles. Gottlieb and Todd (1979) remark on the range of possible differences in personal orientation to social networks as demonstrated in social network workshops held with college students. In reviewing their network situations some students appeared to be very active in seeking contacts and support even in the face of restricted available social resources while other students appeared to actually restrict themselves in the face of abundant support. Commenting on the integration of personal skill, orientation and interpretation of need, they conclude: "Individuals differ in their needs and preferences for high or low network integration, and these needs and preferences change over time. (p. 211)."

A related personal resource which may directly affect coping skills is that of physical health. Bowling (1979) reports that perceived health and reported symptom level accounted for 38% of the

variance in life satisfaction in a sample of elderly, contrasted with only 4% variance in life satisfaction associated with friend contact intensity. The data suggest that health conditions can have a striking impact on personal access to and relative gratification from social contacts.

The relative impacts of stress on the individual's experience of need, help seeking and satisfaction with support appears to vary widely with the type of life events involved. A rough measure of the overall amount of change involved with different events was first standardized by Holmes and Rahe (1967). In addition to the standardized amount of change, Strong (1978) reviews a number of related dimensions which may characterize the event and associated type of stress, including relative desirability of the change, control and anticipation, social network impacts of loss or gain (exits and entrances) and ascribed meaning, discussed above. This range of dimensions represents a complex field of interactions which may characterize the type of stress experienced by the individual. Brown (1978) reports that the magnitude of stress experienced (rated as a personally more "troublesome" life event) is directly related to increased help seeking. The frequency of help received has been found to function as a "barometer" of an individual's distress with experiences of increased stress associated with more frequent help received and a coinciding decrease in satisfaction with the support available (Barrera, 1981). These results suggest a significant but complex interaction of effects between life events, experienced stress, help seeking and satisfaction with social supports. Some events may be assumed to carry generalized effects across individuals,

such as the case of widowhood where the personal loss is mirrored in a network gap of decreased size and intimacy. The event of serious health problems carries a predictable impact on the social capacities of the individual. The precise nature and import of stress related to life events appears to vary widely however, with each individual having his or her own unique typology of stress sources and associated impacts on the life situation.

Demographic variables associated with the individual also function as person-centered determinants in affecting the person-environment interaction. While some findings have documented differing effects, the research in this area appears to be relatively limited. Surveys of formal service utilization have documented higher utilization rates associated with the YAVIS client--young, attractive, verbal, intelligent and successful (Kelly, Smowden & Munoz, 1977), and lower utilization by rural populations (Coward, 1978). The findings of Gurin, Veroff and Feld (1960) provide one of the more comprehensive reviews of the effects of demographic characteristics on formal and informal help seeking. The elderly are highlighted as a subpopulation which characteristically does not actively seek support for problems: "The gradual switch from coping mechanisms to passive mechanisms of handling problems as people age is best exemplified in the change from informal help seeking as a major response of the youngest age groups, to prayer as a major response in the oldest age groups (p. 370)." This trend is supported by Brown's (1978) findings that the increase in nonseeking among elders coincides with an increase in an attitude of reluctance (as opposed to self-reliance) in opting to not seek help. Gurin and others (1960) summarize

their findings: "Direct coping with worries--attempting to do something about the sources of distress--is more common in men, in younger people, in the more educated, and in higher income groups. And reliance on informal ties--on friends and family--is much more common in younger than in older people (p. 379)."

Demographic variables have been found to interact in unique patterns of effect in relation to support and help seeking. In examining general helping style preferences across the variables of age, race, sex and class, Asser (1978) found the only significant effect to lie in an interaction of sex with class. Men preferred a didactic (directive, problem-focused) helping style in general, across classes. Middle class women evidenced a greater tendency to use negotiation (supportive, affect-focused) styles, while lower class women, like men, preferred didactic helping almost exclusively. The definition of problems was identified as an intervening variable: middle class women tended to use negotiation in help seeking around interpersonal problems while men in general did not report interpersonal problems, focusing more on health, finance and work-related difficulties. In general, the range of demographic variables encompasses a number of interacting determinants which appear to have significant effects associated with social support, stress and help seeking.

Person-centered determinants have been demonstrated to have significant impacts on the nature and experience of need, support and help seeking. Determinants such as personal interpretation or ascribed meaning, norms and values, coping skills and social orientation, individual stress typologies and demographic characteristics interact in a

complex matrix of person-centered variables which contribute to the person-environment interaction of social support.

Environment-Centered Determinants

Environment-centered determinants of social support encompass three aspects of social relations and exchanges which surround the individual and comprise the fabric of day to day life. In examining the nature of support from others, three questions of immediate interest are: (1) who helps?; (2) what is the nature of this help or support?; and (3) how does the support affect the individual--what help matters? Gurin and others (1960) provided some of the earliest data based on extensive survey which documents the role of personal social networks of spouse and friends in providing the individual with a central resource for dealing with worries and difficult life situations. More than half of the adults interviewed listed informal social relations as primary sources of help in their daily lives. In reviewing help-seeking patterns in response to a range of 26 potentially stressful life events and roles, Brown (1978) reports that 35% to 90% of the helpers turned to their "informal" friends or relatives. Informal resources were turned to by less than 50% of the subjects in only 4 of the life situations surveyed, typically involving issues of physical health. Gottlieb's (1978) data supports the primacy of informal contacts with 70% of reported helping exchanges (across problem areas) involving help received from informal sources. In terms of the range of life issues involved with help seeking, results indicate that informal resources are utilized across a wide range of needs, depending

on individual patterns: "No one kind of problem has been found to precipitate help seeking; rather, a wide variety of events result in the engagement of a diverse set of helping resources (Gourash, 1978, p. 419)."

The terms "formal" and "informal" encompass many different relationships. Within informal social resources, Lieberman and Mullan (1978) report that spouses are by far the most common source of support, followed by friends and relatives, with co-workers, parents and children less frequent helping sources and neighbors rarely identified as support sources. In the realm of formal helping roles, doctors are by far the most frequent source of assistance, primarily in relation to physical health needs. Outside of physical illness, doctors and clergy are on a par, equal in frequency of contact for support with parents or children. Formal counseling resources are rarely cited as sources of support or helping (Lieberman & Mullan, 1978). While it appears that some individuals operate within exclusive realms of support and help seeking (i.e., total self-reliance, or exclusive informal support) the reliance on formal supports alone is the rarest scenario--most individuals integrate a pattern of informal supports with occasional formal help (Rosenblatt & Mayer, 1972).

The distinction in support services between "formal" and "informal" social relations suggests a difference not only in source of support but also in type of support. Patterson (1977) maintains that "natural" helpers may be distinguished from formal helpers by way of the types of problems encountered, helping behaviors evidenced and the character of the relationship between helper and helpee (especially in terms of

mutuality and status equality). Patterson's (1978) subsequent content analysis of informal helping behaviors identifies 11 categories of natural helping techniques. Gottlieb's (1978) similar use of content analysis yields descriptions of 26 informal helping behaviors, divided into 4 categories" (1) "emotionally sustaining behaviors (which promote emotionally supportive conditions)"; (2) "problem solving behaviors (which supplement the helpee's coping resources)"; (3) "indirect personal influence (which create an awareness of potential help or milieu reliability)"; (4) "environmental action (involving social advocacy taken on behalf of the helpee)" (Gottlieb, 1978, p. 111). Emotionally sustaining and problem solving categories are equal in frequency and represent over 75% of the responses coded. The behavioral descriptions of helping explicated above by Gottlieb have been encoded in a structured interview instrument, the Inventory of Socially Supportive Behaviors (ISSB), by Barrera (1981). Drawing on the work of Gottlieb, Patterson and others, Hirsch (1979, 1980) examines the relative usefulness of 5 categories of informal helping: (1) cognitive guidance; (2) social reinforcement; (3) tangible assistance; (4) socializing, and (5) emotional support. Within the context of successful adaptation to the "crisis" of widowhood and college entry by middle-aged women, Hirsch reports satisfying cognitive socialization filling an important secondary role. The precise nature of satisfying, as opposed to unsatisfying problem solving remains, however, unclear.

The relative usefulness of different sources and types of support available in the environment has been questioned by some researchers in the field. In examining the life satisfaction of elders in relation to family and friendship-based social contacts, Bowling (1979) reports a significant amount of variance in satisfaction to be accounted for by friend contact intensity but not by family contacts. In summarizing the results, controlled for factors of sex, age, income, education, marital status and health, Bowling concludes: "Activity with family members may not be an important source for role support for subjects, ...which is necessary for reaffirming one's self-concept and, in turn, one's life satisfaction. Friends on the other hand have been found to be good sources for role support and stability of self-image because of similar experiences (p. 17)."

In examining the question "Does Help Help?," Lieberman and Mullan (1978) carry the challenge further. Their survey compares 9 outcome measures of adaption in a sample of 1,106 adults who have experienced one or more major life changes during a 4 year period. The sample is divided according to reported help seeking into 3 groups: nonseekers, informal only and informal with some formal help seeking combined. Outcomes measuring the effectiveness of help were controlled for: (1) "structural position in society" (age, sex, race and class); (2) perception of the stress of the event;" (3) "access to help;" (4) internal resources prior to the event and help-obtaining sequence;" and (5) "temporal relationship between the occurrence of the event, help seeking and change in adaptation (p. 514)." Their conclusion: "no evi-

dence was found that obtaining help reduces stress (p. 515)."

The context of Lieberman and Mullan's results offer some qualifications for the severe indictment their conclusion implies for stress-social supports--illness models of health. The authors themselves emphasize that the data does not include a measure of the type, quality of satisfactoriness of help obtained, thereby leaving the elusive but significant question of satisfying support unaddressed. The dimension of "access to help" is equated in the study to perceived access rather than a network analysis of structural access to resources. Perhaps most importantly, studies of help seeking remain limited in the degree of commentary possible on social support. One perspective on support, research into patterns and effects of help seeking necessarily focus on explicitly conscious exchanges of support based on an individual's awareness of and motivation from personal need. In light of the evidence collected which underscores the buffering effects of social contacts it seems highly probable that social support includes not only help seeking per se but also the larger general fabric of social contacts and relationship. Social contacts may help when we don't ask for help and support when we are least aware of or consciously seeking support. The structural analysis of social networks surrounding the individual offers a much needed expansion in the understanding of environmental determinants of social support.

The use of network analysis has led researchers in the field to propose certain direct effects which the structure of social networks may exert in shaping the help-seeking behavior of the individual.

Gourash (1978) suggests that social networks affect patterns of help seeking:

(a) by buffering the experience of stress which obviates the need for help, (b) by precluding the necessity for professional assistance through the provision of instrumental and affective support, (c) by acting as screening and referral agents to professional services and (d) by transmitting attitudes, values and norms about help-seeking. (p. 416)

The use of formal support services has been suggested by some writers to reflect an inadequacy or dissatisfaction with available informal support services (Mayer & Timms, 1970; Gourash, 1978). Evidence indicates, however, that informal social networks play a central role in guiding the use of formal services, suggesting a much more complex process than a mere failure of informal supports. In 95% of cases of formal service utilization the client has previously consulted friends, co-workers and family members concerning the use of formal services. (Booth & Babchuk, 1972). Active informal helpers in social networks have been found to play an instrumental role in legitimizing the use of formal resources and referring people to specific services (Gottlieb & Todd, 1979; Leutz, 1976). Representing more than a front line of defense, patterns of social ties frame the specialized use of professional service within a context of day to day life.

In examining the interaction of network structure and formal service utilization, Gottlieb and Hall (1980) elaborate on Gourash's (1979) model:

First (social networks) may be structured in such a way as to insulate members from information about the existence of social programs (information system); second, depending on their structure and their norms, they may place great or very little pressure on members' decision about whether or not to utilize a given social program (referral system); and third, they may influence utilization rates in accordance with their own abilities to generate resources and support on their members' behalf (support system). (p. 168)

The flow of information through and between social networks depends on the existence of bridging ties between groups of people. Gottlieb and Hall (1980) emphasize the instrumental role filled by individuals termed "boundary spanners" who, while often located on the periphery of networks, have bridging ties which connect them to other networks or clusters. The effectiveness of information dissemination depends on the boundary spanner's ability to identify information important to network members and the degree of structural access they have to core members from their peripheral positions.

Information flows within and between social networks comprised of nodes, or people, and ties between the nodes. The concept of "boundary spanners" emphasizes the strategic function of certain well placed persons. Research into the nature of ties between people offers a complimentary perspective, underscoring the related importance of second-order and indirect ties in facilitating information dissemination. Second-order ties are direct ties between people which are typically less intense, frequent or complex than primary ties with close friends and relatives. Indirect ties trace an association of two people through their mutual ties with a third, mediating person.

Granovetter's (1973) research on the "strength of weak ties" underscores the important role second-order and indirect ties play in maintaining a cohesive social environment. Research has also demonstrated that weak ties frequently play a central role in the dissemination of information between more dense network clusters (Lui & Duff, 1972). In one of the first network analyses of service utilization McKinlay (1973) characterized service users (in this case female clients of prenatal medical services) as visiting their kin less often and having more geographically separate kin and friendship clusters than nonusers suggesting greater segmentation with lower boundary densities. Summarizing the research of McKinlay and others, Gottlieb and Hall (1980) conclude: "People are more likely to receive new information from the environment through the mediation of their second-order contacts, who function as bridges to more socially distant and diverse networks." Close-knit, homogenous, neighborhood based networks appear to restrict access to information and exert stronger, more unified pressures on the individual's definition of personal need and utilization norms (Gottlieb & Hall, 1980). In light of the suggested functions of social networks in relation to information and referral, Wellman (1981) recommends an expansion of the definition of "support" to include "corporate brokerage." If a social network is viewed as a pattern of resource distribution from socio/political institutions (i.e., health clinics, church services, social programs or jobs) then there may be as much support to be found

in network "brokers" as there is in individuals who offer more direct emotional support and guidance. Supportive networks may be characterized in some circumstances according to the degree that their structure incorporates second-order ties, boundary spanners and corporate brokers, structures conducive to information dissemination.

The structure of social networks directs the flow of new information and exerts normative pressures which shape the service utilization behavior of the individual. Comments cited above by Gourash (1978) and Gottlieb and Hall (1980) emphasize, however, additional effects which social ties may have on help seeking and service utilization. The social network as support system may directly alleviate the individual's experience of stress and/or provide significant direct support for its members. Social programs aimed at bolstering informal support networks and thereby reducing formal service utilization face a "utilization paradox" in their intervention. While strengthened internal ties may improve the network as support system, simultaneous improvements in second-order ties and boundary spanners may increase a network's activity as information and referral system. The functions of social networks as information, referral and support systems are most likely highly intertwined and related, with no simple, direct connection between a network structure and utilization rates.

Help and help seeking, including sources, types and effects of help, and service-utilization have thus far framed this examination of environment-centered determinants of social support. Social net-

works, as support networks, have been proposed to be significant determinants of social support, aside from any relation which may exist between networks and formal service utilization. What is known about the effect of formal service utilization? What is known about the effect of social network structures on the experience of social support?

The characterization of networks as "social support networks" has been observed by Gottlieb (1981), cited above, to risk a romantic view of social ties. Heller (1979) comments on the complex interaction of support and social ties which face researchers in the field, described as a "social support paradox." He notes that close social ties have been viewed variously as sources of stress and support, recalling the traditional psychoanalytic assessment of family ties as being significant sources of stress, particularly in the case of the psychotic. Wellman (1979, 1981) similarly critiques a large body of social support research which treats ties in social networks as analogous with social support. In reviewing data collected on the intimates of residents of East York, Toronto, Wellman maintains that support functions as only one variable within the structure of a social network. Many ties were reported to be supportively neutral, mixed or even hurtful. A minority of intimates were seen as sources of help, nonintimates provided important help in some circumstances, and helping relationships were sometimes nonreciprocal yet still longstanding and intimate. The complexity of his findings leads Well-

man to conclude that research must: (1) treat support as one potential aspect of a tie; (2) view support as multidimensional; (3) understand ties to be potentially "multistranded" (Multidimensional) and; (4) maintain a view of intimate ties as primary across time with the variable of support highly changeable in degree, nature and direction (Wellman, 1981). With these important conditions in mind, we might now consider Mitchell and Trickett's (1980) disarmingly simple question: "How does one specify for any given individual what a 'good' social network is (p. 32)?" More generally, how does the variable of support relate to the structural properties of dyadic and network patterns?

Dimensions important to well being, or structural "risk" factors, have been suggested by a number of findings. O'Connor and others report the frequency of contacts with network members to be associated with greater feelings of life satisfaction (O'Conner, Vogel, Gordan, Felton & Lehmann, 1977). The total size of a social network and the total size of the "unconflicted" network segment (those persons identified as sources of support but not stress) have been associated with the reduction of stress and physical symptoms (Barrera, 1981). Small networks with low density and an absence of reciprocal relationships have been linked to higher rates of rehospitalization in discharged psychiatric patients (Cohen & Sokolovsky, 1978). Erickson (1975) reports "clinical" risk factors of networks to include low permanence and durability and a lack of reciprocity in social ties.

Similarly, a lack of complex or multidimensional relationships is associated with poorer adaptive potential in the individual (Hirsch, 1980). These findings are representative of the scattered catalogue or "cookbook" of assorted network traits which have been investigated. In general, larger networks, especially larger "unconflicted" networks, with frequent contact between members and the subject in question are suggested to be more supportive than smaller networks with less contact. More permanent, durable ties which are reciprocal and multidimensional in nature are generally the more supportive ties in a network.

The outlining of general network "risk" factors, still at an early stage of development, does little to clarify the nature of support in the networks of unique individuals. The structural network configuration associated with support may vary widely from individual to individual, across time and situations. Research into the supportive properties of network density offers one example of the possible complexities of interaction which exists. Overall network density does not appear to be directly related to measures of support, at least in those studies which distinguish between overall density and segment or cluster densities (Brennan, 1977). Instead, support functions as one variable in an interaction with network segmentation and cluster densities. As summarized in Gottlieb and Todd (1979) Brennan finds that:

- (1) subnetworks (family, friends, coworkers) differ signi-

ificantly in their patterns of nurturant and instrumental support; (2) different subnetworks show different relationships between density and social support, possibly reflecting the unique functions and norms of the respective clusters; and (3) patterns of support within a cluster may vary with the degree of connectedness between that cluster and other subnetworks. (p. 312).

A specific example will serve to explicate further the various interactions of support and network density. Several researchers have examined the variables of support and adaptation in the social networks of adult women who have been separated, divorced or widowed. In studying the adaptation of separated and divorced women, Wilcox (1981) links successful transitions to low density networks which remained so during the change. Unsuccessful transitions were associated with dense networks which shrank in size, becoming even more dense and focused mostly on family ties (found to be mixed sources of support and stress during divorces and separations.) Wilcox (1981) also examines the boundary density between the woman and her spouse. A low boundary density, indicative of already highly separated groups of social contacts, was associated with a more successful transition--women with high boundary densities "lost" more of their contacts to their spouse during the transition. Hirsch (1980) examines similar variables in a study of adaptive coping in young widows and women returning to college. Hirsch measured network variables of overall density, nuclear family and friend subgroup densities, and the boundary density between family and friends, as well as the uni- or multidimensionality of ties. A low boundary density between nuclear family and friends

(greater segmentation) and a predominance of multidimensional friendships were found to be associated with greater adaptation. Hirsch (1980) concludes: "Low density, multidimensional social networks could serve as the cornerstone for a successful coping strategy (p. 159)."

These results agree in their characterization of low density, highly segmented networks as being conducive to adaptation and support. It is important to note, however, that the crises in this case are by definition extrafamilial in that they involve either the loss of the central family partner (spouse) or a challenge to more traditional family roles (returning to college). While segmented networks offer certain resources to persons in these situations, the same people might find support in very different network configurations given a different crisis. Wellman (1981) characterizes two poles of structural density associated with distinct advantages. The "dense, bounded, solitary network" offers conservation and control of resources internal to the network, i.e., a "power base." In contrast, "sparsely knit, ramified multiple networks" give access to more information and external resources. The findings of Walker, MacBride and Vachon (1977) offer a dramatic example of the changeable nature of support-density interactions in "crises of bereavement." Examining the process of loss in a longitudinal design, they report that networks fulfill different functions at different times, with a high or low density being variously successful at different stages of bereavement. Dense, homogenous networks were found to offer more emotional support during

the early grieving process while less dense networks offered more information and less restraint during the later rebuilding stages of forming a new social role. The particular relation between the network characteristic, density, and the presence or absence of support is shown here to include interactions of at least: (1) network structure; (2) the nature of the need or crisis; and (3) the timing or phase of the crisis (aside from any person-centered variables such as competency or preference). The specification of a structurally "good" or supportive social network for the unique individual remains beyond the scope of present research. Accumulated findings do demonstrate, however, that significant association (albeit very complex ones) do exist between network variables such as density and outcome measures of support.

Research into the nature of network structure and its relation to support often takes place within an implicit framework of values concerning contemporary changes in society. The "romantic" concept of natural helping may evoke nostalgic images of rustic New England towns, small Kansas farms, or gregarious extended families. The structural characteristic of density again plays an instrumental role in these scenarios of supportive environments. Wellman (1979) offers a unique insight into the tension between ideal images and empirical realities of social support in his examination of the "Community Question." Wellman categorizes these scenarios of support and urban life frequently reflected in sociological perspectives:

community lost, community saved and community liberated. The community lost perspective views urban networks as segmented, geographically and socially diverse, dispersed, with little intimacy or emotional support available. The community saved scenario reports the discovery, in urban settings, of surviving dense, nonsegmented, locally based "solidary" networks, equated with support and help. While empirical evidence is cited for the existence of both network structures, the associated implied experiences of alienation or warm social closeness are left unexamined.

In a survey of the intimates of East Yorker residents, Wellman examines both the structure of networks and the pattern of support and helping in this urban Toronto neighborhood. The circle of intimates for most respondents included both family and friends, usually undivided segments, with a greater "specialization" in one or the other of the two clusters. Geographic distance was only a minor factor in the network membership (only 13% of intimates lived in the immediate neighborhood). Wellman (1979) characterizes the most common network pattern as diverse and segmented: "The great majority of respondents are not encapsulated within the bounds of a solidary group but are linked through their intimates to multiple, not strongly connected social networks (p. 1215)." Help within these networks frequently comes from secondary and indirect ties, given different circumstances. While help in general was more often associated with intimacy, help was found to be specifically related to frequency of

contact, proximity through work or the general metropolitan area, and individual relationships with particular parents or children. Help was not associated with dense overall family patterns per se.

Wellman concludes that a scenario of "community liberated" captures the reality of urban social support most accurately. In this scenario a certain degree of close intimacy typically exists, based on proximity, frequency of contact and close family or friendship bonds, providing a sense of belongingness. This core of intimacy exists, however, as part of a much larger, segmented network of less intense, second-order or indirect ties. Neither the intimates nor the second-order network may be particularly dense and significant help comes from both aspects. In integrating community saved and community lost value perspectives on support, Wellman suggests that important support, in the form of information and resources ("network brokers"), may come from aspects of our social networks that are not traditionally associated with support and may not even feel supportive to the individual. Granovetter (1973) comments further on the ideal of dense close networks and the paradoxical effect of second-order or weak ties to promote overall social cohesion within a system.

Weak ties, often denounced as generative of alienation are here seen as indispensable to individuals' opportunities to their integration into communities: strong ties, breeding local cohesion, lead to overall fragmentation. Paradoxes are a welcome antidote to theories which explain everything all too neatly. (p. 1378)

The researcher of support in social networks may well be hard put to successfully purge him or herself of all familiar memories (definitions) of support. Many of our personal understandings or traditional definitions of support may not, however, fully encompass the full range of support as a variable of social network structure. The various findings cited above combine to depict myriad patterns of network density, segmentation, support and helping in different circumstances for different people. It may well be that the definition of a unique individual's "best" social network will remain the province of personal intuition and discovery, exceeding in complexity the limits of survey and research methods.

Person-Environment Interactions

Despite the complexity of person- or environment- centered determinants taken by themselves, Kelly's model of social supports suggests that the actual occurrence of support exists in an interaction of these first two groups of variables. While understandably few researchers have undertaken to examine the person-environment interaction in detail, findings support the important role which such interactions may fill in determining the nature of support.

In studying the socialization patterns in college dorms, Holohan and Wilcox (1978) report that formation of friendship patterns vary as a function of both dorm structure (i.e., floor level) and social skill level of the students. The characterization of a central helping

figure or good neighbor put forth in the work of Collins and Pancoast (1976) suggests an interaction of certain character traits (or social skills) with central network positions which support the informal helping and information brokerage role. Brown's (1978) survey of help seekers and nonseekers provides a further example of interaction between personal and environmental resources. Help seekers and nonseekers were indistinguishable for the most part until subjects were regrouped according to personal attitudes and environmental sources of help. Nonseekers were distinguished as self-reliant or reluctant in attitude while help seekers were classified according to formal-only, informal-only or mixed sources of help. The results indicated that self-reliant nonseekers and informal resource seekers had significant personal and informal social resources in common. Reluctant nonseekers and formal-only seekers tended to show lower overall patterns of available resources. While these studies represent only scattered, unrelated areas of investigation at this point, the findings underscore the significant interaction of person and environment-centered variables in shaping the nature of social support.

Theories of Social Support

Keeping in mind Boissevian's warnings of methodological involutions which outgrow their theoretical masters, a brief review is undertaken here of theories of social support. References to theory in the field draw for the most part on the findings of social psychology for conceptual models. There does not appear to be a

developed theory per se, rather writers have typically pointed to one or another social psychological process as a framework for conceptualizing social support. Cobb (1976) offers a beginning by proposing that social support increases coping (successful alteration of the self to fit the environment). Hirsch (1980) adds to this perspective in his examination of cognitive guidance as one particularly helpful form of support. Cognitive guidance, he suggests, is helpful because it increases the likelihood of successful coping (environment alteration) based on "superior strategies" and, through this success, heightens self-esteem. Hirsch cites Averill's (1973) findings that positive feedback under uncertain (i.e., stressful) conditions enhances adaptation. If the person is told what to do or what to expect by someone who knows, and the helper experiences success, the environment and the person's internal state have both been moved into smoother fit.

Heller (1979) places emphasis on social facilitation and affiliation theories as a model of social support. Given that the presence of another person can increase a subject's level of arousal when facing a task (Zajonc, 1965), the process of social affiliation with subjects under stress acts to improve performance and reduce physiological activity. Individuals with high test anxiety experience less stress when faced with an insolvable task if accompanied by a friend, versus alone or with a stranger (Kissel, 1965). If the other person is viewed as a source of negative evaluation his or her presence can interfere with performance (Geen, 1976). The findings in this case would serve to underscore the important observation offered by researchers of social networks that social ties may convey both support and stress.

DiMatteo and Hays (1981) introduce processes of social comparison and validation as relevant to the understanding of social support. Increased need is associated with greater vulnerability to interpersonal influence. In cases of stress, processes of social comparison and modeling, they suggest, impact on the subject's attitudes and emotional state, serving to define the experience of need. In cases of feared actual change in role, social validation allows for the maintenance of identity or for the adaptation and practice of a new role. Conditions of self-disclosure, feedback, familiarity and intimacy are cited as factors conducive to the processes of comparison and validation, guiding a more successful fit of the person with his or her social environment of important people.

Role maintenance is central to the activity theory (Lemon, Bengston & Peterson, 1972) cited by Bowling (1978) in her examination of social contacts and life satisfaction in elders. Bowling proposes, based on her findings, that frequent intimate social interaction offers increased opportunities for the affirmation of a stable self-concept based on acknowledged and accepted roles, supported by the social exchanges. Well supported, multiple roles are taken to be related to a positive self-image and, in turn, to greater life satisfaction. Bowling's proposals, like many of the others above, do not necessarily distinguish between desirable roles and undesirable roles. The frequency of interaction may be based on arguments as easily as more positive or enjoyable exchanges. As such, the models may account more for stable roles than they do for rewarding roles and "support" of roles in this context may be rewarding or destructive. Work with family systems has highlighted the frequency

of social networks which perpetuate painful and destructive roles, sacrificing growth and risk for the limited satisfaction of stability or "homeostasis." (It is interesting to note that little use appears to have been made to date by network analysts of the writings of family system theorists.) Models which draw on social psychological role theory need to differentiate between role maintenance per se and social support for "successful" or "desirable" role adaptations.

Hirsch (1981) addresses this difficulty with his question: "What determines the satisfactoriness of an identity structure and a personal community? (p. 162)." Social networks which surround the individual are seen here as "personal communities"--a term first used in anthropology by Jules Henry (1958). Networks and segments of networks support various social identities which are more or less gratifying. Support occurs in social exchanges on three levels: (1) explicit; (2) implicit; and (3) indirect. Explicit support is found in a verbal acknowledgement of a role: "My friend!" Implicit support occurs via one's inclusion in interactions which imply an acceptance of a role. Indirect support involves actions which resolve conflicts for the person which arise in the interaction of their role with the network. A case of indirect support might be found in the efforts of group members to find a face-saving solution for a conflict which would allow both parties to maintain their network standing. Indirect support reflects a network's influence, as a system, in maintaining any particular member's role.

Having proposed these three vehicles of social role support, Hirsch concludes: "A healthy outcome consists of a social network

that reflects and supports a repertoire of satisfactory social identities and, over time, provides opportunities for further development and enrichment (p. 163)." Social support in this context includes those interactions (between individuals and within the system as a whole) in a network which serve to create and maintain coping resources in individual members, in the form of social skills based on complex multifaceted roles. These roles are stable to the degree that the member experiences security in a defined self-identity, yet flexible in allowing individual change over time in response to environmental events or the development of personal interests and goals. Beyond the definition of broad parameters of stability and flexibility, however, the specification of the nature of a "satisfying" role remains immediately personal.

C H A P T E R I I I

LITERATURE REVIEW: ELDERS, SOCIAL NETWORKS

AND SOCIAL SUPPORT

The human experience of life is framed and defined perhaps most intimately by the process of aging. The inevitable passage of our lives through time is a source of pain, distress, fascination, enlightenment and, for many, comfort. To term the process of aging a "life stress" is almost to reduce the human experience to a psychological cliché. And yet, the nature of growing old, particularly the nature of being old in our society today, entails a unique pattern of personal changes which are often associated with loss, loneliness and incapacitation. In the context of the person-environment interaction, elders typically face deprivations of resources on both sides of the equation. Ill health, financial strain and lower energy may be combined with retirement and loss of work roles and social contacts, widowhood and even extreme isolation from neighbors and kin networks. The role played by social networks and social support in mediating this process can be central to the elder's experience of aging, as well as to impacts issues of aging may carry for younger generations. Social support may buffer the individual from the effects of ill health associated with aging, thereby promoting successful coping: "social and environmental resources mitigate, in various ways, the effects of personal impairments on adjustments in later life (Berghorn & Schafer, 1979, p. 13)."

Elders as a group do not report lower rates of life satisfaction

than younger generations (Armstrong, 1979; Magid, 1981). In facing the significant life changes of aging, elders do, however, have the greatest need of generational subgroups for the informal resources of personal social networks. The combination of restricted financial resources (particularly in rural settings) with greater health, transportation and personal care needs and major network losses of retirement and widowhood underscore the high risk condition of elder generations (Armstrong, 1979). Berghorn and Schafer (1979) emphasize the great importance of social contact in aging, modifying the concept of frailty to include social isolation as one defining component:

Informal assistance, socializing and the use of formal supports modify the impact of depression, functional incapacity, and demographic characteristics. Therefore, it appears that personal impairments do not constitute an adequate definition of frailty. Indeed, we would suggest that the lack of social supports, or social isolation, is itself a crucial component in identifying the elderly population-at-risk (p. 13).

Isolation can carry lethal results for the elderly. White men in their eighties have the highest suicide rate of any subgroup. Research by Bock and Weber into elderly widowhood and suicide indicates that several types of social isolation are independently associated with suicide in older persons, including not only the loss of spouse but also lack of kinship contact and social group or organization involvement. These various forms of social contact are additive; increased social integration across forms of socializing is associated with a decreased likelihood of suicide. Kinship contact and association membership, as alternative social milieus, can substitute to some degree for the loss of a spouse. The particularly high suicide rate of widowers is assumed to reflect increased isolation associated with traditional male roles

which often restrict dyadic intimacy to marriage (Bock & Webber, 1972; Weber, 1972). It is striking that Amish culture, with its dense communal network and rituals of social support surrounding death and widowhood, has one of the highest rates of elder remarriage of any 20th century society (Bryer, 1979).

The case of suicide offers an extreme example of the central role which social support plays in the well-being of elders. This section will review in more detail the support systems of elders, focusing first on the general questions of help and helpseeking. Social support will then be re-examined from the perspective of various social ties, including dyadic relationships and multiperson networks of family, friends, work and leisure settings, voluntary associations and formal help contacts.

Help and Helpseeking in the Support Systems of Elders

The frequency of helpseeking in general decreases steadily with age (Gurin et al., 1960). The elderly as a group are the least likely to actively seek help; in one survey of helpseeking, age acted as a more powerful predictor of helpseeking frequency than sex, race, marital status or education (Brown, 1978). Brown reports that the category of "reluctant nonseeking" (as opposed to self-reliant nonseeking) increases dramatically with age. Reluctant nonseeking was associated in his findings with marked decreases in internal and environmental resources, leading Brown to highlight the elderly in particular as an at-risk population (Brown, 1978).

While helpseeking may decrease in frequency with age, the actual exchange of helping resources does not, in keeping with the significant needs of the elderly. This discrepancy illustrates the limitations of helpseeking behavior as an indicator of support--assistance of elders flows in complex networks of familial relations which are not necessarily based on explicit requests by the older person for help. The scope of need, assumed to be high for the elderly, is difficult to measure with any precision.

In their in-depth survey of patterns of relationships among women across three generations, Brody, Davis, Fulcomer and Johnson (1979) report that 45% of their elderly sample required assistance of some form: 34% needed instrumental aid such as transportation and help with the house and chores while another 11% required additional help with their personal life-style, including aid in dressing, bathing or medical treatments. Of those elders in need, half received significant help from the daughter interviewed (the total percentage of daughters involved with caregiving in the sample may be greater). These findings are consonant with the general conclusion of research in the field; the family is the almost exclusive source of intimate care for older persons, with adult daughters and daughters-in-law the most frequent caregivers (Adams, 1968; Brody, Davis, Fulcomer & Johnson, 1979; Litman, 1971). Friends and neighbors are seen as inappropriate sources of assistance for the long-term, often personal caretaking needs of elders. In a sample of elderly patients discharged from a medical center, Johnson (1979) reports that aftercare planning indicated that 80% of the elders received care from family members: 37% from a spouse, 30% from an adult

child, 6% from siblings, and 7% from other relatives. The remaining 20% of elders reported themselves to be self-reliant. No reference was made to friends or neighbors. Including those who were self-reliant, 63% of the discharged elderly patients received their care from elders, a condition which Johnson considered at-risk in light of the probable health impairments of the caregivers. In some cases the discharged patient was found to be medically indistinguishable from the caregiver, the elders participating in a reciprocal and often cyclic reversal of caregiving roles, most often with a spouse. Johnson reports the order of care source preference to begin with the spouse. If no spouse is available, the preferred caregiver is then an adult daughter or daughter-in-law, followed by a son, a sibling and, in the absence of all others, a more distant relative. This order of preference appears to reflect both the elders' desires and the norms of responsibility most often found in families. The degree of caregiving was found to decrease in intensity and intimacy with each step away from the spouse; distant relatives were often expected only to assist in the location and recruitment of more formal, inhome careservices.

Needs assessments conducted in Hampshire County, Massachusetts, where the three survey sites analyzed in this thesis are located, offer similar estimates of elder need. Estimates of the proportion of elders who require "extensive personal care from another person" range from 8% (Gangi & Gilmore, 1977) to 17% (Magid, 1981). Family members surveyed indicate that of the 17% of elders receiving personal care, 55% receive care at home from a relative only, while 2% more are cared for at home by a relative. Of the remaining elders, 22% are cared for by

a formal service or professional at home and 20% use residential and other services (Magid, 1981).

The source of support with elders appears to vary to some degree with the condition of the elder and types of support exchanges involved. While many researchers underscore the central role played by the family as the source of help, some results have contradicted this pattern. In one survey of independent elders, living in their own homes and mostly widowed, Kaplan and Gleisher (1979) describe a far more active pattern of helping with friends and neighbors. The majority of elders reported the receipt of support: 15% from one person, 18% from two people and 40% from three. Of those cases in which help was given to an elder, 36% of the helpers were friends and 26% were neighbors. Only 17% of the helpers were daughters or daughters-in-law, and 10% spouses. The dramatic difference in the sources of aid in this survey may be due in part to the types of helping exchanges involved. In the helping relationships, 53% of the relationships included exchanges of transportation services, 32% chores and errands, 26% companionship and reassurance, and 17% involved household assistance. The degree of intimacy in terms of personal and medical needs appears to be restricted, reflecting a minimum of frailty. In light of Kaplan and Fleisher's findings, it appears that help sources vary at least with the condition of the elder and definition of "help." Day to day exchanges of transportation, assistance with lawn work or telephone reassurance may occur frequently with friends and neighbors whereas more intimate, dependent needs associated with loss, depression and ill health may be met almost exclusively by family members. The source of help may vary according

to age (young-old, old-old), sex, marital status, housing situation, degree of frailness and self-sufficiency and definition of help.

A related aspect of the helping relationships, that of reciprocity of exchange, may also serve to distinguish needs and related sources of help. Kaplan and Fleisher examine patterns of helpgiving by the elderly as well as the receipt of support. A majority of the elder respondents (61%) reported that they gave support to others, help of approximately the same type and frequency as that received, though often to different people than their helpers. Friends and neighbors were by far the most common recipients of such help. Of those relationships which delivered help to the elders, 18% of the relationships with neighbors were based on patterns of mutual exchange, 11% of relationships with friends and only 1.5% of the helping exchanges with daughters. These results suggest that helping exchanges with friends and neighbors of the elderly are far more likely if the elder's needs are not great and the elder's resources are strong enough to allow him or her to engage in reciprocal helping. Helping exchanges with adult children are far less likely to be reciprocal. Research suggests that reciprocity within the family is not necessarily expected; caregiving occurs here in the context of intimate life cycle attachments and family norms (Sussman, 1976). The family will be examined in greater detail below.

The sources of help reviewed above have made no reference to formal support services. The patterns of preference and use of formal services is complicated by contradictory norms in our society. On the one hand, most elders prefer to receive help from people they know,

family members if possible. Kaplan and Fleisher (1979) found that, in anticipating a future state of frailty, almost three-quarters of elders reported an informal source of aid as their first choice; if that wasn't possible, many reported not knowing where they would receive assistance from. In contrast to the desire for familiar helpers, elders frequently express a desire to remain independent and not "burden" younger generations. Elders are the most likely generation to believe that professional services can substitute adequately for family sources (Brody et al., 1979). The use of formal services by elders has been documented to be far lower in general than younger generations (Gurin et al., 1960). The relatively self-reliant sample examined by Kaplan and Fleisher (1979) reported a low rate of service utilization, with 13.6% reporting use of the Senior Center (the most popular formal service by far) and only .5% reporting use of counseling services. Preference for formal services varies with the need. In their study of multigeneration relationships between women, Brody and others (1979) found that grandmothers preferred their adult daughters as a personal confidant, were more open to formal services for household duties and preferred formal services over family members for financial advice.

Needs assessments conducted in Hampshire County, Massachusetts, give some rough estimate of local service utilization rates by elders. The surveys estimate the following: 19% of elders use local senior centers for social or leisure activities (Gangi & Gilmore, 1977); 14% of elders take part in a senior meal program of some sort (Magid, 1981); up to 8% of elders use chore services; 4% use a visiting nurse service;

and up to 2% receive friendly visitor services (Gangi & Gilmore, 1977).

The distinction between formal and informal relationships, discussed above, may be misleading in some cases of elder caregiving. Meyers (1979) argues persuasively for a focus on the actual helper-helpee relationship rather than on agency characteristics of bureaucracy and formal eligibility standards. In examining relationships between home aids (home health aids, companions, chore service aids and others) and elders, Meyers maintains that certain functions are shared by formal and informal systems--each providing the same service for different elders and often providing complementary services for the same elder (a "hybrid support network"). Meyers found that many homemaker-elder relationships developed informal qualities of familiarity and intimacy, with homemakers offering supports outside their prescribed role boundaries. The informal quality may be the result of similar ages and a peer standing, of extended relationships over time and because of shared backgrounds and values, homemakers often coming from the same town as the elder. The distinction between formal and informal help sources for elders may, in any case, not be as clear as most research assumes. The pattern of conflict in elders' preferences between a desire for personal familiarity with help sources and a desire for independence and self-reliance will be discussed in greater detail below, with reference to the family network.

Preferences for sources of support clearly represent a complex pattern depending on the elder's living situation, family relations, personal beliefs and type of service needed. Most elders prefer, in sum, an integrated pattern of help sources which maintains intimacy with

as much self-reliance as is possible (Sussman, 1976). Swanson offers a scenario of help source integration with a frail elder:

He may need a neighbor, not a policeman, to notice him fall; a son or daughter, not a restaurant, to care for his daily needs while incapacitated; a social worker to arrange Medicare, rather than a relative to pay medical bills; and a hospital emergency room, rather than a friend, to tend a broken leg. (pp. 217-218)

It is not clear, from current research, to what degree the above scenario is actually realized in the lives of elders. The full extent of integrated support systems, as opposed to formal or informal-only situations is not addressed in the research reviewed.

Utilization patterns by elders of mental health services offer a case example of formal system supports in issues of aging. Formal mental health services are probably the most underutilized of formal services for the elderly (Kaplan & Fleisher, 1979). Persons over the age of 65 comprise 10% of our population, yet represent only 2-3% of the clients of mental health professionals (Berkman, 1977), despite the belief held by researchers that this subgroup has a higher incidence of mental disturbance than younger groups (Brody, 1973). It is estimated that 15 to 20% of elders who live in the community have moderate to severe mental impairment (Simon, 1974; Butler & Lewis, 1977), a testimonial to the extensive supports being provided by informal support sources. The underuse of mental health services appears to reflect several factors external to elders' personal patterns of preference. A lack of interest in serving elder clientele has been documented among mental health workers (Berkman, 1977), amounting in some cases to professional discrimination (Patterson, 1976). This lack of interest is due in part to the

perception of elder mental health complaints as being untreatable (Kahn, 1975). The preference for informal support by elders for mental health needs, on the other hand, may reflect a lack of knowledge and mistrust of mental health services (Gurin, 1976), an inability to pay for services or a realistic assessment of most mental health services as inappropriate to their needs (Butler & Lewis, 1977). It seems likely, given the elderly's preference for formal sources of information concerning medical needs (Armstrong, 1979), that most elders meet their mental health needs, and those of their spouse or siblings, through a general practitioner or through personal relationships.

This review of support systems and the elderly has, to this point, been concerned mostly with the buffering of stress and provision of assistance to persons as they grow old. A secondary area of concern involves the transmission of stress from issues of aging through social networks to the helpers of older persons. Research indicates that the agents of informal social support are exposed to significant levels of stress through their proximity to and involvement with the needs of cared-for elders. Lieberman (1978) reports the findings of a survey of adult children of elders which examined the child's perception of aging in his or her parent, feelings of concern related to such perceptions and help-seeking behavior. In a sample of 808 adult children, 54% perceived some negative change in their parents associated with aging. Of this group, 42% were troubled by such perceptions. A majority of those troubled, 68%, reported seeking help for their parental concerns. Those who were troubled were found to be three times more likely to seek help than respondents who were not troubled by their parents' aging.

Interpretation of this data suggests that almost 19% of the surveyed adult children sought help with parental concerns. One half of the help seekers went beyond their personal, informal social networks in seeking advice or assistance. Respondents who were troubled by perceptions of age-related changes in parents but did not seek help indicated most often that they handled matters themselves. The degree of stress associated with parental aging was emphasized by the overall frequency of related help-seeking behavior; in ranking the frequency of help seeking in adults for issues across 26 different life events and role strains, help seeking for parental concerns was second in frequency only to concerns for one's own health and for the welfare of children.

Levels of reported stress appear to vary by age and sex. Lieberman (1978) reports that expressed concern for parental aging in men remained at a constant, relatively low level. Expressed concern increased significantly in women, however, with age; young women were equal to young men in concern while middle generation women were 14% more likely to express concern than their male counterparts, a difference which increased to 30% among elder women. Lieberman concludes that, "these findings suggest as a first conclusion that at least for women, parent concern constitutes stress, somewhat from the onset of adulthood, more so from age 35 to 50, and especially over 50 (p. 496)."

The nature of stress can be expected to also change with the age of the caregiver. Johnson (1979) reports that physical health is the major concern for elder caregivers, who often have significant physical impairments. In younger generations, 40% of surveyed caregivers found caregiving responsibilities stressful "in terms of their mental health."

The second most frequent source of stress entailed increased isolation of the caregiver from her or his own social contacts, especially with married children and friends (people out of the home). The role of stress competing duties and responsibilities to job, spouse or children represented a third, fairly infrequent complaint. Johnson found that the familial networks central to an infirm elder's care typically had only one person (after the spouse) who was close enough in relationship and proximity to offer regular assistance. Johnson concludes that the significant stress of caregiving is associated with responsibility for helping resting on one person's shoulders who typically experiences increased isolation from her or his own support network; "the problem is one of resources in terms of personnel (p. 12)."

A related source of stress for helpers of the aged may be found in the type of help or helping model most often used. Karuza and Firestone (1979) propose the use of attribution theory to categorize helping models along two dimensions: (1) how responsible are elders perceived to be for their problems; and (2) to what degree are elders perceived as competent or able to remedy their own difficulties? The medical model of helping was defined as that support strategy which viewed the helpee as low in responsibility for the problem and restricted in his or her ability to change or address the difficulties. The medical model was found to be the most preferred helping orientation in dealing with the needs of elders, regardless of the helper's degree of intimacy with the older person. Karuza and Firestone question the usefulness of such an approach as contrasted to training or motivation strategies which attribute greater self-help resources to the elder in need. The medical model

encourages increased dependency and decreased feelings of self-control and esteem in the elder. The authors also argue that such a helping strategy places the greatest amount of stress on the helper and is associated with family and staff burnout.

Caregiving for elders is a significant source of stress for at least 20-40% of adult children and a probably far higher percentage of elder spouses, siblings and relatives. Caregiving responsibilities, usually carried by a single family member (spouse or daughter) in cases of serious need, is stressful to helpers in terms of their "mental health," (i.e., spirits, time, energy) and is associated with increased isolation of helpers themselves. While the exact nature of the stress has yet to be fully explicated, it could be expected to include feelings of anticipated loss, dismay at the reversal with age of the parent-child dependency and heightened awareness of one's own aging.

A significant counterpoint to the stress of caregiving, unmentioned in research reviewed here, is posed by the experience of gratification, personal satisfaction and preventive preparation for loss associated with the intimate care of an aging relative. Bryer (1979) again offers a dramatic illustration of informal helping and the benefits to caregivers in her description of the "Amish Way of Death":

One Amish woman responded to the question of whether she or her husband had ever taken care of a dying family member by saying, "Oh yes, we had the chance to take care of all four of our old parents before they died. We are both so thankful for this." In their intensive caring they had the opportunity to work through their grief in the anticipation of the death of each parent. In the process, they were

moving toward the personal reorganization that is needed in order to return to the task of living that follows the death of a loved one. (p. 258)

The full extent of personal gratification associated with caregiving to elders is not, at present, well understood. Such feelings clearly can play a central role in mediating and defining the experience of stress in caring for an elder.

Social Networks and Support of Elders

This section reexamines the support of elders from the context of structural pattern in the various social ties, including dyadic relationships and multiperson networks of family, friends, work and leisure settings, voluntary group associations (such as church clubs) and formal help contacts. This review relies heavily on the excellent work of Lowenthal and Robinson (1976) in their organization and review of relevant research findings pertaining to "Social Networks and Isolation" of elders. Lowenthal and Robinson preface their work with several observations central to any examination of isolation and social contact in the course of life histories. Isolation, they note, must be understood by researchers within the context of "rhythm" and "relativity." Rhythm refers to the individual's changing desires over time for contact or isolation: the "personal patterns of oscillation between social involvement and withdrawal that may be established quite early in life (p. 432)." The concept of relativity of isolation addresses the individual differences in what constitutes isolation for the person. Individual patterns may vary widely between people. With-

in the person, experiences of isolation or integration may be framed by the person's internal image of what is usual or has been usual for them. A "retrospective yardstick" of past images of social integration, based on recalled or constructed internal images of the "formal self" may offer the individual a concept of relativity across time, a personal construct which would then play a central role in defining an elder's social experience as one of relative isolation or integration. Empirical measures of isolation which omit concepts of individual rhythm and relativity may prove useless in attempts to understand and describe the nature of "satisfying" social support, an elusive but pivotal dimension reviewed above.

In keeping with the above emphasis on rhythm and relativity, research into social contacts may be divided along two dimensions: (1) rates of interaction or behavioral measures: and (2) the subjective experience of "involvement" or lack thereof (Lowenthal & Robinson, 1976). The use of a multidimensional model of social contact is necessary for the support of conceptual explications of experiences such as loneliness and its distinction from aloneness. Lowenthal and Robinson note that research of subjective experience might rely in part on symbolic interaction theory and phenomenological methods of explication.

The importance of a multidimensional research approach to social support is perhaps best illustrated by the findings concerned with effects of various frequency rates of social interaction. If my uncle

lives with his daughter and her family, plays cards at the Croatian Club everyday and sees my parents most weekends, we might assume that: (1) my uncle has a high frequency of social contact; (2) he is a happier man because of such contact; and (3) he would report high levels of life satisfaction. Research into frequency of social contact lends some support to these assumptions. Emotional closeness between members of two generations has been suggested to be associated with close proximity and frequent contact (Rosenberg, 1970). In direct contrast to these findings, however, satisfaction with relationships has been found to be associated more strongly with the extent of communication than mere proximity in and of itself (Shanas, Townsend, Wedderburn, Friis, Milhoj & Stehouwer, 1968). Contact with a friendship network is closely tied to life satisfaction, but the satisfaction is not based directly on raw measures of contact frequency. The quality and type of contact have been found to be more important than frequency alone in predicting satisfaction (Lemon, Bengston & Peterson, 1972). Research of social networks of elders suggests that only certain relationships, not the sheer number of ties or frequency of contact, are associated with levels of life satisfaction (Conner, Powers & Bultena, 1979).

In considering again the dimensions of interaction and subjective experience, the dimension of personal meaning serves to frame the behavioral measure of contact. The experience of relative deprivation for an elder may be more informative than rates of contact; an elder

who is used to higher rates of contact or particular relationships and then experiences an involuntary loss of these relationships through network changes associated with aging may express lower level of satisfaction than an elder who has a lower actual rate of measured contacts (Lowenthal & Robinson, 1976). We might want to examine my uncle's sense of isolation within the context of his recent widowhood, loss of a best friend from childhood and retirement from a construction company he had managed for 25 years. Depending on his experiences of himself within the context of these changes and losses, my uncle may or may not feel relatively isolated, aside from his overall high rates of social contact. Unfortunately most network research reviewed here addresses behavioral measures of interaction, leaving the nature of individual subjective experience open to speculation.

The range of social contacts relevant to an isolation-integration dichotomy varies somewhat with the dimension of research. Dyadic relationships, network clusters and overall network patterns (individual or system focused) may be examined via both interactive and subjective data. A second realm of contact, largely phenomenological, includes anonymous "theys" (i.e., "kids these days"), personal reference groups and images of recalled associations (i.e., old loves, childhood friends) (Lowenthal & Robinson, 1976).

Issues of aging and the elderly represent an area of life experience which is both unique and has much in common with other life events studied from the perspective of social support. As in any examination

of social support, the person-environment interaction plays a central role in the nature of social support. The range of personal determinants relevant to issues of aging can include an increased likelihood of physical illness and generally diminished energies as well as personal interests, life styles and attitudes towards one's aging. Environmental determinants may encompass significant network shifts associated with widowhood, death of peers, forced retirement and mobile children as well as social stigmas attributed to elders as a group (Aronson & Weiner, 1978). Old age as a developmental stage is associated with a number of predictable shifts in the social environment. A cyclical shift in family relations occurs over time, originating with high rates of interaction between generations and childhood dependency on parents. A period of lower interaction and relative autonomy of parents and children is then followed by an increase of contact and final reversal of dependency. This family cycle of "serial reciprocity and service" (Sussman, 1976) is joined by a generally predictable pattern of network shrinkage and simplification associated with aging. "A number of studies have noted that with advancing age there is a decline in number of roles (another way of saying that there are fewer networks to which the individual relates), in amount of interaction, and in the variety of social contacts (Lowenthal & Robinson, 1976, p. 435)." Aging and the elderly, as a subject of social support is characterized, then, by a number of predictable shifts in the person-environment interaction.

Dyadic Relationships

The intimacy of a close dyadic tie is central to the life satisfaction of elders. The overall reduction in social activity associated with aging has been found to be significantly moderated by the maintenance of a single intimate tie associated with high morale (Lowenthal & Haven, 1968). Issues of relativity and rhythm play a central role in the definition of intimacy. Just as the need for intimacy may vary over time, the definition of relative closeness may vary from person to person, with some elders associating dyadic intimacy with regular visits to a hairdresser (Lowenthal, 1975). In general, however, marriage is understood to be the central experience of dyadic intimacy for elders. The vast majority of older persons are either married or widowed (almost 90% according to the U.S. Bureau of Census, 1976). Old age has been found to be a time when interaction between the marital couple increases, following the final departure of adult children from the house. The significant difference in life expectancies between men and women, however, creates a major sex difference in relative access to the dyadic intimacy of marriage. Of those persons alive at the age of 50, men have a life expectancy of 23.1 more years, contrasted with 28.9 years for women (Social Indicators, 1973). In this country there are 3 widows for every widower over the age of 65; 53% of women over the age of 65 are widowed (U.S. Bureau of Census, 1976). The remarriage rate for widowers over the age of 65 is 8 times higher than that for widows (Kalish, 1975), a difference due

largely to the limited number of men of that age available for re-marriage.

The loss of marital intimacy through death of a spouse is associated with drastic impacts on well being, particularly for men. Suicide rates for men increase steadily with age, peaking in the 80's, while rates for women reach a high in the age range of 50-59, decreasing rapidly thereafter (National Center for Health Statistics, Department of Health, Education & Welfare--cited in Bootein & Acocella, 1980). The rates of suicide for men are strongly related to widowhood. While rates increase for both sexes, widow suicide rates increase from 8.06/100,000 to only 10.98. Suicide in widowers increases from 23.04 to 80.68 (Bock & Webber, 1972). It is notable that suicide rates for elders who are single, divorced or separated are highest of all marital states, suggesting a significant stress associated with the lack of marital intimacy.

The loss of a spouse, stressful for all, is significantly more lethal and disruptive for men than women. There is much speculation about the nature of sex differences which accounts for this discrepancy. Women appear to maintain more extensive contacts with relatives and friends. More widows than widowers live with children, although the majority of widows live alone (Shanas et al., 1968). Women maintain higher levels of contact with family members across the life span (Adams, 1968) and, as elders, have more friends outside of the family circle than do their male counterparts (Itzin, 1970). Lowenthal and

Robinson (1976) suggest that women are more flexible than men in terms of the object of intimacy, compensating for marital loss with dyadic intimacy with selected friends and relatives. In focusing primarily on marital intimacy, men in general and late middle-aged men in particular frequently express feelings of longing and regret for the lack of some intimate friendships often neglected with the passage of time (Blau, 1961; Lowenthal, Thurnher, Chiriboga & Associates, 1975). It is possible that men may be literally "less capable of being alone than women" (Lowenthal & Robinson, 1975) and, in general, experience difficulties with the maintenance of intimacy beyond the marital dyad (Veroff & Feld, 1970).

The experience of social support in marriage is, for the elderly, mostly an issue of whether or not one has experienced the loss of such intimacy and the role stress of widowhood. Research reviewed here does not examine the nature of marital support in great detail, beyond the priority of the spouse as being the most preferred source of caregiving for significant personal needs, a preference based largely on the reciprocal and cyclical nature of such caregiving (Sussman, 1976). The nature and extent of marital intimacy as a source of stress for an elder, as in the case of an elderly wife who cares for an alcoholic husband and endures domestic violence, is not mentioned in the literature reviewed here. Neither is there much data on other forms of dyadic intimacy such as friendship and sibling relations. Lowenthal and Robinson (1976) emphasize additional, internal forms of intimacy,

such as the symbolic meaning of remembered intimacies with old loves, friends and family, as also carrying significance for elders.

Multiperson Networks: Family

While research emphasizes the central role which family ties fill in the support of elders, the concept of family is not, itself, a unified entity. There exists a wide variance in this country in the types of household-centered networks which are called families. Even the definition of "family" is uncertain. Sussman (1976) points out that various sources of definition can have direct impacts on shaping of actual relationship patterns. Bureaucratic definitions, control to the allocation of resources based on eligibility, may often imply idealized images of two parent, single career families which bear little resemblance to a majority of family structures, leaving applicants to mimic as best they can such an ideal. The concept of the nuclear family "emphasizes that the core of the family is the husband and wife around which all life functions (Sussman, 1976, p. 225)." Frequently associated with images of alienation and mobility, this nuclear form has often been found to be linked in a network of other nuclear families, with well developed ties both within and across generations (Shanas, 1968; Sussman & Burchinal, 1968).

How then do we define nuclear, extended and other forms of family structure, upon which elders may be dependent for support? Kerckhoff

(1965, 1966) proposes the use of proximity and frequency of help exchanges as a bases for defining structural types of kin networks. A "nuclear isolated" family type (estimated to include 20% of families) has close proximity to other related nuclear families but few contacts. A "modified extended" family network (60% of families) is dispersed in proximity from other families but still engages in a high level of exchange. The "extended" family (20%) exists in close proximity to other nuclear units and joins in a pattern of frequent helping exchanges between the closely linked families. Here the concept of extended family is expanded to include both three generation households and families "where members live in close geographical proximity and operate within a reciprocal system of exchange of goods and services (Sussman, 1976, p. 230)." Sussman estimates the distribution of family types in this country in a more precise manner, suggesting that extended families are the least common type (see Table 1). The nuclear family is the most frequent family form; family support for elders can be expected, therefore, to be most often based on primary caregiving ties to the nuclear family of a central child. The relative frequency of single parent households and remarried nuclear couples (11% of families) carries uncertain implications for future patterns of family caregiving for elder relatives (Sussman, 1976).

A related aspect of family structure entails the living situations of elders. Where do elders live? In particular, how often to elders live with children or relatives other than a spouse? Research reviewed

Table 1.
Family Types in the United States

<u>Family Type</u>	<u>% of Households</u>
Nuclear Family (with or without children)	
Dual Careers.....	32%
Single Career.....	27%
Single Parent Household.....	12%
Single Person Household.....	19%
Experimental Family Forms (communal and unmarried groups).....	6%
Extended Kin Networks.....	4%
	<hr/>
	100%

Note. Figures compiled from "The Family Life of Old People",
by M.B. Sussman, in: Handbook of Aging and the Social
Sciences. R.H. Binstock and E. Shanas (Eds.), New York:
Van Nostrand Reinhold Co., 1976, p.230.

here offers a general profile of trends, though estimates vary somewhat between authors (see Table 2). The central variable in housing trends with elders is gender; the greater likelihood of an elder woman being widowed and not unmarried results in a greater proportion of women than men living alone or with relatives. More than a third of elder women live alone, contrasted to 15% of elder men who live alone. Estimates of the proportion of elderly women who live with relatives (almost always a child) range from 15% to 33%, while no more than 7-8% of elder men appear to live with relatives. A significant majority of elder men (71% live with family (spouse and/or children), in their own home; 43% of elder women live with family in their own. (The proportion of elders living with family in their own home includes both self-reliant couples and individual elders and those elders who have had a child or adult child's family move back into the elder's home to offer care.) The proportion of elders institutionalized is estimated at 4-5% for both sexes (Administration on Aging, 1970; Simon, 1974); 17% of those age 85 and over are in institutions (Atchley, 1977). The increase in the proportion of institutionalized elders with age illustrates the central role of age, along with sex, in predicting the living situation of elders. The likelihood of living with family relatives or in an institution increases for both sexes with age. Despite estimates that 30% of all elders live with their children (Sussman, 1976) the data available suggests that a large majority of elders are self-sufficient in lifestyle to the degree that they either live alone or with family

Table 2.

Living Situations of Elders

Living Situations	Source #1 ^a		Source #2 ^b		Source #3 ^c	Source #4 ^d
	Men	Women	Men	Women	Women	All Elders
Live alone:	14%	35%	15%	36%	33%	*
Live with spouse:	*	*	*	*	31%	*
Live with relative other than spouse:	*	*	7%	15%	33%	30%
Institutionalized:	4%	4%	*	*	*	*
<hr/>						
Live with family in own home:	71%	43%	*	*	*	*
Live with family in relative's home:	8%	16%	*	*	*	*
Live with nonrelative:	3%	2%	*	*	*	*
Totals:	100%	100%	*	*	97%	*

* Data not available for these cells.

^a Source #1: Agency on Aging, 1970.

^b Source #2: Cutler & Harootyan, 1975.

^c Source #3: Brody, Davis, Fulcomer & Johnson, 1979.

^d Source #4: Sussman, 1976.

(spouse and/or others) in their own home--roughly 85% of elder men and 78% of elder women fall into this category (Administration on Aging, 1970).

The data reflects the well documented preference of most elders to live in their own homes (Brody et al., 1979; Quinn & Hughston, 1979; Sussman, 1976). Quinn and Hughston (1979) suggest, in fact, that most elders who live in the homes of relatives do so out of economic necessity. Chevan and Korson (1975) report the best predictors of whether or not an elder lives with an adult child to be age and number of children, age because of increased frailness and children because of a greater likelihood of someone being available. Most elders who do live with relatives reside in 2 generation households where the grandchildren have grown up and left home: less than 8% of elders reside in 3 generation households (Quinn & Hughston, 1979). It seems likely that, in addition to sex, age, economic situation and family size, the nature of the family structure both in terms of proximity and patterns of resource exchange effects the likelihood of an elder residing with a family member .

Despite the increased mobility of the modern nuclear family, research indicates that most elders live in close proximity to and have frequent contact with at least one adult child or relative. The frequency of family contact is most directly related to geographic proximity, with a majority of elders residing within easy visiting distance of relatives (Shanas et al., 1968). It has been estimated that 84% of older persons live within one hour traveling distance of a relative (Shanas et al., 1968); only 10% of elders have visits from

children less than monthly (Shanas, 1979a,b). On the basis of these structural properties (proximity and frequency of contact) the family network remains a viable and accessible source of support for elders.

Expressed attitudes across generations in families lend further support to the characterization of family networks as a source of support. A number of researchers challenge directly the "myth" of family alienation and isolation between generations (Shanas, 1979a; Quinn & Hughston, 1979). Brody and others (1979) report that attitudes supportive of family commitments to elders increase with youth and predominate as the norm across all generations. Ironically, 80% of the same subjects expressed belief in the "myth" that families don't take as much care of elders as they used to.

The pattern of attitudes toward family support of elders, while strong across generations, does encompass some potentially disruptive conflicts. The strong commitment by younger generations to family support of elders is not always reflected by elder generations, concerned more with self-reliance. Litman (1971) reports that 75% of younger generation subjects believed that elders have a right to home-care by relatives while grandparents of the subjects expressed considerably more reservations about accepting such support. The elderly are the one age group most likely to have strong self-reliance norms and least likely to seek help (Gurin et al., 1960). Kissel (1965) observes that norms of self-reliance may interact with the shrinking network structure of elders to inhibit help-seeking despite increased needs. A major social norm, that of respect for the independence of

the nuclear families of children, support may also inhibit an elder's feeling comfortable with family support, not wanting to disrupt the child's marriage or cause cross-generational resentment (Kerckhoff, 1965; Lowenthal & Robinson, 1976). Elders are more likely than younger generations to believe that professional services can be substituted for family ones. The strong preference for independent, self-reliant life styles is, in this case, illustrated by the equation of paid-for services with relative independence (Brody et al., 1979). While family support for older members is a norm supported by all generations the more enthusiastic advocacy of family resources by young generations appears to stand in contradiction to strong preferences among elders for self-reliance.

This conflict is characterized by some researchers as an expression of rigid, unrealistic ideals which obscure the true experience of needs for support on the one hand and significant stressors associated with caregiving on the other. Lowenthal and Robinson (1976) express exasperation with ideal values expressed in the face of human needs: "One senses, in reviewing most of the literature on the familial networks of older people (and cross-generation attitudes), a mixture of sterility, formality and ritualism in the responses (P. 438)." In citing the research of Blau (1973), Lowenthal and Robinson suggest that the conflict in norms and needs within families may explain why friendships are generally associated with increased life satisfaction in elders while parent-child relationships are far more mixed, with stress and support interacting side by side.

The pattern of family attitudes toward support of older members is not always viewed as one of conflict. Quinn and Hughston (1979) characterize the attitudes of elders as a constellation of different but equally vital values which go hand in hand. They suggest that, "older persons want to consider themselves capable of taking care of themselves and, concurrently, be comfortable with the assurance that others are close enough to provide support (p.8)." More succinctly, they conclude that: "What many older persons desire is autonomy, independent living and emotional involvement with family (p. 13)." This image of concurrent and equal vital interests in older people does not present the same characterization of rigid and insistent self-reliance portrayed above. The actual nature and impact of attitudes toward support most likely vary with family situations. A financially self-sufficient older couple, living in close proximity to a child's nuclear family which is stable and financially solvent may be able to enjoy the expression of multiple, flexible values. An elderly widow, in poor health with little money who lives close to her daughter's single-parent family may have more cause for rigid norms of self-denying independence in the face of a family network with few resources and greater stress.

Research reviewed above has underscored the family's role as the central support resource for older persons. It has been estimated that up to 80% of all medical and personal care received by elders in this country is provided by family relatives (Public Health Service,

1972). Researchers agree that the majority of these services are provided by daughters and daughters-in-law (Adams, 1968; Firth, Hubert & Forge, 1970; Lieberman, 1978; Litman, 1971). The order of preference for source of support, as expressed by elders, emphasizes adult children, daughters especially, as the most preferred helper, followed by sons, siblings and, lastly, other relatives (Shanas, 1968). The role of sibling relationships in elder support is reported to vary greatly between families, with elders generally relying far more frequently on children than on elder brothers or sisters (Lowenthal, & Robinson, 1976; Rosencranz, Pihlblad & McNevin, 1968). Lowenthal and Robinson (1976) report little data available in their review of the field pertaining to grandchildren. They note that with increasingly older and middle generations, younger grandchildren may take on a more active helping role in the future.

Dyadic relationships within linked nuclear family networks appear to offer the most frequent context for support of elders. The relative scarcity of extended family structures is mirrored in data which point to the parent-child relationship as the major source of help. Lopata (1978) investigated the support systems of Chicago widows, examining the possible roles which extended family ties might play. She reports no evidence of extended family supports for her sample. Children, or parents in the case of young widows, were the central helpers. Male children were reported to offer more limited support than daughters, typically focusing on instrumental tasks and decision advice giving but

avoiding more explicitly emotional supports. Lopata (1978) concludes with a description which seems applicable to many elders as well as widows in general:

People with whom life is shared, such as a husband or boyfriend and children living at home enter the social and emotional support systems and attempts are made to continue such involvement when offspring disperse but relatives other than children who live in separate households away from the widow do not get involved in her support systems, with very few exceptions. (p. 363)

While support within extended family contexts may vary widely with class or culture, variables not addressed in this review, the parent-child tie is in general the central helping relationship for elders.

Sussman (1976) offers a useful examination of those characteristics of family exchange which make the family network and parent-child tie so central to the support of elders, as compared with friendship networks or formal elder associations. Sussman depicts the family as the only network which tolerates a severe imbalance of exchange over extended periods of time, as associated with childbearing and care of elders. He attributes this tolerance to expectations of developmental, crossgenerational exchanges and rewards (including accepted practices of weighted distribution of worldly possessions to helping children via wills) between children and parents which reverse over time. Sussman compares the traditional nuclear family to experimental friendship--family designs (such as collective houses or communes) where members must be active contributors or, as liabilities, risk expulsion, a condition he likens to paramilitary structures. Sussman

concludes that "family" is a social structure defined as a primary group by its ability to offer service and support to its members in situations of significant imbalance of exchange over long periods of time. "The traditional nuclear family," he believes, "may have its greatest rationale for universality and continuity because of its function in taking care of its sick, disabled, deviant and deficient members (pp. 220-221)."

The nature of helping encompassed by family support includes the full range of medical, instrumental and emotional "services" as defined by more formalized human services systems. Family supports are characterized by some researchers as not only filling the gaps in formal service delivery systems, but, more importantly, offering unique resources for the elder relative (Quinn & Hughston, 1979). As the demands of instrumental tasks and chores, physical support and medical care are taken over by formal service systems, the adult child's role as helper may be shifting towards a more exclusively emotional and cognitive realm of support (Sussman & Buchinal, 1962). Sussman (1976) proposes that as responsibilities for instrumental, financial and medical care for elders shift from families to government bureaucracies, the family's role in support will become that of a resource broker, "an unobtrusive mediating link between the older individual and societal institutions and organizations (p. 218)." While current shifts in national funding of social services may reverse the above trend, the family network remains unique in its flexibility and adaptability of supports offered for elders.

The flexibility and endurance of support exchanges between generations, unique to family networks, is due in large part to the life cycle pattern of rights and obligations which is found in parent-child relationships. This review will not attempt to examine the various theoretical perspectives, such as exchange theory (Blau, 1964) and "distributive justice" (Sussman, 1976), which have been proposed as explanations for the unique qualities of family care. The concern within the field for such theoretical models serves in this review as an added emphasis on the control role which family ties play in the life of older persons.

In discussing the extent of support for elders which exists in family networks, an important counterpoint may be found in reviewing the related sources of stress associated with crossgenerational helping. Researchers emphasize the role of middle generation mothers in particular as being a high-stress, at-risk position within the family. Women are more likely than men to care for an elder and middle generation. Women may often face the stress of caregiving responsibilities for three generations simultaneously (Brody et al., 1979). An additional vulnerability exists in the increasing pressures for women to enter the work force in the face of shrinking family incomes and shifting social roles. In the absence of a related shift in male roles toward greater participation in family caregiving, middle generation women may experience considerable stress (Quinn & Hughston, 1979). In some cases the stress of intergenerational involvement and

exchange may have significantly disruptive impacts on the marital relationship (Sussman, 1976). In cases of marital or family disruption it is difficult, however, to distinguish between the impacts of pressures of caring for parents and the overinvolvement with parental relationships as symptomatic of imbalances in the nuclear family system. The family network clearly encompasses a complex range of supports and stressors intertwined in parent-child ties.

Friendship Networks

Research material on support in social networks other than the family is sparse. Lowenthal and Robinson (1976) do, however, offer a brief review of elder support and friendship networks. They note that differing definitions of "friendship" in survey data account for an inconsistent pattern of findings in the existing research. Measures of raw frequency of interaction with friends, as with other relationships, tend to be meaningless without reference to the subjective experience of support, a dimension typically missing in reported findings. The frequency of contact with relatives may, for many elders, be higher than that of contact with friends. Friendships, in many cases, however, represent uniquely rewarding ties for elders based on the voluntary, reciprocal nature of friendship and the omission of conflicts in norms and needs which often exist in family ties. Lowenthal and Robinson, citing Johnson (1971) and Hochschild (1973) report that kin and friendship networks are usually segmented and separate. Kin ties have

priority in immediate conflicts of demand for time but overall the two types of ties are less competitive than qualitatively different. Family ties are based on emotional attachments and role patterns of parenting and filial obligations while friendships are based on peer similarity and reciprocity. Increased social homogeneity in friendship ties is associated with increased density in friendship networks; those elders who have access to large groups of peers similar in age within a close proximity tend to report denser friendship networks (Rosenberg, 1970). This effect accounts for the popularity of retirement communities, which emphasize peer friendship ties more than cross generational family ties.

Friendship ties may play a central role for elders experiencing shifts in social identities and related network segments. It has been noted that life transitions associated with aging often carry significant impact for various segments of an elder's social network. The events of retirement and empty nest family stages, personal experience which coincide with network losses or shifts in work, friendship and family ties, may carry stressful impacts for the dyadic intimacy of marriage. Shifts in one aspect of the social network effect all other aspects. Widowhood is reported by some investigators to coincide with a narrowing of friendship circles with men and, oppositely, with an expansion of the friendship network with women (Rosencranz et al., 1968; Blau, 1961). Lowenthal and Robinson (1976) suggest that friendship networks in particular may be central to identity maintenance during

times of life transition such as retirement or widowhood:

It is by now a truism that an individual's self-image, role identity, and attitudes toward self and other are to a considerable extent developed and sustained through interaction with others. Consequently, stability in a friendship network lends a sense of continuity of self to the individual. One might also speculate that age-homogeneous friendships may vary in significance by life-stage. One hypothesis is that age, as a basis for friendship, is most pronounced at those stages where the individual's ties to other networks are loosened (p. 441).

Same generation friends may become especially important to an elder's support and personal experience of stability at times of retirement, widowhood and other major life transition. Yet, to the degree that friendship networks are integrated with other relationships, shifts in work or marriage may disrupt friendship networks as well, leaving them less accessible. This might be the case in retirement, with the loss of work friendships, or in widowhood, with a loss of couples-based social activities.

Work and Leisure Networks, Voluntary Associations and Formal Services Networks

Work and leisure networks may be examined simultaneously as they are often interrelated and complementary. The contemporary viewpoint of retirement posits a replacement of work-related activities with leisure activities, one area moving in to fill the void left by the other. In general it appears that life styles of leisure activities develop early in life and carry through into older age, with implications for relative success or failure in adapting to retirement

(Brooks & Elliot, 1971). Lowenthal and Robinson (1976) conclude that highly developed social networks organized around leisure activities are, for the most part, restricted to the elite and wealthy elder. They characterize the average elder's experience of free time as less than totally satisfying: "'I have more free time than most of the people I want to be with (p. 433).'" A majority of elders spend much of their free time alone, watching television, reading or working on hobbies (Cowgill & Baulch, 1962).

While voluntary associations such as clubs and church organizations may play a central role in the social life of an elder, the majority of elders do not belong to organizations, and of those who do, membership is usually restricted to only one such association (Riley & Foner, 1968). Church membership is maintained with age but active participation declines with advanced age, often replaced with religious television programming (Lowenthal & Robinson, 1976). Women tend to participate in church more than men and widows do particularly more than widowers (Petrowsky, 1976). The individual life-long style of social involvement, more than age, appears to be the most significant predictor of active membership in a formal club: "By and large, participation in voluntary association is more related to sex, social class and the continuance of activity in other social networks than it is to age (Lowenthal & Robinson, 1976), pp. 444-445)."

Involvement of elders with formal service networks has been examined above in light of help-seeking preferences and patterns. There has been some popular dissent over the reliance on formal services as

a replacement for family involvement, concerns frequently associated with images of frail elders abandoned to the anonymity of residential caretaking facilities. While the population of elders in such facilities is relatively small, the image is a disturbingly haunting one during a time of social transition in family structures. Isolated elders in the community as well as those in residential care facilities who have few outside visits tend to be of lower socioeconomic status, in poor health and widowed or unmarried (Lowenthal & Robinson, 1976). A high use of formal services is reported by Lowenthal and Robinson to be associated with a lack of available family members and an intensity of physical need.

The social support systems of elders encompass a wide range of dyadic and network ties. Of greatest importance to elders are the intimate ties with a spouse and parent-child relationships. These relationships appear to absorb the greatest amount of responsibility for the physical and emotional care of elders. It can be assumed that widowed or unmarried older persons who have no children or relatives locally available face a crisis in support moderated chiefly by good health and the financial ability to hire help. Friendship ties, while not playing the yeoman's role in tangible caregiving, may play equally essential roles in the elder's support by offering an orienting and reassuringly stable self-identity and by providing reciprocal, peer based, satisfying activities uncomplicated by conflicting norms within family structures. Leisure networks, supposedly replacing work ties,

are for the most part nonexistent while participation in voluntary associations is infrequent and depends much more on life-long patterns of involvement than on age. Reliance on the formal service system typically reflects the lack of available family ties combined with serious health problems.

Rural Settings and the Elderly

A significant proportion of older persons in this country reside in rural environments. Butler and Lewis (1977) estimate that 40% of all elderly reside in rural settings: 35% in small towns and rural communities, 5% on farms. Rural populations in general are increasing as people move out of urban settings, with elders making up a disproportionate number of those resettling. Wang and Beegle (1977) note that there now exists a sizeable pattern of elderly immigration into rural settings, a move frequently associated with retirement. Coward (1979) has observed that this pattern of immigration has resulted in the creation of two distinct rural elder populations, groups with differing patterns of social ties, resources and service interests:

Rural communities may be entirely different environments as a function of whether or not the elderly residing in them are predominantly life-long local residents or outside retirees. Their basic needs may be similar but their expectations for services and preferences for delivery strategies may vary widely (p. 277).

The pattern of immigration requires that investigations of rural elderly distinguish between life-long residents, or "old-timer," and "newcomers" as qualitatively distinct rural populations.

Rural elders, while having many of the same needs for social support as urban elders, typically express different norms concerning social services. Rural populations traditionally have been under users of social services, a situation aggravated by the common practice of modeling rural service programs on inappropriate, urban based designs (Coward, 1978, 1979; Flynn, 1977). In general, rural elders have significantly fewer services available to them than urban elders (Coward, 1978). The spirit of self-reliant independence frequently found in rural elders, combined with a negative image of formal social services (associated with "hand-outs," the "dole" or welfare) account for a significant difference in the reports by rural elders of their needs. One survey found that 85% of a rural elderly sample reported needing "nothing" (Kirschner Associates, 1972).

It is tempting, in light of popular and reassuring misconceptions, to attribute the lack of expressed need or service use in rural elderly populations to the benefits of warm extended families and generous, involved town communities. The "myth" of the integrated, extended, harmonious rural family has been challenged by several researchers (Coward, 1979; Powers, Keith & Goudy, 1975) who report that rural families experience the same conflicts, stresses and difficulties as urban families. Rural elders, in addition, have significantly fewer financial resources than their urban counterparts. Coward (1979), citing Powers and others (1975) and Auerbach (1979), reports that rural elders receive social security benefits more often than urban elders (82% to 74%), have savings or investments less often (30% to

70%), and receive money from relatives less often (2.5% to 10%); the proportion of elders on public assistance is roughly the same at 6% for rural and urban populations. A majority of rural elders own their own homes but many are in poor upkeep, expensive to heat and pay taxes on and may even lack essential conveniences (Coward, 1979; Youman, 1963). The pattern of fewer expressed needs and lower service utilization rates in rural elders can not be interpreted as indicative of fewer actual needs for support. While it can be assumed that the attitudes toward sources of support may differ from urban to rural settings, researchers warn against characterizations of rural social support networks as utopian in warmth and density.

C H A P T E R I V

METHOD: ESP COMMUNITY SURVEY

The data selected for analysis were collected in telephone interviews with area residents during February of 1981. These interviews were conducted as part of a program evaluation of the Elder Support Project, an AoA Model Projects Grant sponsored by the Consultation and Education Unit of the Franklin/Hampshire Community Mental Health Center. This section will briefly review the Elder Support Project and the position of the community survey within the program evaluation design. The categories of general demographic material collected will be reviewed, followed by a more detailed presentation of the topic areas and specific survey items which comprise the central focus of the analysis. These areas include information on the respondent's social network, network ties to elderly, stress associated with ties to elders, help seeking behaviors and general well-being. The manner of sample construction and data collection will be reviewed, followed by a concluding description of the pool of respondents who completed the interview.

Description of Elder Support Project (ESP)

The Elder Support Project was sponsored by a two-year Model Project grant from the Administration on Aging. The purpose of the project was to develop a model community intervention program to identify and enhance the informal support systems of the rural elderly and,

thereby, to promote positive mental health in that population.

It was the intent of this program to serve the noninstitutionalized very old populations, as well as their families, freinds and neighbors, in three rural New England communities in Hampshire County, Massachusetts. All of the three site communities have populations of less than 4,125, with more than 15% of the population over the age of 60.

The Elder Support Project can be summarized as a community development/education model where professionals seek to meet with key representatives of a community's natural support network. The purpose of these meetings is to offer support and information in whatever form needed to facilitate improved social support for members of the community. The nature of the interaction is designed to reinforce the community residents in their role of informal helper, rather than formalize the consultee through the introduction of more professional training, role prescriptions or mandates. This "process" goal of community approach was combined in the project with outcome goals focused on the needs of the elderly, issues of aging and the needs of social support networks in general.

The design of the project consisted of four major components: (1) partnerships with natural helping central figures; (2) community mental health education on aging; (3) facilitation of mutual helping for middle-generation key support relatives, and of elder peer helping; and (4) linkages between the informal and formal helping systems.

ESP Evaluation Design and the Community Survey

The initial evaluation needs of the project included four areas: (1) documentation of the project impact; (2) formative structuring and orientation of the project; (3) documentation of the implementation process and community entry; and (4) maintenance of program cohesiveness and ongoing cross-site comparisons. The vagueness of the theoretical field, the commitment to diversity in response to local needs, the informal mode of consultation and the extremely individualized goals from case to case demanded that the evaluator stay close to the program. Given the above list of needs, the initial evaluation design emphasized descriptive methodologies based on interview, case study and examples of critical incidents.

In order to counterbalance this descriptive focus, it was hoped that a community survey would offer the evaluation information from a broader based, more objective perspective. A community survey was written by this author based on content areas relevant to the project goals. A random, stratified sample of respondents was selected from street lists of the three site communities. The differences between area towns, as well as financial restrictions, dictated the choice of a quasi-experimental pre-posttest design which utilizes each site as its own control. The pretest community survey was conducted in December 1979, and January 1980, by telephone interviewers supervised by the evaluator. An introductory letter preceded the initial call and a follow-up letter of appreciation with an enclosed "Fact Sheet on

Aging" was subsequently sent to those respondents who completed the interview. A total of 270 interviews were completed and coded. The posttest survey, on which this analysis is based, was conducted in February of 1981. The sample selection and data collection for the second survey was conducted by The Research Group, Inc., of Northampton, Massachusetts. This second, posttest, survey is a revised version of the original pretest questionnaire. (Armstrong, 1979).

The community survey represents perhaps the most controlled evaluation measurement in the design. It is anticipated that the data will offer the project the least in the way of focused formative feedback, but will offer the most objective, if distant, measure of project impact. This mode of evaluation offers the most conservative measure of impact because it is the least directly associated with the unfolding intervention of the project, diluting positive impacts across a wide group of people. While a failure to detect impacts would not necessarily indicate a lack of impact, a positive measure change in this mode will indicate a possible widespread permeation project impacts.

The community survey, though primarily an instrument for program evaluation, was designed to include some information more relevant to general research questions. The research focus was on simple, descriptive data concerning the nature of residents' social networks, ties to elders, the nature of stress associated with caring for elders and preferred modes of help seeking. These areas were emphasized because of

their relevance to the theoretical basis of ESP as a preventive social supports intervention. The functional limits on the maximum acceptable length of time for interview restricted these research interests to a secondary position. While a number of social supports survey instruments were reviewed, items from these typically more detailed and comprehensive research tools could only be included selectively in the evaluation questionnaire. The items that were included were chosen in an attempt to highlight some of the more fundamental descriptive questions about help seeking and personal social networks.

Respondent Demographic Data

The survey sample was drawn from the street lists of the three site communities. Telephone listings were rejected as the primary subject list after it was found that many families, living in several adjacent homes, would often share a single phone listed under only one name. These rural communities were able to provide, in contrast to telephone books, street listings of residents personally updated annually by the Town Secretaries, officials very familiar with the arrivals of newcomers. The street listings in each town listed all residents by name, age and street address. The sample was stratified in order to provide an even distribution of respondents across the three age groups focused on by ESP: (1) young adults, 18 to 40 years old; (2) middle generation adults, ages 41 to 60 years old; and (3) elders, over the age of 60. The choice of street listings which in-

cluded age provided the evaluator with the means by which the elder population could be over-sampled, representing a full third of survey respondents.

The use of street lists provided the interviewer with initial demographic data for each assigned respondent which included the following: age, probable sex (based on name), and town of residence. The interviewer confirmed the age, sex and town of residence during the interview. There was significant concern on the part of the project staff that the survey would be experienced as an intrusive and alienating invasion of privacy by the already over-surveyed rural residents, living as they do so near to a major university. The project entry was extremely difficult in these tight, often parochial communities with dense internal communication and suspicious filters toward newcomers. There was very strong resistance from project staff to the inclusion in the survey of more personal data such as income, occupation or education and, as a result, there is no demographic information available on socio-economic class for the specific respondents.

Topic Areas and Survey Items Used in Analyses

The proposed analyses will focus on survey data drawn from six topic categories: (1) network situation; (2) network ties to elders; (3) stress associated with ties to elders; (4) help seeking behavior within the social network (general); (5) help seeking norms and behavior for issues of aging; and (6) general well being. The specific

items from each of these categories are reviewed below, with reference made where items were based on other survey instruments. (A complete copy of the survey questionnaire may be found in Appendix 1, with response codes for open-ended items listed in Appendix 2.)

Network situation. The 12 items relevant to the respondent's network situation include survey questions numbered 7, 8, 29, 30, 31, 32, 33, 34, 35, 43, 44, 45 and 46. These items are divided into four separate components of the network situation: rootedness, household, family and interaction, accessibility.

The first component, rootedness, draws on items numbered 7 and 8 to ask if the respondent was born in the site community and, if not, how many years have they lived there?

The second component, household, is based on survey items 29 and 30. These questions focus on the number of people sharing the respondent's household, their age and relationship. Relationship to the respondent is coded as spouse, parents, child, other relative, friend, lodger or other person.

The third category of network situation, that of family, utilizes answers to questions 30 as well as to items numbered 31, 43, 44, 45 and 46. The household question (30) serves to indicate how much of the family (and who, specifically) lives with the respondent. The later items refer to marital status, number of children and whether or not the respondents' parents in-law and/or grandparents are alive.

The fourth network category is that of interaction and accessibility. This category draws on questions 32, 33, 34 and 35 to ask about the number of "close relatives" (and number of "close friends") who live near enough that the respondent can visit when they want. An inquiry is made as to whether finding transportation for such visits is a problem and a rough rate of social interaction is provided by the respondent's estimate of how frequently she or he gets together with friends or relatives.

The fourth item categories of rootedness, household, family and interaction offer separate perspectives on data pertaining to the respondents' general social network situation. The proposed analyses of these data will be reviewed in Section III, Data Analyses.

The items for network situation data were all originated by the evaluator except for items 32, 33, and 34. Items 32 and 33, asking about the number of close relatives (and close friends) who are near enough to visit are based on items 12:1 (A & B) and 12:2 of the "Survey of Community Life", written by Young and Danish (1978) for the Community Helpers Project. Item 34 in the survey is based on question number 3 of the questionnaire from Americans View Their Mental Health (1960) by Gurin, Veroff and Feld.

Network ties to elderly. There are six questionnaire items which refer to network ties to elderly, including items numbered 30, 43, 45, 46, 56 and 57. All items were originated by the evaluator.

The household item (30) is again called forth, this time to identify the age and relationship of any elder who shares the respon-

dent's household. Items 43, 45 and 46, family data, indicate whether the respondent's parents, in-laws or grandparents are still living. The last three items 55, 56 and 57 focus on whether the respondent is personally responsible for the care of an elder. If they are, is the elder a relative, and does the elder reside in the same household?

Stress associated with ties to elders. The eight items in the community survey which examine possible aspects of stress in the respondent's relations with elders include questions numbered 47, 48, 49, 50, 51, 58, 59 and 60.

The first five items, questions 47 through 51, are based on research items used by Lieberman (1978) in her survey of adult children of the elderly. This series inquires about the perception of recent negative trends (often associated with aging) in elderly relatives. The perception of aging scale includes acknowledgements that an elder relative has serious health problems, is worse off financially, has presented increased needs for advice or moral support or requires more of the respondent's time, energy or money. In a subsequent question, 51, the respondent is asked if they have been troubled by changes in aging relatives, regardless of whether there were any perceptions of aging reported in the earlier series of items.

Items 58, 59 and 60 reflect Lieberman's work but were written specifically for the survey to examine stress associated with the responsibility for care of an elder. If a respondent indicates that

they do consider themselves a key support for an elder, he or she is asked whether they find such responsibility difficult financially, excessively time consuming and/or tiring on their spirits.

Help seeking behavior in network: General¹. The seven items which consider general help seeking behaviors include questions 36, 37, 38, 39, 40 and 41. Information in this topic area may be broken down into three categories, including a general help seeking behavior preference, the availability of help in the network and the use of more formal helping figures.

The general help seeking behavior preference is indicated by the first offered response to item 36. This item, based on question number 13 in the Americans View Their Mental Health survey, simply asks what the respondent does when something is on their mind that they worry about, are bothered by and don't know what to do about. While the question is extremely broad, it is felt that the initial open-ended response is suggestive of a more general help seeking style. The response categories include: "denial, inaction, continuing tension, self-help and help seeking to another person" (relationship specified). Items 37 and 38 disregard the initial open ended answer if no helper is identified and ask the respondent to indicate if they ever discuss worries with someone else and if so who would their most important helper be? The final help seeking item, 39, is based on an integration of items 2 and 4 from the Social Supports Questionnaire,

by Cohen and Lazarus (1977). This item poses a concrete example of a need for instrumental care of significant proportions (care for the respondent if he or she were laid up for a month) and asks if the respondent knows of anyone who could help him or her.

The last category of items on general help seeking divides the more formal helping roles into community figures (doctor, clergy or lawyer) and formal service providers (counselor, psychiatrist, human service agency or clinic). Questions numbered 40 and 41, written by the evaluator, ask whether the respondent has ever sought advice or help from either or both of these groups of more formal helpers.

Help seeking behavior for issues of aging. Questions 52, 53 and 54, based again on Lieberman's survey, follow the above mentioned inquiries into perceptions of aging in relatives and feelings of concern over such aging. These help-seeking items ask the respondent (regardless of whether they are troubled) if they have sought support in dealing with the aging of a relative, if so, from whom, and if no, why not?

General well being. The sixth and final topic area of relevance to the proposed analyses includes three survey items (numbered 26, 27 and 28) drawn from the "Life Satisfaction Index B" used by Neugarten, Havighurst and Tobin (1961). These three items ask about the degree of satisfaction felt by the respondent in reference to their general way of life, the degree of happiness felt presently as compared with

earlier periods in life and the impression, with their own aging, of whether life seems better or worse than expected. A fourth satisfaction item, 42, asks respondents how satisfied they are with the number of people they know who will lend them a hand when in need.

In summary, the analyses focus on survey data drawn from the above-described six topic areas, including: (1) network situation; (2) network ties to elders; (3) stress associated with ties to elders; (4) help seeking behavior in general; (5) help seeking behavior for issues of aging; and (6) general well being. (Please see Appendices 1, Community Survey; 2, Survey Response Codes; and 3, Item Classification by Topic Areas for more information.)

Data Collection and Sample Characteristics

The second ESP Community Survey, from which data for this analysis were taken, was conducted in February, 1981, by The Research Group, Inc., under this writer's supervision. The average telephone interview took approximately 20 minutes to complete, although personally interested respondents often required more than half an hour. It was not uncommon for respondents to participate in the interview on a very personal level and interviewers were presented with several requests for information, service referral and advice on issues of aging and elders.

A total of three hundred interviews were completed. The proportion of the total adult population sampled ranged from 3.1% of Town B

to 20.0% of Town C, with an average for the three sites combined of 5.6% of adults interviewed (see Table 3). The sample was selected based on a stratification which oversampled middle and elder generations so that all three age groups would be represented equally. Women completed 6% more interviews than men (see Table 4). The actual population distribution, drawn from the 1980 U.S. Census, is presented in Table 5. Correction coefficients, calculated for each of the six cells, were used in correcting sample proportions when an approximation of a representative sample was desired for the results. Corrected distributions may be found in some results tables under columns or rows marked "All Adults" where an adjustment has been indicated by footnote. Distributions which had no significant sex or age differences were left unadjusted: the differences were found to be negligible.

The survey populations were drawn from three rural towns situated in Western Massachusetts. Descriptions of these communities, useful in assessing the generalizability of results, may be found in Appendix 4.

Table 3.

Proportion of Populations Sampled

Site	1981 Sample Size	1980 Adult Population	1980 Total Population	Percent of Adult Population Surveyed
Town A:	100	1,671	2,237	6.0%
Town B:	101	3,216	4,125	3.1%
Town C:	99	493	657	20.0%
Totals:	300	5,380	7,019	5.6%

Table 4.
Sample Distribution

Age	<u>Sex</u>		Combined
	Male ^a	Female ^b	
18-40 ^c :	15.0%	18.7%	33.7%
41-60 ^d :	12.7%	20.3%	33.0%
61+ ^e :	14.3%	19.0%	33.3%
Totals:	42.0%	58.0%	100.0%

^a n = 126.

^b n = 174.

^c n = 101.

^d n = 99.

^e n = 100.

Table 5.
Population Distribution

<u>Age</u>	<u>Sex</u>		<u>Combined</u>
	Male	Female	
18-40:	25.2%	23.7%	48.9%
41-60:	13.7%	14.5%	28.2%
61+:	9.7%	13.2%	22.9%
Totals:	48.6%	51.4%	100.0%

Note. The above distribution represents the adult population only, for the surveyed site communities.

CHAPTER V

RESULTS: SOCIAL NETWORKS, LIFE SATISFACTION AND GENERAL PATTERNS OF HELP SEEKING

The responses of the 300 residents surveyed have been organized according to the five major areas of investigation: structure of social networks, life satisfaction, general patterns of help seeking, stress related to perception of negative aspects of aging and responsibility for the care of elders. Results within these areas are presented first in descriptive form, examining the distribution of variables across the sample population. Differences in these distributions were examined according to the age groups, sex and site community of the respondent. Results reported here will focus on significant age differences between three generations: a "young" sample (aged 18 to 40), a "middle" generation (age 41 to 60), and an elder sample (aged 61 to 90). The terms "young", "middle" and "elder" are used here to refer to the above age ranges. Differences in descriptive statistics by sex are only reported when they appear relevant to an understanding of age differences or when sex differences were particularly striking. Differences in results between site communities were found to be statistically insignificant (χ^2 , $P < .05$). The three site communities are treated here as a unified sample. Yate's corrected chi-square and the Pearson product-moment correlation coefficient were used to test sample differences by age group and sex. All differences reported are

statistically significant ($p < .05$) according to both tests.

Relationships of variables among the five major areas of investigation were examined to determine the extent and pattern of associations. Tests of association were based on the Pearson product-moment correlation coefficient for all ordinal and interval data. The inclusion of ordinal data was based on the relatively robust quality of the Pearson product-moment correlation coefficient. The purpose of investigating these associations was to determine broad patterns between groups of related variables rather than to test each variable as a single entity. Isolated associations of single variables which run counter to a pattern of nonassociation are interpreted here as chance products of the sample size and overall high number of correlations examined, except in cases where they may suggest a particularly important or unexpected result. Terms such as "strong" or "mild" are used in reporting results to indicate both the relative probability and absolute value of the correlation coefficient. Correlations reported as significant findings occur at or below the .05 level of probability--"strong" associations are significant at least to the .005 level. The use of a correlation coefficient restricts investigation of causal pathways in the data.

A. Social Networks and Aging

Rootedness. The structure of social networks of respondents has been organized according to the four conceptual components of rootedness, household composition, family structure and network size, interaction and accessibility. The results indicate that surveyed residents represent a well rooted sample: nearly one-quarter were born in their

present hometowns while over half had lived in the same town for 21 or more years (see Table 6). The measure of rootedness used was conservative in that many more residents may have been born and/or resided for a significant time in neighboring rural communities. While the elderly are no more likely than other generations to have been born in their present home town, elders tend to have lived in their home town longer, a result exaggerated somewhat by a ceiling effect in the item, with more than three-quarters of elders falling in the highest category of length of residence (21+ years). Clearly elders have had more years to live in their town of residence than younger generations.

Household. The household size of residents ranged from 1 to 7 people with a mean of 2.9 people per household (including the respondent). Approximately one-tenth (9%) of the respondents live alone, 45% reside with one other person and 46% live with two or more people. The elderly tend to live in smaller households than younger generations, typically living alone (15%) or with one other person (74%--see Table 7). Those elders who live with one other person most often reside with their spouse (86%) or another family member (8%).

Households were examined according to how many elders (aside from the respondent) live in the home and what percentage of the total household is elderly (see Table 8). Elders were found to live more often than younger generations with elders and to have households made up mostly or completely by other elders. The composition of elders (aside from the respondent) in the household was examined according to their relation to the respondent. When respondents of all ages are combined,

Table 6.

Native-Births and Length of Town Residence

Age	<u>Born in Town</u>		N	<u>Years of Residence</u> ^a					N
	Yes	No		1	2-5	6-10	11-15	16-20	21+
18-40:	22	79	101	6	35	17	9	7	27
41-60:	30	69	99	0	7	12	13	4	62
61+:	20	80	100	0	2	9	9	3	77
Total: N	72	228	300	6	44	38	31	14	166
% ^b	24%	76%	100%	3%	20%	14%	10%	5%	48%
									100%

^a $\chi^2(10) = 83.699, p < .0001$.

^b Percentage totals are adjusted to approximate a representative sample of all adults.

Table 7.
Household Size

Age	Number of People in Household ^a							Total
	1	2	3	4	5	6	7	
18-40:	4	22	16	35	16	4	3	100
41-60:	7	38	17	23	10	1	2	98
61+:	15	74	8	2	0	1	0	100
Total: N	26	134	41	60	26	6	5	298
% ^b	7%	39%	14%	24%	11%	2%	2%	101%

Note. Missing data column omitted, $\underline{n} = 1$.

^a $\chi^2(14) = 92.919$, $p < .0001$.

^b Percentage totals are adjusted to approximate a representative sample of all adults.

Table 8.

Elders in the Household: By age of Respondent

Age Group	Number of Elders in Household ^a (aside from respondent)				
	0	1	2	3	Total
18-40:	97	3	0	1	101
41-60:	81	18	0	0	99
61+:	27	70	3	0	100
Total: N	205	91	3	1	300
% ^b	76%	23%	1%		100%

Percent of Household Members Who Are Elder^c (aside from respondent)

Age Group	0% ^d	17%	20%	25%	33%	50%	67%	75%	100%	Total
18-40:	97	1	0	1	1	0	0	1	0	101
41-60:	80	0	1	0	5	2	0	0	10	98
61+:	27	0	0	0	1	5	1	0	66	100
Total: N	204	1	1	1	7	7	1	1	76	299
% ^b	76%				2%	2%			18%	98%

^a $\chi^2(6) = 128.574, p < .0001$.

^b Percentages in "Total" row adjusted to approximate a representative sample of the adult population.

^c $\chi^2(16) = 183.613, p < .0001$.

^d This columns includes respondents who live alone and those who live with others but not elders.

76% of all elders sharing the household are spouses--9% are parents, 13% other relatives and 2% are friends of the respondent.

Results outlined above indicate that, unlike younger generations, most elders live in small households, usually with one other person, usually also an elder, who is most often a spouse.

Family. The vast majority of respondents are married (74%) and have children (76%). Approximately 12% of the respondents are single, 5% divorced or separated and 8% widowed. The relationship between age and marital status is reflected in a shrinking of the proportion of single people (from 22% of the young to 10% of the elderly) and an increase in widows and widowers (1% of the young to 17% of elders). The number of children in respondents' families ranged from 0 to 9, with an average of 2.1 children for the sample, and 2.8 children for all respondents who have children. Half the sample (51%) have at least one surviving parent while 22% have at least one surviving grandparent.

The data on family composition, when examined by age of the respondent, tracks the life cycle of the family: as people age they tend to have more children and fewer surviving parents, in-laws or grandparents. Young respondents, for example, have no surviving parents in only 3% of the cases while 52% of middle and 94% of elder generations have no surviving parents. While the number of children increases with age, various birthrates by respondent age also underscore major social trends. Elders average 2.1 children while the young average 1.3 children (40% of the younger generation having no children). The middle generation, maturing during the post-war "baby boom" years, average a

far higher 2.9 children.

Network size, interaction and accessibility. Rough measures of the size of respondents' social networks were attained through estimates of the number of close relatives (outside of the household) and friends who lived near enough to visit whenever desired (see Table 9). Almost half of those surveyed (48%) have 6 or more close relatives nearby--only 14% have no nearby relatives. Close friends (in this usage "close" denotes intimacy rather than proximity) were even more common, with 71% of respondents indicating that they have 6 or more friends who live near enough to visit whenever they want. A majority of respondents have access to fairly sizeable family and friendship networks.

There were no differences in size of friendship networks by age. The number of available close relatives, however, decreases with age. The greater degree of rootedness evidenced by elders indicates that the smaller network of available relatives associated with age cannot be attributed to relocated retirees or elder "newcomers."

The degree of interaction, measured by estimates of the frequency with which respondents got together with close relatives or friends, was again fairly high (see Table 10). The majority of respondents (61%) visit friends or relatives at least once per week. The elderly evidence a tendency to have social contacts less often than young people, although not significantly less often than the middle generation.

Problems with transportation have been viewed as a common impediment to social contact for rural populations in general and the elderly in particular (see Table 11). Examined here as an issue related to rates

Table 9.

Numbers of Close Relatives and Friends Nearby

Age	Number of Relatives Nearby ^a							Total
	0	1	2	3	4	5	6+	
18-40:	11	6	9	5	4	5	60	101
41-60:	10	9	5	9	5	9	52	99
61+:	22	17	11	9	4	4	33	100
Total: N	43	32	25	23	13	18	145	300
% ^b	13%	9%	8%	7%	4%	6%	52%	99%

	Number of Close Friends Nearby ^c							Total
	0	1	2	3	4	5	6+	
Total: N	13	6	14	19	16	18	211	298
%	4%	2%	5%	6%	5%	6%	71%	99%

Note. Missing data column omitted for number of friends data, n = 1.

^a $\chi^2(14) = 28.279, p < .015$.

^b Percentage totals are adjusted to approximate a representative sample of all adults.

^c No significant differences by age.

Table 10.

Rates of Network Interaction: Getting Together with Friends or Relatives

Age	Frequency of <u>Visiting</u> ^{a,b}				
	2+/ week	1/ week	2+/ month	1/ month	≤ 1/ month
18-40:	36	38	16	7	3
41-60:	24	32	21	11	9
61+:	33	21	19	14	11
Total: N	93	91	56	32	23
% ^c	32%	33%	18%	10%	7%
					1%
					101%

Note. Missing data column omitted, $n = 3$.

^a $\chi^2(12) = 15.856$, not significant.

^b $r^2 = -.1565$, $p < .005$.

^c Percentage totals adjusted to approximate a representative sample of all adults.

Table 11.
Degree of Difficulty with Transportation

	<u>Degree of Difficulty</u>				Total
	Very Much	Somewhat	A Little	Not At all	
Total: N	15	17	16	250	298
%	5%	6%	5%	84%	100%

Note. Missing data column omitted, n = 2.

^a No significant differences by age.

of interaction, transportation was reported to be a problem by 16% of respondents--5% stated that transportation is very much of a problem for them. Age makes little difference in the rates of reported difficulty with transportation. The limitations of transportation are probably overcome in part by the telephone, a major instrument of social contact in rural settings that was not measured by the survey. Results do indicate, however, that the size of social networks is associated with the relative frequency of transportation difficulties (see Table 12). Respondents with more close relatives and, in particular, more close friends nearby report fewer problems with transportation. Respondents with more transportation difficulties also tend to report lower frequencies of social contacts.

The role of friendship networks may account in part for the lack of age differences in reported transportation difficulties. Elders do not get together with people as often but they do report friendship networks of comparable size to younger generations and friendship networks are strongly associated with the relative degree of transportation difficulties.

In general, respondents with larger networks of close relatives also report larger friendship networks. The frequency of social contact is associated with the size of the friendship network but not that of the relative network. Respondents with more close friends report more frequent social contact while those with more close relatives nearby do not show a pattern of increased interaction.

Associations between aspects of social networks. A series of associations occur in the data linking several variables across the conceptual

Table 12.

Correlations of Social Network Items: r^2

	Social Network Items (by number)			
	#2.	#3.	#4.	Age
#1. Number of Relatives Nearby:	.2913***	.0839	-.1270*	-.2428***
#2. Number of Friends Nearby:		.1584**	-.2284***	.0045
#3. Frequency of Visiting:			-.1514**	-.1565**
#4. Transportation Difficulties:				.0309

Note. The pattern of correlations between social network variables remains the same in value and significance when controlled for age effects (partial correlations).

* $p < .015$.

** $p < .005$.

*** $p < .001$.

areas of rootedness, household and network size/interaction. When correlations were controlled for by age, the data indicates that native-born and longtime residents tend to have larger households than newcomers, but are no more likely than others to have elders in the household (see Table 13).

Associations between rootedness and network size, controlling for age, indicate that native-born and especially longtime residents are more likely than newcomers to have larger networks of nearby friends and relatives. Results show no differences in terms of frequency of visiting or degree of transportation problems.

These results suggest that, while "newcomers" may have more limited local circles of friends and relatives they do not necessarily suffer from lack of social interaction or lack of accessibility. There may be a greater tendency for newcomers in rural settings to maintain a more diversified or extended social network, less dependent on local residential settings for social contact.

Summary of network data. The social patterns of the site communities surveyed reveal a high prevalence of well rooted, sizeable networks of accessible relatives and friends. Larger networks are associated with native-born and longtime residents as are larger households. The size of relative networks declines with age, as does the frequency of social contacts. Rates of interaction decrease with age, smaller relative networks and, most importantly, smaller friendship networks. Difficulties with transportation are related to lower rates of interaction and smaller social networks.

Table 13.

Correlations Between Rootedness, Household and Network Items:
 Partial r^2 Controlling for Age

Items	Born in Hometown	Length of Residence
Household Size:	.1569 [*]	.1622 [*]
Number of Elders in Household:	.0113	.0113
Number of Relatives:	.1633 [*]	.2524 ^{**}
Number of Friends:	.0940	.1829 ^{**}
Frequency of Visiting:	.0657	.0429
Transportation Difficulties:	.0108	.0113

* $p < .005$.

** $p < .001$.

The elderly, as a subpopulation, reveal tendencies toward social isolation but also appear to have significant resources. The elderly tend to be well rooted in their hometowns, a position associated with larger social networks (friends in particular). The tendency of elders to live in small households with other elders underscores a vulnerability to widowhood and isolation. The elderly do not appear to live in extended family households with any frequency although elders living alone or with a spouse may reside in close proximity to their children. The older family stage leaves fewer surviving peer relatives and a smaller overall relative network but age does not reduce the size of friendship networks. While elders as a whole get together with close friends and relatives less often than younger generations they do not report greater difficulties with access due to transportation problems.

B. Life Satisfaction and Social Networks

The community survey incorporated two sets of items for respondent self-assessment of his or her affective status: general life satisfaction and issues of aging-related stress. This section analyzes respondents' assessment of general life satisfaction and its links with social networks. Three items measured satisfaction with life at present, happiness relative to the past, and current life satisfaction relative to past expectations of the future. A final measure is provided by a summary score of these three items.

A vast majority of respondents report satisfaction with their current life situation (see Table 14). The greatest amount of dissatisfaction was expressed when comparing the present to past expectations

Table 14.
Life Satisfaction Items

Life Satisfaction Items	<u>Degree of Satisfaction</u>				Total
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	
#1. ^a :	53%	38%	7%	2%	100%
#2. ^b :	49%	40%	9%	2%	100%
#3. ^b :	20%	45%	28%	7%	100%
#4. ^b :	73%	23%	3%	1%	100%

Key to Life Satisfaction Items:

- #1. Satisfaction with present way of life.
- #2. Happiness now, compared with earlier periods.
- #3. Life is better/worse now than expected.
- #4. Satisfaction with number of people available to lend a hand when in need.

^a Distribution of this item by age group reveals a trend of increased satisfaction with age; $\chi^2(6) + 16.276, p < .015$.

^b No significant differences by age found in data.

of how life would be; a majority of respondents, however, are still generally positive. The three measures of life satisfaction tend, in general, to be strongly related to each other and to the summary score (see Table 15).

The only significant age effect indicates that elders report higher levels of current life satisfaction than younger generations. A mild trend towards greater dissatisfaction in elders, reflected in the combined score and two other items, does not reach statistical significance (Table 15).

A fourth item in the survey offers a measure of respondent self-assessment of satisfaction specific to the number of people available to help them when in need. This measure of satisfaction with current social resources is more specific than the three more global satisfaction items and is not included in the combined satisfaction score. Respondents are extremely positive on this dimension, with 72% feeling very satisfied. There is a tendency to report even higher levels of satisfaction with increasing age.

Satisfaction with accessible social resources is associated with the three life satisfaction dimensions and the combined satisfaction score on a consistent basis, though with slightly less strength than found between the three global life satisfaction items. Satisfaction with social resources appears to be closely related, then, to life satisfaction in general.

Overall, respondents report high levels of satisfaction, particularly with their present life situation and accessible social resources. People in this sample report mild dissatisfaction when comparing their

Table 15.

Correlations of Life Satisfaction Items: r^2

	#1.	#2.	#3.	#4.	Age
#1.					.1144*
#2.	.6312**				-.0503
#3.	.4625**	.4548**			-.0965
#4.	.7681**	.8011**	.7473**		-.0726
<hr/>					
#5.	.2583*	.2313*	.1795*	.1964*	.0957

Key to Life Satisfaction Items:

- #1. Satisfaction with present way of life.
- #2. Happiness now, compared with earlier periods.
- #3. Life is better/worse now than expected.
- #4. Combined Life Satisfaction Score (#1 + #2 + #3).
- #5. Satisfaction with the number of people available to lend a hand when in need.

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

present situation with the past and, particularly, when comparing the present with former expectations. Life may not be all they hoped it would be but in general things are pretty good. Older generations tend to report higher levels of satisfaction when considering their current life situation and accessible social resources. Older generations may be slightly more dissatisfied than younger people when comparing life now with past expectations (doesn't reach significance). These age differences disappear when the global life satisfaction dimensions are combined into a single score.

Life satisfaction and network items. The data indicate a series of minor associations between satisfaction, household size and family age. Persons in large households are more likely to report satisfaction with their accessible social resources. There is also a mild trend, statistically significant with only one of the three satisfaction dimensions (satisfaction with present life) for persons from larger households to report higher levels of life satisfaction. A mild tendency also exists for younger family patterns (i.e., more surviving parents, in-laws and grandparents) to be associated with higher levels of life satisfaction.

The strongest pattern of associations in the survey between two conceptually distinct groups of variables occurs between measures of network size/interaction and life satisfaction (see Table 16). Higher numbers of accessible relatives and friends, more frequent social contacts and a lack of transportation difficulties all associate strongly and consistently with the three dimensions of life satisfaction and

Table 16.

Correlations Between Life Satisfaction and Social Network Items: r^2

Life Satisfaction Items	Social Network Items			
	Number of Relatives	Number of Friends	Frequency of Visiting	Transportation Difficulties
#1.:	.0515	.2379***	.2019***	-.2423***
#2.:	.1345*	.2583***	.2929***	-.1873***
#3.:	.1345*	.1486*	.1289*	-.1330*
#4.:	.1587**	.2730***	.2419***	-.1972***

#5.:	.1586**	.2256***	.1328*	-.1445*

Key to Life Satisfaction Items:

- #1. Satisfaction with present way of life.
- #2. Happiness now, compared with earlier periods.
- #3. Life is better/worse now than expected.
- #4. Combined Life Satisfaction Score (#1 + #2 + #3).
- #5. Satisfaction with number of people available to lend a hand when in need.

*
 $p < .02.$ **
 $p < .005.$ ***
 $p < .001.$

satisfaction with accessible social resources. The strongest associations occur between size of friendship networks and satisfaction with life and with social resources.

The results indicate that measures of intimate ties by number of people, frequency of interaction and lack of transportation barriers are centrally related to reported levels of satisfaction. These factors appear to be more central to life satisfaction than measures of rootedness, household size or family stage.

C. Patterns of Help Seeking

A major interest addressed in the survey concerns patterns of help seeking: where do people get help? The area was divided into two overlapping dimensions of resources and problems. Two specific problems, one dealing with emotional stress ("worrying") and the other with physical incapacitation (an accident or illness which requires a month of bedrest), were used in the survey to investigate help seeking patterns. The problem examples were designed to encompass, in a limited manner, general personal problems that might occur in day to day life. Resources investigated include: the respondents' spontaneous solution style (specifically for "worrying"); preferences for and/or availability of interpersonal support; use of community figures (doctors, lawyers, clergymen); and use of psychiatrists, counselors or human service agencies.

Investigation of respondents' spontaneous solution styles for emotional distress ("worrying") indicates that the most common solution is to talk with a family member (primarily spouse) or friend, with 38% of respondents utilizing this action (see Table 17).

Table 17.

Spontaneous Problem Solving Styles for "Worries": By Age

Solution ^a	Age Group			All Adults ^b
	18-40	41-60	61+	
Have no problem; Denial:	4	12	21	37 (10%)
Do nothing; Live with it:	10	9	14	33 (11%)

Self-reliance:	14	31	16	61 (19%)

Talk with Spouse:	19	15	13	47 (17%)
Parents:	5	0	0	5 (2%)
Children:	0	1	8	9 (2%)
Other family:	5	4	4	13 (5%)
Friends:	18	10	2	30 (12%)
Doctors, nurses:	1	1	4	6 (2%)
Psychiatrists, counselors:	2	0	1	3 (1%)
Talk, no one specific:	17	8	6	31 (12%)

Prayer:	2	3	3	8 (3%)

Don't know:	2	4	8	14 (4%)

	99	98	100	297 (100%)

Note: Row headings separated by a semi-colon (;) indicate data combined for related groups. "Other" row omitted, $n = 1$.

^a $\chi^2(32) = 82.230, p < .0001$.

^b Percentage totals are adjusted to approximate a representative sample of all adults.

There are a number of shifts in this pattern with age. The practice of talking over worries (with friends, family or just talking in general) decreases in frequency with age (from 64% of young respondents to 33% of elders). Self-help is most frequent as a preferred solution in the middle generation, where it represents the most common single practice (31% of the cases). The use of community figures is always low but increases slightly with age. The proportion of people who just live with worrying remains roughly even over age (9-14%). The proportion of people who state (or perhaps deny) that they ever worry increases steadily with age from 4% of young cases to 21% of elders.

A breakdown of spontaneous problem solving styles for worrying by marital status (see Table 18) reveals a clear pattern of differences. Married persons most often turn to their spouses, followed in frequency by self reliance, having no problems and talking in general. Single respondents turn to friends most often, followed by self reliance, talking with family relatives other than parents or children (siblings?) and talking in general. Widows and widowers turn to self reliance most often, followed by just living with it, talking with children and talking with friends.

Sex differences include the finding that men tend to deny having worries or report no problems more than women (21% to 6%) while women show a general tendency to talk with someone more often than do men, a difference especially noticeable with talking to children (5% to 1%) and friends (13% to 6%). These differences were significant ($\chi^2(16) = 32.203$, $p < .01$).

A probe question following the item on worrying was placed in the

Table 18.

Spontaneous Problem Solving Styles for "Worries": By Marital Status

Solution ^a	Marital Status			
	Married ^b	Single ^c	Widowed ^d	Combined Groups ^{e,f}
Have no problems; Denial:	14%	5%	4%	12%
Do nothing; Live with it:	11%	3%	24%	11%
-----	-----	-----	-----	-----
Self-reliance:	20%	16%	28%	20%
-----	-----	-----	-----	-----
Talk with Spouse:	21%	---	---	16%
Parents:	1%	8%	0	1%
Children:	2%	0	20%	3%
Other family:	4%	11%	0	5%
Friends:	5%	35%	12%	10%
Doctors, nurses:	2%	0	0	2%
Psychiatrists, counselors:	1%	0	0	1%
Talk, no one specific:	12%	11%	4%	11%
-----	-----	-----	-----	-----
Prayer:	2%	3%	8%	3%
-----	-----	-----	-----	-----
Don't know:	5%	8%	0	5%
-----	-----	-----	-----	-----
	100%	100%	100%	100%

Note. Row headings separated by a semi-colon (;) indicate data combined for related groups. "Other" row omitted, $n = 1$. "Separated" and "Divorced" columns omitted, $n = 15$.

^a $\chi^2(64) = 179.950, p < .0001$.

^b $n = 221$.

^c $n = 37$.

^d $n = 25$.

^e $n = 283$.

^f The 'combined groups' percentage totals differ from the totals listed in Table 17 because of omitted data (see Note, above).

questionnaire to identify whether or not respondents ever talk their worries over with someone, regardless of their first, spontaneous solution offered for worrying (see Table 19). Respondents indicated that most of them do talk to someone (82%). The proportion of people who talk their worries over with someone decreases with age from 91% of the younger generation to 73% of elders.

The spouse is more heavily relied on by middle generations than by younger or older people, with 50% of middle aged respondents turning to their husband or wife. (This finding is purely descriptive in that it does not control for the percents of respondents of different ages who have a spouse.) The younger generation, of the three age groups, makes the most use of friends, with 25% of youth confiding in friends. The use of family members changes with the life cycle of the family. As might be expected, younger generations rely far more on parents (and more often have living parents) than on children while elders rely on children and other family members.

The choice of a confidant again is significantly different when broken down by marital status (see Table 20). Married persons turn to a spouse in 59% of cases. Single parents rely on friends and acquaintances (53%). The widowed also rely on friends (33%) as well as children (29%). The widowed as a group report having no confidant the most often (29%).

Women are more likely than men to have a confidant or someone they can talk with (87% to 75%). Of those with a confidant, men tend to name their wives more often than women name husbands as confidants (72% to 44%) while women are more likely than men to name children (9% to 3%)

Table 19.

Confidant (Person with Whom One Discusses Personal Worries):
By Age

Person ^a	Age Group			
	18-40 ^b	41-60 ^c	61+ ^d	All Adults ^{e,f}
Spouse:	47%	50%	38%	45%
Parents:	9%	1%	0	5%
Children:	0	2%	14%	4%
Other family:	7%	7%	7%	7%
Friends and acquaintances:	25%	17%	14%	20%
Clergy, nurses and counselors:	2%	1%	0	1%
No one:	9%	22%	27%	18%
Total:	99%	100%	100%	100%

^a $\chi^2(12) = 46.064, p < .001$.

^b $\underline{n} = 87$.

^c $\underline{n} = 90$.

^d $\underline{n} = 95$.

^e $\underline{n} = 272$.

^f Percentage totals for "All Adults" column are adjusted to approximate a representative sample of all adults.

Table 20.

Confidant (Person with Whom One Discusses Personal Worries)
By Marital Status

Person ^a	<u>Marital Status</u>			All Groups ^{e,f}
	Married ^b	Single ^c	Widowed ^d	
Spouse:	59%	0	0	46%
Parents:	2%	12%	0	3%
Children:	4%	0	29%	6%
Other Family:	5%	21%	8%	7%
Friends and Acquaintances:	8%	53%	33%	16%
Clergy, nurses and counselors:	3%	0	0	3%
No one:	18%	15%	29%	19%
Total:	99%	101%	99%	100%

Note. "Seperated" and "divorced" columns omitted, $\underline{n} = 13$.

^a $\chi^2(12) = 123.604$, $p < .001$.

^b $\underline{n} = 206$.

^c $\underline{n} = 34$.

^d $\underline{n} = 24$.

^e $\underline{n} = 264$.

^f Percentage totals in "All Groups" column uncorrected for sample distribution or omitted data.

and friends (27% to 13%) as their central confidant ($\chi^2(10)=22.343$, $p<.015$).

The pattern of reliance on family and friends remains dominant when respondents describe the interpersonal resources they would use if physically incapacitated. The item was written in such a way as to discourage self-help responses by emphasizing a dependent role of being bedridden, in order to gain some self-assessment by the respondent of those resources he or she identifies around them (see Table 21). The overwhelming majority of respondents (83%) listed family as one of their chief resources in situations of physical incapacitation.

There are no significant age or sex differences in this distribution, but the pattern does alter with marital status (see Table 21). While family (including spouse) remains the dominant resource for all, single persons also rely on friends. Widowed respondents rely on neighbors and residential settings along with family. The proportion of those who simply don't know where they'll find care increases steadily from married (5%) to single (11%) to widowed (16%) respondents.

A final pair of survey items asks respondents whether or not they have ever turned to persons outside of immediate friend/family circles for personal advice, either from community figures ("doctors, lawyers, clergymen") or formal human service professionals ("psychiatrist, counselor, human service agency or clinic"). Respondents report that they turn almost twice as often to community figures as to counselors for personal advice (see Table 22). Middle and elder generations are more open than the young to turning to community figures. The use of formal human services, by contrast, decreases with age.

Table 21.

Anticipated Source of Care During Bedrest: By Marital Status

Source	Marital Status ^a			All Groups ^{e,f}
	Married ^b	Single ^c	Widowed ^d	
Family:	89%	69%	60%	83%
Friends:	2%	14%	4%	5%
Neighbors:	1%	0	8%	1%
Hired help:	.5%	0	4%	1%
Residential care:	.5%	3%	8%	2%
Self-help only:	2%	3%	0	2%
Don't know:	5%	11%	16%	7%
Totals	100%	100%	100%	101%

Note. "Other" row omitted, $\underline{n} = 1$. "Seperated" and "Divorced" columns omitted, $\underline{n} = 15$. No significant age or sex differences found in data.

^a $\chi^2(28) = 74.496, p < .00001$.

^b $\underline{n} = 223$.

^c $\underline{n} = 36$.

^d $\underline{n} = 25$.

^e $\underline{n} = 299$.

^f Percentage totals include data for "seperated" and "divorced" respondents.

Table 22.

Help-Seeking: Community Figures and Counselors

	<u>Age Groups</u>				
Utilization	18-40	41-60	61+	All Adults ^a	
Use of a doctor, clergyman or lawyer for personal advice ^b					
Yes	24	43	43	110	(34%)
No	76	55	57	188	(66%)
Total	100	98	100	298 (100%)	
Use of a counselor, psychiatrist or human service agency ^c					
Yes	28	12	11	51	(20%)
No	72	86	89	247	(80%)
Total	100	98	100	298 (100%)	

Note. "Don't know" column omitted, $n = 1$. No significant sex differences found in data.

^a Percentage totals are adjusted to approximate a representative sample of all adults.

^b $\chi^2(4) = 12.835$, $p < .015$.

^c $\chi^2(4) = 14.680$, $p < .01$.

The examples of problems in the survey are designed to highlight the respondents' use of social resources in daily living and don't necessarily emphasize the more extreme situations where specialized help may be most appropriate. In daily living the network of family and friends provides the clearly dominant environment for help seeking. The young appear to use personal networks of family and friends the most actively, while also using formal human services more frequently than older generations. Middle generation people have a greater tendency to focus on self-reliance, reliance on a spouse or use of community figures for advice. Elders evidence a greater tendency to isolation. This isolation may be related to the sizeable proportion of elders who deny the existence of personal worries (43% of elders reported having no problems, living with problems or just having no one to talk with). Elders who do turn to others for help (in all examples a large majority) rely on spouses, children, other family members and community helping figures.

Neighbors are not turned to with issues of personal or emotional concern. While always an infrequently used resource, neighbors are more likely to be turned to for help with physical incapacitation, especially by the elderly widowed. The anticipated use of residential help for physical incapacitation remains extremely low, reaching its highest point with elders, of whom 5% considered residential help as a resource, and the widowed (most of whom are elderly).

While community figures and formal human service resources are infrequently used, in situations where a person does turn to someone outside of their network of family and friends, community figures are

almost twice as likely as human service resources to be used. Elders indicate a particularly strong preference for community figures over professional counselors.

Associations between help seeking activities. A pattern of linear association exists between talking worries over with someone and turning to community figures or counselors (see Table 23). In general, those who go beyond their network of family and friends to seek advice from community figures or counselors are more likely than others to seek advice from both.

Network items and help seeking. When the correlations are controlled for age effects, the data indicate that native-born and longtime residents are less likely than newcomers to seek the professional help of a counselor but show no differences in the use of community figures or a confidant for personal advice.

Residents with fewer close relatives nearby are more likely to use community figures or professional counselors for personal advice but show no difference in the use of a confidant to talk their worries over with (see Table 24). The number of nearby friends has little impact on the help seeking items. Respondents who are socially active and get together with friends and relatives frequently are more likely to talk their worries over with someone. Those who report transportation to be a problem are more likely than others to have used a formal counselor for personal advice. The above pattern persists when correlations are controlled for by age.

The pattern of associations suggests that those respondents who have

Table 23.

Correlations of Help-Seeking Items, Age and Sex: r^2

Help-Seeking Items	#2	#3	Age	Sex
#1.:	.1613**	.0981*	-.1914***	.1508**
#2.:		.2063***	.1613**	.0032
#3.:			-.1849***	.0582

Key to Help-Seeking Items:

- #1. Talks worries over with someone (has a confidant).
- #2. Use of a community figure (i.e., doctor, lawyer) for personal advice.
- #3. Use of a professional counselor.

*
 $p < .05.$

**
 $p < .005.$

 $p < .001.$

Table 24.

Correlations Between Network and Help-Seeking Items:
Partial r^2 Controlling for Age

Network Items	<u>Help-Seeking Items</u>		
	#1.	#2.	#3.
Number of Relatives:	.0330	-.1107*	-.1455**
Number of Friends:	.0573	-.0031	-.0426
Frequency of Visiting:	.1002*	.0453	.0426
Transportation Problems:	.0097	.0930	.1271*

Key To Help-Seeking Items:

- #1. Talks worries over with someone (has a confidant).
- #2. Use of a community figure (i.e., doctor, lawyer or clergy) for personal advice.
- #3. Use of a professional counselor.

* $p < .05$.

** $p < .01$.

larger networks of relatives and interact frequently with friends and family tend to be active help seekers in talking their worries over with someone, but feel less press to turn to community figures or formal helpers. Persons with less network resources (i.e., fewer relatives, more transportation problems) tend to go outside the network more often for advice.

The younger generation appears to have the most social network resources and is more active in general in help seeking. Elders, as longtime residents, living in small households with fewer nearby relatives, tend to be the least active help seekers, although there is some tendency to use community figures more than younger generations.

The patterns of network size and interaction have indicated that, while elders have fewer nearby relatives and visit less often, they have just as many friends as younger people and have no more transportation difficulties than others. While these results are, at first, somewhat reassuring, the patterns of help seeking for problems of physical incapacitation place far more emphasis on family than friends. Elderly generations face the eventuality of significant physical incapacitation with far greater certainty than younger persons. The elders surveyed indicate that they count on family to help them out which suggests that there are family resources available. The tendency for elders to have fewer relatives accessible, however, suggests that a smaller number of family members are going to be available for support, placing more pressure on fewer people. The only trend in help seeking for elders which may buffer this pressure (elders are in general less active help seekers) may be found in elders' use of community figures--probably

general practice doctors in particular in the case of physical incapacitation.

Life satisfaction and help seeking. The pattern of association suggests that respondents who talk their worries over with someone are also more likely than others to have a higher overall (combined score) level of life satisfaction. No significant associations occur between separate life satisfaction items and patterns of help seeking.

CHAPTER VI

RESULTS: PERCEPTIONS OF AGING, HELP SEEKING AND RESPONSIBILITY FOR ELDER CARE

Perceptions of Aging, Related Stress and Help Seeking

The second area of affective experience addressed by the survey involves stress as it relates to issues of aging in the respondent's life. Issues of aging are defined in this section primarily as those sources of stress which arise from the aging of people around the respondent, in their social network, rather than stress related to the respondent's own aging. This definition serves to highlight the interpersonal rather than intrapersonal impact of aging. In this context, the respondents' assessment of the impact of others' aging on him or herself was felt to offer more reliable data than the respondents' assessment of the impact of their own aging on others. A focus on the impact of aging in the respondent's network also allows for an investigation of issues of aging in the lives of young respondents as well as middle and elder generations.

The experience of stress related to issues of aging is approached in the survey through a series of four items which form a scale of the respondent's perceptions of negative impacts of aging on close family members and/or friends. Perceptions of negative impacts of aging include perceptions of more frequent serious health problems, greater financial difficulties, increased need of the elder for advice or moral support and increased need of the elder for the respondent's time, energy and/or

money. The results indicate that a majority of adults do perceive some negative impacts of aging on people close to them (see Table 25). The perception of serious health problems is the most prevalent. The four dimensions of perceived aging associate strongly with each other and with the summary scale score of perceptions (see Table 26).

Elders are less likely than younger generations to report perceptions of negative impacts of aging on those around them. The one dimension which shows no age-related trends, that of serious health problems, is also the effect reported most often by respondents of all ages. Serious health problems, more than the other dimensions, are more prevalent, more easily perceived and/or more easily reported. Women are more likely than men to report perceptions of serious health problems, increased needs for moral support and increased needs for time, energy or money in elders around them.

The experience of feeling troubled by perceptions of the ill effects of aging appears to be common, though less frequent than the actual perceptions of negative effects. A total of 42% of surveyed adults reported some degree of distress over issues of aging in people around them (see Table 27). Women are more likely to report feeling troubled than are men. A slight trend in the data towards less disturbance with age does not appear significant in the but reaches significance as a linear correlation (see Table 26).

The affective experience of stress is clearly related to reported perceptions of negative impacts of aging. Perceptions of negative effect along the four dimensions are each related to feeling troubled. The combined score of perceived negative effects is associated the most

Table 25.
Perceptions of Aging In Older Friends and Relatives^a

Serious Health Problems ^b		
<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
53%	46%	1%
Financial Problems ^c		
<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
37%	60%	3%
Increased Need for Advice and Moral Support ^d		
<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
45%	55%	0
Increased Need for One's Time, Energy or Money ^e		
<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
37%	63%	0

^a $n = 300$. Figures adjusted to approximate a representative sample of all adults.

^b No significant age differences. Females report more than males, 60% to 45%, $X^2(2) = 6.714$, $p < .05$.

^c No significant sex differences. Trend to report more with youth (43% young, 42% middle aged, 20% elder), $X^2(4) = 24.15$, $p < .0001$.

^d Trend to report more with youth (53% young, 45% middle aged, 32% elder), $X^2(4) = 12.133$, $p < .02$. Females report more than males, 51% to 33%, $X^2(2) = 12.384$, $p < .002$.

^e Trend to report more with youth (45% young, 38% middle aged, 24% elder), $X^2(4) = 11.391$, $p < .03$. Females report more than males, 42% to 27%, $X^2(2) = 8.267$, $p < .02$.

Table 26.

Degree of Feeling Troubled by Perceptions of Aging

Sex ^a	<u>Degree of Concern</u>				Total
	Very Troubled	Somewhat Troubled	A Little Troubled	Not At All Troubled	
Male ^b :	5%	17%	11%	67%	100%
Female ^c :	20%	18%	11%	51%	100%
Total ^{d,e} :	13%	18%	11%	59%	101%

^a $\chi^2(3) = 16.343$, $p < .001$. No significant age differences.

^b $\underline{n} = 126$.

^c $\underline{n} = 174$.

^d $\underline{n} = 300$.

^e Percentage totals for columns are adjusted to approximate a representative sample of all adults.

Table 27.

Correlations Between Perceptions of Aging, Disturbance and Age-Related Help-Seeking Items: r^2

	Serious Health Problems	Worse Finances	Needs More Support	Needs Time, Money	Combined Score	Troubled by Perceptions	Help Seeking
Worse financially:	.2430***						
Needs more support:	.3066***	.2934***					
Time, energy, money:	.2907***	.1474***	.5113***				
Combined score:	.6734***	.6054***	.7679***	.7104***			
Troubled:	.3537***	.1463**	.4038***	.4199***	.4858***		
Help-seeking for issues of aging:	.1470**	.1643**	.1933***	.1817***	.2554***	.2596***	
Age:	-.0615	-.1711**	-.1631**	-.1730***	-.2162***	-.1083*	-.0346
Sex:	.1495**	.0191	.1933***	.1518**	.1693**	.2148***	.0053

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

strongly with feeling troubled; people who report more perceptions of ill effects of aging are also more likely to be personally troubled by these changes.

In pursuing the further consequences of perceptions of aging, the survey asks respondents whether or not they, or someone in their family, have ever sought help in dealing with issues of aging. Respondents were asked about help seeking regardless of whether they had previously reported perceptions of aging or related stress. A total of 17% of respondents have sought help for issues relating to aging. There are no major differences in frequency of help seeking by age or sex. Help seeking for issues of aging is strongly related to feeling troubled and to the summary scale score of perceptions as well as significantly, if less strongly, associated with each of the four specific dimensions of age perception (see Table 27).

The overall tendency in the data suggests that people who perceive negative impacts of aging do so across the four dimensions of effects, are likely to feel troubled by these perceptions and are more likely than others to seek help in dealing with issues of aging presented by family members or friends. The actual frequencies drop by more than half in the leap from perceptions of aging and feelings of stress (42%) to actual help seeking (17%). The likelihood of reporting negative perceptions of aging and related stress decreases with age despite the fact that elders live with elders far more often than do younger generations. This age effect does not cross over into actual help seeking behavior for issues of aging. Women are more likely than men to perceive the negative impacts of aging and feel troubled by them but are no more

likely to seek help for issues of aging in the family.

In reviewing the small proportion of people who do seek help for issues of aging (17%), the role of doctors appears to be central (see Table 28). Almost half of the help seekers turn to doctors, with a fifth turning to counselors, psychiatrists, human service agencies or clinics. The use of family members drops significantly. A sizeable group of respondents (16%) who turn to "others" for help may include the use of local Councils of Aging.

If people need help with issues of aging they are most likely to go beyond their personal networks to contact doctors or professional human services. The use of family and friend networks is considerably lower in this specialized case than in general help seeking patterns. The reliance on formal services specifically designated for elders is surprisingly low. The only clear age effect in this pattern is that those who turn to human service counselors are more than twice as often younger generation respondents rather than middle or elder.

The large majority of respondents (82%) have not sought help to deal with issues of aging. The most frequent explanation offered is that there was no need for help (86% of those who have not sought assistance). This group includes those respondents who do not perceive negative impacts of aging and/or do not feel troubled as well as those who are troubled but see no need for help. A small group of people (7%) have not sought assistance because they rely on self-help. The only significant age differences indicate that elders, more than younger generations, show a stronger preference for self-help (from 4% of the young to 11% of elders).

Table 28.

Help-Seeking Preferences for Issues of Aging
in the Family

<u>Sources of Help^a</u>	<u>Percent of Subjects Who Sought Help^b</u>
Family:	10%
Friends, Acquaintances:	6%
Clergy:	2%
Doctors:	41%
Nurses:	4%
Psychiatrists, Counselors:	20%
Local Area on Aging Agency:	2%
Chore Services:	2%
Other:	10%
Don't know:	4%

^a No significant age or sex differences found in data.

^b n = 51.

Associations with general help seeking patterns. The overall pattern of associations indicates that the perception of aging, experience of stress and related help seeking are all linked to increased help seeking activities in general (see Table 29). People who report perceptions of negative impacts of aging and related stress are more likely than others to talk their worries over with someone and to consult a community figure or counselor for personal advice. Persons who seek help for issues of aging in particular are more likely than others to turn to community figures (such as doctors) for personal advice. These results suggest some differences between those people who perceive aging and are troubled, and the smaller group of people who make the step toward actual help seeking for issues of aging. The help seekers concerned with issues of aging do not appear to be generally more active help seekers overall--they are no more likely than others to talk their worries over with someone or turn to counselors. The increased likelihood, however, that they will turn to community figures for personal advice is closely matched by the reported preference for doctors as a source of help in dealing with issues of aging, most likely reflecting the importance of health care as a central need in issues of aging.

Associations with network variables. Rootedness is associated with significantly less reporting of perceptions of aging and related stress. Longtime residents and native-born respondents are less likely than newcomers to report perceptions of aging, related feelings of stress or to seek help with family issues of aging. Many of these correlations are significant even when controlled for by age (see Tables 30 and 31).

Table 29.

Correlations Between General Help-Seeking Items
and Perceptions of Aging Items: r^2

	Talk worries over with someone, have a confidant	Use of community figure for personal advice	Use of a professional counselor
Perceptions of aging ^a :	.1720*	.1571*	.1615*
Troubled by perceptions:	.1572*	.0692	.1583*
Help-seeking for issues of aging:	.0737	.1935**	.0563

^a Combined score of four perception of aging items.

* $p < .005$.

** $p < .001$.

Table 30.
Correlations Between Network Items and Perceptions of Aging: r^2

<u>Network Items</u>	<u>Perceptions of Aging</u>	<u>Troubled by Perceptions</u>	<u>Help-Seeking for Issues of Aging</u>
Born in Hometown:	-.1218 [*]	-.1438 ^{**}	-.0697
Length of Residence:	-.1044 [*]	-.1429 ^{**}	-.1000 [*]
Number of Friends Near:	.0618	.0505	.0047
Number of Relatives:	-.0516	-.1496 ^{**}	.0616
Frequency of Visiting:	.1286 [*]	.0092	.0071
Transportation Difficulties:	.0763	.0502	.0039

^{*}
 $p < .05.$

^{**}
 $p < .01.$

Table 31.

Correlations Between Network Items and Perceptions of Aging: r^2
Controlling for Age

<u>Network Items</u>	<u>Perceptions of Aging</u>	<u>Troubled by Perceptions</u>
Born in Hometown:	-.1285 [*]	-.1465 ^{**}
Length of Residence:	-.0002	-.1042 [*]
Number of Friends Near:	.0643	.0503
Number of Relatives:	-.1100 [*]	-.1823 ^{***}
Frequency of Visiting:	.0983 [*]	.0266
Transportation Difficulties:	.0850	.0539

*
 $p < .05.$

**
 $p < .01.$

 $p < .005.$

Respondents with fewer close relatives nearby report more perceptions of aging in elders around them and feel more troubled by these perceptions. The number of nearby friends has no significant impact. While those respondents who visit frequently are more likely than those with infrequent visits to report perceptions of aging, there is no significant difference in the degree of related stress. Many of these associations are based on correlations controlled for by age (see Tables 30 and 31).

Associations with life satisfaction. There is no apparent pattern of association between the perception of ill-effects of aging and related stress and levels of reported life satisfaction. The experience of feeling troubled by the aging of a close relative or friend does not carry an impact on general levels of life satisfaction (see Table 32). This is so even when the results are examined separately for men and women using χ^2 analysis (no significant results).

Summary of trends. The results suggest some surprising patterns. The elderly, of all age groups, are the least likely to report perceptions of aging or related feelings of disturbance over the impacts of aging. This is so despite the household data which indicates that elders tend to live in closer proximity to other elders than do younger generations. One explanation may be that elders are more accepting of the changes related to aging than are younger generations. The results confirm the fact that issues of aging do represent a source of stress for younger people, especially those with surviving parents, in-laws and grandparents.

Groups of people who appear more likely than others to perceive

Table 32.

Correlations Between Perceptions of Aging and Life Satisfaction^a: r^2

	<u>Perceptions of Aging</u>	<u>Troubled by Perceptions</u>	<u>Help-Seeking for Issues of Aging</u>
Combined Life- Satisfaction Score:	.0277	-.0640	.0018

^a No correlations reach significance.

negative impacts of aging on those around them include younger generations, women, newcomers, those with few nearby relatives, and socially active residents. Persons more likely to be troubled by the perceived impacts of aging include younger generations, women, newcomers, and residents with few nearby relatives.

Persons who actually have sought help for issues of aging in their families are more likely to have reported perceptions of aging and related feelings of stress than non-seekers. Help seekers for issues of aging are also more likely to be newcomers and to have used community figures, such as local doctors, for personal advice.

Responsibility for the Care of an Elder

A final major area of social relations addressed in the survey examines the impacts of caring for an elder. The specific questionnaire item emphasizes a degree of regular and consistent responsibility in the care giving relationships: "During the past year, have you had the responsibility of caring for an elderly person, (i.e., does an elderly person count on you to give them regular help or care)"? When the data is adjusted to approximate a representative sample of all adults, the results indicate that nearly one-fifth of all adults do have responsibility for the care of an elder (see Table 33). The younger generation and women are most frequently responsible for the care of an elder (see Table 34). While there are no statistically significant age differences, the middle aged woman is slightly more likely than other age/sex groups to have responsibility for care, a trend obscured in Table 31 because the middle generation represents a

Table 33.

Responsibility for Care of an Elder^a

Sex ^b	<u>Responsibility</u>		Total
	Yes	No	
Male:	13%	87%	100%
Female:	25%	75%	100%
Total ^c :	19%	81%	100%

^a No significant age differences.

^b Corrected $\chi^2(1) = 6.473$, $p < .02$.

^c Percentage totals for columns are adjusted to approximate a representative sample.

Table 34.
Frequency of Caregivers by Sex and Age

Sex	<u>Age Groups</u>			All Adults ^a
	18-40	41-60	61+	
Male:	9%	13%	7%	29%
Female:	36%	20%	15%	71%
Total ^a :	45%	33%	22%	100%

Note. All figures are adjusted to approximate a representative sample of adults.

^a The "All Adults" and "Total" figures represent subtotals of the population of caregivers which fall under the various subdivisions of sex and age.

smaller proportion of the adult population than the younger age group. Statistically, members of all three age groups are equally likely to have responsibility in this sample. Sex differences are, however, highly significant, with women almost twice as likely as men to report having responsibility for the care of an elder.

Investigating properties of the elder receiving care (see Tables 35 and 36), results indicate that 75% of the elders are related to the caregiver and 32% of these elders live in the same household as the caregiver (5% of all households surveyed have an elder living with the caregiver).

While there are no statistically significant age or sex differences in terms of whether the cared-for elder is a relative or not, trends suggest that middle generation caregivers may care for a relative (87%) more often than younger caregivers (58%). The probability of the elder living in the same household with the caregiver increases steadily with the caregiver's age.

Social Networks and Responsibility for Care. Proximity to elders in a large household appears to be the central network variable associated with caregiving responsibilities, although even this pattern is not necessarily a strong one. Caregivers, more than others, are more likely to have elders sharing their home but not necessarily a high percentage of elder household members (as is common in elder respondents' homes). Caregivers are more likely, in fact, to come from larger households, unlike the smaller elder respondent households. Caregivers are also more likely to have one surviving parent (33%) than uninvolved respondents (18%). There are no significant differences in likelihood

Table 35.

Cared-For Elders By Relationship^aCared-For Elders

75%	Family relation to caregiver
25%	Unrelated to caregiver

^a No significant age or sex differences (of caregiver) found in data.

Table 36.

Residence of Cared-For Elder By Caregiver Age^a

Residence	Caregiver's Age Group ^b			All Adults ^{f,g}
	18-40 ^c	41-60 ^d	61+ ^e	
Same household as caregiver:	17%	26%	56%	28%
Different household:	83%	74%	44%	72%
Total:	100%	100%	100%	100%

^a No significant sex differences.

^b $\chi^2(2) = 6.880, p < .05$.

^c $\underline{n} = 18$.

^d $\underline{n} = 23$.

^e $\underline{n} = 18$.

^f $\underline{n} = 59$.

^g "All Adults" percentages are adjusted to approximate a representative sample.

of being a caregiver for an elder associated with marital status, size of relative or friendship networks or rates of social contact.

The role of caregiver probably changes somewhat with age. Elder caregivers may be responsible for spouses or other elder relatives in their home. Middle generation caregivers, probably living in larger households, are most likely concerned with elder parents or relatives who may or may not live with them. Younger generation caregivers, also from larger households, are likely to be involved with a parent, relative, or elder neighbor who does not live in their household.

Stress Related to the Responsibility for Caregiving. A series of three questionnaire items probed the experience of stress related to responsibility for care of an elder (see Table 37). Caregivers report that, in 22% of cases, the responsibility for care is financially difficult for them to some degree. A majority of caregivers (60%) report that the responsibility is difficult for them in terms of time. The largest proportion of caregivers find the responsibility "physically or emotionally draining." There are no significant differences in stress by age or sex of the caregiver. This pattern indicates that, overall, a majority of caregivers find the responsibility for the care of an elder somewhat difficult, usually in terms of time and personal drain. There is no pattern of greater or lesser reported levels of stress associated with whether or not the cared-for elder is a relative or shares the same household.

The three dimensions of stress are strongly related to each other (see Table 38), as born out by their associations to a summary score

Table 37.
Caregiver Stress Items

<u>Degree of Stress</u>				
Very Difficult	Somewhat Difficult	A Little Difficult	Not At All Difficult	Total
Type of Stress: Financial ^a				
7%	7%	8%	78%	100%
Type of Stress: Use of Time ^a				
19%	14%	27%	41%	101%
Type of Stress: Emotional or Physical Drain ^a				
18%	27%	20%	35%	100%

^a No significant age or sex differences found in data.

Table 38.
Correlations of Caregiver Stress Items: r^2

Source of Stress	Financial	Time	Drain	Age	Sex
Financial:				.2033	.0722
Use of time:	.4980*			.0587	-.0870
Emotional/ Physical drain:	.3919*	.4551*		.0053	-.0513
Combined stress score:	.7546*	.8318*	.7880*	.1004	.0535

* $p < .001$.

of the combined reported levels of stress. Caregivers tend to report increasing difficulties across the dimensions of finances, time and personal drain.

Social Networks and the Stress of Caregiving. Caregivers born in their present hometown are more likely than others to report financial hardship. This result may reflect the income levels of residents involved in local industries such as farming, trucking, and light manufacturing as contrasted to the income levels of newcomers moving into the area to fill professional and educational positions. The survey data, unfortunately, cannot verify this directly. Financial hardship is also more frequent with caregivers who live in elder households (that is, households with a high percentage of elder members) and with caregivers with transportation difficulties. Caregivers in larger households report lower levels of overall stress and lower levels of financial hardship in particular. Family and network variables such as number of family or friends accessible appear to have little direct association with the reported levels of stress related to caregiving.

Caregiving and Perceptions of Negative Impacts of Aging. Caregivers are more likely than those without the responsibility for care for an elder to report perceptions of ill effects of aging in a friend or relative and are more likely to be troubled by these perceptions (see Table 39). Caregivers are, in general, more likely than others to have sought help with issues of aging. The cared-for elder's status as a relative and/or resident of the same household has little effect on

Table 39.
Correlations Between Caregiving, Perceptions of Aging
and Help-Seeking Items: r^2

<u>Aging Items</u>	<u>Responsibility For Care</u>	<u>Stress from Responsibilities^a</u>
Perceptions of aging:	.3114 ^{**}	.0637
Troubled by perceptions:	.2030 ^{**}	.3774 ^{**}
Help-seeking for aging:	.2156 ^{**}	.1467

<u>General Help-Seeking Items</u>		
Talk worries over, general:	.0028	-.0585
Use of community figure:	.1015 [*]	.0948
Use of professional counselor:	.0163	.2142 [*]

^a The reduced number of cases in this column ($n = 60$) lowers the power of correlation, requiring higher values for significance.

^{*} $p < .05$.

^{**} $p < .001$.

whether the caregiver perceives changes, feels troubled or seeks help.

The caregivers who report more stress from their responsibilities to an elder are more likely to also report feeling more troubled in general by perceptions of negative aspects of aging, but are not statistically more likely than low-stressed caregivers to have sought help for issues of aging in the family.

Caregiving and Help Seeking in General. Caregivers are more likely than others to have sought personal advice from a community figure (doctors, lawyers, clergymen). This result joins other findings to suggest a central role played by doctors in help seeking for issues of aging that goes beyond family networks. Respondents who have sought help for issues of aging are, in general, more likely than others to have sought personal advice from a community figure. Caregivers responsible for an elder are also more likely to have sought personal advice from a community figure. Respondents seeking help for issues of aging turn more often to doctors than to family members or other helpers. Doctors clearly play a central role as an accessible and preferred source of help and advice for issues of aging.

In addition to the general pattern of reliance on doctors, more highly stressed caregivers appear to turn to psychiatrists, counselors, human service agencies or clinics (the second most common source of help in dealing with issues of aging) for personal advice.

Caregiving and Life Satisfaction. There are no direct associations of responsibility for care with reported levels of overall life satisfaction. Caregivers do not report significantly different levels

of satisfaction on the combined score life satisfaction scale. It is possible that the investigated stresses of caregiving are balanced in many cases by a compensating experience of satisfaction or personal reward associated with caregiving. In any case, the stress of caregiving does not form a strong enough pattern of discomfort to impact significantly on the overall experience of satisfaction in the caregiver's life.

One particular dimension of satisfaction, however, that of life now being better or worse than expected, is associated with some aspects of caring for elders. Caregivers responsible for relatives, compared with those responsible for non-relatives, are more likely to find life now a bit worse than they had expected. Caregivers who find their responsibilities stressful, whether or not the elder is a relative, are especially more likely to find life now to be less than they had expected. The impacts of stress on this particular dimension are not, as mentioned above, strong enough to significantly lower overall ratings of life satisfaction in either high or low stressed caregivers.

CHAPTER VII

DISCUSSION

This discussion will briefly review some of the highlights in the data pertaining to issues of aging and social supports, offering a few recommendations for prevention oriented social programming. The major concern of this section, however, will address the general validity of a social network analysis approach as a methodology for social research and survey design.

The data pertaining to the social networks of elders has been presented at some length in the preceding chapter. The networks of elders described by the data suggest some strength and some vulnerabilities in the typical elder's life situation. Elders reside in small households, often alone or with a spouse. They have fewer relatives nearby than younger generations (22% have no nearby relatives). Data pertaining to help seeking for extended health care highlights the family as the major resource, a vulnerability for elders with few or no nearby relatives. It is significant that the widowed, more than any other group, don't know what they would do if they required extended home health care.

In contrast to this vulnerability, elders have just as many friends as younger generations. Friendship networks associate strongly with reduced transportation difficulties, an area that elders report themselves to be no more worse off in than younger generations.

The overall picture for help seeking, as suggested in the literature, indicates that elders are less active help seekers than younger

generations. Elders and the widowed talk their worries over with someone less often and elders are more likely to report having no problems or deny having difficulties. Elders are, however, more active users of community figures, probably doctors, for personal advice.

Elders are less sensitive than younger generations to perceptions of negative impacts of aging and feel less troubled by such changes. They report life-satisfaction levels generally comparable to younger generations, confirming previous reports reviewed that elders report average or higher levels of satisfaction.

Widowed adults, as mentioned above, report a striking vulnerability in not knowing where they might find help if they required extended home health care. This finding calls attention to a pattern of vulnerability to stress associated with social network structure. Literature in the field, as reviewed in Chapter 3, highlights a vulnerability which elder adults, particularly men, have to the loss of a spouse. While the small number of widowed persons surveyed (25) prohibits an analysis of the elderly widowed in particular, the more general results reviewed do lend support to the conclusion that the loss of a spouse carries at least temporarily stressful social consequences, with particular importance to elders and men.

A review of results for elders and widowed adults indicates a number of similarities. Elders and the widowed are both more likely than are other age/marital status groups to report that they "just live with" worries. Both groups have a significant sub population who report having no available confidant (27% of elders, 29% of the widowed). Elders have smaller networks of available relatives who live nearby:

smaller family networks are associated with a decreased likelihood of talking one's worries over with someone, but an increased likelihood of turning to community figures (possibly doctors) if help is needed. It is possible that a larger sample of widowed persons (who have lost a central resource in the family network) might show a similar pattern.

Elders as a general group show some important differences, as well, when compared with widowed adults. When confronted with "worries," widowed adults use self-reliance more often (28% of widowed, 16% of elders) or friends (12% of widowed, 2% of elders). Elders, in contrast, have the option of turning to a spouse (13% of elders). More than twice as many widowed adults (16%) as compared with adults in general (7% - no significant age differences) don't know where they would turn for help if they were laid-up in bed for a month with a physical ailment. Single adults as a group also show different patterns than widowed adults. Single adults tend to rely far more actively on friends and parents for support and report more reliance on family members for care in a physical crises. Almost twice as many single adults (65%) report talking their worries over with someone as do widowed adults (36%). These results indicate that the loss of a spouse carries significant impacts on network resources and help-seeking behavior above and beyond those effects associated with age.

Sex differences in the data do not distinguish between married, single or widowed men. Generalizing from the data collected, however, certain patterns are suggested. Men in general are less likely than women to report having a confidant (75% to 87%) with whom they discuss their worries. The primary confidant for men who do discuss their

worries is their wife (72% of all male respondents who have a confidant), contrasted with a wider reliance on different persons by women (44% of women with confidants discuss their worries with their husbands.) The data includes multiple confidants for one person: many of the men who confide in their wife also may confide in a friend or other relative. The questionnaire item may also underestimate support by emphasizing a verbal exchange concerning feelings as a model of support: men may experience and report exchanges of support in different activities.

In general, however, the data lends strong support to a premise suggested by the literature: the loss of a spouse through death (if not also through divorce) carries significant impacts on the network resources and help-seeking behavior of adults, particularly men. In assessing the relative social network vulnerabilities of elders, it is important to distinguish between different "high vulnerability" subgroups, such as widowers, who may present a very different social network situation than that found with elders in general.

The picture is a mixed one, then, with some significant resources and distinct vulnerabilities in the social situations of elders. Turning to issues of aging for all generations, the data indicates that troubling feelings related to perceptions of aging represent a significant source of stress for adults. Nearly 75% of all adults report some perception of aging in people around them, with 42% reporting some degree of personal disturbance over these perceptions. Issues of aging clearly represent a significant source of stress, particularly for women and for younger and middle generation adults.

A surprisingly large fraction of the population, 1 out of 5 adults,

have responsibility for the care of an elder, with 5% of all adults in this sample caring for an elder in their home. The caregivers are mostly women (more than two to one) from younger and middle generations who are married. The profile of age and marital status is due in part to the distribution of the sampled population. Statistically, adults of all ages and marital status are equally likely to have responsibility for the care of an elder. This finding stands in contrast to emphasis placed in the literature on the married, middle aged woman as the major, if not only, source of support for elders. Single persons, young and elder persons are all just as likely to care for an elder, though these groups represent a smaller proportion of the total adult population. Nonrelatives and men, while statistically less likely to be involved, clearly do fill an important minority role in the provision of care to elders. In contrast to suggestions in the literature, caregiving roles are assumed by a wider range of adults than was previously reported.

The responsibility for care is definitely a significant source of stress: 80% of caregivers report some level of difficulty with their responsibilities. Caregivers are also more likely than others to perceive the negative impacts of aging, feel troubled by these changes and seek help for issues of aging.

The limited number of caregivers sampled by this survey ($n = 60$) prohibits any identification of direct social network buffering effects in the data. Trends in help seeking for issues of aging in general (whether or not one has direct responsibility for care) suggest that people often move outside their circle of family and friends for help,

turning to medical doctors most often, mental health professionals second most often. A total of 17% of all adults report some help seeking activity for issues of aging in their family.

Caregivers with responsibility for an elder tend as a group to turn more often than those without responsibility to community figures (probably doctors) for personal advice, as well as problem solving for issues of aging. This pattern suggests the likelihood that medical doctors are both helping with questions about aging and elders and providing some experience of personal support for the caregiver. In this role, medical doctors may offer the most direct access to the informal helpers of elders and might be profitably targeted as an entry point by prevention programs concerned with issues of aging.

Caregivers with higher levels of stress (and people troubled by perceptions of aging in general) are more likely than others to have turned to a counselor for personal advice. In this way, some informal helpers may already be linked to the remedial treatment network of formal mental health services. With this population of more highly stressed individuals, alternative, more appropriate levels of preventive and secondary intervention might be designed. The creation or facilitation of an intermediary network of peer support, drawing on the fairly large friendship networks found in the sample, might provide additional support for caregivers who don't get enough support from their families or from trips to the doctor.

As a needs-assessment instrument, however, the general pattern of results do not indicate a great need among caregivers for more support. The general lack of statistical association between caregiving status

and levels of life satisfaction is open to several interpretations. The caregiving role may create some forms of stress which are not entirely unproductive when weighed against benefits of self-image and family relations promoted by this role. It is also possible that the extremely general life satisfaction items included in the survey were not sensitive enough to measure more subtle effects of stress associated with a caregiving role. It is probable that certain high-stress situations may exist in caregiving relationships with elders, but that in general the relationship does not negatively effect the life satisfaction of caregivers.

The survey data, in sum, highlights the extensive nature of informal helping for issues of aging and elders. A significant proportion of the adult population actively supports elders. An even larger proportion reports feelings of personal disturbance related to issues of aging in their personal networks of family and friends. Just as social networks appear to lend considerable support to elders, issues of aging pose significant sources of stress for these networks. Prevention programming concerned with alleviating such stress could have a direct impact on this balance, insuring the continued provision, and perhaps expansion, of informal social supports for elders and issues of aging. Clearly there exists a need for further research focused on the possibility productive aspects of the caregiving relationship between relatives and elders. A more refined definition of "stress" in such relationships might serve to more accurately identify those situations where additional support might be helpful.

The Validity of Network Analysis

The basic premise of this analysis has been that patterns of social networks mediate the individual's experience of stress and related help seeking activities. This premise is, in turn, grounded on the assumption that a methodological focus on social networks will produce valid, internally consistent and meaningful information. A major conclusion of this survey is that network analysis does offer a valid methodological perspective. Even when restricted in a telephone survey format to the roughest of measurements, the measures of network size, rates of interaction and degree of transportation difficulties provided some consistent and meaningful patterns of association.

The patterns of association indicate that informal social relations are divided into related but different segments which may function in various ways depending on the person, situation and need. Family and friend segments are related in some linear properties of overall size--people tend to have larger or smaller networks in both segments. These segments carry differential impacts, however, for other network properties. The rates of social interaction increase with the number of friends but not necessarily with that of relatives. Transportation difficulties are alleviated to some degree by both, but again more strongly by the friendship segment.

Transportation problems do appear to "fit" in this category of network measures as a specialized case of network activity reflecting an instrumental resource of the network. The rates of interaction in networks decrease as transportation problems increase, just as trans-

portation difficulties decrease as the overall network size increases. Transportation difficulties may, however, offer valid network data in this sample of rural settings, while not generalizing to urban populations.

The four network measures have a strong and consistent impact on the life-satisfaction items, more so than does any other group of variables in the survey. This fundamental finding, perhaps more than any other in the survey, lends strong support to the concept of informal social networks as mediators of stress and support, effecting the range of health and life satisfaction variables discussed in the literature. A difference in the survey data between friend and family networks is highlighted again with friendship segments more strongly related to life satisfaction than family segments.

The survey lends ample support for the proposition that informal realms of social relations provide much of our day-to-day support. The networks of family and friends are clearly the dominant realm of support. The pattern is highly complex, however, and varies at least according to age, sex, marital status and need. Elders are less active help seekers, more often denying they have any problems than younger generations. Women talk their worries over with someone more often than men; men focus on their spouse as their central confidant more often than women. Friends are much more central to the support systems of widowed and single persons than to those of married persons. The family is central in all cases when extended home health care is needed. Medical doctors are important resources when issues of aging form the need. These differences, far from summing up the results,

serve only to highlight the apparent complexity of help seeking and appropriate supports.

In addition to variables of age, sex, marital status and need, social network variables appear to have some effect in defining the original experience of need: what feels like a problem in one network doesn't in another. In examining the experience of feeling troubled by perceptions of aging in people around one, persons with few relatives nearby are more sensitive to perceptions of aging and feel more troubled by the changes. The size of friendship networks carries no significant effect. The needs of elders are most often addressed within the informal network by family relatives. People with fewer relatives around to share the responsibility of support have more to be troubled by, regardless of how many friends they may have. Stress from issues of aging is associated here with isolation within the family segment of social networks. The data indicates further that those who are more socially active report greater sensitivity to perceptions of aging but are not necessarily more likely to be troubled by such perceptions.

Turning from the experience of need of stress to actual help-seeking activity, the data offers partial support for the premise that social network variables carry impact for help seeking in general. Persons with larger networks of family relations are less likely than those with few relatives nearby to have turned to community figures or formal counselors for personal advice. The more socially active respondents are more likely to talk their worries over with someone. Persons with greater transportation difficulties are more likely to have

used the services of a formal counselor.

These results may be interpreted as fragments of a larger pattern left somewhat obscured by the sample size and composition. A suggested pattern is that persons with larger social networks, who are more active socially (getting together often with friends and family), have less of a need to go out of the informal sphere for support. Those with fewer network resources (such as more transportation problems, fewer nearby relatives and less interaction) experience a stronger press to move outside of their informal networks to find support.

The lack of a significant effect in this pattern related to the size of friendship networks may be explained in part by the sample composition. The sample is made up of persons aged 18 to 90--a considerable majority of the sample are married or widowed persons over the age of 40. It is highly likely that help seeking for personal worries in a married, rural sample such as this would be focused predominantly on the spouse and family members. It is likely that a sample which focused more directly on single, separated, divorced and young married populations would produce significant associations between friendship networks and patterns of general help seeking. Even within the parameters of the present sample, however, a pattern of impact clearly exists between network conditions and both the experience of stress and help-seeking activity.

A special case of social networks was illuminated in the data and is reviewed here as one illustration of the usefulness of network constructs. Personally familiar with many aspects of the site communities, I was aware that local residents in these rural towns placed

a considerable emphasis on one's status as a "newcomer" or "old timer." Old timers might in fact be younger than newcomers in many cases, the major difference being that old timers were either born in that town or had, through some combination of lengthy residence, perseverance and heavenly intervention, come to be accepted within old timer circles. The implication of this distinction, of course, is that newcomers and old timers are different types of people.

Being a newcomer myself, and one interested in gaining access to these communities as well, I was quickly introduced to this distinction. While I felt some hesitation about accepting a "myth" of social structure (especially one that made my entry more difficult), I included two rootedness variables in the survey, and, indeed newcomers and old timers do appear to be different types of people. At least they (or we) have distinctly different social network patterns. Old timers tend to have larger households, more friends nearby and, especially, more relatives nearby. Newcomers are more likely to use a professional counselor for help and are more likely to perceive negative impacts of aging, feel troubled by such changes and seek help for issues of aging in their family. Old timers who have responsibility for the care of an elder are more likely to report financial hardship, a pattern probably related to socioeconomic differences of the two groups, as mentioned in the previous chapter.

Despite the fact that old timers have larger households and networks of nearby friends and relatives, both newcomers and old timers report equivalent levels of social interaction and transportation difficulties. It may be that, beyond a certain minimal number

of intimates, rates of social interaction are fairly constant. It would be important to examine the kinds of interactions which occur to see if they are truly equivalent between the two groups. An alternative explanation might be based on distinctions between types of networks. Old timers might have more homogeneous, locally dense networks that are more fully encompassed within the confines of a limited residential parameter. Newcomers may have more diverse, segmented and geographically dispersed networks. Newcomers, as a result, would have fewer friends and relatives nearby but might have just as large a network overall, with equivalent rates of interaction.

The data serves to underscore a degree of reality in the local distinctions between newcomers and old timers. More information is clearly needed, however, to account fully for the differences observed.

It has been the premise of this survey and analysis that patterns of social networks mediate the individual's experience of stress and related help-seeking activities. A complex interaction has been proposed to exist between social networks and patterns of help seeking. Gottlieb and Hall (1980), Gourash (1978) and others, reviewed in Chapter 2, have suggested that social networks provide: information and referrals to formal services; norms about needs and appropriate support sources; and direct support, buffering the experience of stress and reducing the use of external, formal services. While the conclusions which can be drawn from this survey are much more limited than the above model of interaction, network variables clearly show a pattern of relationship with both the experience of stress and help-seeking activity, whether the source of stress is personal worries,

issues of aging or responsibility for the care of an elder.

The survey from which this data was taken was originally designed as a combined needs assessment/evaluation instrument for a local prevention project concerned with issues of aging. The results indicate that even in abbreviated form, social network concepts can be profitably investigated via a survey methodology. I strongly believe that a major complementing source of information would be provided by more highly descriptive data, such as case examples and interviews. Many of the complexities of stress and help seeking related to issues of aging might be more adequately captured by a qualitative methodology. It is reassuring to note, however, that even within the confines of a low budget, time limited survey, network variables can be assessed.

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APPENDIX A

Survey Questionnaire

First, I have some questions about agencies in your town.

1. Have you heard of the Franklin/Hampshire Community Mental Health Center?

[illegible]

2. Could you tell me anything you know about it?

1 (5-6)

 (7-8)

3. Are you aware that there is an elder consultant from the Mental Health Center in your community?
(Hadley, Jim, Sh...)

(Hadley-Jim Shannon)

(Williamsburg-Pat Warner)

(Cummington- Lib Hutchinson &
Pat Warner)

[illegible]

4. Could you tell me anything you know about that person's work in the community?

1 (10-11)

U (12-13)

5. Have you heard about the:

(Hadley) Elder Forum
(Williamsburg) Youth and Elder Service (YES) Project
(Cummington) Middle Generation Support Group
that was held in your community?

GO TO Q7-----Yes : .1
No : .2--Q7

Date in it? 14

6. Did you participate in it?

[illegible]

7. Were you born in your present hometown?

Yes.1 (CARD 1)
No2

8. How many years have you lived in your present hometown?

[illegible]

9. Do you believe that elderly people (over age 60) are well cared for in your town?

Very well cared for.1
Well cared for2
Poorly cared for3
Very poorly cared for.4
Don't know5
	13

10. Do you believe the elderly receive the respect they deserve in our society?
- Yes.1
No2
Don't know3
14
11. Are there any places you go or groups you attend in your town where people talk about aging and the needs of elders?
- Yes (one).1
Yes (more than one).2
GO TO Q 13-----No3--Q13
GO TO Q 13-----Don't go out or attend grps. .4--Q13
15
N.C.
12. Where? _____

Next, I want to read you a few statements about aging and elders.
For each one, could you tell me whether you think it is true or false.

- | | True | False | DK | |
|---|------|-------|----|------|
| 13. People become forgetful after they turn 65 | 1 | 2 | 3 | (16) |
| 14. Ten percent of the people in our society are 65 or over. | 1 | 2 | 3 | (17) |
| 15. Elderly people who live in their own homes have fewer money worries. | 1 | 2 | 3 | (18) |
| 16. Chronic illnesses (those that last a long time) are often a part of old age. | 1 | 2 | 3 | (19) |
| 17. Fifty percent of all persons over 65 live in an institution. | 1 | 2 | 3 | (20) |
| 18. Social Security is the one source of income that <u>all</u> the elderly can rely on | 1 | 2 | 3 | (21) |

Okay, I'd like to know if you agree or disagree with the following statements.

- | | Strongly Agree | Agree | Dont Know | Disagree | Strongly Disagree | |
|--|----------------|-------|-----------|----------|-------------------|------|
| 19. The older people get, the more they think only of themselves | 1 | 2 | 3 | 4 | 5 | (22) |
| 20. You can expect other people to take care of you when you can no longer care for yourself | 1 | 2 | 3 | 4 | 5 | (23) |
| 21. No one who is retired and over 70 should be allowed to drive a car. | 1 | 2 | 3 | 4 | 5 | (24) |
| 22. Anyone could keep young if only they tried. | 1 | 2 | 3 | 4 | 5 | (25) |
| 23. No matter what the community can do, it's up to the children to see that their aging parents have the comforts they need | 1 | 2 | 3 | 4 | 5 | (26) |
| 24. Retired people are happiest in the company of people their own age. | 1 | 2 | 3 | 4 | 5 | (27) |
| 25. Public tax money should be used to allow retired people to live in a dignified way | 1 | 2 | 3 | 4 | 5 | (28) |

Next, I have some questions about life in general.

26. Overall, how satisfied would you say you are with your way of life?

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied.	3
Very dissatisfied.	4
Don't know	5
Refused.	6

29

27. How happy would you say you are right now, compared with earlier periods in your life? Very happy

Very happy	1
Somewhat happy	2
Somewhat unhappy	3
Very unhappy	4
Don't know	5
Refused.	6

30

28. As you grow older, would you say things seem better or worse than you thought they would be? Much better.

Much better.	1
Somewhat better.	2
Somewhat worse	3
Much worse	4
Don't know	5
Refused.	6

(31)

29. Each household is different depending on the ages and number of people living there. How many people live in your household?

LJ (32-33)

30. Next, I'm interested in the ages and relationships of the people living in your household. What is the age of the oldest person, and what is his or her relationship to you (exclude self).

No.	Age	Relationship
-----	-----	--------------

Age	Relationship		
1.		(34-35)	(16)
2.		(36-37)	(17)
3.		(38-39)	(18)
4.		(40-41)	(19)
5.		(42-43)	(20)
6.		(44-45)	(21)
7.		(46-47)	(22)
8.		(48-49)	(23)
9.		(50-51)	(24)

31. Do you have any children (record number)?

ll (52-53)

32. Some people are concerned with how close they live to friends and family members. How many of your close relatives not in your household live near enough so that you can get together when you want (record number)?

LL (54-55)

33. How many of your close friends live near enough so that you can get together when you want (record number)?

 (56-57)

34. How often do you get together with friends or relatives (to do things like visiting or going out)?

More than once a week.1
Once a week.2
A few times a month.3
Once a month.4
Less than once a month.5
Never.6
Don't know.7

58

35. Is finding transportation to visit friends or relatives much of a problem for you?

Very much of a problem.1
Somewhat.2
A little.3
Not at all.4
Don't know.5

59

36. If something is worrying you and you don't know what to do about it, what do you usually do?

 (25-26)

 (27-28)

37. Do you ever talk your worries over with someone?

Yes.1
GO TO Q 39-----No.2--Q39

60

38. Is there any one person with whom you talk over your most serious worries? Who would that be?

 (29-30)

39. Sometimes an accident or illness makes it difficult for a person to care for themselves. If you were laid up for a month or so, who if anyone would be able to care for you (IF "SELF"-If you couldn't care for yourself, who would be able to care for you?)

 (31-32)

 (33-34)

40. Sometimes people need to talk to someone outside their circle of friends and family when they have personal questions or problems. Have you ever asked your doctor, clergyman, or lawyer for advice about personal issues?

Yes.1
No.2
Don't know.3

61

41. Have you ever turned to a counselor, psychiatrist, human service agency, or clinic for help with personal issues?

Yes.1
No2
Don't know3
62

42. Are you satisfied with the number of people you know who will lend you a hand when you are in need?

Very satisfied1
Somewhat satisfied2
Somewhat dissatisfied.3
Very dissatisfied.4
Don't know5
63

The last few questions are about aging in your family.

43. Are either or both of your parents living?

Yes, both.1
Yes, one2
No3
Don't know4
64

44. What is your marital status?

GO TO Q 46-----Single1--Q46
Married.2
Separated.3
Divorced4
Widowed.5
Refused.6
65

45. Are either or both of your parents-in-law living?

Yes, both.1
Yes, one2
No3
Don't know4
66

46. Are any of your grandparents living (record number)?

 (67)

47. Have any of your older close friends or relatives (like parents/parents-in-law/grandparents/spouse) developed serious health problems in the past few years?

Yes.1
No2
68

48. Have any of your older close friends or relatives been worse off financially in recent years?

Yes.1
No2
69

49. Have any of your older close friends or relatives seemed to need more advice or moral support from you in recent years?
- Yes.1
No2
70
50. Have any of your older close friends or relatives seemed to require more of your time, energy, or money of late?
- Yes.1
No2
71
51. Have there been changes in elderly family members or close friends that have troubled you?
- Very troubled.1
Somewhat troubled.2
A little troubled.3
Not at all troubled.4
Don't know5
72
52. Have you or your family tried to get help or advice in dealing with the aging of a relative?
- Yes.1
GO TO Q 54-----No2--Q54
GO TO Q 55-----Don't know3--Q55
73
53. Who did you turn to? _____ (33-34)
(GO TO Q 55)
54. Was there a particular reason why you didn't? _____ (35-36)

_____ (37-38)
_____ (39-40)
55. During the past year, have you had the responsibility of caring for an elderly person? (Does an elderly person count on you to give them regular help or care?)
- Yes.1
GO TO Q 61-----No2--Q61
74
56. Is this person a relative?
- Yes.1
No2
Not asked.3 (75)
57. Does this person live in your household with you?
- Yes.1
No2
Not asked.3 (76)

- | | Very
Difficult | Somewhat
Difficult | A little
Difficult | Not at all
Difficult | DK | NA |
|--|-------------------|-----------------------|-----------------------|-------------------------|----|-------|
| 58. Is caring for this person difficult for you financially . 1 | | 2 | 3 | 4 | 5 | 6 (7) |
| 59. Is caring for this person difficult for you in terms of time 1 | | 2 | 3 | 4 | 5 | 6 (7) |
| 60. Is it physically or emotionally draining for you to care for this person 1 | | 2 | 3 | 4 | 5 | 6 (7) |
| 61. Is there an elderly person that you spend time with or visit? | | | | | | |

Yes. 1
 TERMINATE-----No 2--T

62. Is there something you do with an elderly friend, relative, or neighbor that you find rewarding or enjoyable? What?

N.C.

N.C.

That was the last question. Thank you very much for your time. You've been very helpful.

APPENDIX B

Codings for Open-Ended Items

Q.#30: Relationships

Age

(01)...Spouse	(01)..to..(94)...Raw Age
(02)...Parent	(95).....95+
(03)...Child	
(04)...Other Family	(96)...Don't Know
(05)...Friend	(97)...Refused
(06)...Lodger or Roommate	(98)...Inappropriate
(66)...Don't Know	(99)...Other:
(77)...Refused	
(88)...Inappropriate	
(99)...Other:	

Q.#36:

(01)...Denial (i.e., never worry; forgetting about the worries or doing anything to "just take one's mind off" of them)

(02)...Do Nothing

(03)...Continuing Tension (i.e., nothing done but couldn't stop worrying--"just kept on worrying")

(04)...Self Help (i.e., act to change the situation, "think things through")

(05)...TURN TO: Spouse

(06).....Parents

(07).....Children

(08).....Other Family

(09).....Friends

(10).....Other Acquaintances

(11).....Clergy

(12).....Doctors

(13).....Lawyers or Teachers

(14).....Nurses

(15).....Psychiatrists, counselors, or a human service agency

(16).....Prayer (God)

(66)...Don't Know

(77)...Refused

(88)...Inappropriate

(99)...Other

Q. #38: (04)...Self Help
 (05)...Spouse
 (06)...Parent
 (07)...Child
 (08)...Other Family Member
 (09)...Friend
 (10)...Other Acquaintance
 (11)...Clergy
 (12)...Doctor
 (13)...Lawyer or Teacher
 (14)...Nurse
 (15)...Psychiatrist, counselor or human service agency
 (16)...Prayer (God)

(66)...Don't Know
 (77)...Refused
 (88)...Inappropriate
 (99)...Other

Q. #39: Help from:

(01)...Family Member
 (02)...Friend
 (03)...Neighbor
 (04)...Hired Help (i.e., Visiting Nurse)
 (05)...Residential Help (i.e., have to go to hospital)
 (06)...Take Care of Self No Matter What

(66)...Don't Know
 (77)...Refused
 (88)...Inappropriate
 (99)...Other

Q. #53: (05)...Spouse
 (06)...Parent
 (07)...Child
 (08)...Other Family
 (09)...Friend
 (10)...Other Acquaint.
 (11)...Clergy
 (12)...Doctor
 (13)...Lawyer or Teacher
 (14)...Nurse
 (15)...Psychiatrist, counselor or human service agency
 (16)...Prayer (God)
 (17)...Highland Valley Elder
 (18)...Chore Services

- (66)...Don't Know
- (77)...Refused
- (88)...Inappropriate
- (99)...Other

- Q. #54:
- (01)...Self Help: "worked it out by myself (ourselves)"
 - (02)...Lack of Knowledge about means
 - (03)...Shame, hesitancy: "ashamed to talk about it"
 - (04)...Didn't think anything would help
 - (05)...Temporalizing: "felt it would work out by itself"
 - (06)...Did not realize need at the time
 - (07)...Problem involved another person who refused to go
for help
 - (09)...Expense

- (66)...Don't Know
- (77)...Refused
- (88)...Inappropriate
- (99)...Other

APPENDIX C

Classification of Survey Items by Topic

TOPIC	ITEM NUMBERS
Network situation	1,2,26,27,28,29,30,31,39,40,41,42
Network ties to elderly	27,39,42,51,55,56
Stress associated with network ties to elderly	43,44,45,46,47,54,55,56
Help seeking behavior: General	32,33,34,45,36,37,38
Help seeking norms and behavior: Issues of aging	17,20,22,48,49,50
General well being	23,24,25
Assessment of community supports for elderly	3,4,5
Attitudes toward aging and elders	16,18,19,21
Informational accuracy on aging	6,7,8,9,10,11
Enjoyment associated with contact with elderly	57

APPENDIX D

Survey Site Descriptions

Three towns in Hampshire County in Western Massachusetts were selected as target communities for the Elder Support Project. Hampshire County, a principally rural area, is divided into eastern and western halves by the Connecticut River flood plain, commonly known as the Pioneer Valley. A two-lane state highway, Route 9, stretches the length of the county from east to west linking the two semi-urban communities of Amherst and Northampton to a scattered number of rural farming townships. The western-most towns reach into the foothills of the Berkshire Mountains and are known by the name of "Hilltowns." The three towns chosen for ESP, Ashton, Russellville and Middleton, represent a wide range of differences in community size and structure. Ashton with a projected 1980 population of 4,080, is the most densely settled at 156 per square mile. Russellville is next largest with a population of 2,320 and a density of 88 per square mile. Middleton, a remote hilltown, has a projected 1980 population of 720, or 31 per square mile. These towns were selected because of the high relative proportion of elderly in their populations. The 1979 elder population of Ashton was 643 or 20.1% of the total. Russellville has 431 elders or 18.6% of its population while 21.1% of Middleton's population is elderly, comprised of 153 individuals. The degree of formal elderly services available in each town varies. Each has a local Council on

Aging (COA). Ashton, with a town-funded COA staff, has a local elder mealsite, an elder housing complex and an elder van. Russellville also has an elder mealsite and a senior center with a state-funded staff. The Middleton COA has an unpaid staff which uses a local community center for its elder events.

The project in each of these three towns is very different, even at this early stage in development. The towns will be presented individually with a descriptive outline of project activities and outcomes to date. While most of the evaluative data is still too preliminary to offer conclusions, some effort will be made to reflect on possible sources of difference between the project communities.

Ashton

Town Description. Like all three townships, Ashton is a very old rural New England community. It was incorporated as a township in the 17th century; a town academy, presently used as the town high school, was founded in 1665. The original population of Yankee lineage was joined in the early 1900's by a large population of Polish immigrants. The farming community is presently evenly divided between Catholic and Congregationalist religions, with one-half of the population Polish, one-quarter Yankee and one-quarter Irish and French. Ashton is located on the eastern shore of the Connecticut River, along Route 9 and is situated directly between the rapidly swelling urban centers of Amherst and Northampton. The result of

recent major expansions in the college population at the University of Massachusetts at Amherst has been the creation of a siege mentality in many life-long Ashten residents. This protective attitude is apparent in the town's initial refusal to buy into a local bus system linking Amherst to Northampton and in its maintenance of an independent school system at a time when most towns have regionalized their resources. The focal point of the struggle involves the conflict with "outsiders" moving into Ashten. These outsiders often are associated with one of the five colleges in the area and represent cultures different from that of the traditional rural farming life-styles of the Yankee and Polish residents. The unique quality of the "old timers" -vs- "newcomers" conflict was highlighted in a recent town debate over whether to permit development of large shopping malls on farm land adjacent to the state highway. New residents, often professionals with employment in local urban centers, sought to preserve the picturesque rolling landscape and objected strongly to the development. Life-long townsfolk favored the malls as a source of local income. The power struggle between established town figures and newcomers was concluded in this case with the go ahead for construction of the two large malls.

Community Analysis. Donald Warren, co-author of the The Neighborhood Organizer's Handbook (1977), Notre Dame University Press) and Professor of Sociology at Oakland University, affiliated with the University of Michigan, has developed a typology of neighborhoods which characterize

their internal communication structures and style of relations to surrounding communities. Dr. Warren was hired as a consultant to ESP and toured the three sites chosen. His analysis highlights Ashton as a mix between the "stepping-stone" and "transition" types. This mixture represents a stage where a significant portion of the population is "just moving through" and participates in community organizations to build experience, reputation and credentials which they will then take elsewhere. The larger remaining population of long-term residents experience a community in historical transition between more traditional lifestyles and modern mobile families. This transition community is locked into an effort to freeze a changing way of life, resulting in a fractured social fabric where residents become more isolated from each other and from neighboring towns. Many cases remain, however, of close extended families and a difficult community in which to build a constituency. The residents can tolerate no ambiguity, according to his analysis, in the community consultant's role because of their own temporary confusions in self definitions and role. Dr. Warren presents this population as being most receptive to a focused technical role concerned with coalition building around simple, concrete projects.

Russellville

Town Description. Russellville, the second most densely populated project community is, like Ashton, an historic New England town.

Located on the border of Northampton, this town is experiencing a minor trend toward suburbanization. Russellville, unlike Ashton however, is not trapped by growth from two sides. It is able to relate well to its semi-urban neighbor and still maintain its own distinct identity. There are some growing pains expressed in the residents' mistrust of the recently regionalized high school, but in general the community seems much more secure in its structure. The population is of mixed European ethnicity with a predominance of old Yankee families joined by some Irish, French, Polish, all integrated by several generations. The town has many professors from a nearby college as residents and several of the town's elderly women are graduates of this well known institution. Most of Russellville's residents work at the college and other businesses in nearby Northampton. Hospitals provide much of the employment in the area, especially the county convalescence facility and the V.A. Medical Center Hospital, both located between Russellville and Northampton.

Community Analysis. Russellville is identified by Dr. Warren as an "integral" community. This type of neighborhood has well developed communication links both internally and externally with surrounding areas. The integral community offers the community organizer the widest range of viable intervention options to choose from. The community consultant, according to Dr. Warren's analysis, is able to move most quickly and with the highest profile in this town as compared to Ashton

or Middleton. He suggests that the consultant can typically find an openness to a wide range of formalized projects given the greater range of cultures and interests represented in the community.

Middleton

Town Description. Middleton is the least populated and most rural of the three ESP sites. Celebrating its Bicentennial just last year (1979), Middleton is the youngest of the towns. It is very isolated, located in the Berkshire foothills west of the Pioneer Valley, along Route 9 at a point equally distant from the two major towns in the area, Northampton and Pittsfield. This position is concretized by the fact that it is a long-distance telephone call to either of these centers from Middleton. The hilltowns of this region represent a no-man's land of social services with practically no local industry or formal social services. Visiting nurses, homemaker services and elder case managers travel from distant towns when called on and are often mistrusted as "outsiders." Residents typically commute for their livelihood and the rare formal services they deem appropriate to either Pittsfield or Northampton, a forty to fifty minute drive. Transportation and gas prices are real issues here for town residents. The town is very Yankee in character and maintains a frugal self-sufficient attitude toward social services of any kind. The attitude has been characterized by the ESP Community Consultant to Middleton, Lib Hutchison, as one of love/hate toward services in Northampton.

She reports often hearing complaints by residents that they are slighted and denied equal resources by the city-folk and simultaneous disclaimers of any interest in "welfare or handouts." The town does not have a Senior Center, Elderly Housing or a Mealsite and depends on the Hilltown Transportation Corp. for van services.

Community Analysis. Dr. Warren characterized Middleton as a rural "Parochial" neighborhood. This type maintains dense internal communication links but is cut off from the outside through their own preference. In the place of connections with other communities they prefer "filters" for the outside world. This is a role filled by the community consultant if she is accepted. In this position, according to Dr. Warren's model, the consultant acts as a protector and advocate of the town's values as well as connector to outside resources. It is considered very important in Parochial communities to allow town people to take full credit for work. A relatively passive role is necessary to maintain credibility within the strictly codified value system. The community consultant is closely supervised within the dense network of internal communication between residents. The establishment of a position of credibility within such a closely watched role affords the patient consultant powerful influence as a role model.

