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## Contents

Page	<b>ISSBD SPECIAL SECTION AGING AND CLOSE RELATIONSHIPS</b>	
2	Introduction: Aging and Close Relationships <i>Joan G. Miller and Xinyin Chen</i>	18 Commentary: A Propitious Time to Study Life-Span Close Relationships, Both New and Old <i>Candida C. Peterson</i>
2	Aging and Close Relationships over the Life Course <i>Toni Antonucci and Hiroko Akiyama</i>	19 Commentary: Heterogeneity in Late Life <i>Theo van Tilburg</i>
6	Life Contexts and Social Relationships From Age 70 to 100+ <i>Jacqui Smith</i>	20 Commentary: Older Adults' Social Relationships: Strengths and Vulnerabilities <i>Karen Rook, Laura Zettel, and Dara Sorkin</i>
9	Senior Shutterbugs: Successful Aging Through Participation in Social Activities <i>Keiko Takahashi and Makiko Tokoro</i>	21 Notes from the President
11	Old Age and Close Relationships in Africa: Snapshots and Emergent Perspectives <i>Sinfree Makoni and Monica Ferreira</i>	23 Findings from the Work of an International Study Group on "Adolescence in the 21st Century"
15	Benefits of Close Social Relationships for Health and Longevity of Older Adults <i>Mary Luszcz and Lynne Giles</i>	25 ISSBD 2001 Lima Summer Workshop
17	Commentary: Relationships in Time and Space <i>Gunhild O. Hagestad</i>	26 News about Members
		27 Position Openings

Editor  
**Joan G. Miller**

ISSBD Newsletter  
Institute for Social Research, RCGD  
University of Michigan  
Ann Arbor, Michigan, USA 48106-1248  
email: [jgmiller@umich.edu](mailto:jgmiller@umich.edu)

Associate Editor  
**Xinyin Chen**

ISSBD Newsletter  
Department of Psychology,  
University of Western Ontario  
London, Ontario, Canada N6A 5C2  
email: [xchen@uwo.ca](mailto:xchen@uwo.ca)

# Aging and Close Relationships

## Introduction

*Joan G. Miller*

Institute for Social Research, University of Michigan, USA

e-mail: [jgmiller@umich.edu](mailto:jgmiller@umich.edu)

and

*Xinyin Chen*

Department of Psychology, University of Western Ontario, Canada

e-mail: [xchen@uwo.ca](mailto:xchen@uwo.ca)

The topic of aging and close relationships holds central importance in life span developmental psychology. Family and friendship bonds form a context in which social support, companionship, and intimacy needs are met and that is linked not only to psychological and social outcomes but also to physical health. Characterized by both continuities and discontinuities over the life course, close relationships in later adulthood have adaptive implications that depend critically on patterns of interaction that have developed over time.

The essays in the Special Section provide an overview of contemporary empirical research related to aging and close relationships as well as offer insight into key theoretical questions and programmatic implications of work in this area. Consideration is given to the links between close relationships and various indices of psychological and physical well-being, including mortality. Appraisal is also undertaken of the importance of socio-emotional as contrasted with cognitive processes in psychosocial adaptation in adulthood, as well as of the extent to which close relationships serve to compensate for the physical decline and social losses associated with aging. The issue highlights the importance of focusing on the meanings given to social support exchange and not merely on their objective characteristics, as well as the need to consider both negative and positive implications of relationships for psychosocial outcomes. Finally, the essays afford critical insight into the extent to which psychological and social dimensions of human aging vary as a function of historical change, social structural forces, as well as, in cases, the ravages of disease and social upheaval that may be experienced in particular communities.

The contributors to the Special Section include an international group of investigators, drawn from psychological, sociological, and anthropological backgrounds, whose work is at the forefront of understanding aging in socio-cultural context. In essays that draw on diverse types of evidence, ranging from ethnographies to large scale formal surveys, and from naturalistic experiments to longitudinal analyses, the authors and commentators provide insight into common as well as socio-culturally contingent processes that characterize psychological and interpersonal adaptation in later adulthood.

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## Aging and Close Relationships over the Life Course<sup>1</sup>

*Toni C. Antonucci*

Department of Psychology, University of Michigan,  
Ann Arbor, Michigan, USA

e-mail: [tca@umich.edu](mailto:tca@umich.edu)

*Hiroko Akiyama*

Department of Social Psychology, University of Tokyo,  
Tokyo, Japan

e-mail: [akiyama@l.u-tokyo.ac.jp](mailto:akiyama@l.u-tokyo.ac.jp)

Close relationships are among the most defining aspects of an individual's life. Developmental psychology has traditionally focused on the parent-child relationship, the earliest close relationship most people experience. But close relationships are life course in nature. They consist not only of early parent-child relationships, but also of middle and late life parent-child relationships as well as spousal, other family and friend relationships. Social relations have long been recognized as an important link to life quality especially as the influence of psychological factors on physical and mental health has become clear. There is increasing evidence which suggests that social relations can help the individual prepare for, cope with, and recover from many of the exigencies of life that are faced with increasing frequency as one ages.

It is interesting that, in both the child and the adult literature, it was not until social relations were shown to affect mortality that they were recognized as having a critically important association with both health and well-being. Early research on maternal deprivation demonstrated that infants who did not have the benefit of close early social relationships were not likely to thrive and in the most extreme cases



would die (Spitz, 1945). Similarly, though somewhat later, epidemiologists demonstrated that adults without close social ties were more likely to have died in a 9-year longitudinal follow-up (Berkman & Syme, 1979). Additional research among adults and older people has shown that close social relations can be a protective resource against a large array of physical illnesses, e.g. cardiovascular disease, cancer, as well as late life disorders such as depression and dementia (Antonucci, Fuhrer & Dartigues, 1997; Fratiglioni, Wang, Ericsson, Maytan & Winblad, 2000; Valliant, Meyer, Mukamal & Soldz, 1998; see Bowling & Grundy, 1998, for a recent review).

Social relations are now widely understood to consist of several components, including social networks (the objective characteristics of those social relations with whom the individual interacts, i.e., their number, gender, age, role, relationship), social support (the actual exchange of support, such as aid, affect or affirmation) and support evaluation (the individual's satisfaction with the support they give or receive).

As Elder noted, a life span perspective provides a critical underlying base to developmental theory (1998). This is also true of social relations (Levitt, 2000). The most important social relations usually involve long lasting, significant, close relationships. Interpersonal relationships are life span in nature. To understand how an individual experiences a relationship at any one point in time, it is necessary to understand the history of that specific relationship in conjunction with other relationships in the person's life. Thus, the study of a 50-year-old woman and her 70-year-old mother, is best conceptualized as a relationship that has continued from when the 50-year-old woman was an infant through her early childhood, adolescence, young adulthood and into the current state of middle age. Similarly, her mother was at one time a young 20-year-old mother who has loved and cared for her child throughout the subsequent 50 years. The resultant mother-child relationship is likely to be understood very differently depending on these lifetime-accumulated experiences. For example, a specific negative experience is likely to be readily forgiven because of a lifetime of positive experiences. Or, on the contrary, a contemporaneous positively supportive interaction may be unable to make up for a lifetime of disappointment, neglect or abuse (Parrott & Bengtson, 1999).

The convoy model (Antonucci, 1990; Kahn & Antonucci, 1980) offers a life span framework within which to study social relationships. The convoy is shaped by personal (age, gender, personality) and situational (role expectations, resources, demands) factors that influence social relations. People form the convoy, and the convoy, under ideal conditions, provides a protective, secure base from which the individual can learn about and experience the world. These personal and situational factors and social relations, in turn, affect that individual's health and well-being both contemporaneously and longitudinally. The protective base provided by convoy members leads to better mental health and less psychological distress since it allows the individual to optimally grow, develop and successfully meet the challenges of life. This protective base is both objective and subjective, providing the individual with practical help but also and perhaps most importantly, a psychological basis

upon which to view the world. This is critical because it is known that subjective and perceived support can be far more effective than objective and actual support in affecting health and well-being (Antonucci, Fuhrer & Dartigues, 1997; George, Blazer, Hughes & Fowler, 1989; Oxman, Berkman, Kasl, Freeman & Barrett, 1992). This fact leads to the conclusion that it is the cognitive construction and interpretation of the situation that is crucial in explaining how and why social relations affect health and well-being.

### **Empirical Evidence on Source and Quality of Social Support**

Support can come from many different sources including spouse, children, siblings, extended family and friends. Research has focused on spousal support and, indeed, spouses do seem to be the preferred support provider. Both men and women feel more comfortable receiving support from their spouse and are most likely to report that their spouse does provide both instrumental and emotional support (Cantor, Brennan & Sainz, 1994). However, with age, the probability of being married decreases, especially among women and some minority groups. Under these

circumstances, older people often turn to their children, especially for instrumental, but also often for emotional support (Fingerman, 2000). Research indicates that while both the parent and adult child generally assume that the child will provide support to the parent as needed, the actual exchange of this support is often accompanied by frustration, resentment and guilt (e.g., or at the very least ambivalence (Luescher & Pillemer, 1998). Interestingly, we are beginning to recognize that parent-child relationships can be the source of both support and conflict (Suito, Pillemer, Keeton & Robison, 1995). Finally, the role of siblings and friends has recently been shown to be both unique and important in the lives of older people (Adams & Blieszner, 1994; Cicirelli, 1991; Campbell, Connidis & Davies, 1999; Gold, 1989).

Relationships clearly vary in quantity, but it is the quality of the support relationship that has been shown to contribute to the health and well-being of the individual, over and above what might be expected based on the objective data. People clearly interpret relationships, perceive them as supportive, satisfactory and adequate or non-supportive, unsatisfactory and inadequate. It appears to be

**“Interpersonal relationships are life span in nature”**



*Intergenerational interactions in early childhood form a foundation for the life span relationships of the convoy model.*

the case that positive aspects of support relationships provide a type of secure base that makes individuals feel positive about themselves and their world in a manner quite reminiscent of attachment researchers' description of the securely attached child. People who feel more supported cope better with illness, stress and other difficult life experiences. On the other hand, just as with the insecurely attached child, data are accumulating which suggest that some supportive relationships can have a negative effect either because they provide negative feedback or because they support negative behaviors (Rook, 1992). Relationship quality has been shown to affect levels of depression, happiness and quality of life (Antonucci & Akiyama, 1997; Hall & Nelson, 1996; Oxman, Berkman, Kasl, Freeman & Barrett, 1992; Russell & Cutrona, 1991) as well as frequency of illness, mortality and immunological functioning (Fratiglioni, Wang, Ericsson, Maytan & Winblad, 2000; House, Landis & Umberson, 1988; Uchino, Cacioppo & Kiecolt-Glaser, 1996).

It is also important to recognize that network structure does not always predict perception or quality of support. A recent study (van Tilburg, Gierveld, Lecchini & Marsiglia, 1998) comparing older people in the Netherlands, who often live alone, with older people in Italy, who most often live with their children, found the Italians report less social integration and more loneliness than the Dutch. These findings serve to underscore that social relations are fundamentally influenced by the cognitive interpretation applied to those relationships. Objective support networks affect well-being only insofar as they are subjectively interpreted. Individuals believe they can solve a problem and successfully meet life's challenges only because close supportive others have convinced them that they are able and competent to control their destiny. Perhaps most impressive is the degree to which the experience and interpretation of social relations have now been shown to affect psycho-immunological functioning. How you feel about others and how you think others feel about you affects not only how you feel about yourself and your abilities but also how well your immunological systems operates, and hence influences both morbidity and mortality (Berkman, 1985). The impact of close social relations is pervasive. It is critical that we reach a better understanding of the processes and mechanisms through which this impact occurs.

### **Empirical Evidence on Sense of Control and Social Support**

Researchers have begun to focus on the need to provide theoretical explanations for understanding how social support has the well-documented, positive effects on an individual's health and well-being. It is here that the rapidly developing field of social cognition (Hess & Blanchard-Fields, 1999), in particular, the individual's sense of control, shows particular promise.

Antonucci and Jackson (1987) have proposed the Support/Efficacy Model that directly incorporates self-efficacy as the cognitive mechanism through which social relations affect health and well-being. This model suggests that it is not only the exchange of any specific support that accomplishes this effect but the cumulative expression by one or several individuals to another that communicates to the target person that he or she is an able, worthy and capable person – or perhaps, in the case of an elderly

person, continues to be an able, worthy and capable person. Under optimal conditions the support recipient will come to internalize this same belief that is being communicated by the supportive other. Thus, with multiple and accumulating exchanges of this type, the supported person develops a belief in his or her own ability which enables that person to face and succeed in the multiple goals and challenges one confronts throughout life. Evidence has been accumulating which is consistent with the Support/Efficacy Model (Krause, 1997; Lachman & Weaver, 1998; Lang, Featherman & Nesselroade, 1997).

It should also be noted that not all people receive support from those who are around them and that not all support is positive (Rook, 1992). Thus, some people instead of being told that they are competent, capable and worthy may instead be led to believe that they are incompetent, incapable and unworthy. Just as the cumulative effect of positive exchanges can have a positive effect on an individual's health and well-being, the opposite can have a devastating and cumulative negative effect on health and well-being (Antonucci, 1994).

### **Empirical Evidence on Context of Social Networks-Age, Gender, Race and SES**

Several socio-demographic factors have been shown to affect social relations. Close relationships remain important with age. There are relatively few changes in close relationships, except in advanced old age. Despite divorce and other demographic changes, it is still the case that men and women tend to have close relationships with the same people but that women's relationships tend to be more intense than those of men. The examination of race, ethnicity and culture provides a fuller understanding of how the context and expectations of membership in these groups enhances or detracts, increases similarities or distinguishes members of one group from another. It is not so much skin color or country of origin that is of interest but the fact that with group membership comes specific advantages, disadvantages, expectations and dependencies that fundamentally influence its members' experience and interpretation of social relations. Empirical evidence indicates that minority groups in this country have smaller networks that are more family than friend oriented, are more involved in religious organizations, and are less likely to use formal services. Results controlling for SES, described below, suggest that these differences may be most influenced by the coincidental circumstance of poverty.

And finally, socioeconomic status is of interest because it helps us understand how social relations are experienced differently by people of lower (or higher) education or income levels. Thus, in addition to knowing that low SES compromises one's health, we now know that it also strains both the formation and existence of social relations. The minority group social network characteristics noted above have been shown to disappear when SES is also considered. It is clear that poverty tends to strain close relations, which probably explains the reliance on family in contrast to friendship relationships. Similarly, reliance on informal caregiving disappears with higher income, suggesting that the lack of available economic resources explains the lack of utilization of formal services. An exciting aspect of these

**“Network structure does not always predict perception or quality of support”**



studies is the potential that positive close social relations may offset the well-documented link between low SES and health (Antonucci, Ajrouch & Janevic, in press).

### Future Directions

In addition to a better understanding of the fundamental processes and mechanisms of social relations, the next important challenge in this area is to incorporate what we know about social relations into prevention and intervention programs targeted at improving the physical and mental health of the elderly, as well as people of all ages. Close social relations can be most useful when they instill in the individual a feeling of being valued and competent, of being worthy and capable. We are just beginning to understand how this happens. The potential of carefully designed programs that maximize the positive aspects of close social relations can help optimize the ability of older people to successfully meet the challenges of aging.

### Footnote

1. Adapted from Antonucci, T.C. (2001).

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## Life Contexts and Social Relationships From Age 70 to 100+

Jacqui Smith

Max Planck Institute for Human Development, Berlin, Germany  
e-mail: [smith@mpib-berlin.mpg.de](mailto:smith@mpib-berlin.mpg.de)

The loss of partners, siblings, and age-peers is an inevitable experience for most people during old age. Adaptation to these losses of long-term relationships and their associated life contexts is an important and difficult developmental task. At present, many cultures provide little formal structural support for the older person to accomplish this task. Instead, it is often assumed that younger family members and friends (provided that they exist) will provide informal support.

Surprisingly little is known about changes in interpersonal relationships and social contexts during the last

decades of an individual's life. This knowledge deficit is critical because during the first twenty years of the 21st century many countries anticipate large increases in their population over age 70. Psychologists are now beginning to outline differences between the so-called Third and Fourth age (young old versus oldest old) and to consider what interventions might contribute to socially engaged and satisfying years for a majority of very old persons.

In the context of the *Berlin Aging Study* (BASE: Baltes & Mayer, 1999), a multidisciplinary and longitudinal study of a heterogeneous, locally representative sample of 516 men and women between the ages of 70 and 100+ years, we have investigated patterns of change and individual differences in change in many areas of psychological functioning, including social relationships. Baseline data were collected between 1990 and 1993. Since then, we have followed the survivors in four waves of re-assessment (the last in 2000) at two-year intervals. This article reviews some of the central findings about the social relationships and life contexts of BASE participants.

### Age Differences and Age Changes in the Size of Personal Social Networks

The data collected in BASE about social relationships reflect the study participants' self-reports and subjective evaluations of their social networks. We have not observed behavior. The "Hierarchical Mapping (Circle) Task" of Antonucci (1986) was used to generate the names of all current and recently lost intimates (inner circle), friends, and acquaintances of each individual and the exchanges of support with these people. We also asked about satisfaction with relationships, assessed feelings of social and emotional loneliness, and examined the extent to which individuals included comments about their contact with family and friends in current self-descriptions.

The majority of BASE participants were embedded and socially integrated in kin and nonkin contexts; however there were large individual differences in the size of networks and also age-related differences (Smith & Baltes, 1999; Wagner, Schütze & Lang, 1999). At the first measurement, 3% of BASE participants nominated no persons at all in their social network and 14% named no persons in their innermost circle. The 70- to 84-year-old participants named significantly more people in their total social network ( $M = 11.9$ ) than those 85 years and older ( $M = 7.6$ ). Participants aged 85 to 100+ years named fewer social interaction partners, particularly in the periphery of their networks. When all sections of the network were considered, the age correlation was  $r = -.33$  (Lang & Carstensen, 1994). In general, participants who nominated more persons for the innermost circle, also named more friends and acquaintances.

These cross-sectional age differences were confirmed longitudinally. Latent growth curve analysis on data from four measurement points was used to estimate age trajectories (70 to 100 years) in the number of close partners (inner circle). The best model indicated that, on average, one close person was lost during the period from 70 to 79 years, the decade of the 80's showed stability ( $M = 1.5$  close persons nominated), whereas from age 90 to 100 there was a further average loss of one close person. Individuals differed in the

**"Many countries anticipate large increases in their population over age 70"**



number of close persons in their network, but the estimated shape of the trajectory of loss did not differ across persons. Our initial analyses of the characteristics of the 67 centenarians assessed at some time in BASE suggest that this highly select group had nominated more close persons in their networks than BASE participants who died before the age of 90. Social embeddedness and, in particular, the presence of a very close other appears to be one correlate of longevity.

### **The Social Contexts of Older Men and Women**

It is often suggested that, although the life contexts of older women are less favorable compared to those of men, older women have better-functioning social networks. We examined this proposal in BASE. A comparison of men and women on 30 life context indicators (demographic, economic, and health) revealed gender-related differences on 24 (Smith & Baltes, 1998). When compared to the men, the older women in BASE appeared to be exposed to relatively poorer life contexts: They were more likely to be widowed and to live alone, to have had a lower social and educational status, to suffer from more illnesses that restrict physical mobility, and to experience greater functional impairment. The women also had slightly poorer mental health.

BASE men and women nominated similar numbers of persons in their personal networks (Women  $\bar{M}$  = 9.3; Men  $\bar{M}$  = 10.2). This finding appears inconsistent with the findings of Antonucci and colleagues (e.g., Antonucci, 1994; Antonucci & Akiyama, 1987) who have reported that the networks of women are generally larger than those of men. However, several differences between the BASE sample and those of previous studies could contribute to our unexpected finding. The average age of the Antonucci and Akiyama sample, for example, was 65 years (BASE = 85 years), and it included only participants who were married and had at least one child. In contrast, in BASE, the women had fewer children, fewer kin, and were less likely to be married compared with the men. Women in BASE who were currently married ( $n$  = 19 from 258) reported 14.4 persons in their social network, compared to the mean of 11.9 persons nominated by the men who were married ( $n$  = 135 from 258). This pattern is in line with previous studies.

Education played more of a role for men than for women in predicting network size: Men with higher education nominated more persons in their network than did lower educated men and all women. In part, this effect also reflects the fact that the men in BASE who were currently married also had received more education in early life.

Gender differences also emerged in reports of instrumental and emotional support exchanged within the social network. With regard to *instrumental support* (e.g., help with household tasks, shopping, caregiving), on average men reported that they gave more and women reported that they received more. Both of these effects for instrumental support disappeared when controls for marital status and education were added to the analyses. Women who were more impaired reported receiving more instrumental support.

Women reported that they gave more *emotional support* than was the case for men (e.g., talked about personal

worries, cheered up someone, gave someone a kiss or cuddle). This finding remained after statistical controls for marital status, education and health. Gender differences in emotional support received were masked by differences in marital status and education. When these life context variables were controlled, men reported receiving more emotional support. However, this finding was qualified by a significant gender by education interaction: Lower educated men reported receiving less emotional support.

### **Evaluations of Social Relationships and Feelings of Loneliness**

From a psychological perspective, the sheer availability of family and kin, as well as the frequency of social contact or instrumental and emotional support is perhaps less important than the older individual's perception and evaluation of these social contacts (e.g., Carstensen, 1993). *Individuals may experience social relationships in terms of gains and losses, or as sources of satisfaction (gratification) or strain (stress).* The elderly person's evaluation of his or her social environment and relationships, and the extent to which these evaluations contribute to an individual's sense of well-being, represented important questions addressed within BASE.

At the first measurement, the majority of BASE participants indicated that they were satisfied with their family life and friendships (on a five-point scale with max. 5,  $\bar{M}$  = 3.9). Over 8 years, the longitudinal sample reported decreasing satisfaction. Some indication of this was apparent already at Time 1: Twenty-five% had indicated that they felt their family had too little time for them and 21% felt the same way about their friends. Furthermore, 40% of the BASE sample had described experiencing some disappointments with individuals (especially children and grandchildren) whom they nevertheless named as close others in their social networks. Disappointments included conflicts regarding money and family possessions, and failure to meet expectations regarding family contact. There were no age differences in these reports.

More important for general well-being than the desire to simply spend more time with family and friends, however, is the feeling that there is at least one person whom one can trust and upon whom one can rely for emotional support in times of need (e.g., Thomae, 1994). Surprisingly, 48% of the BASE sample indicated that they had no specific person in their network on whom they could rely for emotional support. Furthermore, 19% of the sample indicated that, in the last three months, they had experienced no affectionate or emotionally close physical contact with others.

Although family and friends were named by BASE participants, and relationships were rated overall as being satisfactory, this closer look at specific aspects of social interactions indicates that many individuals in the sample would have liked to see some changes for the better in their relationships with others, especially regarding tenderness (cf. Johnson & Troll, 1994). Perhaps reflecting this general feeling, only 19% of the sample mentioned their family as currently being the best thing in their lives (11% considered family to be the most difficult aspect of their lives).

We are also exploring the concept and implications of loneliness in very old age in BASE. The literature generally

**“the networks of women are generally larger than those of men”**

distinguishes not only “living alone” from loneliness but, in addition, distinguishes social aspects of loneliness from emotional aspects (e.g., Weiss, 1982). It is important to recognize that living alone by itself does not signify loneliness. For psychological loneliness to exist, there has to be a sense of emotional loneliness or a perceived deficit in social sources of communication and support. The availability of social interaction partners does not necessarily guarantee absence of psychological loneliness; An individual may have social contacts that provide support and yet experience emotional loneliness. It is often suggested, for instance, that such a pattern may characterize the very old. Family and younger friends may satisfy social requirements, but may not satisfy desires for close contact with age peers (Johnson & Troll, 1994; Thoma, 1994).

**“Family and younger friends may satisfy social requirements, but may not satisfy desires for close contact with age peers”**

An indication of social loneliness was derived in BASE from items asking about perceptions of belonging to a social group and availability of friends. The measure of emotional loneliness included items dealing with feelings of isolation, being alone, and feeling secluded from contact with others. At the first measurement, both aspects of loneliness showed a positive age gradient: With increasing age, individuals experienced more social loneliness ( $r = .13$ ) and especially more emotional loneliness ( $r = .29$ ).

These cross-sectional age differences have been confirmed by our longitudinal data. Latent growth curve analysis on data from 3 measurement points was used to estimate age trajectories (70 to 100 years) in loneliness. The best models indicated that, on average, *emotional loneliness* increased linearly from age 70 to 100, with changes over this period reflecting a one standard deviation increase. Women reported higher levels of emotional loneliness but both older men and women showed the same change trajectories. Increased emotional loneliness over time was associated with loss of close partners and friends. Increased feelings of *social loneliness* were localized in the years from 80 to 90 and did not differ for men and women. Changes in social loneliness were associated with changes in vision, hearing, and physical mobility, aspects that contribute to social isolation and a need for support.

### Outlook

The findings from BASE reviewed here support, on the one hand, the often-reported proposal that current cohorts of the young old are socially embedded and engaged. On the other hand, they also open new questions about the consequences of inevitable social losses during old age. During old age, the substitution of younger social partners in a social network may satisfy needs for instrumental support and social contact, but this may not fully compensate for the emotional loss of intimate others who had shared the individual’s life history. This situation may mean that the well-being of very old individuals is at risk, especially because interpersonal relationships, communication, and physical contact with close others are thought to be central sources of personal well-being.

Emotional loneliness is a feeling that many very old adults may experience but at the same time find difficult to disclose to younger others. Indeed, what advice could a younger person give? Strategies that might be appropriate

for younger age groups (e.g., go out and find a new friend) might simply be inappropriate for the oldest old. How easy is it, for example, for older adults to engage strangers in conversations and interactions that are more than fleeting everyday exchanges? Much more research is needed to answer this question. Furthermore, research is also needed at the behavioral level to determine the impact on older persons’ interpersonal interactions with others of such aspects as age-related changes in physical appearance, capacity for facial and non-verbal expression, as well as limitations in hearing and vision. These aspects are important stimuli in shaping the automatized social reactions of others. They may severely constrain the potential for an older adult to engage in a fulfilling interaction with a younger person, primarily because that person may misinterpret behavioral cues.

BASE Website: <http://www.base-berlin.mpg.de>

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## Senior Shutterbugs: Successful Aging Through Participation in Social Activities

Keiko Takahashi

Department of Psychology,  
University of the Sacred Heart,  
Tokyo, Japan  
e-mail: [keikot-ta@fb3.so-net.ne.jp](mailto:keikot-ta@fb3.so-net.ne.jp)  
and

Makiko Tokoro

Department of Psychology,  
University of the Sacred Heart,  
Tokyo, Japan  
e-mail: [makiko-t@mtf.biglobe.ne.jp](mailto:makiko-t@mtf.biglobe.ne.jp)

### A Theoretical Model of Successful Aging

In this article we examine how the Selection, Optimization, and Compensation model, a new representative model of life-span development proposed by Baltes and his colleagues, is useful for understanding the successful aging that occurs among many elderly Japanese citizens. The SOC model is based on the assumption that “any process of development involves selection and selective changes in adaptive capacity” (Baltes, Lindenberger & Staudinger, 1998, p.1054). Baltes and others have posited that, in any successful aging, individuals *select* their own appropriate goals or possible outcomes of living because not all opportunities can be pursued. They then organize their lives to achieve these goals and outcomes through *optimizations* or canalizations of their endeavors toward their goals, and *compensations* for their losses in goal-relevant means by using tools and the help of others (e.g., Baltes & Baltes, 1990; Baltes, Lindenberger & Staudinger, 1998). Thus, the SOC model provides a theoretical framework for understanding processes of successful adult development. By constructing a self-report type SOC-questionnaire (Freund & Baltes, in press), and showing its predictability for successful aging (Freund & Baltes, 1998), for example, these researchers have found evidence for the model to some extent. However, we need more detailed, qualitative examinations of the SOC to ascertain that the model is generally applicable to successful aging among ordinary people who are not endowed with exceptional talent like the great pianist Artur Rubinstein, who is a favorite example of Baltes and his colleagues in describing the SOC (e.g., Baltes, Lindenberger & Staudinger, 1998).

### Can the Model Explain Development through Participation in Avocational Activities?

Our challenge in this article is to examine how well the SOC model can describe aging among elderly people who are participating in avocational activities after retirement. In societies such as Japan, most employed people have a mandatory retirement age (usually 55–60), and fulltime housewives, who have two children on the average, are released from parental obligations in their fifties. However, most of them are likely to live until age eighty, and many

people are eagerly looking for avocational, self-actualizing activities after retirement. One of the most popular activities is practicing some form of art, such as photography, painting, ceramics, calligraphy, composing *Haiku*, and flower arrangement. Participants in the present study were typical retired persons who were practicing photography.

Thus, the goals and expected outcomes of the people in our study, who have already retired from their careers, do not involve success in a profession or an income. In this vein, our definition of successful aging may be broader than that of Baltes and others, that is, an overall maximization of gains while minimizing losses. Successful aging among the rank-and-file should include a maximization of life-satisfaction and active life expectancy against the physical, cognitive, and social losses associated with aging. Specifically, we are examining to what extent this model enables us to describe the development of ordinary elderly citizens who are achieving successful aging through participating, as amateurs, in learning and practicing photography.

Eighty-three amateur photographers (57 males and 26 females, ages 59 – 89), in a medium-sized city in central Japan, Ueda, located in Nagano prefecture, who are studying photography with an instructor, have been asked to participate in our on-going longitudinal investigation. Because they had originally started to learn photography techniques in a public seminar for senior citizens offered by a local governmental office in the 1980s, most of the participants began to learn when they were over the age of 60, that is, after their retirement and completion of parental responsibilities. Since then, most of the participants have continued to learn in a monthly seminar given by the same instructor and others have joined the group every year. All of the participants are encouraged to take photographs and to bring as many shots to the monthly class as they can. They are grouped into five classes, consisting of 8 to 23 students each, according to the districts in which they live. In every class, (see photograph), in addition to a lecture on the theories and techniques of photography, each of the students’ photos of the previous month is reviewed and commented upon by the instructor in front of the other members.

Using the Expert vs. Novice paradigm, we attempt to analyze how these people actualize the SOC in their



Each of the student's photos of the previous month is reviewed and commented upon by the instructor (center) in front of other members in a monthly seminar.

practices. It is assumed that the experts, the participants who have attended the seminars for a long period, will show a more advanced level of the SOC than people with fewer years of participation, who are identified as novices or early learners. To examine this, we selected two groups of people: 16 experts (EX-group) who had participated in the seminar for more than ten years ( $M = 11.1$  years), and 19 early learners (EL-group) who had done so for less than six years ( $M = 3.3$  years). The EX-group participants were significantly older than their EL-group counterparts. Except for the chronological age differences, the two groups of people had similar cultural backgrounds. All of them were fully literate (years of education:  $M = 12.6$  for the EX-group;  $M = 11.1$  for the EL-group). Most of the males had been previously employed in careers in companies or public offices, and all the females were full-time homemakers. With one exception, the participants were living with their spouse and/or children's family members. Only 20% of them had some kind of job with income, and the others all lived on a pension.

The participants were individually interviewed, for 60-120 minutes. In this article, we describe the interviews with a specific focus on (1) how and why participants selected and were committed to taking photographs; (2) how they optimized their efforts and means to achieve their goals; and (3) how they compensated for insufficient resources of knowledge and techniques. In addition, the participants' selection of photography as an avocational activity was assessed utilizing two types of outcomes: (1) their well-being based on five different scales; a subjective evaluation of their health, the Subjective Life-Satisfaction Scale; the Center for Epidemiologic Studies Depressed Mood Scale (Radloff, 1977); the Self-Esteem Scale (Rosenberg, 1965); and the Loneliness Scale (Rusell, Peplau & Cutrona, 1980); and (2) their social relationship types as assessed by the Affective Relationships Scale (Takahashi & Sakamoto, 2000).

### **Selections of Goals and Outcomes**

Nearly half of the participants reported having other domains of artistic interests, such as painting, flower arrangement, calligraphy, or woodcarving. Some others reported having long been interested in photography but not having had enough time to learn about it before retirement. Most of them mentioned that they had started to attend the seminar by chance either through public information, a visit to a photo exhibition, a recommendation by their spouse or some other family member, or an invitation from friends.

However, once they had started, most of the EX-group people had their own special genre of photographs, their own preference for subjects, such as nature, people, or flowers, whereas most of the EL-group people were still looking for their genre. Many of the EL-group members said that they were taking pictures of anything, and some others said that they were looking for an appropriate theme for themselves. There are many kinds of photography contests, and for all the members "awards" are one kind of goal. All of the experts had received awards in contests, whereas half of the early learners had received young career awards.

There were no significant differences in psychological well-being between the two groups. If we consider their

significant age differences, it seems rather astonishing that the experts could keep pace in quality of life with the early learners, who were much younger. It is noteworthy that participants of both groups mentioned finding happiness, along with being better able to evaluate how they were changing, through photography. They stated that, because of practicing photography, they had become aware of many aspects (light, color, structure, and composition) of nature, people, and objects in everyday life. In addition, they pointed out that these new discoveries had stimulated them to reorganize their later life in general. Moreover, both groups, especially the males, reported changes in their social

***"These new discoveries had stimulated them to reorganize their later life in general"***

relationships. They said that if they had not been doing photography, they would have been isolated from society after retirement. They also reported that, because of their interest in photographs and photography, they had routine conversations about this with their spouse. Our assessment of affective relationships supported their narratives: Almost all the participants named family members, usually

the spouse, as being supremely important to them, and only three were identified as lone wolves who were not very interested in social interactions.

In sum, the experts had succeeded in narrowing their interests and behaviors. That is, they were more selective of possible genres of photographs and more of them not only achieved good outcomes (awards) than their younger, less experienced counterparts, but although more elderly, also matched them in terms of psychological well-being.

### **Optimization of Everyday Practices for Goals and Outcomes**

Both EX- and EL-respondents mentioned that using many exposures was critical for being a good photographer. Interestingly, some of the early learners tended to take photographs in enthusiastic bursts of activity, whereas the experts had already worked out a steady, comfortable pace. Moreover, the experts mentioned significantly more strategies for taking good photographs than did the early learners. They believed that photographers must have a clear theme when they take pictures. They also pointed out the importance of the timing of shots, taking time to explore appropriate shots, careful attention to lighting, and so on. That is, the experts appeared more aware of deliberate practices (Ericsson, Krampe & Tesch-Romer, 1993) than the early learners.

### **Compensation for Insufficient Techniques, Knowledge, and Motivation**

The participants compensated for their limited knowledge and techniques by asking advice from and sharing their photographs with peers during and after the monthly seminars. They also gained knowledge from magazines and exhibitions. Interestingly, more of the EL-group participants appreciated receiving information from peers and photography magazines. In the interview, they also referred to the instructor and reported how his comments and lectures were useful to them. Some of them expressed how the instructor's positive evaluations encouraged them. In contrast, the experts did not explicitly refer to the instructor as often, and some of them even confessed that they sometimes differed from him in their evaluations of photographs.



In this sense, the experts were autonomous: They acted independently of the others and even of the evaluations received from the instructor, although they mentioned that they received many 'hints' from the instructor's comments and from reviewing others' pictures in the seminar and at public exhibitions. In addition, many of the participants (63%) reported performing physical activities every day to maintain their health and physical strength, such as walking and weight lifting.

Moreover, most of the participants voiced an appreciation for both the emotional support and understanding of their photography activities shown by their spouse and children, e.g., by driving the participant to photography sites, getting up early in the morning to make lunch for photography trips, making recommendations of 'nice' photographs for the monthly seminar, congratulating them for winning awards in photography contests, and understanding the related expenses. The participants also reported having chats and photo-taking trips with other members. Thus, both groups of photographers gained knowledge from others, but more of the early learners needed 'visible' and concrete information and suggestions from others.

### **An Expansion of the Original SOC Model**

Thus, we can conclude that the SOC model can explain most of the ongoing activities of the Japanese silver-haired shuttlerbugs. However, as the findings indicate, for descriptions of successful aging among ordinary elderly Japanese people after retirement, the original model proposed by Baltes and his colleagues seems too cognitive. That is, in explaining the process of successful aging, Baltes and his colleagues pay almost exclusive attention to how people who have professional goals lose their abilities with aging, or maximize their remaining abilities. Because of this cognitive bias, the SOC model, which mainly focuses on cognitive means and compensations that relate to goals and outcomes, fails to capture much of what truly motivates the participants studying photography.

For descriptions of successful aging through avocation that can be more generally applied to the old-age population, we propose to expand the original model to include socio-emotional elements. First, the goals and outcomes of successful aging should include the maximization of life-satisfaction and social interactions. These outcomes are subjective and emotional; in our study we have assessed them by subjective well-being, the awareness of changes in oneself, and social relationships. Second, although the original model is focused on the cognitive compensation for losses, the present findings indicate that emotional and interpersonal aspects of the practices, such as evaluations, especially positive evaluations, and social activities, in which pleasant experiences are shared with peers and family, are critical in the enhancement of everyday life practices and well-being. Third and finally, although the original model mainly focuses on individualistic aspects of behavior, people must develop through participating in social activities (e.g., Goodnow, Miller & Kessel, 1995). They are surely actualizing development through participation in sociocultural practices. As the findings indicate, even after retirement people achieve successful aging through interactions with both other people and tools. The modified SOC model explains how and why retired

citizens, not only in Japan but also in other nations, are highly motivated to achieve their goals in a non-vocational yet serious leisure-time pursuit.

### **Notes**

- 1 The average life expectancy among the Japanese is 84.6 years for women, and 77.6 years for men in 2001.
- 2 A *haiku* is a Japanese poem consisting of seventeen syllables.

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## **Old Age and Close Relationships in Africa: Snapshots and Emergent Perspectives**

*Sinfree Makoni*

Department of Communication Sciences and Disorders, Long Island University,  
Brooklyn, New York, USA  
e-mail: [sinfreemakoni@hotmail.com](mailto:sinfreemakoni@hotmail.com)

and

Monica Ferreira

Institute of Aging in Africa, University of Cape Town,  
Cape Town, South Africa

e-mail: [mf@cormack.uct.ac.za](mailto:mf@cormack.uct.ac.za)

Varying and shifting orientations towards old age and interpersonal relationships in later life are expanding research focus areas in African gerontology. The processes of modernization and urbanization in the continent are changing traditional ways of life and impacting family support systems; extended family systems are giving way to nuclear or disjointed families, particularly in new and urban settlements with an external appearance of being disorganized.

African countries are contemporaneously bedeviled by extreme poverty, political and social instability, and natural and man-made disasters. The AIDS epidemics and resultant deaths of young adults are tearing families apart, leaving grandparents to care for orphans, without kin support in old age. In general, elders can no longer look forward to an old age in which they are cared for and shown respect on grounds of seniority, as was the case with their forebearers.

Insight into the process of growing old and the nature of old age in Africa has relevance beyond the African continent. Recent international migration has spread the African Diaspora to North America and Western Europe, in particular. Studies of aging in Africa may thus provide an understanding of the diverse contexts in which Africans grow old, for use in analyses of aging in African ethnic minorities in northern regions.

In our contribution we address the following set of questions:

- ❖ What meanings does old age have for older Africans, and how do the meanings change as individuals move across the life span?
- ❖ To what extent is the experience of old age in Africa gender-based, and in which ways do continuities and discontinuities affect the close relationships of older women?
- ❖ Conversely, in which ways do close relationships shape older women's experience of old age?

We use a series of snapshots, or narratives of aging in different African societies and settings – rural and urban, nomadic and settled – to focus sociolinguistically and anthropologically on the changing nature of women's close relationships and to explore the impact of gender on aging – more specifically, on experiences of husbands and wives across the life course. In African culture, women's roles and behavior are minutely prescribed and inheritance laws are narrowly circumscribed. In some societies, women are required to use a particular form of language – called *Thlonipha* in Zulu and *Xhosa* in South Africa – to defer to men (Sagner, in press). Women's status is thus subservient to that of men, although norms and codes vary between societies and ethnic groups, as well as across the life span.

### **'Praise the Lord and Say No to Men'**

In Africa, a large majority of older women are widowed. Older men, by contrast, may be polygamous and have multiple wives, or will take another (younger) wife after the death of a wife. Based on anthropological work among the

Samia in Kenya, Catell (1992) found that, although widowhood may be traumatic initially for Samia, it is often experienced as liberating.

Nevertheless, widows are under considerable pressure to remarry, often in a levirate marriage (a widow is required to marry her deceased husband's younger brother). But widows will use ingenious strategies to resist traditional rites, which demand that they remarry. Some use religion as a strategy of resistance: they *praise the lord and say no to men*.

Although widowhood transforms older women's immediate and communal relationships, widows are able to retain their essential marital rights to continue to cultivate, and later to be buried on, their deceased husband's land. Although widows' livelihood remains largely in the hands of their sons, who will inherit the land on their mother's death, they are unlikely to be under their son's thumbs. *A son will bring you tea and sugar, but a husband will drink it up, they will say.*

Before widowhood, older Samia women would not necessarily nor passively have acquiesced to their husband's demands. Respect forms in everyday speech suggest that women are subordinate in a male-dominated African society, but social behavior and practices tell a different story and indicate areas of female control.

In the marital home, women work in their own spaces, particularly the kitchen, which men seldom enter. They control all activities relating to food, deciding which foods to prepare and when to have a meal. A hungry man can only sit and wait for his food. Control over food, as a means to resist male domination, is particularly important to African women because of the social significance of food and communal eating in African culture.

Older women, if they are preparing food, will reserve some of it for their grandchildren, and in so doing will foster close relationships with grandchildren. However, African elders hold a view that seniority status has earned them the right to 'sit and eat', and thus to be served food, typically prepared by a daughter-in-law. The daughter-in-law though will not take a meal in the company of elders; she will repair to her house in the compound and eat with her children, while her husband will eat with his parents.

### **'They Talk to us like Children'**

An increasing number of studies in African gerontology focus on the nature of relationships between grandmothers and grandchildren, and demonstrate the important role which grandparents play in nurturing and raising grandchildren, particularly when young children's parents have migrated to a city or town to work.

Some studies have noted a growing tension between instrumental and affective roles of grandparents. In a study among Zulus in South Africa, Cattell (1997) described grandmothers' socialization of granddaughters in appropriate sexual behavior, to help them maintain their virginity until marriage. The grandmothers expressed a strong sense of generational continuity, even moral imperative, in transferring knowledge, which they had learned, from *their* grandmothers. Møller and Sotshongaye (1999) have shown that the risk of teenage pregnancy preoccupies the minds of Zulu grandmothers, who take their dual roles of advisors to the young and guardians of morals in society seriously. The practice of virginity testing (by older women) is increasingly legitimated in this population as a means of restraining



young people from engaging in sexual intercourse and of trying to prevent HIV infection.

However, the effects of modernization and post-apartheid social transformation in a changing South Africa are putting a strain on grandmother-granddaughter relationships. *Times have changed*, the older women point out. Some granddaughters resist the older women's efforts and intentions in socializing them in respectful and appropriate behavior, which they view as old fashioned. Grand-daughters will say *Oh, you are talking in old-fashioned language*. The view of grandmothers will be that *Grandchildren of nowadays do just what they want. They do not listen*, the grandmothers will add.

The older women's instrumental roles typically reinforce a style of talk in which they exercise authority by speaking not as individuals but as elders giving voice to collective social and historical experience, over which they feel they have legitimacy. A defining feature of such intergenerational discourse is how it frequently slides into narration – not about an older individual's experiences but revelations of a common history, or a group experience, in which the key aspect is no longer 'me versus you' but 'us' as the repository of the past articulated through 'me.' Hence, the grandmothers will object to the way in which grandchildren respond to or address them. *They talk to us like children*, they will say. *They show us no respect*.

### **'The Cow is a Uterine Body in which Elderhood is Grounded'**

The OvaHimba are a pastoralist, nomadic tribe who live in the mountainous, southwestern corner of Namibia and Angola in southern Africa. Van Wolputte (in press) has recently studied aging in the OvaHimba, focusing on the close relationship of the people with their cattle, sheep and goats – livestock being an integral part of the fabric of community life.

Some of the closest human relationships and lineage of the OvaHimba are, in fact, formed and sustained through exchanges of cattle and other domesticated animals. Livestock are wealth and bride prices are paid in heads or herds of livestock. Over the life course, the power and authority of OvaHimba are vested in reproductivity and regenerative powers emanating from the herd, and not in human members of the homestead exerting masculine control over feminine life-giving sexuality. Elderhood and gerontocracy are thus invested in the herd. Here, the authority of elders is not the preserve of men; women can and do indeed become authoritative elders as well.

The OvaHimba not only gain increasing authority as they grow old, but also as their livestock increases and ages. Livestock is accorded seniority status as it becomes older. But as the OvaHimba grow older, they become increasingly stationary and remain in the homestead, in which they will finally be buried. Death is not viewed as a rupture for OvaHimba elders, but as a point of transition and a moment of regeneration in which relations are revitalized (see, e.g. van Wolputte, in press).

### **'What am I Supposed to do, She is Mine'**

In African townships, the majority of households are multi-generational and are affected by HIV/AIDS. Invariably, grandmothers are caregivers to an adult daughter dying as

a result of AIDS as well as co-resident grandchildren, soon to be orphans, some of whom already have AIDS. AIDS-affected households are predominantly female; male partners typically abscond on learning of the illness in the household. The households experience extreme poverty, and with very little or no money grandmothers must do their best to procure food for household members, and to pay for essentials such as medical treatment and grandchildren's schooling.

Ferreira, Keikelame & Mosaval (2001) carried out a longitudinal study over six months with interviews at three month intervals with 43 grandmothers resident in AIDS-affected households in 'black' townships around Cape Town, South Africa. The authors investigated how the grandmothers coped with the demands of caring for dying children and grandchildren with meager resources. Under such circumstances, a mother-daughter relationship is tossed about in a sea of heartache and grief, agony and anger, a sense of hopelessness and despair, and penury and fear of the future. An analysis of data from the interviews reflected the psychological and emotional pain constantly experienced by the grandmothers over the six-month period, first in coming to terms with AIDS in the family, and then in burying their deceased children.

"The loss of partners, siblings and age peers is an inevitable experience for most people during old age. Adaptation to losses of long-term relationships and their associated life context is an important and difficult developmental task" (Smith, this issue p. 6). However, in African gerontology a difficult developmental task would not necessarily be for older women to come to terms with the loss of peers – which is assumed to be a natural part of aging – but with the loss of children and with the burials that follow. In spite of the difficult nature of this developmental task, strategies seem to have been developed by grandmothers and reinforced by beliefs that death, in the cosmology of some older women, is not a rupture. Such a belief provides a form of negative consolation as the women come to terms with the painfully difficult developmental task of losing their children.

Excerpts from the study of Ferreira et al. (2001) illustrate the difficult nature of the task: *We are trying and even my daughter is trying*, explained a grandmother of her relationship with her very sick daughter. But another grandmother grieved about her relationship with her daughter whose death was imminent. *She is not speaking to me; she is swearing at me... and that bothers me very much*. Yet another grandmother complained that her dying daughter is angry and is *drinking far too much alcohol*, but added, *for that matter, I do not care anymore*. Several of the grandmothers had accepted their situation and the daughter's anger and coped stoically. *I just take her [the daughter] to bed and do some other things. When I am finished doing everything, I go and talk to her*. But an ability to cope with a daunting and hopeless situation does not belie a mother's pain and sense of hopelessness. *She [my daughter] is hurting so much and it is affecting me. But what am I supposed to do, she is mine*.

### **Psychological Models of Aging to Analyze Close Relationships in African Gerontology**

Brief consideration is given here to the applicability of two psychological models – the convoy model and the

Support/Efficacy model (see Antonucci & Akiyama 1987; Antonucci, 1994) for studying close relationships in later life in Africa. The convoy model, initially derived from anthropology, is used to refer to a protective layer of kin and acquaintances who surround a person as they move through the life span. The model is based on three explicitly defined generations, elderly, middle age, and young adults. The model has been subject to empirical testing, and evidence supports the notion that resources flow in multiple generations. The middle generation functions as the key generation helping both the younger and the older generations. The receipt of aid by the older generation is the core of the convoy model with the elders feeling that they merit aid because of the care and assistance which they had provided to the younger generation, which is now the middle generation. In a typical U.S. case the elderly, particularly when they are extremely old, are likely to be receiving more assistance than they are giving. The flow of aid is more in their direction than away from them. When seen from a life-span perspective, the support which older persons receive or which younger persons provide, lays a foundation for a 'social support bank.' In what ways then could the model be applicable to the study of close relationships in Africa?

**“The ‘lie’ of an inexhaustive supply of young people willing and/or able to care for their elders”**

We have seen that the impact of life stressors, such as poverty and disease, particularly AIDS, has resulted in older persons continuing to provide care to younger adults. Care of the young by the elderly (and not the reverse, as is the case in the convoy model), in a context of abject poverty exacerbated by wide unemployment among African youth, exposes the 'lie' of an inexhaustive supply of young people willing and/or able to care for their elders. Whether indeed Africans always looked after their elders, as they profess was the case, is an important historical question which would have to be answered through an analysis of actual historical evidence, going beyond African communal rhetoric (Sagner, in press).

The roles which older persons play in contemporary African societies run counter to Foucault's analysis. Foucault (1997) demonstrates that older persons, at least in the 'West,' no longer occupy privileged spaces (crisis heteropia) consonant with their stage in the life cycle, but enter the 'heteropia of deviation' symptomatic of their exclusion from society because of an idleness which they embody in the eyes of a capitalist society (Devisch, Makoni & Stroeken, in press). In our contribution we have tried to show that this is clearly not the case in Africa. African elders' continued involvement in the affairs of their communities, and their stabilizing roles in fluid and unpredictable situations, have led to a reweaving of the disrupted social fabric of African society. Roles which they now assume increasingly reflect a far stronger sense of social continuity and balance in situations in which the young are locked in the 'here and now.' Older persons increasingly focus on the future, based on their changing roles in the present, while the young shed any pretensions of a future, as a result of ravaging disease and disabling poverty. Thus, an assumption that African elders look after the young in anticipation that they will in turn be looked after by them, is untenable in the African context. In an intriguing way, the capacity of African elders to focus on continuity and not to be locked in the past is a feature which they share with their relatively more affluent counterparts, as shown in the results of the Berlin Aging Study (Smith & Baltes 1999).

Another important concept raised in the contribution is the impact of gender on aging in Africa. Based on anthropological data reported in the piece, we briefly consider the effects of husbands on wives, or more specifically the effects of the presence or indeed the absence of husbands on wives, using the Support/Efficacy model of Antonucci (1994). As frequent members of other people's inner close support network, women may, according to the model, frequently find themselves providing support to others. Membership in this inner circle might make them feel advantaged, but they may, at the same time, find the membership stressful because of the social relations, which they must maintain. African gerontology research on gender and aging brings to the forefront an important issue that has not been as central in gender and aging studies in North America: widowhood.

A relatively large number of African women are widows, and there is evidence of their increasing refusal to marry their deceased husband's younger brother but insistence on remaining within the husband's family and social circles. By remaining within their husband's kinship circle they are able to retain their social support network and to maintain their social relationships – unlike in the past, when they would have to negotiate their social relations through their husbands. Thus, widowhood is both a sad and a liberating experience for African women.

### Conclusion

In our contribution, we have tried to give readers a sense of the impact of social change, social-structural forces and ravages of disease on aging and close relationships in Africa. We have also tried to capture some of the multiple forms which aging takes and how it is shaped by gender in various African communities and settings. The dynamic and fluid African contexts require explanatory models, which are situationally and historically embedded and are neither static nor invariant.

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## Benefits of Close Social Relationships for Health and Longevity of Older Adults

Mary A. Luszcz  
School of Psychology and Center for Aging Studies,  
Flinders University,  
Adelaide, Australia  
e-mail: [mary.luszcz@flinders.edu.au](mailto:mary.luszcz@flinders.edu.au)

and

Lynne C. Giles  
Faculty of Health Studies,  
Auckland University of Technology,  
Auckland, New Zealand  
e-mail: [lynne.giles@aut.ac.nz](mailto:lynne.giles@aut.ac.nz)

The centrality of close social relationships to well-being of older adults has been demonstrated by psychologists, sociologists, epidemiologists and other life scientists with an interest in gerontology (Antonucci, 2001). The value of a confidant or social network cannot be underestimated as a buffer against a variety of health and behavioral limitations that could compromise quality of life or positive aging. Beyond the connection between social integration and positive aging, recent results point to some of the psychological mechanisms that may explain how it works (Anstey & Luszcz, in press a). Crucial to this process are individuals' subjective perceptions, particularly sense of control over, and satisfaction with, social integration. These psychosocial factors in combination with considerations of physical and functional health, and financial security, shed light on the survival advantage that females experience in longevity.

Here we consider psychological and epidemiological perspectives, with particular emphasis on work done in Australia over the past decade. We have two aims: 1) showcasing how social relations, particularly social networks,

contribute to longevity and well-being; and 2) illustrating the diversity in the composition of networks and how this diversity is linked to other characteristics, including survival, that define subgroups sharing qualitatively similar social networks. Conceptual and theoretical issues will be touched on in passing, rather than being a central focus (excellent reviews, e.g., Antonucci, 2001; Bowling & Grundy, 1998).

We draw on the Australian Longitudinal Study of Aging (ALSA; Andrews, Cheok & Carr, 1989; Luszcz, 1998): 1) to demonstrate that individuals with more close relations are advantaged in terms of longevity and well-being; and 2) to explore specific types of social networks and their consequences for positive aging. This necessarily means that we will not be able to explore mechanisms driving these relationships.

### Social Relationships and Mortality

The value of early epidemiological studies showing a link between social integration and well-being cannot be underestimated in terms of their heuristic contribution and implications for improving quality of life. In the 1970s, epidemiologists began to present convincing evidence that people who maintained close relationships with family and friends had better health than their contemporaries who were less socially integrated. Much of this work centered on the effects of social relationships on mortality. Berkman and Syme's (1979) seminal paper showed that social relationships were protective against mortality across young, middle-aged, and older adults. This association remained after adjusting for other variables including socioeconomic status, health practices, obesity, alcohol consumption, physical activity, and health service utilization.

Other authors have generally shown that social relationships are protective against mortality in community-living older adults (e.g., Schoenbach, Kaplan, Fredman & Kleinbaum, 1986). Results from the ALSA converge with this pattern. At baseline in 1992, ALSA was comprised of 2087 participants; by April 2001, 53% of the participants were still alive (Anstey & Luszcz, in press a). After adjusting for age, health, and physical functioning, individuals who reported no memberships in social groups were about 40% more likely to die in the intervening nine-year period. Gender-specific analyses showed that a significant protective effect remained for women who belonged to social groups, but not for men. Higher morale and the expectation that one would be alive for another 10 years also enhanced women's survival. As predicted by Antonucci (2001) a perception of personal control was the only other variable that predicted survival of both men and women.

### Diversity in Social Relationships

More recently, attention has turned to the specific types of social relationships that may be most beneficial to health and well-being. Relations with adult children have diverse implications for well-being (Antonucci, 2001). An initial cross-sectional examination of close social relationships in ALSA investigated the impact of contact with adult children on the well-being of older adults living alone or with others (Ranzijn & Luszcz, 1994). Independent of health and income adequacy, satisfaction with contact predicted better morale and fewer depressive symptoms, although for elders living alone, frequency of contact was also predictive of morale,

suggesting that seeing one's children may be a crucial source of social support for the elderly.

Two complementary approaches have emerged as an aid to investigating specific aspects of social relationships that may be most beneficial. Wenger (1996) derived a network typology of older Welsh people. Five network types were distinguished: a) family-dependent networks, b) community-focused networks, c) locally integrated networks with family, friend, and neighbor ties, d) self-contained networks that were small and mainly neighbor-based, and e) restricted networks that were characterized by few social ties. In a second approach, Glass, Mendes de Leon, Seeman & Berkman (1997) postulated a multidimensional model that reflected social networks with children, relatives, friends, and confidants as well as total social networks for each participant.

While Wenger (1997) has shown similarity in network types in Europe, configurations within the ALSA sample diverge from her model. However, validation of the Glass et al. (1997) model using data from the ALSA lent support to its generality (Giles, Metcalf, Anderson & Andrews, 2002a). In ALSA, social networks with children, other relatives, friends, and confidants were apparent. Females, younger participants, and those with higher household income had larger specific and total social networks. Widowed participants had significantly smaller child and total networks and lower confidant networks than the married, but larger relatives and friends networks.

### Specific Networks and Disability

Despite evidence that social relationships are beneficial to survival, why this is the case remains unclear. Some insight may be gleaned by investigating functional disability, a health outcome between good health and death (Mendes de Leon, Glass, Beckett, Seeman, Evans & Berkman, 1999). For older people, disability refers to limitations experienced in carrying out everyday tasks, e.g., disability in activities of daily living (ADLs), mobility, and physical functioning (e.g., Nagi, 1976).

Functional disability varies according to specific patterns of networks. Comprehensive analyses (Mendes de Leon et al., 1999; Mendes de Leon, Gold, Glass, Kaplan, & George, 2001) showed that better social relationships, particularly with friends and relatives, reduced the risk of developing and recovering from ADL disability in two sites of the Established Populations for Epidemiologic Studies of the Elderly (EPESE). While large networks and networks heavily dependent on friends, but not relatives, were protective against mobility disability in North Carolina (Mendes de Leon, Gold, Glass, Kaplan, & George, 2001) they were not in Connecticut (Mendes de Leon et al., 1999). Giles, Metcalf, Anderson, and Andrews (2002b) showed that after controlling for a range of health, environmental, and personal factors, social networks with relatives were protective against developing mobility disability and Nagi disability over six waves of the ALSA.

### Conclusion

The impact of social relationships upon health and survival is mixed. More work is needed to understand which close ties are of most benefit in promoting well-being. Causal

conclusions are premature, mechanisms unclear and just where in the disease process social factors are most influential is yet to be elucidated (Berkman, 1995).

Initial ALSA analyses point to a range of psychosocial, cognitive, affective, and lifestyle factors, including social participation, that have positive consequences for longevity and aging well (Anstey & Luszcz, in press a & b; Anstey, Luszcz, Giles, & Andrews, 2001; Finucane, Giles, Withers, Silagy, Sedwick, Hamdorf, Halbert, Cobiac, Clark & Andrews, 1997; vanDoorn & Kasl, 2000). Clearly there is overlap in social integration, physical and emotional health (e.g., social relations contribute to physical and mental health and vice versa). As physical and mental functioning is eroded, close relationships can assist in preparing for, coping with, and recovering from many of these age-related changes. Evidence is accumulating showing stability in social relationships across the lifespan, and compensation for declines in the size of networks by selectively cultivating close social relationships that are likely to enhance, maintain, or recover emotional health (Carstensen, Issacowitz & Charles, 1999). Findings reported here extend these cross-national trends to Australia. What is most encouraging, is that many of these

psychosocial factors, including social integration, are potentially amenable to change or (perceived to be) under an individual's control.

**“Female, younger participants, and those with higher household income had larger specific and total social networks”**

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## COMMENTARY: Relationships in Time and Space

Gunhild O. Hagestad  
Northwestern University, Evanston, Illinois,  
Agder University College, Kristiansand, Norway  
e-mail: gunhild.hagestad@hia.no

different as urban U.S., Japan, South Africa, Australia and Berlin. However, they address quite different types of relationships and aspects of well-being. The size and age composition of samples studied are also variable. Thus, systematic comparisons are impossible. However, the reader is left with some intriguing issues. I briefly highlight four: The importance of evaluations and emotions, the necessity of taking a life course perspective, and the possibility of interventions.

### Personal Experience: Cognition and Affect

Antonucci and Akiyama, as well as Luszcz and Giles, stress the importance of subjective evaluations rather than "objective" characteristics of relationships and exchanges. Antonucci sees self efficacy as a cognitive mechanism linking interpersonal support and well-being. Although recent work on cognition incorporates affective components, there are still demarcations between them that many find difficult. Takahashi and Tokoro, who use the SOC model to examine participation in photo classes, are troubled that the model is overly cognitive and cannot address socioemotional elements in relationships. Many ponder: is the "evaluation of relationships" a matter of thinking or feeling? Antonucci and Akiyama use words like resentment, guilt and disappointment when they speak of the negative powers of relationships. The costs of close relationships are also a theme for Makoni and Ferreira. They remind us that being in someone else's inner circle can deplete your resources. Smith paints a picture of old people whose basic emotional needs are not met. Nearly half of the Berlin sample indicated that they had no reliable source of emotional support. Nearly one in five reported no affection or close physical contact with others over the last three months. Emotional loneliness increased in a linear fashion from age 70 to 100.

### A Life Course View

Antonucci and Akiyama stress the importance of taking a life course view. In order to do so, we need to consider four key issues: "the normal, expectable life," interdependence, the consequences of age-related losses, and the interplay of biographical and historical time. Losing peers is an expectable, painful part of advanced age. Family ties across generations can be buffers against such losses. These relationships represent what Makoni and Ferreira call a "social support bank": implicit contracts about exchanges. In South Africa, an AIDS epidemic means that old people face the "unnatural" loss of children and grandchildren. Instead of receiving anticipated support, they end up being help providers. They illustrate the risk of interdependence: broken hopes and failed plans.

While Luszcz and Giles discuss how close ties with others may help older persons prepare for and cope with physical problems, Smith suggests that reduced vision, hearing, and facial expressivity may deprive individuals of cues that are central to everyday interactions. Misreading of cues may also be due to age- and cohort differences between interaction partners. Having traversed many decades of life, in shifting historical landscapes, may make it hard to find shared understanding with people whose life pathways are much shorter and embedded in other historical times. Cohorts may also have different norms for expression of emotions. Even in complex, durable family ties, it may be nearly impossible for the old person to feel understood. It is quite telling that the two essays that bring up communication troubles across age- and generational boundaries are based on settings in which the old have lived through profound social change and shattering historical

At first glance, the five essays seem to offer possibilities for comparisons. They all address social relationships, in settings as

events: South Africa and Berlin. This brings us to the issue of possible interventions.

### The Possibility of Intervention

Antonucci and Akiyama, as well as Luszez and Giles, suggest that we explore potential intervention programs that can maximize positive aspects of social relationships and thus bolster individuals' ability to face the challenges of later life. They offer no concrete examples of how this might be accomplished. Would such programs work with existing networks? Or would they seek to recruit new members? As Smith points out, substituting younger people may fill needs for instrumental support but not the loss of intimates who shared the individual's life story. Can younger persons help alleviate emotional loneliness? Can we build social arenas, beyond the family, in which young and old build enough common understanding (and affection?) that they can see beyond walkers, hearing aids, orange hair and piercing?

### COMMENTARY: A Propitious Time to Study Life-Span Close Relationships, Both New and Old

Candida C. Peterson  
 Department of Psychology,  
 University of Queensland,  
 Brisbane, Australia  
 e-mail: [candi@psy.uq.edu.au](mailto:candi@psy.uq.edu.au)

This newsletter features a timely exploration of close relationships in old age, a theme that has gained research priority through demographers' forecasts of dramatic changes to population age profiles in forthcoming decades. While refreshingly varied in their methodologies and unique samples of participants from several cultures, the five major contributions share a concern with a pair of assumptions that, in my view, warrant further exploration, namely:

- ❖ the need to consider subjective and lifespan perspectives on close relationships
- ❖ the need to include close relationships unique to old age (like grandparenthood) within the research purview

### Lifespan, Subjective Focus

Antonucci and Akiyama point out that the relationships many older adults value most, like marriage or parenthood, occupy so many decades, and embrace such critically formative developments (e.g., infant attachment or early couple conflict-resolution), that their expressions in old age are best seen as continuations of longstanding patterns, tempered by the quality of resolution of developmental issues and problems earlier in life. Thus a securely-attached mother-infant dyad is apt to progress smoothly and intimately, during old age, into a mutually-satisfying reversal of caregiving roles, whereas "when the parent and child have not resolved important attachment-related issues, the emotions and behaviors associated with the elderly caregiving experience can be troublesome for both parties" (Noller, Feeney & Peterson, 2001, p. 140). Subjectivity also emerges in adults' implicit beliefs about how relationships should express themselves over the lifespan. As Goodnow explained: "Care of the aged can be seen as a community or a family obligation, as a duty or as an expression of love" (1996, p. 166).

Subjective norms are subject to social change and, as Makoni and Ferreira highlight, may consequently clash between generations. However, as Smith, like Luszez and Giles, all note, the inevitable physiological declines of old age may also conspire to change relationships. In considering changes over the lifespan, all the contributors draw inspiration from Baltes' (1993) postulates of: a) co-occurrence of psychological gains and losses throughout life, and b) "selective optimization with compensation" (S-O-C) as means for achieving an optimal ratio of the former to the latter. Thus Smith shows how Berliners aged 90-plus sustained social embeddedness and intimacy in the face of diminished mobility and sensory capacity, Luszez and Giles illustrate compensation for age-related disabilities via the social network, and Takahashi and Tokoro use Baltes' S-O-C model to explain how Japanese retirees in a camera club used the social contacts and recognition they gained by becoming expert photographers to sustain life satisfaction while compensating for achievements and friendships lost through mandatory retirement.

### The New Relationships of Old Age

Widowhood and grandparenthood, though under-represented in a youth-oriented research literature, are of crucial subjective importance. This emerges eloquently and poignantly from Makoni and Ferreira's interviews with contemporary African old women whose relationships and social opportunities were dramatically altered by modernization, extreme poverty and recent traumatic events (famines, genocidal wars, and the AIDS epidemic). These authors conclude that widowhood and grandmotherhood can be "liberating" experiences for African women when they force a move out of traditionally subservient wifely roles. When caring for their ailing or absent children's offspring, and whilst giving voice to wisdom born of vanishing cultural traditions and historical experience, these elderly African grandmothers contributed to "a reweaving of the disrupted social fabric of African society." Hence, by different routes, they achieved the same integration and continuity with the personal past as Smith's elderly German respondents.

Indeed, even in the developed world, the role of the grandparent has recently surged in subjective importance. During the 1960s, Neugarten and Weinstein's (1964) interviews with Midwestern American grandmothers and grandfathers revealed pervasive disappointment with grandparenting role which was frequently undertaken halfheartedly as a "distant figure." But results of a similar study of contemporary Australian grandparents (Peterson, 1999) were in sharp contrast. Less than 10 percent of these Australians (versus over one-third in the earlier study) were dissatisfied with grandparenting, and a surprising number judged grandparenthood their subjectively most satisfying, meaningful, and important close relationship in life.

Findings like these, along with other important issues raised in the five contributions, warrant further investigation. The time is obviously ripe for such research, now that close relationships as scientific phenomena, and models for understanding the developmental possibilities of late adulthood, have so clearly come of age.

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## COMMENTARY: *Heterogeneity in Late Life*

Theo van Tilburg

Department of Sociology and Social Gerontology,  
Vrije Universiteit,  
Amsterdam, The Netherlands  
e-mail: [T.G.vanTilburg@scw.vu.nl](mailto:T.G.vanTilburg@scw.vu.nl)

The essays cover many themes in relation to heterogeneity in late life. The notion that intracohort heterogeneity increases with age is one of the tenets of gerontology. In this commentary, I would like to highlight and supplement evidence in support of heterogeneity that is adduced in the essays.

Smith demonstrated that the social networks of older people vary according to sociodemographic characteristics. The distinction between the younger old and the oldest old is particularly relevant, as the oldest olds' networks are smaller and their loneliness is more intense than the younger olds'. Smith observed that the loss of close persons was the dominant trend in the longitudinal data. This is remarkable, as other longitudinal studies revealed that the development of older adults' networks is variegated: some networks are characterized by losses, others are stable or expand (e.g. Bowling, Grundy & Farquhar, 1995; van Tilburg, 1998).

Many older adults are capable of actively shaping and controlling their social environment, which is contrary to ideologies in which older people are portrayed as passive and largely dependent on the financial support and care provided by younger generations. Studies into provision and receipt of social support, based on social exchange theory, revealed that many older people actively provide support to their social network, whereby the amount of support provided varies according to their age and health (e.g. Morgan, Schuster & Butler, 1991). The ability to maintain a support balance by providing support is often regarded as critical to successful aging. The Selection, Optimization and Compensation model provides a theoretical framework for understanding the various behavioral patterns that contribute to successful aging, as is illustrated in the essay by Takahashi and Tokoro.

Aging and close relationships cannot be studied in a social vacuum. The study of social relationships extends, by definition, beyond the individual and covers at least two persons whose actions affect both their mutual relationship and their lives. In this context, Antonucci suggests that a life span perspective is required in order to properly understand life-time relationships, such as a parent-child relationship, and the way in which past experience affects older adults' lives. It should be noted that both the interwovenness of the lives of the persons involved in a relationship and their individual circumstances contribute to the variability of close relationships. For example, parent's and child's filial responsibility expectations combined with the structural circumstances of both might influence the support exchanges between parents and children (Cooney & Uhlenberg, 1992; Klein Ikkink, van Tilburg & Knipscheer, 1999).

The social context of relationships also extends to the broader social structure and culture. A small but increasing

number of cross-cultural studies into close relationships and related phenomena, such as loneliness, have shown that there are many differences between 'western' countries, which could be related to the level of economic development and socio-cultural characteristics (e.g. Höllinger & Hall, 1990; Stack, 1998). The essay by Makoni and Ferreira places non-western culture and societal changes on the agenda. There is still much work to be done to gain insight into how variability in close relationships reflects intercohort differences and the association between variability and societal changes in different cultures.

Both Antonucci and Akiyama's essay and the essay by Luszcz and Giles report that there is overwhelming evidence to the effect that the availability of close relationships on the one hand, and well-being and health on the other hand, are positively correlated. This evidence provides a firm basis for the development of intervention programs. But as was already pointed out by Luszcz and Giles, there is still a lot to be learned about that association. A meta-analysis of 80 studies by Schwarzer and Leppin (1991) revealed that social support operates in complex pathways. The positive long-term health effect of social integration is mediated by psychological processes and health-related behavior. A negative correlation is observed in cases in which support is mobilized in response to disease. On the basis of this evidence, different intervention programs should be developed, such as preventative programs aimed at maintaining a large network in the early phase of older adult's health trajectory, and programs aimed at activating supportive behavior in a later phase.

In conclusion, I suggest that a major objective of research into close relationships should be to identify late-life diversity and its underlying mechanisms at the level of the individual, from the perspective of the individual's life. This should be supplemented by taking into account the structural and cultural development of the relevant society.

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## COMMENTARY: Older Adults' Social Relationships: Strengths and Vulnerabilities

Karen S. Rook

Department of Psychology and Social Behavior,  
University of California, Irvine,  
Irvine, California, USA  
e-mail: [rookkarens@aol.com](mailto:rookkarens@aol.com)

Laura A. Zettel

Department of Psychology and Social Behavior,  
University of California, Irvine,  
Irvine, California, USA  
e-mail: [lzettel@uci.edu](mailto:lzettel@uci.edu)  
and

Dara H. Sorkin

Department of Psychology and Social Behavior,  
University of California, Irvine,  
Irvine, California, USA  
e-mail: [dsorkin@uci.edu](mailto:dsorkin@uci.edu)

Interest in the nature and functions of close relationships in later life has a long history, both because social integration has been found to make important contributions to health and well-being and because the circumstances of later life are often believed to jeopardize older adults' social integration. The five target essays in this issue underscore that the majority of older adults are embedded in meaningful social relationships, which serve as critical sources of support. These articles also emphasize, however, that social relationships undergo changes in quantity and quality as people age, with some changes largely voluntary and others involuntary. The articles offer a wealth of ideas for discussion, but we focus on several issues that have received limited attention in the broader literature on older adults' social relationships and that have implications for analyzing the strengths and vulnerabilities in older adults' social relationships.

First, Takahashi and Tokoro found that Japanese older adults who immerse themselves in a satisfying hobby (photography, in this case) reported greater happiness and enhanced appreciation of the physical environment. Their findings resemble those of Fredrickson (2001), who has demonstrated that positive emotions help people to expand and extend their lives. Companionship with others that involves stimulating shared activities often kindles positive affect (Diener & Seligman, 2002), providing a release from current worries and preoccupations and an enhanced capacity to engage with the environment (Rook, 1990). Unlike social interaction that involves exchanges of emotional or instrumental support, companionship is inherently egalitarian and boosts self-esteem through the affirmation conveyed by being preferred as a partner for shared leisure. The distinctive benefits of companionship in later life, including shared avocations, strike us as warranting further investigation.

Makoni and Ferreira's observations of the intergenerational tensions and resentments that result from the efforts of elderly African women to protect their granddaughters' health by monitoring their sexual activity underscore that close relationships often involve elements of control as well as support. Efforts to dissuade a family member from engaging in health-damaging behavior may succeed in protecting health at

the expense of feelings of goodwill in the relationship (a "pyrrhic victory," Dillard & Fitzpatrick, 1985). The family member's sense of self-efficacy, which is important for well-being (Antonucci & Akiyama; Luszcz & Giles), may also be undermined in such transactions. Future research might seek to understand how the tensions and contradictions between control and support are dealt with in older adults' close relationships. More generally, research on the strains that can develop in close relationships (Antonucci & Akiyama; Makoni & Ferreira; Smith), whether or not they involve control, is needed to complement the large body of research that has emphasized the role of support in close relationships.

The social convoys in which people are embedded (Antonucci & Akiyama) influence health and well-being across the life course, including old age, as documented by Luszcz and Giles. These essays describe the strengths of social convoys in later life (Antonucci & Akiyama), but they also identify societal conditions (Makoni & Ferreira; Takahashi & Tokoro) and personal life events (Smith) that can weaken social convoys by causing the disruption or loss of important relationships. The high rates of widowhood and death of friends in later life, combined with evidence of relatively high rates of loneliness in advanced old age (Pinquart & Soerensen, 2001; Smith), lead us to agree with Smith's recommendation for increased attention to the possibility of compensation for relationship losses in later life. We would caution researchers, in undertaking such work, that "substitution" (the existence of alternative relationships that provide support and companionship following a relationship loss) does not necessarily guarantee "compensation" (psychological benefits that restore well-being) (Rook & Schuster, 1996). Smith notes in this regard that the extent of compensation for major social losses may be limited, with the emotional closeness of long-term relationships being especially difficult to derive from alternative relationships.

As knowledge accumulates about the sociocultural conditions, life circumstances, and individual differences that influence social relationships in later life, we are moving closer to understanding the factors that strengthen or threaten such relationships. The essays in this issue make important contributions to this quest and should stimulate further research that eventually may provide a foundation for interventions to address loneliness or problematic social relationships in later life.

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