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Abstract

Moving beyond a focus on primary caregivers only, we examined the effects on older adults' psychological well-being of having multiple family or friend helpers and of other elements of social support when receiving informal assistance. This research is grounded in a model of well being (Fisher et al., 1983) positing that most aid situations contain a mixture of positive and negative elements. If receiving help highlights inferiority or dependency, aid will be viewed as self-threatening; if assistance avoids contributing to negative self-images, it will be seen as self-supportive. Values held about support and dependency affect reactions to aid, as do social resources manifested in the helping situation.

Data, from 359 community-residing elders, include 6 personal resources, 6 social resources, Depression (CES-D), 4 Ryff Well Being subscales, Rosenberg Self-esteem, and Quality of Life. Regression models explained between 9% and 28% of variance in indicators of psychological well being. Findings suggest that the social context of receiving help is not particularly influential in well being, but personal characteristics have fundamental influence on happiness. Informal assistance does not threaten sense of self.

Sample & Method

Representative sample of 4,050 adults aged 65+ living in their own homes in 17 rural southwest Virginia counties
2,034 interviewed; 1,502 had no care needs

532 with ADL/IADL Limitations:

318 – Receiving Informal Help Only (I) } $n = 359$ with data
87 – Receiving Informal & Formal Help (I/F) } on informal helpers
63 – Receiving Formal Help Only (F)
64 – Not Receiving Help (NH)

Telephone Survey, Structured and Open-ended Questions

- Health, Depression, Psych Well Being, Self-esteem, Quality of Life
- Current Assistance, Expectations for Future
- Informal Helpers and Formal Services
- Filial Responsibility Expectations
- Attitudes about Community Services

Demographic Characteristics

Mean Age, years	76.8
% Female	84.1
% White	92.8
% Married	30.4
% ≥ High School Diploma	44.8
% Employed	1.7
% < Poverty Level	69.8
% ≥ Good Health	27.1

Bivariate Associations of Personal & Social Resources with Well Being Indicators

	Serv Att ^a	Filial Resp ^a	# Hlth Prob ^a	Pain Lev ^a	S-R Hlth ^a	Relig ^a	# Hlp-ers ^b	Help Freq ^b	Help Dur ^b	Close-ness ^b	Chck ^b	Trust Cnfd ^b
Depr	-.13**	.11*	.49***	.21***	-.31***							-.09*
RWB	.31***		-.16**	.12*	.11*	.10*	-.08*	-.09*				.09*
S-E	.22***		-.19***									.08*
QoL			-.27***	-.23***	-.23***	.09*					-.17***	.14**

^aPersonal Resource ^bSocial Resource $n = 343$ * $p < .10$ ** $p < .05$ *** $p < .001$

Well Being Predictors (β)

	Depr	RWB	S-E	QoL
Service Attitudes ^a	-.11*	.30***	.21***	-.00
Filial Responsibility ^a	.10*	-.01	-.03	-.05
# Health Problems ^a	.42***	-.16**	-.19***	-.11*
Pain Level ^a	.06	.21***	.14**	-.10*
Self-Rated Health ^a	-.12*	.10*	.08	.30***
Importance of Religion ^a	.02	.12*	.10*	.00
# Helpers ^b	.12	-.58*	-.16	-.36
Help Frequency ^b	.19*	-.21*	.03	.00
Help Duration ^b	-.10	.23	-.09	.11
Closeness to Helpers ^b	.27	.50*	.19	.27
Someone Who Checks ^b	.05	.02	.06	-.14**
Someone to Trust/Confide ^b	-.02	.02	.03	.08
Adjusted R²	.28	.16	.09	.19

^aPersonal Resource ^bSocial Resource
 $n = 343$ * $p < .10$ ** $p < .05$ *** $p < .001$

Summary and Conclusions

- Overall, personal resources, including attitudes and values as well as health, were stronger predictors of psych well being than were social resources
- As would be expected in a sample of older adults, variables indicating poorer physical health had a negative association with mental health indicators
- More positive attitudes about community services and their use, should more assistance be needed, predicted lower depression and higher well being and self-esteem, even among elders not currently using formal services
- Higher perceived importance of religion and having someone to trust and confide in predicted better mental health
- Holding stronger filial responsibility norms predicted depression
- Having more helpers, more frequent help, and someone to check on oneself were associated with reduced well being and quality of life, probably because they are also associated with poor physical functioning
- Duration of having received help and emotional closeness to helpers were not important in these analyses
- The stronger connections between personal than social resources and well being highlight older adults' resilience and their preference for independence
- The social context of receiving help does not influence well being strongly
- Receiving informal help does not diminish self-esteem