SUBJECTIVE WELL-BEING AMONG THE ELDERLY

by

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(ABSTRACT)

The main objective of this study is to explain and predict subjective well-being among the elderly as a function of their social location in society and the nature of their social networks. More specifically, the study seeks to answer the following questions: First, how do the elderly perceive their well-being? Second, does social location in society, as defined by income and education, produce different perceptions of well-being? Third, how would interaction and receipt of goods and services in the social support network modify the impact of social location on subjective well-being?

Using the data of the National Survey on the Aged, 1975, conducted by Ethel Shanas, the study utilized a social structure and personality framework as an approach to the problem. Through multiple regression analyses, the study found that the impact of social locational factors on subjective well-being among the elderly is not mediated by the pattern of social interaction in the social support network. Education was found to be an important correlate of subjective well-being among the elderly.
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1.0 INTRODUCTION

This thesis will examine subjective well-being among the elderly, as a function of their social location in society and the nature of their social networks. The gerontological literature indicates divergent views on old age. Several current theories explain old age from a micro-perspective, focusing on the process of adjustment to aging. This adjustment may be in two forms: 1] a withdrawal from major roles in society; or 2] a continuance or even an increase in social interaction and activities after retirement from work roles. Other theories explain adjustment to old age from a broader perspective, with a focus on the structural separation of the elderly from the rest of society (Hendricks and Hendricks, 1986:86). These theories stress the dynamic interplay between the aging process and societal transformations.

But different theories on old age fail to indicate the processes by which social structure directly affects the elderly, and subsequently, their subjective well-being. The identification and clarification of these processes will help in the cognizance and clarification of the linkage between the "chain of events and processes that connect social arrangements to the life situations and psychology of the individual" (Elder, 1973:18). This linkage between social structure and the psychology of the individual can be located within the individual's interpersonal environment. Through these micro-social processes, components of the social structure come to have a significant bearing on the individual. It is only through the identification of these micro-social
processes that variation in subjective well-being among the elderly may be fully understood.

The main objective of this study is to explain and predict subjective well-being among the elderly. More specifically, the study seeks to answer the following questions: First, how do the elderly perceive their well-being? Second, does social location in society, as defined by income and education, produce different perceptions of well-being? Third, how would interaction and receipt of goods and services in the social support networks modify the impact of social location on subjective well-being?

1.1 SIGNIFICANCE OF THE STUDY

Aging is a complex experience, owing to a number of factors: first, the impending decline in physical and mental faculties; second, the inevitability of death; third, the changes in societal expectations, manifested by changes in status and roles; and fourth, the diminishing rewards and opportunities, characterized by social and economic marginality (Dowd, 1981:352; Cowgill, 1971; Riley, 1971; Kearl and Osberg, 1981). The interplay of these factors may lead to certain consequences for the elderly, which may differ in magnitude or nature, depending upon their social location in society.
As the percentage of the elderly population in this country increases,\(^1\) the manner by which social locational factors directly affect the subjective well-being among the elderly is of importance, both on pragmatic and policy levels. Social location\(^2\) defines the access of the elderly to resources and opportunities, which impinge or enhance the quality of their life. It embodies and reinforces the norms, values and expectations that they may have toward aging. In addition, it provides them with roles and the options and choices in carrying out these roles. Due to its pervasive effect, social location can greatly affect subjective well-being among the elderly.

Moreover, with the increasing recognition of the elderly's valuable contribution to society, understanding the manner by which structural

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\(^1\) The population estimates for the elderly in the U.S. are:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1940</td>
<td>7%</td>
<td>9M</td>
</tr>
<tr>
<td>1980</td>
<td>11%</td>
<td>25M</td>
</tr>
<tr>
<td>2000</td>
<td>12%</td>
<td>290M</td>
</tr>
<tr>
<td>2030</td>
<td>16%</td>
<td>45M</td>
</tr>
</tbody>
</table>

\(^2\) Social location is a concept borrowed from Berger (1963). To Berger, to be located in society means to be "at the intersection point of specific social forces", which "tells an individual just what he may do and what he can expect of life"; it consists of "carefully defined systems of power and prestige", "a definition of rules that have to be obeyed, supported by a system of social control"; "it predetermines almost everything we do, from language to etiquette, from the religious beliefs we hold to the probability that we will commit suicide", "defining both space and time". The concept of social class is not used because its Marxian usage refers to the relation of a group to the ownership of the mode of production. Social status was eliminated as an alternative concept due to the absence of items measuring prestige in the data. The choice of social location as the concept indicating the position of the elderly in the social stratification system is most apt since it embodies the access of the elderly to resources and opportunities and conditions of life and life experiences.
factors are related to their subjective well-being provides insights into how they can be effectively mobilized to participate in mainstream society. The linkage posited in this paper lies within the social support networks that the elderly utilize. Family, kin, and friends compose the informal social support network of the elderly. As an area of particular inquiry in recent years, the focus is on the feasibility of tapping these networks in ensuring that social care be given to elderly. Therefore, it is important that attention be given to these networks, not only as a source of care and social support, but in understanding their functions in linking social structure to the cognitive development and psychological structure of the individual.

On a theoretical level, this study seeks to lend insights into the variations in subjective well-being among the elderly due to social location and the nature and function of their social support networks. While subjective well-being among different age groups has been studied, studies focusing on the elderly are directed towards "describing the subjective well-being of older people and relating perceptions of well-being to older people's current and past life conditions" (George, 1981:349). Historically, the interest in subjective well-being among the elderly was concerned with identifying and understanding the needs and the personal adjustment of the elderly. The focus on subjective well-being was catalyzed further with the debate between the disengagement theory and the adjustment theory, where alternative hypotheses were tested regarding the relationship between social involvement and life satisfaction. At present, the focus is on the conditions "under which later life is subjectively experienced as enriching or debilitating"
George, 1981: 394). These efforts have resulted in the identification of various correlates of subjective well-being among the elderly (George, 1981). This thesis recognizes that an explanation of subjective well-being among the elderly as a function of social location necessitates a specification and understanding of "(a) the proximal social stimuli and the interactions it produces in a person's life, and (b) the psychological processes through which these stimuli and interactions are processed and responded to" (House, 1981:539). Hence, it is imperative not only to identify the correlates of subjective well-being among this group of elderly, but to clarify the components of social location, the interpersonal and psychological processes through which the impact of social location on subjective well-being occurs.

Subjective well-being among the elderly refers to global assessments of their life experience, but there are certain norms regarding old age which may have consequences on the elderly's subjective well-being. One of these is a pervading belief that there is a proper way of aging, with which everyone must comply. The inability to do so may bring about the experience of despair (see Erickson, 1959). Compliance, on the other hand, is understood to mean a sense of dignity in one's lifestyle, an adaptation to the successes and failures, and sense of pride in one's status as elderly. It implies an integrity of self. Erickson defines integrity with its attributes, one of which is "the acceptance of one's own and only life cycle and of the people who have become significant to it as something that had to be and that, by necessity, permitted of no substitutions ...and an acceptance that one's life is one's own responsibility" (Erickson, 1959:98). According to Erickson, such an acceptance
leads to an integration of the self, necessary for a successful and meaningful life. Such a view suggests that specific norms and role expectations are attached to the accepted manner of aging. From this perspective, any other manner of aging is viewed as deviant, which may have negative effects on subjective well-being. It further suggests that subjective well-being among the elderly encompasses not only specific life dimensions pertinent to aging at a single point in time, but that it also connotes a global and historical self-assessment of one's life as it is lived vis-a-vis as it had been envisioned.
2.0 REVIEW OF PREVIOUS RESEARCH

This study focuses on the subjective well-being among the elderly as a function of their social location in society and the nature of their social support networks. Unfortunately, a review of the gerontological literature fails to indicate any studies that specify the micro-social processes that link the specific components of social location in shaping subjective well-being. Because of a lack of studies with such a focus, the present review covers studies concerning the subjective well-being of the elderly and the social support and social networks of the elderly. Literature on these specific topics can lend insights into the state of research in the area as well as reveal several of the present limitations.

On a theoretical level, subjective well-being of the elderly or their life quality encompasses "the conditions of life and the experience of life" (George and Bearon, 1980; Campbell et al., 1976). It includes a "positive-negative affective dimension and the exigencies of people's life situations" (Larson, 1978:109). If subjective well-being is defined as an overall assessment of the elderly's situation, then we must understand the manner by which the specific components of social location affect the structures and the patterns of interpersonal interaction in the social support network. Subjective well-being thus can be understood only in terms of the linkage between social location and interpersonal interaction. The basis of such a linkage lies in the belief that these are contributive to the general subjective well-being of the elderly. What is being argued here is that the actual conditions under which the elderly
live affect subjective well-being. The degree to which life conditions actually affect subjective well-being depends on the quality of the pattern of social relationships the elderly have with the social support network.

While subjective well-being is quite prominent in the gerontological literature, a review of the literature in this area shows that precise conceptualization and measurement has not been attained, which becomes evident in regards to the interchangeability of the terms used (i.e. morale, happiness, mental health, life satisfaction, psychological and subjective well-being), and the level of abstraction utilized (see Larson, 1978; Campbell, et. al., 1976). Another limitation observed by Larson in this body of research is the reliance on survey self-assessments; hence, a restricted range of generalizations can be obtained. These responses were "quick assessments given in a social situation" and not "revealing 'deep' psychological factors" (Larson, 1978: 109,111-2).

In spite of the limitations cited, studies establish conclusive relationships between the "measures of positive-negative affective dimensions of subjective well-being and the exigencies of people's life situations" (Larson, 1978). Among the most important life situation variables related to subjective well-being are health, socio-economic factors, and social interaction (Duff, 1981; George, et. al. 1985; Herzog,1978; Larson, 1978; Michalos, 1982; Sauer, 1976; Casper and Rubenstein, 1979). There are other correlates of subjective well-being, such as marital status, availability of transportation and the quality
of housing, but these are of lesser importance (Duff, 1981; Larson, 1978; Schnore, 1966).

Among the dimensions of the life situation of the elderly, studies indicate that various indicators of health have a significant relationship with subjective well-being. This is often measured using self-assessments of health, an enumeration of health conditions, and physicians' ratings. The impact of health on well-being is strong even when socio-economic factors and employment are controlled for or considered simultaneously (Larson, 1978).

Another important correlate of subjective well-being among the elderly is socio-economic status. Studies show conclusive evidence that older persons of lower socio-economic status have lower subjective well-being (Larson, 1978:113). When this relationship is evaluated simultaneously with health, employment, and marital status as control variables, the association is maintained (Larson, 1978; Edwards and Klemmack, 1973).

The strong positive relationship between socio-economic status and well-being cannot be accounted for by any single component of socio-economic status. Income appears to have the most consistently significant association and is maintained with controls for other variables. Occupation, on the other hand, was found to have an independent association with well-being (Edwards and Klemmack, 1976; Spreitzer and Snyder, 1974). A low correlation was found between education and well-being, with the introduction of statistical controls (Edwards and Klemmack, 1976; Larson, 1979). Other research findings, however, seem to suggest that a strong
curvilinear relationship exists between education and well-being (Larson, 1978).

Age is another important correlate of subjective well-being. Age was found by Larson (1978) and George et. al. (1985), to have an inverse relationship with subjective well-being. George et. al. (1985) point out that age moderates the impact of several other predictors of life satisfaction such as marital status, income, health and social support. Essentially, this implies that the relationship between age and well-being diminishes whenever controls are introduced on factors such as health, financial resources, widowhood, loss of friends and activity levels (Larson, 1979:114).

Subjective well-being has also been studied in relation to social activity and the interaction of the elderly. However, substantial disagreement exists in the gerontological literature on the social interaction variable. Various studies have yielded contradictory results. Duff (1981) observes that while studies employing quantitative measures of social interaction have found that there is some relationship between social interaction and subjective well-being, studies using more qualitative measures had the opposite results.

The inconsistency of findings regarding the relationship of social interaction and subjective well-being is due to a number of factors such as the presence of uncontrolled variables (i.e. income and health); the different methods used to measure social interaction; and the inadequate number of researches on the qualitative dimensions of social interaction (Duff, 1981).
In spite of the inconclusive results regarding the relationship between social interaction and subjective well-being, there is reason to believe the significance of social interaction to subjective well-being. The significance of these relationships lies within the role played by social support/social care in promoting the well-being of the elderly. Social support and care is provided by the informal networks which the elderly typically have with family, kin, friends, and neighbors. In other words, networks provide meaningful social interaction with significant others. It is through these others that the elderly are able to "mobilize their psychological resources and master their emotional burdens; they share their tasks; and they supply them with extra supplies of money, materials, tools, skills, and cognitive guidance to improve their handling of their situation" (Caplan in Gottlieb, 1981:24).

Moreover, with self-reliance and independence as the prevailing norms in society, dependency may cause difficulties for the elderly. Reliance on the significant other is natural and appropriate since the patterns of helping relations have already been established in the earlier stages of development (see Cantor and Little, 1985:746). The appropriateness of the informal network as a source of well-being for the elderly is plausible since the network "reflects and supports a repertoire of satisfactory social identities and, over time, provides opportunities for further development and enrichment" (Hirsch, 1981).

Studies in this area reveal that the elderly actually do utilize and enjoy a social network as a source of social support (Antonucci, 1985; Cantor and Little, 1985; O'Brien, et al., 1980; Shanas, 1979). Frequency of social contact has a positive relationship with subjective well-being.
Social contact may be in the form of participating in voluntary associations or church-related activities, visiting patterns, enjoying activities such as shopping with friends and kin, or even simply talking to someone. While a positive relationship is obtained between the frequency of social contact and well-being, this explanation is limited. Connor (1979) and Duff (1981) suggest that the quality of these social relationships needs to be further investigated. In relation to this, Connor (1979) found life satisfaction is significantly related to the number of siblings and relatives seen, the exclusivity in the range of interaction with immediate family members, and the exclusivity of the scope of interaction with siblings and other relatives. Duff (1981:129) concludes that "...it is not how often one interacts with friends and relatives, but how much satisfaction one derives from such interaction that is important in whether the older persons are happy and view life as exciting."

The relationship of social interaction with family, relatives and friends is qualified by McGhee (1985); Glenn and McLanahan (1981); and Lee and Ellithorpe (1982). McGhee (1985) found that there is a difference between the effect of social interaction with siblings and life satisfaction for men and women, and also across the rural-urban dimension. Glenn and McLanahan (1981) show that variation also exists according to the level of education and the race of the elderly.

With regard to intergenerational exchange, Lee and Ellithorpe (1982) obtained findings counter to other investigators, demonstrating that intergenerational exchange is negatively related to morale for both men and women, with the exception of the aid received by women from their
children. However, intergenerational exchange is positively related to the frequency of interaction with the most frequently seen child.

Research on social care and social support was also reviewed to assist in the understanding of the problem. Cantor and Little (1985) show that current research indicates that the elderly maintain contact on a regular basis with their social network. The importance of the role of the family is evident across all socio-economic classes and ethnic groups. Variations do exist, however, in the frequency and forms of social interaction and the nature and extent of help exchanged across generations (Cantor and Little, 1985:757). Aside from the high degree of reciprocity evidenced across generations, this relationship also exists between the elderly and friends and neighbors. The degree of impairment of the elderly is found to be positively related to the amount and nature of assistance given by the network, and negatively related to the assistance received from the elderly. Among the frail elderly, however, assistance does not remain at the affective and emotional levels but, rather, in providing the basic level of support and facilitating access to formal services.

Antonucci (1985) shows that the nature and size of the social network is related to gender, marital status, socio-economic status, income and education, ethnicity, and place of residence. Female elderly, married, with higher socio-economic status, higher levels of income and education, tend to have larger, more diversified networks. Some ethnic groups, such as blacks and Mexican-Americans, are found to have stronger family ties. Elderly living in rural communities were found to have more
elaborate support systems, characterized by a great deal of continuity in the frequency of social interaction.

The frequency, amount, and type of assistance received from and given to the elderly from the social network varies according to age, socio-economic status, and the degree of frailty (Antonucci, 1985). Kahn et. al. (1985) indicated that the oldest respondents have less contact with network members. In cases where the oldest respondents are found to have frequent interaction with network members, this was among the elderly whose previous history indicated a frequency of contact and interaction with network members. While the frequency of interaction with the social network of the elderly of the lower socio-economic strata is found to differ according to place of residence, they tend to exchange instrumental, day-to-day help.

Differences in the effects of social support on subjective well-being suggests the necessity for future research to focus on the importance of reciprocity in support relations, etiology of social support, identification of 'what is supportive ' in social support, the role of friends, and changing role patterns of older adults (Antonucci, 1985).

In sum, the gerontological literature indicates subjective well-being to be correlated with social structural factors, social interaction, and social support. Unfortunately, no previous studies examined the micro-social processes which link specific components of social structure to variations in subjective well-being among the elderly. The present study is designed to explore these intervening social processes.
3.0 THEORETICAL FRAMEWORK

It is proposed that subjective well-being among the elderly consists of an assessment of the conditions of life and their experience of it. This study posits that subjective well-being refers to global feelings of satisfaction with life, consisting of assessments of various conditions of life and life experiences. Life conditions that define social location in society include: income, educational attainment, gender, marital status, ethnicity, age, health status, and residential location. While each of these factors affect subjective well-being, social location is argued to hold more pervading effects on subjective well-being. As Kohn (1977) points out:

The concept, "class," captures the reality that the intricate interplay of all these variables creates different basic conditions of life at different levels of the social order. Members of different social classes, by virtue of enjoying (or suffering) different conditions of life, come to see the world differently - to develop different conceptions of social reality, different aspirations and hopes and fears, different "conceptions of the desirable."

In other words, social locational factors have direct effects on subjective well-being through the different values and orientations towards family and kin relations; and indirect effects, mediated through the social support network. It is within these networks that the elderly interact. Social location and social support networks serve as the contexts wherein the prevailing values and expectations regarding family, kin, and patterns of relationships are incorporated into norms (see Heiss, 1981). These norms then define the roles, and serve to guide the
interactional patterns between the elderly and the members of their networks (see Gecas, 1981; Heiss, 1981). These serve as normative and comparative references of orientation (Singer, 1981). Shanas (1968) indicates that "detailed comparative studies on old people and their families suggest that the family life of old people differs within each social class (Shanas, 1968:227-228).

Social location also defines differences between people according to their social position in the existent stratification systems. Such differences are in terms of "the rights and opportunities they exercise and the rewards and privileges they enjoy" (Grabb, 1984:4). Some of these differences are structured, thereby shaping the manner in which the elderly interact with one another. Social location also defines their differential access to resources and opportunities. Those who have more access tend to have more power to command "control of material resources, of people, and of ideas" (Grabb, 1984:176). It can be surmised, then, that the social location of the elderly in society defines their access to resources and opportunities, consequently affecting their subjective well-being. Social location also shapes the manner by which they will experience life and life span patterns (see Herzog, et. al., 1983), and subsequently, their assessment of these global domains. It may thus be expected that the elderly who occupy higher positions in the social stratification system will tend to have higher or more positive well-being. This entails less loneliness, less anomie, and higher life satisfaction.

The relationships predicted to exist between the social location of the elderly and subjective well-being can be expected to be modified
by the nature of the social support network the elderly interacts with and the functions which these hold. The social support network serves as the arena of social relationships maintained by the elderly. In essence, this serves as the base of social interaction between the elderly and society.

The nature of the social support network and the function thereof differ according to the social location of the elderly. Previous research confirms the relationship between social location and the nature and function of the social support system (Antonucci, 1985; Cantor and Little, 1985; Lee and Ellithorpe, 1982). Bott (1958), for example, concludes that the members of the lower class tend to have networks which are highly dense, homogenous and close-knit. This type of network is both affected and reinforced by the differences in the roles played by marital partners.

Among the lower class, networks tend to be highly segregated, reinforcing the bond between the 'wife' and her mother and relatives (Bott, 1958; Wilmott, 1960; Townsend, 1957; Young, 1957). Such patterns of relationships function not only for social purposes, but to facilitate meeting the contingencies of everyday living (Young, 1957:28-81; Wilmott, 1960:36-87). In fact, the kinship system and network relations among working class elderly develop mainly through relationships between mothers and daughters (Shanas, 1968:228). 'Mum' and her daughters serve as the focal point for the kinship (Bott, 1958).

This being the case, subjective well-being can be expected to differ between the genders, due to the nature and function of their social network. Norms governing the patterns of interaction in the network for the genders will vary. Veroff et. al. (1981) found different patterns of
sources of well-being between men and women that seem to comply to a
difference in sex-role expectations. That is, norms tend to encourage
men more than women to engage in provider roles, affecting the degree and
nature of their involvement with the network. Whereas the main sources
of social support for women are from their offspring, particularly from
their daughters, for men, social support is provided by their wives
(Shanas, 1979). Since sources of support tend to be more limited for men
as they retire, it can be expected that elderly males will hold more
negative well-being such as experiencing more loneliness, more anomie,
and lesser life satisfaction. Tendencies toward more negative assess-
ments of social relations can also be expected.

In contrast, social networks among those in the higher social
classes are loose knit, less dense, and heterogeneous. Also, among the
married, there is a greater amount of sharing in the performance of their
roles. The kinship system and network relations tend to develop primarily
through the nature of the relationship between husband and wife and less
through mother-daughter relationship (Shanas, 1968:228). The members of
the upper social class networks have more varied characteristics. Due
to higher social and geographic mobility, these networks are also lesser
in number, have less associations with one another. Social support net-
works are more likely to be conduits to other resources in society, as
well as being a resource (see Caplan in Gottlieb, 1981:24).

In sum, there are significant differences in kinship system and
network relations, which are related to social location, as observed by
Shanas (1968):
Middle class, white collar persons both in Britain and the United States are more likely than working class persons to have a few children and to live at a greater distance from their children. The married children of middle class families, both sons and daughters, tend to live apart from their parents, not only in separate households, but also at greater distance from them. In some degree this physical separation of parents and children is compensated for by more overnight visiting on the part of white collar families. The average old person of white collar background maintains strong relationships with his children. He is more likely than his blue collar counterpart, however, to see his children infrequently or not at all. In case of white collar parents, the patterns of help in old age flow from parents to children; in the case of blue collar parents, they flow from children to parents.

Several implications can be drawn from the relationship between the nature and type of social support network, and subjective well-being. The most important among these implications is that the negative relationship of social location and subjective well-being will disappear once controls for social support network are applied.

The social support network functions as the 'arena' of social interaction. It is the context within which norms, values and expectations of society toward the elderly are defined. These are subsequently 'translated' into roles that are played in social relationships. Roles then serve as sources for the development of the individual's identities, from which, in turn, one derives and develops ideas concerning the self (Gecas, 1981; McCall and Simmons, 1966). As the elderly person acts out these roles, they may be validated or negated by the members of the social networks. If, for example, the elderly person perceives in the course of social interaction that the members of the current social network respect him or her, then it can be expected that the elderly would have positive well-being. The converse of this is also expected to hold true. Such expectations are plausible inasmuch as the social support network
is assumed to consist of the significant others of the elderly individual. Moreover, it is in these networks that roles are made and played, recreated and validated (Mead, 1934; McCall and Simmons, 1966; Rosenberg, 1981; Gecas, 1981; Hirsch, 1981). The pattern of social interaction in the network is also guided by the rewards gained and the costs incurred by the participants involved (Homans, 1961; Emerson, 1981). The pattern of social interaction continues to occur as long as the association is rewarding for the participants involved. The benefits accruing from the association are dependent upon the benefits provided in exchange. In the case of the elderly where the "power advantage" enjoyed earlier in life decreases, the pattern of interaction becomes imbalanced (Dowd, 1975; Duff, 1981). It is likely then that the elderly are more dependent on the members of the network as sources for social interaction and exchange of goods and services. This being the case, while the interaction and aid received from the network is a sign of concern, the sense of dependency experienced by the elderly may be exacerbated (Lee, 1982). In other words, as stated by Hirsch (1981:149):

"The viability of a social identity depends significantly on its recognition in the social network... (Specific roles) involves certain kinds of interaction or relationships with others. Indeed, identities are often associated with a wide range of interpersonal activities... in this manner, social identities are recognized and supported by being embedded in relationships. Without sharing our activities with others, whether by word or deed, our identities would be tenuous and at times, even illusory."

It is clear from the foregoing that subjective well-being among the elderly is determined by the quality of the social interaction in the network. The social support network serves as the 'little world' of the elderly in the absence of other fields of social interaction. If the role
played by the elderly in the network receives the approval the elderly seek, then the development of positive well-being is possible. In other words, since the members of social support networks are the significant others of the elderly, the identities they provide and validate become the source of ideas toward the self. If these identities are positive ones, then their appraisal of global domains of life is positive (Rosenberg, 1979; Rosenberg and Turner, 1981). Clearly, subjective well-being is a social product. It must pointed out, however, that social interaction is a dynamic process. This means that the quality of the interaction is shaped by the participants and is subject to fluctuating patterns of influence. The elderly contribute their own ideas about their own identities as they take the roles provided for them in the social support network. If these identities and roles are validated by the social support network through the provision of opportunities and the subsequent rewards to carry these out, then positive assessments of life and the experience of it can also be expected. Based on the foregoing, the following hypotheses are to be tested:

Hypotheses:

1. Social location, as measured by income and education, is positively related to selected dimensions of subjective well-being among the elderly.

2. Social location (income and education) is inversely related to the nature of social support network (as measured by the frequency of
interaction and the receipt of goods and services). That is, the higher the income and education of the elderly, the lower the frequency of interaction and receipt of goods and services from the network.

3. Social support networks (frequency of interaction and the receipt of goods and services) are positively related to the subjective well-being among the elderly. Hence,

4. Given controls for social support networks, the relative strength of the relationship between social location and subjective well-being will increase.
4.0 DATA AND METHODS

The data for this study come from the National Survey of the Aged, conducted in Spring and Summer, 1975 by Ethel Shanas under a grant from the Administration on Aging and supplementary funds from the Social Security Administration. The study was concerned with obtaining systematic data on the economic needs and social concerns of the elderly. More specifically, the study sought to describe the American elderly population, their degree of health, financial independence, familial support, attitudes towards past and present work, and desire for gainful employment (Shanas, 1979, 1982).

4.1 SAMPLE

A total of 2,143 respondents served as the sample of the study. The sample was obtained from the total non-institutionalized senior citizen population (age 65 and older), through a multi-stage area probability sample on the household level. The steps undertaken for sampling are: [1] the selection of a national sample of 103 primary areas (counties or groups of counties), classified by geographic region, community type and other population characteristics; [2] the selection of 400 interviewing locations (Census enumeration districts or block groups) within these primary areas; [3] the assignment of interviewers to specific geographic segments for a listing of housing units; and [4] the selection of specific
households assigned for the survey. An oversampling in the fourth step was taken in areas believed to be occupied by blacks.

Sample weights were given to compensate for nonresponse and location. A lower case weight was given to black households to compensate for oversampling. This was done for each stage of data gathering. In the basic or supplemental first phase, a lower weight was applied to all black households. In the second field phase, when an additional sampling of black households was undertaken, an even lower weight (wt = 1.0) was given to locations with greater than 10% black households, while those locations with less than 10% were given wt = 1.59.

The elderly are from ages 65 to 99 years, with 60 percent female and 40 percent male. In terms of ethnic composition, 79 percent are whites, 19 percent blacks, and 1 percent others (Chicano/Mexican-American; Asian-American and Puerto Rican). Among these, the majority (51 percent) are married, 38 percent are widows, 6 percent separated, and 5 percent never married.

Most of the elderly reside in urban centers (85 percent) and only 15 percent live on the farm/ranch or in the country. About 84 percent live in their own homes (detached house, duplex/row house, trailers) and 16 percent live in apartments, flats, in rooming houses, in motels or hotels. They generally live with their spouse, children or other other relatives (68 percent), and only 32 percent live alone.
4.2 VARIABLES

In order to test the above-mentioned hypotheses, the following are the operational definitions of the concepts utilized:

Subjective Well-Being: This concept refers to the general sense of satisfaction among the elderly of global dimensions of life. Subjective well-being is measured using separate indicators, encompassing the following dimensions:

1. frequency of loneliness experienced by the elderly;

2. two dimensions of anomie, as a lack of control over one's life and as responses of the individual to life as limited to only the present time;

3. societal respect for the elderly;

4. life satisfaction.

These attitudes are measured as follows:

1. Loneliness of the Elderly:

   a. What about yourself? How often would you say you are lonely?

2. Anomie:
a. The life of the average person is getting worse, not better.

b. Nowadays a person has to live pretty much for today and let tomorrow take care of itself.

3. Societal Respect for the Elderly:

a. Most people lose respect for a man who has retired and is no longer working.

4. Life Satisfaction:

a. I can't help feeling now that my life is not very useful.

b. All things considered, I'm pretty satisfied with what I've accomplished in life.

The coding of these items varied according to the directionality of the statement. The first statement on the elderly being lonely, the responses are as follows: (1) Often; (2) Sometimes; (3) Rarely; (4) Never. The codes of this statement were retained.

The next two statements are on anomie. The statement on the life of the average person as getting worse, not better, was coded: (1) Agree; (2) Disagree; (3) Depends. Recodes for this item are (1 = 1); (2 = 3); and (3 = 2). To the statement, "Nowadays a person has to live pretty much for today and let tomorrow take care of itself", the following responses
were given: (1) Agree; (2) Disagree; (3) Depends. The recodes made are:
(1 = 1); (2 = 3); and (3 = 2). These two items have been utilized on
various scales testing for anomia (Srole, 1956:709--716), and alienation
via rejection (Streuning and Richardson, 1965).

The statement on societal respect for the elderly refer to the
manner by which society relates to retired people (Most people lose re-
spect for a man who has retired and is no longer working). It has the
following responses: (1) Agree; (2) Disagree; (3) Depends. This item was
recoded as: (1 = 1); (2 = 3); and (3 = 2).

The last set of items pertain to life satisfaction. The responses
for the statement on feeling that life is not very useful, are: (1) Agree;
(2) Disagree; (3) Depends. The recodes for this item are as follows: (1
= 1); (2 = 3); and (3 = 2). The responses for the second statement, "All
things considered, I'm pretty satisfied with what I've accomplished in
life" are: (1) Agree; (2) Disagree; and (3) Depends. The item was recoded
as follows: (1 = 3); (2 = 1); (3 = 2). The first statement on feeling
that life is not very useful is similar to a statement used in scales on
self-esteem (Bachman, 1967). The second statement is similar to the di-
mension tapped in the positive cluster on the feelings scale by Bradburn
and Caplovitz (1965).

Social Support Networks: This refers to the social relations of
the elderly with kin and friends. Two measures were used:

1. Interaction with the social support network is measured in terms of
frequency. The frequency of interaction was observed to have a range
of 0 to 4, with a mean of 1.119 and a standard deviation of 1.050.
This covered items on visiting patterns and meeting with friends. The items used are:

a. Have you seen (any/either of) your (brother) (sister) (brothers and sisters), living elsewhere within the last week?

b. Are there any (other) relatives (apart from children and brothers and sisters) whom you’ve seen in the last week?

c. And did anyone in your family or other relatives stop in the most recent weekday?

d. Did any of the neighbors stop by to see you this past Sunday?

e. How about friends and acquaintances --- did they stop by this past Sunday?

f. Is there someone you can talk to about anything that really bothers you or is important to you, or don't you have anybody like that?

All the above items had responses of (1) yes; (2) no; (0) NA. These codes were retained. A count command was used to obtain the frequency for the affirmative responses on the above items.
2. Receipt of goods and services was measured in terms of the frequency of goods and services given by members of the social support network to the elderly. This was observed to have a range of 1 to 11, having a mean of 1.651, and a standard deviation of 1.688. This variable consists of the following items:

a. (Do your children) (Does your son/daughter) help you in any way, even with small things? The responses were: (1) Yes, they help; (2) They would if necessary; (3) No, they don't help; (4) No, I won't let them help; (9) Inap., series not applicable; (0) NA, but question was applicable. These responses were recoded: (1=1) (2,3,4,9=2) (0=9)

b. Did your child(ren) help out when you were ill? The responses were: (1) Respondent mentioned this answer; (2) Respondent did not mention this answer; (9) Inap., series not applicable; (0) NA, but question was applicable. These responses were recoded: (1=1) (2,9=2) (0=9).

c. Did your child(ren) help out when your husband/wife was ill? Responses provided were: (1) Respondent mentioned this answer; (2) Respondent did not mention this answer; (9) Inap., series not applicable; (0) NA, but question was applicable. These were recoded as above.
d. Did your child(ren) give you personal care (give you a permanent, washed hair, etc)? Responses were: (1) Respondent mentioned this answer; (2) Respondent did not mention this answer; (9) Inap., series not applicable; (0) NA, but question was applicable. These responses were recoded as above.

e. Did your child(ren) give you money or money gifts? The responses provided were: (1) Respondent mentioned this answer; (2) Respondent did not mention this answer; (9) Inap., series not applicable; (0) NA, but question was applicable. These responses were recoded as above.

f. Did your child(ren) give other gifts (clothing, food, etc.) The responses to this item are the same as above.

g. Did your child(ren) take you or send you on holidays, vacation, excursions, etc.

h. Did your child(ren) provide you with transportation (drove me to doctor, grocery, sent taxi, took me shopping, etc.)

i. Did your child(ren) fix things around the house (home repairs, building, gardening, etc.)?

j. Did your child(ren) do the housekeeping, housework, mending, sewing, cooking, laundry, etc.?
k. Did your child(ren) provide you a home?

1. Did your child(ren) take care of your personal business?

m. In the last 12 months, [have (any)(either) of your children] [has your child] paid any medical, dental, nursing, or hospital bills for you? The responses provided were: (1) Yes; (2) No; (9) Inap., series not applicable; (0) NA, but question is applicable. These were recoded as: (1=1) (2,9=2) (0=9).

n. In the last 12 months, [have (any)(either) of your children] [has your child] given you a regular allowance, or paid any other bills for you regularly? The codes provided are the same as above.

o. [In addition to that] Did he/she/they give you occasional money gifts or pay the rent once in awhile? The codes to this item are the same as those above.

In the items composing receipt of goods and services, a count command was utilized to obtain the frequency of all affirmative items. This frequency represented the degree to which the elderly received gifts and services from the members of the network.

Social location: This refers to the social position which the elderly occupy in society. This is measured using the total income of the elderly and their educational attainment.

DATA AND METHODS
The principal investigator in the original study obtained information regarding the elderly's income through a series of questions on the various sources of income and the expenditures they had. The range of the net income of the elderly is from 0 (1 respondent) to 99000 (2 respondents). The mean income obtained is 5546.50, with a standard deviation of 6832.60. It can be seen that the distribution is highly skewed. To normalize this distribution, z scores were obtained.

For educational attainment, the codes used are: 1 = never attended; 2 = completed grades 1 to 7; 3 = completed 8 years; 4 = completed 9 to 11 years; 5 = high-school graduate; 6 = some college; 7 = college graduate; 8 = attended ungraded. These were recoded as follows: (1,8=9) (2=1) (3=2) (4=3) (5=4) (6=5) (7=6) and (else=9).

Inasmuch as the significance of income and education in determining the access of the elderly to resources and opportunities may differ, these measures are used independently. Moreover, the correlation coefficient obtained for income and education is (.074).

4.3 METHODS OF ANALYSIS

Validity

Face validity was employed in the selection of the items used in measuring the selected dimensions of subjective well-being, frequency of interaction in the network and the frequency of receipt of goods and services. An effort was taken to develop an index/scale to measure subjective well-being. However, due to the low alpha coefficient of reli-
ability obtained in the factor analysis of these items, the items were used independently.

BIVARIATE ANALYSES

In order to examine the zero-order relationships between the independent, intervening, and dependent variables, a simple Pearson's correlation was used.

MULTIVARIATE ANALYSES

To estimate the simultaneous effects of the independent variables on social support and on the dependent variable, subjective well-being, multiple regression analyses were used. Since the items measuring subjective well-being were used independently, four series of multiple regression equations were developed. For the first series, income was entered first with the items on subjective well-being, one item at a time; followed by education. In the second series, to account for the impact of income and education on the amount of interaction and receipt of goods and services, again income was first entered, then education. In the third series of multiple regression equations, focused on the items on subjective well-being, the amount of interaction was first entered, followed by the frequency of goods and services, second. In the final equation, income, education, amount of interaction and frequency of receipt of goods and services were entered simultaneously to account for simultaneous effects on subjective well-being.

A pair-wise deletion of cases was used for missing values treatment.
To test hypothesis 1, two statistical tests were carried out: a) bivariate correlations between income and subjective well-being, and education and subjective well-being; and 2) a multiple regression of income and education with subjective well-being. It may be important to reiterate at this point that subjective well-being is being measured by separate indicators used independently of each other. In Table 1, the results of the zero-order correlations indicate support for the hypothesis that social location, as measured by income and education, is positively related to selected dimensions of subjective well-being among the elderly. These correlation coefficients are significant but are weak in magnitude. Stronger correlations, however, are found between education and the indicators of subjective well-being ($r=0.137$ to $0.231$) than between income and subjective well-being ($r=0.005$ to $0.116$). While most of the correlations are in the expected direction, both education and income are negatively correlated with one item on life satisfaction.

To be able to better see the extent to which social location can explain subjective well-being among the elderly, Table 2 shows the results of the multiple regression analyses. General, but weak support for the hypothesis is evidenced by the findings. While income is found to have significant bearing on experiencing less loneliness, on not viewing retirement or the loss of the work role as bringing about the loss of respect for the elderly, viewing life as useful and perceiving the life of the average person as getting better, education is found to have stronger...
Table 1
Zero-Order Correlations Between Social Location and Selected Dimensions of Subjective Well-Being

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often lonely</td>
<td>.116**</td>
<td>.162**</td>
</tr>
<tr>
<td>Life of the average person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>getting worse, not better</td>
<td>.059**</td>
<td>.231**</td>
</tr>
<tr>
<td>Live for today and let tomorrow</td>
<td>-.005</td>
<td>.227**</td>
</tr>
<tr>
<td>take care of itself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lose respect for retired persons</td>
<td>.074**</td>
<td>.137**</td>
</tr>
<tr>
<td>My life is no longer useful</td>
<td>.057**</td>
<td>.188**</td>
</tr>
<tr>
<td>Considering my accomplishments, I am pretty satisfied with my life</td>
<td>-.039**</td>
<td>-.101**</td>
</tr>
</tbody>
</table>

*p < .05  
**p < .01

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055.
effects on these variables as demonstrated by the standardized regression coefficients (.131 to .229). The impact of education is strongest with having a future orientation and viewing the life of the average person as getting better. Interestingly, education is found to be negatively related with experiencing life satisfaction due to one's accomplishments, contrary to what was expected. This unexpected finding is also contrary to previous researches, which indicate that while the correlation between education and well-being is small, the direction is positive (Larson, 1978; Edwards and Klemmack, 1973). This discrepant finding with previous literature may be attributable to differences in the measurement of well-being. While previous studies view well-being in global terms (i.e. happy or unhappy; satisfied or dissatisfied with life), this particular item focuses on life satisfaction as contingent upon life accomplishments. In sum, for the measures of social location, education is shown to be the better predictor of subjective well-being among this group of elderly, particularly with indicators of anomie.

Hypothesis 2 states that social location (income and education) is inversely related to the nature of the social support network (as measured by the frequency of interaction and the receipt of goods and services between the elderly and the members of the network). The bivariate correlations shown in Table 3 reveal that income and education are weak correlates of the frequency of interaction and the receipt of goods and services, but are in the direction predicted in hypothesis 2. Specifically, the frequency of receiving goods and services is found to be negatively related to the elderly's level of income (-.036) and education (-.095). While the literature suggests that a high negative association
Table 2
Standardized Regression Coefficients of Social Location With Selected Dimensions of Subjective Well-Being

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Education</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often lonely</td>
<td>.111**</td>
<td>.153**</td>
<td>.0385</td>
</tr>
<tr>
<td>Life of the average person is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>getting worse, not better</td>
<td>.049*</td>
<td>.228**</td>
<td>.0558</td>
</tr>
<tr>
<td>Live for today and let tomorrow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>take care of itself</td>
<td>-.022</td>
<td>.229**</td>
<td>.0521</td>
</tr>
<tr>
<td>Lose respect for retired persons</td>
<td>.073**</td>
<td>.131**</td>
<td>.0239</td>
</tr>
<tr>
<td>My life is no longer very useful</td>
<td>.049*</td>
<td>.185**</td>
<td>.0380</td>
</tr>
<tr>
<td>Considering my accomplishments, I am pretty satisfied with my life</td>
<td>-.019</td>
<td>-.100**</td>
<td>.0106</td>
</tr>
</tbody>
</table>

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

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055.
exists between income and education with the extent of interaction and the receipt of goods and services, the data presented here suggest that there are other factors that come into play in determining the degree of interaction and the receipt of goods and services.

Table 4 displays regression coefficients pertaining to the impact of income and education on the amount of interaction and receipt of goods and services between the elderly and the members of the network. The findings reveal that the elderly with lower education are somewhat more likely to receive goods and services (−.093), consistent with Lee and Ellithorpe (1982).

Hypothesis 3 posits that social support (as measured by the frequency of interaction and the receipt of goods and services) is positively related to the subjective well-being of the elderly. Table 5 shows the bivariate correlations between interaction and the receipt of goods and services with the different dimensions of subjective well-being. The findings indicate that there is very weak association between the amount of interaction and the different dimensions of subjective well-being (r=.025 to .075), except for one item on anomie. The amount of interaction seems to bear most on the tendency to view life as useful and on perceiving that retired persons do not lose respect due to the loss of their work role. While the relationships are modest, these point out that life satisfaction is somewhat related to the frequency of interaction the elderly have with their network. The frequency of receiving goods and services, on the other hand, is found to be inversely related to experiencing loneliness and with experiencing some satisfaction with one's life. While the correlations for receipt of goods and services are not
Table 3
Zero-Order Correlations Between Social Location and the Nature of Social Support of the Elderly

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Interaction</td>
<td>-.024</td>
<td>-.016</td>
</tr>
<tr>
<td>Frequency of Receipt</td>
<td>-.036*</td>
<td>-.095**</td>
</tr>
<tr>
<td>of Goods and Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05
** p < .01

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055.
Table 4
Standardized Regression Coefficients of Social Location
With the Nature of Social Support Network

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Education</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Interaction</td>
<td>-.024</td>
<td>-.014</td>
<td>.0008</td>
</tr>
<tr>
<td>Frequency of Receipt of Goods and Services</td>
<td>-.027</td>
<td>-.093**</td>
<td>.0098</td>
</tr>
</tbody>
</table>

* p < .05  
** p < .01  

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055.
in the expected direction, such findings are not surprising, considering
that receiving goods and services from the members of the social support
network implies a degree of dependency, a sense of welfare, and even some
sense of worthlessness among the elderly. These feelings may be invoked
regardless of the acceptability of such transactions for this age group,
and/or the longevity of these relationships with one's kin. This is in
line with the findings of Lee and Ellithorpe (1982), showing little sup-
port for the effects of mutual aid on the morale of the elderly.

Regression findings are presented in Table 6 showing the impact of
the frequency of interaction and the receipt of goods and services on the
subjective well-being of the elderly. The findings again reveal con-
trasting effects on subjective well-being for the frequency of inter-
action and the receipt of goods and services, giving further support to
earlier findings in Table 5.

Hypothesis 4 states that controlling for the nature of social sup-
port, the relative strength of the relationship between social location
(income and education) and the selected dimensions of subjective well-
being among the elderly will increase. This means that although
social support is posited to be related to subjective well-being for all
groups of the elderly, in terms of their income and education, the mag-
nitude of this relationship is weaker for the lower income groups and
those with lower education than the ones with higher incomes and educa-
tion. Hence, if the nature of social support for all groups is con-
trolled, then the relationship between social location and subjective
well-being can be expected to increase. To test this hypothesis, a mul-
tiple regression analysis is used. The findings in Table 7 fail to pro-
Table 5
Zero-Order Correlations Between the Nature of Social Support Network and the Selected Dimensions of Subjective Well-Being Among the Elderly

<table>
<thead>
<tr>
<th></th>
<th>Interaction</th>
<th>Receipt of Goods and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often lonely</td>
<td>.025</td>
<td>- .069**</td>
</tr>
<tr>
<td>Life of average person is getting worse, not better</td>
<td>.042*</td>
<td>.004</td>
</tr>
<tr>
<td>Live for today and let tomorrow take care of itself</td>
<td>-.001</td>
<td>-.010</td>
</tr>
<tr>
<td>Lose respect for retired persons</td>
<td>.055**</td>
<td>.002</td>
</tr>
<tr>
<td>Life is not very useful</td>
<td>.075**</td>
<td>-.057**</td>
</tr>
<tr>
<td>Considering my accomplishments, I am pretty satisfied with my life</td>
<td>.061**</td>
<td>.035*</td>
</tr>
</tbody>
</table>

*p < .05
**p < .01

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055.
Table 6
Standardized Regression Coefficients of the Nature of Social Support Network and Selected Dimensions of Well-Being Among the Elderly

<table>
<thead>
<tr>
<th>Statement</th>
<th>Interaction</th>
<th>Receipt</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often lonely</td>
<td>.035</td>
<td>-.073**</td>
<td>.0060</td>
</tr>
<tr>
<td>Life of the average person is getting worse, not better</td>
<td>.043*</td>
<td>-.002</td>
<td>.0019</td>
</tr>
<tr>
<td>Live for today and let tomorrow take care of itself</td>
<td>.000</td>
<td>-.010</td>
<td>.0001</td>
</tr>
<tr>
<td>Lose respect for retired persons</td>
<td>.057**</td>
<td>-.005</td>
<td>.0032</td>
</tr>
<tr>
<td>My life is not very useful</td>
<td>.084**</td>
<td>.068**</td>
<td>.0103</td>
</tr>
<tr>
<td>Considering my accomplishments, I am pretty satisfied with my life</td>
<td>.058**</td>
<td>.028</td>
<td>.0045</td>
</tr>
</tbody>
</table>

*p < .05
**p < .01

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055.
vide support for the hypothesis. Comparing the standardized regression coefficients between income, education, and the measures of subjective well-being in Table 7 with the coefficients obtained in Table 2, it can be seen that there is an insignificant change in the relative strength of income and one measure of anomie, (from .048 to .049) and no change between the coefficients of income and losing respect for retired persons (both .073). A similar pattern is observed between education and the same items. For education and life of average person getting worse, the standardized regression coefficient changed from .228 to .233; and for education and losing respect for retired persons, .131 to .134. The nearly identical magnitude of these coefficients indicates that controlling for social support has no significant effect on the relationship between social location and subjective well-being among the elderly. In fact, given the weak relationship between social support and well-being discussed above, further research is necessary to examine the qualitative aspects of social support and to improve the conceptualization and measurement of social support. It appears, however, that social support is not critical in facilitating subjective well-being among the elderly.
Table 7
Standardized Regression Coefficients of Social Location and Selected Dimensions of Subjective Well-Being Among the Elderly, With Controls for the Nature of Social Support Network

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Education</th>
<th>Interaction</th>
<th>Receipt</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often lonely</td>
<td>.109**</td>
<td>.149**</td>
<td>.012</td>
<td>-.059**</td>
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<td>Lose respect for retired persons</td>
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*p < .05
**p < .01

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055
In this study, an attempt was made to utilize a social structure and personality framework in explaining and predicting subjective well-being among the elderly. Social location (as measured by income and education) and the nature of their social support network (frequency of interaction and receipt of goods and services) were viewed as determinants of well-being. Our findings yielded little support for the hypotheses, indicating that the impact of social location on the subjective well-being of elderly Americans does not occur through social interaction processes in their social support network. In other words, the social support network, as measured in this study, has little or no effect in promoting subjective well-being.

The researcher is well aware that there are better measures of subjective well-being than those utilized. As Duff (1981) points out, the quality of social interaction is a better predictor of well-being than the quantity of social interaction. In this study, measures of quantity and quality of social interaction were used. However, the quality of social interaction was measured only in terms of the frequency of receipt of goods and services, rather than the levels of satisfaction obtained from receiving these goods and services. While the frequency of social interaction with the network and the receipt of more goods and services are indicative of concern for kin and friends of the elderly, these may not be perceived as such by the elderly. The data indicated that while frequent interaction is inversely related to feelings of anomie and di-
minished respect, receiving goods and services is related to feelings of loneliness. Since the benefits to be obtained in social interactions are contingent upon the benefits provided in exchange, the feelings of loneliness are understandable. If we see the social interaction of the elderly with the social support network as an exchange, it can be expected that the greater the amount of goods and services received and the more frequent the interaction, the greater costs it incurs upon the elderly, since the ability to respond to these is limited (i.e. money, time, health). This can be expected due to expectations from prior experiences with kin and friends and in comparison to previous experiences.

Although social support has a meager effect on subjective well-being, social support was found not to mediate the impact of social location on subjective well-being. If we accept that people tend to see themselves through the eyes of the other, it would appear to follow that those who occupy higher positions in the social stratification system, "commanding the respect" of others, should have in the long run high subjective well-being. However, the data suggest that kin and friends do not judge the elderly on the basis of social locational factors. Rather, these interactions are based on sentiment and positive concern. Since the pattern of social interaction in the social support network had already been established, the opinions they hold will not be due to whether the educational skills and training the elderly has are obsolescent or that there is a reduction in the income obtained. Hence, the significant others of the elderly are not apt to base their evaluation of the elderly on social locational factors (Rosenberg, 1979).
The most significant predictor of subjective well-being among the elderly is education. The data indicate that those with higher levels of education tend to exhibit higher levels of subjective well-being (see Table 1, 2 and 7). This is reasonable when social location is viewed as defining differential access to opportunities and resources in society. It can be inferred that those who have higher levels of education would tend to exhibit higher levels of subjective well-being because they have attained socially valued statuses and privileges, e.g., occupational achievement, or participation in activities, which provide recognition. Education is significant to the elderly because "these are measurable attributes that cannot be taken from a person" (Streib, 1985:345). While the knowledge and skills the elderly have may no longer suit the demands of society or be regarded as marketable, "the person with higher educational attainments retains certain objective advantages that can never be removed" (Streib, 1985:345). As advanced by Kohn (1977), the provision of training and the opportunity for the development of intellectual flexibility and breadth of perspective have indirect effects on the values and orientations one holds. For the elderly, the significance of education may lie in the skills of meeting the exigencies of daily living, which may help them "maintain or even increase their social standing in the community vis-a-vis less educated older people" (Streib, 1985:346). Hence, those with higher levels of education have a comparative advantage over the less educated elderly. Moreover, the maintenance of status in their old age is a function of a higher average lifetime savings and a longer retention in the labor force. This is also enhanced by the broader
and more heterogeneous networks they have obtained through geographical and social mobility.

One confounding result from the study, however, is the negative relationship between education and life satisfaction as a function of accomplishments in life. It was advanced earlier that the discrepancy of this finding with previous literature may be due to level of abstraction/measurement used for subjective well-being. The discrepant finding can also be attributed to the indirect effects of education. We argued earlier that education provides the individual attributes which he or she can use in other circumstances such as meeting exigencies of daily living. Education provides skills to consider options and alternatives. It can be expected that the higher one's educational attainment, one is more exposed to options and alternatives. Hence, for those with higher levels of education the 'salience of alternatives' is greater than those who are less educated (Campbell et. al., 1976). It can be surmised that for the elderly, life satisfaction based on an assessment of accomplishments in life may mean considering the alternatives and opportunities one had, but did not consider. Since those with higher education have more salient alternatives in comparison to the elderly with less education, it can be expected that their levels of satisfaction will not be as high as those who are unaware of alternatives or are in more constricted situations. It must be pointed out, however, that educational attainment as measured in the number of years of completed schooling may not fully capture the nuances and skills gained through a lifetime of experience. Of course, the 'salience of alternatives' and social com-
parison with a reference group cannot fully account for the high levels of satisfaction among the less educated elderly.

It should be pointed out that this study is the first to employ a social structure and personality framework in the explanation and prediction of subjective well-being. Perhaps one of the most critical findings of the study is that while social location of the elderly has an impact on subjective well-being, the role attached to social support in facilitating subjective well-being among the elderly is minimal. This observation is in line with the findings of Hughes and Gove (1981), who indicated that of all social relationships, only marriage is promotive of mental health. Duff (1981), George (1981), and Antonucci (1985) argued for better measures of social support to indicate the quality of the relationships involved rather than just the quantitative dimension. It is also suggested by Lee and Ihinger-Tallman (1980) that differences between kinship and friendship relations may be critical in explaining the impact of these relations on the morale of older persons. For instance, while the "formation and maintenance of friendships are products of mutual choice, kinship relations are 'prescribed' by birth" (Lee and Ellithorpe, 1982). While this study attempted to differentiate between quantity (frequency of interaction, as measured by visiting patterns), and quality (as approximated by receipt of goods and services) of the relationships involved, these measures are still inadequate as bases for evaluating levels of satisfaction/benefits obtained by the parties involved. It must also be noted that this study is a secondary data analysis, utilizing data intended to provide baseline information on the composition of the social support network of the elderly and intergenerational exchanges taking DISCUSSION
place. It was not designed to distinguish between the quantity and the quality of these exchanges in relation to the subjective well-being of the elderly. Hence, overlaps exist such as items on the visiting patterns among siblings, children, other kin, friends, and neighbors. Aside from the inherent limitations of a secondary data analysis, the national survey on the aged did not allow for information to be obtained on the assessments of satisfaction with interaction and other kinds of support provided by the network.

While the framework utilized in this study allows for a more tenable explanation of the effect of social locational variables on the subjective well-being among the elderly, the data utilized do not provide adequate measures of social location, specifically, income. This variable is defined as earnings per month, cash at hand, including social security and pensions and savings. While this is a standard measure used in estimating the income of the elderly (see George, 1980:179), it does not cover other assets, such as the value of the bonds they may have, property, stocks, among others, which may be better measures to assess the social location of the elderly. There was a lack of other measures that could translate into the micro-social processes involved.

This study was conceptualized to account for the impact of social locational factors on subjective well-being among the elderly. It was expected that the linkage between social location and subjective well-being would lie in the pattern of social interaction within the social support network. However, the results indicate otherwise.

It is suggested that future research on the subjective well-being among the elderly focus more on the interaction processes involved in
order to determine the effects of the social structure on personality. To do this, it is essential that better measures be developed to specify the nature of the social structure hypothesized to have an effect on personality; and the specific micro-social processes that link the social structure to personality. It is perhaps only through such a framework that the direct and indirect impact of social structure on personality can be fully assessed.
Appendix A

Zero-Order Correlations of Background Variables, Social Location, Nature of Social Support and Selected Dimensions of Subjective Well-Being Among the Elderly

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<th>Sep(^1)</th>
<th>Wid(^1)</th>
<th>Nev(^1)</th>
<th>Income</th>
<th>Education</th>
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\(^*\) p < .05
\(^**\) p < .01

Mar, Sep, Wid, Nev are dummy variables.

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.
b) Ns vary from 2143 to 2055
Table 8
Continued

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* p < .05
** p < .01

⁴Mar, Sep, Wid, Nev are dummy variables.

Note: a) As explained in the text, all items measuring subjective well-being were coded so that high scores indicated high subjective well-being.

b) Ns vary from 2143 to 2055
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Duff, Robert W. and Lawrence K. Hong. "Quality and Quantity of Social Interactions in the Life Satisfaction of Older Americans." SSR Vol. 6 No. 4, 1981.


REFERENCES


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