FLOW OF SUPPORT

Theo van Tilburg, Marjolein Broese van Groenou, and Fleur Thomése

The idea that personal relationships are important to people, particularly for their well-being (House & Kahn, 1985), is generally acknowledged. In itself, the very fact that individuals have personal relationships is significant, since it indicates that they are part of a wider social network. This gives a certain meaning to life. In addition to the structural aspect of being embedded in a social network, the function of relationships is important. This chapter will consider the supportive content of the relationships, as these remain significant throughout the life course (Schulz & Rau, 1985). We view support as the exchange of positive aspects within personal relationships. In one way or another, everyone has certain needs that can be met by supportive transactions and interactions. In supportive transactions, material goods can be transferred or help can be provided. We call this instrumental support. Supportive interactions include conversations in which one person shows understanding for the other person’s situation. We call this emotional support. Besides instrumental and emotional support, other types of support can be distinguished, like financial and informational support. These types of support may be very significant in relationships of older adults (e.g. elderly give substantial amounts of financial support to their children, and in the case of illnesses, informational support about the nature and the consequences of illness is often very important). However, we confine ourselves to instrumental and emotional support, because these are most important (Veiel, 1985) and because restrictions in the data collection forced us to ask a limited number of questions.

For a number of years, research has shown that a confidant, such as a partner or a friend, is important for receiving support. However, it is unlikely that one relationship can completely meet all the needs of an individual in all circumstances (Dykstra, 1990; Thoits, 1982; Wilcox, 1981). Therefore,
attention is paid to the support within a wider range of relationships. It is assumed that relationships other than with the confidant can fulfil specific functions (Litwak & Szelenyi, 1969) or add to the supportive functions within one relationship (Cantor, 1979; Van Tilburg, 1990). Although these insights have already been developed more than a decade ago, only a few representative studies have been conducted into supportiveness within a broader range of relationships of the elderly. Therefore, one of the goals of this chapter is to present descriptive data about the support received and given by elderly.

In recent years, growing attention has been devoted to the giving of support and to the balance or reciprocity between giving and receiving support. The outcome of giving and receiving support can be placed on a continuum of reciprocity, with in the middle an equilibrium between the support that is given and the support that is received over a certain period of time (Gouldner, 1960); at the ends of the continuum are situations where giving support outweighs the receiving or vice versa.

Attention for reciprocity is frequently specifically focused on older people and, more precisely, on their balance between giving and receiving instrumental support. The general hypothesis is that older people often have more need to receive support, particularly instrumental support, and that they have fewer opportunities to give instrumental support than younger people. The most important reason for this hypothesis is that as one becomes older, one’s physical capacities often become limited. In such a situation the need for instrumental support is relatively large, while the possibility to give instrumental support is small because for many types of giving instrumental support physical efforts are required. This is why the relationships of the elderly are often out of balance (Depner & Ingersoll-Dayton, 1988) and elderly are viewed as being dependent and passive (Dowd, 1984). Balance is disrupted in situations where the older adult continues to provide the same amounts of support while network members increase their support provision or unchanged amounts of support are provided by a larger number of network members. Balance is also disrupted in situations where the older adult decreases his/her support provision to network members or provides unchanged amounts of support to a smaller number of network members. Of course, a combination of these changes is also possible. Our main interest in this chapter is the differences among the elderly in the total or network support that is given and received, and not differences on the relationship level. However, we start with theoretical notions on the level of individual relationships.
From exchange theories (e.g. Blau, 1964; Homans, 1961), it can be concluded that both people in a relationship will try to preserve the support equilibrium. Relationships in which either too much or too little support is given run the risk of being terminated. If one person gives too much support, s/he can start to feel dependent because s/he is investing more and is dependent on the other person to restore the reciprocity. If a person gives too little support, he can start to feel that s/he is taking advantage of the other person, and the other person may feel exploited. This unsatisfactory situation can either be terminated by the support receiver by giving more support or by no longer making use of the support offered, or by the other person in the relationship, the support giver, by providing less support. When the giving of support decreases, there is a chance that the relationship itself will end as well. This can be prevented by introducing or preserving the equilibrium between giving and receiving support in personal relationships. However, imbalanced relationships are not simply terminated, especially not by the elderly (Roberto, 1989; Van Tilburg, 1992a). As noted above, explanations for instrumental reciprocity deficits, whereby relatively large amounts of support are received by one person in the relationship (i.e. the older adult) can be sought in the individual structural situation of the elderly. It might entail a relatively greater need for instrumental support due to poor health or an old-age-related inadequate capacity to give instrumental support to that person (Morgan, Schuster, & Butler, 1991).

No clear hypotheses are available on the course of emotional support. It is implausible that structural or situational factors like poor health play a role in emotional reciprocity. Morgan et al. (1991) state that emotional exchanges depend more heavily on interpersonal factors, while instrumental exchanges depend more heavily on the resource capacities of the elderly.

To summarize, our propositions are that

- a balance between giving and receiving support is favourable,
- elderly are sometimes in a situation in which they require substantial amounts of instrumental support and/or in which they are not able to give instrumental support.

We suggest that, in a situation where one cannot give enough instrumental support to compensate for the received instrumental support, one might give more emotional support, thus putting the total situation back into balance.
This chapter will first deal with how much instrumental and emotional support the elderly give and receive. Then we address the question of whether there are differences between men and women and among people with different living arrangements. Differences between men and women are often observed, and are explained from the perspective of different socialization processes. Women are brought up with more emphasis on emotional support, and men with more emphasis on instrumental support. Living arrangements are important because, on average, people with a partner have a larger relational network (see Chapter 5), and potentially more support can be mobilized in a larger network. Of course the presence of the partner is a factor in this connection, for in itself the partner relationship is potentially an extremely supportive relationship. Via their partner, people can also easily come into contact with other people, like the partner’s relatives, co-workers, acquaintances from organizations, and the partner’s friends, who are all potential support-givers.

We then go on to test the hypothesis that the oldest receive more and give less instrumental support than the youngest. Age differences are used as a preliminary indication of life span differences ('change'). We also see whether there are differences in the emotional support that elderly people of various ages give and receive. The question is examined whether poor health and a higher age can explain the lack of equilibrium between giving and receiving instrumental support. Then we focus on whether there are any indications that this imbalance is partially compensated for in the field of emotional support. Elderly people who obtain more than 'their share' of instrumental support could thus give more than their share of emotional support to the members of their networks. Does this occur and, if so, does it occur in a specific category of elderly people?

**Design of the Study**

**Respondents**

In 1992, face-to-face interviews were conducted with 4494 respondents. They constituted a stratified random sample of men and women born in the years 1903 to 1937. The random sample was taken from the registers of 11 municipalities: the city of Amsterdam and two rural communities in the west, one city and two rural communities in the south, and one city and four rural
communities in the east of the Netherlands. The response was 61.7%. The data were collected by 88 interviewers.

The average age of the respondents was 72.8. Most were living in their own homes: 1298 (28.9%) were not married and lived alone, 2582 (57.5%) lived with a partner, and 206 (4.6%) lived in another kind of multi-person household. Finally, 351 (7.8%) lived in an institution of some sort, such as a nursing home, a home for the aged, psychiatric hospital, or shelter for the homeless.

In this chapter, we confined ourselves to the 4059 respondents (1985 men and 2074 women) who provided information about their social network.

**Questionnaire**

The networks of persons with whom the respondents maintained a significant and frequent relationship were stipulated by using a procedure based upon Cochran et al. (1990). The following seven categories were distinguished: people who live in the same household, children and children-in-law, other relatives, neighbours, people with whom one is working or studying, contacts in organizations (co-members), and other contacts (e.g. friends and acquaintances). In each of these categories, the respondents were asked to name people above the age of eighteen who were important to them and with whom they were in touch regularly. The size of the network was determined by the number of people who were named in the seven categories.

Questions about giving and receiving instrumental and emotional support were posed about a maximum of twelve of the relationships. These were the relationships with the highest contact frequency, whereby people who lived in the same household were assumed to have daily contact. If there were twelve or fewer persons in the entire network, the support questions were posed about all the relationships. For each of the twelve or fewer relationships, the following four questions about support were posed:

1. ‘How often did it occur in the past year that X told you about his or her personal experiences and feelings?’ (emotional support given),
2. ‘How often did it occur in the past year that you told X about your personal experiences and feelings?’ (emotional support received),
(3) ‘How often did it occur in the past year that X helped you with daily chores in and around the house, such as preparing meals, cleaning the house, transportation, small repairs, or filling in forms?’ (instrumental support received), and

(4) ‘How often did it occur in the past year that you helped X with daily chores in and around the house, such as preparing meals, cleaning the house, transportation, small repairs, or filling in forms?’ (instrumental support given).

The four answers to choose from were: ‘never’, ‘seldom’, ‘sometimes’, and ‘often’. The sequence of these questions was determined by chance and differed from one respondent to the next.

As regards health, three instruments were used. The first instrument contained four questions about experiencing difficulties with the following personal activities of daily life (ADL): ‘Can you walk up and down stairs, ... walk for five minutes outdoors without resting, ... get up from and sit down in a chair, ... dress and undress yourself (including putting on shoes, doing up zippers, fastening buttons)?’. The five answers to choose from were: ‘not at all’, ‘only with help’, ‘with a great deal of difficulty’, ‘with some difficulty’, and ‘without difficulty’. The four ADL items formed a hierarchically homogeneous scale \( (H = .68) \) which was reliable \( (\rho = .87) \). The scale ranged from four (numerous problems) to twenty (no problems). Four questions were posed about problems with instrumental activities of daily life (IADL), i.e. preparing hot meals, changing the sheets on the bed, doing the laundry, and cleaning the house. The scale was hierarchically homogeneous \( (H = .64) \) and reliable \( (\rho = .87) \). The scale ranged from four (numerous problems) to twenty (no problems). All institutionalized respondents were assigned the score of four. ADL differed from IADL in that ADL involves personal care activities that cannot be taken over by other persons, and IADL involves activities that can. There was a strong correlation between the occurrence of problems in the two fields \( (r = .50) \). The third instrument pertained to a question about the respondents’ perception of their own health: ‘How is your health in general?’ Answers could be given on a five-point scale. Subjective health correlated with ADL \( (r = .43) \) and with IADL \( (r = .26) \).
Procedure

Computing support intensity

The frequency of support in the ‘top-twelve’ (or fewer, if fewer available) relationships was scored on a scale from never to often, with values one to four. To create a picture of the (total) support exchanged in the network, we excluded the partner relationships. To obtain comparable figures for respondents with and without a partner, we counted the support within 11 (or fewer) relationships other than with a partner. Finding the sum of this frequency of support for each respondent’s 11 or fewer relationships enabled us to assess the intensity of instrumental and emotional support given and received by the respondent. Each of these four total support scales ranged from zero (no relationships in the network) to 44 (at least 11 relationships in the network, whereby a maximum of support was given and received in all of the 11 relationships with the highest frequency of contact). This procedure leads to an underestimation of the support intensity in the case of respondents who nominated more than eleven relationships other than with a partner. Nevertheless, it provides a realistic picture of the support in the network, as has been demonstrated in earlier work (Van Tilburg, 1990). Since there were sometimes fewer than eleven relationships in the entire network, a correlation can be anticipated between the size of the network and the intensity of the support score. Therefore, in some analyses we present the mean support score across the available relationships, with values 0 (relationships on average never supportive) to 3 (relationships on average often supportive); a zero is assigned to respondents without network members other than the partner.

Computing reciprocity

The degree of support reciprocity in each relationship was calculated as the difference between the frequency of support given and support received. In this chapter, we take the point of view of the elderly respondent in the relationship and compute (positive, negative, or zero) scores on the reciprocity scale. A positive score means that more support was given by the older adult than received, a score of zero means that there was a balance between the two, and a negative score means that more support was received by the older adult than given. The reciprocity scores of the relationships were summed to obtain a reciprocity score for the network. The data on exchanges in the
relationships were solely reported by the elderly respondents themselves, and not by the other members of their networks. This is referred to as a subjective measurement of reciprocity or measurement of perceived reciprocity (Van Tilburg, 1992b), in contrast to an inter-subjective measurement based upon data from both persons in the relationship.

**Multi-variate analyses**

In order to assess differences in the intensity of instrumental and emotional support given and received, we calculated averages for men and women, elderly people in various living arrangements, and elderly people in seven age groups. For the multivariate analysis, we applied ANOVA.

In order to explain the differentiation of reciprocity among the respondents, we carried out two regression analyses. In the first analysis, instrumental reciprocity was the variable to be explained and emotional reciprocity an explanatory variable, and in the second analysis we explained variations in emotional reciprocity on the basis of variations in instrumental reciprocity. In both of these analyses, sex, the presence or absence of a partner relationship, age, network size, subjective health, ADL, and IADL were included in the regression model as explanatory variables.

If we observe a negative correlation between instrumental and emotional reciprocity in the networks of the elderly, it is an indication that we were right to assume that an imbalance in the instrumental support exchange in the form of receiving too much support can be compensated for by giving higher amounts of emotional support. This negative correlation can also reflect a causal relation in the opposite direction. A negative correlation is also attributable to the existence of a category of respondents who gave a relatively large amount of instrumental support and received a relatively large amount of emotional support. From the perspective of the exchange theory, it is not impossible for a person who gave relatively little emotional support to restore the balance by giving more instrumental support. Analogous to our hypothesis, it is even be probable that the other party in an imbalanced relationship of this kind is the one who, for example due to health problems, is not capable of maintaining instrumental reciprocity and is trying to restore the total balance by giving more emotional support. In order to investigate this point, it is necessary to examine in detail the circumstances of the various members of the elderly respondents’ networks, which lies outside the scope
of this study (a sub-project of the NESTOR-LSN program, however, focuses upon this type of examination).

If a negative correlation is observed between instrumental and emotional reciprocity, the next step is to identify a category of respondents who received a relatively large amount of instrumental support and who gave a relatively large amount of emotional support. One way of doing this is by developing a typology of reciprocity using a cluster analysis. We arbitrarily decided to distinguish five clusters, and hoped to find the desired category of respondents as one of the clusters. Using logistic regression analysis, we then examined whether the features of the respondents in this cluster deviated from those in the other clusters.

**Results**

*Differences in intensity of support*

In the elderly respondents’ relationships, more emotional support was exchanged than instrumental support. On the scale of support intensity within the network with a theoretical range from 0 to 44, the average intensity of given and received instrumental support was about 14, and of emotional support approximately 21. The men gave somewhat more instrumental support (on average, they received 14.4 and gave 13.9, as compared to 14.4 and 12.3 for the women; \( t_{(4030)} = .8, p > .05, \) and \( t_{(3808.5)} = 6.4, p < .001 \) respectively), whereas the women received and gave more emotional support (on average, they received 22.2 and gave 21.7, as compared to 20.3 and 19.3 for the men; \( t_{(4020)} = -5.3, p < .001 \) and \( t_{(4018)} = -7.1, p < .001 \) respectively). The average intensity of instrumental and emotional support given and received in the networks of men and women is shown in Figure 8.1.

Table 8.1 shows differences in total support according to the older adults’ living arrangements. The following general pattern emerges. Total support was highest for those living with a partner (and others). Next are the elderly who do not have a partner in their household and live with their children or with others. The ones who lived alone followed, whereas the institutionalized respondents exhibited by far the lowest intensity of supportive exchanges. (The category of elderly people with other living arrangements, consisting of married elderly who are living separated from their spouse and elderly living in a psychiatric hospital or a shelter for the homeless, is not discussed
Figure 8.1. Total instrumental and emotional support received and given by male and female elderly

Table 8.1. Total instrumental and emotional support received and given according to living arrangements of the elderly

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>instrumental receipt</th>
<th>instrumental giving</th>
<th>emotional receipt</th>
<th>emotional giving</th>
</tr>
</thead>
<tbody>
<tr>
<td>with partner (and others)</td>
<td>2406</td>
<td>14.4</td>
<td>14.6</td>
<td>22.5</td>
</tr>
<tr>
<td>alone, never married</td>
<td>140</td>
<td>12.1</td>
<td>10.3</td>
<td>18.7</td>
</tr>
<tr>
<td>alone, divorced</td>
<td>131</td>
<td>11.8</td>
<td>11.3</td>
<td>20.9</td>
</tr>
<tr>
<td>alone, widowed</td>
<td>901</td>
<td>15.0</td>
<td>10.8</td>
<td>19.9</td>
</tr>
<tr>
<td>multi-person without partner</td>
<td>180</td>
<td>16.8</td>
<td>14.0</td>
<td>21.7</td>
</tr>
<tr>
<td>institutionalized</td>
<td>208</td>
<td>12.3</td>
<td>7.3</td>
<td>15.0</td>
</tr>
<tr>
<td>( F_{(3960,5)} )</td>
<td>12.7</td>
<td>69.1</td>
<td>23.6</td>
<td>13.3</td>
</tr>
</tbody>
</table>
This general picture was observed for both receiving and giving support, and for both instrumental and emotional support, with one exception. The widows and widowers received more instrumental support than the other respondents who lived alone. As the F-values in Table 8.1. show, the largest differences were found for instrumental support received.

Total support also clearly varied with age. The 501 oldest respondents (above the age of 85) had the fewest exchanges, and the 528 youngest ones (below the age of 60) had the most. This pertained to instrumental as well as emotional support, and to giving as well as receiving support. However, when we cancel out the effect of network size, which was correlated with total support, and look at the mean support within the individual relationships of the elderly, a different picture emerges. (To repeat a point made earlier, the relationships with a spouse or partner are excluded from these analyses.) *Figure* 8.2 shows the mean support within the individual relationships, on a scale with a theoretical range from 0 to 3, for respondents of different birth cohorts. The relationships of the oldest showed higher instrumental support received than the relationships of the youngest-old \( F(4005,6) = 7.7, p < .001 \),

![Figure 8.2](#)
while the reverse was true for instrumental support given \((F(4005, 6) = 105.9, p < .001)\) and emotional support received \((F(4005, 6) = 22.0, p < .001)\) and given \((F(4005, 6) = 9.8, p < .001)\). For the association between age and instrumental support received, two tendencies exist. First, there is an increase with age in the mean instrumental support received, calculated for the relationships separately. Second, the number of relationships decreased with age. The first does not compensate for the second, and the two effects combined result in a decrease in instrumental support received from the network. For instrumental support given to, emotional support received from and given to the network, the decrease is the result of a shrinking network, as well as a decrease in support within the relationships.

A multivariate analysis of the intensity of total support (not controlled for network size) indicated the importance of sex, age, and living arrangements. The significance of the differences between men and women was negligible, while the differences based on living arrangements and age were highly significant. For the rest, the explained variance was low, i.e. between two and eight per cent, but with one exception. Differences in sex, living arrangements, and age explained 18% of the variance in the intensity of instrumental support that was given.

Figure 8.3. shows the total support exchanged by respondents of different ages controlling for sex and living arrangements. The graph makes it clear that the intensity of supportive exchanges decreased virtually linearly with increasing age. The decrease was most marked in the case of instrumental support given (a drop of 9.0 on a scale with a range from 0 to 44 and a mean of 13.0). The decrease in the intensity of emotional support given was approximately the same as the decrease in emotional support received (both had a drop of about 8 on scales with a range from 0 to 44 and a mean of about 21). There was a relatively small decrease in the intensity of instrumental support received (2.3 on a scale with a range from 0 to 44 and a mean of 14.4).

Given that total support depends on network size, we performed additional analyses to find out to what extent a decline in network size accounted for the observed decrease in support. In these analyses, which are not reported in detail here, network size was introduced as the covariate. The results indicate that the decrease in instrumental support received was not significant when network size was controlled for, while the decreases in instrumental support given and in emotional support given and received were.
The data presented in this chapter do not give information about the need for support from the social network. For example, the institutionalized elderly received the least instrumental support. Presumably, they receive much instrumental support from professionals. However, the data presented here suggest that elderly in those private living arrangements who probably have the highest needs for support, like the oldest living alone, actually receive the least.

**Differentiation in reciprocity**

Figure 8.3 shows that, on average, the intensity of giving and receiving support does not differ strongly. For emotional support in particular, the lines in the graph run virtually parallel. Figure 8.3 also indicates that the youngest respondents tend to provide more instrumental support than they receive, while the opposite is observed for the oldest. These findings are in contrast to those of earlier studies (Morgan et al., 1991, Rook, 1987) which reported...
overbenefitting by the elderly, that is, the elderly gave more than they received.

*Figure 8.4* uses the same data as Figure 8.3, but the presentation is different. It plots the differences between support given and support received, that is, the degree of reciprocity. Furthermore, it uses a different vertical scale (with a range of -5 to 2 rather than 0-25). The figure shows that emotional support reciprocity was the same for the elderly respondents of different ages, but instrumental reciprocity decreased approximately linearly with increasing age. The decrease began around the age of 64. The turning point, where a relative surplus of instrumental support given changed into a relative deficit, was at approximately the age of 66. Although a decrease in reciprocity of about five points on a scale from -44 to 44 seems to be minor, it is obvious from the data presented earlier in this chapter that this loss of five points is mainly attributable to a drop in the instrumental support given by the oldest elderly to about half of the support given by the youngest elderly.

*Figure 8.4. Instrumental and emotional reciprocity by age, controlled for sex and living arrangement*
Approximately 20% of the variations in instrumental reciprocity were explained by differences in subjective health, age, living arrangements, sex, and emotional reciprocity (Table 8.2). Respondents who had problems with the activities of daily life (ADL and IADL) and those who reported having poor health were indeed greater users of instrumental support than providers. IADL and subjective health (regression coefficients $\beta = .13$ and $.11$) were more important than ADL ($\beta = .09$). Age remained important, even after controls for subjective health, ADL, and IADL: the oldest respondents gave a relatively small amount of instrumental support. The fact that female respondents gave a relatively small amount of instrumental support has been discussed above. Variations in instrumental reciprocity were also variations in emotional reciprocity: respondents who received relatively large amounts of instrumental support gave relatively more emotional support. The size of the network also played a role: instrumental reciprocity was somewhat lower for elderly people with large networks than for those with small networks. Differences in living arrangements, controlled for the other factors, were still significant: respondents with a partner and the institutionalized gave relatively more instrumental support, whereas respondents who lived alone gave approximately as much instrumental support as they received. That institutionalized elderly are overbenefitting their personal network members with instrumental support can be easily explained, since they receive a great deal of care at the
institutions, and do not need much instrumental support from their own personal networks.

Differences in emotional reciprocity were poorly explained. The factors introduced into the regression analysis accounted for only three per cent of the variance. What is more, differences in instrumental reciprocity were by far the most important. Elderly respondents who gave a relatively large amount of instrumental support thus also gave relatively little emotional support. Respondents with a large network also gave a relatively small amount of emotional support. The significance of the other factors was small and probably coincidental.

In order to more closely examine the link between instrumental and emotional reciprocity, and more specifically to identify a category of respondents who received relatively much instrumental support and gave relatively much emotional support, we developed a typology of support reciprocity. Cluster analysis was used to distinguish clusters of respondents with approximately the same values or contrasting values on instrumental and emotional reciprocity. The two variables for instrumental and emotional reciprocity contributed significantly to the division into five clusters. The results of the cluster analysis are shown in Figure 8.5.

Let us start our description of the results of this analysis with the third cluster, which was characterized by a balance in instrumental as well as emotional support. This cluster included half of the elderly respondents and exhibited a good cross-section of the random sample: there were no differences in sex, subjective health, or ADL ($p > .05$) between the elderly respondents in this third cluster and the other respondents, and the third cluster included somewhat fewer elderly people with partners (with an odds ratio of .74) and widowed elderly (ratio .82), and more unmarried elderly living alone (ratio 1.74) ($p < .001$), more older respondents ($p < .001$, ratio 1.02), and fewer respondents with IADL-problems ($p < .05$, ratio 1.02). We used sex, living arrangements, age, subjective health, ADL, and IADL of the respondents in the third cluster as a standard for describing the other four clusters (see Table 8.3), and only reported differences significant at the .01 level.

The first cluster contained respondents characterized by a lack of instrumental and emotional reciprocity: they received more of both kinds of support than they gave. However, the lack of instrumental reciprocity was much greater than the lack of emotional reciprocity. The differences between them and the
Figure 8.5. Typology of instrumental and emotional reciprocity

Table 8.3. Logistic regression on respondents in cluster 3 (n = 1916) (value 0) and clusters 1, 2, 4, and 5 respectively (value 1)

<table>
<thead>
<tr>
<th></th>
<th>cluster 1</th>
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<th>cluster 4</th>
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<th>cluster 5</th>
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<td>male-female</td>
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<td>.96</td>
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<td>- with partner (and others)</td>
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<td>.76</td>
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<td>.000</td>
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<td>.50</td>
<td>.85</td>
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<td>.82</td>
<td>.02</td>
<td>.48</td>
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<td>- alone, divorced</td>
<td>.74</td>
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<td>.47</td>
<td>.28</td>
<td>1.35</td>
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<td>.04</td>
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<td>.88</td>
<td>.96</td>
<td>.55</td>
<td>1.15</td>
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<tr>
<td>- institutionalized</td>
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<td>.42</td>
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<td>.80</td>
<td>.12</td>
<td>1.72</td>
<td>.92</td>
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<td>subjective health (1,5)</td>
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<td>.90</td>
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<td>1.06</td>
<td>.44</td>
<td>1.06</td>
</tr>
<tr>
<td>ADL-capacity (4,20)</td>
<td>.43</td>
<td>.98</td>
<td>.42</td>
<td>.98</td>
<td>.008</td>
<td>1.10</td>
<td>.001</td>
<td>1.15</td>
</tr>
<tr>
<td>IADL-capacity (4,20)</td>
<td>.000</td>
<td>.94</td>
<td>.000</td>
<td>.95</td>
<td>.18</td>
<td>1.02</td>
<td>.10</td>
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</tr>
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</table>
elderly in the third cluster were that there are more females in the first cluster (the odd ratio indicates that there are 1.58 times the number of female respondents in the third cluster than is expected by chance), that they were older, that they are more often widowed and are institutionalized, their health was viewed as poorer, and they reported more IADL problems. The second cluster contained respondents who received more instrumental support than they gave and gave more emotional support than they received. The respondents in this cluster were more often female and tended to be older than the respondents in the third cluster, more often widowed, and reported more IADL problems. The fourth cluster contained respondents who gave a relatively large amount of instrumental support and gave relatively very little emotional support. The younger respondents with partners and with a good ADL-capacity were relatively widely represented in this cluster. The fifth cluster contained respondents who gave more instrumental and emotional support than they received. They were more often men and younger than the respondents in the third cluster, they more often had a partner, and they reported fewer ADL-problems.

Conclusion

The data make it clear that men and women are differently involved in the exchange of support. On the supply as well as the demand side, men are more active in the exchange of instrumental support, whereas women exhibit a higher intensity of emotional support exchanges. The differences are consistent, but not very sizeable. In other words, there are also many men who are highly involved in emotional exchanges and many women who are highly involved in instrumental exchanges.

If we draw a distinction based on living arrangements, we see that respondents living with a partner have more relationships and more support exchanges than those who live alone. This difference is probably even greater than the reported data suggest, since the support in partner relationships was not taken into consideration. Institutionalized respondents have the fewest supportive exchanges with their personal network members. Further distinctions can be drawn as regards the respondents who live alone: widows and widowers exchange more support than respondents who have never been married or have divorced. Widows and widowers also differ from the others in the relation between giving and receiving support: compared with the other respondents, widows and widowers exhibit many non-reciprocal relationships,
in most of which they receive large amounts of instrumental support. This can mean that the instrumental support which is lost with the death of their partners is compensated for by support in other relationships (Dykstra, 1990). It might be true of the single and divorced respondents that in the course of their lives, they develop the kind of skills that enable them to manage with less instrumental support.

Age plays an important role in giving and receiving support. The older one is, the fewer relationships one has and the more limited the intensity of exchanges within the network. However, there is less of a decrease in the amount of instrumental support one receives from the network than in the other three forms of support exchange; the difference is more striking when we view the amount of instrumental support one receives within the separate relationships, which increases somewhat. In other words, older respondents receive more instrumental support from fewer network members, and the older receive less emotional support from fewer network members than the younger respondents. This only partly confirms the findings of Antonucci and Akiyama (1987), who report that older persons receive more varied support from fewer network members than younger persons. Our results are very similar to those of Morgan et al. (1991). They find that both support receiving and support giving decrease across age categories, and that this decline is larger for support giving. However, there are also differences between the findings of Morgan et al. and ours. One very striking difference is that the networks in the study by Morgan et al. are strongly overbenefitted by the elderly (they give more than they receive), while in our study the exchanges between the elderly and their networks are generally characterized by balance. They find a turning point, where overbenefitting changes into underbenefitting, at the age of 85+, while in our study this point can be found at approximately the age of 66.

Morgan et al. attribute overbenefitting of the network to the subjective nature of the data in combination with the bias towards more giving (Van Tilburg, 1992c). Even when we take into account that our data show a balance between giving and receiving, it is not sure that our data are not biased. Since in the framework of the current research program data about giving and receiving support are available from both participants within the relationships, we are able to conduct future research into whether the data on giving and receiving are systematically disturbed.
The observed age differences partly confirm the picture of the dependent elderly person: people above the age of 66 are increasingly one-sidedly dependent on receiving instrumental support from other people, without being able to give the same amount of instrumental support in return. In fact, the instrumental support given decreases sharply with increasing age. This finding concurs with those of Depner and Ingersoll-Dayton (1988), who specify the effect as mainly connected to the number of and support within relationships with siblings. That age more strongly affects giving instrumental support than receiving is discussed by Morgan et al. (1991). They suggest that the decrease in network size indicates a withdrawal from social activity and that this withdrawal is the strongest for demanding activities like support giving. Contrary to this more or less continuous process, support receiving is likely a function of immediate need, such as illnesses. So, although health or physical capacities play a role in changes in both giving and receiving, the impact is different.

However, one has to be cautious when interpreting the age differences as change, because the results presented now are based on cross-sectional data. The longitudinal design of the study gives future possibilities to examine whether the determined age-related differences actually reflect age-related changes.

The elderly's dependence upon instrumental support received from their personal network, which appears to be necessary from about the age of 66, is terminated upon admission to a nursing home or home for the aged, which is approximately the age of 80. However, the age of 66 is not an abrupt turning point; it is a gradual change that sets in earlier. Moreover, growing dependence does not lead to a situation in which the oldest are completely dependent on receiving instrumental support without giving some instrumental support in return. The growing imbalance between giving and receiving instrumental support is related to the changes that can be expected to affect people’s health at that age, so that they are no longer able to give as much instrumental support and are apt to need more of it. In our study, the respondents’ own assessment of their health and the problems they reported having with the instrumental activities of daily life (IADL) are more important in explaining differences in instrumental reciprocity than their problems with the personal activities of daily life (ADL). Instrumental support in the network of personal relationships is perhaps more functional in the case of IADL problems than ADL problems.
The hypothesis—derived from exchange theories—that efforts are made to compensate for shortcomings in providing instrumental support by giving more emotional support cannot be rejected. We observed a negative association between instrumental and emotional reciprocity. The analyses show that differences in emotional reciprocity cannot be explained by variations in the individual structural situation of the elderly, while differences in instrumental reciprocity can. This may suggest that emotional reciprocity can more or less be controlled or actively influenced by the elderly, possibly in relation to instrumental reciprocity. Furthermore, we find a category of respondents (cluster 2) where transfer among different forms of support takes place. A lack of balance in exchanges of instrumental support, i.e. receiving more than giving, is partly compensated by giving more emotional support than one receives. These respondents have problems with maintaining instrumental reciprocity, e.g. widows in poor health who need a relatively large amount of instrumental support. A similar process can be observed for respondents in cluster one. The exchanges of instrumental support show a stronger disbalance than those of emotional support. The respondents in this category might compensate for receiving too much instrumental support by providing a relative surplus of emotional support.

Other categories of respondents (cluster 4) give relatively little emotional support. Because we think that giving emotional support is not limited by structural circumstances, it is possible that they have problems giving emotional support due to personal characteristics, e.g. the men who were raised in a time that expressing emotions was rare for men. They might possibly compensate for receiving too much emotional support by providing a relative surplus of instrumental support. A third category of respondents (cluster 3) have instrumental and emotional reciprocity. It is possible that they attach greater value to the reciprocity in their networks, because they (e.g. the unmarried and divorced elderly living alone) have more exchange relationships with acquaintances for example, and less communal relationships with a partner, with children, and other kin. As noted above, further longitudinal research is necessary in order to test the hypothesis. Not only can further research test whether the process of exchange between instrumental and emotional support takes place, but also examine in which relationships the intensity of support is altered in this process. As has been theoretically assumed (Clark & Mills, 1979), and as prior research has demonstrated (Van Tilburg, 1993), only a small number of personal relationships can be viewed as relationships in which the balance between giving and receiving support is important. The expectation is that alterations
in the relation between giving and receiving support mainly take place in these exchange relationships.

In this chapter we did not address the question of whether receiving and giving support and the reciprocity of support promote well-being. The next chapter addresses the question whether supportive exchanges generally contribute to a decrease in the likelihood of experiencing loneliness. In the future, we will conduct research into the contribution of particular types of relationships within the network to the instrumental and emotional support received and given, and to the meaning for well-being of reciprocity of support within the network and within particular types of relationships.

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References


