**The paper reports research findings on two aspects of the family as a social support system: family care for the elderly in time of illness and family visiting patterns. The data come from a 1975 national probability survey of noninstitutionalized persons, 65 years of age and older. The immediate family of the old person is the major social support in time of illness and the extended family of the old person, children, siblings and other relatives, is the major tie of the elderly to the community.**

# The Family as a Social Support System in Old Age[1]

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The cultures and the subcultures of a society define both the needs of its members and the ways in which these needs are to be met. The changes in cultures which have accompanied industrialization and urbanization have affected the relationships among family members, irrespective of their ages. This is not solely because of changes in the living arrangements of families which often accompany the push to the city that can now be observed in developing societies. It is also because cultural changes have brought an expansion of what come to be defined as needs. As people live longer, are better educated, and desire a higher standard of living their needs become greater. The abilities of the modern family to fulfill the needs of its members, young as well as old, must be evaluated against the background of this expansion of expectations (Rosenmayr, 1977).

In all developed countries, as individual needs both increase and are differently defined, functions which may once have been the unique province of the family become shared functions of the family and bureaucracy, whether the latter be government, industry or the educational system. Old people, like other family members, have been affected by the changes in social structure which have been accelerated in the last several decades. Where the family was once expected to look after the economic needs of its members, industrial societies such as the U.S. now support the nonworking members of society, old as well as young, through intergenerational rather than family transfers of income. Where in the past the family may have had major responsibility for taking care of its sick elderly, specialized health services such as nursing homes and chronic disease hospitals proliferate to care for those aged who are described as sick and frail. Even in the area of emotional support, long considered the primary function of the family, the bureaucracy now provides social workers who are presumed to have those skills necessary not only to serve the young but to assuage the desires of the elderly for meaningful human relationships.

As one considers the shifts in the function of the family of which the above are only a few illustrations, it may come as a surprise that a major finding of social research in aging in all Western countries has been the discovery and demonstration of the important role of the family in old age. Research evidence indicates that family help, particularly in time of illness, exchange of services, and regular visits are common among old people and their children and relatives whether or not these live under a single roof. Old people living under a single roof together with their children and grandchildren are unusual in industrialized societies and are becoming less common in transitional societies. Joint living is not the most important factor governing the relationship between old people and their grown children. Rather, it is the emotional bond between parents and children that is of primary importance. Leopold Rosenmayr and Eva Köckeis, two Austrian sociologists, describe the desired physical relationship of old people and their children

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as "intimacy at a distance" (1963, 1965). Old people wish to maintain some physical distance from their adult children without being isolated from them. In a 1975 working paper on family health, a Russian scholar reviewing various Soviet studies reports on the physical distance between young couples and their parents. The majority of young couples in the study are reported as wanting to live next door to their parents or in the same district of the city (Grinina, 1975). Mutual assistance continues between young couples and their older parents as families strive "to keep at a distance from one another but not to break off relationships."

In contemporary society, the family persists as a major source of help to the elderly even in those areas where the assistance of outside agencies is undoubtedly necessary and useful. One may mention, for example, family help to the elderly in case of illness and direct family help with income support, both of which persist in spite of the fact that in all industrial countries arrangements have been made for outside agencies to take over much of the health care and income support of the elderly. Rosenmayr has made an interesting comment on why family help patterns may tend to continue despite the presence of other alternative help sources. "Public action to give support to the elderly has the innate danger to classify them as marginal. It is the dialectics of institutionally organized help to a certain group that this group becomes conscious of a certain bereavement; whereas individual and informal help and assistance based on intimacy may avoid this type of consequence . . ." 1975).

The present paper will report research findings on two aspects of the family as a social support system: the first, family care for the elderly in time of illness; the second, family visiting patterns as these are reported by old people in the U.S.

## Data and Methods

The data used in this report come from a national survey of the noninstitutionalized population aged 65 and over. The data were collected in the late Winter and early Spring of 1975. The sample used was a national sample employing probability methods to the household level. In surveys such as this every eligible person has a pre-determined chance of being selected.

The overall survey response rate for all eligible respondents is somewhere between 76 and 87%. Eligible respondents were located through screening interviews in pre-selected households. A substantial number of persons were never seen by interviewers but were identified by their neighbors as probably being age 65 and over and hence were considered to be eligible for interviewing. Many of these possible respondents, identified by neighbors, were never located by the interviewers even after repeated visits, and therefore their eligibility for the study was not fully determined. If these possibly eligible respondents are included among the total eligible persons located, the overall response rate in the sample is 76%. If the pool of eligible respondents is restricted to those instances in which the interviewers had enough information to identify the potential respondents as white or Black or other races the response rate is good, 87% for whites and 85% for Blacks.

The survey sample interviewed is in good agreement with the age distribution, the racial distribution and the marital status of the total noninstitutionalized population as reported in the U.S. Census. Because of the close agreement between the demographic characteristics of the sample interviewed and the independent reports of the Census, it seems likely that the true response rate in this survey is somewhat closer to the 87% figure than to the 76% figure conservatively reported.[3] For practical purposes we may assume that the chances are 19 in 20 that the true proportion for any variable will be within the range of the estimate reported in this paper, plus and minus the appropriate sampling error.

In interpreting the findings, it should be kept in mind that the sample does not include the institutional population and hence omits a substantial proportion of the very old, those over 85. Ninety-five percent of the elderly are resident in the community, however, and only about 5% are in institutions at any one time.

## The Physical Mobility of the Elderly Living at Home

Table 1 is a summary statement of the physical mobility of the elderly noninstitutional population of the U.S. About 3% of the total sample eligible for further interviewing were classified as bedfast and 7% as housebound. The bedfast and housebound elderly located, then, were twice the proportion of the elderly resident in institutions at the time of the survey. In the inter-

[3]A detailed statement of sample errors is available from the author.

Table 1. Mobility of the Noninstitutional Population Aged 65 and Over: 1975 (Percentage Distribution).

| Degree of Mobility | Men | Women | All[c] |
|---|---|---|---|
| Total Sample Located[a] | | | |
| Bedfast | 2 | 3 | 3 |
| Housebound | 6 | 8 | 7 |
| Ambulatory | 92 | 89 | 90 |
| Total | 100 | 100 | 100 |
| Number of cases (weighted) = [b] | (3070) | (4484) | (7660)[c] |
| Sample Interviewed Only | | | |
| Bedfast | 2 | 2 | 2 |
| Housebound | 3 | 6 | 5 |
| Ambulatory | 95 | 91 | 93 |
| Can go outdoors with difficulty | 4 | 8 | 7 |
| Can go outdoors without difficulty | 91 | 83 | 86 |
| Total | 100 | 100 | 100 |
| Number of cases (weighted) = [b] | (2314) | (3441) | (5755) |

[a]The percentage of bedfast respondents is based on all bedfast persons located; interviews with proxy respondents were taken for all bedfast persons who could not be interviewed. The percentages of housebound and ambulatory respondents were estimated from their proportions in the sample interviewed and from background data on nonrespondents secured by the interviewers.

[b]The number of cases is weighted by various sampling fractions. The percentage of eligible respondents who answered these questions is 99.98. In subsequent tables, where 98% or more of the eligible respondents have answered the questions, detailed information on nonresponse will not be given in footnotes. The total sample located includes at least 128 cases of questionable eligibility since they may not be aged 65 and over.

[c]Includes 105 weighted cases where sex is not known.

viewed sample, 7% of those interviewed were bedfast or housebound, and an additional 7% could go outdoors only with difficulty. The chances are about 95 in 100 that the proportion of elderly bedfast and housebound resident in the community is between about 5.5% and the 10% located in the screening sample. The majority of the sick and frail elderly in 1975 were not in institutions or group quarters. They were living in their own homes or in the homes of family members.

Table 2 is a comparison, from U.S. Census data, of the marital status of the elderly in institutions for the sick and frail and the elderly living at home. The institutionalized elderly include three times as high a proportion of persons who have never married as are found in the community, and almost twice as high a proportion of widowed persons. These findings are what one would expect. Persons without close family are more likely to be institutionalized when they are ill. This includes the very old, who are largely widowed women, as well as the never married. Townsend reporting on a detailed interview study of institutionalized old people in Britain states "Bachelors and widowers affirmed the importance of wives, and childless persons of children. Men and women alike seemed to recognize that the ability to go on living in a normal community was weakened in old age if there were no relatives of succeeding generations to replace the loss, by death and illness of relatives of the same or of preceding generations. . . . Family relationships extend into and merge with the whole community" (1965).

Old persons with few or limited family relationships are prime candidates for institutionalization when they become sick.

## The Caretakers of the Elderly Sick

Who are the caretakers, the social supports of the sick and frail aged living in the community? The data in Table 3 provide some of the answers to this question for bedfast persons. Those in Table 4 indicate who helps housebound and ambulatory old persons when they become ill enough to spend time in bed. The bedfast person and the ambulatory old person ill enough to be in bed both need to have food brought into the house, they need to have meals prepared, they need help with housework. The main source of help for bedfast persons is the husband or wife of the invalid. Men take over traditionally female tasks as necessary, women find the strength to turn and lift bedfast husbands. Husbands or wives of the elderly bedfast persons, themselves elderly, are rarely able to manage the care of a spouse without outside help. Many of them report that they are assisted by paid helpers, hence the large mention of paid helpers in Table 3. Children, within and outside of the household, are the next main source of help. The social services are mentioned hardly at all as providers of home helpers, but there is a possibility that employees of social service agencies who are being reimbursed by families are reported as paid helpers.

About one of every four housebound and ambulatory persons reported that they had been ill in bed during the previous year. Men, who are more likely than women to be married, are taken care of by their wives. Two-thirds of the

Table 2. Marital Status of Persons Aged 65 and Over in the Population and of Institutionalized Persons Aged 65 and Over in Different Types of Institutions (Percentage Distribution).

| Marital Status | Total Population 65 and Over | Type of Institutions: Psychiatric Hospital | Residential Homes | Nursing Homes | TB and Chronic Disease | All Institutions |
|---|---|---|---|---|---|---|
| 1970[a] | | | | | | |
| Never married | 6 | 33 | 17 | 16 | 21 | 19 |
| Married[b] | 54 | 30 | 12 | 12 | 20 | 14 |
| Widowed and divorced | 40 | 37 | 71 | 72 | 59 | 67 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |
| Number of cases = | (20,116,000)[c] | (113,043) | (538,499) | (257,308) | (40,260) | (949,110) |

[a]Source: U. S. Bureau of the Census, *U. S. Census of the Population: 1970.* Subject Reports. Persons in Institutions and Other Group Quarters, Final Report PC(2)-4E (Washington, DC: USGPO, 1973), Tables 25, 26 and 27.

[b]The legally and the informally separated have been classified as married.

[c]U.S. Bureau of the Census, *Current Population Reports,* Marital Status and Living Arrangements, Series P-20, No. 255 (March, 1973), Table 1.

Table 3. Proportion Reporting Each Source of Help, Bedfast Persons Aged 65 and Over, by Tasks for which Help is Received: 1975[a]

| Source of Help of Bedfast Persons | Task: Housework[b] | Meal Preparation[b] | Shopping[b] |
|---|---|---|---|
| Spouse | 38 | 44 | 30 |
| Child in household | 22 | 26 | 34 |
| Child outside household | 18 | 10 | 28 |
| Others in household | 2 | 3 | 2 |
| Paid helper | 20 | 18 | 8 |
| Social services | 2 | 3 | 2 |
| Relative outside household | 3 | 1 | 8 |
| Nonrelative outside household | 3 | 4 | 2 |
| No one | 11 | 14 | 2 |
| Number of cases (weighted) = | (181) | (181) | (181) |

[a]Includes bedfast proxy respondents.

[b]Percentages do not sum to 100 since more than one response could be given.

Table 4. Proportion Reporting Each Source of Help, Persons Aged 65 and Over Ill in Bed Last Year, by Sex: 1975[a].

| Sources of Help | Task: Housework[b] Men | Women | All | Meal Preparation[b] Men | Women | All | Shopping[b] Men | Women | All |
|---|---|---|---|---|---|---|---|---|---|
| Spouse | 66 | 22 | 37 | 71 | 23 | 40 | 62 | 25 | 38 |
| Child in household | 9 | 15 | 12 | 7 | 13 | 11 | 9 | 16 | 14 |
| Child outside household | 6 | 18 | 14 | 6 | 19 | 14 | 10 | 25 | 20 |
| Others in household | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 5 | 5 |
| Paid helper | 7 | 9 | 8 | 2 | 3 | 3 | 2 | 2 | 2 |
| Social services | 0 | * | * | 1 | 1 | 1 | 0 | * | * |
| Relative outside household | 2 | 6 | 5 | 2 | 6 | 5 | 3 | 8 | 6 |
| Nonrelative outside household | * | 4 | 3 | 4 | 9 | 7 | 5 | 12 | 9 |
| None or self | 10 | 29 | 23 | 10 | 31 | 24 | 9 | 15 | 13 |
| Number of cases (weighted) = | (501) | (941) | (1442) | (501) | (944) | (1446) | (501) | (941) | (1442) |

*Less than 1% after rounding.

[a]Excludes bedfast persons. The proportions of persons ill in bed last year are: total 26, men 22, and women 28.

[b]Percentages do not sum to 100 since more than one response could be given.

men who had been ill say their wife took care of them. Women, who are more likely to be widowed, are taken care of by their children. A child, either in the same household or outside the household, is mentioned by one-third of the women as a source of help in illness. About one of every four persons who said that they had spent one or more days in bed because of sickness had no help at all. Women, who are more likely than men to live alone, are from two to three times as likely as men to say that no one helped them during their illness.

Table 5 and 6 illustrate a different aspect of the family as a social support system — the visiting patterns of old people and their children. Table 5 gives a summary report of when old persons with surviving children last saw one of their children. More than half of these old people saw one of their children either the day they were interviewed or the day before that. Three of every four persons with children saw a child within the week-period preceding their interview. Only about one person in ten had last seen a child more than a month before his interview.

Table 6 gives a detailed statement of the family contacts of the elderly. The data for old people with children and old people without children are presented separately. Among persons with children who did not see a child during the previous week, about four of every ten saw a brother or sister or other relatives. The amount of visiting reported among old people and their children and relatives is much greater than one would believe from accounts in the popular press. Only about 13 of every 100 old people with surviving children saw neither a child nor a relative during the week before they were interviewed.

About 21 of every 100 old people have no surviving children. For these persons, there is some evidence that brothers, sisters and other relatives tend to substitute for a child. Old people with no children are more likely than people with children to have seen a sibling or other relative the week before they were interviewed. More than one-half of these people reported such family contacts.

Table 5. When Persons Aged 65 and Over with Surviving Children Last Saw a Child, by Sex: 1975 (Percentage Distribution).

| When Last Saw Child | Men | Women | All |
|---|---|---|---|
| Today or yesterday[a] | 50 | 54 | 53 |
| 2-7 days ago | 23 | 25 | 24 |
| 8-30 days ago | 13 | 12 | 12 |
| More than 30 days ago | 13 | 9 | 11 |
| Total | 100 | 100 | 100 |
| Number of cases (weighted) = | (1856) | (2696) | (4553) |

[a]Includes persons who live in the same household as a child, 17% of men, 19% of women, 18% of total.

## Implications

Data from the 1975 national survey of the noninstitutionalized community aged clearly indicate that the immediate family of the old person, husbands, wives, and children, is the major social support of the elderly in time of illness. The presence of immediate relatives makes it possible for bedfast persons to live outside institutions. Both immediate family and other kin supply the housebound and ambulatory

Table 6. Family Contacts, Persons Aged 65 and Over with Surviving Children Who Did Not See a Child During the Previous Week and Persons Aged 65 and Over with No Children, by Sex: 1975 (Percentage Distribution).

| Family Contacts | Men | Women | All |
|---|---|---|---|
| Persons who did not see a child during previous week: | | | |
| Saw a sibling or other relative[a] during previous week | 35 | 43 | 39 |
| Did not see a sibling or other relative during previous week | 62 | 54 | 58 |
| Have no siblings or other relatives | 3 | 3 | 3 |
| Total | 100 | 100 | 100 |
| Number of cases (weighted) = | (493) | (582) | (1075) |
| Persons who have no living children: | | | |
| Saw a sibling or other relative during previous week | 44 | 62 | 55 |
| Did not see a sibling or other relative during previous week | 51 | 32 | 39 |
| Have no siblings or other relatives | 5 | 6 | 5 |
| Total | 100 | 100 | 100 |
| Number of cases (weighted) = | (456) | (734) | (1190) |

[a]Other relatives exclude grandchildren. If these were included the proportion of persons seeing siblings or relatives would be increased by an undetermined amount.

aged with care for occasional illness. The extended family of the old person, children, siblings and other relatives, through face-to-face visits, is the major tie of the elderly to the community. It is not necessary for old people to have many visitors. What is important is that they have regular and concerned visitors. It is this role that is assumed by members of the kin network.

Family help to the elderly in time of illness and family visiting are more than indicators of need on the part of the elderly. Such patterns are indicators of the mutual expectations of each generation of the other. Old people turn first to their families for help, then to neighbors, and finally, to the bureaucratic replacements for families, social workers, ministers, community agencies, and others because they expect families to help in case of need. Family members respond to the needs of the elderly as best they can, either directly or by providing a linkage with bureaucratic institutions. In a conference held some years ago Joep Munnichs, the Dutch psychologist, raised the question of which is easier to change, the family or the bureaucracy? Munnichs argues that it is easier to change bureaucracy (Munnichs, 1977; Shanas & Sussman, 1977). As families become less able to fulfill the helper role vis-à-vis their aged members they will seek to change and modify the bureaucratic system so that it meets the needs of the elderly in a way more satisfying to both old people and their kin.

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