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Who do older women turn to when they need assistance of various kinds? Possible choices include family, friends, neighbors and professionals. At a practical level the question is an important one for people who are concerned about the structure of the formal service system for the elderly. For example, there has recently been discussion in the social work literature about natural helping networks (Collins and Pancoast, 1976). At a more theoretical level, the question of helping patterns is of interest to sociologists concerned with such issues as the impact of industrialization and bureaucratization on primary group structures; particularly the relationship between family and bureaucracy (Litwak, 1965; Shanas and Sussman, 1977).

This article examines the choice between primary groups and professionals as helpers for a largely middle class, white sample of 400 women over the age of 50 living in Madison, Wisconsin. In examining choices in a variety of situations, it uses the "task specific" model of assistance developed by Eugene Litwak and a number of his colleagues, which suggests factors shaping such choices. The basic premise of the model is that people will turn for help to others who are appropriate for performing the particular task that needs to be done. Since any given person or group will not be appropriate for all tasks, people's choices will be systematically patterned according to the nature of the task and the available helpers (Litwak and Mayer, 1966; Litwak and Szelenyi, 1969; Litwak and Figueira, 1968; Dono et al, 1979).

Tasks can differ considerably in nature; in their requirements for time, emotional commitment, expertise, numbers of people, money or flexibility. Open heart surgery, for example, requires considerable resources of expertise, technology, money and personnel, but not of emotional commitment. On the

other hand, comfort or support at a time of personal crisis requires emotional commitment, but generally not expertise. Common sense suggests that people will usually go to different sources for each kind of help.

While Litwak's own work has primarily been concerned with the helping roles played by different primary groups (Litwak, 1965; Litwak and Szelenyi, 1969; Dono et al, 1979), in several early works with Meyer (1966) and Figueira (1968) he suggested that relationships between primary groups and bureaucratic organizations could be analyzed in much the same fashion. Litwak and his colleagues argue that the traditional view of the relationship between primary groups and bureaucracy developed by Tonnies and Weber is that not only were they antithetical, but they were actually competitive. Thus it was argued that in increasingly industrialized and urbanized societies bureaucracy would take over functions previously performed by primary groups. This theory was somewhat modified by Parsons who argued for a continuing, if limited role for primary groups. However, Litwak, Meyer and Figueira (1966, 1968) argue that primary groups and bureaucracy are complementary structures, each having strengths not possessed by the other. The characteristic strengths of bureaucracy are expertise, extensive resources such as money and people, and an ability to deal with many people in a uniform or universalistic manner. The characteristic strengths of primary groups are their warmth, long-term affective commitment and flexibility in non-uniform situations (Litwak, 1965; Litwak and Figueira, 1968; Litwak and Szelenyi, 1969:471). While there will be overlap in the tasks performed by each, which we will examine later, Litwak and his colleagues would argue that a task requiring the former qualities will generally require a bureaucracy, while those with the latter qualities will best be done by a family member or a friend.

In the gerontological literature support systems have received

considerable attention, but it is less common to find work on the choice of helpers across the entire range from family to bureaucracy. The initial interest in support systems arose out of the question of whether older people continue to have contact with their adult children. Generally the image of the self-sufficient nuclear family and neglected older generation has been laid to rest (Shanas, 1979), though it is also clear that most older people wish to live independently from their children (Troll, 1971). Even if they do live apart, however, mutual assistance, ranging from help with household chores to financial assistance, appears to be common (Shanas et al, 1968: 203-204; Troll, 1971:267).

When bureaucracy has been considered, Litwak's task specific model has been central. One thread has been to consider interaction or coordination between primary groups and bureaucracy in different legal, cultural and historical contexts (Shanas and Sussman, 1977). In terms of the division of functions between them, on the other hand, the task specific model has become one of several models in a debate over the patterns of preferred choice. In much of the literature the models are largely implicit or only partially developed (O'Brien and Wagner, 1980; Rosow, 1967; Sherman, 1975). However, Cantor (1979) sorts out three separate models in addition to the task specific one. In the additive model different primary groups -- friends, kin or neighbors -- are chosen randomly for tasks. In the asymmetrical and hierarchical-compensatory models the person would go to the same primary group, for example kin, for all assistance, regardless of the task. If no one from that group were available, under the former model the task would not be done at all, while under the latter, the person would go to someone from a less desirable group.

Cantor argues that the two simplest models, the additive and asymmetrical

ones have not been supported by empirical research. In her study of assistance by friends and neighbors to the low income elderly in New York City she found support particularly for the hierarchical-compensatory model, but also for the task specific one.

### Sample and Research Design

The data for this study were collected from a sample of women over the age of 50 living in Madison, Wisconsin. An initial random sample of 480 women was drawn in a multi-stage process. Five census tracts, chosen as representative of a range of socio-economic levels were chosen, with populations over 65 ranging from 12 to 22 percent. A random sample of households in each tract was then selected, and the households were screened for the presence of a woman older than 50. This produced a pool of 938 women who were asked to participate in the study. Of these, 51 percent agreed to be interviewed. The low response rate may have been due in part to the expected length of the interview, and in part to scheduling problems because of summer trips. The women were initially interviewed in the summer of 1978.

Since the research team was interested in collecting additional information and the women in the sample appeared to be interested in and committed to the study, they were interviewed again in the summer of 1979. In this second round, 400 women were interviewed; 20 had died or moved, and 60 declined to be interviewed again, thus reducing the overall response rate to 43 percent. The women who dropped out between the first and second interviews were significantly older and less educated than those remaining, though on health, income, number of children and marital status there were no statistically significant differences between the two groups.

This is certainly not a sample that is typical of women nationally, and



any generalization of the findings reported here can only be made with caution. The respondents were quite middle class and lived more independently than most older women. Looking at all people over the age of 55 nationally in 1977, 82 percent had high school educations or less, and 18 percent had gone to college or beyond; but in this sample of women, only 49 percent had high school educations or less, while 51 percent had gone to college or further. Looking only at women over 65 in 1977, this group is also somewhat younger, with 67 percent under 75 compared with 60 percent nationally. There are more than twice as many never married and divorced women, 23 percent compared with 9 percent nationally. Perhaps because of this, 60 percent lived alone compared with 40 percent nationally, and half as many (11 percent) lived with someone other than their husband.

The method used here to examine choice in helping situations is similar to that used by Litwak and Szelenyi (1969), Gordon (1977) and Cantor (1979). A set of 20 short, hypothetical choice situations were given to the respondents, who were then asked who they would first turn to. The responses were open ended. Three general types of situations were included in the scenarios (see Figure 1). Some were concerned with sociable or pleasurable activities -- who would you go for a walk with, or talk to about an interesting book. Others were concerned with asking for advice or emotional support in relation to some kind of problem -- an illness, a decision to move or a family problem. The last group had to do with more instrumental services -- transportation to the doctor, home care during an illness or the gift or loan of money. Of these three kinds of situations, only the second two, both concerned with helping tasks, will be analyzed here.

The dependent variable in the analysis is the choice for any given task between family, friends and professional helpers. The independent variables

which affect this choice are (1) the nature of the task itself, (2) the support group available to provide assistance, and (3) the disposition of the woman to turn to primary groups or professional helpers.

The characteristics of the task that will be examined here are somewhat different from those studied previously. Litwak and Szelenyi (1969) and Gordon (1977) both varied the amount of commitment -- of time and, implicitly, of emotion -- required by the task. Here the amount of commitment is generally held fairly constant at a high level, and other characteristics of the task are varied including expertise, affect and money required.

The pool of possible helpers can vary both in size and in composition. Size can refer not simply to the number of friends or relatives, but also to how active or close the relationships between the respondent and her friends and relatives are (Cantor, 1979; Croog et al, 1972; Gordon, 1977; O'Brien and Wagner, 1980). The members of the Madison sample were generally well supplied with possible helpers, though the effect of having virtually no primary group network can be explored to some extent. Perhaps more important and less examined, is the composition of the support network, particularly whether helpers are close family and where they live, both of which can be particularly affected by age and marital status. Finally, it is also possible to think of formal services as part of the pool of possible helpers. The amount and nature of such services could vary considerably across communities (Tajetz and Milton, 1979; Nelson, 1980), but in a one-community study such as this, the effect of such variation cannot be examined.

Lastly, the disposition of the women to ask for help, particularly from professionals, is shaped by several factors. The most important is simply need, but need is eliminated from this analysis by the use of hypothetical scenarios. Beyond need, cultural differences may affect peoples' demand for formal services. Here education and social class will be explored.

## Figure 1: Scenarios

### Helping Scenarios

#### Emotional Support and Advice

- (2) You have just been told that you have cancer and must have surgery. Who would you talk to about it?
- (3) You and the person you live with are not getting along; who would you talk to about it?
- (7) You are concerned about someone in your family or a friend who has a serious problem (divorce, alcoholism etc). Who would you confide in about it?
- (10) You and your husband are not getting along, you think he may be seeing another woman. Who would you talk to?
- (11) You are angry about being turned down for four jobs you wanted. Who would you express your anger to?
- (14) Your husband or someone close is critically ill in the hospital after a heart attack. Who would you look to for support?
- (16) Your daughter leaves her husband and child to run away with another man. Who would you express your anger to?
- (17) Your boss pressures you to retire early so he can hire a younger person. Who would you talk to about how to handle this situation?

#### Instrumental Assistance

- (1) You have an unexpected expense of \$1000. Who would you go to?
- (5) You have had an accident and can't drive. Who would you get to take you to the doctor weekly?
- (6) You have broken your hip. You can come home from the hospital, but can't walk and need care for a month. Who would you get?
- (15) You are thinking of moving to a smaller place. Whose advice would you get about the advantages and drawbacks?
- (18) You need \$750 to repair a leak in your roof. Who would you go to?
- (19) You have a severe case of the flu for three weeks. Who would you ask to help you?
- (20) You have several hospital bills and don't understand the Medicare billing system. How would you find out which you should pay and which they will?

#### Sociable or Pleasurable Scenarios (not used in this study)

- (4) You win a two-week cruise to the Carriibbean. Who would you ask to go with you?
- (8) You want to go for a walk on a spring day. Who would you ask to go with you?
- (9) You have just read an excellent book. Who would you give it to so you can talk about it?
- (12) You run into an old boyfriend, now widowed. He asks you to lunch. Who would you tell?
- (13) You are taking an exciting course. Who would you tell about it?

Since the dependent variable, choice, is a nominal variable, contingency tables and chi square tests will be the primary methods used for exploring relationships. With a sample size of 400, this method sometimes makes it difficult to control simultaneously for several variables. In the text, when a relationship is referred to as "significant", this means that it was statistically significant at the .05 level or better on the test used.

### Tasks & Choices

The first and last columns of Table 1 show the almost mirror-image rankings of the scenarios from those most associated with primary groups to those most associated with professionals. As was suggested earlier, the tasks at the primary group end of the rankings -- emotional support in times of crisis, for example -- require affective commitment, while those at the professional end require expertise or large amounts of resources such as money.

Moreover, the choices are not necessarily as black and white as the simple dichotomy between "primary groups" and "professionals" suggests (Litwak & Figueira, 1968:479). Columns 2 to 8 of Table 1 show a continuum of helpers who vary in their social distance from the respondent. The more distant the helper, the less affect will be involved; the problems will be dealt with in a more uniform fashion and the relationship will be more impersonal. Also the more distant the helper, the more the relationship will be based on expertise.

The aspect of Table 1 that is initially most striking is the dominance of family who ranked highest on 13 of the 15 scenarios. This pattern corresponds to that found by Shanas et al (1968:113-123) and Cantor (1979). Tasks especially identified with family include emotional support if the respondent had just been told she had cancer, if she had repeatedly been turned down for jobs, or if her husband was in the hospital.

Table 1: Choice of Primary Group and Professional Helpers (percent).

	Primary Groups				Professionals				Rank by all primary group	Total Going to Primary Group or Professionals**	
	All	Family	Friends	Problem Person*	Clergy	Doctor/Lawyer & Nurse	Mental Health Prof.	Bureau-crazy			All
(16) Daughter	85.4	48.6	8.6	28.2	4.7	---	.3	---	5.0	1	90.4
(14) Hospital	80.6	67.2	13.4	---	10.9	1.8	.3	---	12.9	2	93.5
( 2) Cancer	78.4	70.1	8.3	---	3.5	11.3	.8	---	15.6	3	94.0
(19) Flu	72.9	59.2	13.7	---	---	2.8	---	1.8	4.6	4	77.5
( 3) House strife	65.3	38.6	18.9	7.8	15.3	1.0	2.8	.8	19.9	5	85.2
( 7) Fam. Prob.	64.0	47.8	12.7	3.5	14.7	4.6	3.8	1.5	24.5	6	88.5
(10) Husb. trouble	62.0	36.1	14.0	11.8	17.1	1.6	3.0	.3	22.0	7	84.0
(11) Job reject*	56.0	53.9	13.7	3.4	.8	---	.5	2.8	4.9	11	64.3
(17) Retirement*	40.8	31.6	9.3	20.7	.5	.8	.3	14.3	15.9	13	77.4
(15) Move	60.0	49.2	11.2	---	.5	6.4	---	5.1	12.0	8	72.0
( 1) \$1,000	59.7	56.7	.3	---	---	---	---	37.7	37.7	9	97.4
( 5) Transportation	57.2	41.8	15.4	---	.2	---	---	38.0	38.2	10	95.4
( 6) Hip	51.0	44.9	6.1	---	.5	24.7	---	15.8	41.1	12	92.1
(18) \$750	40.6	39.1	1.5	---	---	.2	---	51.9	52.1	14	92.7
(20) Medicare	14.8	12.3	2.6	---	.2	13.6	---	62.4	76.2	15	91.0

\*For the retirement and job rejection scenarios the "problem person" would be the woman's actual or potential employer and so is not included in the total for primary groups as is done in the other cases.

\*\*The balance did not know who they would go to; or they would rely on themselves, would turn to no one else or would pray to God.

In the first two cases, which are especially personal, the women generally chose their closest relative, usually their husband or a child. In the case of the husband's illness, "the family" in a more generic sense was mentioned by 32 percent of the women. In the case of the errant daughter, which ranks highest of all, 28 percent would express their anger to their daughter herself, while 49 percent would talk to some other family member. Virtually no one, 5 percent, would go to an outsider.

But reliance on family is not limited to emotional support. Almost 60 percent of the women said they would first turn to family if they needed care at home during a bout with the flu; and 57 percent said they would do the same if they needed \$1000. Moreover, in a range of other tasks, from advice on the wisdom of moving, to advice on trouble with their husbands, the women ranked family members first as sources of help.

Such a pattern suggests the existence of a hierarchical-compensatory model in which family members are ranked as the most desirable helpers; but it could also be consistent with Litwak's task specific model. Most of the situations involve considerable commitment -- either emotional or of time, energy or resources. According to empirical findings by Litwak & Szelenyi (1969) and Gordon (1977), it is exactly this commitment that is most characteristic of family ties. As one would also expect from this model, neighbors (not also mentioned as friends) play practically no helping role in these situations. Only in the case of transportation to the doctor and care during the flu did anyone name them as helpers, apparently because these situations involve a somewhat smaller degree of commitment than the others. However, in both cases the proportion naming neighbors was only about 3 percent.

Friends fare somewhat better, providing emotional support and advice as well as help during the flu and transportation to the doctor, but they were

never chosen by more than 20 percent of the sample. A ranking of the full set of 20 scenarios according to the proportion choosing a friend shows that the five scenarios where friends ranked highest all involve sociable or pleasurable activities. This suggests that friendship may be first a relationship of mutual pleasure, and may only secondarily be one of emotional support or concrete assistance (Quam, 1980; Cantor, 1979).

Moreover, while family is clearly the dominant helping group because of the degree of commitment required by the tasks, bureaucracy and other, formal helpers do have a role to play. In eight of the 13 scenarios where family members were ranked first, professionals, all taken together, were ranked second. Moreover, in the two scenarios where kin were not ranked first, professionals were. If they needed information about a confusing medicare bill, 76 percent of the sample said they would consult some professional -- a doctor or a financial advisor, social security, the social services department or medicare itself. If they needed \$750 to make home repairs, 52 percent said they would go to a bank or other lending institution or would consult an accountant. Only 38 percent said they would do the same when faced with the need for \$1000, perhaps because fewer expected they could get a loan for a personal rather than a house-related expense. Nevertheless the proportion is still substantial.

Examining the three groups of formal helpers separately indicates that they are apparently used for quite different services. Bureaucracies were mentioned for borrowing money and for getting information about billing procedures for a large public program. The common element is the control of large financial resources, but uniform tasks and universalistic norms are also characteristic and appropriate. Similarly, the women who said they would go to an affirmative action agency in the case of pressures to retire in favor of

a younger person presumably also saw the legal resources and universalistic norms of a bureaucracy as useful, even though overall they were a much smaller group (14 percent).

Several other services allow for a greater range of choices in terms of degree of formality. In the case of transportation to the doctor, 13 percent said they would go to an agency providing special transportation to the elderly and handicapped -- a service which is generally provided by a subsidized bureaucracy; 25 percent more said they would use a taxi, a more personalized, but still "formal" service; while 15 percent would ask friends and 42 percent would ask family members. Here a large commitment is not required and all the choices are quite easily accessible. There is some loss of flexibility and personalization toward the bureaucratic end of the continuum, though the difference is not dramatic; and money is necessary, thought not a great deal. On the other hand, there may be no feeling of obligation incurred if a formal provider is used.

The two scenarios on home care for an illness also involve a range of choices from a formal organization such as a nursing home, through professional but more personal care by a nurse, to care by family members or friends. Clearly, in both cases the more personal, flexible less expensive care of family members or friends is chosen most. In the case of care during a bout with the flu, most people said they would rely on family members (59 percent) or, to a lesser extent, friends (14 percent). Only 14 percent would hire a nurse, and only 2 would go to a nursing home, though 2 percent would go to a bureaucracy as a mechanism for arranging for some care. For help after hospitalization for a broken hip, 51 percent would go to family or friends, 11 percent would go to a nursing home, and most of the balance (30 percent) would hire a nurse or to go an intermediary such as a doctor or a social services agency to arrange for care.



The difference in responses between these two cases is due to the task. A broken hip is much more of a disability than a case of the flu. It may require more skilled nursing than family members can supply; and it may require more commitment of time and energy than many women are willing to ask, even of family members. Hospitalization also may result in financial reimbursement for nursing home care. Again, as with transportation, use of a professional provider may result in little obligation, unless it is perceived as accepting charity.

As to the question of the role of service providers such as doctors, lawyers and clergy who may be more "informal" formal providers, it would appear that doctors and lawyers are primarily consulted when their expertise is needed, but not when general advice is desired. Even if this is the case, however, Nuttbrock and Kosberg's (1980) findings indicate that physician affectivity is an important determinant of help-seeking behavior among the elderly. If doctors behave like impersonal bureaucrats, older people may not go to them at all, regardless of their expertise.

Clergy, on the other hand, do seem to be viewed as counsellors, perhaps as more objective and expert at tension-management than family or friends, but more personal and perhaps less threateningly expert than mental health professionals. In cases of trouble with one's husband, household strife or a family problem such as divorce or alcoholism, most women who said they would go to a non-primary group "outsider" would go to clergyman.

Finally, the tasks have quite a definite gender identification which also appears to correspond to the distinction between affect and expertise. Among the more instrumental tasks the women were more likely to say that they would go to male relatives for money (56 and 66 percent), information about medicare (66 percent), advice about moving (65 percent), and about pressures to retire

early (56 percent), all tasks requiring some resources or expertise about the "outside" world. On the other hand, 85 percent said they would go to female relatives for home care and more than 70 percent had the same pattern of five of the seven scenarios on emotional support; a sixth was also over 50 percent.

Overall, then, while these women did say that they would primarily turn to family members first for help, they would also use other, more formal resources when these are appropriate. When they need resources that are beyond their reach or that of their families, they would go to a bureaucracy. When they need expertise, they would go to a professional such as a doctor, a nurse or a lawyer. Some even would seek advice or counselling on personal or family problems outside the family, though for this almost all would turn to the traditional, "semi-formal" support system of clergy. Only in one case of purely emotional support in times of trouble were primary group members seen as virtually the only "appropriate" sources of support.

Such a pattern suggests that the nature of the task does shape the choice of helper. However, this does not preclude the operation of a hierarchical-compensatory model, especially in relation to tasks particularly identified with primary groups. Such a pattern would be consistent with Cantor's (1979) findings, though the emphasis here is somewhat different. However, a more definitive test of this possibility can only be made by looking also at the resources for assistance available to these women. It is to this that we will turn in the next section.

#### Available Helpers

The difference between various groups of tasks is made considerably clearer when we look at the pattern of who is available to provide

assistance. Previous research which has looked at the choice of primary groups versus professionals for assistance has generally found that people with fewer primary group resources are the ones who go to professionals. Palmore (1976) found that people, especially women, who lived alone, had never married or who had no children were most likely to be institutionalized. Kammeyer and Bolton (1968) and O'Brien and Wagner (1980) both found that people who were less socially integrated or active were more likely to use formal services.

These studies assume a hierarchical-compensatory model which applies to the full range of choices from primary groups to bureaucracy. It is assumed that bureaucracy is generally lowest on people's hierarchies for all kinds of help (O'Brien and Wagner, 1980:78); if people have primary group resources -- family or friends -- they will go to them before they will go to a professional. If this model applies to this data, we would expect that any person with primary group members available to help them would turn to these in all cases.

In this particular sample the women were well supplied with primary group resources. The mean number of family members they said they felt close to was 39, with a range from 0 to 90. The mean number of friends was considerably lower at 4, but with a range from 0 (8 people) to 30 (2 people). However, the sheer number of network members does not appear to be a key variable. An analysis of covariance indicated that it is not significantly related to marital status, living arrangements, age, health, income, education or the number of children a woman has. More important, the size of the network was not significantly related to choice of helpers. In two cases where the chi squares were significant or close to it, women with five or fewer close family members and friends were among those most likely to say that they would turn

to professionals, but so were women with networks of between 16 and 25 people. In a third case, those with networks of from 6 to 15 members were most likely to say they would turn to professionals. Similarly, O'Brien and Wagner (1980:82) note that their finding of a relationship between size of network and use of formal services were rather weak.

But the effectiveness of a helping network may be less related to its size than to its composition. Age and marital status, which are themselves significantly related ( $p < .0001$ ), significantly affect living arrangements ( $p < .0001$  in both cases) and the presence of certain especially close relatives, in turn, affects choice of helpers in certain situations.

Thus, it is possible to identify women who have limited networks in particular areas to examine the issue of compensatory choices. Litwak and Szelenyi (1969) and Gordon (1977) both looked at whether their respondents and relatives living in the same community. In addition, since the choice of family is dominant in the data, and for all the scenarios on the average, 76 percent of those choosing a relative would turn either to their husband or to a child, the presence or absence of husband and children could be used.

In fact, these several different ways of conceptualizing primary group resources produce quite similar results. The pattern is perhaps most clearly seen by looking at the comparison between women who have husbands and children and those who do not.

In Table 2 the scenarios have been divided into three different groups. The largest group is made up of scenarios on which the great majority of women, more than three quarters in all cases, regardless of whether they had a husband and children or not, would go to a primary group member. Table 3 indicates that if they had no husband or children, they generally said they

would go to another relative or to a friend, but not a professional. These scenarios are concerned particularly with emotional support.

The second group of scenarios is made up of those where again there is no difference between women with and without husband and children, but where a substantial number of both groups would go to professionals. Borrowing money and getting information on medicare are in this group. There are also three other cases -- advice on a family problem, conflict at home and how to deal with pressures to retire early -- where most women, would go to primary groups, but a minority of between a quarter and a third again regardless of resources, would still go to a professional.

Finally, there is a group of tasks where professionals and primary groups seem to be substitutes for each other. In particular, women with family would tend to go to family members, though about a quarter would go to professionals, while those without family would primarily go to professionals. Transportation to the doctor and home care, especially for a broken hip, come in this category.

TABLE 2: PERCENT OF RESPONDENTS WHO WOULD GO TO PROFESSIONAL HELPERS

	FAMILY		RELATIVES IN MADISON			AGE			Chi Square Sig.
	Husband & Child n*=148	Neither n=43	None n=5	Madison n=116	Neighborhood n=175	50-64 n=153	65-74 n=102	75+ n=58	
<u>PRIMARY GROUPS</u>									
(2) Cancer	14.4	23.6	16.7	17.4	14.2	14.3	19.7	16.9	.45
(11) Job rejection	5.8	5.4	0	5.2	6.1	4.9	7.3	7.5	.69
(14) Husband hospitalized	9.0	19.6	0	15.4	13.0	12.7	13.5	16.4	.74
(15) Move	13.8	24.3	50.0	17.0	17.0	15.6	14.9	23.4	.31
<u>MINORITY TO PROFESSIONALS</u>									
(3) Household strife	25.8	29.7	25.0	26.9	26.6	27.5	21.2	30.6	.39
(7) Family problem	23.3	31.8	20.0	32.2	27.8	26.8	32.2	35.1	.41
(17) Retirement	25.5	29.0	25.0	37.0	25.4	34.8	18.6	32.4	.06
<u>PROFESSIONALS</u>									
(1) \$1000	39.6	46.4	57.1	37.1	37.3	43.6	34.6	35.5	.21
(18) \$750	59.8	64.2	71.4	53.3	56.5	59.5	58.3	50.0	.38
(20) Medicare	78.2	78.8	100.0	70.4	79.9	79.5	78.0	68.8	.32
<u>TRADEOFFS</u>									
(5) Transportation	26.7	62.3	66.7	50.0	30.8	32.8	48.1	45.3	.02
(6) Hip	27.2	73.6	71.4	52.3	36.1	37.6	53.5	51.4	.01
(19) Home care, flu	8.3	38.8	20.0	75.2	11.9	12.7	21.5	28.6	.01
<u>VARIABLE</u>									
(10) Husband trouble	23.5	50.0	75.0	34.7	25.6	29.3	28.6	38.3	.46
(16) Daughter	2.3	17.4	20.0	6.7	6.8	3.1	11.2	19.4	.005

\*n for each column is an average for all scenarios.

TABLE 3: TRADEOFF BETWEEN FAMILY AND FRIENDS  
ON PRIMARY GROUP TASKS (percents)

	Husband and Child		No Husband and Child	
	Family	Friends	Family	Friends
	(2) Cancer	79.6%	6.0%	47.3%
(3) Household strife	53.6	20.5	18.9	51.4
(7) Family problem	67.9	8.8	25.0	43.2
(10) Husband problem	54.4	22.1	30.8	19.2
(11) Job rejection	87.1	7.2	48.6	45.9
(14) Husband hospitalized	80.8	10.2	47.1	33.3
(15) Move	70.7	15.4	43.2	32.4
(16) Daughter	89.8	7.8	47.8	34.8
(17) Retirement	71.8	2.7	16.1	54.8

Another way to look at resources is to use Litwak and Szelenyi's (1969) and Gordon's (1977) measure of relatives living in the same city. However, the women in this sample are quite rich in resources; only 7 had not a single one of their five closest relatives living in Madison. Of those with relatives in Madison 37 percent had family in the city but not in the same neighborhood, while 50 percent lived with the family member -- usually their husband.

Because of the small numbers without relatives in the city, the Chi square tests cannot be relied on. Still, the women with no close relatives in Madison appear to be quite like the others, especially on the scenarios identified with primary groups. Those with no nearby relatives are somewhat more likely to say that they would go to professionals for instrumental tasks -- to borrow money, for advice on moving, for transportation and for home care. Again, however, there is no wholesale movement in this group toward professional helpers.

Looking at women with relatives in Madison, the pattern noted earlier of tradeoffs between primary groups and professionals is seen for the transportation and home care scenarios. This draws attention to the other end of the distance continuum, to the importance of having someone in the same household. Looking more directly at living arrangements, in the case of home care for a broken hip, 60 percent of the women who live alone said they would get professional help. On the other hand, 62 percent of the women living with a spouse would turn to family members, of whom 69 percent would turn to their husbands. For the less severe bout with the flu, the pattern is similar, though more of both groups would rely on relatives, 42 percent for those who live alone and 76 percent for those who live with their husband. Again, 67 percent of those living with a spouse would call on him.



The difference between women with different living arrangements also accounts for most of the difference between age groups. Women older than 75 years were not more isolated in general than those between 50 and 65 in terms of numbers of family and friends or feelings of loneliness. The general pattern of choices is the same as that found so far, except that differences are found between the oldest and youngest groups on the home care and transportation scenarios. These are the tasks where women would turn to someone they live with, but for the women over 75 years old 93 percent lived alone. Indeed, as Dono et al (1979:411) anticipated, when they did say they would turn to family members rather than professionals, they would be receiving significantly more cross-generational assistance on 12 of the 15 scenarios than their younger counterparts.

All told, then, in this sample the choice between primary groups and professionals is quite stable regardless of the kind of resources available for assistance. The nature of the task seems to be the primary force shaping the choice, though it is not the only one. On ten of the 15 scenarios there was no significant evidence of differences between the women regardless of resources. On three of these scenarios, involving the need for substantial money or technical information, the choice of a fairly large group was to go to a bureaucracy. In three other cases involving tension management, most women said they would go to a primary group member, but a minority, again regardless of resources, said they would seek professional help. On four others concerning emotional support in a crisis or personal advice, the overwhelming majority of the respondents said they would go to a family member or a friend, with considerable tradeoff between the two depending on the composition of the pool of resources.

Finally, in three of the scenarios there was a clear tradeoff between primary groups and professional helpers. In terms of the nature of the task, all three involved situations where a range of providers from more to less bureaucratic would be available. In addition, sometimes moderate expertise might be thought appropriate -- as in the home care cases; or the "professional" service is readily available and easy to use, as in the case of transportation. In sum, these services would be located toward the middle of Litwak's primary group-bureaucratic continuum, so that no single choice would be obvious. In these three cases it appears that in line with the hierarchical-compensatory model, family and friends would be preferred as helpers, and that it was women with fewer, inappropriate primary group resources who would turn to professionals. Age, which affects marital status and living arrangements, particularly shapes the composition of networks and affects choices for these particular tasks.

#### Willingness to Use Services

One final element besides the task itself and the supply of available assistance can influence the pattern of choices. That factor is the women's ability or willingness to use various kinds of helpers, especially professional ones. It is sometimes argued (Lopata, 1975; Gans, 1962) that people with less education or from working or lower class backgrounds would be less willing to use formal services. This may be due to cultural differences or lack of resources, money or information (Murdock and Schwartz, 1978) for example; or it might result from distrust or the expectation of a negative response from service providers.

Only the effect of education and social class can be examined here. A rough control for the possible effect of the supply of helpers was used by

eliminating from the analysis all the women who did not have at least one close relative and one close friend. These women made up 10 percent of the sample. Income would have been useful to examine as well but the data on income for this sample seems somewhat unreliable.

Looking first at education, Table 4 shows that on both of the money scenarios and on the home care ones there was a significant difference between women of different educational levels, with the more educated more likely to say they would go to professionals. In the opposite direction lower middle and working class women were significantly more likely to say that they would use some form of public transportation to get to the doctor.

Together these five scenarios cover all but one of the scenarios where the use of professionals was the highest, and the three scenarios where tradeoffs were consistently found. Except in the case of transportation, women with less education or lower social status were less willing to use professional services. However, there were no differences between educational groups or between social classes on any of the scenarios generally identified with primary groups. This suggests that the identification of emotional support and tension management with primary groups holds across class lines, but that the use of professional services in more instrumental areas is more culturally defined.

This pattern is also supported by Cantor's (1970) findings, shown in Table 5. Her sample of low income, multi-ethnic elderly were less likely to use formal services than were the largely middle class, white Madison group. This may not be surprising when it is seen that in Cantor's sample 60 percent of the respondents had educations at the 8th grade level or less compared with only 12 percent for the Madison sample; and 75 percent were classified as working class compared with 11 percent of the Madison sample who classified themselves as working class.

TABLE 4: Willingness to Use Formal Services

	Education*		Social Class*		Chi Square Significance
	College +	Chi Square Significance	Upper & Upper Middle n=55	Lower Middle & Working n=64	
<u>Primary Group</u>					
(2) Cancer	21.1	17.8	19.1	18.4	.55
(11) Job reject	15.8	5.2	11.8	6.3	.27
(14) Husband Hospital	17.9	11.4	11.1	19.7	.38
(15) Move	10.9	16.8	22.2	16.9	.75
(3) Household strife	30.6	24.1	27.5	27.1	.45
(7) Family problems	32.7	30.6	30.0	36.2	.93
(17) Retirement	29.4	25.0	27.9	25.6	.83
(10) Husband trouble	34.2	29.7	32.6	34.0	
(16) Daughter	14.3	4.5	7.7	6.8	
<u>Professional</u>					
(1) \$1,000	32.2	45.0	40.9	34.6	.72
(18) \$750	57.4	64.2	65.2	50.0	.19
(20) Medicare	70.7	80.4	78.6	76.5	.96
(6) Hip	28.3	51.3	53.6	40.3	.20
(19) Flu	10.9	24.1	30.5	23.0	.01
(5) Transportation	50.8	41.0	29.7	54.3	.005

\*The categories for education were 10th grade or less, 11 & 12th grades, college, more than college. For the percentages in this table the last two have been combined, but the chi square test is for the original coding. Social class was coded upper/upper middle, middle and lower middle/working. Where no significance level is shown for the chi square test, there were too many cells with less than 5 cases.

\*\* n for each column is an average n for all scenarios.

TABLE 5: COMPARISON OF NEW YORK AND MADISON ELDERLY OVER 60  
CHOOSING A PROFESSIONAL (PERCENT)

	New York	Madison
Home care after accident/illness	14.3	16.2 flu 41.1 broken hip
Financial - large	20.6	37.7 \$1,000 52.1 \$750
Talk about problem concerning child or someone in family	4.4	5.0 to 24.5

Nevertheless, the outlines of the task-specific model can still be seen in her data, though it seems much more masked by the apparent effect of socio-economic status. Almost no one would go to a professional for affective assistance, while she notes the unusually large proportion (21 percent) who would go to a formal organization for money to pay a large medical bill.

### Conclusions

These findings indicate that people do make quite a clear distinction between tasks that are most appropriately performed by primary groups and by formal organizations. However, the task specific and hierarchical-compensatory models are not necessarily mutually exclusive. Friends are common substitutes for family members for tasks that are associated with primary groups; and for some practical tasks people with thinner networks such as the "old old" trade-off between primary groups and professionals.

The task specific model also applies less well to women who are less educated. These women do continue to make distinctions between tasks at the extremes of the primary group - bureaucratic continuum, but for tasks located toward the middle of that continuum, they are less likely than are more educated women to say they would go to professionals for help.

Taken together, these two sets of findings indicate that there is a solid core of functions, concerned especially with affective support and tension management, which lie particularly in the domaine of family and friends. These do not appear, at least for this group of older women, to be in any danger of being usurped by professionals or bureaucracy. On the other hand, the accepted domaine of professionals might appear to grow with urbanization

and industrialization, at least if it is assumed that higher levels of education would be associated with such trends.

At a more practical level, these findings give added impetus to an idea that is neither new nor unaccepted. As Shanas (1979:9) has said

In the area of social policy every effort should be made to assist families to maintain viable relationships with their older members. This means that services should be made available to old people irrespective of whether they live alone or with others. Sometimes good family relationships are dependent on such services. Further, human service systems and their personnel must cease to behave as though the families of the elderly are enemies of the system. There is a need for an increased sensitivity to both older people and their families and for a willingness to listen on the part of such systems and their functionaries.

This data indicates that there is a need for formal services to perform tasks in the middle of Litwak's continuum -- home care and transportation, for example. They also suggest that such services should have some of the flexible, informal qualities of primary group assistance, and that their natural clientele might be more middle class women with limited support networks.

While the elderly wish to remain as independent as possible, for most this is not the forced independence of isolation. When they must, they seem to be willing to depend on people close to them, especially their family. In some cases such helpers may be called upon to provide more assistance than they can manage because of time, emotional resources or expertise (Robinson and Thurnher, 1979; Fengler and Goodrich, 1979). Such overload may ultimately result in premature institutionalization despite their efforts. In such situations, formal support of the informal network may be an appropriate strategy. This may also be especially important for less educated women who are less willing to use ordinary formal services.

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