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The Geography of Belonging:

Place, Proximity, and Social Support

By Dale E. Anderson

A thesis presented to the Department of Geography, University of Ottawa,
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy (Geography).

DEDICATION

Dedicated with love and the greatest of pleasure to my father,
Walter Leonard Anderson
1921 - 2000
with immense curiosity as to what he might think of it all;

and to his granddaughter,
Lark Erin Anderson,
2002 -
who doesn't have to think about anything, yet
(but does anyway).

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NOTE TO THE READER

"If you take a course on Research Methods, it is unlikely that you will be told that introductory paragraphs of papers, or first chapters of books and theses, are often written last. As we shall see, you will normally be obliged to set out the entire form and structure of what you want to say long before you know what it is that you are going to say. That this ritualistic requirement is back-to-front and topsy-turvy is . . . well, precisely the point of this essay. And in writing this essay I have been forced to come back to the beginning just as I was ending it. This is because the Truth, whether derived from experience, thoughtful reflection, or research (often in various combinations), sometimes makes its own demands on us. The person who approached me about this essay asked me to set out how I *actually* went about a piece of research, what were the ideas, what were the real difficulties, what were the jobs and sorrows of a concrete piece of geographic inquiry. But as I was setting down some of the things that happen during a research project, I started to think. This, of course, is often fatal. In thinking about research, what I came to see was the enormous amount of pretentious ritual that students are made to wallow through before they can undertake imaginative inquiry about something they find intriguing. So to be Truthful, I really felt I had to undertake a sort of intellectual slash-and-burn operation, and make a clearing in which people might start to think afresh about inquiry–*all* inquiry, including the geographic....

It must be difficult being a student today. There seems to be so little freedom to go your own way, to choose your own questions, and to make your own mistakes. It always seems that there is a right way of doing things, an approved-by-your-adviser-or-tutor-or committee [or department] way of doing things. Follow *their* way and all will be well, but stray from this path of righteousness, and you will be crunched. Of course, this do-as-I-say way is fine for the person who likes being told what to do. In fact, if you do it well, you can even plod all the way to the PhD. Unfortunately, it is a way almost guaranteed to frustrate the really imaginative and curious person, and nowhere is conformity more apparent than in the outlining and writing of research proposals, whether for an undergraduate paper or thesis, or for a postdoctoral research program funded by a national agency.

The problem is that no one is allowed to say openly and honestly, "Well, what I really want to do is poke around in this area and see what I can find." ...

You will have to outline it [the proposal], and the more formally you do it the better. A detailed hierarchical structure, with all the Roman numerals and subsections of subsections, will do much to convince Them that you are on the right track. Of course, you will have to fill in all those hierarchical subsections with things that you invent out of thin air, for the simple reason that you have not done the research yet. How can you possibly know whether you will find X when you have not looked, or that method Y will work when you have not tried it? If it all seems senseless and back-to-front, just remember that there are people in the academic world who spend their lives doing this....

Now, quite obviously, the time to outline and structure your thinking and findings is *after* you have done the research, when you really have something to say, and so have the responsibility to say it clearly, fluently, and well to your reader. But I doubt anyone will tell you this....

[Y]ou may be forced to pose hypotheses, no matter how banal these seem, although what you *really* want to do is observe carefully, closely, openly, and with as little prejudice as you can muster, and then describe, with insight, skill, and thoughtful imagination, the topic you have chosen... One problem with such hypothetical mouthings is that they tend to be dissimulating. After, all, what on earth is the use of posing a hypothesis if you are pretty sure it is going to fail? If you think it is going to fail, why pose it in the first place?

What is continually ignored by those who cling to the forms and rituals is that most "eureka" experiences come from *descriptions* of the physical, biological, and human worlds that allow us to see something we did not see before... In every science, and in all successful research, there are moments of sudden seeing when something that was concealed from us becomes unconcealed. Which is exactly why *aletheia* for the Greeks was the word for truth, *thea* negating the *Lethe*, the dark underworld of concealment, to make the truth un-concealment."

Peter Gould, 1999, *Becoming a geographer*, Syracuse: Syracuse University Press, pages 208 and 210-213. Emphasis in the original.

ABSTRACT

In English

This thesis is about *belonging*, about people's ties to others and the nature of those ties; such ties are referred to by social scientists as *social support*. Social support has traditionally been studied with respect to two dimensions: *structural* dimensions refer to the characteristics of the individuals who are part of an individual's social support network (such as their number, or the frequency with which they interact); *functional* dimensions refer to the types of support that are exchanged between people (such as practical help, or affection). In the early 1980s, Graham Rowles, an American geographer studying the elderly, proposed that the combination of the support received by the elderly, and the place in which it was provided, gave rise to *sociospatial* support–a concept that has lain dormant ever since. This thesis is an attempt to reinvestigate this concept, and explore how *place* (i.e., the neighbourhood) and *proximity* influence the social support that is received by the elderly (those aged 55 to 74) in the Outaouais region of the Province of Québec. The research makes use of three data sources: information on basic structural and functional dimensions of support in the lives of the elderly is provided by the *National Population Health Survey*; a regional survey of the Outaouais elderly provides insights into the role of the *neighbourhood* and *neighbours* in the provision of support, with a particular interest in the provision of support by nonkin; and, finally, a series of interviews with selected elderly allow for understanding of the previous two stages within the context of individual experience. The research findings enabled the proposal of the *kinship continuum*, in which it was hypothesized that ties to nonkin could be placed along a continuum of intimacy or *propinquity*, with *kindred of recognition* anchoring one end, and *kindred of communitatis* securing the other. The most substantial contribution was the proposal of a framework for a *geography of belonging*, in which three modalities–network, properties of the person, and milieu–were identified and delineated along a number of attributes, in an attempt to advance Rowles's original concept.

ABSTRACT

En Français

Cette thèse traite de l'*appartenance*, de liens populaires à d'autres et de la nature de ces liens. Les spécialistes des sciences humaines parlent de *soutien social* pour souligner ces liens. Traditionnellement, ce dernier a été étudié à deux types de dimension : la dimension *structurelle* réfère aux caractéristiques des personnes qui font partie du réseau de soutien d'un individu (comme le nombre de personnes ou la fréquence avec laquelle ils interagissent); la dimension *fonctionnelle* se réfère aux types de soutien qui est échangé entre les gens (comme l'aide pratique ou l'affection). Au début des années 1980, Graham Rowles, un géographe américain, en étudiant les aînés, avait estimé que la combinaison du soutien reçu par les personnes âgées et la place dans laquelle on l'a fourni, donnait lieu à l'émergence d'un soutien *sociospatial*, un concept qui est demeuré inexploité depuis. Cette thèse est une tentative de reexamen de ce concept, elle explore donc comment la *place* (c'est-à-dire le voisinage) et la *proximité* influencent le soutien social qui est reçu par les aînés (ceux qui ont entre 55 à 74 ans) de la région de l'Outaouais, Province du Québec. La recherche se sert de trois sources de données : l'Enquête nationale sur la santé de la population fournit les éléments relatifs aux dimensions structurelle et fonctionnelle du support aux personnes âgées; une enquête régionale sur les aînés de l'Outaouais fournit une compréhension des rôles de la *place* et la *proximité* dans la fourniture du soutien aux aînés, avec un intérêt particulier à la disposition d'un soutien non familial; et, finalement, une série d'entrevues avec les aînés a permis de comprendre les deux étapes précédentes dans le contexte d'expériences individuelles. Les résultats de recherche ont permis de proposer un continuum de parenté, dans lequel il a été formulé une hypothèse selon laquelle un soutien autre que familial se situerait dans le continuum d'intimité ou la proximité, avec un même degré de reconnaissance d'un côté et un même degré de *communitatis* de l'autre. La contribution la plus substantielle de cette thèse consiste en la proposition d'un cadre pour une *géographie d'appartenance*, dans lequel trois modalités–réseaux, propriétés de la personne et milieu–ont été identifiés et disposés avec quelques attributs, dans une tentative d'élaboration du concept de Rowles sur le soutien *sociospatial.*

1 The Geography of Belonging: An Introduction

> Research in any field begins with curiosity. Yet method texts often read as primers on how to kill curiosity by subjecting it to formula. As a social process, all research involves a good deal of guesswork, fumbling about, looking around, following rather loosely formulated hunches, filling in empty spaces and, generally, figuring out ways to usefully categorize and explain what it is one has learned. Exploration is in many ways simply a synonym for research of even the most systematic sort since stumbling over something previously unseen or unknown is presumably the sort of experience that all students seek.[1]

1.0 Introduction

This thesis had its inception in my own curiosity about *belonging*–in what it means to belong to someone or some place, in the means by which we belong to such people or places, and in curiosity about what the implications were of belonging for those who did, or didn't, belong. The dictionary offers several definitions of belonging: to *belong* means to be part of something (such as to *belong* to a team); to be the property of someone (the photo *belongs* to her); to have a proper place or to be suitable (the bicycle *belongs* in the garage); or to have a relation with or be a member of something (he *belongs* to the seniors club). It is the latter meaning that is of interest in the research that will be discussed here, most particularly the belonging of people to other people, and to places. We belong to other people through our social ties with them, ties that are referred to as *social support* in the language of social scientists. People can also belong to places, and geographers have been at the forefront in studying what is known as *place attachment* or *insideness* (among other terms). At its most basic level, *social support* can be thought of as gestures of friendship or neighbourliness. Frequently, social support is defined in terms of the *functions* it serves, and is most often classified as being of two types: *emotional* or *instrumental*. Emotional support refers to expressions of affection or respect, while instrumental support refers to the provision of advice or practical help. These *functional* dimensions of support are provided by particular people, people who constitute the support network of an individual.

[1] J. Van Maanen, P.K. Manning, and M.L. Miller. Series editor's introduction. In Stebbins, R.A. 2001. *Exploratory methods in the social sciences*. Qualitative Research Methods Volume 48. Thousand Oaks: Sage Publications. pp. v-vi.

The characteristics of the individuals of the support network are referred to as the *structural* dimensions of social support.

My interest is in the *geographic dimensions* of social support, and by this I mean the role played by place (as in neighbourhood) and proximity (as in relative location and distance between individuals) in shaping the social support, and the social network, that is available to them. Rowles, an American geographer who spent many years investigating the environmental experiences of the elderly, termed the result of the relationship between place and social support a *sociospatial* support system. Since its proposal two decades ago, however, Rowles's concept has lain dormant. One of the objectives of this research to thus to dust the cobwebs off this concept, and reexamine it through a study of the social support experiences of the elderly in the Outaouais, the southwestern administrative region of the Province of Quebec, Canada.

The study takes us on a multidisciplinary journey, and a multisubject exploration–of social support, loneliness, neighbourhoods, neighbouring, the elderly, the Outaouais. But before proceeding further, it is important to understand why researchers should be interested in social support and in neighbourhoods. Perhaps the most important reason for studying social support or *belonging* is its documented importance to human well-being. As Dykstra (1990: 6) explains, the "relationships older adults have generally help them maintain performance, help them in their efforts to improve their situation, and help them respond to adverse events." Over the years, the idea of belonging–to other people and to places–has attracted the attention of researchers in fields as diverse as psychology, sociology, gerontology, nursing and medicine, philosophy, religious studies, planning, and geography. A group of researchers at the University of Toronto found *belonging* to be of such importance, they included it as one of three overarching domains of a quality-of-life index they developed specifically for the elderly. *Belonging*, according to them, refers to a "person's fit with his/her environments," and assumes one of three forms:

> *Physical Belonging* describes the person's connections with his/her physical environments of home, workplace, neighbourhood, school and community. *Social Belonging* includes links with social environments and involves acceptance by intimate others, family, friends, co-workers, and neighbourhood and community. *Community Belonging* represents access to resources such as adequate income, health and social services, employment, educational and recreational programs, and community events and activities (Raphael et al. 1996: 4, emphasis in the original).

My interest is in the juxtaposition of social and physical belonging–that is, of belonging not to any group of people or to any place, but to those near to where one resides. But what does that really mean, to *belong* to people, or to *belong* to places? To belong to others, we must not only interact with other people, we must also feel appreciated and valued by those with whom we interact. Likewise, it is through interactions with others that we receive assistance from them, assistance that serves as further evidence that we are in some way linked to and with others. Feeling appreciated by others, and providing help to, or receiving it from, others, are examples of social support. Social support can thus be thought of as tangible evidence of belonging to others.

As one could clearly belong to many *places*, it is quite logical to question the importance of belonging to a neighbourhood. My interest in the *neighbourhood* is threefold. First, the residential environment has been seen as the crucible through which virtually all aspects of one's life are experienced (Edwards 1993; Pacione 1984). It is thus a place that acquires particular significance in the life of the individual. Second, not only does the residential environment influence other life domains, but numerous studies have demonstrated the salience of the residential environment itself in the lives of people of all ages (Campbell et al. 1976; Edwards 1993; Shin et al. 1983). Perhaps more importantly, however, is research showing that it is often interactions with neighbours that most influence individuals' levels of satisfaction with their neighbourhood (Baressi et al. 1983-84; Bohland and David 1979; Edwards 1993; O'Brien 1991; Pacione 1984). Thus, the residential milieu is not only an important life domain, but social exchanges within the neighbourhood are among the important attributes of it.

2.0 The Objectives of the Research

The goal of this research is to make original substantive and theoretical contributions to current understanding about role of neighbourhood-based social support to the well-being of the community-dwelling elderly, and in so doing, reinvigorate the concept of *sociospatial* support. It will accomplish this goal by searching for answers to the following research questions:

- Is the neighbourhood a place to which the Outaouais elderly feel a sense of *belonging*, and is this *insideness* an important source of implicit social support?

- What is the relative importance of kin and nonkin in the support networks of the Outaouais elderly? Are neighbours an important source of social support?

- What is the role played by *place* (as in neighbourhood) and *proximity* in shaping the support networks of the Outaouais elderly (i.e., the *structural* dimensions of support), and the social support they receive (i.e., the *functional* dimensions of support)? *Proximity* refers to the role of distance and the relative location of support providers.

In many respects, the research is exploratory. Stebbins (2001: 6) explains what is meant by *exploratory research*:

> Researchers explore when they have little or no scientific knowledge about the group, process, activity, or situation they want to examine but nevertheless have reason to believe it contains elements worth discovering. ... [B]oth quantitative and qualitative data may be gathered during exploration. In other words, although in most exploratory studies, qualitative data predominate, they are augmented where possible and desirable with such descriptive statistics as indexes, percentages, and frequency distributions.

While Rowles first proposed the concept of *sociospatial* support two decades ago, he himself never continued research on this subject, and it would appear that neither have others. In this respect, the research is an attempt to identify more precisely the intertwined roles of people with place, and the resultant emergence of sociospatial support. The aim is therefore not to produce grand generalizations, but, through a process of "fumbling about, looking around, [and] following rather loosely formulated hunches" (Maanen et al. 2001: v-vi, as noted in the quotation at the start of this chapter), to expand the foundation upon which grand notions might eventually take their rightful place.

3.0 Organization of the Thesis

The thesis has 10 chapters. Chapter 2 serves as an introduction to the subject of social support and place in the form of a literature review. The first half of the chapter examines social support (how it is defined, measured, and manifest in the support networks of the elderly), while the second half of the chapter introduces the notion of a *geography of belonging*–the fusion of social support with place and proximity. The third chapter serves as the intellectual foundation for the research, setting out an ontological and epistemological position upon which the work is based. The chapter identifies the three

research questions that will be explored, as well as a conceptual framework for the study of place, proximity, and social support. The fourth chapter outlines the methodological approach that will be used to implement the framework introduced in the previous chapter. The methodology takes a three-step approach to the study of people, place, and social support. First, data from a national survey is used to understand the size of the support networks of the elderly, and how often one of four types of support is available to them. The second stage of the research examines data from a regional survey of the Outaouais elderly, to gain understanding of the relative importance of kin and nonkin in the provision of social support, and the role of neighbourhood as the "source" of the support the elderly receive. The third stage of the research involves a series of interviews with select elderly, to understand the meaning of the previous two stages, within the context of individual experience. Chapter 5 thus introduces the research area and population–those aged 55 to 74, and living in the Outaouais. Chapters 6, 7 and 8 correspond to one of the three stages of the research previously identified. The pieces of the puzzle are assembled, at least partially, in Chapter 9, which serves as a synthesis of the three stages of the research discussed in this document, in the light of the literature review of Chapter 2. The synthesis takes the shape of a proposal of a framework for a *geography of belonging*. The chapter also outlines the contributions of the research to the study of social support, and to geography's contribution to gerontological research. The final chapter provides additional thoughts on the research findings, and points the way for future research on place, proximity, and social support.

2 Toward a Geography of Belonging For the Elderly: A Literature Review

> On the one hand millions of dollars are committed to alleviating ill health through individual intervention. Meanwhile we ignore what our everyday experience tells us, i.e. the way we organise our society, the extent to which we encourage interaction among the citizenry and the *degree to which we trust and associate with each other in caring communities* is probably the most important determinant of our health [emphasis added].[2]

1.0 Introduction

It comes as no surprise to most of us that "people need people." In the words of the great English poet, John Donne, "No man is an island, entire of itself." In this chapter, we examine how it is that we are not islands unto ourselves. A number of theorists have proposed that people have an *innate need* to form ties to others–ties sufficiently warm and caring to generate a sense of *belonging* to those around us–and it is for this reason we are not islands unto ourselves. Research has demonstrated that belonging to others reduces morbidity and mortality. But a sense of belonging emerges not merely through ties we have to other people, it also emerges through our ties to the places in which we live. People belong to people, but they also belong to places, as geographers have long argued.

In this chapter, we review the literature that describes how it is that the supportive relationships in our lives provide us with the sense that we belong to both people and places. The chapter has two principal sections. In the first section, we start with an overview of the *belongingness* hypothesis, and then examine how the ties that engender a sense of belonging–known in the language of social scientists as *social support*–are structured, and the types of support that are exchanged by those who share such ties. After exploring how social support is measured and why it is important, we turn to an examination of the support networks and support functions of the elderly. As we shall see, individuals can both provide and receive support; however, as the emphasis in this work is on the receipt of social support, this is the focus of the inquiry vis-à-vis the elderly. In the second section, we return to the question of

[2] J. Lomas. 1998. Social capital and health: implications for public health and epidemiology. *Social Science and Medicine.* 1181-1188. Quotation from page 1181.

place and belonging, by examining the role of proximity and neighbours/neighbourhoods in the provision of social support, how it might differ in rural versus urban areas, and how the notion of the *sociospatial support system* neatly marries people with place. Finally, we examine the theoretical perspectives on social support that attempt to explain the association between social ties, and health and well-being.

As we will see, there is much that is known about social support, and much that is still unknown, debated, and contradictory. Moreover, the interrelated concepts of belonging, social support, and loneliness that we will examine not only overlap with one another, but cross various disciplinary boundaries, taking us on a truly cosmopolitan quest. Before starting that quest, however, there needs to be a reason for doing so, and those reasons are both clear and pragmatic. First, it is not merely theorists who believe that "people need people:" when asked what contributes to their quality of life, the elderly themselves cite the importance of others. Farquhar (1995) put this question to elderly respondents in England, and found what mattered most (in order of importance) were: contact with family members; engagement in social activities; and social contacts with friends and neighbours. Social ties are also indirectly of value to the elderly for another reason: they delay and reduce the need for socially and financially costly institutionalization. For this reason, according to Antonucci (1990: 218), "it is critical that informal support relationships be optimized." It is hoped that this research serves as a modest effort at understanding and *optimizing* such relationships.

2.0 Belonging and Social Support: A Literature Review

2.1 The Importance of Belonging

The question of *belonging* to others has preoccupied thinkers across the ages. From the ancient Greek philosophers, to religious figures past and present, to the existentialists of the twentieth century–all have puzzled over the nature of interpersonal ties and social relationships. Psychologists are among the many who have sought to understand the role of interpersonal relationships in people's lives (Baumeister and Leary 1995). Freud, for example, proposed that interpersonal contact originated in the sex drive, while Bowlby suggested that it was an extension of the early bond infants form with their mothers. Maslow proposed the idea that people were motivated by a series of needs, belongingness being one of these needs, and situated it third in a six-tier hierarchy he proposed in the 1950s (Maslow 1970, see also

1999). Although there has been considerable reflection about the need to belong to other people, Baumeister and Leary (1995) suggest that the reflection has rarely been accompanied by supporting empirical data. In response to this void, they undertook an extensive review of the literature, and found evidence to support their proposal of the *belongingness hypothesis*:

> [T]he belongingness hypothesis is that human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships. Satisfying this drive involves two criteria: First, there is a need for frequent, affectively pleasant interactions with a few other people, and, second, these interactions must take place in the context of a temporally stable and enduring framework of affective concern for each other's welfare (Baumeister and Leary 1995: 497).

Baumeister and Leary concluded that belonging is not merely a *desirable* condition, but an actual human *need*. They reached this conclusion based on a number of observations. We know from research that people form social bonds easily, even under adverse conditions, and show great reluctance to break bonds once they have formed. People devote considerable thought and reflection (*cognitive processing*, in the language of psychologists) to interpersonal interactions and relationships, and such interactions produce both positive and negative *affect* (or feelings) as a result. Moreover, lack of *belonging* or deprivation in one's relationships with others clearly results in a variety of ill effects, including "decrements in health, happiness, and adjustment" (Baumeister and Leary 1995: 508), while adequate *belonging* permits better adjustment to stress, and better physical and mental health. The authors also found evidence to support their contention that both facets of the belongingness hypothesis–that people need *regular interaction* with a certain number of persons, and that they need a stable framework of *care and concern* within which the relationship must function–are critical to adequate belonging. Those with only one of the two facets (that is, those who have stable relationships of care but without regular contact, or those who have frequent interactions without an ongoing bond of caring) fare less well that those with both, but better than those with neither. The authors also noted that satiation and substitution play important roles in the need for belonging. *Satiation* refers to the diminished motivation to seek other relationships when the belongingness need is sufficiently satisfied. Substitution refers to the ability to substitute one relationship with another, should a social bond be severed. Thus, it appears that the need to belong can be satisfied by a relatively small number of quality relationships (perhaps even one),

while the termination of a relationship–and the resulting threat to belonging–can be successfully negotiated by the formation of new relationships with other individuals.

2.1.1 Attachment to Place

Of course, psychologists are not the only social scientists with an interest in *belonging*. Geographers have also long expressed interest in the notion of belonging, but more typically their concern is with the interaction of people with place (Ross 2002; C.J. Smith 1980; Walmsley and Lewis 1993). *Place attachment* is the term used to describe the bonding of people to places, and encompasses a variety of analogous concepts, including, *inter alia*, topophilia, place identity, insideness, genres of place, sense of place, rootedness, environmental embeddedness, and community identity (Low and Altman 1992). According to Low and Altman (1992: 5), "place attachment involves an interplay of affect and emotions, knowledge and beliefs, and behaviors and actions in reference to a place." Place, in their definition, refers to space that has acquired meaning through the events of one's life. *Places* can be of a very small scale (such as a room), or a larger scale (such as cities or regions); similarly, attachment can be at the level of the individual, or of the group. Although the attachment is to *place* rather than *people*, social relationships frequently play a role in place attachment, and in fact, "may be *equally or more important* to the attachment process than the place qua place" (Low and Altman 1992: 7, emphasis added).

Rubinstein and Parmelee (1992; see also Altman et al. 1984) examined place attachment among the elderly, and found it to be characterised by three distinct elements. First, the significance of places results from the personal experiences of the elderly individual, and it is this which enables the transformation of *space* into *place*. Second, attachment does not develop under all circumstances, but emerges from the linking of the space with significant life events (such as one's marriage, the purchase of a first home, or the raising of one's family), underscoring the importance of understanding place attachment in terms of the life course of the individual. Finally, place attachment is not a stage in the life of the elderly, but an evolving process that plays out over the life span: bonds to places form, break, and are reestablished as the prominence of places waxes and wanes with changing circumstances over the life course.

2.1.2 Belonging to People and Places

Raphael and colleagues (1996a and b) developed an instrument for assessing quality of life of the elderly in which belonging–to both people and place–figures prominently. Indeed, they found *belonging* to be of such importance, they included it as one of three overarching life domains. *Belonging*, according to these authors, refers to a "person's fit with his/her environments," and takes one of three forms:

> *Physical Belonging* describes the person's connections with his/her physical environments of home, workplace, neighbourhood, school and community. *Social Belonging* includes links with social environments and involves acceptance by intimate others, family, friends, co-workers, and neighbourhood and community. *Community Belonging* represents access to resources such as adequate income, health and social services, employment, educational and recreational programs, and community events and activities (Raphael et al. 1996b: 4, emphasis in the original).

The focus of the research described in this document is on the juxtaposition of *social* and *physical* belonging; moreover, the interest in belonging refers not to any group of people or to any place, but to belonging to those near to whom one resides. The interest is less in calculating the modalities of contact and exchange between the elderly and their network members, and more in understanding how the elderly perceive the effects of such exchanges on their lives, and how the proximity of supportive individuals colludes to either value or minimize the importance of the neighbourhood as a source of social support. In the next section we shall examine definitions of social support–the means through which we belong to others–and why it is considered important to health and well-being.

2.2 Social Support: A Means to Belonging

2.2.1 Defining Social Support

Since the 1970s, social support has attracted increasing interest from social scientists from many disciplines (House 1986), and has, over this time, been defined in various ways. While differences remain (Kahn 1994), most if not all definitions contain within them notions about care and concern. Cobb, one of the first to propose a definition, described social support as "information leading the subject to believe that he is cared for and loved, that is he esteemed and valued, and that he belongs to a network of communication and mutual obligation" (1976, p. 300 as quoted in House 1986). In 1980, Kahn and Antonucci (Kahn 1994) defined social support as interpersonal transactions involving

affirmation, affect, and/or aid, while a few years later, House (1986) defined it in terms of four types of supportive interpersonal transactions: *emotional* (involving expressions of esteem, concern, or liking); *informational* (involving the giving of advice, suggestions, directives or relevant data); *appraisal* (a subcategory of information involving feedback or an assessment of a person's behaviour and its effects); and *instrumental* (involving more tangible forms of aid such as time, money, assistance with tasks, or other resources).

Table 2.1 Five Functions of Social Support

1. Material, tangible or instrumental support or aid
2. Emotional, expressive, or affect support, or caring
3. Esteem, affirmation, or value support, or acknowledgment
4. Informational, advice, or cognitive support, or guidance
5. Companionship support, or positive social interaction

From: Orford 1992: 65.

Following House's lead, in the early 1990s, Orford (1992) defined social support by distinguishing the five *functions* it serves: instrumental (or material), emotional, esteem, informational, and companionship (see Table 2.1). Orford suggests that *instrumental* support is the component easiest to define, and about which there is most agreement. *Instrumental support* (also known as aid, tangible support, or material support) "refers to the provision of goods and services that help to solve practical problems" (Orford 1992: 65). Examples of instrumental support include helping with household chores or providing help during illness or injury. *Emotional* support refers to expressions of personal warmth, encouragement, care, trust, emotion, and empathy.[3] *Informational* support refers to the giving of information or the teaching of a skill to someone to solve a problem.[4] Orford notes that some authors include *social companionship* as a fifth function of social support. Social companionship refers to time spent with others in recreational or leisure activities. (Despite the distinctions noted by Orford, in much

[3] Despite the centrality of this dimension to the concept of social support, there is disagreement as to whether these components should be considered individually or as a unit. For example, some authors consider *esteem* support to be different from *emotional* support, while others distinguish *affective* support (expressions of liking, admiration, or love) from *affirmation* (acknowledgment or agreement as to the appropriateness of an action or statement).

[4] Informational support is also a contentious dimension of social support conceptualizations, as not all researchers agree as to its relevance, and some omit it entirely.

of the social support literature, researchers distinguish two broad types: instrumental and emotional support.) Regardless of the function of the support, social support is not merely *received* from others, but is also *given* to them; in most relationships, in fact, individuals are both sources and recipients of social support (although this can change with age). Thus, Heaney and Israel's (2002:187) recent definition of social support as "aid and assistance exchanged through social relationships and interpersonal transactions," nicely links earlier notions of caring transactions, with the relatively more recent emphasis on functional dimensions.

In addition to the *functional* dimensions of social support, support is also characterized by *structural* dimensions. The *structural* dimensions of social support refer to characteristics of the support individuals in a person's life. This group of individuals is referred to as a network, and networks are often analysed in terms of their size, density, linkages, complexity, composition, homogeneity, reciprocity, and intensity (Antonucci 1990; Heaney and Israel 2002; Wenger 1989). *Size* refers to the number of people with whom an individual interacts, and in general, larger networks are thought to be better than smaller ones. *Density* refers to the proportion of members within a network who know one another. Dense networks (with many members knowing one another) are thought to provide strong emotional support, while less-dense networks are generally larger and more fragmented, but may encourage better access to resources because of their wider communicative reach *Linkages* refer to the type of relationship between an individual and members in his or her network. If the relationship is based on one type of contact (such as being neighbours), it is referred to as *uniplex*; relationships involving more than one type of contact (such as neighbour, sibling, confidant, and source of transportation) are termed *multiplex*. This term is sometimes referred to as *complexity*. *Composition* refers to the individuals who make up the network. For example, family members form a large part of the networks of the elderly, whose networks also contain a high proportion of those who are middle-aged or older. *Homogeneity* refers to the similarity of network members in terms of age, sex, income, and other traits. Networks in which members are dissimilar in terms of these types of characteristics are considered to be *heterogenous* networks. Finally, *reciprocity* refers to the extent to which there is equal sharing in the provision and the receipt of social support, while *intensity* refers to the extent to which the relationship offers emotional closeness.

Not everyone with whom one interacts is a member of one's support network, underscoring the distinction between *social networks* and *support networks*. The social network refers to all of the

individuals with whom one typically interacts. The support network is the core of the larger network in which one is involved. Wenger (1989: 167) defines the support networks of the elderly as being "all those who are available to an elderly person to provide companionship, help, advice, support, or personal care in a regular way." While active *social networks* can have between 16 to 50 members, support networks are typically much smaller (perhaps five to 10 individuals) (Wenger 1989). However, although social ties with some individuals will be emotionally closer than with others, research suggests that a combination of both close and loose ties prove to be most supportive. It is also important to note the distinction between social support and what is known as *caregiving* (or *caring*). Social support refers to "normal helping or sharing," but may devolve into *care giving* when an individual's physical or mental health deteriorates to the point that the individual receiving the social support requires greater-than-normal assistance to remain living independently; the distinction between the two, however, is not always a precise one (Chappell 1983, 1992). As should be clear from the title, the research discussed in this document concerns *social support*, and not caregiving.

2.2.2 The Convoy Model of Social Support

In the mid-1990s, Kahn and Antonucci (Kahn 1994) proposed the *convoy model* of social support in which they likened social support to a group of supportive individuals "travelling" with an individual over the lifespan. The model placed particular emphasis on the dyadic relationships that link the individual to the various members of his or her network. What Kahn and Antonucci refer to as the *properties of dyadic relationships* include the frequency with which the individual interacts with members of his or her network, the type and amount of support given by those in the network, the level of reciprocity of the support, and so on. They also emphasised the *properties of the network* as a whole, including its size, stability, homogeneity, internal connectedness, and so forth. The model is based on the idea that the size and structure of an individual's network change over the lifespan as explained in five general propositions:

- The support required by a given individual at any time over the lifespan is determined by properties of the person (such as age or personality) and properties of the individual's situation and life roles (such as work, family, and other roles).
- The convoy's structure is determined by the properties of the person, the person's social support

requirements, and the situation.

- The adequacy of an individual's social support is also determined by the properties of the person, the situation, and the support convoy.
- An individual's "life outcome" is likewise determined by the properties of the person, the situation, and the adequacy of the social support received.
- An individual's convoy of support and its adequacy moderate the influence of personal and situational factors on well-being and the execution of one's life roles.

The convoy model highlights a final dimension of social support: its focus on the individual. In general, social support is considered to be an individual-level variable, which explains why it is generally analysed at this level. Some authors, however, consider social support to be a characteristic of networks or communities, and not of individuals. Frequently, when social support is evaluated at the level of groups or communities, it is referred to by related terms such as *social capital, social cohesion,* or *sense of community*, and is considered to be different than–but clearly related to–social support . Some suggest that social support forms the base upon which collective support is built (Orford 1992).

In sum, various definitions of social support have been offered over the years, most pointing to the importance of relationships of mutual care and concern. Social support involves either emotional or affective exchanges, or more tangible exchanges of aid or assistance. The network of individuals with whom one interacts can in turn be defined by a number of characteristics referred to as the structural dimensions of social support. While social networks vary in size and are generally large, support networks form the core of the social network and are as a rule much smaller. Social support is distinct from caring in that the former refers to "normal" assistance, while the latter refers to the provision of greater-than-normal assistance to those suffering physical or mental deterioration. Finally, requirements for social support change over the lifespan, and are determined, in part, by properties of the person themselves (such as age or personality), and the changing circumstances of their own life.

2.2.3 The Importance of Social Support

In our earlier discussion of the belongingness hypothesis, we saw that those with an inadequate sense of belonging suffer a range of ill effects. Given the close relationship (if indeed, not overlap) between *belonging* and *social support*, it is not surprising that the latter is also found to be beneficial. As Kahn

(1994: 165) explains, "membership in a social network of family, friends, or co-workers is health protective and life extending." Individuals with social connections through marriage, contacts with family and close friends, and/or group affiliations have a lower overall risk of death than do those without such connections (Antonucci 1990; Cohen and Wills 1985; House 1986; House et al. 1988; Kahn 1994; Kaplan and Strawbridge 1994; Stansfield 1999). The Alameda County study was one of the seminal works looking at the link between social support and health (Berkman and Syme 1979). Researchers measured the presence of four types of social ties–marriage, number of family and friends, church membership, and other group affiliations–and found that those with such ties experienced a lower incidence of morbidity and mortality than those without. Subsequent work continues to reinforce these findings (Berkman 1995, 2000; Berkman et al. 2000; Hawe and Shiell 2000; Hayes and Dunn 1998; Kawachi and Berkman 2000; Lomas 1998; Macinko and Starfield 2001; Ross 2002; Stansfeld 1999; Yen and Syme 1999). Moreover, not only is social support associated with better health, its benefits continue throughout the life course (Antonucci 1985, 1990; Chappell 1983, 1992; de Jong Gierveld 1998; Delisle 1995; Kahn 1994). We will return to the role and importance of social support in the lives of the elderly in later sections.

Surprisingly, while research has demonstrated the importance of social support, it is not known why it is so vital to well-being. Two models have been offered in explanation: the main-effects model, and the buffering model (Cohen and Wills 1985; Stansfield 1999). The main-effects model posits that the positive association between social support and well-being is attributable to an overall beneficial effect of social support, while in the buffering model, social support is considered to be beneficial because it serves as a protective measure against the adverse effects of stressful events.

2.2.4 Measuring Social Support

Cohen and Wills (1985) (see also Antonucci 1985, 1990; Dykstra 1990) have identified two main approaches for assessing social support: those dealing with network structure and functions, and those assessing the specificity or globality of social support. Dykstra (1990) has identified three ways in which the network approach is applied. First, the *social integration* approach makes use of information such as marital status, church membership, or participation in organized activities as indicators of integration within the community. The emphasis in this approach is on the existence of relationships. A second approach is the *social network* approach, which examines the structure of an individual's

relationships–for example, characteristics of network members, multiplexity within the network, the density of the network, and so forth, as we saw earlier. A third approach–*the support approach*–focusses on the functional dimensions of social support–that is, on the perception of what is provided by others, and on the supportiveness of the network relationships. Antonucci (1985) has identified three strategies for assessing the functional dimensions of social support: the *subjective* approach, in which respondents are asked about the individuals with whom they feel close or are important to them; the *categorical* approach, whereby respondents are queried about the formal relationships in their lives (such as spouse, siblings, friends, and so on), assuming them to be important and supportive; and the *exchange* approach, in which respondents indicate with and for whom they perform certain activities, and vice versa.

In contrast, Cohen and Wills' (1985: 315) second approach to assessing social support concentrates on the specificity of structural and/or functional measures. As they explain, "Specificity is a generic term indicating whether a measure assesses a specific structure/function or combines a number of structural/functional measures into an undifferentiated global index. Global structural measures typically combine a variety of items about connections with neighbors, relatives, and community organizations. Global functional measures similarly combine functional indexes such as informational, instrumental, and esteem support into a single, undifferentiated measure." While researchers previously tended to assess either structural or functional measures, some believe that neither alone provides a sufficiently robust understanding of the qualities and adequacy of support. What has been recommended instead is a combined approach that examines networks and the content and function of the network (Orford 1992). Why might this be the case? Research suggests that although structural measures have an impressive predictive ability (Antonucci 1990), this is not always the case. Those with many relationships may feel inadequately supported because of the superficial nature of the relationships, while adequate functional support might be offered through one very good relationship (Antonucci 1990; Cohen and Wills 1985). Moreover, research suggests that the *perceived adequacy* of available support may be as, if not more, important than the availability *per se* (Heaney and Israel 2002; McDowell and Newell 1996) (we shall return to the question of the importance of perception later). One final characteristic: support is always intended by the provider to be helpful, even though the recipient may not perceive it as being so (Heaney and Israel 2002).

2.3 Social Support and the Elderly

What do we know about the support networks of the community-dwelling elderly? We start with the size of the network–a characteristic that shows some variability across studies. Wenger (1995) found that those 55 years of age and older had an average of five to seven members in their support networks; Kahn (1994) found those 55 and older typically had seven to 10 people in their networks, while those aged 75 or older had networks just one person smaller than their younger counterparts. Moorer and Suurmeijer (2001) found an average of nine individuals in their elderly sample (mean age of 74.6). The support networks of the elderly tend to involve a core of highly multiplex relationships (that is, relationships involving more than one form of content, such as daughter, confidant, and helper), with a periphery of less multiple relationships (Wenger 1995). Families predominate in the support networks of the elderly (Antonucci 1990). Not surprisingly, interaction with adult offspring is reported as the most frequent type of social exchange, and is considered to be the most "supportive." Marriage is thought to be particularly important as a source of support, being referred to by Chappell (1983: 79) as "the paramount example of an intimate dyadic relationship in adult life."

Identifying the members of a support network provides a useful indicator of the support that is available to the elderly person. Dykstra (1990) found, not surprisingly, that certain relationships were more supportive of the elderly than others. In order of decreasing supportiveness, these were: partner relationships, best friends, friends and children (including in-laws), close acquaintances, siblings (including in-laws), other kin, and superficial acquaintances (note that this contradicts Chappell).

2.3.1 A Typology of Support Networks

Wenger (1989) has proposed a typology of support networks of the elderly based on three characteristics: the availability of geographically proximate local kin; the level of involvement with family, friends and neighbours; and the level of interaction with community and voluntary groups. These characteristics give rise to five network types, as shown in Table 2.2. The first of these, the *local family dependent* network, is one focussed primarily on local family members with few relationships with peripheral friends or neighbours. This network type is often based on a shared household with or near an adult child (usually a daughter), with most support needs met by relatives. In contrast, the *locally integrated support network*, while including close relationships with local family, also includes relationships with friends and neighbours (many neighbours are also friends). This type usually results

from long-term residence in a particular community, and active involvement with it both presently and in the recent past. On average, networks of this type are larger than those of other types, and are fairly dense. The third type—the *local, self-contained support network*—involves infrequent contact with at least one relative living in the same or a nearby community, and is often associated with the childless. There is some reliance on neighbours, but the individual's lifestyle is household focussed. Those with a wider *community-focussed network* have active relationships with distant relatives (usually children) due to an absence of local kin. Instead, local relationships are focussed on friends and neighbours. The *private restricted support network* is the final network type, characterized by an absence of local kin (although some individuals have a spouse), minimal contact with neighbours, few close friends, and little community involvement or contact.[5]

Table 2.2 Wenger's Support Network Typology for the Elderly

Network Type	Typical Comment
Local Family Dependent	"My family gives me a lot of support"
Locally Integrated	"We all know one another here and take care of each other"
Local, Self-contained	"I keep to myself but neighbours are there if I want them"
Community Focussed	"I'm lucky to have good friends around if I need anything"
Private Restricted	"I don't have much to do with people around here but I've always been independent"

From: Wenger (1989) and Wenger and Shahtahmasebi 1990.

Wenger (1995) found the locally integrated network to be the most frequent type among urban and rural dwelling elderly. This type is considered to be the most robust in terms of providing sufficient support for the elderly to live independently in their community (although it is the family dependent network type that provides sufficient support for frail or impaired elderly to remain living independently). Wenger also found that those who are married or live with others have more supportive network types than those who do not. With age (particularly after age 80), there is a tendency for

[5] Litwin (2001) has also developed a network typology based on observations of Israeli elderly aged 60 and older. For comparison, the five types he observed are: the diverse network; the friends network; the neighbours network; the restricted network; and the family network. He found the diverse network type to be most common, followed by the friends network; together, these types accounted for over half of the elderly studied. The restricted network accounted for about one fifth of the sample, followed by the neighbours network and the family network. Litwin found that, in general, lower incomes, less education and greater physical disability were associated with more restricted network types; age was a significant factor only in the least-common type–the family network.

network types to shift from independent to dependent types. Wenger (1995) contends that the elderly person's network type is highly influenced by two factors that are generally beyond the control of the individual: the patterns of marriage and fertility of the individuals, their parents and their grandparents; and the migration patterns of the elderly, their family, and those in their neighbourhood. She suggests that a third factor–personality–also plays a role in the determination of network type, but can only mediate the first two factors.

Social support and networks are correlated with a number of demographic and social variables–gender, socioeconomic status, and health/disability in particular. On average, women have larger networks, more multiplex relationships, more frequent contact with network members, and more multiple sources of supports than do men. One explanation for women's larger networks is their more frequent membership in organizations; research demonstrates a clear link between organizational membership and network size (Antonucci 1985, 1990). However, women's larger networks are negatively related to happiness, and they report greater conflict with network members than do men (Antonucci 1990). Men report greater satisfaction with their marriages–a key indicator of social integration–than do women (Antonucci 1990). Married individuals report larger networks than the never married, separated, or divorced; and unmarried men appear to be particularly disadvantaged (Antonucci 1985). Higher socioeconomic status (as measured by education and income) has consistently been related to larger social networks and more diverse (and thus supportive) network types, while those with lower SES tend to have smaller networks in which kin predominate (Antonucci 1985). Finally, those with disability or health impairment generally have smaller networks, and less-supportive network types (Litwin 2001; Moorer and Suurmeijer 2001; Wenger 1995).

Despite the importance of family members in the support networks of the elderly, it appears that it is not *kin* relationships that contribute most to the well-being of the elderly (Chappell 1983, 1992; Dykstra 1990; Lowenthal and Robinson 1976).[6] As Antonucci (1990: 214) explains, "although there is a predominance of family in the networks of the elderly, there is a preference for friends as support providers." Chappell (1983) found that the elderly experienced the greatest satisfaction when they participated in activities with nonfamily members. She suggests that because choice is involved in

[6] Here again is one of the contradictions in the literature: while family, particularly spouses, are cited as the most important sources of support, and the network members with whom the elderly have greatest interaction, nonkin are thought to be most important for psychological health.

forming and maintaining friendships with one's equals, it is more likely the relationship will contribute to a feeling of usefulness and to the individual's self-esteem. In contrast, reliance on kin is often considered to result from necessity; it is the *lack* of nonkin relationships that leads to dependance upon kin. As Lowenthal and Robinson (1976: 440) explain, research suggests that "interaction with friends is valued more highly than interactions with relatives because of the voluntary nature of friendship."

2.3.2 Loneliness Among the Elderly

One of the puzzling features of the social science literature is the persistent separation of research on loneliness and that on related subjects such as social support. One explanation for this divide is that although related, the two are often considered separate constructs, thereby "legitimizing"the separate research traditions (Jones and Moore 1989). However, if one considers the definition of loneliness proposed by de Jong Gierveld, and widely accepted in gerontology today, it seems that the two are so tightly interwoven it is impossible to study one without the other:

> ... a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized. Thus loneliness is seen to involve the manner in which the person perceives, experiences, and evaluates his or her isolation and lack of communication with other people (de Jong Gierveld 1998: 73-74).

One of the apparent contradictions in the gerontological literature is the question of the prevalence of loneliness among the elderly. Some contend that the majority of the elderly are embedded in richly supportive networks (Antonucci 1985; Chappell 1983; Chappell and Penning 2001; Conseil des aînés 1997; Mullins et al 1989; Roy 1998; Wenger 1983, 1995), and that the portrayal of the elderly as lonely and isolated is not just erroneous, but ageist as well (Conseil des aînés 1997). In direct contradiction are those who believe that "research has revealed that loneliness is a pervasive social problem" (van Tilburg et al. 2001, see also de Jong Gierveld 1998; Delisle 1987; Lucksinger 1994; Moorer and Suurmeijer 2001; Scambler 2001). De Jong Gierveld's definition of loneliness explicitly recognizes the importance of supportive relationships in the lives of the elderly, and that loneliness results when desired relationships are unmet.

One possible explanation for this apparent contradiction is the difficulty of assessing loneliness, which Scambler (2001) suggests arises from the negative connotations with which it is associated, connotations which were widely held by the elderly she interviewed. Scambler found great reluctance to admit feelings of loneliness, in part perhaps because respondents associated it with loss (such as loss of a spouse, job, health, or financial resources), whether the loneliness had a cataclysmic onset (such as following the death of a spouse) or a degenerative one. Respondents also tended to explain their loneliness as arising from the often changed circumstances of their lives (such as the onset of retirement). During interviews, 14 of the 15 respondents admitted to feeling lonely, yet quantitative testing identified only 10 percent of the sample experienced loneliness, leading Scambler to suspect that the prevalence of loneliness among the elderly is greatly underrepresented.

Table 2.3 Number of Close Family and Friends, by Age, Sex, and Living Situation

Number of Emotionally Close Family Members	% Females Not Alone		% Females Alone		% Males Not Alone		% Males Alone	
	55 - 64	65 - 74	55 - 64	65 - 74	55 - 64	65 - 74	55 - 64	65 - 74
0	5	9.3	16	7.7	9.7	12.2	25	23.5
1	18.2	20.2	21.3	25.9	19.7	21.7	25.8	23.4
2 - 3	31.0	32.0	32.6	35.9	29.5	28.9	23.6	30.5
4+	45.8	38.5	30.1	30.5	41	39.5	25.6	22.7
Number of Close Friends	% Females Not Alone		% Females Alone		% Males Not Alone		% Males Alone	
0	21.9	27.1	21	20.3	26.9	31.2	33.6	28.7
1	12.6	14.9	17.1	16.7	9.0	8.7	9.3	13.2
2 - 3	35.9	32.0	34..5	31.6	30.7	23.3	27.6	31.2
4+	29.6	26.0	27.4	31.4	33.4	36.8	29.5	26.9

Source: The 1991 Canadian Survey on Ageing and Independence as cited in Moore and Rosenberg 1997, Table 2.12, page 48. Note: Percentages may not add to 100 due to rounding.

The 1991 Canadian *Survey on Ageing and Independence* provides some insights into the question of loneliness and Canadian elderly. When asked about the number of family members and friends to whom they felt emotionally close, a surprisingly large percentage of respondents aged 55 to 74 reported one or none, as shown in Table 2.3 (Moore and Rosenberg 1997). While we have seen that support can be adequately provided by a small number of people, or even a single individual, the presence of so few emotionally close others suggests a level of precariousness in the stability of the

provision of support, should such ties be ruptured.

Known risk factors for loneliness among the elderly include being female, living alone, widowhood, very old age, and poor physical and mental health (de Jong Gierveld 1998; Scambler 2001; van Tilburg et al. 2001; Wenger 1983). As we have seen previously, in general, those with larger support networks experience less loneliness (Dykstra 1990; Moorer and Suurmeijer 2001), although social isolation does not necessarily lead to loneliness, and one good relationship may be all that is necessary to eliminate it (de Jong Gierveld 1998). De Jong Gierveld explains that the relationship between objective isolation and loneliness is mediated by many factors, including: characteristics of the missing relationships; the importance of the missing relationships to the elderly; the possibility of enlarging one's social network; social norms; and personal characteristics of the individual such as social skills or shyness. Marriage is seen as a central integrating structure to protect against loneliness, although other structures (such as church attendance, volunteer activities, work, and so forth) are also considered important, as are other intimate personal relationships. She suggests that personal characteristic such as age, partner status, household composition, health, situational restrictions (such as urban or rural place of residence), and family and nonfamily relationships, are also contributing factors to perceptions of loneliness.

De Jong Gierveld suggests that the best protection against loneliness is a diversity of both weak and strong relationships. The more supportive one's relationships, the lesser the feelings of loneliness. For example, loneliness is known to vary with the proportion of kin and nonkin in the support networks of the elderly (Wenger 1983). Dykstra (1990) found that the higher the proportion of kin in their support networks, the higher the intensity of loneliness. Wenger (1983) found that married women reported the greatest loneliness of all of the elderly in her study. Moreover, those elderly with higher proportions of kin in their support networks also tended to have the smallest networks. By way of explanation, Dykstra (1990: 168) proposes that "those with larger primary networks had greater access to resources, and consequently, were more likely to find fulfillment for their needs for well-being."

Relationships with nonkin, however, do not necessarily preclude frequent and close relationships with kin. In a study of residents in a large high rise exclusively for elderly residents, Mullins and colleagues (1989) found that residents with children and grandchildren were more lonely than those without. However, the amount of contact with family members did not influence loneliness. Those with the least loneliness had greater contacts with neighbours and friends. A contradiction, however, comes

from Berg et al. (1981, cited in Mullins et al. 1989) who found that among Swedish elderly, loneliness was inversely related to contact with children and old friends, but not to neighbours. Similarly, Stephens and Berstein (1984, cited in Mullins et al. 1989) found that although the elderly Americans they studied had more frequent contact with their neighbours than with family and nonresident friends, supportive relationships with their neighbours were the least valued. While the kin-nonkin debate continues, it is helpful to keep in mind that such relationships are considered to be sufficiently distinct from one another that an elderly person can be equally involved with both types (Chappell 1983). Research suggests that those elderly most active with their children are also most active with nonkin relationships (Chappell 1983). Indeed, Lowenthal and Robinson (1976: 440) suggest relations with children and friends be thought of as complementary, "those with children being based on emotional ties, those with friends on reciprocity."

Irrespective of who furnishes the support, Dykstra (1990) found that the level of support *per se* provided to the elderly was insufficient to fully understand feelings of loneliness. Rather, loneliness was related to the discrepancy between the support available to the elderly, and the support they desired. For example, the never-married elderly and the formerly married elderly experienced greater loneliness than others in similar situations if they believed that it was important (i.e., advantageous) to have a relationship with a partner. Discrepancies between perceived and desired levels of support were exacerbated by health problems and social anxiety. Dykstra also found that elderly who lived alone and who experienced the most loneliness, were also those who perceived a lack of instrumental support in their lives. This perceived lack of instrumental support was heightened amongst those who experienced poor health, leading her to propose that increased provision of instrumental support could be a means to enhanced well-being among the elderly.

In sum, loneliness is related to social support but nonetheless considered by some to be conceptually distinct from it. In interpreting the data on loneliness and the elderly, we must be open to the possibility that it is underreported, but cautious in confusing loneliness with what gerontologists report as a growing *interiority* that emerges with age. As well, if loneliness is conceptually distinct from social support, its alleviation might not be brought about merely through the provision of greater social support, and more research is needed to understand the interconnections between the two.

3.0 Toward a Geography of Belonging: Part I

In the last section, we examined various dimensions of social support: how it is defined; its importance vis-à-vis health; how it is measured; how it is manifest in the lives of the elderly; and its relationship to loneliness. In this section, the focus shifts from the fundamentals of social support, to the geographic question that is the foundation for this research: the quest to better understand the relationship among social support, place, and proximity. This section is thus entitled *Part I*, because it is an introduction to what is already known about this subject, and will be followed, at the end of this document in Chapter 9, by *Part II*.

The role of proximity is perhaps the easiest to understand of place and proximity. While we know that proximity *per se* is not required for social interaction, it does play a facilitating role. As Thomése and van Tilburg (2000: 55) explain, "Geographical distance is important in personal relationships. People generally have more network members at a closer distance and have more frequent contacts with network members who live closer." In a review of the literature on social support and the elderly, Antonucci (1985:117) concluded that "there is an effect of geographical location at least on the structure and possibly on the functions of social support."

3.1 Proximity and Social Support

In a study of social interaction between residents of seniors apartments in Winnipeg and their adult children, C.G. Smith (1998a and b) found that spatial proximity was the most significant predictor of social interaction between them (see also Warnes 1987, 1990). In an earlier section, we saw that proximity influences the type of support network (i.e., the structure) in which the elderly person is embedded (Wenger 1989; Wenger and Shahtahmasebi 1990). Dykstra (1990) found that proximity between an elderly individual and his or her network members facilitated the provision of both emotional and instrumental support. Those elderly who could be reached by core network members within 15 or fewer minutes of travelling had significantly more supportive relationships than those who did not. Distance also differentially affected the support offered by kin and nonkin; while it had no effect on the support offered by kin, the more distant the nonkin members of the network, the less supportive they were. Dykstra suggested that kin relationships have a bio-legal basis that nonkin relationships do not, leaving the latter more vulnerable to impediments such as distance. Moreover,

proximity may have particularly strong effects in certain situations. As Antonucci (1985: 112) explains, "It is clear that the type of living situation is directly related to the amount and kind of social interchange experienced by the individual ... a high proportion of older people in the immediate residence (e.g., apartment house) increases the amount of social interchange among the elderly." Caution must be used in interpreting such research, however, because social interaction is not synonymous with social support (although the former is a prerequisite for the latter).[7]

Table 2.4 Proximity to Closest Family and Friends, by Age, Sex, and Living Situation

Proximity to Closest Family Member	% Females Not Alone		% Females Alone		% Males Not Alone		% Males Alone	
	55 - 64	65 - 74	55 - 64	65 - 74	55 - 64	65 - 74	55 - 64	65 - 74
None	5.0	9.3	16.0	7.7	9.8	12.2	25.0	23.5
Same household	44.7	42.7	0.8	0.7	56.9	50.8	2.0	1.0
Same neighbourhood	10.3	10.6	11.8	18.9	5.8	6.1	13.6	14.5
Same city or town	19.3	19	34.2	35.3	13.5	16.3	30.7	28.4
Different city or town	20.6	18.3	37.1	37.4	13.9	14.6	28.6	32.6
Proximity of Closest Friend	% Females Not Alone		% Females Alone		% Males Not Alone		% Males Alone	
None	22.0	27.1	21.0	20.4	27.1	31.4	33.6	28.7
Same household	0.6	1.2	0.5	0.9	1.0	2.0	0.7	1.1
Same neighbourhood	25.2	27.7	25.3	36.5	23.1	25.6	21.7	27.5
Same city or town	36.1	28.4	35.6	30.0	32.3	30.1	32.0	29.0
Different city or town	16.0	15.6	17.7	12.2	16.5	11.0	11.9	13.6

Source: The 1991 Canadian Survey on Ageing and Independence as cited in Moore and Rosenberg 1997, Table 2.13, page 49. Note: Percentages may not add to 100 due to rounding.

In the 1991 Canadian Survey on Ageing and Independence, respondents were questioned about the proximity of their emotionally closest family member and friend. While the majority of men and women aged 55 to 74 and not living alone indicated such an individual lived at least within the city or town, over 50 percent of men living alone reported either no such individual, or that their closest family member lived in a different town or city, as shown in Table 2.4. For women, the same figure is 53.1

[7] Social support that becomes *caregiving* is also subject to the effects of distance. Hallman's (1999: 631; see also Joseph and Hallman 1998) analysis of data for over 1000 respondents having eldercare responsibilities "reveals significant distance-decay effects in the average (weekly) number of hours devoted to eldercare." However, this pattern was noticeable only in male caregivers; female caregivers were willing to travel farther, and more frequently, than were men, to provide such assistance.

percent for those aged 55 to 64, and 45.1 percent for those aged 65 to 74. In terms of the proximity of friends, at least 20 percent of men and women, either living alone or with others, reported no close friend (33.6 percent of men aged 55 to 64 and living alone reported no such individual). The neighbourhood was much more significant in terms of the location of friends, with up to 36 percent of individuals indicating this as the distance to their closest friend.

While individuals can maintain supportive relationships with one another at a distance, proximity underscores the distinction between what I refer to as *distant contact* (contact with someone without their physical presence, such as by telephone), and *proximate* contact (contact that requires the physical presence of another person). It appears there is no substitute for proximate contact. Baumeister and Leary (1995) cite the work of Gerstel and Gross (1984) on commuting couples as an example of the importance of physical presence. Although the couples in the study had frequent phone contact when they were apart, such contact was insufficient to reduce their sense of isolation from one another. Baumeister and Leary (1995: 512) concluded that face-to-face contact has "something to offer that is not contained in merely knowing that the social bond exists and exchanging information."

3.2 Neighbours, Neighbourhoods and Social Support

Apart from those with whom we live, the most proximate individuals to us are our neighbours. Investigating how the neighbourhood might function as a source of support is profitable for a number of reasons. First is the belief that there is a dearth of research on neighbouring relationships and their potentially significant contribution to health and well-being (Wethington and Kavey 2000). The neighbourhood is also important because of the suggestion that as the elderly age, their immediate environment assumes a newfound prominence, as they come to lead increasingly localized lives (Walmsley and Lewis 1993; cf. Thomése and van Tilburg 2000). Rowles (1980, 1981, 1983), for example, noted a growing restriction in the elderly's everyday use of space, and suggested that the area immediately surrounding their homes takes on increasing importance with age. Yet the neighbourhood is not merely a place appreciated because of the inability to engage in spaces beyond it; it is also an important component of life quality, as Campbell and his colleagues (1976) demonstrated in the mid-1970s. A fourth reason for an interest in neighbourhoods is the preference of the elderly to live independently in their own homes (Keating 1991). Age, however, increases the likelihood of singleness, and of health problems–both of which are associated with living alone and with lower levels of support.

Dykstra (1990) found that among those elderly living without a partner (particularly those with poor health), the perceived lack of instrumental support was of greater concern than a lack of emotional support. Dykstra thus suggested that support be concentrated at the neighbourhood level because instrumental support often requires proximity between the provider and the recipient, but does not require close, personal ties (see also Campbell and Lee 1992; Orford 1992). A fifth reason for the interest in the neighbourhood is the importance of supportive relationships with nonkin. As we have seen, these are the relationships that distance renders most precarious, yet they offer the elderly benefits that kin relations cannot. If distance is an impediment to solid relationships with friends, the neighbourhood–the place closest to the home–may be the most promising locale in which to seek them. Indeed, Wethington and Kavey (2000) point out that nonkin are likely to become increasingly significant in the support networks of the elderly of the future because the baby-boom cohort has fewer close family ties than previous generations (through reduced fertility, and loss of parent-child contact through increased divorce), further highlighting the importance of neighbours and proximate friends. Warnes, a British geographer, (1987: 283) agrees, noting that "The trend in affluent nations towards smaller [i.e., single-person] households suggests that extra-household social relationships are of increasing importance in life satisfaction: if this is the case, the spatial attributes of social networks will become more critical."

What do we know about the relationship between neighbourhoods and social support? Before answering such a question, it is useful to define the term *neighbourhood*. By *neighbourhood*, I refer to the word as it is used in everyday speech–the place in which one lives–and as it is defined by Davies and Herbert (1993: 1): the "area around a residence within which people engage in neighbouring, which is usually viewed as a set of informal, face-to-face interactions based on residential proximity." While I have chosen to use this definition in the research that follows, there has been and continues to be considerable debate as to how *neighbourhood* should be defined, and I do not wish to suggest otherwise (for a discussion, see Galster 2001, as well as Cater and Jones 1989; Forrest and Kearns 2001; and Meegan and Mitchell 2001). Of the numerous definitions that have been offered over the years, Davies and Herbert (1993) have identified three key dimensions that have traditionally served as a foundation for defining neighbourhoods: areal content (the physical or social identification of areas); behaviour or interaction (such as the social or economic exchanges within one's area of residence); and conceptual identity (defined as cognitive (perceptual) and affective (emotional) dimensions of neighbourhoods).

In this research, however, neighbourhood is defined simply, as has been noted, and is primarily concerned with behaviour or interaction between residentially proximate individuals.

According to Thomése and van Tilburg (2000: 55), "it remains uncertain whether and why a shared neighbourhood fosters relationships among its residents." Wethington and Kavey (2000) believe that social support research has "neglected the role of neighboring," particularly with respect to the maintenance of independent living situations for the elderly. We do know that neighbours engage in a variety of social exchanges with one another; and that such exchanges are often termed *neighbouring* rather than *social support*. Unger and Wandersman (1985) have identified three types of *neighbouring* activities: personal/emotional; instrumental; and informational. This typology is identical to the functional conceptualizations of social support we have previously examined. How might they take shape within the neighbourhood setting? Personal/emotional support refers to the intimate relationships that individuals form with friends or others in their neighbourhoods, and which have been shown to be associated with neighbourhood satisfaction. Although not all neighbours develop close ties with one another, they may engage in casual interactions with others (*sociability*) which Unger and Wandersman believe can also be supportive to both the provider and the recipient. Informal helping of one's neighbours forms a second type of assistance, and is termed instrumental support. Babysitting, collecting mail, running errands or loaning tools are all examples. Reciprocity is an important dimension of instrumental support among neighbours, although the assistance received may be reciprocated in a form different from that which was offered. Neighbours also provide information–such as the availability of seniors' programmes–thereby engaging in a third type of assistance: instrumental support.

Neighbouring activities appear to be important to people. In a comparison study of elderly (65 years and older) and younger age groups, Bohland and Davis (1979) examined four neighbourhood characteristics in relation to residential satisfaction: safety, physical condition, convenience, and neighborliness. They found that neighbourliness was the dimension most important to neighbourhood satisfaction amongst all age groups with the exception of those aged 55 to 64. Barresi et al. (1983-84) conducted a similar study of the effects of the residential environment on the general life satisfaction and happiness of the elderly. They found that although perceived health and satisfaction with the physical conditions of their housing contributed most to their well-being, social relations with neighbours were also highly important. Neighbours do not, of course, engage in social interactions merely by virtue of residential proximity. Helping, for example, is more frequent amongst those with

children and who are long-term residents (Unger and Wandersman 1985). Neighbouring activities and friendship networks are also more likely to develop when neighbours are similar to one another (such as in terms of socioeconomic status, marital status, life stage, and value orientations) (Lowenthal and Robinson 1976).

Thomése and van Tilburg (2000) found that an average of 60 percent of the support network members of the Dutch elderly in their study lived within 10 minutes (travel distance) of the elderly individual. This percentage they defined as the *neighbouring network*, and found it represented an average of 3.2 neighbouring relationships.[8] They found that the percentage of age peers and the percentage of low-income households in the neighbourhood were unrelated to the relative size of the neighbourhood network, while lower residential mobility resulted in a larger neighbourhood network. However, findings are contradictory. Moorer and Suurmeijer (2001) examined the influence of three neighbourhood characteristics (the percentage of elderly, the rate of reported crime, and the presence of activities for the elderly) on the size of the social networks of the elderly, and concluded that their influence was extremely low.

Rubinstein and Parmelee's (1992) research on place attachment suggests that neighbourhoods play a significant role in the social relationships of the elderly, and that such relationships change over the life course. As they explain, "[A] small but growing general literature implicates life stage and patterns of interdependence as consistent influences on the nature and objective manifestations of emotional bonds with neighborhoods" (1992: 150). They have observed that in one's younger years, social bonds with the neighbourhood tend to be role dependent (for example, stemming from one's role as a parent), while with age, they are increasingly based on individual preferences.

3.3 Social Support in Urban and Rural Places

How social relationships might differ in urban and rural places has also been the subject of much debate and controversy, and certainly the boundaries of what constitutes *neighbourhood* in these settings will vary greatly. Perhaps surprisingly, research suggests that the networks of urbanites are more geographically disperse than those of rural residents (Ahlbrandt 1984). Rural residents tend to have larger social networks than urban dwellers, while urbanites tend to have fewer kin in their social

[8] While it is debatable whether ten minutes travel time is still within the neighbourhood, their study does underscore the general proximity of network members.

networks, less dense networks, and more uniplex relationships than rural dwellers (Antonucci 1985). Roy (1998) is among the many who have found evidence of this difference. In his study of Québec elderly, 62 percent of rural versus 44 percent of urban respondents were members of a community organization, suggesting that community life is stronger in rural areas than in urban ones.

At the same time, there is research that contradicts these general trends. Korte (1984), for example, found that urbanites were not deficient (compared to rural dwellers) in their relationships with family and friends, although they did have fewer relations with neighbours and with strangers. While relatives predominated both as sources of support and of perceived support, Korte found that extensive ties with neighbours were indicative of higher levels of support in two of four problem areas: a week-long illness, and long-term disability. As well, in the network typology outlined earlier, Wenger found a striking similarity in the networks of urban and rural dwellers (Wenger 1989, 1995; Wenger and St Leger 1992). Approximately 40 percent had locally integrated network types whether they lived in the city of Liverpool or in various rural communities in North Wales. Just over 20 percent of urban residents and about 15 percent of rural residents had family-dependent networks, while approximately 10 percent of both groups had locally self-contained networks. More rural residents (about 20 percent) than urban residents (about five percent) had wider community focussed networks, while less than 10 percent of both groups had private restricted networks (urban dwellers being somewhat more numerous in this category than rural residents). In fact, network type appeared to vary more according to sociodemographic characteristics than it did with level of urbanization.[9] In an earlier study, Lee and Whitbeck (1987) examined the social networks of older rural residents and came to similar conclusions. Through an exploration of respondents' interactions with family members, friends, and neighbours, and feelings about loneliness, they concluded that, contrary to popular belief, rural elderly are not disproportionately embedded in supportive networks of friends, neighbours, or kin in comparison to urban elderly, and suggested that "the social experience of aging does not differ dramatically according to residential location" (Lee and Whitbeck 1987: 95). Their findings, however, were based on estimates of the frequency of social contacts experienced by the elderly, and they caution that an investigation into the nature of those relationships might tell a different story.

[9] Among the important variables were: personal attributes (such as age, gender, marital status and household composition); socioeconomic status (including class, neighbourhood type and education); migration factors (such as place of birth, length of residence, and age of settling); and cultural factors (including ethnicity and religious affiliation) (Wenger 1995).

3.4 Sociospatial Support

Graham Rowles is a geographer who has provided the most cogent and sophisticated integration of the notions of place with those of social support. Rowles' early work highlights two geographical dimensions of social support that he felt had been neglected in the literature: *space* ("the role of distance and relative location") and *place* ("the subjective meanings of individual locations that serve to bring them to life and provide their identity") (Rowles 1983: 112; see also Rowles 1978, 1980, 1981, 1984, 1986 and Rowles and Ohta 1983). The setting for his work was a rural, declining community of about 400 people in the Appalachian mountains of the United States. According to Rowles, the pivotal element in understanding the social support of the elderly was their knowledge of, and relationship to, the local milieu. Rowles termed this relationship *place insideness* and identified three dimensions: *physical insideness, social insideness, and autobiographical insideness*. The first of these refers to the familiarity the elderly had with their physical environment. As long-time residents of the community, the elderly had come to know its physical features in intimate detail: changes in slope, cracks in the sidewalk, known places such as benches on which to rest during outings–all of these Rowles deemed evidence of *physical insideness* which served as a form of social support for the elderly because it enabled them to navigate their environment in such a way as to compensate for declining physical abilities. By *social insideness*, Rowles referred to the integration of the elderly within the social fabric of their communities, and the *community of concern* that resulted from knowing, and being known by, others. Finally, Rowles identified *autobiographical insideness* as a source of support that emerged as a result of the memories and sentiments associated with a particular place over the years the elderly had lived in the community. Because of *autobiographical insideness*, a community park was not merely a green space on a street, but the location of memories: where one's children once played, where one had once had picnics, and so on. Rowles referred to such places as *incident places* in that they were associated with the incidents of the elderly's lives (where one first started working, where one met one's spouse, and so on). Together, these three types of *insideness* served as the critical setting in which explicit and implicit social support emerged.

Rowles found that explicit *formal* support was provided by a church, a senior centre, and limited nutrition, health and transit programmes. Of far greater significance was an indigenous *informal* support network made up of family members (who provided support of all types), neighbours (some of whom acquired "surrogate family" status in the absence of other family members), and the elderly themselves.

The elderly provided support to one another through one of three means. First, support emerged through the elderly's involvement in activities within the community, giving rise to the *community of concern* noted earlier. Second, participation in supportive subgroups of the society of the old offered another avenue for support. For example, the elderly men in the community formed one subgroup that relied on regular morning meetings at the post office. Smaller groups of women formed telephone subgroups, and supported one another through regular telephone exchanges. Finally, dyadic relationships between the elderly formed a third source of support that was fostered and sustained within the society of the old.

Rowles found that much of the elderly's social support was more implicit than explicit and related to the notions of *insideness* presented earlier. More importantly, however, was the observation that each type of support had "distinctive geographical manifestations," that is, it derived from different spatial zones. Rowles identified seven such zones which, increasing in order from smallest (geographically) to largest, were the home, the surveillance zone, the vicinity, the community, the subregion, the region, and the nation; each associated with particular types of support.

The *home*–the fulcrum–represented a place of 24-hour support, companionship for those living with others, and also provided emotional support through the social meanings with which it was imbued. The *surveillance zone*–that area within sight of one's home–formed the second zone of support, and it was within this zone that strong functional relationships developed between the elderly and their neighbours. The *vicinity* formed the third zone, the size of which varied depending upon the topography and population density. Rowles noted that within this zone, family and friends provided frequent functional support, and that "a supportive social network emerges as a result of geographical proximity" (p. 121). Interaction within this zone increasingly took place via the telephone as physical mobility was reduced. The next, or *community*, zone was another zone whose boundaries defied precise definition, but which was usually the zone at which formal services were offered. Rowles found that those living at the outskirts of the community zone often had affiliations with more than one community. Although family support from within this zone was strong, Rowles noted that it was the community of the old that formed the most pervasive type of support in this zone (often through extensive telephone networks). Most of the services used by the elderly were located in the *subregion*, a zone of approximately a 25-mile radius around the community. Rowles found that few elderly kept in touch with age peers outside their own community, and direct contact from individuals within the subregion took the form of less-frequent visits from children or siblings. The *region* (approximately a 250-mile radius) marked a major

transition in support as support became much less frequent and almost exclusively confined to family members (generally children). Other forms of support (including letters and less-frequent phone calls, and tangible support in the form of money to assist with repairs and other personal matters) also originated from within this zone. Beyond the region, the zone of the *nation* was a world of unknown from which little support came other than through letters, or rare visits of children (visits which became important events in the lives of the elderly).[10]

Rowles proposed the notion of the *sociospatial support system* as arising from the merging of the spatial hierarchy with the sources of support identified earlier.[11] In addition to the link between the zones and support, he also proposed that sociospatial support systems were characterized by five types of change. *Seasonal change*, such as the decrease in face-to-face visits and the increase in telephone contact during winter months, represented one type of change. *Contextual change* occurred when the elderly were forced to adjust their support system because of situational change (such as the death of a neighbour or the cancellation of a public transportation programme). *Developmental transitions* represented a third type of change, brought on by declining health and physical mobility. *Generational change* came about as members of the community of the old died, and new members became integrated into the networks of those who remained. A final type of change was *sudden change*, usually brought on by a crisis, which demanded rapid adjustment of one's social support system.

4.0 Theoretical Orientations

Berkman and colleagues (2000) have identified several sets of theories that attempt to explain the association between social support and health and well-being. Émile Durkheim was one of the earliest of such theorists, proposing that individual pathology was a reflection of social dynamics. He is perhaps most well know for his publication *Suicide*, in which he postulated that suicide rates within a society were related to the level of social integration within it. Societies with poor integration (i.e., low social support) were more likely to experience higher rates of suicide–the ultimate symbol of ill health–than those with greater integration. John Bowlby, a 20th-century psychiatrist, is another who has attempted

[10] This is a refinement of earlier work (1978: 167-171), in which Rowles identified five such spaces: the home, surveillance zone, neighbourhood, city, and "beyond spaces."

[11] The concept of *sociospatial* support was one Rowles never elaborated upon in later work, as his research interests, although remaining focussed on the elderly, shifted to different topics (personal communication with Rowles, July 2001, Vancouver, Canada).

to explain the link between social support and health. Bowlby is best known for his attachment theory, in which he suggests that people have an innate need to form bonds with others. The most important of these bonds–that formed between an infant and an attachment figure (most often the mother)–sets the stage for successful relationships as an adult. According to Berkman and colleagues (2000: 845), "The strength of Bowlby's theory lies in its articulation of an individual's need for secure attachment for its own sake, for the love and reliability it provides, and for its own 'safe haven.'" In the 1950s, a radically different approach emerged from the work of anthropologists interested in understanding group interactions. Known as social network theory, the emphasis was placed upon identifying the structure of the network, and on the nature of the resources exchanged between network members in an effort to understand ties that crossed traditional kin, residential, or class groups. The strength of social network theory "rests on the testable assumption that the social structure of the network itself is largely responsible for determining individual behavior and attitudes by shaping the flow of resources which determine access to opportunities and constraints on behavior" (Berkman et al. 2000: 845). In the 1970s and 1980s, yet another shift occurred with the publication of a large number of studies consistently demonstrating that lack of social ties predicted mortality. Various measures were used to conceptualize social ties, including number of close friends and family members, marital status, membership in organizations, and attendance at religious services. Work in this vein emphasized less the particular characteristics of the support network, concentrating instead of these proxy indicators of social ties. This work was criticized for lacking standard assessments so that comparisons could be made among studies, as well as for the assumption that such measures were indeed indicative of *supportive* social ties. In response, a new approach emerged, focussing instead on the qualitative aspects of social relationships, particularly the *functions* provided in social exchanges (for example, instrumental support or emotional support).

While the functional approach to assessing social support still predominates today, Berkman and colleagues take issue with the assumption that the most important element of social networks is the type of exchanges that occur between support providers and recipients; they suggest that such a narrow focus "detracts from the need to focus on the social context and structural underpinnings that may importantly influence the types and extent of social support provided" (2000: 846). In response, Berkman and colleagues have proposed a conceptual model of social networks and their effect on health. The model considers both *upstream* factors (i.e., macro-level elements such as social and cultural structures, and

mezzo elements such as the structure and characteristics of social networks), and *down-stream* factors (i.e., micro-level elements such as psychosocial mechanisms and psychological and physiologic pathways to health). The larger social and cultural structures in which social networks are formed, are in fact conditioned by those structures. These macro-level structures include: the norms and values of a culture; socioeconomic factors such as relations of production, labour market structure, and poverty; political factors such as laws or public policies; and social changes such as urbanization, civil unrest, or economic recession. These macro elements shape the structure of social networks (the mezzo level) by influencing dimensions such as the size, density, and homogeneity of networks, as well as the characteristics of the network ties themselves (such as frequency of contact with network members, type of contact, and reciprocity of ties). The structure and characteristics of social networks in turn fashion the micro level of the individual by providing opportunities for various types of social support (such as instrumental or emotional); serving as constraints or enabling influences on behaviour; shaping social behaviour and interaction; and allowing access to various material goods and resources. Finally, the micro level factors influence health and well-being–the final *downstream* element–via three types of pathways: health behaviour pathways (i.e., the behaviours engaged in that influence health, such as smoking or exercise); psychological pathways (such as through the development of self-esteem or coping effectiveness); and physiologic pathways (such as through improved immune system function or cardiovascular fitness). Berkman and colleagues' framework recognizes that not all social ties are supportive ones, and that support varies in frequency, type, intensity and reciprocity, depending upon the individuals in the network, and the larger social contexts in which the ties are formed.

The Berkman conceptualisation of social networks is the most comprehensive to emerge in the literature, but is surprisingly silent in accounting for the role of place in the provision of social support. Place is not directly mentioned as part of the upstream elements shaping support networks in their model. As we have seen, "there is an effect of geographical location at least on the structure and possibly on the functions of social support" (Antonucci 1985:117). This being the case, the model inexplicably disregards the role of place in shaping social ties, *and* disregards how the social ties people form might in turn shape the places in which they dwell. We shall attempt to redress this oversight in the chapters that follow.

5.0 Chapter Summary

In this chapter, we have reviewed the literature of social support, starting with the *belongingness* hypothesis, and moving through the social support literature, the characteristics of social support as experienced in the lives of the elderly, and the role of place and proximity in shaping social support. In particular, we have noted the importance of the immediate environment in the lives of those growing old, and thus made specific inquiry into the role of neighbours and neighbourhoods in the provision of social support, how it might differ in rural versus urban areas, and how the notion of the *sociospatial support system* intertwines an interest in ties to people, with ties to place. Finally, we examined the theoretical perspectives on social support that attempt to explain the association between social ties and health and well-being. With this chapter as a foundation, we turn now to our study of social support as expressed in the lives of the elderly in the Outaouais. We begin by identifying a conceptual framework for the research, and this forms the subject of the next chapter.

3 Philosophical Underpinnings and Conceptual Framework

> The most real thing is a thing that is most keenly felt,
> rather than the thing that is most clearly conceived.[12]

1.0 Introduction

The objective of this chapter is twofold: to establish a philosophical position within which to situate the proposed research, and to outline a conceptual framework that will guide the inquiry. The chapter begins by setting out the ontological and epistemological foundations of the research, using Freire's ontological conceptualization of *concrete reality* as emerging from the connections between *objectivity* and *subjectivity*. These two (objectivity and subjectivity) form the base upon which to consider the twin roles of people and place in shaping support functions and networks, a consideration that is expressed in the form of three research questions. The details of how these people and place contribute to human well-being are conceptualized in a model of quality of life and well-being that recognizes social ties (or, in the language of the model, *social capital*) as an important element of the life experience of the individual, and that the place or *milieu* in which they take occur is equally important in their constitution. People and place are then situated within a conceptual framework aimed at guiding the search for answers to the research questions, based on the ontological position described at the outset of the chapter. The framework thus has an *objective* sphere, and a *subjective* one, and the answers that will ultimately emerge result from the combination of findings from each. (Note: all figures are included at the end of the chapter.)

[12] Robert E. Park, as quoted in Jackson, P. and Smith, S.J. 1984. *Exploring social geography*. London: George Allen and Unwin, p. 73.

2.0 Philosophical Underpinnings of the Research

In any research inquiry, those undertaking the research must make clear their ontological and epistemological positions. Often this is done indirectly, but in this document it will be done directly. Within the social sciences, an ontological perspective refers to what one considers to be the nature and essence of social phenomena (Mason 1996). Reason (1998) cites Freire (1982) in identifying an ontological position suitable for social science inquiry:

> The concrete reality for many social scientists is a list of particular facts that they would like to capture; for example, the presence or absence or water, problems concerning erosion in the area. For me, the concrete reality is something more than isolated facts. In my view, thinking dialectically, the concrete reality consists not only of concrete facts and (physical) things, but also includes the ways in which people involved with these facts perceive them. Thus in the last analysis, for me, the concrete reality is the connection between subjectivity and objectivity, never objectivity isolated from subjectivity (Freire 1982: 30, as quoted in Reason 1998: 278-279).

I subscribe to Freire's position. I believe that individuals hold views, and have experiences, that are meaningful components of their social worlds; together, these give rise to the *subjectivity* about which Freire writes. The *objectivity* of concrete reality–the *particular facts*–may be examined in and of themselves (through observation or by other means), but without the inclusion of the subjective, they remain mere facts, and cannot become *concrete reality*, at least as it is applied in the social sciences.

This brings us to the related epistemological question of what counts as knowledge or evidence (Mason 1996), thereby enabling researchers to identify and understand *concrete reality* as defined by Freire. Mason (1996: 13) defines epistemology as the researcher's "theory of knowledge," a theory concerned with "the principles and rules by which you decide whether and how social phenomena can be known, and how knowledge can be demonstrated." The research in this document is based on the belief that social phenomena can be known by interaction with social actors themselves–that is, with individual human beings. *Interaction* in this sense can refer to both observation of human behaviour, and more importantly, to discussions with them, to ascertain their views, experiences, and perceptions. Language is thus the means by and through which individuals share their subjective experiences with others. In my view, knowledge is demonstrated when the accumulated observations and individual perspectives, together with particular facts (the "objectivity" of which Freire writes), are presented in

a structured, coherent argument. Expressed this way, it is clear that my research interests lie more within the subjective realm than the objective, but that together, the two permit a level of knowledge that would be impossible with one alone. Ultimately, according to Denzin and Lincoln (1998:11), both qualitative and nonqualitative research "has always been judged on the 'standard of whether the work communicates or 'says' something to us'(Vidich and Lyman, Volume 1, Chapter 2), based on how we conceptualize our reality and our images of the world." The next section of this chapter will discuss how social support and place are conceptualized in this research, in the hope that the research that is presented will ultimately "say something to us."

3.0 A Conceptual Framework

3.1 Introduction: Social Support and Well-being

Given the aforementioned ontological and epistemological positions, it is natural that this exploration into questions of belonging, and of the role of place/space in belonging, will involve inquiry into the perceptions and experiences of people themselves. This inquiry has as its foundation knowledge that has previously been acquired about these subjects by numerous other researchers. As we have seen in the literature review, it appears that human beings have an innate *need* to *belong* to others, and that an adequate sense of belonging has demonstrable health benefits. While psychologists in particular have emphasized the importance of *belonging* to other individuals, geographers have highlighted the ties that people form to places, and that also give rise to a sense of belonging. As the work of Rowles has demonstrated, often the two are intertwined: the people to whom we feel a sense of belonging are in part determined by the places and circumstances in which we live, and the places in which we live permit certain types of supportive relationships that in their own right engender a sense of belonging. Thus it is he proposed the notion of *sociospatial* support.

This mutually interactive relationship between people and place is outlined in a larger model of quality of life and well-being, and illustrated in Figure 3.1. The model (Langlois and Anderson 2002), is based in part on the well-known work of Campbell et al. (1976), but distinguishes more precisely how elements of the objective environment, and individuals' subjective evaluations of those elements, contribute to overall life satisfaction and well-being. Although the interest in this research is in social support, there is the recognition that people are complex, multifaceted beings; social support is one of

the elements of well-being, but quite clearly not the *only* one. Indeed, much of the literature on quality of life of the elderly has been criticised for equating *quality of life* with mere *physical health*. As Farquhar (1995: 1440) explains with respect to research in medical fields, "[W]here many papers refer to 'quality of life' in medical and nursing journals, what they are in fact referring to is 'health-related-quality-of-life', and not 'quality of life' itself i.e. they are measuring just one domain of quality of life–usually physical functioning." Thus, this model is used here as a reminder that social support, while important to well-being, is played out at the same time and on the stage as are the many other actors that also contribute to it.

As shown in Figure 3.1, the model of quality of life/well-being identifies three domains (environment, individual, and an interface domain) and two perspectives (objective and subjective) in a two-way structure. *Quality of life* is the result of the convergence (or interface) of the resources offered in a particular environment, with the needs of a particular individual; quality of life in this model is thus measurable objectively, and appears in the upper or objective sphere of the model. How one *evaluates* the objective conditions of one's life leads us into the second or subjective sphere. Individuals evaluate their lives based in part on objective circumstances, but are influenced by personal characteristics such as education or income (conceptualized in the model as *human capital*), as well as their personal aspirations. The experience of life is also influenced by the *social environment* in which one lives, conceptualized in the model as *social capital*. Social capital refers to the networks of individuals with whom one interacts.[13] As shown in the model, the *experience* of social capital is itself a function of the interaction between the members of one's social *network* (i.e., people), and the *milieu* (i.e., place) in which one lives. How individuals evaluate experiences in the social realm is reflected in the level of satisfaction they experience, and ultimately in their *well-being*. In the model, *well-being* is considered to be more than the mere sum of satisfaction with life, connoting as well ideas of wholeness and notions of futurity.

[13] In this model, the term *social capital* is not necessarily used in the same way(s) as it is in much of the social capital literature, but is meant to be the "social" equivalent of human capital, and refers to individual-level social networks (and their benefits for the individual), rather than to collective notions of social networks. Those seeking a discussion of definitions of social capital, and particularly whether or not the concept is individual based, or collective, might wish to refer to Schuller 2001, as well as Coleman 1988; Coté 2001; Glaeser 2001; Lin 1995 and 2001; Lochner et al. 1999; Macinko and Starfield 2001; Portes 1998; Putnam 2001; and Schuller et al. 2000.

3.2 Network and Milieu

The research discussed here attempts to elucidate *one part* of this model, that is, the *social capital* component shown in detail in Figure 3.2, and in doing so, elaborate upon the notion of sociospatial support as proposed by Rowles 20 years ago. As indicated in the model, social capital is comprised of two elements: *network*(s), and *milieu* (or what will frequently be referred to in document as *people* and *place*). Each element is in turn comprised of a number of subcomponents, the subcomponents being mutually shaping and reinforcing of one another. Both elements (network and milieu) influence life experiences, with the convergence of the two giving rise to a certain subjective level of satisfaction, that, in concert with aspects of the objective environment, leads to well-being. As the primary interest in this research in terms of place is the *neighbourhood*, *milieu* has been differentiated in the figure into Rowles' (1983) first four sociospatial support zones, as these are the zones corresponding most closely to the neighbourhood scale; however, *other* has been included in acknowledgment that support may come from zones outside these first four, and that can influence or augment the support that is offered locally. These four spatial zones are in turn determined (in terms of spatial extent) by whether or not the milieu in question is urban or rural, and thus this element is recognized in the model as a first determinant of the zones that follow. Likewise, on the network side of the model, both kin and nonkin are included, to indicate the importance of both in the support networks of the elderly, and underscore the possibility that in the absence of one, the other might assume greater prominence and importance.[14] The bidirectional arrows from the *network* side of the model to the *milieu* side, indicate that each is an influence on the other, and that collectively, the two give rise to experiences that are evaluated by individuals in terms of satisfaction, and ultimately (and in conjunction with other elements), subjective well-being.

3.3 Research Questions and Conceptual Framework

Few geographers have studied the geographic dimensions of social support vis-à-vis the elderly (Rowles 1983; G.C. Smith 1998a and b; Warner 1987). For this reason, the research in this document is somewhat exploratory in nature: there are research questions to be *explored*, rather than research hypotheses to be *tested*, an approach is consistent with subjective inquiry in the social sciences (Mason

[14] For the purposes of this research, *kin* refer to all those to whom one is related through blood or marriage; *nonkin* refer to all others.

1996). Based on the ideas of network and milieu as outlined in Figure 3.2, and drawing inspiration from the work of Rowles, those research questions are as follows:

- Is the neighbourhood a place to which the Outaouais elderly feel a sense of *belonging*, and is this *insideness* (in the language of Rowles) an important source of implicit social support?
- What is the relative importance of kin and nonkin in the support networks of the Outaouais elderly? Are neighbours an important source of social support?
- What is the role played by *place* (as in neighbourhood) and *proximity* in shaping the support networks of the Outaouais elderly (i.e., the *structural* dimensions of support), and the social support they receive (i.e., the *functional* dimensions of support)? *Proximity* refers to the role of distance and the relative location of support providers (what Rowles referred to as *space*).

Before we can begin to answer these questions, they and the model must be situated within the literature that was reviewed in Chapter 2. As we have seen, there are two broad means by which social support is assessed: by examining the structure or functions of the support network, or by assessing specific or global dimensions of these features. Research suggests that examining both structural and functional dimensions of social support provides better insights into the support that is available to an individual, and that the *perception* of support is perhaps more important than the actual support that is provided. With this concern for the *subjective* in mind, the following conceptual framework is offered, to guide the research into people, place and social support, and that ensures that both structural and functional measures of support are investigated.

Building on the ontological position noted earlier, the conceptual framework (indicated in Figure 3.3) denotes two spheres within which to position the research questions: an objective sphere, and a subjective one. The objective sphere represents the setting in which the research takes place–the Outaouais–and is in this respect unidimensional. The subjective sphere is more complex, being comprised of three elements, the first giving rise to the second, and the second to the third. The first element is nonspatial, and represents basic *structural and functional dimensions* of social support as perceived by the elderly themselves (thus recognizing the importance of both dimensions in the study of social support). The second element arises from the first, and represents the *spatial dimensions* of both structural and functional aspects of social support as perceived by the elderly themselves. By

spatial dimensions of social support, I refer to Rowles' (1983: 112) definitions of *space* ("the role of distance and relative location") and *place* ("the subjective meanings of individual locations that serve to bring them to life and provide their identity"). While Rowles found that many *places* served as sources of social support, the interest in this research is in the *neighbourhood* as a place of support, although this second element could conceivably refer to other spatial scales. By *neighbourhood*, I refer to the expression as it is used in everyday speech, and as defined by Davies and Herbert (1993: 1) as the "area around a residence within which people engage in neighbouring, which is usually viewed as a set of informal, face-to-face interactions based on residential proximity." (See the discussion of neighbourhood in the literature review in Chapter 2, Section 3.2). Put another way, the first element in the conceptual framework identifies the general availability of support network members, and the functional dimensions of support that they provide, thereby offering a context within which to understand the role that place and space play in that support, as well as the relative importance of kin and nonkin. Finally, the third element in the framework represents *individual experience*. This element enables understanding of the two previous elements, within the context of an individual's own life experiences. As we have seen previously in the convoy model of social support discussed in Chapter 2, the need and desire for social support evolves with the changing life circumstances of the individual. This third *subjective* element recognizes the importance of context and life experience as influences on social support, and recognizes as well that measures of social support can only be fully understood by placing them within such a context.

As shown in the figure, two types of arrows are arranged between these three elements. The large, bidirectional arrow indicates that in reality, each of the three elements both influences, and is influenced by, the two other elements, in a continuous, iterative process. The unidirectional arrows, from the first element to the second, and the second to the third, indicates the way in which the research is structured in this inquiry. While it is recognized that the three are mutually dependent and reinforcing, the research must necessarily begin at one of the levels, and proceed to the others. Were this order not imposed on the research process, the iterative nature of the elements would make research impossible, as inquiry would never be finished, but continually modified by the continuous interactions and reactions among the three elements. Moreover, this inquiry is not concerned with detailed specifics of support functions and networks, but in understanding the provision of support–in a global sense and through the twin lenses of *space* and *place*–in the lives of the Outaouais elderly. Finally, "concrete

reality," to use Freire's expression, emerges from the combined understanding of the objective and the subjective spheres; it is only after the two spheres of objectivity and subjectivity have been assessed in conjunction with one another, that the research is complete, and *understanding* can result.

In sum, and based on the literature review, the conceptual framework explicitly recognizes the importance of both structural and functional dimensions in the understanding of social support; expressly identifies the role of *place* and *space* in the provision of social support; and highlights the role of personal experiences and changes over the lifecourse as significant factors in interpreting the provision of social support in the lives of the elderly.

4.0 Chapter Summary

In this chapter, we have examined the ontological and epistemological foundations of the research. The chapter has also identified the role of *network*(s) (that is, *people*) and *milieu* (that is, *space* and *place*) in jointly influencing the social support that is received by the elderly, and outlined a conceptual framework for the research. The proposed research builds on a tradition of interest in social networks and social support, as well as a long-standing interest by geographers in the subjective experience of human beings. It is not the particular characteristics of the physical environment that are of interest, however, or those of the social environment; rather, it is the interplay between the physical environment (conceptualized as *milieu*) and the social environment (conceptualized as *network*), and how the two together shape the social support received by the elderly. In this respect, the research that will be discussed is an attempt to elaborate upon the notion of *sociospatial* support introduced by Rowles two decades ago. The next chapter will describe the methods by which this framework will be implemented.

5.0 Figures

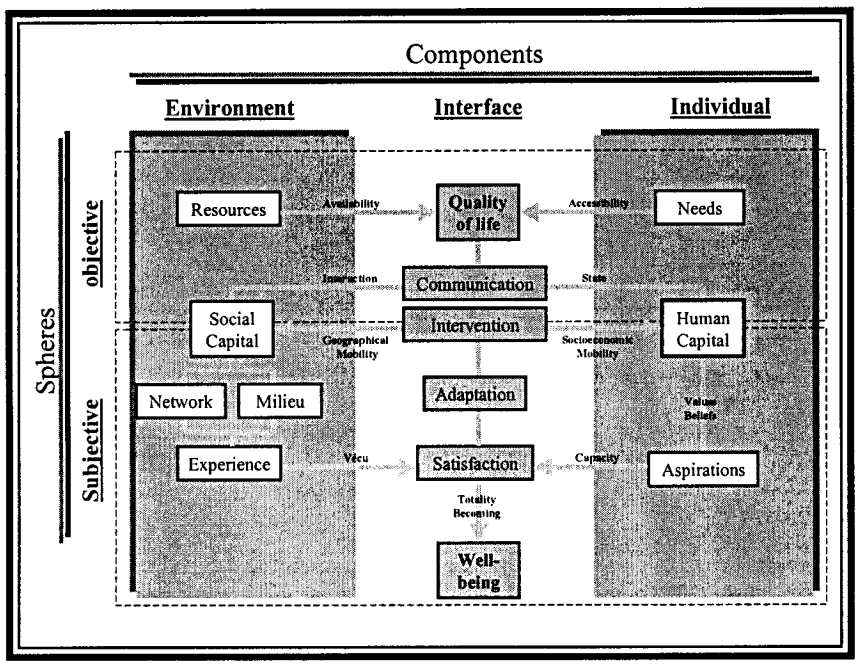

Figure 3.1 A Conceptual Model of Quality of Life and Well-being
Source: Langlois and Anderson 2002.

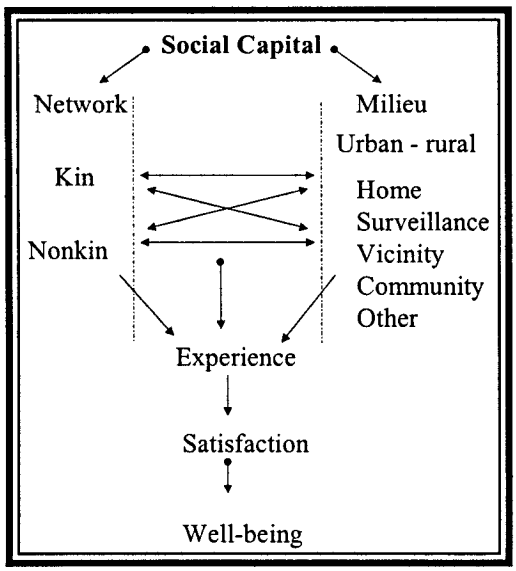

Figure 3.2 A Detailed Look at Networks and Milieu

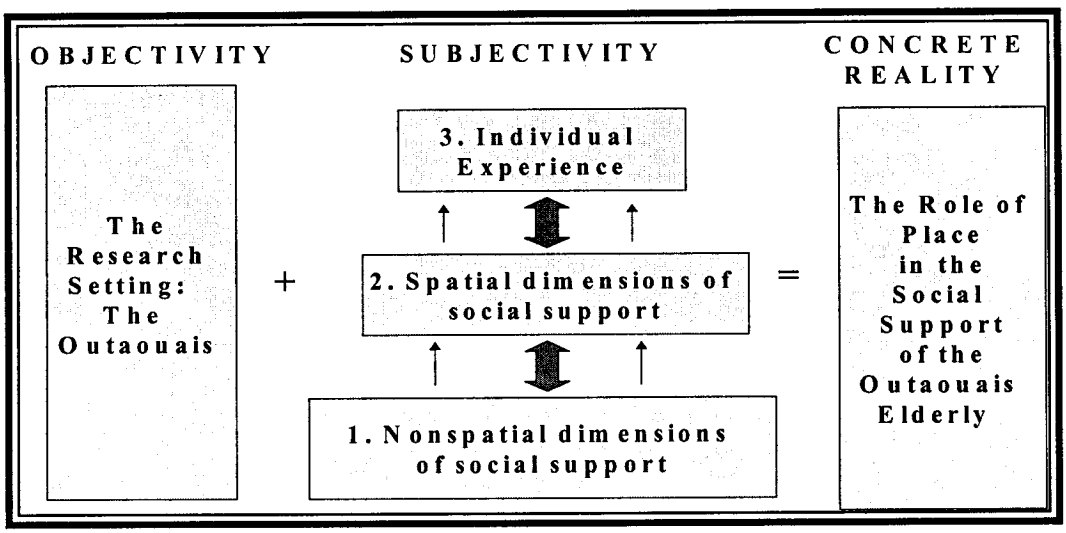

Figure 3.3 A Conceptual Framework for Studying Place and Social Support

4 Assessing Social Support: A Three-Step Approach

> Even though places inevitably change over time, they continue to make sense, largely because they have meaning for people. Meaning is the key to the importance of places, and it is the subjective experiences that people have within places that give them significance.[15]

1.0 Introduction

The objective of this chapter is to describe a methodological approach for the research that will follow. The methodology is based on the conceptual framework presented in Chapter 3–a framework that highlights the twin roles of people and place in shaping the social support that is received by the elderly in their neighbourhoods–the places in which they live. The *objective* sphere of the research refers to the study area (the Outaouais) and population (those aged 55 to 74), and is presented in text and tabular form in Chapter 5. The *subjective* sphere of the conceptual framework is investigated using three data sources: the *National Population Health Survey*, a national survey conducted by Statistics Canada; a regional survey of the Outaouais elderly conducted by researchers in the Department of Geography at the University of Ottawa; and in-depth interviews conducted by the author. The research thus takes a mixed-methods approach, using quantitative methods (of respondents' subjective responses) to understand the presence of social support in the lives of the elderly, and the role of the neighbourhood in the provision of social support, and qualitative methods to provide *understanding* of the first two stages, in an attempt to explain "concrete reality" as defined and used in the conceptual framework in Chapter 3. Note: for convenience, tables and figures are included at the end of the chapter.

2.0 Methodological Approach

2.1 A Mixed-Methods Approach

The conceptual framework outlined in Chapter 3 identifies two realms or spheres: one of *objectivity* and

[15] W.M. Gesler. 1991. *The cultural geography of health care.* Pennsylvania: University of Pittsburgh Press, page 164.

another of *subjectivity*. The *objective* dimension of the research refers to the presentation of the study area (the Outaouais) and population (those aged 55 to 74), and is presented in text and tabular form in Chapter 5. The *subjective* dimension of the research encompasses three sets of data, each one corresponding to one of the three *subjective* elements in the conceptual framework. While two of three make use of *quantitative* methods, it is important not to confuse *quantitative* methods with *subjective* data, as each is a source of *subjective* data (that is, of individuals' impressions of various aspects of their lives), although both quantitative and qualitative methods are used to analyse the data. Thus, it can be said that the research proposed here takes a *mixed methods* approach to exploring the spatial dimensions of social support–that is, the research makes use of both quantitative and qualitative methods of analysis. Such an approach is not new; according to S.J. Smith (2000: 662; see also Johnston 1987),

> Although purists might argue that any one philosophy has its own ONTOLOGICAL presumptions, its distinctive epistemological mandate and its particular methodological toolbox, the majority of qualitative research in human geography has always mixed its methods.... Research which combines different qualitative methods and exploits the complementarity of qualitative and quantitative findings looks poised to gain a new respectability within the discipline (emphasis in the original).

Feminist researchers have been at the forefront of the movement to take advantage of what they see as the complementarity of mixed methods, endorsing the use of "quantitative methods to search for interesting patterns and trends, and qualitative methods to aid in the understanding of those trends" (Madge et al. 1997: 93; see also Stebbins 2001). This is also the case in the social science approach to health research–that "the logic of enquiry of qualitative and quantitative research is complementary rather than competing" (Higginbotham et al. 2001: 229). Moreover, as Gould (1999: 258) points out, "If the postmodern discourse can do anything, it can surely help us eschew a single perspective, and so allow us to acknowledge the potential for genuine illumination within and from multiple perspectives." This is the approach used in this research: to use quantitative methods and data sets to provide insight into the perception of the general availability of social support in the lives of the elderly, and the role of place in the provision of that support, and then, based on the findings of those analyses, conduct a series of depth interviews with selected elderly to gain understanding of the human context of the findings.

The first data set used is the National Population Health Survey, a biannual survey conducted

by Statistics Canada. This data will be used to determine the perception of the general availability of social support in the lives of Canadians 55 to 74, and corresponds to the first element in the *subjective* sphere of the conceptual framework. The second data set, corresponding to the second element in the same sphere, comes from a survey conducted in 2001 by researchers in the Department of Geography at the University of Ottawa that will assess respondents' perceptions of various aspects of networks and milieu in the social support that is provided to them, with a particular emphasis on the role of the neighbourhood as both a setting for contact with important network members, and as the location of residence of the support provider. The final data were obtained from a series of depth interviews with selected individuals, to provide a context with which to understand the previous two stages, and represent the third element in the *subjective* sphere of the conceptual framework. As such, the *subjective* dimension of the research was conducted in three stages (outlined in Table 4.1) as explained in the subsections which follow.

Before describing the three stages, it is important to clarify that this research is concerned with community-dwelling elderly–that is, individuals able to live *independently* in their own homes. It is also necessary to define *elderly* for the purposes of the research. In the gerontological literature, the elderly are often defined as those 65 years of age and older because this age coincides with the legal retirement age, in Canada and in many other countries. However, the age at which individuals in the western world retire has been decreasing over the past decade, with the result that *age of retirement* is sometimes viewed as the entry point into the ranks of the elderly because of its perceived significance as a pivotal life event. At the same time, research has shown that irrespective of how elderly is defined, there are important distinctions between age cohorts. For this reason, the term *young elderly* is often used to refer to those 55 to 64 years old, while *middle elderly* or *old* is used to refer to those 65 to 74, and *old old* is used to refer to those 75 and older. These distinctions are not mere distinctions of nomenclature, but of developmental stages (particularly among the *old old* and the *oldest old*, those over 75). After the age of 75, for example, individuals are much more likely to experience significant health problems, and as a result, their support networks tend to shift from independent types to more dependent types (i.e, those that require more extensive support). When an individual's mental or physical condition deteriorates to the point that he or she requires greater than normal social support, the situation is referred to as *caregiving* (Chappell 1992). As the interest of this research is *social support* and not *caregiving*, and to avoid large differences amongst age cohorts, the study population has been limited to those 55 to 74

years of age; unless noted otherwise, all subsequent references to the elderly refer to this age group.

3.0 Stage 1: The National Population Health Survey

3.1 Introduction to the NPHS

The National Population Health Survey (NPHS) is a national survey to assess Canadians' health status, health behaviours, and use of health services. The NPHS began in 1994, and is to be administered in two-year cycles for 20 years. The NPHS consists of three subsurveys: the first administered to households (excluding Indian reserves, Canadian Forces bases, and some remote areas of Ontario and Quebec); a second to persons residing in institutions; and a third for residents of the North. The goal of the survey is to provide information that will assist in the development of health policy and programmes. Among other objectives, the survey is designed to improve understanding of the determinants and correlates of health, to better understand how health status affects the use of health services, and to better understand illnesses that place the greatest burden–be it suffering or financial–on individuals, society, and the health-care system. Several criteria are used to determine the content of the survey. Among other requirements, it must assist provinces and territories with their health objectives; not duplicate information available elsewhere; focus on prevention, treatment and intervention; and focus on illnesses most burdensome to individuals and the health care system.

The NPHS makes use of a complex sampling methodology that is initially stratified by province, and then further stratified along other geographic and socio-economic criteria.[16] Sample sizes for the provinces are determined in consultation with them, and allow for provincial "buy-ins" by those provinces wishing a larger sample than would be expected of a representative national survey. In the 1998 cycle, the third cycle of the NPHS and the one used in this research, Ontario, Manitoba, New Brunswick and British Columbia purchased additional buy-ins. The survey is both cross-sectional and longitudinal in composition, and is composed of two elements: a General File contains general information gathered from *all* household members (containing approximately 49,000 records in 1998), while that gathered from the longitudinal respondents is kept in a Health File (containing almost 17,000

[16] Details of the sampling methodology can be found in the *NPHS Cycle 3 (1998-1999), Public Use Microdata Files Documentation*, available on CD from Statistics Canada.

records in 1998).[17] In addition to the provincial buy-ins, the 1998 cycle also included additional recent immigrants and young children to ensure its representativeness of the Canadian population. The 1998 cycle of the NPHS was selected as a data source for two primary reasons: the quality of the variables on social support and their relationship to the objectives of this research (ie., ascertaining the levels of functional support available to those aged 55 to 74); and because at the time of beginning this research, analyses of the social support components of the 1998 cycle had not yet been published in the literature.

Two caveats must be noted. The primary objective of the research is to understand the role of place and proximity in the social support received by the elderly in the Outaouais. The original intention in using the NPHS data was to assess structural and functional dimensions of support perceived to be received by the elderly in the Outaouais, and use, as a comparison sample, those in the other regions of the Province of Quebec. However, upon ordering the data, it was discovered that the public-use version of the NPHS was not available at geographic scales smaller than the provinces (with the exception of the census metropolitan areas). Consequently, to obtain a measure of the general level of support perceived to be available to the elderly in the Outaouais, the research used data for the entire province as a *proxy* measure of what might be available to those in the Outaouais, and used data for the elderly from the other nine provinces as a *comparison* group. While it was not strictly necessary to have a comparison sample, having one does provide some context with which to understand the findings of the population of interest–that is, the elderly in the Outaouais. Secondly, the proposal upon which this research is based indicated that two cycles of the NPHS would be used, the 1998 cycle, and the 1996 cycle. Data from the 1996 cycle were intended to provide understanding of aspects of the structural dimensions of social support. It was decided to omit this data from the analysis for three reasons. First, because of the use of the two cycles, an imbalance was developing in the research, with Stage 1 assuming greater importance than it was originally intended to have. Omitting the 1996 cycle corrected this imbalance. Second, the data in the 1996 cycle were considered redundant, given the presence of a question in the 1998 cycle that provided a measure of the size of the social network; this variable was felt to be a sufficient measure of the structural dimensions of support for the purposes of the research. Moreover, the literature review made clear that, in terms of the structural and functional dimensions of social support, "functional support appears the most important" (McDowell and Newell 1996: 138). As

[17] In 2001, the cross-sectional component of the NPHS became the *Canadian Community Health Survey* (CCHS), while the longitudinal component will continue as the original NPHS (Pacey 2001).

a consequence, greater emphasis was given to the functional dimensions that were included in the 1998 cycle. Third, the majority of the questions in the 1996 cycle addressing structural dimensions of social support emphasized contact with family members. As shown in the literature review, while family members play an important role in providing support to the elderly, the role of nonkin is as, if not more, important to general well-being, and for this reason is of greater importance in this research than the role of kin. For this reason, including the 1996 cycle in the present research was thought to detract from interest in nonkin relationships, and this formed a third reason for omitting it.

3.2 Selection and Coding of the Variables

Two types of variables (representing 18 in total) were selected from the 1998 NPHS for analysis: 13 general demographic variables, and five variables on social support. A full description and definition of all variables, as well as the rationale for their inclusion, is included as Table 4.2. The demographic variables were selected because they are standard variables used in social research, and/or because the literature review suggested they had relevancy to questions of social support (such as marital status, health status, and socioeconomic status). The demographic variables included province of residence, location of residence in urban or rural areas, age, sex, marital status, household type, home ownership, education, total household income, working status, self-reported health, language ability, and country of birth. Five social support variables were available for public use. Four were derived variables assessing respondents' perceptions of the availability of four support functions: tangible support, affection, social interaction, and emotional-informational support. These derived variables come from a measurement instrument known as the *Medical Outcomes Study Social Support Survey* (Sherbourne and Stewart 1991; see also McDowell and Newell 1996 for a discussion of this and other social support measurement instruments); the questions from which the derived variables were formed are included as Table 4.3. A fifth support variable, measuring the number of close friends and relatives of the respondent, and which serves as a rough measure of the size of the support network, was also included in the analysis, and was the variable that was deemed "sufficient" to omit data from the 1996 cycle of the NPHS.

Ten of the 18 variables were recoded, primarily but not exclusively for ease of analysis, and to ensure that the same categories would be appropriate for *both* descriptive statistics and for the analysis by *Pegase* (discussed later). Five socio-demographic variables were among those recoded as follows:

- The variable for *rural/urban* was recoded so that respondents were classified either as urban or rural (eliminating the third category of CMA (census metropolitan area) which is, by definition, urban).
- *Household type* was recoded to three categories from the original seven to identify those living alone from those living with others; three categories resulted: single, couple, and all other household types.
- *Total household income* was recoded from the original eleven categories to five categories to better distinguish lower-income respondents from higher-income respondents, given the demonstrated association between income and social support. As discussed in chapter 5, average income for those aged 55 to 64 in the Outaouais was $24,443, and $19,028 for those 65 and older (1996 figures), yet a sizeable percentage of those living alone, particularly women, have incomes significantly less than this. Therefore, given the known association between low incomes and low social support, income categories were recoded as follows to better distinguish those who are below these averages, from those who are above: <$15,000 (the lowest category); $15,000 to $19,999 (to identify those who fall close to the average for those aged 65 to 74); $20,000 to $29,999 (to identify those who fall within the average for those aged 55 to 64); $30,000 to $49,999 (a middle category); and $50,000+ (to match as closely as possible those who have incomes at or above the regional household average of $46,183 (1995 figures). Finer distinctions than these at the higher income levels were not sought because the majority of the Québec sample (76.2%) reported incomes less than $50,000. Likewise, greater variation at the lower income range was not sought because only 6.9% of the Québec sample reported incomes less than $10,000.
- *Work status* was recoded from four categories to two to distinguish those who were working from those who were not.
- *Self-rated general health* was recoded from five categories to two to distinguish those whose health was better (previously self-rated as good, very good or excellent) from those whose health was poorer (previously self-rated as fair or poor), as the detail provided by the original five categories was not deemed necessary to the present research (and made chi square calculations impossible).

The five social support variables were also recoded as follows:

- The variable for *number of close friends and relatives* was originally coded 0 to 99 (the number corresponding directly to the number of individuals indicated by the respondent). The variable was recoded into five categories as follows: 0 (no such individuals); 4 (one to four individuals); 10 (five to ten individuals); 15 (11 to 15 individuals); and 16 (16 and over). The new codes were designed to reflect the typical size of the support networks of elderly individuals. As indicated earlier, research suggests that on average, the elderly have between five to seven individuals in their support networks, but this figure could be as high as ten. Therefore, the revised second category represents individuals with smaller-than-average networks, while the revised third category represents respondents with what are most likely averaged-sized networks, the revised fourth represents larger-than-normal-networks, and the final category represents significantly larger-than-average networks. In addition, because more than 90% of Québec respondents reported 15 or fewer close friends or relatives, it was felt that additional categories at the higher end of the scale were unnecessary.
- The four *derived social support variables* were originally coded from zero to 12 (the affection index), zero to 16 (tangible support and social interaction) or zero to 32 (emotional-informational support), but were recoded for ease of analysis from one to four (for example, categories 1 to 3 became category 1, categories 4 to 6 became category 2, and so on). The zero code was eliminated as a separate category by combining it with the first category for all of the four derived variables because of the extremely low number of respondents in it (0.2% in all of the variables except tangible support when it represented 1.8% of Québec respondents). Thus, for each of the four derived social support variables, a higher score denotes a higher level of the support in question. Alternative ways of recoding the derived variables (such as having equal numbers of respondents in each category) were rejected because they would have misrepresented the level of perceived available support.

A further recoding was undertaken on all variables to group all of the various nonresponse categories (such as *don't know, not stated, refusal, not applicable*) into a single category.

3.3 Methods of Analysis

The NPHS variables identified in the previous section were recoded where necessary, and then analyzed using two techniques. First, the data were put into SPSS format, tabulated and analysed with simple

statistics and through the production of frequency tables for basic understanding. The statistical technique of chi-square was then used to assess whether or not there were significant differences between the Québec sample and the comparison sample (those aged 55 to 74 in the other nine provinces), and to perform some within-sample comparisons. The chi-square test was chosen because it is a nonparametric test commonly used within geographical research for the testing of ordinal- and nominal-scale data (Robinson 1998). As this is the type of data being analysed, it was deemed to be an acceptable statistical test. Cross tabulations were also used to examine associations between particular sociodemographic variables and social support. The chi-square test was used to assess the strength of the relationship among various variables. The results are presented in tabular and textual form.

While the frequency tables and chi-square test were used to obtain a basic understanding of the variables and the strength of the correlations among and between them, it was felt that these were insufficient to develop an *explicative* model of place and social support. Thus, to gain further insight into the factors that ultimately explain, or account for, the presence or absence of social support, the same data were then analysed using *information theory*. Information theory is a type of analysis that can be used in spatial and nonspatial inquiries. It is essentially a correlation technique based on the notion that knowledge about one variable (or experience) can be used to *predict* knowledge about another through the information that they share (Phipps 1981, 2001). Knowledge about a phenomenon is acquired through trials, each trail providing a certain amount of information and hence knowledge. In general, the greater the number of trials, the greater the information one has about a phenomenon. In information theory, acquiring information about a phenomenon through a trial is known as an *experience* (Phipps, no date). Knowledge accumulates through successive experiences, and each experience will result in a measurable quantity of information. This quantity of information is known as an *information amount*. The information amount varies with the type of experience involved. Common events produce relatively small amounts of information (pointing to the "trivial" nature of such events), while rare events produce a much greater amount of information. The information-amount concept is important as it underlines the link that exists between two experiences (*A* and *B* for example), and the possibility that knowledge about one experience can be used to *predict* knowledge about another. *Entropy* is the term that is used to refer to "a numerical measure of the uncertainty of an outcome." *Maximum entropy* is said to exist when there is no information about experience *A* that can be used to predict experience *B*. Were there to be no relationship between the experiences *A* and *B*,

knowledge about one could not be used to predict knowledge about the other; that is, the information entropy of one experience could have no relationship to the entropy of the other–there would be no *mutual information.*

However, it is also possible that knowing something about experience A can help to predict experience B (and vice versa). When this is the case, there is said to be *mutual information* between experience *A* and experience *B*. *Mutual information* can be used to reduce the uncertainty–or *entropy*--about an outcome. Information theory, as applied through the software *Pegase (***P**artition d'un **E**nsemble **G**éographique pour l'**A**nalyse **S**patiale **É**cologique) (Phipps 1999),[18] works out a hierarchical arrangement of the mutual information that exists between one variable (the dependent variable or *DV*), and the other independent variables (*IV*) in a data set. The software *Pegase* identifies the independent variable or combination of independent variables that best predicts the dependent variable. *Pegase* determines the independent variables that share the most mutual information with the DV, as a way to predict the likelihood of the DV and reduce the entropy or uncertainty with which a particular outcome is associated, and arranges them in a hierarchical fashion. In information theory, variables are classified as one of two types: diagnostic or explicative. Generally, the dependent variable is thought of as the diagnostic variable (the one to be explained–such as the presence or absence of social support), while the independent variables can be thought of as the explanatory variables–those which explain the dependent variable (such as income, educational background, health status, and so on).

Information theory was selected over other quantitative analysis methods for two reasons. First, *Pegase* can be used with virtually any number of cases in a data set, and is designed to accommodate *state* variables (that is, qualitative, ordinal, or class variables--the type used in the NPHS survey). Second, and more importantly, the qualities associated with each respondent in the data set *remain with the respondent* throughout the analysis, in distinct contrast to other quantitative methods in which the qualities associated with particular individuals are separated, during the analysis, from the individual with whom they are associated. Analyses using information theory–an individual-based model–thus more accurately represent the individuals being studied than other correlational methods that do not, and thus allow for more accurate explanation.

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[18] This software was developed by Dr. Michel Phipps of the Department of Geography of the University of Ottawa, and is available through him.

4.0 Stage 2: A Survey of the Outaouais Elderly

4.1 Introduction to the Survey

As noted earlier, the data from the NPHS were intended to provide an overview of the general availability of four types of social support among the elderly, and an indication of the size of the support network of the study population; however, they lack any reference to the spatial dimensions of social support apart from province of residence, or urban-rural place of residence. Thus, the second stage of the research was designed to address the question of place/space by examining the places that serve as the sources of the support the elderly receive. Data for this portion of the research come from a survey administered in June 2001, directed by Dr. André Langlois, under the auspices of the Department of Geography at the University of Ottawa. The survey was the key component of a three-year research project on quality of life entitled *Iniquités géographiques et bien-être: la population âgée de l'Outaouais*, funded by the Social Science and Humanities Research Council.[19]

As will be shown in the next chapter, the Outaouais is a region of contrasts, with a dense, urban core known as the Communauté urbaine de l'Outaouais (CUO), and a sparsely populated periphery. Within the limits of the research budget, the survey was designed to reach respondents in both central and peripheral locales within the region, and have external validity (Higginbotham et al. 2001). The sampling unit was individuals. The sampling objective was to survey 10% of those aged 55 to 75 in selected peripheral areas, and, due to their greater numbers, 1% of those of the same age in the CUO, for a total of 600 respondents. The sampling was thus stratified by geographic location (core versus periphery). Statistics Canada census data from 1996 were used to identify census enumeration areas with a higher-than-average percentage of residents 55 to 75 years of age. Fifteen such enumeration areas were selected in the CUO, and 26 in the peripheral regions, with the goal of sampling the desired 1% and 10%, respectively, of the elderly population. Over a three-week period, researchers distributed the surveys by approaching homes in the identified census tracts, and requesting the participation of an appropriately aged individual. If such an individual resided at the home, and agreed to participate, a copy of the survey was provided, with oral instructions, for self-completion.[20] The completed

[19] Details of the project are available at: http://langlois.geog.uottawa.ca.

[20] In the original research proposal, I indicated that the interviews would be conducted face-to-face; however, for reasons of cost, the decision was subsequently made to have respondents complete the questionnaires themselves.

questionnaires were collected from respondents the following day. The survey was intended to be a discriminative instrument, that is, it was meant to "separate different respondents according to some theoretical variable" (Higginbotham et al. 2001: 267). In total, there were 564 respondents (295 from peripheral areas, and 269 from the urban core), providing a rough balance between core and periphery, and representing 12 municipalities in total.[21]

The questionnaire contained 47 multiple-choice questions. The first section included standard sociodemographic variables (such as age, sex, maternal language, education, and income). The remaining sections were devoted to questions about satisfaction with, and importance of, various aspects of quality of life, including aspects of social support. The questionnaire gave rise to a total of 224 variables.

4.2 Selection and Coding of the Survey Variables

Of the variables available, 39 were selected for analysis: an identifier variable, 11 sociodemographic and geographic variables, and two questions concerning social support and place that together represented 27 variables, as shown in Table 4.4. As with the NPHS data, the demographic variables were selected because they were standard variables used in social research, and/or because the literature review suggested they had relevancy to questions of social support (such as marital status, health status, socioeconomic status, and length of residency). The demographic variables included age, sex, marital status, education, household type, home ownership, total household income, working status, self-reported health, maternal language, and length of residence in the community.

The social support variables in the survey were developed in a style in keeping with the other sections of the questionnaire, as the survey was a multipurpose instrument designed for use by several researchers. The social support variables thus included questions about the *importance* of five categories of kin and nonkin in the lives of the respondents, as well as respondents' level of *satisfaction* with their relationships with these individuals, as these two–importance and satisfaction–were key dimensions of

[21] As noted in the proposal for this research, the survey was originally intended to sample respondents in urban and rural areas. However, due to financial and time constraints, it was decided to limit sampling to two zones: the urban core, and peripheral towns and villages. Thus, truly rural areas (as defined by Statistics Canada) were not included in the sampling (although this decision was not intended to provoke a debate on the definition(s) of *rural*). For such a discussion, see, for example, du Plessis et al. 2001; Fuller et al. 1992; Weiss et al. 1993.

the overall quality-of-life research project.[22] As shown in Table 4.5, these questions were considered to be part of the *structural* dimensions of social support. Although the data did not provide an exact account of the number or type of individuals in the support networks of respondents, they did provide an indication of who the respondents felt were important in their lives. *Place* was introduced in this part of the questionnaire by asking respondents where they typically had *face-to-face* contact with the five categories of individuals. In addition, three variables addressing *functional* dimensions of support were analysed: one representing tangible support (assistance with household chores); a second representing social interaction (the availability of someone to enjoy activities with, termed *friendship* in the survey); and a third representing emotional support (having a confidant). Also as shown in Table 4.5, four aspects of these support functions were analysed. Again, in keeping with the overall emphasis on *satisfaction* and *importance*, respondents were asked to indicate their level of satisfaction with the three types of support they receive, and its importance in their lives. They were also asked to indicate the individual who was *most likely* to provide the support (to identify the relative importance of kin and nonkin), and where the individual resided (to identify the importance of the neighbourhood as a source of support for the elderly).

For all variables, all instances of nonresponse or of wrong answers (for example, when respondents chose multiple selections instead of the required single selection) were recoded as missing cases and deleted from the analysis. In addition, five sociodemographic variables were recoded to correspond, as closely as possible, to the variable categories used in the National Population Health Survey, for the reasons noted previously and to allow for comparison between the two data sets.

- *Marital status* was thus reduced to three codes from four: single; married or common law; and widowed, separated, or divorced.
- *Household type* was reduced to three codes from the original six: single; couple; and all other

[22] In the social sciences, researchers frequently assess people's evaluations of their lives in terms of *satisfaction*, for a number of reasons. Satisfaction is easier to define and to measure than other dimensions of experience such as happiness (see Campbell et al. 1976: 7-17 for elaboration). Satisfaction suggests a judgmental or cognitive evaluation of one's life, while happiness represents a more emotional response to it. As Campbell and his colleagues (1976: 8) explain, happiness involves "short-term moods of gaiety and elation that are quite different from the core meaning of satisfaction." Similarly, the work of Raphael and colleagues (1996a and b) underscores the significance of *importance* when assessing subjective evaluations of one's own experience. In their studies of quality of life of the elderly, they found that those aspects of life that were *less* important to an individual, were of less consequence in their overall quality of life, while those that were important to an individual had disproportionately greater positive effects (if they were fulfilled) or negative effects (if they went unfulfilled).

household types.

- *Occupancy status* was reduced to two codes from three: owner; and all other categories.
- *Total household income* was reduced to five categories from the original nine: less than $10,000; less than $20,000; less than $30,000; less than $50,000; and greater than $50,000.
- *Self-evaluated health* was reduced to two categories from five: good, very good, and excellent; and poor or bad.
- *Length of residence in municipality* from reduced from four categories to two (10 or fewer years, or more than 10 years) because the detail of the original four categories was not deemed necessary (the vast majority having resided in their municipalities for more than ten years).

The social support variables were recoded for several reasons. First, the series of variables forming questions 37 and 38 and dealing with satisfaction and importance were recoded from five to three categories to allow for chi-square calculations. The categories *no* and *little* satisfaction (or importance) were combined to form the new low category, while *great* or *very great* satisfaction (or importance) became the new high category; the category of *moderate* satisfaction (or importance) remained unchanged. In addition, after an initial analysis with the original categories, the variable *the support provider* was recoded from the original six categories to two: kin (the former categories of spouse, children, and extended family), and nonkin (the former categories of friends, neighbours, acquaintances). This was done to focus on one of the interests of this research–the importance of nonkin relationships (particularly neighbours) to the well-being of the elderly, and their role in the provision of support. A similar recoding was done with the variable *place of residence of support provider*, which, after an initial analysis, was recoded from the original seven categories to three–home; neighbourhood; and beyond the neighbourhood (formerly the categories of municipality, region, Outaouais, Ottawa, beyond)–to permit greater focus on the neighbourhood.

4.3 Methods of Analysis

The survey data were put into SPSS format, tabulated and analysed using frequency tables and simple statistics (chi-square calculations). These very simple methods were used because the primary objective of this stage of the research was to identify two dimensions of place and social support: the importance and role of kin versus nonkin in the provision of support; and the importance of the neighbourhood vis-à-vis other places as a *source* of the support received by the elderly, and as a place of *face-to-face*

contact. It was felt that these methods would be sufficient to accomplish this, particularly in light of the analysis done in Stage 1 (the NPHS). The results of this analysis are presented in tabular and textual form.

5.0 Stage 3: Interview with Selected Elderly

The final stage in the research was the interviews with selected elderly. This stage of the research was intended to provide a context with which to understand the previous two stages, and represents the third element of the *subjective* sphere of the conceptual framework presented in Chapter 3. As Higginbotham et al. (2001: 228) explain, "Broadly, qualitative enquiry aims to develop knowledge about subjects' understandings rather than statistically significant association between researcher-defined variables. Qualitative enquiry also aims to develop a more holistic or widely contextualised understanding of a problem compared with the necessarily more reductionist nature of quantitative research." Originally, I had anticipated a number of interviews that would allow for some comparison of rural and urban respondents, men and women, and anglophones and francophones. However, this changed as a result of developments and findings in the two initial research stages, as will be explained.

Over the past few years, there has been interest within the discipline (and the social sciences more generally) in improving the *trustworthiness* of qualitative research methods and findings (Bailey et al 1998 ; Baxter and Eyles 1999a and b; Dyck 1999; Flick 1998; S.J. Smith 2000). One of the means by which the *trustworthiness* of qualitative research is evaluated is through careful description of how the research developed, including a description and explanation of any changes from the original research plan. Change is not necessarily problematic from the qualitative viewpoint, given acceptance of the idea that the research process is not always linear, and necessarily involves a willingness to make shifts as the research process evolves and dictates the need for doing so (Higginbotham et al 2001). This stage of the research proved no exception, and these shifts, and reasons for them, are explained in subsequent chapters, particularly Chapter 8, as they follow from the findings and developments of the first two stages, and it seems inappropriate to explain them here without first understanding the findings of those stages.

5.1 Selection of Respondents and Administration of the Interviews

As a result of changes from the original proposal, a total of ten interviews were held with respondents aged 60 to 74. The respondents were selected via criterion sampling, a type of nonprobability sampling (i.e., a sample that is not statistically representative of the general population) that selects respondents who meet particular criteria (such as sex or place of residence). As Higginbotham et al. (2001: 238) explain, "Criterion sampling may be undertaken as a follow-up to a survey study when researchers want to identify particular subjects for indepth analysis." The semi-structured interviews were conducted using an interview guide (included as Table 4.6), lasted an average of 75 minutes each (though some were much longer), and were recorded and later transcribed for analysis. In the proposal for this research, I indicated that *N4 Classic* (formerly known as NUD*IST), a qualitative data analysis software, would be used for the analysis of the interviews. In the event, I preferred coding and analysing the interview data by hand; the software proved to be an impediment to the process, and in the end, it was abandoned. Again, explanation of this change will be discussed in Chapter 8, as will a description of the analysis process itself. The results of this analysis are presented in text and tabular form in the same chapter.

5.2 Researcher Autobiography

A second means by which the *trustworthiness* of qualitative research is evaluated is through the disclosure of potential biases held by the researcher, and which might be seen to influence the data analysis. This is usually done through the inclusion of a researcher *autobiography*, in which the research provides personal information sufficient for the reader to understand the *position* of the research (especially vis-à-vis the research subjects), and discloses beliefs that may be perceived to influence the analysis (Baxter 1997). I do so in the following paragraphs.

I am Canadian, anglophone by birth (francophone by choice when the opportunity arises), white, female, and in my thirties. I was born and raised in Canada and would be considered "middle class" by most standards. I have an interest in neighbourhoods and in social support for a number of reasons. First, although my formative years were spent in one town, my adult years have involved moves to various cities across Canada, and overseas. Through these experiences, I have come to live in, and explore, a variety of neighbourhoods. After two years of living in Japan, I became so enamoured with the convenience of Japanese neighbourhoods, and the wonderfully welcoming small roads (*paths*, by North

American standards) that ribbon their way through the urban landscape, I returned to Canada and completed a masters degree in urban and rural planning. During that time, I grew to appreciate the social and environmental advantages of compact, diverse, and vibrant neighbourhoods. With one exception, in all of the places I lived, I knew no one in the cities to which I moved. In some instances, the nearest friend or family member was several thousand kilometres away (if not a continent or major ocean away). I thus experienced what it is like to move to places in which you know no one, and have, quite literally, no "social support" in times of need. This interest in having someone proximate who might help at such times of need was highlighted during several periods of extended ill health.

I then had the good fortune to move into a cooperative (coop) apartment building. A coop is a building that is jointly owned by the individuals living in it; there is no external landlord, and the residents must manage the financial, maintenance, and other affairs of the building. Coops are similar to condominiums except that in coops, units are not individually owned by those living in them. The difference in living in this building (as compared to a "regular" apartment building) was immediate and substantial. Within five weeks of moving into the coop, I had developed sufficient trust in a neighbour to leave him my keys (to water plants and collect mail) while I was away. While I have only a few real *friends* in the building (people with whom I visit regularly), I know almost all of the residents and often chat with them in the hallways or if we meet in the laundry room. Moreover, when I'm out in my neighbourhood, I occasionally see people from my building as we pass on the street; this occurs sufficiently often for the experience to be pleasant, but not so much that it feels intrusive of my privacy. The same is true when I see people in the building. In addition, knowing who lives in the building offers a measure of security that I have not felt in previous apartment buildings in which I have lived.

All of this to say that I have thought long and hard about neighbourhoods, and about their ability to function as places of support and convenience (convenience because supportive neighbours *are* a convenience). I appreciate knowing my neighbours, and believe that offering help to them and receiving it from them simply makes life easier and more pleasant. No doubt if I had not moved to places in which I knew no one, and if I had not had health problems, I would almost certainly not have developed an interest in my neighbours. It therefore goes without saying that I have a belief in the ability of the neighbourhood to serve as a source of social support, and in the positive benefits that can result. I trust this provides a sufficient context for understanding my role and possible biases in the research that follows.

6.0 Chapter Summary

This chapter has described the mixed-methods approach that will be used to examine elements of the role of network(s) and milieu in the social support received by the elderly. The *subjective* sphere of the research will begin by examining social support variables from the 1998 cycle of the National Population Health Survey to determine the level of support that is perceived to exist among those aged 55 to 74 across Canada. In the second stage, place is examined more directly in terms of both the location in which the elderly meet the important people in their support networks, and the place of residence of the support provider. Finally, a series of depth interviews with selected respondents provides a context for understanding the role of place and neighbourhood in the support networks of the elderly. We begin the three-stage journey in the next chapter with an examination of the *objective* sphere of the conceptual framework: the research setting and population.

7.0 Tables

Table 4.1 The Subjective Sphere: Stages of the Research

Research Stages	Research Subject	Target Population	Data Source	Method of Analysis	Justification for Inclusion
Stage 1	perception of structural and functional dimensions of social support	Outaouais elderly aged 55 to 74	1998 NPHS - Statistics Canada	1. Frequency counts 2. Information Theory	Provides understanding of the basic structural and functional dimensions of social support
Stage 2	perception of aspects of structural and functional elements of support within the neighbourhood	Sample of elderly in the Outaouais	Primary data - regional survey	1. Frequency counts	Understand neighbourhood-level social support and the role of kin and nonkin as support providers
Stage 3	perception of neighbourhood as source of support, within particular life context	Selected elderly in the Outaouais	Primary data -depth interviews	1. Coding and identification of themes	Elaboration and contextual understanding of previous two stages

Table 4.2 The National Population Health Survey: Variables Used

Variable Code	Variable Label	Rationale for Inclusion (as indicated by the literature review)
Demographic Variables		
Basic Demographic Variables		
am68_rno	Record Number	for identification purposes, and to permit analysis with *Pegase*
dhc8gage	Age - G	to test association between age and support
dhc8_sex	Sex	to test association between sex and support
dhc8gmar	Marital status - G	to assess known influence of marital status on support
sdc8glng	Language respondent can converse in	language variable used as only one available in the 1998 cycle (but cannot be used to distinguish francophones from anglophones)
ghc8_1	Respondent's general health (self-rated) - R	to test known association between health and social support
sdc8gcb4	Country of birth - G	proxy measure to identify "homogeneity" of social environment
Residential Variables		
prc8_cur	Province of residence	to distinguish the two samples
ge38gurb[23]	Rural and urban areas - D, G, R	to test association between environment and support
dhc8gef7	Household type - D, G, R	to assess known influence of living alone on support
dhc8_own	Dwelling owned by household member	proxy used in lieu of length of residence, shown to affect levels of neighbouring
Socioeconomic Variables		
edc8d3	Highest level of education - D	to assess known relationship between SES and support
inc8dhh	Total household income - D, R	to assess known relationship between SES and support
lfc8dcws	Working status in last 12 months - D, R	to assess possible association with support
Social Support Variables		
1. Structural Dimensions of Social Support		
ssc8_101	Number of close friends/relatives - R	proxy measure for size of support network
2. Functional Dimensions of Social Support		
ssc8dtng	Tangible social support - D, R	to assess perception of availability of tangible support
ssc8daff	Affection - D, R	to assess perception of availability of affection
ssc8dsoc	Positive Social interaction - D, R	to assess perception of availability of positive social interaction
ssc8demo	Emotional/informational support - D, R	to assess perception of availability of emotional-informational support

Note: D = derived variables; G = grouped variables; R = variables recoded by researcher.

[23] Variable **ge38gurb** is defined by Statistics Canada as follows: "This field permits the identification of "urban" areas, or indicates that the Enumeration Area (EA) is in a rural area. Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometre based on the previous census. To be considered as continuous, the built-up area must not have a discontinuity exceeding two kilometres. In Quebec, Ontario and British Columbia, records falling within the CMA boundary of Montréal, Toronto or Vancouver will have this variable set to "valid skip" since the grouped CMA variable is available. This definition of urban/rural may not correspond to the areas which Canada Post identifies as urban or rural postal codes."

Table 4.3 Detail of the Derived NPHS Social Support Variables*

Variable Number	Associated questions
Derived Variable 1 - Tangible Social Support - ssc8dtng	
ssc8_102	someone to help you if confined to bed
ssc8_105	someone to take you to the doctor if you needed to go
ssc8_112	someone to help you prepare meals if unable to do so yourself
ssc8_115	someone to help you with daily chores if you were sick
Derived Variable 2 - Affection Subscale - ssc8daff	
Variable	**Description**
ssc8_106	someone who shows you love and affection
ssc8_110* (_11)	someone who hugs you
ssc8_120	someone who loves you and makes you feel wanted
Derived Variable 3 - Social Interaction - ssc8dsoc	
ssc8_107 * (_10)	someone to have a good time with
ssc8_111	someone to get together with for relaxation
ssc8_114	someone to do things with to get your mind off things
ssc8_118	someone to do something enjoyable with
Derived Variable 4 - Emotional-Informational Support - ssc8demo	
ssc8_103	someone to listen to you when you need to talk
ssc8_104	someone to give you advice in a crisis
ssc8_108	someone to give you information to help you understand a situation
ssc8_109**	someone to confide in or talk to about yourself or your problems
ssc8_113	someone who gives you advice you really want
ssc8_116	someone to share your most private worried and fears with
ssc8_117**	someone to turn to for suggestions on how to deal with personal problems
ssc8_119	someone who understands your problems

* Questions were phrased "How often is each of the following kinds of support available to you if you need it?" Five response categories ranged as follows: none, a little, some, most, or all of the time.
**Note: there is some discrepancy in variable numbering between the questionnaire itself and Statistics Canada documentation on the NPHS.

Table 4.4 The Regional Survey: Variables Used

Variable No.	Variable Code	Variable Label	Rationale for Inclusion (as suggested by the literature)
General Sociodemographic Variables*			
1	num	identifier code	for identification purposes, and to permit analysis with *Pegase*
2	muni	municipality	identification of place of residence (urban core versus periphery)
3	q1	sex	standard demographic variable
4	q2	age - G	standard demographic variable
5	q3	mother tongue	proxy measure to distinguish Anglophones and Francophones, as indicated by NPHS results
6	q5	marital status - R	demonstrated association with social support
7	q6	household type - R	demonstrated association with social support
8	q18	highest level education	identified association with social support
9	q19	total family income - G	identified association with social support
10	q22	home ownership - R	possible association with neighbouring activities
11	q25	length of residence in the municipality - R	known association with neighbouring activities
12	q33	self-rated health - R	known association with social support; potential for increased importance of immediate neighbourhood
The Social Support Variables			
13 - 17	q37as, q37bs, q37cs, q37ds, a37es	satisfaction with relations with children and grandchildren, extended family, friends, neighbours, others	indication of satisfaction with possible network members; to enable comparisons between kin and nonkin
18 - 22	q37ai, q37bi, q37ci, q37di, a37ei	importance of relations with children and grandchildren, extended family, friends, neighbours, others	indication of the relative importance of potential support network members; to enable comparisons between kin and nonkin
23 - 27	q37ae, q37be, q37ce, q37de, 37ee	location in which respondent most often has face-to-face contact with children and grandchildren, extended family, friends, neighbours, others	identify the location in which face-to-face contact with possible support network members occurs
28 - 30	q38as, q38ds, q38es	satisfaction with help with chores, friendship, confidant - R	indication of level of satisfaction with various functional dimensions of social support
31 - 33	q38ai, q38di, q38ei	importance of help with chores, friendship, confidant - R	identification of which types of functional support are most wanted by respondents
34 - 36	q38aq, q38dq, q38eq	who will help with chores, friendship, confidant - R	distinguish between kin and nonkin support providers
37 - 39	q38ae, q38de, q38ee	place of residence of provider of support with chores, friendship, confidant - R	identify place of residence of person providing the support (proxy measure of proximity)

* G = grouped variables; R = recoded from original values.

Table 4.5 Detail of the Social Support Questions of the Regional Survey

Structural Aspects of Social Support				
Categories of Kin and Nonkin (Potential Network Members)	**Level of Satisfaction**	**Importance**	**Place of Face-to-Face Contact**	
1. Children and Grandchildren 2. Extended Family 3. Friends 4. Neighbours 5. Other acquaintances	Evaluate the satisfaction you attribute to the contact you have with other people Categories: none, little, moderate, high, very high	Is this contact important to you? Categories: none, little, moderate, great, very great	Where do you most often have face-to-face contact with these individuals? (It is important to check the place that is closest to you.) Categories: home, neighbourhood, municipality, your local region, Outaouais Region, Ottawa, beyond	
Functional Aspects of Social Support				
Support Functions	**Level of Satisfaction**	**Importance**	**Who provides support?**	**Place of Residence of Support Provider**
1. Household Chores (Tangible Support) 2. Friendship (Social Interaction) 3. Someone to talk to (Emotional Support)	Evaluate the satisfaction you attribute to support you have from the people around you. (Answer for each type of support.) Categories: none, little, moderate, high, very high	Is the support that you receive important to you? (Answer for each type of support.) Categories: none, little, moderate, great, very great	Who is most likely to provide this support? (Answer for each type of support.) Categories: spouse, children, extended family, friends, neighbours, acquaintances	Where do the people who most often provide the support live? (Answer for each type of support.) Categories: home, neighbourhood, municipality, your local region, Outaouais Region, Ottawa, beyond

Table 4.6 Social Support Interviews - Interview Guidelines

(Modified format for inclusion in this chapter. Originals were in English and French.)

I. General Demographic Questions

1. Name

2. City of Residence

3. Neighbourhood

4. Sex - M ___ F ___

5. Age Category - a __ b __ c __ d __

Age Categories were 55-59, 60-64, 65-69, 70-74.

6. Marital Status - a. single __ b. married ___ c. widow, divorced, separated ___

7. Household type - house __ apartment __ other _____

8. Occupancy status - owner _____ renter _____

9. Length of residence in present home - _____ years

10. Length of residence in present neighbourhood - _____ years

11. Self-rated overall health - good ____ poor ____

12. Retired - yes ___ no ___ . If yes, for ____ ans.

13. Total household income - a __ b __ c __ d __

Income Categories were:
<$20,000, $20,000-$30,000, $30,000-$50,000; >$50,000.

II. Questions - Wenger's Support Network Typology

(after Wenger 1995)

1. How far away, in distance, does your nearest child or other relative live (not including your spouse)
a. no relatives
b. same house/within one mile (kilometre?)
c. 1-5 miles
d. 6-15 miles
e. 16-50 miles
f. 50+ miles

2. If you have any children, where does your nearest child live?
a. no children
b. same house/within one mile (kilometre?)
c. 1-5 miles
d. 6-15 miles
e. 16-50 miles
f. 50+ miles

3. If you have any living sisters or brothers, where does your nearest sister or brother live?
a. no sisters or brothers
b. same house/within one mile (kilometre?)
c. 1-5 miles
d. 6-15 miles
e. 16-50 miles
f. 50+ miles

4. How often do you see any of your children or other relatives to speak of?
a. never/no relatives
b. daily
c. 2-3 times a week
d. at least weekly
e. at least monthly
f. less often

5. If you have friends in the community or neighbourhood, how often do you have a chat or do something with one of your friends?
a. never/no friends
b. daily
c. 2-3 times a week
d. at least weekly
e. at least monthly
f. less often

6. How often do you see any of your neighbours to have a chat with or do something with?
a. no contact with neighbours
b. daily
c. 2-3 times a week
d. at least weekly
e. at least monthly
f. less often

7. Do you attend any religious meetings?
a. yes, regularly
b. yes, occasionally
c. no

8. Do you attend meetings of any community, neighbourhood, or social groups such as old people's clubs, lectures or anything like that?
a. yes, regularly
b. yes, occasionally
c. no

III. Social Support and Belonging Questions

Open-ended questions. Asked in French or English as required.

Note: Words in bold and the explanations accompanying them indicate the purpose of the question, and appropriate references from the literature review. They were NOT asked of interview respondents.

1. Can you indicate the people with whom you have regular contact, and who you consider to be important in your life? **Neighbourhood network, type of contact, distance to network members**

Probe: categories of people including children and grandchildren, other family members, friends, neighbours, other individuals (such as club members)

Probe: is there anyone close to whom you feel close, but don't have regular contact with?

2. How frequently are you in contact with the people you indicate are important to you?

What type of contact do you usually have?
How far away from you do these people live (in travel time)?

3. Are you satisfied with the type of contact that you have with these individuals? **Satisfaction with Contact** - elderly not satisfied with contact with others, also, importance of perception - is proximity a factor? (Rowles 1983; G.C. Smith 1998a and b)

Probe: What kind of contact do you prefer?

4. Are you satisfied with the frequency of contact with the people who are important to you?

Probe: Can you explain what you mean by that?
(Why or why not?)
Probe: What hinders the frequency of contact you would like?

5. Some people have a sense of belonging to the places in which they live. Do you have any sense of belonging to the place in which you live? Perhaps to your neighbourhood, or your community? **Belonging** - social versus physical
(Raphael et al. 1996a and b; Rowles 1983)

Probe: is there any particular reason you feel that way?
Probe: is it because of the people who are there, or it is something about the place?

Probe: Is it important for you to have such a sense of belonging?

6. Some people like to know their neighbours, they say "hello" from time to time, or perhaps chat once in a while, but they don't know their neighbours well, not like family or friends. Other people like to really get to know their neighbours, and maybe even consider them to be their friends. What kind of contact do you prefer with your neighbours? **Sociability versus emotional social support** - is sociability important at neighbourhood level (Unger and Wandersman 1985)

Probe: Can you explain that?

7. Note: Question modified according to previous answers

Would you like / do you like to have - your friends and family to be living close to you, perhaps even in the same neighbourhood or at least not very far away? **Importance of proximity and sociospatial support** (Rowles 1983)

Probe: Can you explain that?

Do you think that your "social" life would be different if you lived in a different neighbourhood (but in the same city)?

8. Can you describe your ideal neighbourhood - the very best neighbourhood in which you could possibly imagine living. What would that kind of a neighbourhood be like? **Desired Community, as important to know about as actual community** (Goudy 1983)

Probe: what kind of physical features might be important, what kind of social features might be important?

Is your present neighbourhood in any way similar to what you imagine your ideal neighbourhood to be like?

9. Do you have any other comments about the things we've just discussed, anything that you might have thought that you feel might be important to these ideas?

10. Would you be willing to give me your telephone number, just in case I need to clarify something that we've discussed later on when I am analysing all of interviews together? No one will have access to your phone number except me, and I will only phone you in case there is something that I feel I have not fully understood.

5 The Study Area and Population: The Elderly of the Outaouais

> Before introducing you to the remaining participants in the study, it is helpful to provide some introduction to the stage upon which the drama of their lives was played out, for, as will become apparent later, the scene is very much the complement of the players.[24]

1.0 Introduction

This chapter will provide an introduction to the study area–the Outaouais region in the Canadian province of Quebec–and the study population–those aged 55 to 74 residing within the region–and as such represents the sphere of *objectivity* as identified in the conceptual framework presented in Chapter 3. The Outaouais occupies a unique position–both geographically and economically–within the province, and is also a region of considerable contrast; these are the primary reasons it has been selected as a study area, as will be discussed in this chapter. After some brief provincial figures to set the stage, the chapter will examine a variety of sociodemographic characteristics for those aged 55 to 74 in the Outaouais, including demographic trends, income levels, living arrangements, marital status, and levels of education. Frequent comparisons will be made with regional and provincial residents to understand the situation of the Outaouais elderly vis-à-vis their fellow residents in the region, and their provincial counterparts. With an understanding of the principal characteristics of the study region and population, the chapter closes by identifying three distinct reasons for its selection for this study. Throughout this chapter, unless indicated, figures are from the 1996 Canadian census conducted by Statistics Canada; when available, and as indicated, figures are from the 2001 census. Note: tables and figures are included at the end of the chapter.

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[24] G.D. Rowles. 1978. *Prisoners of space? Exploring the geographical experience of older people.* Boulder, Colorado: Westview Press, 43.

2.0 The Outaouais Region of Quebec

2.1 Situating the Region within the Province

The Outaouais region of the province of Québec is the study area for this research. Québec is the largest of the ten Canadian provinces in terms of surface area, has a population of 7,410,504 (2001), and is the only Canadian province in which French is the official language. The province is currently divided into 17 administrative regions, as shown in Figure 5.1, but was divided into 16 regions at the time of the 1996 census. The Outaouais is the most southwest region. Spread over an area 33,546 kilometres square, the Outaouais borders the neighbouring province of Ontario to the south, the region of Abitibi-Témiscamingue to the west and north, and the Laurentides to the east. With a population of 323,736 people (2001 figures), the Outaouais represents a mere 4.3 percent of the provincial population. As shown in Table 5.1, the Outaouais is one of three regions that each represent about 4 percent of the total provincial population (the others being Estrie, and Sagenuay-Lac-Saint-Jean); eight regions are more populous, and five are less populous. The Outaouais is thus considerably smaller in terms of population than the most populous region (a spot held by Montréal, with almost two million people), but considerably larger in terms of population than the smallest (a distinction held by Nord-du-Québec, with just under 40,000 residents).

The province of Québec has been described as having a southern, industrial-urban core surrounded by a northern resource hinterland; this dichotomy is as pronounced within the region as it is in the province as a whole. Almost five million (66 percent) of the 7.4 million provincial residents are classified as urban dwellers, and approximately 2.5 million (34 percent) as rural; the same figures for the Outaouais region are 81 percent and 19 percent, respectively (Institut de la statistique du Québec), lending the region a more "urban" character than the province as a whole.[25] Although the region has an average density of just 9.2 inhabitants per square kilometre, this figure obscures important differences between the urbanized south and the virtually unpopulated hinterland (Institut de la statistique du Québec 2001). The urban core of the region, referred to as the Communauté urbaine de l'Outaouais or CUO, is located in the south, is the location of the new city of Gatineau (the largest city in the region), and claims

[25] *Urban* is defined by the Institut de la statistique du Québec as: "toutes les personnes demeurant dans un secteur de dénombrement urbain, c'est-à-dire qui se situe dans un noyau urbain, dans une banlieue urbaine ou une région urbaine. Les noyeaux urbains ainsi que les banlieues et les régions urbaines comptent un minumum de 1,000 hatibants et présent une densité de population d'au moins 400 habitants au kilomètre carré."

the majority of the regional population.[26] As shown in Figure 5.2, the region is comprised of five regional municipalities (or equivalent territories): Papineau; Communauté-Urbaine-de-l'Outaouais (CUO); Les Collines-de-l'Outaouais; La Vallée-de-la-Gatineau; and the Pontiac. Population differences between the urban core and the hinterland result in the CUO–with a total population of just over 200,000–having a density of 641 inhabitants per square kilometre, while the regional municipality of the Pontiac (population of 15,576) has a density of just 1 inhabitant per square kilometre, as shown in Table 5.2. The pull of the urban core is intensified by virtue of being situated directly across the Outaouais river from Ottawa, a city of approximately one million people in the neighbouring province of Ontario. Ottawa is also Canada's capital city, and as a consequence of this, its larger size, and its proximity to Gatineau, there is much movement of people, goods and services between the two cities and provinces.

The economic base of the Outaouais is varied. In 1996, of the 158,455 individuals in the labour force, 2.5 percent worked in the primary sector, 12.9 percent in the secondary sector, and the vast majority–84.5 percent–in the tertiary sector.[27] In conjunction with its neighbour Ottawa, Gatineau is a major centre for federal government employment (19.2 percent of the labour force), as well as for provincial offices and municipal services. As the major service centre for the southwest, a number of hospitals, a university, and two cegeps (a type of community college unique to the province) are located in the city of Gatineau. In addition to these activities, there are modest manufacturing activities, and the city functions as a transportation hub for the southwestern corner of the province. There are also varied agricultural activities in the rural areas, where some of the smaller communities in turn function as minor service centres for peripheral secteurs of the region.

By far the majority of those living in Québec (82 percent) claim French as their mother tongue, and the same holds true for the Outaouais, where francophones make up 80.2 percent of the regional population (Langlois 2000). Although anglophones are generally scattered throughout the region, there are noticeable concentrations on the peri-urban periphery north of the city of Gatineau, and in the western town of Shawville.

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[26] The "new" city of Gatineau is the result of a provincially mandated municipal merger in January 2002, and encompasses the former cities of Aylmer, Hull, Gatineau, Buckingham, and Masson-Angers. Unless otherwise stated, further references to *Gatineau* will be to the *new* city.

[27] "Les industries agricoles et de services connexes, les industries de la pêches et du piégeage, celles de l'exploitation forestière et des services forestiers, ainsi que celles des mines, carrières et puits de pétrole constituent le secteur primaire. Les industries manufacturières et celles de la construction forment le secteur secondaire. Le secteur tertiaire rassemble, quant à lui, les 12 autres divisions industrielles" (Institut de la statistique du Québec).

3.0 Economic and Demographic Characteristics of the Outaouais Elderly

3.1 Changing Demographics

The Outaouais has a population of just over three hundred thousand people, and is growing. During the period 1986 to 1991, the region experienced a growth rate of 10.7 percent, with a slightly lower rate–8.3 percent–from 1991 to 1996; the same figures for the province as a whole–5.6 percent and 3.5 percent, respectively–reveal the rapidity with which the region is growing compared to the province as a whole (Institut de la statistique du Québec). The majority of regional residents (228,229, or 70.5 percent) are between ages 15 and 65, as shown in Table 5.3. Just under 20 percent of the regional population is less than 15 years of age (17.6 percent provincially), with a mere 10.1 percent being 65 years of age or older (13.0 percent provincially). Table 5.4 shows the proportion of the population aged 55 and older in both the region and the province in 1996. Those 75 and older represent a mere 3.2 regionally, and 4.8 provincially, while together, the young elderly (55 to 64) and middle elderly (65 to 74) represent 13.9 percent regionally, and 16.4 percent provincially.

Although the region might be demographically "younger" than the province in which it is located, it is experiencing the same rapid ageing of its population. Over the next 25 years, the percentage of residents in the Outaouais aged 65 or more is expected to more than double (from nine to 23 percent), as shown in Table 5.5 (Langlois 2000). (Figures for each of the Quebec's administrative regions is included as Table 5.6.) The higher proportion of younger individuals, as well as the ageing of the baby-boomer cohort, are two of the factors driving this demographic shift. An additional factor is increased longevity. In 1994, average life expectancy in Québec was 74.5 years for men, and 81.2 years for women, the highest in the developed world after Japan and France (Conseil des aînés 1997). Just over thirty years earlier (1961), the same figures were 67.3 and 72.8, respectively. Not surprisingly given women's longer life expectancy, older residents are more likely to be female than male at both the regional and provincial levels. In 1996, 59.4 percent of the province's population 65 and older were women, while the same figure for the Outaouais was slightly lower at 56.7 percent (but 60.1 percent in the urban core).

3.2 The Spatial Distribution of the Outaouais Elderly

Portraying the region as a relatively young area obscures important spatial differences in the presence of elderly in various regional municipalities. Langlois (2000) has identified four demographic types in

terms of elderly population, differentiating them by spatial distribution as follows:

1. A *suburban zone* around the southern urban core has the lowest percentage of those aged 65 years and older, at just six percent.
2. *Economic and service centres* in the region such as the towns of Buckingham, Thurso and Maniwaki, have moderate levels of individuals 65 and older at 11.3 percent, 15.6 percent, and 17.0 percent, respectively.
3. *Rural villages* form a third group, with a percentage of residents 65 years and older that is higher than the provincial average of 12.1 (for example, Campbell's Bay with 18.9 percent, Shawville with 27.6 percent, Gracefield with 27.3 percent, Chénéville with 19.3 percent, and Saint-André with 20.2 percent).
4. *Agricultural municipalities* report the highest percentages of elderly, and report even higher percentages the more distant they are from the urban core.

In total, 9.0 percent of the regional population is 65 years or older (10.1 percent in 2001), and 17.1 percent is 55 years or older (see Table 5.4). Within the CUO, 8.3 percent of the population is 65 and older, a figure that rises to 15.7 percent for those aged 55 and older. By comparison, those aged 65 and older represent 27.3 percent of the population in the outlying village of Gracefield, and 27.6 percent in the village of Shawville, while the percentages of those aged 55 and older are 37.2 and 37.7, respectively (Langlois 2000). Clearly, the process and experience of ageing varies tremendously throughout the region.

3.3 Income and Employment Activity

The average household income in the Province of Québec was $42,229 in 1996 (with a median income of $34,951); in the Outaouais, it was slightly higher at $46,183.[28] In the Outaouais, persons *living alone* report average incomes of $23,450, while those in households of two or more reported average household incomes over twice that amount ($52,988). Slightly more (9.8 percent) households in the Outaouais report incomes less than $10,000 than in the province as a whole (8.9 percent), while the number of single individuals reporting this level of income is virtually identical (22.6 percent in the Outaouais,

[28] For comparison purposes, average total household income in Canada in 1996 was $48,552; median household income was $40,209.

compared to 22.0 percent in the province). Not surprisingly, those regional residents working full time report higher average incomes ($36,433) than those whose work is part time ($16,533) (Institut de la statistique du Québec).

In terms of income, the elderly in the Outaouais generally fare well compared to their provincial cousins. Average 1996 income for those 65 years and older living in the Gatineau census metropolitan area (CMA) was $19,028, an amount almost equivalent to the elderly residing in other provincial CMAs ($19,354), and somewhat higher than those living outside the CMAs ($15,756) (Langlois 2000, Table 3.4, page 30). However, this average figure obscures important differences in income between men and women, and between francophones and nonfrancophones. As shown in Table 5.7, both francophone and nonfrancophone women have incomes significantly below those of men. It is thus not surprising to find that 36.3 percent of women and 20.5 percent of men aged 65 years and older in the Gatineau CMA live below the low-income cut-off level as determined by Statistics Canada (Langlois 2000, Table 3.16, page 37); figures for those slightly younger–aged 55 to 64–are almost identical for women (25.1 percent) and men (24.5 percent). Women are more likely to live below the cutoff level in part because they are more likely to live alone and therefore are more likely to be single-income households. Moreover, women live an average of six years longer than men, and the likelihood of living alone increases with age for both sexes. Nonfrancophone women not only have incomes that are lower than those of men, they are also lower than their female francophone counterparts. While francophone women are advantaged relative to nonfrancophone women, francophone men tend to have slightly lower incomes than nonfrancophone men of the same age, also as shown in Table 5.7.

In large part, the lower incomes of older individuals can be explained by their absence from the work force (65 being the official retirement age in Canada). While 67.5 percent of women and 75.4 percent of men under age 55 in the Gatineau CMA are part of the workforce, those numbers drop to 30.9 percent of women and 47.1 percent of men aged 55 to 64, and just 2.8 percent of women and 8.3 percent of men aged 65 and older (Langlois 2000, Table 3.19, page 38). Thus, by the formal retirement age, 96.9 percent of women and 91.2 percent of men aged 65 and older (in the Gatineau CMA) report no formal work activity.

3.4 Living Arrangements and Marital Status

Over the past 50 years, households and families in the Province of Québec and in the region have become

smaller in size, but more numerous (see Table 5.8). In 1951, *households* had an average size of 4.6 people. By 1981, that number had dropped to 2.9, and in 1996 stood at just 2.5. *Families* have been following the same trend, reporting an average of 4.2 individuals in 1951, 3.3 in 1981, and 3.0 individuals in 1996 (Institut de la statistique du Québec).

In 1996 in the Outaouais, there were 119,794 private households: those with one person represented 23 percent of this total (compared to 27.3 percent in the province); two-person households represented 32.4 percent of regional households (compared to 31.5 percent in the province); three-person households represented 19.4 percent of households (17.5 percent at the provincial level); households with four or five people represented 23.3 percent (compared to 21.8 percent provincially); and finally, households with six or more people accounted for just 1.9 percent of regional households, compared to 2.0 percent provincially (Institut de la statistique du Québec). Size of household varies with age, with older individuals more likely to live alone than younger ones. For example, just 8.9 percent of those under 55 years of age in the Gatineau CMA report living alone, while the same figure for those 55 to 64 is 14.4 percent, and 27.3 percent for those 65 and older (Langlois 2002, Table 3.2, page 29). At the same time, the likelihood of living in a household of two increases with age, representing 24.2 percent of those under 55 years; 51.7 percent of those aged 55 to 64, and 55.5 percent of those aged 65 and older.

Most residents of the Outaouais (64.2 percent) report owning their own homes, with the remainder (35.7 percent) being renters (for comparison, provincial figures are 56.4 percent and 43.4 percent, respectively). Ownership status varies with age, and sex, with those aged 55 to 64 more likely than younger or older individuals in the Outaouais to be home owners. Sixty six percent of women and 70.7 percent of men less than 55 years of age in the Gatineau CMA are home owners, compared to 73.6 percent of women and 81.3 percent of men aged 55 to 64, and 61.3 percent of women and 74.0 percent of men aged 65 and older (Langlois 2000, Table 3.21, page 38). In terms of housing type, single-family dwellings account for 53.8 percent of all private households in the region. Apartments in buildings less than five floors account for 26.2 percent of households, with 14.8 percent being row houses or duplexes, 4.5 percent apartments in buildings five stories or more, and mobile homes accounting for a mere 0.7 percent (Institut de la statistique du Québec). In general, homes in the Gatineau CMA are in good repair: 64.9 percent of those under age 55, 68.1 percent of those aged 55 to 64, and 70.1 percent of those aged 65 and older report their homes as needing only regular upkeep. Perhaps surprisingly, fewer individuals 65 and older report homes in need of minor repairs (23.8 percent) or major repairs (6.0 percent) than

those aged 55 and younger (27.7 and 7.5 percent, respectively), and those aged 55 to 64 (23.8 and 8.1 percent, respectively) (Langlois 2000, Table 3.11, page 32). Moreover, while women at these same ages are slightly more likely than men to indicate that their homes require major repairs, they are less likely than men to indicate their homes require minor repairs (Langlois 2000, Table 3.22, page 38).

While the condition or upkeep of one's home does not vary tremendously between age groups, the same can not be said of household size, which varies considerably with age and also with sex. While residents of both sexes in the Outaouais are more likely to live alone after the age of 65, women–at 38.4 percent–are over three times more likely to do so than men (12.6 percent) of the same age. For comparison, 8.5 percent of women and 9.5 percent of men under age 55 live alone, while the same figures for those aged 55 to 64 are 17.2 percent of women, and 11.6 percent of men (Langlois 2000, Table 3.14, page 36).

Part of the reason men are less likely to live alone with age is that they are more likely to be married, despite the fact that marriage rates in the province as a whole have dropped by more than half over the last 50 years. Over this time, marriage rates were highest in 1951 (8.8 percent for the province), falling to 4.1 percent in 1991 (4.8 percent in the Outaouais), 3.3 percent in 1996 (3.8 percent in the region), and 3.1 percent in 1998 (3.2 percent in the region) (Institut de la statistique du Québec). Men aged 65 and older are more likely to be married (76.6 percent) than men aged 55 to 64 (73.4 percent) or those less than 55 years of age (42.9 percent), as shown in Table 5.9. Women are most likely to be married when they are aged 55 to 64 (60.5 percent), less likely to be married if less than 55 years of age (44.2 percent), and least likely to be married if they are aged 65 or over (41.2 percent). Both women and men are more likely to be single if they are less than 55 years of age (40.3 and 45.7 percent respectively), and least likely to be single if they are aged 65 and older (5.5 percent and 1.8 percent respectively). Women are more likely to be widowed than men: 13.2 percent of women aged 55 to 64 report being widowed (4.1 percent of men), a figure that jumps dramatically to 48.1 percent for those aged 65 and older (12.0 percent of men). As a result, with age, women are more likely to live alone than are men.

3.5 Education

As in much of the developed world, formal education has become more available and accessible than it once was, and this is particularly well reflected when examining schooling by cohort groups. In the province as a whole, fewer than a fifth of those aged 15 and older report nine or fewer years of education,

as shown in Table 5.10. Almost 40 percent report between nine to 13 years of education, with another 30 percent reporting some post secondary training, and 12 percent being university graduates. Residents in the Outaouais follow this pattern very closely, with slightly fewer (16.5 percent versus 18.1 percent) reporting less than nine years of education than in the province, and slightly more (13.3 percent versus 12.2 percent) being university graduates. These rates alter dramatically, however, when examined through the twin lenses of age and sex. Not surprisingly, both men and women under the age of 55 living in the Gatineau CMA are as much as five times as likely to report university education than are men and women aged 65 or older (depending upon sex and age cohort), as shown in Table 5.11. Among those aged 55 to 74, men are more likely to report higher levels of formal education than are women of the same ages. Secondary school represents the highest level of formal education for 85.1 percent of women aged 65 and older, and 71.2 percent for men, figures that are roughly halved for men and women under age 55; those aged 55 to 64 fall somewhere between these two extremes.

3.6 The Outaouais Elderly 55 to 74: A Summary

In summary, those aged 55 to 74 represent 13.9 percent of the total Outaouais population of just over 300,000 people, but this percentage rises sharply in peripheral areas of the region. In general, incomes of the Outaouais elderly are similar to their counterparts in the province as a whole, with residents of the Gatineau CMA reporting slightly lower incomes than Quebeckers of the same age in the other provincial CMAs. Men continue to report higher incomes than women. Most of those aged 55 to 74 own their own homes, and report that they are in generally good repair. The vast majority of men and women report being out of the active workforce upon reaching age 65. With increasing age, women come to outnumber men. The elderly, most particularly women, are increasingly likely to live alone with age, or to live as a couple, than are those under age 55. Age decreases the likelihood that women will be married, with only 41.2 percent of women but 75.6 percent of men aged 65 and older reporting being married. Finally, with each step up the age cohort, both men and women are less likely to have higher levels of formal education than those younger than them.

4.0 The Choice of Study Location and Population

The Outaouais has been selected as the study area, and those aged 55 to 64 as the study population, for three primary reasons:

1. Contrasting Milieux

As we have seen, the Outaouais is a region of contrast–including contrasting milieux (dense urban core, a periurban zone, and a rural periphery spotted occasionally with towns and villages); contrasting populations (younger populations in central municipalities versus older populations in rural municipalities); contrasting cultures (francophone versus anglophone); and contrasting industry (civil service and industry in the core, and agricultural and primary industries in more peripheral regions) (Langlois 1989, 2000). In addition, the Outaouais has a unique position within the province; while it is geographically within the province of Québec, it has the only major city in the province to share a border with a major city (Ottawa) in the neighbouring province of Ontario, a city that also happens to be Canada's national capital. Thus, although the region is within one province administratively, it has significant ties (social and financial) to another province. Indeed, it might be said that the Outaouais, at least the urban core, spans two identities–a Québec identity, and a "partner" identity with its provincial neighbour. This unique position will allow for comparisons of social support in areas with different levels of urbanization (that is, urban and peripheral), and between "cultures" (that is, francophone and anglophone), in a region that is unrivalled in the province.

2. Social and Financial Costs of an Ageing Population

The industrialized world is currently experiencing a demographic transition (to an ageing population), the likes of which has never before been seen, due in part to an increase in longevity, and an increase in the number of elderly due to the baby boom. Although the long-term individual and societal effects of this transition are still relatively unknown, some are predicting serious social consequences (Mogey 1990). As we have seen, the Outaouais is ageing more rapidly than the province, and can arguably be expected to experience greater social and financial upheaval over the coming years than the province as a whole. Given recent fiscal restraints by all levels of government, *La Régie regionale de l'Outaouais* (the former regional government) adopted a policy of encouraging the elderly to remain living in their own homes for as long as possible, rather than moving them to costly institutions (Conseil régional de

la santé et des services sociaux de l'Outaouais 1990). This, in fact, is the housing situation for which the elderly themselves express a preference. As the National Advisory Council on Aging (1999: 48) makes clear, "Seniors have a strong desire to live independently and with safety, comfort and security for as long as possible." It is thus in the interest of all–the elderly and the nonelderly–to understand how the places in which they live–their neighbourhoods–can be rendered as supportive of them as possible so that they are able to maintain independent living.

Moreover, those elderly who are integrated within diverse support networks are also less likely to need and make use of formal health services (Wenger and Shahtahmasebi 1990). As recently as fall 2002, the emergency ward in at least one of the region's hospitals was closed for an extended period because of a lack of medical staff, and the province itself is also experiencing a shortage of medical doctors and other medical professionals (Globe and Mail, Nov. 5, 2002). Financial constraints by governments suggest that significant changes in the provision of healthcare are not likely in the foreseeable future. Clearly, all available means to reduce formal health care use should be encouraged. Better understanding of the dynamics of support networks would thus be beneficial to the elderly themselves, and to the Outaouais society as a whole.

3. Neighbourhoods and Instrumental Support

If indeed it is instrumental support that the elderly find most lacking as they age (particularly those living alone), it would be possible for the elderly to "purchase" such support, that is, by paying someone to perform necessary chores, as this support function is easily acquired in this way. However, those most likely to live alone in the Outaouais are elderly women, many of whom have very low incomes. As we have seen, 36.3 percent of women and 20.5 percent of men aged 65 and over living in the Outaouais live below the low-income cutoff level; it is clearly beyond the means of such individuals to purchase regular (or even occasional) assistance with household tasks. Dykstra (1990) suggests that instrumental support is most efficiently provided at the neighbourhood level, and it is for this reason that it is worthwhile to inquire into the dynamics of neighbourhood-based social support.

Moreover, Wethington and Kavey (2000) suggest that nonkin are likely to become increasingly significant in the support networks of the elderly over time, because the baby boom cohort (the leading edge of which is now becoming part of the 55 to 59 year age group) has fewer close family ties than previous generations (through reduced fertility, and loss of parent-child contact through increased

divorce), further highlighting the importance of neighbours and proximate friends as support providers for both present and future elderly populations in the Outaouais. The National Advisory Council on Aging (1999: 40) is already alerting governments to this possibility, noting that "future cohorts of seniors will not have such large families [as cohorts in the past] that they can turn to ... and may be more dependent on government services. Networks of friends could make up for the reduced family network." As we have seen, the Outaouais is a region of contrasts, with many types of neighbourhoods–those in new subdivisions, those in established neighbourhoods, those in urban areas, those in rural areas, and so on. With the initial findings of this research, the Outaouais could serve as an ideal location in which to explore how variations in neighbourhood type influence the levels of support available to the elderly in various neighbourhood and residential types.

5.0 Chapter Summary

In this chapter, we have defined the study area–the Outaouis, the southwest, administrative region of the Province of Quebec–and examined key dimensions of the study population–those aged 55 to 74. As we have seen, those aged 55 to 74 represent 13.9 percent of the total Outaouais population of just over 300 thousand people, but this percentage rises sharply in peripheral areas of the region. The region is overwhelming Francophone (80 percent), not surprising given that the province is the only officially francophone province in the country. With age, women outnumber men, but have lower incomes and formal education. The vast majority of both sexes are retired from the active work force, and are increasingly likely to live alone as they age (particularly women). While these figures could apply to a number of populations in many regions of both the province and the country, the Outaouais (and residents aged 55 to 74) was selected as the study area because it is a region of contrasts, offering the opportunity to explore social support in different milieux and between different cultures.

This chapter has represented the *objective* sphere of the conceptual framework presented in Chapter 3. We begin our formal inquiry into the first element of the *subjective* sphere in the next chapter, and will return to the *objective* sphere when the two spheres are *connected* in Chapter 9.

6.0 Tables and Figures

6.1 Figures

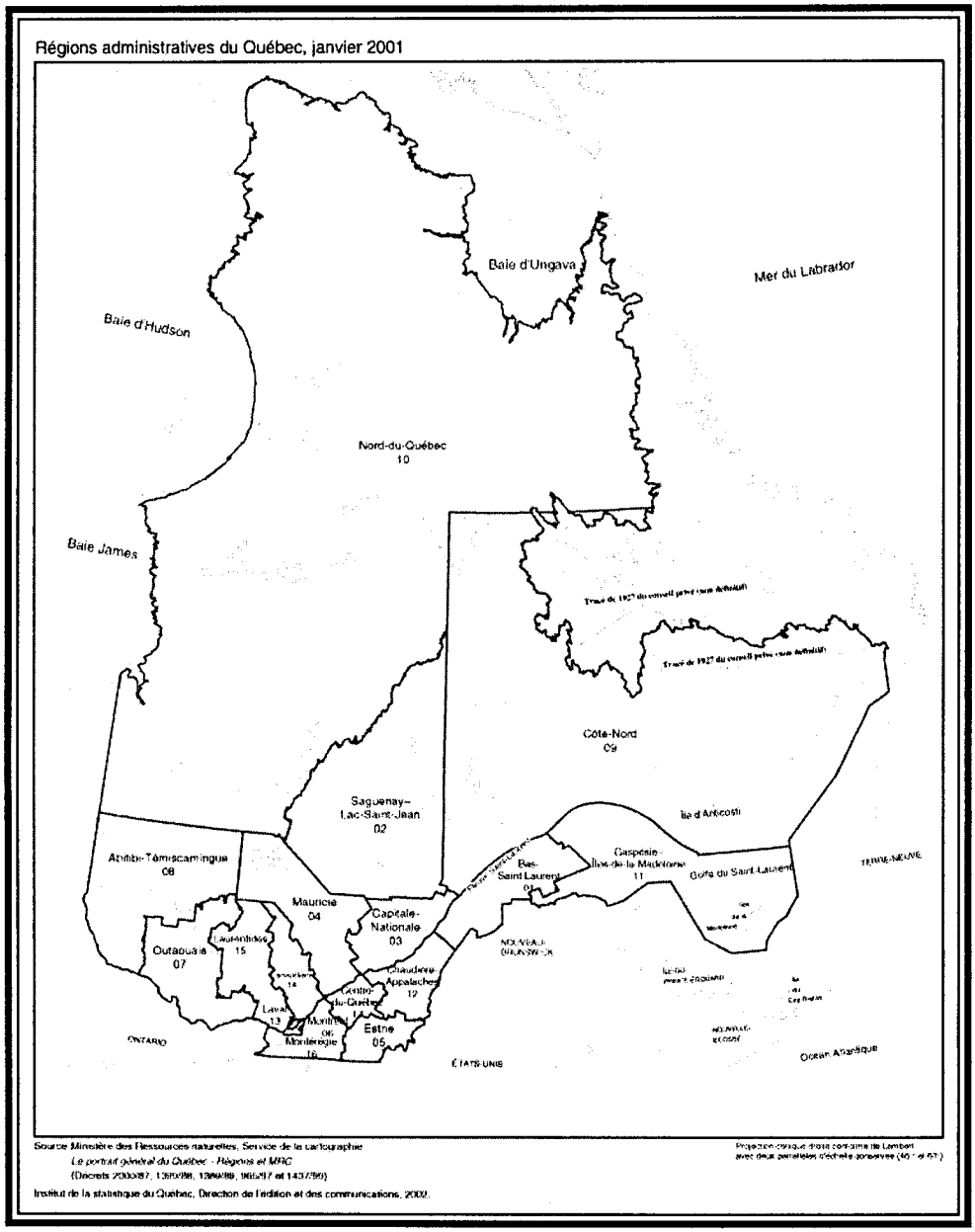


Figure 5.1 The Administrative Regions of Québec (2001)
Source: Institut de la statistique du Québec. Available online at http://www.stat.gouv.qc.ca/clacon/reg-adm-carte_an.htm.

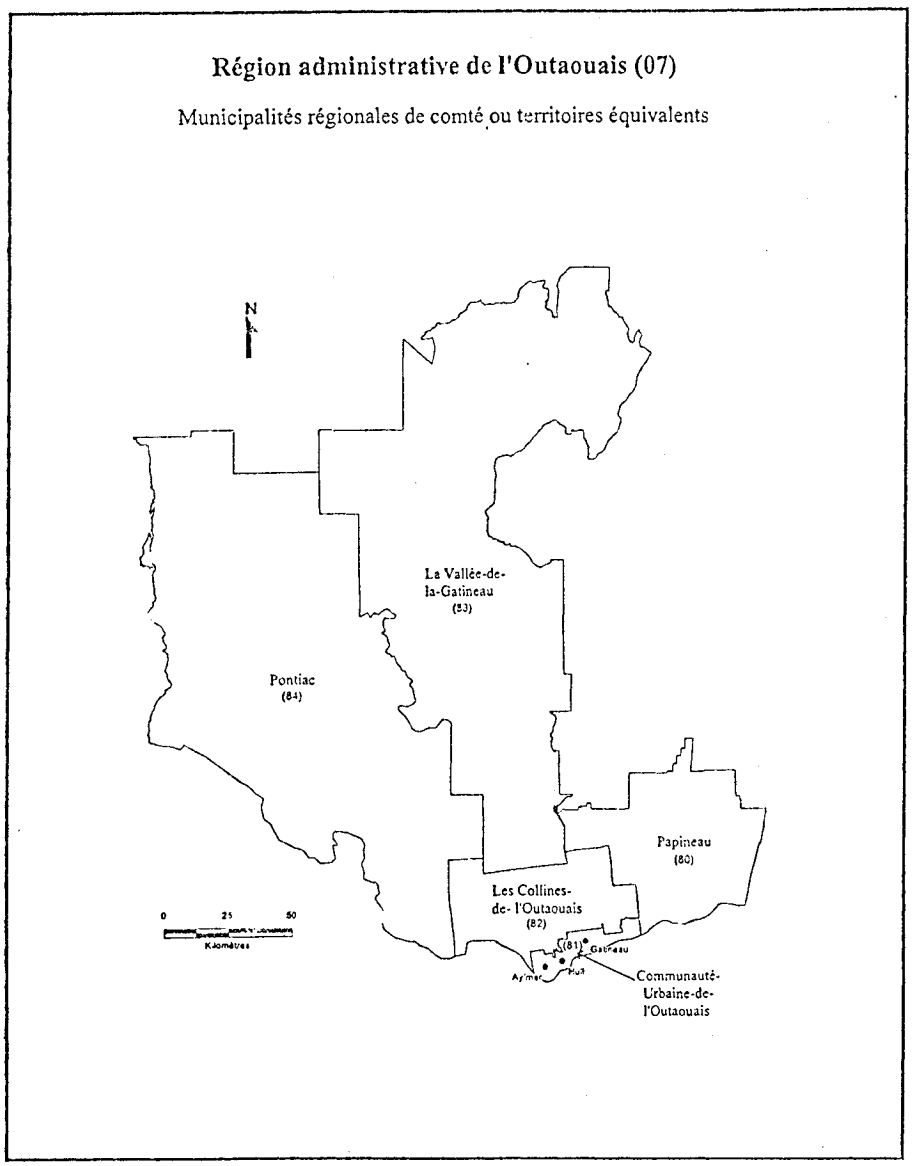


Figure 5.2 The Regional Municipalities of the Outaouais
Source: Institut de la statistique du Québec.

6.2 Tables

Table 5.1 The Elderly Population in the Administrative Regions of Québec

Administrative Regions		Total Population		55 years+		65 years+		75 years +	
		Number	%*	Number	%	Number	%	Number	%
1	Abitibi-Témiscamingue	153910	2	27015	17.6	15050	9.8	5285	3.4
2	Bas-Saint-Laurent	206070	3	47375	23.0	29040	14.1	12050	5.8
3	Chaudière-Appalaches	380495	5	77850	20.5	45380	11.9	18640	4.9
4	Côte-Nord	103300	1	16735	16.2	7730	7.5	2505	2.4
5	Estrie	278470	4	61810	22.2	36815	13.2	15500	5.6
6	Gaspésie-Îles-de-la-Madeleine	105175	1	23820	22.6	13820	13.1	5740	5.5
7	Lanaudière	375180	5	67170	17.9	34950	9.3	12005	3.2
8	Laurentides	431645	6	80280	18.6	42885	9.9	15265	3.5
9	Laval	330395	5	70580	21.4	37200	11.3	12825	3.9
10	Mauricie-Bois-Francs	476420	7	110995	23.3	65425	13.7	26430	5.5
11	Montérégie	1255925	18	239185	19.0	128960	10.3	49700	4.0
12	Montréal	1775845	25	436870	24.6	264040	14.9	111715	6.3
13	Nord-du-Québec	38395	1	3510	9.1	1300	3.4	410	1.1
14	Outaouais	307445	4	52680	17.1	27820	9.0	9955	3.2
15	Québec	633515	9	139640	22.0	80080	12.6	32515	5.1
16	Saguenay-Lac-Saint-Jean	286655	4	55965	19.5	30080	10.5	10430	3.6
Province de Québec		7138840	100	1511480	21.2	860575	12.1	340970	4.8

Source: Langlois 2000, Table 1.1 page 6. Figures are from the 1996 Statistics Canada census.
* Figures have been rounded to the nearest whole number.

Table 5.2 Population, Density, and Households in Outaouais: 1996 Figures

Regional Municipality or Equivalent Territory	Population	Population Density (km^2)	Private Households
Communauté-Urbaine-de-l'Outaouais	217609	641.2	84800
Les Collines-de-l'Outaouais	33662	16.3	12091
Papineau	20323	7	8681
La Vallée-de-la-Gatineau	20262	1.6	8269
Pontiac	15576	1	5953

Source: Institut de la statistique du Québec.

Table 5.3 Age Distribution by Province and Region: 2001 Figures

Area	Age 0 - 14	Age 15-65	Age 65+	Total
Quebec	1,306,766 (17.6%)	5,142,871 (69.4%)	960,867 (13.0%)	7,410,504 (100.0%)
Within CMAs (Quebec)	867210	3437290	617530	4922030
Outside CMAs (Quebec)	439556	1705581	343337	2488474
Outaouais Region	62,876 (19.4%)	228,229 (70.5%)	32,628 (10.1%)	323,736 (100.0%)
CMA (Outaouais Region)	51910	187023	23048	261981

Source: Institut de la statistique du Québec. Note: figures do not always add to 100 due to rounding.

Table 5.4 The Elderly as a Proportion of Total Population: 1996 Figures

Age Groups	Québec (Province)		Outaouais Region	
	Population	% of Total	Population	% of Total
55+	1511480	21.2	52680	17.1
65+	860575	12.1	27820	9.0
75+	340970	4.8	9955	3.2

Source: Langlois 2000 (Table 1.1, page 6).

Table 5.5 Provincial and Regional Population Projections 1996-2026

Year	Québec			Outaouais		
	0-14 years	15-64 years	65+ years	0-14 years	15-64 years	65+ years
1996	19.0%	69.0%	12.0%	21.1%	69.9%	9.0%
2026	13.9%	61.3%	24.8%	14.4%	62.6%	23.0%

Source: Langlois 2000 (Table 1.3, page 14).

Table 5.6 Evolution of the Population by Age and Administrative Region: 1996 to 2026

Code	Administrative Regions	1996 (in %)			2026 (in %)		
		0-14	15-64	65+	0-14	15-64	65+
11	Gaspésie-Îles-de-la-Madeleine	18.4	68.5	13.0	10.3	57.1	32.6
1	Bas-Saint-Laurent	18.5	67.5	14.0	11.6	57.1	31.3
2	Saguenay-Lac-Saint-Jean	10.1	69.4	10.5	12.7	59.1	28.1
3	Québec	16.7	70.8	12.6	11.6	60.2	28.2
12	Chaudière-Appalaches	20.1	68.1	11.8	13.7	60.0	26.3
4	Mauricie	17.5	68.0	14.5	11.2	57.2	31.3
17	Centre du Québec	20	67.4	12.7	14.1	59.9	26.0
5	Estrie	19.3	67.6	13.1	13.6	60.0	26.4
16	Montérégie	20.5	69.3	10.2	14.1	61.1	24.8
6	Montréal	16.3	69.0	14.7	14.3	63.6	22.1
13	Laval	19.3	69.5	11.2	14.2	60.9	24.9
14	Lanaudière	22.2	68.6	9.3	15.4	61.3	23.3
15	Laurentides	21.4	68.8	9.9	15.3	61.7	23.0
7	Outaouais	21.1	69.9	9.0	14.4	62.6	23.0
8	Abitibi Témiscamingue	21.9	68.4	9.7	14.6	60.3	25.2
9	Côte-Nord	20.6	72.0	7.4	13.6	63.1	23.4
10	Nord-du-Québec	30.6	66.1	3.3	25.6	64.7	9.7
Province de Québec		19	69.0	12.0	13.9	61.3	24.8

Source: Langlois 2000, Table 1.3 page 14. Figures are from the 1996 Statistics Canada census.

Table 5.7 Average 1996 Income by Age and Mother Tongue: Gatineau CMA

Age Groups	Annual Income by Mother Tongue				Total
	Nonfrancophones		Francophones		
	Women	Men	Women	Men	
less than 55	$19,611	$29,103	$21,171	$30,011	$25,248
55 to 64	$13,893	$42,692	$16,302	$30,369	$24,443
65+	$14,075	$29,925	$14,275	$24,096	$19,028
Total	$18,482	$30,504	$20,024	$29,554	$24,572

Source: Langlois 2000 (Table 3.17, page 37). Note: figures do not always add to 100 due to rounding.

Table 5.8 Household Type and Size In Quebec: 1951 to 1996

Year	Household Type (in percent)				% Total
	Family Households		Nonfamily Households		
	1 family	2+ families	1 person	2+ people	
1951	85	6.9	4.5	3.6	100
1971	80.9	1.7	12.1	5.4	100
1981	75.4	0.8	19.6	4.3	100
1991	70.2	0.6	24.7	4.5	100
1996	67.8	0.6	27.3	4.3	100

Source: Institut de la statistique du Québec. Note: figures do not always add to 100 due to rounding.

Table 5.9 Marital Status by Age and Sex: CMA, Gatineau

Marital Status	Age					
	% less than <55 years		% 55 to 64 years		% 65 and older	
	Women	Men	Women	Men	Women	Men
Married	44.2	42.9	60.5	73.4	41.2	75.6
Single	40.3	45.7	6.2	8.2	5.5	1.8
Divorced	11.1	9.0	14.0	10.7	3.5	6.9
Separated	3.2	2.1	6.2	3.7	1.7	3.7
Widowed	1.2	0.3	13.2	4.1	48.1	12

Source: Langlois 2000, Table 3.13, page 36. Note: figures do not always add to 100 due to rounding.

Table 5.10 Years of Education of those 15 and Older in Québec and the Outaouais: 1996

Location	<9 years	9-13 years	Post Secondary	University Grad
Quebec	18.1%	39.4%	30.3%	12.2%
Outaouais	16.5%	39.9%	30.3%	13.3%

Source: Institut de la statistique du Québec.

Table 5.11 1996 Education Levels by Age and Sex: Gatineau CMA

Highest Level of Education	Age					
	<55 years		55 to 64 years		65 + years	
	Women	Men	Women	Men	Women	Men
Secondary School	44.1	43.4	70.4	59.1	85.1	71.2
Post-secondary Studies	30.4	29	17.5	21.3	10.4	13.7
University	25.5	27.7	12.1	19.6	4.5	15.1

Source: Langlois 2000, Table 3.15, page 36.

6 Setting the Stage: Social Support Among Canadian Elderly

We become who we are through our relationships.[29]

1.0 Introduction

This chapters begins our inquiry into the *subjective* sphere of the conceptual framework outlined in Chapter 3. The purpose of this chapter is to examine the first element of the subjective sphere of the framework. This element provides the foundation for understanding the roles of people and place (or *network* and *milieu*) in the lives of the Outaouais elderly, using data from the *National Population Health Survey* (NPHS). In this chapter, we gain a general overview of various functional and one structural dimension of the social support that the Outaouais elderly perceive to be available in their lives. This chapter introduces the *subjective* sphere because the data that will be examined represent *perceptions* of the availability of various types of social support and support providers. Thus, although quantitative methods will be used, the data themselves represent *perceptions*, and so are included in the *subjective* sphere.

As indicated in Chapter 4, the original intent in using the NPHS data was to compare social support levels of those aged 55 to 74 in the Outaouais, with those in the province as a whole. However, the public-use version of the NPHS data were not available at geographic scales smaller than the provinces, and so the elderly in the Outaouais could not be compared with their counterparts in the other administrative regions of Quebec. As a result, the decision was made to use the entire sample from the province of Québec as a "substitute" measure for an Outaouais sample. While this is admittedly not ideal, this compromise was made (as it often is in both the social and natural sciences) for two reasons: because of the quality of the data and the need for them as identified in the conceptual framework; and because

[29] D.G. Myers. 2000. *The American paradox: spiritual hunger in an age of plenty*. New Haven: Yale University Press, p. 189.

the data were not yet available in the published literature.[30] Thus, the Québec sample was used as a "substitute" sample for the Outaouais Region. Although it was not strictly necessary, a comparison sample was used to provide context for the findings of the Québec sample; the comparison sample was comprised of age cohorts from the other nine Canadian provinces. The nine other provinces were selected as a comparison sample in part to avoid the dilemma of determining what one in particular might serve as the best comparison sample, and in part because the other provinces are all primarily anglophone in contrast to francophone Québec. Given that there are no other officially French-speaking provinces other than Québec that might serve as a comparison group, the decision was made to use all nine other provinces in the comparison sample.

The chapter begins by examining basic sociodemographic characteristics of the Québec and comparison samples, following which the two samples are compared on four functional dimensions of social support (tangible support, affection, social interaction, and emotional support), as well as a measure of the size of the available support network. These variables are then cross tabulated with important socioeconomic characteristics, and also analysed using *Pegase*. The chapter thus establishes levels of support for four support functions, and various socioeconomic dimensions by which the levels of support vary. We start the chapter with a brief introduction to the NPHS itself. Note: for convenience, tables and figures are included at the end of the chapter.

2.0 The National Population Health Survey

2.1 An Introduction to the Survey

The National Population Health Survey (NPHS) is a biannual, national survey to assess the health, health behaviour, and formal health-care use of Canadians. The survey was established in 1994, with a mandate of 20 years. The survey has included a section devoted to social support, no doubt in recognition of its positive association with good health. The public-use version of the 1998 cycle of the NPHS contained four derived variables of social support, assessing four functional dimensions of social support as follows: tangible support, affection, social interaction, and emotional-informational support.[31] It also

[30] I was not able to obtain the data until several months after I had submitted and presented the research proposal.

[31] As noted in Chapter 4, the social support questions used in the NPHS come from the MOS Social Support Survey (Sherbourne and Stewart 1991).

contained one question about the number of individuals to whom the respondent felt emotionally close, a variable which served as a proxy measure of the size of the support network. A description of the variables that were used, and an explanation for their inclusion, was included as Table 4.2 in Chapter 4. These variables, together with a selection of sociodemographic variables, were examined in an effort to understand levels of social support among the elderly (aged 55 to 74) in Québec. Although the original intention of the research was to compare social support in the Outaouais region with that in the rest of the province, the province was used as the scale of analysis because the public-use data were not available at finer scales (with the exception of the census metropolitan areas which excluded rural areas and so were considered inappropriate for the purposes of the research). Since the data were only available at the provincial scale, age cohorts in the other Canadian provinces were used as a comparison sample.

2.2 The Sample Populations: Québec and the Other Provinces

In total, the 1998 NPHS Health File represented 3,626 respondents aged 55 to 74. Québec respondents (n = 551) represented 16.9 percent of the Canadian total, as shown in Table 6.1, and were assessed as one sample–the "proxy" measure for the elderly in the Outaouais. Age cohorts from the other nine Canadian provinces (n = 2,714) formed a comparison sample. Not surprisingly, respondents from Ontario represent about one third of the comparison sample, also as shown in Table 6.1 of the provincial breakdown of respondents. As will be discussed (Table 6.2), the respondents of each sample were both similar to one another, but were also characterized by significant differences.

2.2.1 Similarities and Differences Between the Samples

Table 6.3 provides a basic statistical portrait of the two samples. The first portion of the table examines basic demographic data about the two samples. In both samples, respondents aged 55 to 59 outnumber respondents in each of the other three age categories. Not surprisingly, given the ages of the respondents, women outnumber men in both samples, representing 56.3 percent of Québec respondents, and 54.6 percent of the comparison sample. The majority of both samples are married, although slightly fewer Québec respondents (60.8 percent) report this marital status than do respondents in the comparison sample (64.1 percent). Almost identical percentages of respondents report being widowed, separated or divorced (30.7 percent in the Québec sample, versus 29.9 percent of the comparison sample). A substantial majority of both samples report English *or* French *only* as the language(s) in which they can

converse (62.7 percent of the Québec sample, and 71.4 percent of the comparison sample). Québec respondents are much more likely to report being able to converse in English *and* French *only* (28.5 percent versus 7.8 percent of the comparison sample), but are much less likely to report other language abilities (8.7 percent versus 20.8 percent of the comparison sample). The vast majority of both samples report their health as being good, very good, or excellent (84.2 percent of Québec respondents, versus 81.3 percent of the comparison sample).

The second part of the table provides insight into the living arrangements of respondents. The majority of both samples report urban places of residence (79.3 percent of Québec respondents versus 75.4 percent of the comparison sample), and almost half of respondents in both samples report living as a couple (47 percent of Québec respondents, versus 49.2 of the comparison sample). Québec respondents were slightly more likely to live alone (34.3 percent) than respondents in the comparison sample (30.9 percent), and about a fifth of both report other household types (such as with children, or as single parents). Home ownership was high in both samples, but higher in the comparison sample (80.2 percent) than in the Québec sample (67.3 percent). As a result, about ten percent more Québec respondents (32.7 percent) than comparison respondents (19.8 percent) do not own their own homes.

The third portion of Table 6.3 shows frequency counts for educational and economic variables. Education was measured using four response categories, and respondents in the comparison sample report higher levels of education than those in the Québec sample. Just over half of the Québec respondents report less than a secondary school graduation, compared to 40.4 percent of the comparison sample. Approximately equal numbers report secondary school graduation (12.5 percent in the Québec sample, versus 13.0 percent in the comparison sample), with slightly more comparison respondents (24.5 percent) reporting college or university graduation than Québec respondents (19.8 percent). Somewhat more comparison respondents (22.1 percent) than Québec respondents (16.5 percent) also report some other type of post-secondary education. Not surprisingly given their lower levels of education, Québec respondents also report lower household incomes. A full quarter report the lowest income level (less than $15,000), compared to 17.0 percent of the comparison sample. Almost equal numbers report modest incomes ($20,000 to $30,000) (22.6 in Québec versus 21.9 percent in the other provinces), with slightly more comparison respondents (25.0 percent) reporting incomes of $50,000 or more, compared to 17.5 percent of the Québec sample.

As previously noted in Table 6.2, four of the sociodemographic variables just discussed revealed

no significant differences ($p < .05$) between the two samples: sex, marital status, household type, and self-reported health. In both, women outnumber men (56.3 percent in the Québec sample, and 54.6 percent in the comparison sample). The majority of respondents in both samples report being married or living common law (60.8 percent in Québec and 65.1 percent in the other provinces), with almost a third widowed, separated, or divorced (30.7 percent in Québec and 29.9 percent in the comparison sample). The household type most common in both samples is couple (47.0 percent in Québec and 49.2 percent in the other provinces), with Québec residents slightly more likely to live alone (34.3 percent versus 30.9 percent) than the comparison group. Respondents in other household types account for about a fifth of both groups (18.7 percent and 19.9 percent in Québec and the comparison sample, respectively). Québec respondents were slightly more likely to report their health as good, very good or excellent (84.2 percent) than were the comparison sample (81.3 percent), with a minority reporting their health as fair or poor (15.8 percent in the Québec sample, versus 18.7 percent of the comparison sample).

In contrast, variables such as age, education, home ownership status, education, household income, working status, country of birth, and language abilities showed significant differences ($p < .05$) between the two samples when chi-square calculations were performed (see Table 6.2). To begin, the Québec sample was slightly younger than the comparison sample, with 30.7 percent of respondents aged 55 to 64 (compared to 26.5 percent in the comparison sample), and 18.3 percent aged 70 to 74 (compared to 23.0 percent). Second, Québec respondents had significantly lower levels of education than their cohorts in the other provinces. Those in the lowest category (less than secondary school graduation) represented 51.0 percent of the Québec sample, and 40.4 percent of the comparison population. One fifth of Québec respondents reported the highest level (college or university degree) compared to a quarter of the comparison group. Not surprisingly given reported lower levels of formal education, Québec respondents also reported lower household incomes than the comparison group: a full quarter of respondents reported incomes less than $15,000 annually, while the same figure for the comparison group was 17.0 percent. Respondents with household incomes between $15,000 and $19,999 represented 13.8 percent of the Québec sample, and 10.1 percent of the comparison group. Almost the same percentages report moderate incomes between $20,000 and $29,000 (22.5 percent of the Québec sample versus 21.9 percent of the comparison group), while respondents living outside Québec are more likely to report incomes of $50,000 or more (25.0 percent versus 17.5 percent). Work status in the previous 12 months is a fourth characteristic that differed. Respondents in the comparison sample were more likely

to have worked in the previous 12 months (29.6 percent versus 23.6 percent in the Québec sample), although the majority of respondents in both samples report not having worked during the previous 12 months (73.5 percent in Québec versus 66.5 percent in the comparison sample). A fifth difference was in home ownership rates. Respondents living in provinces other than Québec were much more likely to live in a home owned by a household member (80.2 percent) than were Québec respondents (57.3 percent). Country of birth also differed significantly between the two samples: Québec respondents were more likely to report Canada as their country of birth (89.5 percent) than respondents in the other provinces (78.0 percent). The category "Europe" accounts for the next greatest number in both groups, although it represents over twice as many in the comparison sample (15.4 percent) as it does in the Québec sample (6.9 percent). Finally, and most dramatically, is the language in which the respondent can converse. To no one's surprise, most respondents in both groups report English *or* French *only* as the language in which they are able to converse (62.7 percent in Québec and 71.4 percent in the comparison sample). Respondents in the Québec sample were significantly more likely (28.5 percent) to report being able to converse in English *and* French than were respondents in the comparison group (7.8 percent). Respondents incapable of conversing in either official language were over twice as common in the comparison sample (20.8 percent) as in the Québec sample (8.7).

2.2.2 Differences within the Samples

The general similarities and differences between the samples obscure other equally significant differences within the two samples when examined in relation to age, sex, and marital status, as shown in Table 6.4. Household income, for example, varies greatly when compared along these dimensions, an important consideration for this research given the known correlation between income and social support. Those in the oldest age group–both in Québec and in the comparison population–were much more likely to report incomes of less than $15,000, and much less likely to report income above $50,000, than were younger respondents. Income was also influenced by sex, with women reporting significantly lower incomes than men. Marital status has an even more powerful impact on household income. Within Quebec, over half of single individuals, and 47.4 percent of widowed, separated or divorced respondents, report household incomes of less than $15,000 compared to just 10.7 percent of married respondents; the same figures for the comparison group are 33.1 percent (singles), 40.1 percent (widowed, separated, or divorced), and 4.5 percent (married). Accordingly, married respondents are more likely to be within

the highest income category, again in both samples. All of these cross tabulations are significant ($p < .00$) for both samples, as shown in the table.

Education is a factor that is known to influence income level, and so is also of some interest to us. Education also differs significantly ($p < .000$) if the two samples are compared by age, but less so by sex, as shown in Table 6.5. Differences in education between men and women are significant ($p < .05$) within the Québec sample, but not the comparison sample. Similar percentages of men (54.2 percent) and women (48.7 percent) in Québec reported less than a secondary school education; in the comparison sample, the same figures–40.1 percent for women, and 40.7 percent for men–are substantially lower (suggesting higher levels of education in the comparison sample). In the older age group (70 to 74), women in Québec were twice as likely to be high school graduates than men (16.5 percent versus 7.5 percent) of the same age, whereas the same figures for the comparison group reveal greater similarity (13.4 percent of women and 12.6 percent of men), and are not significant at the .05 level. Age has a highly significant ($p < .000$) effect on level of education in both samples. In general, younger respondents report higher levels of education than older respondents. Within the Québec sample, 41.7 percent of the youngest age group (55 to 59) report less than secondary graduation, while 65.3 percent of the oldest age group (70 to 74) report this level; the same figures for the comparison sample are 31.03 percent and 50.2 percent, respectively. By consequence, younger respondents in both samples are more likely to report having the highest level of education (university studies).

In summary, respondents aged 55 to 74 in the two samples are both similar and different. There are no significant differences in terms of sex, marital status, household type, and self-reported health. A small majority of respondents in both samples are female; most report being married; almost half of both samples report living as a couple; and over 80 percent of both samples report their health as good, very good or excellent. In terms of significant differences ($p < .05$), the Québec sample is slightly younger than the comparison sample; has less formal education and lower incomes; is less likely than the comparison sample to own their own home; is less likely to have worked in the previous 12 months; is more likely to report Canada as their place of birth; and is more likely to be able to converse in both official languages. In addition, significant differences existed within both samples when variables such as income and education were cross tabulated with age, sex, and marital status.

3.0 Social Support and the Elderly: Québec and the Other Provinces

3.1 Introduction

Social support in the 1998 cycle of the NPHS is assessed using four derived variables (assessing tangible support, affection, social interaction, and emotional-informational support), with one additional question about the number of close friends and relatives (serving as a proxy measure of the size of the respondent's support network). Each of these variables revealed significant differences between the two samples, as will be discussed. We shall examine each of the variables in turn.

3.2 Levels of Social Support in Québec and the Other Provinces

We start with the question, "About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?" Respondents from Québec reported an average of 5.10 such persons, while those in the comparison sample reported 6.86 such relationships. Very few respondents in either sample reported no such individuals (4.6 percent in the Québec sample, and 3.1 percent in the comparison group), as shown in Table 6.6. About half of Québec respondents reported between one to four individuals (40.9 percent of the comparison group), while 36.0 percent reported between five to 10 individuals (compared to 40.3 percent of those in the other provinces). A chi square test comparing the two samples revealed significant differences (at the .000 level), as shown in Table 6.7. If this question is used as a proxy measure of the size of the support network, it is clear that respondents in Québec have smaller networks (by almost two individuals) than respondents in the other provinces. Of course, feeling close to someone and being able to talk to them does not necessarily mean the relationship is a supportive one in other senses (such as tangible assistance or social interaction). However, on the assumption that the relationships at least serve a confidant function in the lives of respondents, given what is known about the relationships between size of network and level of support, respondents in the comparison sample seem favoured compared to their Québec counterparts.

We turn now to the derived variables assessing four functional dimensions of support: tangible support, affection, social interaction, and emotional-informational support. As explained previously, these variables measure the *perception* of the *availability* of support, with five response categories possible: none, a little, some, most, or all of the time (see Chapter 4 for a discussion of the variables used

to create the derived variables). The variables were recoded along a scale of one to four, four representing the highest level of support for each variable. In both Québec and the comparison sample, few individuals report being in the two lower categories on any of the four derived variables, as shown in Table 6.8. While the majority of both samples are in the two higher categories, the two groups can be distinguished by the percentage of respondents in the highest category: for all four variables, the percentage of Québec respondents reporting the highest level of support is consistently lower than the comparison group. This difference is significant at the highest levels, as revealed by chi square calculations (see Tables 6.7 and 6.8).

For the tangible support index, a minority of individuals in both groups report being in the two lowest levels of support: 12.8 percent in Québec versus 11.6 percent in the other provinces. Similar numbers report the highest levels (three or four) of social support (87.2 percent in Québec versus 88.4 percent in the other provinces), though a full 10 percent more respondents outside Québec report the highest level (71.6 percent versus 61.6 percent in Québec). On the affection subscale, both groups again report few individuals at the two lower levels (15.3 percent in Québec versus 11.2 percent in the other provinces). The vast majority of both groups report the two highest categories (84.7 percent of Québec respondents versus 88.7 percent in the other provinces), but respondents in the comparison group outnumber those in the Québec sample at the highest level (70.7 percent versus 61.8 percent). In terms of social interaction, slightly more respondents in the Québec sample (15.0 percent) report being in the two lowest levels than respondents in the comparison group (12.4 percent). As a result, the vast majority of both groups fall within the two highest levels (85.0 percent for Québec and 87.6 percent for respondents from the other provinces), although again, respondents residing outside Québec (63.4 percent) are more likely than those within Québec (57.3 percent) to attain the highest level. In terms of emotional-informational support, more respondents in Québec (14.5 percent) than in the comparison sample (10.8 percent) fall within the two lower levels. Again, the vast majority of both groups (85.5 percent in Québec versus 89.1 percent in the comparison group) fall within the two highest levels, though again, those residing outside Québec (67.3 percent) are more likely to fall within the highest level than are respondents residing within the province (59.3 percent). The mean and standard deviation for each of these variables are listed in Table 6.9.

In summary, we see that both respondents in Québec and in the comparison sample report higher rather than lower levels of social support, be it tangible support, affection, social interaction, or

emotional-informational support. What distinguishes the Québec sample, however, is the lower number of respondents reporting the highest level of each of these types of support. Moreover, even when the ten provinces are compared separately, on three of the four functional dimensions, the Québec sample has the lowest percentage of individuals reporting the highest level of support; only British Columbia has a lower percentage of respondents reporting the highest level with respect to social interaction (53.4 percent) than Québec respondents (57.3 percent). Indeed, if the provinces were compared individually with Québec, Québec respondents would look even more disadvantaged than they do. For example, 61.8 percent of the Québec sample report the highest level of tangible support, compared to the province with the highest percentage of respondents reporting this level: Newfoundland, with 81.3 percent. Similarly, 61.8 percent of the Québec sample report the highest level of affection, compared to 78.9 percent of Newfoundland respondents; 57.3 percent of the Québec sample report the highest level of social interaction (compared to 71.3 percent of Newfoundland respondents); and 59.3 percent of the Québec sample report the highest level of emotional-informational support (compared again to 78.2 percent of respondents from Newfoundland).

3.3 Significant Influences on Social Support

As with the two samples themselves, levels of social support vary substantially along certain sociodemographic dimensions, as revealed by cross tabulations. Social support was examined along six dimensions that the *literature review suggested were or could be significant influences*: age, sex, marital status, income, health, and location of residence (urban or rural). Each of these variables was cross tabulated with the five social support variables. The cross tabulations revealed some surprising findings. Some of these dimensions were not correlated with levels of support, either for Québec respondents or those in the comparison group; others were significant for respondents outside of Québec only, while others are highly related to levels of support in both samples.

We begin with the factors that were shown to have the least influence on social support (age, sex, and location of residence), concentrating on the Québec sample as that is the population of interest in this research. Somewhat surprisingly, as shown in Table 6.10, age did not significantly ($p < .05$) affect any of the five social support variables for either sample, with the exception of number of friends in the comparison sample (though the effect on tangible support and emotional-information support approaches significant levels in the Québec sample). Although not at significant levels, the sample does show

variation with age. For example, 1.3 percent of the Québec sample aged 55 to 59 reported the lowest level of tangible support compared to 7.7 percent of those aged 70 to 74. Similarly, 65.8 percent of Québec respondents aged 55 to 59 reported the highest level of tangible support (71.0 percent in the comparison group), versus 53.8 percent of respondents aged 70 to 74 (versus 68.8 percent).

Social support is significantly ($p < .05$) moderated by the sex of the respondent with respect to some of the support variables, but not in both samples, as shown in Table 6.10. The availability of tangible support is significantly influenced by sex for respondents in both samples. For example, while 71.6 percent of men in the Québec sample report the highest level of tangible support, only 54.5 percent of women report the same level (the same figures for the comparison sample are 77.9 percent and 66.6 percent, respectively). Sex also significantly influences the size of the support network and the level of social interaction for the comparison sample, but not for the Québec sample. However, in both samples, for each of the four derived support variables, greater percentages of men than of women report the highest level of social support.

Residing in an urban or rural location is not significantly related to levels of support for respondents in the *Québec* sample: levels of support are similar in both milieux, also as shown in Table 6.10. However, among the comparison group, the story is vastly different. Rural residents report significantly ($p < .05$) higher levels of support than do urban dwellers, for each of the four support types; only reported number of close friends or relatives fails to differ significantly according to residential location.

While age, sex, and residential setting have limited influence on social support for the Québec sample, the same cannot be said for marital status, income, or self-rated health. Marital status is tremendously significant ($p < .000$) for respondents of both samples for all support variables, as shown in Table 6.11. Married individuals in both samples have the highest levels of support. Respondents who are widowed, separated, or divorced have lower levels of support, while single respondents report the lowest levels. For example, no single respondents in the Québec sample reported having more than 10 close friends and relatives, compared to 8.4 percent of married respondents, and 6.0 percent of widowed, separated or divorced respondents. In terms of tangible support amongst Québec respondents, 2.3 percent of married/common law respondents, 7.0 percent of single respondents, and 11.6 percent of widowed, separated or divorced respondents report the lowest level of tangible support, while the same figures for the highest level of support are 73.9 percent, 39.5 percent, and 44.5 percent, respectively (83.4, 45.0, and

51.7 percent, respectively, for the comparison sample). Likewise, a mere 1.0 percent of married individuals report the lowest level of affection, compared to 19.0 percent of single respondents, and 10.1 percent of those widowed, separated or divorced (the same figures for the highest level are 78.1 percent, 23.8 percent, and 41.4 percent, respectively, 82.2 percent, 29.7 percent, and 54.2 percent, respectively, in the comparison sample). In terms of social interaction, 72.5 percent of married/common law respondents report the highest level of support, compared to 25.0 percent of single respondents, and 37.6 percent of those widowed, separated, or divorced. The same figures for the comparison group are 74.6 percent, 30.2 percent, and 45.8 percent, respectively. Finally, while 68.6 percent of married respondents report the highest level of emotional-informational support (76.3 percent in the comparison sample), only 34.9 percent of single respondents (36.0 percent in the comparison sample) and 48.4 percent (versus 54.3 percent in the comparison sample) of those widowed, separated, or divorced do so.

Income is also significantly related to support in both the Québec and the comparison sample: in general, the lower the respondents' income, the lower their reported levels of support, as shown in Table 6.11. For example, 43.6 percent of Québec respondents with incomes less than $15,000 annually report the highest level of tangible support, compared to 73.7 percent of those with incomes over $50,000. For affection, social interaction and emotional-information support, with each increase in income, the percentage of respondents reporting the highest level of support also increases: 38.7 percent of those in the lowest income category report the highest level of affection, compared to 84.2 percent in the highest income category. Likewise, the levels for social interaction range from 36.4 percent (lowest income category) to 81.3 percent (highest income); and from 43.2 percent (lowest income) to 77.3 percent (highest income) for emotional-informational support. Respondents in the comparison group report the same step-wise progression between income and higher levels of support. What distinguishes the comparison group, however, is that higher percentages of respondents at the lowest end of the income spectrum report the highest level of support (though the percentages are still significantly lower than the percentages of individuals in the highest income level). For example, 51.0 percent of the lowest-income respondents in the comparison sample report the highest level of tangible support, compared to 43.6 percent of the Québec sample. Likewise, 52.3 percent of the lowest-income respondents report the highest level of affection, compared to 38.7 percent of the Québec sample. The same figures for the highest level of social interaction are 44.6 percent (comparison group) and 36.4 percent (Québec sample), while for emotional-informational support they are 49.6 percent and 43.2 percent, respectively.

Health status is also significantly (at the .000 level) related to social support for respondents in the *comparison* sample, but is influential (at the .05 level) for Québec respondents in terms of affection, social interaction, and emotional-informational support. For example, as again shown in Table 6.11, 64.4 percent of Québec respondents (73.3 in the comparison sample) describing their health as good, very good, or excellent, report the highest level of tangible support, compared to 52.6 percent (63.9 percent in the comparison sample) of those reporting fair or poor health. Frequency figures for levels of affection are very similar. In terms of social interaction, the same figures are 59.6 percent and 44.7 percent, respectively (66.0 percent and 51.5 percent, for the comparison group), while for emotional-informational support they are 60.7 percent (69.6 percent for respondents outside Québec) and 51.3 percent (compared to 57.1 in the comparison sample).

In summary, social support varies with a number of sociodemographic characteristics, but differentially so within the two samples. In both samples, marital status and household income had clear and strong effects, with married respondents, and those with higher incomes, better off than those who were not married or who had lower incomes. This was true for both samples, and comes as no surprise given the demonstrated link between both of these and social support. Likewise, the relationship between health and social support was clear (and significant) in both samples, although the relationship was strongest for the comparison sample, suggesting that while it is influential, Québec respondents with poor health fare better than respondents outside the province in terms of social support. Age and sex were less closely associated with social support than marital status or health, and were more influential for the comparison sample than the Québec sample. There is some debate within the literature as to how the availability of support changes with age, and although some of the social support variables approach significant levels for the Québec sample when cross tabulated with age, there is no clear relationship between the two. The lack of significant relationship between sex and social support is puzzling, as the literature suggests that support does differ for men and women (for example, in terms of the size of the network). Finally, and most surprisingly, is the finding that place of residence (urban or rural) is not associated with levels of support in the *Québec* sample, but is in the comparison sample. The influence of level of urbanization on social support and social relationships generally is (and has been) the subject of considerable debate and controversy, as we have seen in the literature review. For example, Roy (1998) found that rural elderly in Québec were more likely to be members of a community association than were their urban counterparts, and rates of participation have often been used as a proxy measure

of the social integration of individuals. Why place of residence might be significant for Québec respondents in terms of membership levels, and not significant in terms of *perceived* social support, is puzzling, especially when place of residence is significant for respondents in the comparison sample.

3.4 Explaining Social Support Using the Pegase Procedure

While the frequency tables and chi-square tests were used to obtain a basic understanding of the variables and the strength of the correlations among and between them, it was felt that these were insufficient to develop an *explicative* model of place and social support. Thus, to gain further insight into the factors that ultimately explain, or account for, the presence or absence of social support, the same data were then analysed using *Pegase*–a software for analysis using information theory. As indicated in Chapter 4, information theory is a type of analysis that can be used in spatial and nonspatial inquiries, and is essentially a correlation technique based on the notion that knowledge about one variable (or experience) can be used to *predict* knowledge about another through the information that they share; it is particularly appropriate for use with *state* variables.

In the initial *Pegase* analysis, each of the social support variables was analysed as the dependent variable, and in each instance, the other social support variables were removed from the analysis. This was done as the support variables were perceived to be so close to each other, the "explanation" would merely be of one support variable explaining another; to avoid this, they were removed so that the "nonsupport" variables would form the only explanatory variables. The analysis was run using "relative information" as the selection criterion. This refers to the ratio between the amount of mutual information (that is, the negentropy) of the variable over the amount of information the variable brings to the analysis; essentially, it is a measure of the efficiency of the variable.

3.4.1 *Pegase*: Analysis 1

As shown in Table 6.12, in the initial analysis, two variables were of greatest importance in both the Québec and comparison samples. For the respondents in Québec, *marital status* was the variable accounting for the greatest percentage of the negentropy for each of the four indices of social support. These percentages ranged from a low of 26.8 percent for emotional-informational support, to a high of 47.1 percent for affection. Income was the factor next in importance for three of the support indices (ranging from 29.9 percent to 30.5 percent), the exception being affection in which it did not play a role

(although education did). All other variables contributed substantially less to the negentropy. Interestingly, the explanatory variables for number of close friends and relatives revealed a different pattern, with age, language, education and sex contributing almost equally (in the 20 to 22 percent range), and marital status contributing just 14.1 percent. For the comparison sample, the results are similar. Marital status is the variable contributing most to the negentropy of all four functional variables, ranging from a low of 28.4 percent for emotional-information support, to 41.2 percent for affection and 41.6 percent for tangible support. Income was the explanatory variable next in importance for tangible support (explaining 10.5 percent of the negentropy) and social interaction (11.9 percent). Country of birth was the second most important variable for affection (11.3 percent), and province of residence was second most important for emotional-informational support (explaining 13.1 percent of the negentropy). As with the Québec sample, marital status was not an explanatory variable in terms of number of close friends and relatives; rather, this variable was explained first by country of birth (15.1 percent), followed closely by household income (12.5 percent). Given what is known in the literature about the link between marital status and social support, and income and social support, as well as what we have seen previously with the cross tabulations, it is not the least surprising that these variables figure so prominently. However, despite their prominence, the procedure explains little of the dependent variable. A comparison of the initial entropy with the final entropy (for the Québec sample) shows that the percentage that is explained ranges from a low of 10 or 11 percent (number of close friends/relatives, tangible support, and emotional-informational support), to a high of 17 or 18 percent (affection and social interaction). Figures for the comparison sample are slightly better, ranging from a low of nine percent (number of close friends/relatives), to a high of 18 percent (tangible support).

3.4.2 *Pegase*: Analysis 2

As a way of "circumventing" the powerful influence of marital status on social support, the analysis was run a second time without this variable, as a way to discover "what else" explains social support. When this was done, the explanatory variable that emerged as most important for most of the social support variables–in both samples–was household type (with the one exception of income being most important in the Québec sample in terms of tangible support), as shown in Table 6.13. This was not surprising as it is highly likely that respondents' household types would very closely mimic their marital status. For example, just over 38 percent of Québec respondents report their marital status as single, widowed,

separated, or divorced–a percentage that is just slightly higher than the 34.3 who report living alone. As these individuals are much more likely than married respondents to actually live alone, household type would appear to be very closely related to marital status, and *Pegase* has highlighted this association. The importance of household type ranges from a low of 34.3 percent to a high of 54.1 percent in the Québec sample, and a low of 28.0 percent to a high of 46.5 percent for the comparison sample. Interestingly, number of close friends and relatives again is the variable that follows a different pattern in both samples. In Québec, age (22.7 percent), language (21.5 percent), education (21.2 percent), sex (20.1 percent), and household type (14.5 percent) are the variables that explain number of close friends and relatives. For the comparison sample, the most important explanatory variables are age (16.5 percent), province of residence (15.9 percent), country of birth (12.1 percent), and household type (10.1 percent). Again, however, the explanatory ability of the technique was limited, as shown in the same table. The explanatory ability of *Pegase* ranged from a low of nine percent (number of close friends/relatives, and emotional-information support) for two variables, to a high of 12 or 13 percent for the other three (tangible support, affection, and social interaction) for the Québec sample. The explanatory ability for the comparison sample ranged from a low of nine to a high of 16 percent.

3.4.3 *Pegase*: Analysis 3

When both marital status and household type are removed from the analysis during a third trial with the *Pegase* technique, the importance of income comes fully into play (suggesting that of the two, marital status is more important to social support than is income). As shown in Table 6.14, for each of the four functional variables in the Québec sample, income is the first explanatory variable, ranging in importance from 26.6 percent (for tangible support), to 48.6 percent for affection, 56.4 percent for social interaction, and 59.5 percent for emotional-informational support. Income is the first explanatory variable in three of the four functional variables in the comparison sample, although its importance is less than in the comparison group (explaining 26.9 percent of tangible support, 23.0 percent of social interaction, and 28.3 percent of emotional-informational support); country of birth is the variable of primary importance in explaining affection (25.6 percent), but followed closely by income (23.4 percent). However, the explanatory ability of *Pegase* is lower than in Analysis 2, ranging from a low of seven percent (emotional-informational support), to a high of 14 percent (tangible support) for the Québec sample, and even lower for the comparison sample (ranging from a low of four percent to a high of 11 percent).

3.4.4 *Pegase*: Analysis 4

As the literature review alone would reveal the importance of both marital status and income for social support, the *Pegase* analysis was run a fourth time, omitting the variables for marital status, household type, and income. When this is done, as shown in Table 6.15, the explanatory variables for the Québec sample are greatly simplified, while they become increasingly complex for the comparison sample; at the same time, the technique is able to explain less than in the previous analysis. Indeed, two of the support functions–affection and social interaction–are explained by a single variable in the Québec sample: home ownership. In both instances, those who are home owners report higher levels of the support in question than those who are not home owners. If home ownership is cross tabulated with household income, there is a clear and significant (chi square = 82.941, p = .000) association between income and ownership: the higher the income, the more likely the respondent is a home owner. This suggests that home ownership may merely be the income variable "in disguise," and indeed, when it is omitted, the explanatory variables become more numerous. Language is the most important explanatory variable for tangible support (27.4 percent) and emotional-informational support (64.5 percent) for the Québec sample, but it is difficult to know what this means. In the 1998 cycle of the NPHS, response categories were arranged such that it is impossible to distinguish native anglophones from native francophones (the response categories being English *or* French only, English *and* French only, other). When the analysis is examined more finely, we see that while the vast majority of the Québec sample report English or French as being the language in which they can converse, 51 percent of this group reports the highest level of emotional-informational support, compared to 59 percent of those who speak both languages, and 50 percent of those who speak neither official language. Given the age of the respondents, and their generally lower levels of higher education than younger cohorts, those who speak both official languages *may* be those who are also advantaged in terms of other sociodemographic characteristics such as income or education, and this is the underlying reason that language is a prominent explanatory variable, but this is speculation. The explanatory variables for number of close friends and relatives (for the Québec sample) is identical to the previous analysis (as income was not one of the explanatory variables even when it was not excluded from the analysis).

The identical analysis (omitting marital status, household type and household income) for the comparison sample is decidedly more complicated. Health is the first explanatory variable for two support functions: social interaction (20.6 percent) and emotional-informational support (26.3 percent).

Tangible support is first explained by home ownership (23.9 percent), and then by health (15.4 percent), but if we assume (as we did for the Québec sample) that home ownership is perhaps income "in disguise," then health (15.4 percent) might be more significant. In terms of number of close friends and relatives, age (21.8 percent) is again important, as it was when income was included in the analysis, followed closely by province (20.9 percent). It is interesting that, in both samples, age is most important (as an explanatory variable) only in terms of number of close friends and relatives, but this is not surprising given the results of the previous cross tabulations of age with the support variables.

In this fourth analysis, the explanatory ability of *Pegase* is weakest, ranging from a low of two percent to a high of nine percent for the Québec sample, and a low of five to a high of eight percent for the comparison sample, as shown in Table 6.15. As the first analysis had the highest explanatory ability, it suggests that while other factors do have at least a peripheral role in explaining the existence or absence of social support, marital status (and household type) is of paramount importance. However, it is important to note that the low levels of explanation generated by the *Pegase* procedure are typical of this type of analysis. The explanatory ability of the four *Pegase* analyses as discussed here, therefore, are not unusually low by the standards of the procedure.

Overall, in terms of the Québec sample, the most important explanatory variables for the four social support indices are marital status, household type (very likely a close "duplicate" of marital status), household income, and home ownership (also likely a close "duplicate" of income). For the comparison sample, the most important explanatory variables are also marital status, household type, and household income; however, once income is excluded from the analysis, health is of primary influence in social interaction and emotional-informational support, while home ownership is most important in explaining tangible support, and country of birth is first in importance for affection. The variable on number of close friends and relations takes a very different pattern for both samples, suggesting that the size of the support network is influenced in distinct ways from the support functions. Age is always the first explanatory variable for the Québec sample, even when marital status, household type and household income are included in the analysis. For the comparison sample, the pattern is less evident: country of birth is most important when none of the variables has been excluded, followed successively by age, sex, and age again (when marital status, household type, and household income have been excluded). It is somewhat puzzling that age is the most important explanatory variable (for the Québec sample), because there is no significant difference in the sample if age is cross tabulated with this variable (chi square =

4.746, $p < .577$) (categories were combined to allow the chi square calculation). Only 6.9 percent of all Québec respondents report having more than 10 close friends or relatives, and the majority of all age groups report less than five such individuals.

4.0 Discussion

As we have seen, levels of functional support as assessed in the NPHS 1998 cycle reveal that Québec respondents have lower levels of perceived social support than respondents in the comparison sample (the nine other provinces). This is true for each of the four support functions that were assessed (tangible support, affection, social interaction, and emotional-informational support), as well as the variable serving as a proxy measure of the size of the support network (the number of close friends and relatives). Not only is reported support lower in the Québec sample, but it appears to be low even when compared to each of the other provinces individually. Why do residents of Québec (and, we assume, the Outaouais) report lower levels of support than their counterparts in the other provinces? How can this difference be explained? Certainly, it was never the intent of this research to start examining such provincial differences, but, as this difference has been revealed, it would appear amiss not to try to address it. Unfortunately, the data are insufficient to identify the factor(s) responsible for the difference, but it is possible to make some suppositions.

One of the first possible ways of explaining the difference is in terms of the samples themselves. As we saw at the beginning of this chapter, differences sociodemographically between the two samples were significant ($p < .05$) for place of residence (urban-rural), age, education, household income, working status, country of birth, and language in which the respondent can converse, and differences in marital status approached significant levels. The only dimensions along which the two samples did not differ significantly were sex, household type, and self-report health. As these are the variables we are using to try to understand influences on social support, it is possible the differences between the samples are due not to fundamental differences in levels of social support, but to fundamental differences in the makeup of the samples themselves.

However, as easy as it would be to attribute the differences to differences in the samples, this explanation does not hold up well when examined more critically and closely. For example, in both samples, social support is highly associated with income. If income is really the determining factor in

the difference between the two samples, and the link certainly has been established in the literature, then it would be expected that all provinces with lower average household incomes would report lower levels of support. However, the opposite is the case. The Atlantic provinces (Newfoundland, Prince Edward Island, Nova Scotia, and New Brunswick) are traditionally among the "have-not" provinces within Canada, and yet these are the provinces with highest mean levels of support. Newfoundland presents a particularly interesting case. Forty percent of respondents in Newfoundland report incomes less than $20,000 annually, 21 percent of whom have incomes below $15,000 (this compares to 39 percent of the Québec sample, 25 percent of whom have incomes below $15,000). Thus, similar percentages of individuals in both samples report rather low incomes, and yet Newfoundland reports the highest levels of support (of any of the provinces) for each of the four support types, and Québec the lowest (with one exception). This suggests that something other than income is at play (in one or the other of the provinces).[32] Similarly, if we compare the two provinces on marital status (also known to be highly associated with social support), the differences in the percentage of those who are married (66.0 percent in Newfoundland, compared to 60.8 percent in Québec) does not seem sufficient to explain the substantially higher difference in levels of support: for example, there is a 20 percent difference between the two samples in terms of those reporting the highest level of tangible support (81.3 percent in Newfoundland, compared to 61.8 percent in Québec), while differences for the other support variables range from 14 to 19 percent.

A third avenue through which we might explain the differences is in the composition of the support network. We have seen that Québec respondents have, on average, almost two fewer individuals to whom they feel close and with whom they can talk, than respondents in the comparison sample. As shown in the literature review, there is a strong correlation between the size of the elderly person's support network and levels of support, although size is not a direct indication of the *amount* of support an individual receives. Therefore, it is possible the difference in levels of support are attributable to the smaller support networks of the Québec sample. However, if this *is* the case, it does not answer the question, but merely alters it: instead of asking why levels of support are lower, we now ask why the support networks of the Québec elderly are smaller in size than those of their peers in other provinces.

[32] If home ownership is considered to be somewhat an indicator of income, the difference between the two provinces might be more understandable, as 89.3 percent of Newfoundland respondents report being home owners, compared to 67.3 percent of Québec respondents; this would better explain the differences in reported levels of support.

The size of the network, however, might be significant for another reason. As we saw in the literature review, the higher the proportion of kin in the support networks of the elderly, the lower the emotional well-being and the higher the feelings of loneliness of the elderly. It is possible that kin comprise the majority of the support networks of Québec respondents, and are less prominent in the networks of those in the comparison sample, and it is the kin-nonkin ratio that accounts for the difference. Unfortunately, the data reveal nothing of *who* the individuals are to whom the respondent feels close. However, it is possible that Québec respondents have greater percentages of kin in their networks, and it is this which explains their lower levels of perceived support relative to respondents in the comparison sample. As we know, the Province of Québec has a unique position in Canada in that it is generally a more homogenous population than is generally found in the other provinces. Due to the barrier of language, for example, there is less interprovincial migration between Québec and the other provinces, than there is among the other nine provinces (Kitchen 2000). It is thus possible that kin are closer (in terms of distance) to their elderly relatives, than are the kin of respondents in the other provinces, and this explains their (possibly) greater presence in the support networks of the elderly. Likewise, due to the traditionally depressed economy in Newfoundland, one of its greatest exports is people, particularly young people in search of employment. This may mean that kin are more distant, and so the elderly within Newfoundland rely to a greater extent on nonkin in their support networks. The difficulty with such speculation is it is exactly that: speculation, and the data do not permit anything more.

Finally, an additional surprise was the finding that having an urban or rural place of residence was not significant in terms of social support in the Québec sample, although it was significant in the comparison sample. Research such as that of Roy (1998) clearly showed that rural residents were more likely to belong to community associations than were urban dwellers. The NPHS data *somewhat* contradict this finding, as they show no difference in perceived support between the two groups (although they are two different measures). This apparent contradiction is difficult to explain, but may suggest that membership in organizations, however indicative of social *integration*, is *not* an effective measure of social *support*, even though it has been used as such. While membership in a community organization may be socially beneficial, these findings suggest the benefit may be to something other than perceived social support (such as improved self-esteem, for example).

5.0 Chapter Summary

In this chapter, we have discovered that place does matter to social support, place in this instance referring to province of residence (although this was not the scale that was originally of interest in this research). While Québec respondents (and, we again assume, respondents in the Outaouais) report generally higher rather than lower levels for four support functions (tangible support, affection, social interaction, and emotional-informational support), they also report significantly lower levels than respondents in the comparison sample (the nine other provinces). This is true for each of the four support functions that were assessed, as well as for the variable serving as a proxy measure of the size of the support network (the number of close friends and relatives). Cross tabulations reveal that marital status and household income (and health, to a lesser extent) are highly associated with support, for respondents of both samples. Further analysis with information theory (and the software *Pegase*) reveals the importance of these variables, as well as the influence of household type. It is perhaps disappointing that the explanatory ability of *Pegase* was rather low, and that the analysis was almost predictable from the cross tabulations that had been done previously, but this is most likely a result of the variables available for the analysis (a number of which are known to be highly associated with support), rather than a reflection of the analytical ability of the method itself (a method that typically has this level of explanatory ability). It would be beneficial to have had the opportunity to analyse social support in terms of such variables as perceived similarity with neighbours, or type of residence, but these variables were simply not available in the NPHS.

While it is interesting to speculate as to the reasons for the lower reported support of Québec respondents, the data are insufficient to draw any firm conclusions. However, to some extent, the explanations of the difference is of little importance to this study, as the NPHS data were examined merely to establish the levels of support perceived to be available to residents in Québec (with the supposition that age cohorts in the Outaouais would likely have levels of support similar to their Québec counterparts). Moreover, even though levels of support of Québec respondents are lower than the comparison sample, overall, they report substantially higher, rather than lower, levels of support.

This information about the perceived availability of four support functions, and an indicator of the size of the support network, serves as a base from which to direct the remainder of the research into the role of place/space and social support. We now know that, on average, Québec respondents (and, we

must assume, residents of the Outaouais by extension) report an average of almost five individuals to whom they feel close, and that they have generally higher rather than lower perceptions of the availability of four support functions (or types). We are now ready to introduce the role of place into our study of social support and the elderly in the Outaouais. Thus, in the next chapter, we proceed to the second element in the *subjective* sphere of the conceptual framework outlined in Chapter 3.

6.0 Tables

Table 6.1 NPHS Samples by Province of Residence

Province	1998 NPHS Samples	
	Québec Sample	Comparison Sample
Newfoundland		177 (7%)
Prince Edward Island		145 (5%)
Nova Scotia		236 (9%)
New Brunswick		216 (8%)
Quebec	*551 (100%)*	---
Ontario		915 (34%)
Manitoba		227 (8%)
Saskatchewan		233 (9%)
Alberta		233 (9%)
British Columbia		332 (12%)
Sample Total	551 (100%)	2,714 (100%)*

* Figures may not add to 100 due to rounding.

Table 6.2 Nonsocial Support Variables: Chi Square Tests of the Two Samples

Variables	No. Categories	Category Values	Chi Square Values	
			Chi Square Value	p value
Basic Demographic Variables				
Age	4	55-59 / 60-64 / 65-69 / 70-74	8.354	.039
Sex	2	female / male	0.507	.476
Marital Status	3	married, common law, partner / single / widowed, separated, divorced	5.570	.062
Language can converse in	3	English or French only / English and French only / other	214.272	.000
Self-reported General Health*	2	good, very good, or excellent / fair or poor	2.573	.109
Country of Birth	4	Canada / America / Europe / other	37.767	.000
Residential Variables				
Urban-Rural *	2	rural / urban	3.940	.047
Household Type*	3	single / couple / other	2.454	.293
Home Ownership	2	yes / no	44.284	.000
Socioeconomic Variables				
Educational Level	4	less than secondary school / secondary grad / other post-secondary / college or university grad	23.459	.000
Total Household Income*	5	<$15,000 / $15,000-$20,000 / $20,000-$30,000 / $30,000-$50,000 / $50,000+	34.983	.000
Working Status Last 12 months*	3	working / not working / other	10.300	.006

Note: Missing cases, and all "non-response" categories (such as *don't know, not stated, not applicable*) were excluded from the chi square calculations.
* Categories were combined for the chi square calculation; see Chapter 4 for details.

Table 6.3 The NPHS: A Portrait of Québec and the Comparison Sample

Variable and Categories	Quebec Frequency (Percent)	Comparison Sample Frequency (Percent)	Variable and Categories	Quebec Frequency (Percent)	Comparison Sample Frequency (Percent)
Basic Sociodemographic Variables					
Age			**Language can**		
55-59	169 (30.7%)	720 (26.5%)	**Converse in**		
60-64	135 (24.5%)	702 (25.9%)	English or French only	345 (62.7%)	1938 (71.4%)
65-69	146 (26.5%)	668 (24.6%)	English and French only	157 (28.5%)	212 (7.8%)
70-74	101 (18.3%)	624 (24%)	Other	48 (8.7%)	564 (20.8%)
Sex			**Self-reported Health**		
Female	310 (56.3%)	1482 (54.6%)	Good, v. good, excellent	464 (84.2%)	2207 (81.3%)
Male	241 (43.7%)	1232 (45.4%)	Fair or poor	87 (15.8%)	507 (18.7%)
Marital Status			**Country of Birth**		
Married, common law	335 (60.8%)	1740 (64.1%)	Canada	492 (89.5%)	2155 (78.0%)
Single	47 (8.5%)	162 (6.0%)	America	8 (1.5%)	73 (2.7%)
Widowed, sep., divorced	169 (30.7%)	812 (29.9%)	Europe	38 (6.9%)	418 (15.4%)
			Other	12 (2.2%)	106 (3.9%)
Residential Variables					
Place of Residence			**Household Type**		
Urban	437 (79.3%)	2045 (75.4%)	Live alone	189 (34.3%)	839 (30.9%)
Rural	114 (20.7%)	669 (24.6%)	Live as couple	259 (47.0%)	1335 (49.2%)
Home Ownership			Other	103 (18.7%)	540 (19.9%)
Yes	371 (67.3%)	2176 (80.2%)			
No	180 (32.7%)	537 (19.8%)			
Socioeconomic Variables					
Highest Education			**Household Income**		
Primary School	281 (51.1%)	1095 (40.4%)	$less than $15,0000	128 (25.1%)	428 (17.0%)
Secondary School	69 (12.5%)	354 (13.0%)	$15,000 - 19,999	70 (13.8%)	253 (10.1%)
College	91 (16.5%)	600 (22.1%)	$20,000 - 29,999	115 (22.6%)	550 (21.9%)
University	109 (19.8%)	664 (24.5%)	$30,000 - $49,999	107 (21.0%)	654 (26.0%)
Working Status			$50,000+	89 (17.5%)	629 (25.0%)
Working	130 (23.6%)	803 (29.6%)			
Not working	405 (73.5%)	1805 (66.5%)			
Other	16 (2.9%)	106 (3.9%)			

Table 6.4 Highest and Lowest Income Brackets by Age, Sex and Marital Status

Total Household Income	Quebec		Other Provinces		Quebec		Other Provinces		Quebec			Other Provinces		
	55 to 59	70 to 74	55 to 59	70 to 74	Men	Women	Men	Women	Married	Single	Widow, Separated Divorced	Married	Single	Widow, Separated, Divorced
<$15,000	16.9	33.7	10.8	23.6	21.4	28.1	11.5	21.6	10.7	47.7	47.4	4.5	33.1	40.1
$50,000+	31.3	7.4	41.8	12.1	21.4	14.4	31.8	19.4	26.5	4.5	3.2	33.5	18.2	8.5
Chi Square	83.5 (.000)		249.3 (.000)		14.5 (.006)		91.6 (.000)		120.6 (.000)			587.3 (.000)		

Table 6.5 Lowest Level of Education by Sex and Age

Education	Quebec		Other Provinces		Quebec		Other Provinces	
	Men	Women	Men	Women	55 to 59	70 to 74	55 to 59	70 to 74
Less than Secondary School Graduation	54.2	48.7	40.7	40.1	41.7	65.3	31.0	50.2
Chi Square	10.258 (.016)		7.169 (.067)		30.597 (.000)		56.234 (.000)	

Table 6.6 Structural Support Variable: Number of Close Friends and Relatives

Number of Friends and Relatives	Québec Frequency	Québec Percent	Provinces Frequency	Provinces Percent
none	24	4.6	82	3.1
1 - 4	273	52.5	1070	40.9
5 - 10	187	36	1052	40.3
11 - 15	22	4.2	230	8.8
16+	14	2.7	179	6.9
Total	520	100	2613	100
132 Cases Missing (4%) - Combined Categories - chi sq 30.773 - p value = .000				

Table 6.7 Social Support Variables: Chi Square Tests of the Two Samples

Variables	No. Categories	Category Values	Chi Square Value	P Value
No. of Close Friends and Relatives	5	none / 1-4 / 5-10 / 11-15 / 16+	30.773	.000
Index 1 - Tangible Social Support	4	1 / 2 / 3 / 4	23.066	.000
Index 2 - Affection	4	1 / 2 / 3 / 4	17.185	.001
Index 3 - Positive Social Interaction	4	1 / 2 / 3 / 4	7.943	.047
Index 4 - Emotional - Informational Support	4	1 / 2 / 3 / 4	13.608	.003

Table 6.8 The Functional Support Variables: Québec and the Comparison Sample

Level	Québec Frequency	Québec Percent	Provinces Frequency	Provinces Percent
Tangible Support - 191 (5.8%) Cases Missing - Combined Categories - chi sq 23.066 - p value = .000				
1 (low)	28	5.6	125	4.9
2	36	7.2	172	6.7
3	126	25.4	434	16.8
4 (high)	307	61.8	1846	71.6
Total	497	100	2577	100
Affection - 184 (5.6%) Cases Missing - Combined Categories - chi sq 17.185 - p value = .001				
1 (low)	27	5.4	122	4.7
2	49	9.9	169	6.5
3	114	22.9	465	18
4 (high)	307	61.8	1828	70.7
Total	497	100	2584	100
Social Interaction - 184 (5.6%) Cases Missing - Combined Categories - chi sq 7.943 - p value = .047				
1 (low)	21	4.2	110	4.3
2	54	10.8	210	8.1
3	138	27.7	626	24.2
4 (high)	286	57.3	1636	63.4
Total	499	100	2582	100
Emotional Informational Support - 203 (6.2%) Cases Missing - Combined Categories - chi sq 13.608 - p value = .003				
1 (low)	23	4.6	106	4.1
2	49	9.9	173	6.7
3	130	26.2	559	21.8
4 (high)	294	59.3	1728	67.3

Table 6.9 Social Support Variables: Means and Standard Deviations

Support Indices	Quebec		Other Provinces	
	Mean	Std. Dev.	Mean	Std. Dev.
No. Friends/Relatives (0-99+)	5.10	5.97	6.86	7.85
Tangible (1-4)	3.43	.85	3.55	.82
Affection (1-4)	3.41	.88	3.55	.81
Social Interaction (1-4)	3.38	.84	3.47	.82
Emotional-Informational (1-4)	3.40	.85	3.52	.80

Table 6.10 Cross Tabulation of Support Variables with Age, Sex, and Place of Residence

Cross-Tabulated Variables	Quebec		Other Provinces	
	Chi Sq	p value	Chi Sq	p value
Age and Social Support				
no. of friends/relatives x age	invalid	---	21.898	0.039
tangible x age	16.24	0.062	13.176	0.155
affection x age	13.24	0.152	5.874	0.752
soc. interaction x age	14.75	0.098	7.051	0.682
emot/info x age	15.77	0.072	13.433	0.144
Sex and Social Support				
no. of friends/relatives x sex	4.611	0.33	24.94	.000
tangible x sex	16.277	0.001	40.791	.000
affection x sex	0.574	0.902	2.193	0.533
soc. interaction x sex	0.171	0.982	14.356	0.002
emot/info x sex	6.647	0.084	2.932	0.402
Urban/rural Residence and Social Support				
no. of friends/relatives x urban/rural	1.94	0.747	3.482	0.481
tangible x urban/rural	3.477	0.324	21.584	.000
affection x urban/rural	2.198	0.532	19.855	.000
soc. interaction x urban/rural	4.65	0.199	21.481	.000
emot/info x urban/rural	2.071	0.588	15.968	0.001

Table 6.11 Cross Tabulation of Support Variables with Marital Status, Income, and Health

Cross-Tabulated Variables	Quebec		Other Provinces	
	Chi Sq	p value	Chi Sq	p value
Marital Status and Social Support				
no. of friends/relatives x marital status	invalid	---	28.587	.000
tangible x marital status	62.69	.000	418.126	.000
affection x marital status	105.347	.000	419.421	.000
soc. interaction x marital status	90.935	.000	324.357	.000
emot/info x marital status	34.777	.000	235.922	.000
Household Income and Social Support				
no. of friends/relatives x hh income	invalid	---	31.484	0.012
tangible x hh income	49.69	.000	143.967	.000
affection x hh income	55.82	.000	136.957	.000
soc. interaction x hh income	56.62	.000	151.542	.000
emot/info x hh income	33.01	0.001	102.819	.000
Self-rated Health and Social Support				
no. of friends/relatives x health	invalid	---	26.952	.000
tangible x health	5.688	0.128	50.256	.000
affection x health	8.377	0.039	52.504	.000
soc. interaction x health	16.934	0.001	98.155	.000
emot/info x health	8.4	0.038	67.184	.000

Table 6.12 Explaining Social Support Using Pegase: Analysis 1 (All Variables)

Dimensions	Québec Sample - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	age (22.8%) language (21.6%) education (21.3%) sex (20.2%) marital stat (14.1%)	marital stat (41.8%) income (20.9%) home owner (13.2%) language (12.5%) sex (11.6%)	marital stat (47.1%) education (26.3%) language (7.5%) urb/rural (5.1%) home own (5.1%)	marital status (37.2%) income (30.2%) education (11.8%) health (8.5%)	income (30.5%) marital stat (26.8%) sex (15.6%) language (12.3%) home owner (7.1%) urb/rural (5.8%)
No. of TSS**	14	13	16	22	14
Initial Entropy	1.235	1.221	1.242	1.262	1.254
Final Entropy	1.122	1.087	1.031	1.036	1.131
Entropy Change***	.113 (10%)	.134 (11%)	.211 (17%)	.226 (18%)	.123 (10%)
Dimensions	Comparison Sample (Other Provinces) - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	country (15.2%) income (12.5%) hh type (10.4%) age (8.8%) education (8.2%) province (8.0%) sex (7.8%) health (5.9%) work status (5.8%) urb/rural (5.5%)	marital stat (41.6%) income (10.5%) sex (10.1%) country (8.1%) province (5.8%)	marital stat (41.2%) country (11.3%) income (7.8%) sex (7.6%) health (5.5%) age (5.3%) province (5.2%)	marital stat (36.1%) income (11.9%) country (9.3%) health (8.3%) age (7.4%) sex (7.4%) province (6.1%)	marital stat (28.4%) province (13.1%) income (11.9%) country (11.2) sex (8.3%) health (6.3%) age (5.9%) urb/rural (5.0%)
No. of TSS**	62	63	540	60	63
Initial Entropy	1.351	1.023	1.026	1.118	1.074
Final Entropy	1.228	0.84	0.854	0.956	0.925
Entropy Change***	.123 (9%)	.183 (18%)	.172 (17%)	.162 (14%)	.149 (14%)

* Excluding variables contributing <5% each.
** Number of terminal subsets.
*** Percent rounded to nearest whole number.

Table 6.13 Explaining Social Support Using Pegase: Analysis 2 (Without Marital Status)

Dimensions	Québec Sample - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	age (22.7%) language (21.5%) education (21.2%) sex (20.1%0 hh type (14.5%)	income (46.9%) hh type (40.8%) country (12.3%)	hh type (54.1%) birth country (15.2%) urb/rural (10.7%) language (8..6%) health (6.2%) sex (5.3%)	hh type (47.5%) birth country (23.8) health (16.4%) sex (6.2%) urb/rural (6.0%)	hh type (34.3%) income (25.8%) health (22.0%) sex (10.8) urb/rural (7.1%)
No. of TSS**	28	15	12	13	12
Initial Entropy	1.235	1.221	1.242	1.262	1.254
Final Entropy	1.121	1.077	1.085	1.104	1.138
Entropy Change***	.114 (9%)	.144 (12%)	.157 (13%)	.158 (13%)	.116 (9%)
Dimensions	Comparison Sample (Other Provinces) - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	age (16.5%) province (15.9%) birth country (12.1%) hh type (10.1%) work stat (7.4%) income (6.7%) sex (5.7% health (5.7%) language (5.6% urb/rural (5.3%)	hh type (46.5%) sex (11.2%) income (9.6%) education (5.9%) health (5.9%) province (5.7%) urb/rural (5.5%)	hh type (37.9%) birth country (14.4%) income (11.7%) sex (10.6%) age (9.7%) language (6.0%)	hh type (34.7%) income (15.6%) birth country (10.5%) health (10.3%) age (9.2%) sex (9.2%) education (7.0)	hh type (28.0%) health (12.2%) birth country (12.0%) income (10.0%) education (9.5%) sex (9.2%) age (8.4%)
No. of TSS**	66	46	54	58	58
Initial Entropy	1.351	1.023	1.026	1.118	1.074
Final Entropy	1.224	0.863	0.861	0.958	0.925
Entropy Change***	.127 (9%)	.16 (16%)	.165 (16%)	.16 (14%)	.149 (14%)

* Excluding variables contributing <5% each.
** Number of terminal subsets.
*** Percent rounded to nearest whole number.

Table 6.14 Explaining Social Support Using Pegase: Analysis 3 (Without Marital Status or Household Type)

Dimensions	Québec Sample - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	age (26.5%) language (25.2%) education (24.8%) sex (23.6%)	income (26.6%) language (18.9%) home owner (16.3%) sex (15.8%) age (11.1%) health (6.3%) urb/rural (5.1%)	income (48.6%) home own (39.3%) sex (12.1%)	income (56.4%) home own (19.4%) age (15.5%) health (8.7%)	income (59.5%) age (23.6%) language (16.9%)
No. of TSS**	12	18	8	12	11
Initial Entropy	1.235	1.221	1.242	1.262	1.254
Final Entropy	1.138	1.056	1.149	1.141	1.17
Entropy Change***	.097 (8%)	.165 (14%)	.096 (8%)	.121 (10%)	.084 (7%)
Dimensions	Comparison Sample (Other Provinces) - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	sex (27.2%) income (19.4%) language (19.4%) education (12.8%) age (8.7%) country (8.4%)	income (26.9%) home own (18.9%) sex (14.9%) education (9.5%) birth country (8.2%) health (6.7%) urb/rural (6.6%)	birth country (25.6%) income (23.4%) home own (14.0%) sex (12.1%) health (7.4%)	income (23.0) health (14.8%) province (14.8%) country (12.6%) home own (8.6%) sex (8.4%) education (6.7%)	income (28.3%) birth country (16.0%) health (15.5%) sex (12.3%) home own (8.5%) age (8.3%) urb/rural (7.7%)
No. of TSS**	28	37	47	63	45
Initial Entropy	1.351	1.023	1.026	1.118	1.074
Final Entropy	1.295	0.931	0.924	0.999	0.983
Entropy Change***	.056 (4%)	.092 (9%)	.102 (10%)	.119 (11%)	.091 (8%)

* Excluding variables contributing <5% each.
** Number of terminal subsets.
*** Percent rounded to nearest whole number.

Table 6.15 Explaining Social Support Using Pegase: Analysis 4 (Without Marital Status, Household Type or Household Income)

Dimensions	Québec Sample - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	age (26.5%) language (25.2%) education (24.8%) sex (23.6%)	language (27.4%) home own (23.5%) health (17.7%) work status (12.7%) sex (11.4%) urban-rural (7.3%)	home own (100.0%)[33]	home own (100.0%)[34]	language (64.5%) sex (35.5%)
No. of TSS**	12	12	2	2	5
Initial Entropy	1.235	1.221	1.242	1.262	1.254
Final Entropy	1.138	1.107	1.206	1.238	1.224
Entropy Change***	.097 (8%)	.114 (9%)	.036 (3%)	.024 (2%)	.03 (2%)
Dimensions	Comparison Sample (Other Provinces) - Social Support Variables				
	# Friends/Relatives	Tangible	Affection	Social Interaction	Emot.-Info
Explanatory Variables* (% contrib. to negentropy)	age (21.8%) province (20.9%) birth country (15.9%) health (7.6%) sex (7.6%) language (7.4%) urban-rural (7.0%) home own (6.0%) work status (5.8%)	homeown (23.9%) health (15.4%) sex (15.2%) age (14.7%) birth country (10.4%) urban-rural (7.9%) education (7.4%)	birth country (18.4%) home own (18.0%) age (16.3%) language (12.0%) health (11.7%) sex (10.8%) education (10.2%)	health (20.6%) age (20.0%) home own (14.3%) birth country (11.4%) education (10.4%) province (10.3%) sex (9.5%)	health (26.3%) birth country (19.8%) sex (16.3%) home own (14.4%) age (14.1%) urban-rural (9.1%)
No. of TSS**	50	28	36	42	22
Initial Entropy	1.351	1.023	1.026	1.118	1.074
Final Entropy	1.255	.950	.947	1.032	1.020
Entropy Change***	.096 (7%)	.073 (7%)	.079 (8%)	.086 (8%)	.054 (5%)

* Excluding variables contributing <5% each.
** Number of terminal subsets.
*** Percent rounded to nearest whole number.

[33] If home ownership is deleted from the analysis, the explanatory variables become education (46.1 percent), work status (34.3 percent), and health (19.6 percent).

[34] If home ownership is deleted from the analysis, the explanatory variables become age (39.2 percent), sex (17.3 percent), work status (16.7 percent), and language and health (13.4 percent each).

7 Place and Social Support Among The Outaouais Elderly

> L'Outaouais québécois n'est pas, comme tout ce que l'on qualifie de région, facile à saisir. Au-delà même de l'incertitude véhiculée par le concept, la région a posé et pose encore de nombreux points d'interrogation au géographe d'abord, mais aussi à la population québécoise en général qui cherche à comprendre la logique de la structuation de son espace et, partant, son devenir comme collectivité territoriale.[35]

1.0 Introduction

This chapters continues our inquiry into the *subjective* sphere of the conceptual framework outlined in Chapter 3. The purpose of this chapter is to examine the second element of the subjective sphere, the sphere in which *place is specifically brought into the study of social support*, and in which we inquire as to composition of the support networks of the Outaouais elderly, and examine four characteristics of the functional support they receive. In the last chapter, we learned that the elderly in Québec (and, by extension, the Outaouais elderly) have generally higher rather than lower levels of four types of social support, and that their support networks have, on average, about five individuals. We therefore know that the elderly are, on average, not deficient in terms of the receipt of social support (although they receive less support than their counterparts in the other Canadian provinces), and that they report feeling close to an average of five family members or friends. We now proceed to investigate to what extent the *neighbourhood* is the source of the support that the elderly receive, and to what extent nonkin are the providers of that support. While many *places* could function as sources of support, the research discussed in this chapter is specifically interested in the *neighbourhood* for the reasons noted earlier in Chapter 5. Likewise, relations with kin and with nonkin are thought to offer differing benefits to the elderly, particularly those with nonkin, and so we examine as well the individuals who are most

[35] A. Langlois. 1989. Quelques réflexions sur la "lecture" de l'Outaouais. *Cahiers de géographie du Québec*. 33:89, page 157.

likely to provide support to the elderly. For the purposes of this research, *kin* refer to individuals to whom one is related by blood or through marriage; *nonkin* are all others.

To accomplish this task, we examine data from a regional survey of the Outaouais elderly that was conducted in 2001 under the auspices of the Department of Geography at the University of Ottawa. We begin by offering a portrait of the survey respondents, and then proceed to examine aspects of the structural and functional dimensions of the support networks of the elderly. First, we inquire as to the importance of contact with five categories of individuals, and examine respondents' levels of satisfaction with that contact. We also examine the *importance* of the neighbourhood. By importance, we refer to one of two elements: how often the neighbourhood functions as a place of face-to-face contact with designated categories of kin and nonkin; and, more importantly for this research, how often the neighbourhood is the "source" of the support received by the elderly (that is, the place of residence of the support provider). We begin with a brief introduction to the survey.

2.0 A Survey of the Elderly in the Outaouais

2.1 An Introduction to the Survey

Data for this portion of the research come from a survey administered in June 2001 under the auspices of the Department of Geography at the University of Ottawa. The survey was a key component of a three-year research project on quality of life entitled *Iniquités géographiques et bien-être : la population âgée de l'Outaouais*, and directed by Dr. André Langlois.[36] The survey was designed to assess satisfaction with, and the importance of, various dimensions of quality of life as they relate to place. The questionnaire contained 47 multiple-choice questions (representing over 200 variables), some addressing standard sociodemographic variables (such as age, sex, maternal language, education, and income), and the remaining questions devoted to questions about respondent satisfaction with, and the importance of, various aspects of quality of life. The questionnaires were self-completed by respondents.

2.2 Administration and Sampling of the Survey

In total, 564 respondents (aged 55 to 75) completed surveys. The sample was stratified geographically to (roughly) balance representation from the CUO (la Communauté urbaine de l'Outaouais) (n = 269)

[36] The project was funded by the Social Sciences and Humanities Research Council (Grant No. 410-99-0728); details are available at: http://langlois.geog.uottawa.ca.

with that from the smaller and peripheral towns and villages and the outlying city of Maniwaki ($n = 295$). The sampling objective was to survey 10 percent of those aged 55 to 75 in selected peripheral areas, and, due to their greater numbers, one percent of those of the same age in the CUO, for a total of 600 respondents. Statistics Canada census data from 1996 were used to identify census enumeration areas with a higher-than-average percentage of residents 55 to 75 years of age. Fifteen such enumeration areas were selected in the CUO, and 26 in the rural regions, with the goal of sampling the desired one percent and 10 percent, respectively. Questionnaires were provided in French or in English, as appropriate to the respondents. This chapter makes use of 39 variables from the questionnaire, an identifier variable, 11 sociodemographic and geographic variables, and two questions concerning social support and place that together represent 27 variables (as discussed in in Chapter 4, particularly Tables 4.4 and 4.5).

2.3 A Cautionary Note About the Data

As will become apparent, it is important to note at the outset two reasons for which the analysis and conclusions must be treated with some caution: the first is a sometimes high level of nonresponse for some of the variables that are important for this research, and the second refers to obvious "inconsistencies" (that is, errors) in the respondents' answers for certain important variables. Some background is necessary to understand the situation. The questionnaire was composed of a series of multiple-choice questions to be self-completed by respondents. For a number of variables, respondents either failed to answer the questions, or answered them incorrectly by selecting multiple responses rather than a single response as was requested. All of these answers were included in a single category as "missing cases." For the sociodemographic variables, the percentage of missing cases was modest, ranging from a low of 1.1 percent to a high of 17 percent (household income). (This compares to zero percent for all of the sociodemographic variables in the NPHS, with the exception of household income with 7.4 percent of cases missing.) The percentage of missing cases in the social support variables was more significant, ranging from a low of 10 percent to a high of 44 percent. (This compares to a low of four percent to a high of 6.2 percent of the social support variables in the NPHS.) For most of the support variables, the rates of nonresponse were in the high teens or the twenty-percent range, as will be discussed later. Clearly, rates of nonresponse such as this are somewhat worrisome, and put in question the robustness of the data. Even more disconcerting is that some of the answers that respondents gave to these questions are obviously wrong. As we shall see, about 25 percent of individuals who report

living alone also report that their support provider lives in the same house as they do. Since this is obviously not possible if the respondent lives alone, it would appear some respondents misunderstood the questions, and that others *may* have as well, except that it is impossible to identify them.

In reflecting on why levels of nonresponse were sometimes higher than ideal, particularly for the social support variables, and on why some respondents incorrectly completed the questionnaires, several possible explanations come to mind. First, these rates of nonresponse are not completely unexpected given the type of questionnaire that was used (self-completed by the respondent), and one expects at the outset that not all respondents will be as meticulous in completing the form as others. In this instance, it would appear that some respondents simply misunderstood either the *questions* (such as the previously mentioned case of respondents living alone), or misunderstood the *instructions* in the questionnaire (by selecting multiple responses rather than a single response for each question). This may in part be because the questionnaire was self-completed, and in part of the relatively lower levels of formal education of respondents, who found the questionnaire difficult to complete. It may also have resulted from the format of the questionnaire itself. For example, in the first section looking at "interactions with others," respondents were asked to indicate the *place* in which they most frequently had *face-to-face contact* with five categories of people, while in the second section, they were asked to indicate the *place* in which their support provider *lived*. Although both questions were about place, respondents may have answered the second question about place in the same way in which they answered the first, even though the question was different. Second, it is possible that the higher levels of nonresponse resulted from respondents deliberately not answering the questions because they felt they were not applicable to them. As none of the questions included the category "not applicable," it is possible that respondents intended to show this by leaving the question blank. For example, a question on the provision of travel assistance (such as to a doctor or a grocery store) elicited the highest level of nonresponse at 44 percent, perhaps because respondents did not need such help and so chose to leave the question blank to indicate so.

As a result of this, when frequency counts and percentages are discussed in this chapter, they refer to *valid percent* (percent of those who responded). For the purposes of the analysis, it was assumed that those who did not respond, would have responded similarly to those who did. Moreover, because the nonresponse rate was particularly high for the variable on travel assistance, it was excluded from the analysis. This variable was to have been one of two tangible support variables, and in the event, tangible support was represented by one variable (assistance with household chores). Unfortunately,

inconsistencies (or errors) in respondents' answers is less easily accommodated, and therefore findings must be treated cautiously, and any generalizations that might be drawn must be drawn with caution.

2.4 The Sample Population

Respondents (n = 564) from 12 municipalities completed the questionnaire, as shown in Table 7.1 Slightly more respondents (295 or 52.3 percent) were from peripheral municipalities than from the urban core (269 respondents, or 47.6 percent). Table 7.2 provides a portrait of respondents.The survey targeted a larger-than-expected percentage of those in the highest age brackets, with a full 30 percent being aged 70 to 75; 44.8 percent were younger than 65, and 55.3 percent were older. The majority (60 percent) of respondents were female, married (69.5 percent), native Francophone (76.5 percent), retired (83.2 percent), and lived with a spouse only (61.3 percent). As well, the vast majority (86.6 percent) resided in single-family homes, and were long-term residents, most (82.1 percent) having lived in their current home, and in their municipality (89.1 percent), for over ten years. Respondents reported good health, with 85.5 percent declaring it good, very good, or excellent, and just 14.5 percent rating it as poor or bad. Total household income was more diverse, with 28.6 percent of respondents reporting annual incomes less than $20,000, 21.8 percent reporting incomes between $20,000 and $30,000, 28.2 percent reporting incomes between $30,000 and $50,000, and 21.4 percent reporting incomes over $50,000. Almost half of the respondents reported having started or completed secondary school, with another 30 percent having some form of higher education (college or university).

Aside from the over-representation of those aged 70 to 74 (which, for the purpose of the study, was not problematic, and to be expected given the administration of the survey itself), the sample was a relatively close representation of the elderly in the Outaouais, and of the Québec respondents in the National Population Health Survey (NPHS) (discussed in the previous chapter). As we saw in Chapter 5, women do outnumber men in the Outaouais, with 56.7 percent of women 65 years and older being female (60.1 percent in the urban core). Somewhat more Outaouais respondents report being married (69.5 percent), than in the Québec sample of the NPHS (60.8 percent), and living with a spouse only (61.3 percent versus 47.0 percent in the NPHS). Self-reported health rates are virtually identical to the NPHS sample, with 84.2 percent of the NPHS respondents reporting good, very good or excellent health, compared to 85.5 percent of the Outaouais sample. Home ownership rates of respondents (88.7 percent) were quite a bit higher than the provincial average (56.4 percent), than ownership rates for individuals

of this age in the Outaouais (ranging from 61 to 81 percent, depending upon age and sex), and than ownership rates in the NPHS (67.3 percent), highlighting a bias in the sampling, and a possibly advantaged group economically. In terms of education, comparisons with the NPHS sample are more difficult because of different response categories, but 51.1 percent of the NPHS sample reported less than secondary studies, not substantially different from the 45.3 percent of the Outaouais sample who report having started or completed secondary studies.

Predictably, statistically significant differences ($p < .05$) exist among the respondents when examined along dimensions such as income, age, and sex, as shown in Table 7.3 Income is one characteristic highly variable along these dimensions, and is of great concern in this research because we know that individuals with lower incomes are at risk of lower levels of social support than are individuals with higher incomes. For example, twice as many (41.5 percent) respondents aged 70 to 75 report incomes less than $20,000 than those aged 55 to 59. In terms of sex, almost 40 percent of women report incomes less than $20,000 annually, compared to just 16.8 percent of men; 12.8 percent of women and 33.7 percent of men report incomes $50,000 or greater. Unmarried respondents are also most likely to report lower incomes than their married counterparts. Those with incomes less than $20,000 represent 63.2 percent of widowed, separated or divorced respondents; 43 percent of single respondents; and just 13.6 percent of married respondents. Respondents reporting the highest income level ($50,000 or more) represent 5.5 percent of those widowed, separated or divorced, 5.3 percent of single respondents, and 28.8 percent of married respondents. Income also appears to vary by health status: almost half (47.7 percent) of respondents who consider their health to be poor or bad also report incomes less than $20,000 annually; the same figure for those who report their health as good or better is 25.6 percent. Income also appears to affect home ownership; over 60 percent of those reporting incomes less than $20,000 indicate they are renters, compared to a quarter of those who are homeowners. These figures are a concern not only because of the risk to the provision of adequate support for those with lower incomes, but because many individuals with lower incomes are at risk of lower social support for other reasons as well (for example, living alone or having poor health). Perhaps surprisingly, rates of home ownership do not differ significantly between men and women: 88 percent of women and 89.9 percent of men report being home owners. Length of residence in the municipality–a factor known to affect neighbouring activities–is also not significantly different between the sexes, with 88.8 percent of women and 89.9 percent of men having lived for 10 or more years in their present municipality.

3.0 People, Place, and Social Support

3.1 Introduction

In the sections that follow, we examine the results of two questions (each with extended subsections) that were used to gain understanding about the supportive individuals in the networks of the elderly, their evaluation of those relationships, and the role of place in the support they receive. Together, the two questions gave rise to 27 variables addressing both structural and functional dimensions of social support. With the finding from the previous chapter that *most* Québec elderly (and, we assume, most elderly in the Outaouais) have higher rather than lower levels of social support, and that they identify an average of five individuals in their support networks, we thus now focus attention on specific support network *members* and specific *places* that serve as the source of the support received by the elderly.

While support could easily originate from a range of places, the *place* of interest in this research is the *neighbourhood*. As discussed in Chapter 2, by *neighbourhood*, we refer to Davies and Herbert's (1993: 1) definition: the "area around a residence within which people engage in neighbouring, which is usually viewed as a set of informal, face-to-face interactions based on residential proximity." As noted previously, the neighbourhood is of interest for several reasons: the suggestion that the immediate environment assumes greater importance with age and constrictions in mobility (Rowles 1978, 1983); the suggestion that the neighbourhood is an ideal setting for the provision of tangible support, a type that many elderly find lacking in their lives (Dykstra 1990); and the suggestion that it is an ideal source of support for those with modest incomes (as many elderly have, and increasingly so as they age) (Walmsley and Lewis 1993). Likewise, support can equally be offered by kin or by nonkin; our focus in this research is on nonkin. The interest in nonkin support stems from previous research suggesting that elderly with support networks dominated by kin, tend to experience greater loneliness and lower self-esteem than those whose networks are more equally balanced between kin and nonkin (Chappell 1992; Dykstra 1990).

Before we proceed to discuss the findings, a brief review of what is meant by the structural and functional dimensions of social support. *Structural* dimensions of social support refer to the composition or structure of the support network itself–the number of individuals, the *density* of the network (the percentage who know one another), the types of relationships or *linkages* within the network (such as confidant, cousin, and neighbour), and so on. The *functional* dimensions of support refer to the support

actions or functions that are exchanged between individuals. In the previous chapter, we examined four such functions: tangible support, affection, social interaction, and emotional-informational support. In much research, however, support functions are generalized into two broad categories: tangible support (i.e., practical assistance) and emotional support (such as showing affection, or acting as a confidant).

We begin by examining the structural dimensions of support. The first set of questions (as shown in Table 7.4) asked respondents to rate the *importance* of their relationships with five categories of kin and nonkin (children and grandchildren, extended family members, friends, neighbours, and other acquaintances) as well as their level of *satisfaction* with those relationships. Respondents answered using a five-step, Likert-like scale from none to very high. To permit chi square calculations, both satisfaction and importance were recoded to three categories from five: low level (formerly none and little), moderate, and high (formerly high or very high). Respondents were then asked to indicate the *place* they most often have face-to-face contact with each of the categories of individuals. Seven choices were available: the home, the neighbourhood, the municipality, their region, the Outaouais region, Ottawa, and places beyond. Although asking about several categories of individuals does not specifically identify *members* of the *support* network, it does provide an indication of the relative importance of kin versus nonkin in the lives of the elderly.[37] In this sense, this question was intended to address structural dimensions of social support, with the additional dimension of place.

The second set of questions shifts the discussion to the functional dimensions of support. Also as shown in Table 7.4, for each of three support functions, respondents were asked to identify the degree of *importance* they placed upon such support, and their level of *satisfaction* with the support they receive. They were also asked to indicate who *most often* provided such support, and where that person lived. Each of the three subsections addressed a different support function. In keeping with the classifications used in the NPHS, these were as follows: tangible support (help with household chores such as cleaning, cooking or house sitting while the respondent was away); social interaction (for example, someone to chat or play cards with); and emotional support (having someone to talk to about personal or worrisome matters, a "confidant"). It is important to remember in the sections that follow that although the discussion will identify the support provider and their place of residence, these individuals are not the *only* support providers in the lives of the respondents, but those they have identified as the *most frequent*

[37] As noted in Chapter 4, the questions were worded in this fashion to conform to the overall format used in the questionnaire.

provider of the support.

3.2 People and Place in the Respondents' Support Networks

3.2. 1 Place and the Structural Dimensions of Support

We start with the first question that asked respondents to indicate how important their relationships with certain categories of people were, how satisfied they were with those relationships, and where they most often had face-to-face contact with the individuals in question. In the lives of the respondents, children and grandchildren clearly take pride of place. As shown by the means (Table 7.5) of the importance respondents place on interpersonal relationships, children and grandchildren rank the highest (mean of 4.44 out of five). Friends are reported as next in importance, followed by extended family, neighbours, and then others (such as co-workers or fellow club members). The satisfaction of the respondents with their relationships follows an identical pattern. They report the highest satisfaction (mean = 4.12) with their relationships with their children and grandchildren, with successively less satisfaction with friends, extended family members, neighbours, and finally, other acquaintances. As shown in Table 7.6, almost 80 percent of respondents report high satisfaction with their contact with children and grandchildren. Just over 70 percent report high satisfaction with friends, followed by 63.3 percent with extended family, 54.0 percent with neighbours, and 49.3 percent with other acquaintances. Contact with children and grandchildren, and friends, is also most important. Ninety percent of individuals rate contact with children and grandchildren high, followed by friends (rated high in importance by 72 percent of respondents), extended family (69.4 percent), neighbours (55.2 percent), and others (50.4 percent).

Cross tabulations were calculated to explore how the *importance* and *satisfaction* variables were related to sociodemographic characteristics that the literature review suggested were linked to social support: sex, age, marital status, income, and health. Some of these calculations were significant ($p < .05$). Respondents' *satisfaction* with their relationships was unrelated to sex: both men and women reported similar levels of satisfaction and dissatisfaction. *Importance* was also relatively similar between the two sexes, with three exceptions approaching significance: women rated the importance of relationships with children more highly than did men (chi sq. 5.552, $p < .063$), as well as those with extended family (chi sq. 5.216, $p < .074$), and with other acquaintances (chi sq. 4.757, $p < .093$). Likewise, age had only limited effects on satisfaction and importance ratings, but was significant or approaching significance in four instances: younger respondents reported greater satisfaction with their

relationships with extended family members than did older respondents (chi sq. 19.475, $p < .003$), as well as with their relationships with other acquaintances (chi sq. 11.324, $p < .079$). Younger respondents also placed greater importance on relationships with extended family members than did older respondents (chi sq. 12.413, $p < .088$), and were more likely to place importance on relations with other acquaintances (chi sq. 10.997, $p < .088$). Marital status, perhaps surprisingly, was not significantly correlated with levels of satisfaction or importance for any of the relationship categories.[38] Also rather surprisingly, household income was unrelated to respondents' satisfaction with, or the importance of, social relationships, with one exception: in general, those with higher incomes reported higher levels of satisfaction in their social interactions than did those with lower incomes (chi sq. 18.975, $p < .015$). In contrast, health status was highly correlated with a number of the variables. For example, those with health self-rated as good, very good or excellent reported higher levels of satisfaction with their social interactions than did those whose health was poor or bad (chi sq. 11.848, $p < .003$); likewise, they report greater satisfaction with relations with neighbours (chi sq. 7.992, $p < .018$), and much greater satisfaction with relations with other acquaintances (chi sq. 17.670, $p < .000$). Finally, length of residence in the municipality was unrelated to any of the satisfaction or importance variables with one exception: those who had lived in their current municipality for 10 or fewer years reported both more dissatisfaction and more satisfaction with relations with children and grandchildren than did those who had resided in their municipalities more than 10 years, who were more likely to report moderate to high levels of satisfaction (chi sq. 8.495, $p < .014$).

In terms of where the respondents most often have face-to-face contact with five categories of individuals, 38 percent of respondents report the home as the location in which they most frequently see children and grandchildren, followed by the Outaouais region (15.9 percent), their neighbourhood (11.0 percent), or their municipality (9.8 percent); each other location represented less than 10 percent of the total. Get-togethers with friends are more spatially scattered; 25.6 percent report the neighbourhood as being their meeting place, followed by their municipality (22.6 percent); their region (20.5 percent), and the Outaouais (17.7 percent); the other locations each represented about 5 percent or less of the total. Extended family, next in importance, are yet more spatially distant: 22.1 percent indicate face-to-face visits take place outside the Outaouais-Ottawa region altogether, 19 percent report visits within their

[38] Chi square values were calculated following the rule that "no more than 1/5 of the expected frequencies should be less than 5" (Ebdon 1985: 67); where this was not the case, values were not calculated.

immediate region, 18.6 percent report the Outaouais, and 12.4 percent report their home: each of the other locations represents about 10 percent or fewer of the respondents. Not surprisingly, the neighbourhood is where 67 percent of respondents report having face-to-face contact with neighbours, though 13.6 percent also report their region as being the locale. The home, their region, and the Outaouais region each represent from five to seven percent of the total, while Ottawa and the area beyond account for a mere one percent each. Finally, face-to-face contact with other acquaintances is most likely to take place within the respondent's municipality (29.3 percent), followed by their region (26.9 percent), the Outaouais (18.7 percent), and their neighbourhood (13.3 percent); each of the other locales accounted for less than seven percent of the total.

One of the objectives of this chapter is to identify the role of the *neighbourhood* in the provision of social support. If *place* is reanalysed in the previous variable, with a more particular focus on *neighbourhood*, the relative importance (or nonimportance) of the neighbourhood as a place of face-to-face contact with kin and nonkin becomes clearer. We can change the focus by reducing the place categories from seven to three: the home, the neighbourhood, and all places beyond the neighbourhood. Analysed through this lens, the importance of the neighbourhood ranges from a low of 10.2 percent as the setting for face-to-face contact with extended family members, to a high of 67.0 percent for face-to-face contact with neighbours, as shown in Figure 7.1 and Table 7.6. For all categories of individuals except neighbours, places beyond the neighbourhood are more important than either the neighbourhood or the home. Interactions with children and grandchildren are only 11.0 percent likely to take place within the neighbourhood (but 38.0 percent likely to take place within the respondent's home, which, in a sense, is within the neighbourhood), while the neighbourhood is 25.6 percent of the time the place of interaction with friends (the home being where just 5.3 percent of interactions take place). Interactions with other individuals are 13.3 percent likely to take place within the neighbourhood. This leaves the impression that the neighbourhood is of little consequence as a meeting place. Moreover, 69.7 percent of interactions with friends take place beyond the immediate neighbourhood, raising potential questions about the inhibiting effects of distance on relationships with nonkin as opposed to kin. However, nothing is known about the frequency of contact with these categories of individuals, and so we can merely speculate as to why places beyond the neighbourhood are more important as meeting places than the neighbourhood itself. In addition, to some extent, the location in which the respondent interacts with various groups of individuals is less important than the location of residence of the individuals themselves, as this would

reveal more about the role of the neighbourhood as a *source* of support for the elderly. We address this question in the next section.

3.2. 2 Place and the Functional Dimensions of Support

We turn now to the functional dimensions of social support. As noted previously, the survey examined three support functions: tangible support, social interaction, and emotional support. Respondents were asked to evaluate the importance of such support (*low, medium* and *high*), as well as their satisfaction with the support they receive (also rated *low*, *medium*, and *high*). As shown in Table 7.5, respondents generally place higher rather than lower levels of importance on the receipt of support. Respondents report tangible support (assistance with household chores) as being the most important of the three, (mean 3.50 out of five), followed by social interaction (having someone to do activities with), and emotional support (having someone to talk to). As shown in Table 7.7, 60 percent of respondents rate the importance of tangible support as *high,* followed by social interaction (rated *high* by 52.1 percent), and emotional support (rated *high* by 47.8 percent). While tangible assistance is most *important*, respondents report being most *satisfied* with their social interactions (mean 3.35 out of five), followed by tangible support and emotional support. Just over half of all respondents report *high* satisfaction with the provision of tangible support and social interaction, and 43.3 percent *high* satisfaction with the emotional support they receive. A third of respondents reported a *low* level of satisfaction with emotional support, and about a quarter of respondents reported *low* satisfaction with tangible support and social interaction.

Who provides the support the elderly receive? Not surprisingly, children and friends play the most prominent roles, though other individuals contribute depending upon the support type. For assistance with household chores, spouses (38 percent) are the first in importance, followed by children (24.6 percent), and neighbours (17.9 percent); each of the remaining groups accounted for less than 10 percent. When desirous of social interaction, friends are the individuals named by 46.9 percent of the respondents. Spouses (14.3 percent), extended family (12.6 percent), and children (10.1 percent) are all other sources of companionship, but less so neighbours and other acquaintances. Spouses again rise to prominence as confidants, with 39.6 percent of respondents indicating they are most likely to confide in a spouse. Intimate relationships are clearly those of choice in such matters, with friends (25.1 percent) ranking second in importance, followed by children (20.1 percent); each of the other categories accounted for less

than 10 percent. In two of the three support functions, neighbours account for less than 10 percent of support providers: social interaction, and having a confidant (emotional support); neighbours are more likely to provide assistance with household chores (17.9 percent).

If we shift the lens of our analysis to identify kin versus nonkin in the provision of these support functions, we see that, with the exception of social interaction, kin predominate as support providers, as shown in Figure 7.2 and Table 7.7. For example, 71.0 percent of those providing tangible support are kin, as are 67.6 percent of those providing emotional support. Only in terms of social interaction are nonkin (63.0 percent) more likely to be support providers than kin.

Given this focus on kin in the provision of support, it is not surprising that 59.8 percent of respondents cite the home as being the place of residence of the person providing the tangible support. The neighbourhood is also significant, accounting for 24.6 percent of respondents; less important is the municipality (7.2 percent), with the remaining places accounting for less than 5 percent each. Social interaction also centres on more proximate locales, primarily the home (as indicated by 27.7 percent of respondents), but also the neighbourhood (22.7 percent), and the municipality (19.6 percent). Some interaction with individuals more distant is also apparent, with 15.6 percent of respondents indicating their region is the home of the support provider, and 10.3 percent the Outaouais; extremely few individuals report companionship from those residing in more distant places. Finally, the home was indicated by 54.0 percent of respondents as being the place of residence of the individual providing emotional support. This item, like assistance with chores, showed particular sensitivity to distance: while 14.6 percent of respondents report their neighbourhood and 11.1 percent report their municipality as being the places in which confidants resides, the remaining more distant locations each accounted for less than 10 percent, and decreased with importance with each outward increase in distance.

If we again reexamine the question about place of residence of the support provider with a similar concentration on the neighbourhood, we see that for all three support functions, the neighbourhood is least often the place of residence of the support provider. As shown in Figure 7.3 (see also Table 7.7), the neighbourhood is most important in terms of the provision of tangible support (24.6 percent), but is dwarfed in importance by the home (the location of residence of 59.8 percent of support providers). The home (54.0 percent) is also much more likely than the neighbourhood (14.6 percent) to be the place of residence of those providing emotional support, as well as the place of residence of those who provide social interaction (27.7 percent, versus the neighbourhood at 22.7 percent). For social interaction, places

beyond the home and neighbourhood account for 49.6 percent of the locations of residence of the support providers. Only 15 percent of those providing support with household chores live beyond the neighbourhood, which seems understandable given that such assistance generally cannot be supplied at a distance (unless in the form of financial assistance to employ someone to perform certain tasks).

Given the demonstrated importance of marital status and income in the provision of social support (as seen in the literature review, and in the NPHS data discussed in Chapter 6), the three functional dimensions of social support were cross tabulated with these, as well as with sex and place of residence (CUO or periphery) (as the latter two were dimensions of interest in the original research proposal). Chi square calculations for all cross tabulations are shown in Table 7.8. We start with marital status. Marital status had no effect on level of satisfaction with tangible support, but it did affect ($p < .001$) the support provider: single individuals placed greater emphasis on nonkin than kin. For example, single respondents report that 35.7 percent of their tangible support providers are kin (64.3 nonkin), compared to 75.4 percent of support providers of married respondents. In terms of satisfaction with, and the importance of social interaction, there were also no differences by marital status. Again, however, single respondents were significantly ($p < .042$) more likely to rely on nonkin support providers than were married respondents: 73.7 percent nonkin, versus 59.3 percent for married respondents, and 72.4 percent for respondents widowed, separated or divorced. There were no noticeable differences in satisfaction with the availability emotional support (having a confidant) according to marital status, although the importance of such individuals did differ ($p < .036$): widowed, separated or divorced respondents rated the importance of confidants very highly (58.0 percent), compared to single respondents (44.4 percent), or married respondents (43.9 percent). In general, marital status was significant in terms of *who* provided the support, rather than satisfaction with it, or the importance placed upon it.

In contrast, income had significant effects ($p < .004$) only in terms of the place of residence of the support provider. In terms of tangible support, none of the dimensions was significantly affected by income: satisfaction with assistance, the importance placed on such assistance, the individual who provided the assistance, or their place of residence. In terms of social interaction, satisfaction with the support, the importance of it, and who provided such support, were not significantly related to income; however, the place of residence of the support provider was: the higher the income, the more distant the place of residence. For example, 44.0 percent of those in the lowest income level (< $10,000) rely on

someone in the home to provide friendship, compared to 27.2 percent of those in the highest income level (>$50,000). In contrast, 56.8 percent of the friends of those in the highest income level live beyond the neighbourhood of the respondent, compared to 38.9 percent of those in the lowest income level. Finally, satisfaction with and the importance of emotional support were not significantly associated with income, nor was the support provider, but the location of residence of the support provider did differ significantly ($p < .021$), but in the opposite direction than with social interaction. Those with the highest incomes were more likely to cite the *home* (70 percent) as the place of residence of the support provider, than were those in the lowest income level (46.2 percent).

Sex was also cross tabulated with the functional support variables because tangible support in particular was found to be much lower for women than for men in the NPHS survey examined in the previous chapter. In terms of tangible assistance, none of the dimensions was significantly affected by sex: satisfaction with assistance, the importance placed on such assistance, the individual who provided the assistance, or their place of residence. In contrast, social interaction was significantly ($p < .05$) affected by sex. Women were much more likely than men (58.9 percent versus 42.7 percent) to regard friendships as very important, and to rely on nonkin (67.2 percent) for friendship than were men (55.6 percent). As well, women's friends were more spatially distant than those of men, who were more likely to identify their own home as the place of residence of their friend. Women also expressed significantly ($p < .05$) different views of emotional support (confidants). More women (57.8 percent) than men (34.7 percent) placed the highest level of importance on having a confidant, and women were also significantly more likely than men to report the highest level of satisfaction with their confidant (50.2 percent versus 34.7 percent). At levels approaching significance, men were more likely to report kin as their confidant than were women (72.9 percent versus 64.1 percent). Finally, men were significantly more likely to cite the home as the place of residence of their confidant (62.2 percent) than were women (49.0 percent), and overall, women were more likely than men to rely on more distant confidants.

Place of residence of the respondent (urban core versus periphery) was also cross tabulated with the three support functions, to see if living in the central core versus the periphery affected functional support. None of the dimensions (satisfaction, importance, support provider, place of residence of the support provider) was significant ($p < .05$) when cross tabulated with place of residence. However, two dimensions approached significant levels: satisfaction with tangible assistance, and place of residence of a confidant (emotional support). Respondents in the urban core report higher levels of satisfaction with

tangible support, 55.9 percent indicating the highest level of satisfaction versus 46.6 percent of those in peripheral areas. In contrast, respondents from the peripheral areas were more likely than those from the urban core to indicate either the home as the place of residence of their confidant (56.4 percent, versus 51.2 percent), or the neighbourhood (17.0 percent, versus 11.7 percent). Consequently, they were also less likely to report the place of residence of a confidant as being beyond their immediate neighbourhood (26.6 percent, versus 37.0 percent of urban core respondents). While there were no significant differences between the two groups, this does not, of course, indicate lack of significant differences between *urban* and *rural* residents, for reasons noted earlier.

A final set of cross-tabulations was performed to investigate the impact of household type on the functional dimensions of social support. As we saw in the analysis of the NPHS in the previous chapter, marital status was highly associated with levels of social support, and married individuals consistently reported higher levels of support than the unmarried. When marital status was removed from the *Pegase* analysis, household type–whether the respondent lived alone or not–came to take its place. It was for this reason that household type was cross tabulated with the support variables. While marital status was significant primarily in terms of the support provider, a comparison of respondents living alone with those not living alone reveals the additional importance of household type: six of the twelve functional support variables become significant ($p < .05$), as shown in Table 7.9. For each of the three support functions, household type influences not only *who* provides the support, but where the support provider lives–that is, the *source* of the support.

As shown in Tables 7.10 and 7.11, kin are important sources of support for respondents living alone, but in proportions different to those who do not live alone. Respondents living alone report that almost 60 percent of those providing tangible support are kin, and just over 40 percent who are nonkin. Those providing social interaction are almost a mirror opposite of this, with about 40 percent of support providers being kin, and 60 percent being nonkin. Emotional support, however, is provided almost equally by kin (48.8 percent) and nonkin (51.2 percent). In contrast, the support providers of those living with others are more likely to be kin. About three quarters of support providers of tangible support and emotional support are kin (about 25 percent nonkin), while social interaction is more likely to be provided by nonkin (60.2 percent) than by kin. Figures 7.4 and 7.5 show differences visibly.

The "source" of the support (that is, the place of residence of the support provider) is also different between those residing alone and those who do not, although here we encounter some of the

difficulties with the data that were discussed in Section 2.3. Those respondents living alone report their own home as the "source" of 36.4 percent of tangible support, 18.0 percent of social interaction, and 32.9 percent of emotional support (Table 7.10). Clearly, this is a significant problem in the data because it is impossible for respondents living alone to report the place of residence of their support givers as being the respondents' own homes. In terms of the neighbourhood, it represents the place of residence of 40.9 percent of tangible support providers, 31.5 percent of those providing social interaction, and 25.3 percent of those providing emotional support. Places beyond the neighbourhood accounted for the place of residence of 22.7 percent of tangible support providers, 50.6 percent of those providing social interaction, and 41.8 percent of those providing emotional support. Those living with others more frequently cite their home as being the "source" of their support, accounting for 66.6 percent of tangible support, 30.4 percent of social interaction, and 60.6 percent of emotional support. The neighbourhood was less important than for respondents living alone, accounting for 19.9 percent of tangible support, 20.3 percent of social interaction, and 11.2 percent of emotional support. Finally, places beyond the neighbourhood were consistently less important as the "source" of support for those living with others than for those living alone, representing 13.5 percent of tangible support, 49.3 percent of social interaction, and 28.3 percent of emotional support. Again, figures portray the differences most clearly, as shown in Figures 7.6 and 7.7.

4.0 Chapter Summary

In summary, with respect to the structural dimensions of social support, respondents place greatest importance upon children and grandchildren, followed by friends, extended family members, neighbours, and others; satisfaction with these same relationships follows an identical order. The neighbourhood is rarely the location in which respondents typically have face-to-face contact with these individuals, with the exception of neighbours. In terms of the three functional dimensions of support included in the survey, respondents rate the importance of tangible assistance (help with household chores) highest, followed by social interaction (having someone to do things with) and emotional support (having a confidant). Respondents report being almost equally satisfied with the social interaction and tangible support that is shown them, and less satisfied with their emotional support. Kin most often provide tangible and emotional support, while nonkin most often provide social interaction. More than half the

time, the home is the location of residence of the support provider of tangible and emotional support; providers of social interaction are more spatially scattered, with respondents reporting the neighbourhood as their place of residence only 22.7 percent of the time. Cross tabulations that were done reveal that sex and household type were more significant in terms of functional support than were income, marital status, and place of residence (urban core versus peripheral towns in the region).

In trying to understand the questions of who provides support and where that person resides (relative to the respondent), it should be remembered that respondents were asked to indicate the individual *most likely* to provide the support; it is likely that individuals other than those identified by the survey also offer support to respondents. With respect to the question about where the individual lives, many respondents (incorrectly) selected multiple locations (for example, home, municipality, and region) instead of the one that was asked for (partly indicated by the percentage of missing cases for each variable, as shown in the tables in this chapter). While it could be that the respondents simply misunderstood the instructions, it is also possible that support regularly came from several individuals, such that distinguishing the place of residence of one in particular became very difficult for the respondents. It may have been better to phrase the question such that respondents were able to rank the places of residents of all regular support providers, rather than limit them to a single support provider.

Moreover, it is possible that neighbours and the neighbourhood figure more prominently in the provision of support than indicated by what we have seen in this chapter. One of the weaknesses of the data is that they do not distinguish uniplex and multiplex relationships–that is, between relationships based on one type of contact (example, *neighbour*), and those based on two or more (for example, *neighbour* and *friend*). While assistance with tangible support is less than 10 percent of the time provided by friends, they are more important as confidants (25.1 percent), and even more important in terms of social interaction (46.9 percent). If there are overlaps between friends and neighbours, and the support was reported as being offered by *friends*, it is possible that the assistance of neighbours is underreported.

As we have seen, there are not insignificant limitations in the data discussed in this chapter. Some of the variables used in this research have unfortunately high levels of nonresponse, while the responses to others are clearly inconsistent, as we saw when respondents who reported that they lived alone also reported that the place of residence of support providers was the home of the respondent. Clearly, this can not be, and the situation is made additionally unsettling because there may be other errors that are not possible for researchers to identify. For example, as many respondents living with others as living

alone may have incorrectly answered these questions, but there is no way in which this can be verified. For these reasons, the data discussed in this chapter must be treated cautiously. Although the data were a critical component of this research, generalizations must likewise be made with caution. One of the strengths of the data, however, is that, whatever the level of error, they are generally consistent with the findings of the NPHS (discussed in Chapter 6) in terms of the importance of marital status and household type as influences on social support. With this in mind, we turn to our inquiry into the third and final element in the *subjective* sphere of the conceptual framework in the next chapter.

5.0 Tables and Figures

5.1 Tables

Table 7.1 Respondents by Central and Peripheral Municipalities

Respondents by Municipality (n = 564)					
Central Municipalities			Peripheral Municipalities		
Municipality	Frequency	Percent	Municipality	Frequency	Percent
Aylmer	38	6.7	Fort-Coulonge	24	4.3
Buckingham	12	2.7	Maniwaki	96	17.0
Gatineau	140	24.8	Montebello	22	3.9
Hull	73	12.9	Papineauville	31	5.5
Masson	6	1.1	Saint-André-Avelin	26	4.6
			Shawville	44	7.8
			Thurso	52	9.2
Subtotals	269	47.6	**Subtotal**	295	52.3

Table 7.2 The Outaouais Survey Sample: A Portrait of Respondents

The Outaouais Sample			
Variable and Categories	Frequency (Percent)	Variable and Categories	Frequency (Percent)
Sex		**Household Type**	
Female	327 (60%)	Live alone	130 (23.4%)
Male	218 (40%)	Live as couple	340 (61.3%)
		Other	85 (15.3%)
Age		**Retirement**	
55-59	128 (23.3%)	Retired	459 (83.2%)
60-64	118 (21.5%)	Not retired	93 (16.8%)
65-69	134 (42.4%)		
70-74	170 (39.9%)		
Mother Tongue		**Education**	
Francophone	427 (76.5%)	(started or completed)	
Anglophone	76 (13.6%)	Primary School	133 (24.8%)
Both	40 (9.0%)	Secondary School	243 (45.3%)
Other	5 (0.5%)	College	61 (11.4%)
		University	100 (18.6%)
Marital Status		**Home Ownership**	
Single	21 (3.8%)	Yes	494 (88.7%)
Married, c. law	385 (69.5%)	No	63 (11.3%)
Widow, sep., div.	148 (26.7%)		
Household Income		**Residence in Mun.**	
$0-9,999	25 (5.3%)	2 years of less	16 (3.1%)
$10,000-19,999	109 (23.3%)	2 to5 years	19 (3.6%)
$20,000-29,999	102 (21.8%)	5 to 9 years	22 (4.2%)
$30,000-$49,999	132 (28.2%)	10 or more years	467 (89.1%)
$50,000+	100 (21.4%)		

Table 7.3 The Regional Survey Respondents: Select Cross Tabulations

Cross-Tabulated Variables	Chi-Square Value	P value
Income x Sex	38.862	.000
Income x Age	39.186	.000
Income x Marital Status	invalid	--
Income x Health	16.326	0.003
Income x Mother Tongue	invalid	--
Income x Home Ownership	44.486	.000
Income x Household Size	101.587	.000
Age x Education	18.621	0.029
Age x Length of Residence in Municipality	--	--
Sex x Education	15.837	0.001
Sex x Length of Residence in Municipality	0.148	0.700
Sex x Home Ownership	1.264	0.261
Marital Status x Home Ownership	15.771	.000

Table 7.4 The Social Support Questions of the Regional Survey

Structural Aspects of Social Support				
Categories of Kin and Nonkin (Potential Network Members)	**Satisfaction**	**Importance**	**Place**	
1. Children and Grandchildren 2. Extended Family 3. Friends 4. Neighbours 5. Other acquaintances	Evaluate the satisfaction you attribute to the contact you have with other people Categories: none, little, moderate, high, very high	Is this contact important to you? Categories: none, little, moderate, great, very great	Where do you most often have face-to-face contact with these individuals? (It is important to check the place that is closest to you.) Categories: home, neighbourhood, municipality, your local region, Outaouais Region, Ottawa, beyond	
Functional Aspects of Social Support				
Support Functions	**Satisfaction**	**Importance**	**Who**	**Place**
1. Tangible Support (Household Chores) 2. Social Interaction (Friendship) 3. Emotional Support (Someone to talk to)	Evaluate the satisfaction you attribute to support you have from the people around you. Categories: none, little, moderate, high, very high	Is the support that you receive important to you? Categories: none, little, moderate, great, very great	Who is most likely to provide this support? Categories: spouse, children, extended family, friends, neighbours, acquaintances	Where do the people who most often provide the support live? Categories: home, neighbourhood, municipality, your local region, Outaouais Region, Ottawa, beyond

Table 7.5 Means of Satisfaction with, and Importance of, Support

Dimensions of Support	Satisfaction (1-5)	Importance (1-5)
Structural: Relationships with Kin and Nonkin		
Children and Grandchildren	4.12	4.44
Extended Family	3.75	3.94
Friends	3.88	3.98
Neighbours	3.56	3.57
Other acquaintances	3.33	3.35
Functional: Support Functions Received		
Tangible Support (Chores)	3.23	3.50
Social Interaction (Friendship	3.35	3.40
Emotional (A Confidant)	3.02	3.15

Table 7.6 Contact with Kin and Nonkin: Satisfaction, Importance, and Place

Level of Satisfaction or Importance, or Place of Contact	Categories of Individuals									
	Children and Grandchildren		Extended Family		Friends		Neighbours		Others	
	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent
Satisfaction										
low	43	8.6	55	11.2	29	5.8	59	11.6	96	20.9
medium	62	12.4	125	25.5	115	22.8	175	34.4	136	29.7
high	397	79.1	311	63.3	360	71.4	275	54	226	49.3
total**	502	100	491	100	504	100	509	100	458	100
missing cases*	62	(11)	73	(13)	60	(11)	55	(10)	106	(19)
Importance										
low	26	5.6	40	8.6	26	5.6	64	13.5	88	20.5
medium	21	4.5	101	21.9	103	22.1	148	31.3	125	29.1
high	415	89.9	320	69.4	338	72.3	261	55.2	217	50.4
total**	462	100	461	100	467	100	473	100	430	100
missing cases*	102	(18)	103	(18)	97	(17)	91	(16)	134	(24)
Place where most often have face-to-face contact										
home	155	38	52	12.4	23	5.3	24	5.5	7	1.9
neighbourhood	45	11	43	10.2	110	25.6	295	67	50	13.3
beyond	208	50.9	325	77.4	297	69.7	121	27.5	318	84.8
total**	408	100	420	100	430	100	440	100	375	100
missing cases*	156	(28)	144	(26)	134	(24)	124	(22)	189	(34)

* For missing cases only, percent refers to percentage of all 564 respondents.
** Percentages do not always add to 100.0 due to rounding.

Table 7.7 Functional Support: Satisfaction, Importance, Provider and Source

Categories	Functional Support Types					
	Tangible Support (Household Chores)		Social Interaction (Friendship)		Emotional Support (A Confidant)	
	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent
Satisfaction						
low	132	26.4	112	22.1	163	33.3
medium	113	22.6	113	26.2	115	23.5
high	255	51	262	51.7	212	43.3
total**	500	100	507	100	490	100
missing cases*	64	(11.3)	57	(10.1)	74	(13.1)
Importance						
low	96	20.8	105	22.7	148	32.5
medium	87	18.8	117	25.3	90	19.7
high	279	60.4	241	52.1	218	47.8
total**	462	100	463	100	456	100
missing cases*	102	(18.1)	101	(17.9)	108	(19.1)
Who provides the support?						
kin	294	71	153	37	253	67.6
nonkin	120	29	261	63	121	32.4
total**	414	100	414	100	374	100
missing cases*	150	(26.6)	150	(26.6)	190	(33.7)
Where does the person who provides the support live?						
own home	241	59.8	110	27.7	189	54
neighbourhood	99	24.6	90	22.7	51	14.6
beyond	63	15.6	197	49.6	110	31.4
total**	403	100	397	100	350	100
missing cases*	161	(28.5)	167	(29.6)	214	(37.9)

* For missing cases only, percent refers to percentage of all 564 respondents.
** Percentages do not always add to 100 due to rounding.

Table 7.8 Cross Tabulations: Functional Support

Cross- Tabulated Variables*	Marital Status		Household Income		Sex		Urban vs Peripheral Residence	
	Chi square	P value	Chi square	P value	Chi square	P value	Chi square	P value
Tangible Support - Help with household chores								
satisfaction x	3.57	0.467	10.012	0.264	2.414	0.299	4.957	0.084
importance x	invalid	--	5.876	0.661	3.122	0.210	1.961	0.375
who is support provider x	14.135	0.001	2.743	0.602	1.746	0.186	0.395	0.530
where support provider lives x	invalid	--	7.529	0.481	3.233	0.199	0.580	0.748
Social Interaction - Getting together with others								
satisfaction x	3.499	0.478	6.306	0.613	--	--	3.178	0.204
importance x	6.773	0.148	11.217	0.19	12.645	0.002	0.826	0.662
who is support provider x	6.352	0.042	6.806	0.146	5.626	0.018	0.432	0.511
where support provider lives x	invalid	--	22.452	0.004	5.687	0.058	0.477	0.788
Emotional Support - Someone to talk to								
satisfaction x	6.725	0.151	7.01	0.536	11.512	0.003	2.908	0.234
importance x	10.304	0.036	12.569	0.128	24.064	.000	3.650	0.161
who is support provider x	28.798	.000	6.79	0.147	3.094	0.079	0.272	0.602
where support provider lives x	invalid	--	18.007	0.021	5.913	0.052	5.119	0.077

* For the chi square calculations, variables were coded as follows: - satisfaction and importance (low, medium, high); - who is support provider (kin, nonkin); place of residence of support provider (home, neighbourhood, beyond). The symbol – denotes the value could not be calculated.

Table 7.9 Functional Support: Respondents Living Alone Versus With Others

Dimensions of Functional Suport	Tangible Support		Social Interaction		Emotional Support	
	Chi Sq. Value	*P* value	Chi Sq. Value	*P* value	Chi Sq. Value	*P* value
satisfaction with	3.88	0.422	2.953	0.566	5.137	0.274
importance of	0.07	0.999	3.586	0.465	7.375	0.117
support provider	9.57	0.008	5.897	0.052	20.067	.000
source of support	28.436	.000	9.584	0.048	21.447	.000

Table 7.10 Functional Support Variables: Respondents Living Alone (130 respondents)

Level of Satisfaction or Importance	Functional Support Types					
	Tangible Support (Household Chores)		Social Interaction (Friendship)		Emotional Support (A Confidant)	
	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent
Satisfaction						
low	31	28.2	21	17.9	30	27.3
medium	30	27.3	35	29.9	23	20.9
high	49	44.5	61	52.1	57	51.8
total**	110	100	117	100	110	100
missing cases*	20	(15.4)	13	(10.0)	20	(15.4)
Importance						
low	21	20.8	21	20.2	24	23.3
medium	20	19.8	25	24	19	18.4
high	60	59.4	58	55.8	60	58.3
total**	101	100	104	100	103	100
missing cases*	29	(22.3)	26	(20.0)	27	(20.8)
Who provides the support?						
kin	52	57.8	24	26.1	41	48.8
nonkin	38	42.2	68	73.9	43	51.2
total**	90	100	92	100	84	100
missing cases*	40	(30.8)	38	(29.2)	46	(35.4)
Where does the person who provides the support live?						
your own home	32	36.4	16	18	26	32.9
neighbourhood	36	40.9	28	31.5	20	25.3
beyond	20	22.7	45	50.6	33	41.8
total**	88	100	89	100	79	100
missing cases*	42	(32.3)	41	(31.5)	51	(39.2)

* For missing cases only, percent refers to percentage of all 130 respondents living alone.
** Percentages do not always add to 100.0 due to rounding.

Table 7.11 Functional Support Variables: Respondents Living With Others (425 respondents)

Level of Satisfaction or Importance	Functional Support Types					
	Tangible Support (Household Chores)		Social Interaction (Friendship)		Emotional Support (A Confidant)	
	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent
Satisfaction						
low	101	26.2	90	23.3	132	35.1
medium	83	21.5	97	25.1	92	24.5
high	202	52.3	199	51.6	152	40.4
total**	386	100	386	100	376	100
missing cases*	39	(9.2)	39	(9.2)	49	(11.5)
Importance						
low	75	20.9	83	23.3	123	35.1
medium	67	18.7	92	25.8	71	20.3
high	216	60.3	181	50.8	156	44.6
total**	358	100	356	100	350	100
missing cases*	67	(15.8)	69	(16.2)	75	(17.6)
Who provides the support?						
kin	239	74.5	127	39.8	212	73.6
nonkin	82	25.5	192	60.2	76	26.4
total**	321	100	319	100	288	100
missing cases*	104	(24.5)	106	(24.9)	137	(32.2)
Where does the person who provides the support live?						
your own home	207	66.6	93	30.4	163	60.6
neighbourhood	62	19.9	62	20.3	30	11.2
beyond	42	13.5	151	49.3	76	28.3
total**	311	100	306	100	269	100
missing cases*	114	(26.8)	119	(28.0)	156	(36.7)

* For missing cases only, percent refers to percentage of all 425 respondents not living alone.
** Percentages do not always add to 100.0 due to rounding.

5.2 Figures

Figures 7.1 to 7.7: Location and Kin in Social Support (A Series)

Figure 7.1 Location of Face-to-Face Contact with Kin and Nonkin

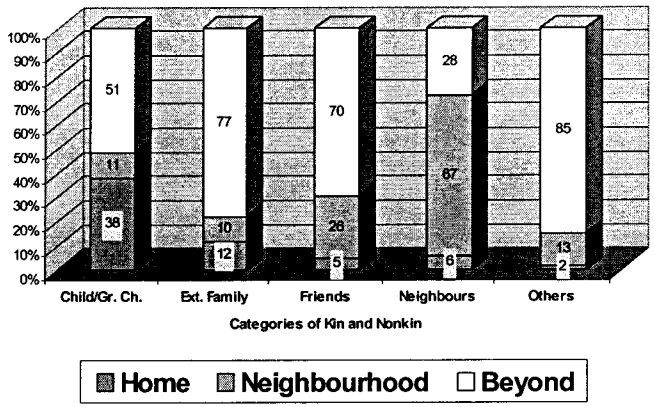


Figure 7.2 Kin Versus Nonkin in the Provision of Social Support

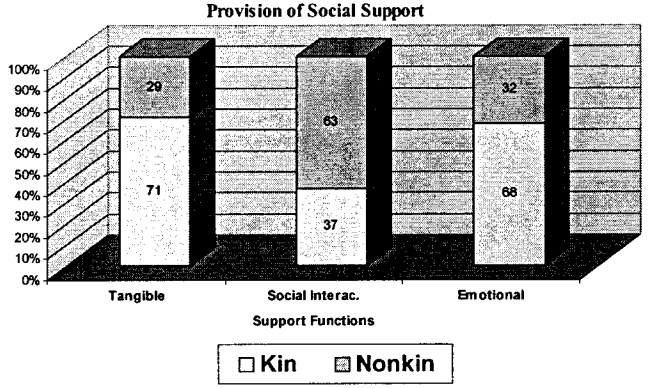


Figure 7.3 Place of Residence of Support Provider

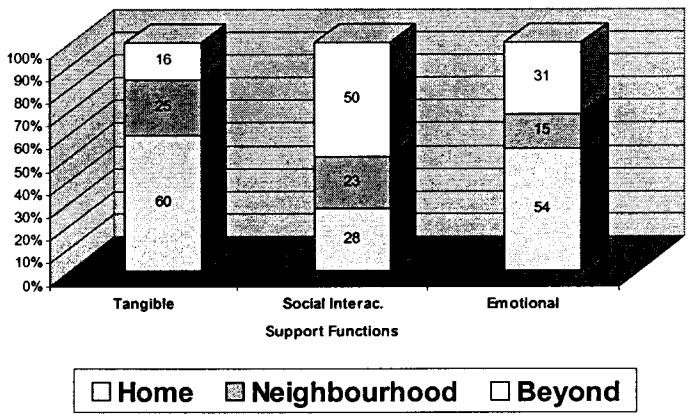


Figure 7.4 Support Providers to Those Living Alone

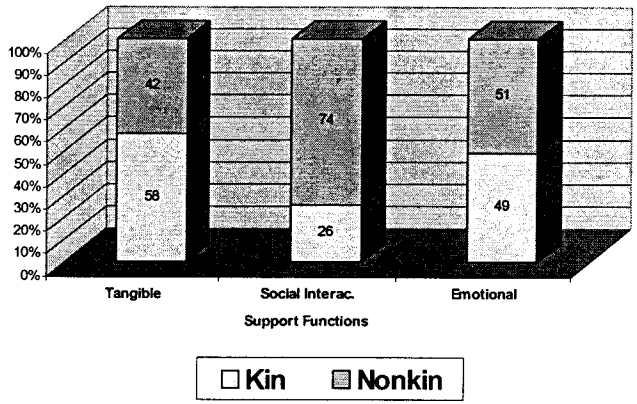


Figure 7.5 Support Providers to Those Not Living Alone

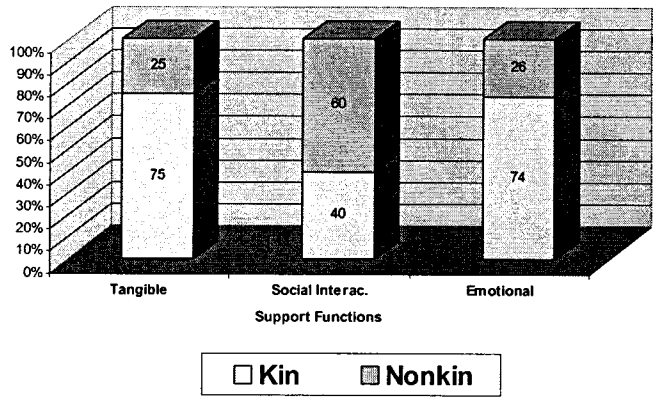


Figure 7.6 Living Alone: Residence of Support Provider

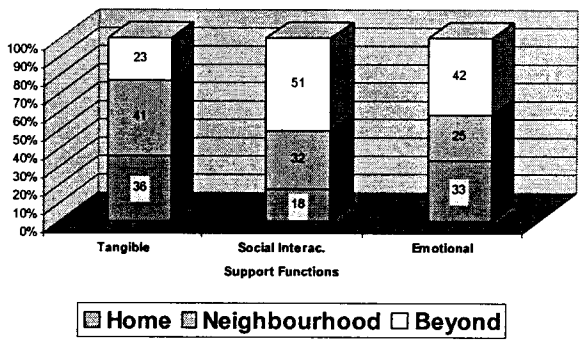
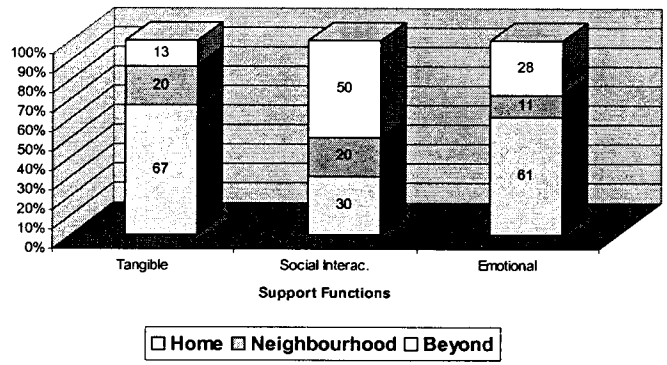


Figure 7.7 Not Living Alone: Residence of Support Provider



8 Belonging and Individual Experience

Amor est magis cognitivus quam cognitio;
that we know things better through love
than through knowledge.[39]

1.0 Introduction

This chapter completes our inquiry into the *subjective* sphere of the conceptual framework outlined in Chapter 3. The purpose of this chapter is to examine the third element of the subjective component of the framework: that of individual experience. In this sphere, we examine network and milieu within the context of varied and socially complex lives. The chapter begins by describing the research process until this stage, and how developments influenced the subsequent sampling decisions to determine whose individual experiences would form the subject of this chapter. This stage of the research (the interview stage) thus formed the *qualitative* portion of the inquiry. Seven themes–related to networks and milieu–emerged from the interviews, and from field notes of observations of the *community of the old* (Rowles 1983). These themes are discussed in detail in the pages that follow. As we saw in Chapter 4, however, *trustworthiness* is partially established in qualitative research through full disclosure and description of how the research developed. Such a description is the subject of the next section, and is necessary to understand this final *subjective* element.

2.0 The Progress of the Research

When the proposal for this research was originally written, one of the intentions was to compare how place and proximity might function in the provision of social support in the lives of francophones and

[39] Umberto Eco. 1984. *The name of the rose*. Translation from the Italian (*Il nome della rosa*) by William Weaver. New York: Warner Books, page 280.

anglophones, given that, although the Outaouais is a primarily francophone region, there is nonetheless a minority anglophone presence. It was also planned to compare how support might differ in rural and urban places, given the ongoing debate as to whether or not level of urbanization is a significant influence on social networks (and, by extension, the provision of social support). A third interest was in comparing how support might differ in the lives of men and women, given that previous research suggests there are differences between the sexes. In the end, these three dimensions–language/culture, level of urbanization, and sex–proved not to be driving forces in the research for reasons related to either the research process, or the findings of the previous two stages of the *subjective* component of the conceptual framework.

Changes related to the research process itself were twofold, the first of these being the decision to omit the 1996 cycle of the National Population Health Survey, and only use data from the 1998 cycle. One consequence of this was that it became impossible to distinguish anglophones from francophones, as the language variable in the 1998 cycle was different from that used in the 1996 cycle. In the 1998 cycle, the variable categories were English *or* French only, English *and* French only, or other language(s). Based on the language variable used in the 1996 cycle of the NPHS, it is likely the Québec sample in the 1998 cycle represents a primarily francophone population, and the comparison sample represents a predominantly anglophone one.[40] However, because it became impossible to distinguish one from the other, language/culture was omitted as an important dimension for comparison. A similar phenomenon occurred with respect to the original interest in comparing urban and rural areas. As indicated in the proposal for this research, the regional Outaouais survey (discussed in the previous chapter) was intended to survey respondents in urban and rural areas. However, due to questions of cost and time, the decision was made to survey only urban respondents, be they in the central urban core (now known as the city of Gatineau), or in peripheral towns. As a result, although the urban-rural variable was available for comparison in the 1998 cycle of the NPHS, I was not able to continue an examination of urban-rural differences at the regional scale.[41] In the event, the NPHS data revealed no significant differences–with

[40] In the 1996 cycle, of the 522 individuals in the Québec sample aged 55 to 74, 65.9 percent reported speaking French only, 3.4 percent English only, 23.9 percent both official languages, and 6.7 percent other languages. Of the 16,070 in the comparison sample (the other nine provinces), 65 percent reported speaking English only, 2.6 percent French only, 8.8 percent both official languages, and 22.8 percent other languages.

[41] Note: the public-use version of the 1998 cycle of the NPHS were not available to me until May 2001, and so analysis of those data actually began *after* the regional survey had been prepared (April and May 2001) and administered (June 2001).

respect to the social support variables–between the rural and urban respondents in the Québec sample (although this variable was significant for the comparison sample), so it is possible that, had both urban and rural respondents been sampled in the regional survey, there may not have been any appreciable differences between the two. As it was, cross tabulations revealed no significant differences between central and peripheral respondents in the Outaouais with respect to the three functional support variables used in the regional survey.

A second set of influences in the development of the research related to unexpected findings from the analysis of the first two elements of the conceptual framework–the two elements that were to set the stage for the third. The first of these concerns the NPHS, and the finding that although Québec respondents report generally higher rather than lower levels of perceived support, they report statistically lower levels of support than their counterparts in the other provinces. This raised interest in Québec respondents as a whole, rather than francophones versus anglophones. A second unexpected result was that social support, within the Québec sample, was not significantly ($p < .05$) related to sex (with the exception of tangible support) or urban-rural place of residence. These variables–sex and urban-rural place of residence–which were intended to be the basis of comparison in the two subsequent research stages, suddenly became less important than in understanding social support amongst the Québec sample (and the Outaouais sample by extension), regardless of sex or place of residence. (However, although comparisons of difference by sex became less important as a result of the NPHS findings, it was not rendered completely insignificant because two of the three functional support variables examined in the regional Outaouais survey revealed significant differences between the sexes.)

A third finding from both the NPHS and the regional survey was that marital status greatly influenced the level of social support of the Québec respondents. This was true for all of the support variables in the NPHS, and for many of those in the regional survey. Moreover, the *Pegase* analysis of the NPHS data revealed that household type was also a significant influence on social support (most likely given its close association with marital status), further strengthening the interest in marital status and/or household type. Finally, the NPHS also revealed that household income was highly related to levels of social support, although it was only significant in the regional survey with respect to two of the social support variables: place of residence of the "social interaction" support provider, and place of residence of the "emotional support" provider. The fact that income was strongly influential in the one survey, but significantly less so in the second, again tempered interest in using household income as a

substitute dimension by which to make comparisons at the interview stage.

As a result of these changes in the research process itself, and in unexpected research findings, the decision was made to concentrate the final element of the *subjective* sphere of the research on individuals who lived alone because these individuals would not likely be married, and so would be among the individuals experiencing (in general) the lowest levels of social support. As we saw in the second chapter, social ties are valuable to the elderly because they delay and reduce the need for socially and financially costly institutionalization, and it is for this reason that Antonucci (1990: 218) maintains that such support relationships be "optimized." Concentrating efforts on those whose ties are (statistically) the least supportive was thought to be the most productive and practical means by which to go about studying how supportive relationships might be "optimized" within the setting of the neighbourhood.

2.1 Interview Sampling and Administration

In total, ten interviews were held with respondents aged 60 to 74. The respondents were selected via criterion sampling, a type of nonprobability sampling (i.e., a sample that is not statistically representative of the general population) aimed at identifying respondents who meet particular criteria (such as sex or place of residence). The semi-structured interviews were conducted using an interview guide (included in Chapter 4), lasted approximately 75 minutes each (although some went as long as three hours), and were recorded and later transcribed for analysis. Three criteria were used to identify eligible study participants: the individual was required to live alone, be between the ages of 55 and 74, and be a resident of the Outaouais. For reasons of cost, all interviews were conducted in the new city of Gatineau because there was no longer a need to compare urban and rural respondents, and because the regional survey indicated no significant differences between respondents in the urban core, and those in peripheral towns. The interviews were conducted in the maternal language of the respondents, with the one exception of a respondent who was francophone, but chose to be interviewed in English.

I had originally hoped to locate possible interview respondents through several of the *Clubs d'âge d'or* (Golden Age Clubs) in Gatineau. I approached four such clubs, explained that I was a doctoral student at the University of Ottawa doing research on the elderly in the Outaouais, and asked if an announcement could be made requesting participants for a study of the elderly. One person responded as a result of these requests. I also approached an organization that served as the central administration

for several seniors' organizations, and asked if my request for interview participants could be passed along to their members. I was told such an announcement was impossible to make, but that I was welcome to place an announcement myself on the centre's bulletin board. Over a period of two months, no one responded to the notice. I also approached three individuals in the urban core (or CUO) who met the criteria, and who had indicated in the regional survey that they would be willing to participate in a one-on-one follow-up interview on themes related to the survey. One of the three no longer lived alone, a second was not interested, and I was unable to get in touch with the third. I then decided to try to locate participants by going directly to places that seniors were known to frequent: shopping centres. This proved to be a highly successful approach; not only were there many seniors, and I had (relatively speaking) fewer difficulties in finding willing participants,[42] but the interactions among the seniors that I observed proved to be instructive in their own right, and my field notes became part of the material I eventually analysed.

Interviews and observations were made at the three major shopping centres in Gatineau: Galleries d'Aylmer (in the former city of Aylmer); Galleries de Hull (in the former city of Hull); and Promenades de l'Outaouais (in the former city of Gatineau). The interviews were conducted in the food courts of these three shopping centres. Over a period of six weeks, I spent a total of six days (Monday to Friday) at each of the shopping centres, arriving by 9:00 a.m. (this was generally before the stores in the mall opened), and leaving sometime in the afternoon after 3:30 p.m. In the morning or after the lunch crowd had departed, I approached individuals I felt were in the right age category, and only if they were sitting alone and not eating. I introduced myself and my purpose, and asked if they would be speak with me over coffee (which I offered to buy). If the individual agreed, I ensured they met the three criteria, and would agree to have the discussion taped. If they did, the interview continued; if they didn't, I explained why they couldn't participate and thanked them for their willingness to do so nonetheless. All respondents signed a consent form prior to the interview, assuring them of the confidentiality of the interview. Many questioned how the discussion would remain confidential if they were required to sign a consent form, and I explained that this was both a standard procedure in social science research, and a requirement of the ethics committee at the university.

[42] I did not actually keep track of the number of people approached, and it would be roughly a ratio of 10:1 (asking ten individuals to have one agree). Most people were reluctant to participate, telling me they "weren't good at that kind of thing," were too busy, were waiting to meet others, or had recently been involved in a study conducted by the University of Ottawa.

Between interviews, I both observed the *community of the old* (in the words of Rowles) and spoke with people who either asked me about my research, or who were ineligible to participate (due to age or marital status, for example), but who were interested in talking to me nonetheless. While the interviews themselves I found interesting, and although I enjoyed observing people, it was difficult to approach strangers to ask for their assistance, and I found the shopping malls somewhat dismal places in which to spend time (particularly the Galleries de Hull which had its food court in the basement). I also very much felt like a voyeur: I was generally younger than the pre- and post-lunch crowd; was anglophone in generally francophone settings; and felt conspicuous because I was there neither to shop nor to visit others (in the sense that others were). I also came to conclude that, contrary to what I had thought prior to conducting the interviews, some of the discussion involved personal disclosures on the part of the respondents. Frequently, I wanted to ask questions based on something respondents had revealed in the interview, but felt that to do so would be too intrusive a request of a stranger. Were I to continue this research, I would suggest a different way of approaching potential participants, as will be discussed in the final chapter.

Before discussing the analysis of the interviews and field notes, a final note on sample size. The sample size changed as a result of the "abandonment" of the original intention to compare urban and rural respondents, francophone and anglophone respondents, and male-female respondents, for the reasons noted previously. I thus began the interviews with the intention of accepting anyone who fit the three criteria. Because there was no longer the "need" to compare respondents along these dimensions, it was somewhat difficult to determine how many respondents would be appropriate. As Mason (1996) points out, there is never a straightforward response to the question of how one determines an appropriate sample size. One strategy is to sample until saturation is reached (that is, the point at which the data reveal nothing new). When exactly one reaches the saturation point, however, is both debatable and problematic. Mason (1996: 97) thus suggests adhering to "the principle that your sample size should help you *to understand the process*, rather than to represent (statistically) a population" (emphasis in the original). I felt that ten respondents permitted this understanding. An added benefit of limiting the sample to this size was that the respondents remained individuals distinct in my mind, and in the subsequent analysis, in a way that would have been impossible with a larger number. At the time, this seemed important to me, in that the theme of this stage of the research was "individual experience."

2.2 Coding and Thematic Analysis

In the proposal for this research, it was indicated that *N4 Classic* (formerly known as NUD*IST), a qualitative data analysis software, would be used for the analysis of the interviews. In the event, I preferred coding and analysing the interview data by hand. Upon starting the analysis, I coded all of the materials by hand, and then began transferring the coding to the same "computerized" documents using *N4 Classic*. However, despite having computer features that allowed searches on themes and so on, I inevitably returned to the written materials. I also felt that the content of the interviews and field notes were being reduced to "quantities," to the detriment of the substance of those materials. In the end, taking the advice of Janesick (1998), I decided the software proved to be an impediment to the analysis, and I abandoned it:

> I use the term *methodolatry*, a combination of *method* and *idolatry*, to describe a preoccupation with selecting and defending methods to the exclusion of the actual substance of the story being told... It is always tempting to become overinvolved with method and, in so doing, separate experience from knowing. Methodolatry is another way to move away from understanding the actual experience of participants in the research project. In the final stage of writing up the project, it is probably wise to avoid being overly preoccupied with method (Janesick 1998: 48).

2.2.1 Interview and Field Note Coding

The material that was coded for analysis included the transcribed interviews, field notes arising the interviews, field notes from the observations of the "community of the old" in the shopping malls, and field notes from conversations with individuals who did not form part of the interview sample itself. In total, this represented 91 pages of material. The field notes and English interviews were written in English, and the interviews with francophones were in French (with one exception). All materials were coded in English. In coding the material, I referred to Mason's (1996: 109) three approaches to "reading" data: *literally* (such as by examining literal form, content, structure, layout, or style); *interpretatively* (which involves the researcher "in constructing or documenting a version of what you think the data mean or represent, or what you think you can infer from them"); and *reflexively* (in which the researcher seeks to understand and explain their role in the generation and interpretation of data). While Mason suggests that analysis usually involves all three to some extent, with a focus on interpretive analysis, my analysis did not include any *literal* interpretations.

Berg (2001) indicates that the categories a researcher uses for coding can be whatever is appropriate to the data and the purpose of the research, including words, sentences, paragraphs, or themes. In this research, the "reading" of the data resulted in the identification of *themes*. Themes were developed both deductively and inductively. Some themes were partially devised in advance as a result of the literature review and the findings of the first two stages of the *subjective* phase of the research, while other themes emerged from the interviews and field notes themselves. In the write-up that follows, I have tried to balance description of the respondents and their life situations, with interpretation (in the form of themes) of the interviews and field notes (Janesick 1998), as the purpose of the chapter is to understand *human experience*, and not merely academic reflections divorced from it.

Finally, a note on triangulation. Triangulation refers to "the use of several kinds of methods or data" (Janesick 1998: 46) when conducting research, so as to avoid premature or inaccurate conclusions that might arise from the use of one method or data source alone. Janesick (1998) identifies four types of triangulation: data triangulation (the use of several data sources); investigator triangulation (involving more than one researcher in the research); theory triangulation (making use of multiple perspectives to interpret the data); and metholodogical triangulation (using multiple methods in the research) (see also Denzin 1989; Connor et al. 2001; Flick 1998). While the research has made use of multiple data sources and methods, and examined (in the literature review) several perspectives with which to understand the benefits of social support in the lives of the elderly, it has not made use of investigator triangulation in the analysis of the interviews. While some might view this as a significant flaw in the analysis of the interviews, it was inevitable given that the research in this document is a doctoral thesis, not a joint research project. As a compensatory measure against "biased" coding that might result from a lack of "investigator triangulation," I asked respondents if they would like to receive a summary of our discussion so that they could correct any mistakes in my understanding of their responses.[43] Only one of the ten respondents wanted to receive such a document, and then declined it when I asked for an address to which to send it. As a substitute means to ensure I had properly understood respondents' answers, I summarized their replies and asked them for confirmation (for example, "So you have two sons, and one lives within three miles of you and you see him at least weekly, but your other son, the one who lives in

[43] There is debate as to whether involving research subjects in this way is even useful (for such a discussion, see Mason (1996), Chapter 7). Mason argues that researchers should not assume that research subjects possess epistemological privilege merely because they belong to a specific social group, and that involving research subjects to "check" the validity of one's analysis and interpretation is not a "quick-fix to the problem of interpretive validity."

Sherbrooke, you see about every two months. Is that right?"). The respondents either confirmed or corrected my summarized answers. I asked for, and obtained, each of the respondents' phone numbers, so that I would be able to contact them should anything arise later in the analysis that I wanted to clarify with the respondents.

3.0 The Respondents: A Description and Biographical Sketch

Basic sociodemographic characteristics of the interview respondents are included in Table 8.1, and was gathered from Part I of the interview guideline (included as Table 4.6 in Chapter 4). Six women and four men participated in the interviews, two of whom were anglophones and the remaining eight being francophones. Two respondents were aged 60 to 64, four were aged 65 to 69, and the remaining four were aged 70 to 74. One respondent was married, one was single, two were separated, three were divorced, and three were widowed. Three had incomes less than $20,000 annually, three had incomes less than $30,000, and one each had incomes either less than, or more than, $50,000; one respondent did not answer this question. (These four broad categories were deemed to be sufficient to identify respondents with lower versus higher incomes (given the link between income and social support), without being overly intrusive of the financial affairs of the respondents.) Seven respondents reported their health as being good, and three reported it as being between good and poor; no respondents reported poor health (although one respondent used a cane). Two of the respondents lived in (the former city of) Aylmer, five in (the former city of) Hull, and three in (the former city of) Gatineau. Respondents were equally balanced in terms of housing type, with five living in apartments and five in houses; five owned their own homes, and five were renters. Length of residence in their current home varied from two years to over 40, and length of residence in their current neighbourhood varied even more, from two to 70 years. Average length of residence in their current neighbourhood was 24 years; average length of residence in their communities was much longer. Seven respondents were either born in their communities (or in nearby locations within the Outaouais region), or had lived the vast majority of their lives there. Only two respondents were recent arrivals, one from the United States and a second from Montréal, who, upon retirement or the death of a spouse, had moved to the communities in which at least one of their children resided. The final respondent had resided in Hull for over 20 years, some of that on a part-time basis. All but one respondent reported being retired; the respondent who was not retired had

been out of work for 1.5 years, but was still seeking employment. Given the desire in this chapter to understand social support within the context of the life experience of the individual, a brief biographical profile of each respondent is included as Table 8.2.

4.0 Belonging Within the Context of Life Experience

With the background of the previous three sections, we now begin to uncover what it means to belong to people and to place, within the life context of the ten respondents. This section is divided into two major sections. In the first, we examine the type of support network of the respondents, using Wenger's network typology as discussed in Chapter 2. Identification of the support typology serves as an additional source of information on the social networks of the respondents. In the second subsection, we examine eight themes that emerged from the interviews and field observations: primacy of family; proximate versus distant contact; the ambiguous nature of friends; sociability with neighbours; multiple sources of belonging; acceptance; and unanswered questions. In the subsections that follow, direct quotations from respondent interviews are provided in the language of the interview (English translations are provided for quotations in French); lengthy quotations are set off (with indentations) from the main text. References to the former cities of Aylmer, Hull and Gatineau refer to those cities prior to the amalgamation of 2002, unless specified otherwise.

4.1 Identifying Network Types

Following the introductory demographic questions, the second component of the interviews was the network typology questionnaire. This eight-question instrument, developed by Wenger (1995), was used to determine the type of support network of each respondent. The answers to each of the questions in the measurement instrument, as well as the type of support network, is included (for each respondent) in Table 8.3. (The typology was discussed in Section 4.1 of Chapter 2; a copy is included in the Interview Guideline as Table 4.6 in Chapter 4.) Four respondents had locally integrated networks, one had a wider community-focussed network, two had private restricted networks, two had locally self-contained networks, and one had a family-dependent network. As discussed in Chapter 2 (Section 5.3), Wenger found that about 40 percent of the elderly she surveyed in urban and rural areas had locally integrated networks; about five percent of urban respondents (and about 20 percent of rural ones) had wider

community-focussed networks; less than 10 percent had private restricted networks; about 10 percent had locally self-contained networks; and between 15 and 20 percent had family dependent networks. One of the unexpected benefits of locating interview participants through shopping malls rather than the *Clubs d'âge d'Or* was that the sampling succeeded in obtaining at least one of each of the five network types, which would have been much less likely if all of the respondents had been members of a community group. This, most likely in addition to the sampling criteria, resulted in four of the ten respondents having one of the two least common network types.

There are two interesting dimensions of the results of the network typology. The first is the role that life circumstances play in determining the particular network type. For example, the two respondents with locally self-contained networks are both childless (a common feature of this network type), yet in terms of family their situations are very different. One has no parents or siblings, but does have an elderly aunt in Gatineau and three nieces in the area. The other has 11 siblings, the nearest of whom lives in Montréal. The two respondents with private network types have even greater differences in life circumstances. The one is a lifetime resident of the Outaouais, and a long-term resident of Gatineau, and has five children and a wife in the city. The other is recently relocated from the United States, has only one son and his family in the area, and is somewhat limited in his social interactions because of being unilingual in a bilingual community. However, the first respondent lives alone because his wife resides in a nursing home (for reasons of poor health), and even though all of his children are proximate, his social network is more restricted than one would expect given the proximity of close kin and his long-term residency.

A second striking feature of the network typology is the emphasis on geographic proximity in determining network type. Three of the eight questions address the proximity of network members in assessing network type, and, with the exception of the respondent with five proximate children who nonetheless had a private network type, proximity to kin proved a major determinant of network type: those with the most immediate close kin were much more likely to have a locally integrated network that those who did not. The network typology also underscores the fragility of the support networks of those living alone: only half of the respondents have what are considered to be the most robust in terms of the provision of social support from a variety of kin and nonkin (the locally integrated, and wider community focussed types); the other half have what are considered to be less supportive types.

4.2 Major Themes

4.2.1 The Primacy of Family

One of the overarching themes to emerge in this stage of the research was the primacy of family in the lives of the respondents. Four respondents appeared to have lives that almost literally revolved around their families. As one respondent replied, when asked about the important people in his life, "My children and my grandchildren. They're my life." Although the other six had lives that were not as intimately focussed on their families, other actions indicated the exceptional importance placed upon family. For example, two respondents had moved to their respective cities expressly to be near one of their children. For one respondent, the move was precipitated by the death of a spouse, while the other relocated upon retirement. Another respondent who was childless, relocated for two months every summer to the province in which she was raised, because it was an opportunity to see family and friends now that she was retired. Often, the importance of family became evident not through frequent visits, but because it was with family that respondents shared important events such as birthdays or holidays. For one respondent, a celebration for the entire extended family–including children, cousins, aunts and uncles–was an annual highlight, particularly as it sometimes fell on the respondent's own birthday. As she explains,

> "Chaque année [en juillet] on fait des grandes fêtes, alors que les petits-enfants se connaissent et qu'on se voit tous. Mais on ne se voit pas souvent. On est indépendant. Mais chaque année on fait une grande fête et toute la journée on peut se voir. / Each year [in July], we have a big party, so that the grandchildren get to know one another and everyone sees each other. But we don't see each other often. Everyone is independent. But every year we have a big party and for the whole day we get to see everyone."

While the family assumed primacy in the lives of the respondents, there was a distinct emphasis on consanguineous relationships (relationships based on blood) rather than affinal relationships (relatedness through marriage). In-laws (such as sons- or daughters-in-law) were only spontaneously mentioned by two respondents unless the respondents were specifically asked about them. Children and grandchildren were first in importance in terms of such consanguinity (with the exception of the two respondents without children), with two respondents describing very close relationships to stepchildren in addition to their own blood children (despite being either divorced or separated from the parent of their stepchildren).Children were also sources of practical assistance for respondents. One respondent reported

his daughter would drive him to the hospital if he needed to go, even though he had a car and was capable of driving himself, and several others told me that their children frequently picked them up to take them places. Two respondents reported their children cooked for them. Another respondent's son had arranged a very sophisticated computer system for her to use. Other consanguinous relationships that were important were those to siblings. Five of the respondents had siblings in the region, with most visiting at least some of them regularly. Said one respondent:

> "Ma soeur, il y a une à Hull, presque a toutes les semaines on se voit. Apart de ça, les autres, je les vois occasionnellement, les fêtes, puis les choses de mêmes. On est famille. Mais les enfants, c'est plus souvent. / My sister, there's one in Hull, we see each other almost every week. Other than that, the others, I see them occasionally, celebrations and things like that. We're family. But the children, it's more often."

A final aspect of the theme of the primacy of family was the specificity that emerged when discussing family members: this son, that daughter, that brother, my aunt in Hull, and so forth. This was to prove in distinct contrast to discussions about friends.

4.2.2 Proximate Contact and Distant Contact

A second theme to emerge in this stage of the research was the important distinction between what was earlier referred to as *proximate contact* (that is, face-to-face contact) and *distant contact* (contact that does not involve meeting face-to-face, such as by phone or mail). With few exceptions, respondents preferred proximate contact with their loved ones (particularly family). Other types of contact–such as by phone or mail–were, in the words of one respondent, "pas pareil / not the same." Respondents were less easily able to articulate precise differences, other than that they were just "not the same." In an attempt to explain the difference, one respondent told me, "Mon contact [avec famille et amis] est plutôt face-à-face. Et oui, je suis contente avec ça. Parce que moi, je touche.... Je parle et puis je touche toujours le bras, toujours. Je suis comme ça. / My contact [with family and friends] is usually face-to-face. And yes, I'm happy with that because me, I touch people. I talk to people, and then I always touch their arm. I'm like that." Phone contact was considered a convenience even when the respondent had regular proximate contact with family members, but a lesser form of contact used when distance or time precluded proximate contact. Geographic proximity permitted not only *proximate contact*, it also allowed

for informal contact, whereby children could drop in without the need to plan get-togethers in advance, and without the respondent feeling the need to formally prepare food or beverage. Although one respondent told me he no longer wished to travel, others said that it was the financial cost of travelling to distant loved ones prevented face-to-face contact, and led to reliance on other means (usually the telephone). Said one respondent, "Si j'avais de l'argent, [I would always have] un billet d'avion dans mon sac, mais oui. J'aime voyager. / If I had money, I would always have a place ticket in my purse, oh yes. I love travelling."

Most respondents also were desirous of more frequent proximate contact with their loved ones, even those who resided in the same cities. Two factors appeared to be responsible for the reduced contact: individual circumstances, and distance. Said one respondent, in terms of the first of these, "Oui, j'aimerais les voir un peu plus souvent, mais il faut qu'ils travaillent. Ils ont leurs vies aussi. Je comprends ça. / Yes, I'd like to see them a little more often, but they have to work. They have their lives, too. I understand that." Another respondent, who had a daughter and three stepchildren in the city in which she lived, nonetheless missed proximate contact with a fourth stepchild living in another province: "Oui, [c'est] loin, très loin. Je n'aime pas ca. / Yes, it's far, it's very far. I don't like that." When asked about her contact with proximate family members and friends, she replied,

> "Oui, je les vois assez souvent, mais c'est parce que tous les autres travaillent. Mes frères et mes soeurs travaillent, donc je les vois pas souvent. J'ai un frère, par exemple, qui a pris sa retraite et je le vois souvent ... presque tous les jours. Mais les autres là, ils travaillent, alors je les vois pas beaucoup. / Yes, I see them fairly often, but it's because all the others work. My brothers and sisters work, so I don't see them often. I have a brother, for example, who is retired and I see him often ... almost every day. But the others work, so I don't see them often."

Distance was the second factor responsible for the lack of contact respondents would have liked to have. Said one, who was childless,

> "Bien, jusqu'à un certain point, oui [je suis satisfaite avec la fréquence des contacts]. Mais d'un autre côté, j'aimerais mieux être plus proche de ma famille [aux Maritimes]. Mais les circonstances ont fait que, c'est comme ça.... On s'adapte, c'est ça [qu'il faut faire]. / Well, up to a certain point, yes [I'm satisfied with the frequency of contact]. But on the other hand, I'd like to be closer to my family [in the Maritimes]. But the circumstances have resulted in it being like that. You get used to it, it's what [you have

to do]."

Only two respondents spoke of using the Internet as a means of contacting others. One of the two was indifferent, feeling email was too anonymous, and saying "c'est pas quelque chose qui m'en passionne / it's not something that excites me." The respondent acknowledged, however, that her tepid reaction was perhaps due to limited knowledge about the Internet and the absence of someone nearby who could help her learn the technology. The second respondent was extremely enthusiastic about the Internet as a means of communication, as she explains:

> "Mon fils a _____ est specialiste d'informatique. C'est lui qui a arrangé toutes ces choses chez moi. Les petits-enfants et moi, on échange des courriels. Donc, c'est un moyen de maintenir du contact regulier. Moi, je peux scanner les vieux photos, je les envoie à eux. Je joue au Scrabble avec mon frère en Alberta et mes soeurs aux provinces Atlantiques au même temps. Je joue avec les gens du partout du monde - c'est un jeu mondial. On peut poser des questions lorsqu'on joue. Où habitez-vous? Comment ça va? Que faisez-vous? Je joue avec les gens du Pays Bas, la France, la Belge, le Canada, partout au monde. Et tout ça de mon chez-moi. On a accès à tout le monde avec l'Internet. C'est quelque chose que toutes les personnes âgées devraient avoir. C'est merveilleux ... Ah oui, j'étais frustrée au début, mais maintenant, cela est devenu une source de plaisir et satisfaction. / My son in ___ is a computer specialist. He's the one who's arranged all these things in my home. The grandchildren and I, we exchange email. So it's a way of maintaining regular contact. Me, I can scan old photos and send them to them. I play Scrabble with my brother in Alberta and my sisters in the Atlantic provinces at the same time. I play with people all over the world – it's a world game. You can ask questions when you play. Where do you live? How are you? What do you do? I play with people from Holland, France, Belgium, Canada–all over the world. And all from my own home. You have access to the whole world with the Internet. It's something all elderly people should have. It's marvellous.... Oh yes, I was frustrated at first, but now it's become a source of pleasure and satisfaction."

4.2.3 Friends: Ambiguities and Contradictions

Discussions about contact with friends were in nature distinctly different from discussions of family members. Respondents were precise about family members–my sister in Maniwaki, my son in Sudbury, my twin brother in Chelsea–but friends were a more amorphous group. Part of the amorphous nature of friends came from the inability of some respondents to identify those they considered friends. One respondent could not identify any friends, telling me "J'ai jamais eu des amis. / I've never had friends." Said another respondent, who was unable to identify anyone precisely,

> "[There's] not too many now, not since I quit work. While you're working you know them, you're friendly with them, and then when you retire, you sort of start a whole new life. You're more for each other like with the kids and that... At this stage of the game, it's a little harder to make friends, or to even get involved with other people, cuz you know you're limited in what you can do for them if they need help. And sometimes you feel it's just better to mind your own business and stay quiet. Not get involved. Cuz some people don't like you to get involved."

When asked about her friends, a third respondent told me her friends were all of the members of her *Club d'âge d'Or*, a figure totalling between 150 and 200 people. "Je suis l'amie de tout le monde. / I am a friend of everyone," reported another. In these three ways–not having friends, not easily identifying friends as a result of changed circumstances (such as retirement or a move), or identifying group(s) of people as opposed to specific individuals–discussions of friends were less clearly articulated when compared to those of family.

A second ambiguity that emerged when discussing friends was the apparent contradictions respondents made about friends. The respondent who told me she had never had friends had told me earlier in our conversation that she saw friends daily (when answering question five of the network typology questionnaire), and had told me before even starting the interview that she was waiting for two friends–a couple–to join her for coffee. Later in the interview, she revealed that she only ever met the couple in the shopping centre; the three never visited in their homes. Another respondent told me he saw friends every day when he came to the mall for coffee, but at the same time told me he would like to have more people to talk to, especially in the evenings when he was alone: the people at the mall were those he knew, but saw mostly if not entirely in public settings. A third respondent told me she had nothing to do with her neighbours, and then later described how she and a *friend* from her building took swimming classes together in the building pool. Listening to the respondents and observing the interactions of the *community of the old* in the shopping centres, it became apparent that *friend* was an inadequate word to describe the variations in relationships that the respondents had depicted as friendship, and the contradictions that emerged were perhaps as a result of inadequacies of language, and of generational definitions in what constitutes a friend.

From his studies of the elderly, Rowles proposed the notion of *social insideness*, a term referring to the integration of the elderly within the social fabric of their communities, and of the supportive *community of concern* that resulted from knowing, and being known by, others within the *community of*

the old. Social insideness was evident in the behaviour of the elderly in the shopping centres. The shopping centres were clearly a meeting place for many elderly people, particularly men. Aside from the busy lunch period, the food courts were predominantly meeting places of the elderly. In the mornings, groups of elderly men would be gathered at tables, drinking coffee and talking. Particular groups had particular tables at which they regularly sat. The morning routine began with coffee and talking, while the afternoons sometimes led to games of cards or chess. Often, the same groups of individuals would be in place when I arrived, and still be there when I left (a minimum of six hours each day I was there). There were no groups of women having coffee and chatting as there were groups of elderly men; in this sense, the shopping centres were the territory of men. Women came singly or in groups of two or three later in the morning, starting around ten o'clock when the stores in the mall opened. Some of the groups mingled very little with others, while the members of other groups engaged in an almost continuous procession of musical chairs, changing tables and "coffee partners" over the time of their visit. From my arrival until I left in the afternoon, there was a steady procession of people passing through the food courts. Between all of these individuals–those having coffee, those coming for coffee, and those passing through–there was much greeting of others, and generally the hailed individuals would stop to talk with those they knew. Men who arrived alone would sometimes "table hop" from one acquaintance to another, but women were much less likely to do so. Often people sat alone the whole time they were at the food court, either watching people, reading the paper, or playing solitaire or some other activity. Many just sat and observed the activity (as I was doing). Many of the elderly came in couples, or visited with other couples while they were there. On numerous occasions, I approached men to seek their involvement, only to be told they were waiting while their wives were shopping or getting their hair done. These behaviours appeared to be clear examples of *social insideness*, but *social insideness* was not a sufficiently articulate concept to distinguish the types of interactions I was observing, and hearing about from the respondents.

As a way of understanding these types of social exchanges with nonkin, I came to categorize them in ways more useful to what I was ultimately trying to establish–the supportiveness of the social interactions. In discussing the nonkin in their lives, two types of relationships became apparent. The first of these I came to refer to as the *kindred of recognition*, and the second *kindred of communitatis*. *Kindred* is broadly defined in English in one of two ways: the first refers to ancestry or family, while the second definition concerns elements having a similar or related origin, nature or character; or elements that are congenial, or have like properties. Used in these two terms to describe exchanges with nonkin, *kindred*

refers to elements related in character, or congenial (sympathetic) elements. *Kindred of recognition* were those nonkin individuals who respondents knew, often by name, and sometimes simply by virtue of having seen them often enough their faces became familiar. As the term suggests, they were individuals respondents could *recognize*, *recognitio* being the Latin word from which the English word *recognize* comes. Such recognition formed the basis of social exchanges that took place within public settings. Members of the *kindred of recognition* appeared not to provide tangible or emotional support, or deep affection, but offered a venue for social interaction. In this respect, they were more than mere "nodding acquaintances," but not friends with whom respondents shared a close relationship of care and concern.

In distinct contrast, *kindred of communitatis* were those nonkin with whom the respondents felt emotionally close, and who offered respondents a wider range of support functions than mere social interaction. *Communitatis* is a Latin word meaning *fellowship*, and comes from the Latin word *communis* meaning *common*. Fellowship has several meanings, including a body of individuals joined together through common interests, origins, ideals, or experiences; comradeship; and brotherhood. It is this sense of community, brotherhood, and of shared interests and concerns, that defines and embodies the *communitatis*. Relationships to individuals who form part of the respondent's *kindred of communitatis* were closer to what one might think of as friendship in the traditional sense of the term. While social interaction was perhaps a part of such ties, they were more complex, involving reciprocal exchanges of the other support functions of tangible support, affection, and emotional support.

These two types of nonkin associations–*kindred of recognition* and *kindred of communitatis*–were distinct from one another, yet existed along a continuum of *propinquity*, with each anchoring one end, as shown in Figure 8.1. *Propinquity* is defined in two ways: as nearness in place or time, and as kinship. In the continuum, the two definitions are combined, so that the continuum refers to nearness to kindred (in the sense of emotional closeness, rather than geographic distance). The continuum thus recognizes that social exchanges are not always easily identified by type, but might be located at any point along the continuum, with the *kindred of recognition* serving as a prelude to the possible development of the *kindred of communitatis*. Regular contact with others may lead to an increase in the intimacy of the relationship the respondents form, hence the arrow of the continuum moves from the *recognition* end of the continuum, to the *communitatis* end. As shown in the figure, the two ends of the continuum are enclosed in overlapping spheres, the lines being dotted to represent the difficulty of identifying exactly where along the continuum kindred transmogrify from one type to the other, and that there are degrees

even within the spheres.

The shopping centre was clearly a location in which relationships with the *kindred of recognition* flourished. Explained one respondent, who was born and had spent 70 years in his city,

> "Well, I come here [to the shopping centre] every day, well, almost every day, and I have friends here. Like those two guys there, and that guy over there. Yeah, we meet here for coffee. [Interviewer: Do you have other friends that you meet in other places?] No. [Interviewer: Do you visit in each other's home?] No. [Interviewer: How do you know all of these people?] Well, some of them have been raised here, lived here many years. So I've known them for a long time. Well, I just see them. We went to school together, things like that. There's quite a few of them around. Like that one there."

The *kindred of recognition* are in part dependent upon place and history. The respondent in the previous quotation was able to identify people from as far back as his school days as a child, and from having spent a lifetime in the same city. Said another respondent, also a long-term resident, "Si je m'en vais ici [le centre d'achats] à tous les jours, puis je vais être ici et je vais rencontrer tout le monde, et le monde va me voir. / If I'm here at the shopping centre everyday, then I'll be here and I'll meet everyone, and everyone will see me." I saw this respondent regularly at the shopping centre, sometimes doing word puzzles by herself, sometimes sharing her table and time with others. Often, the individuals with whom I spoke (both in interviews and in my informal conversations with others that I met) were able to point out to me other "regulars" at the shopping centre. Remarks such as "Oh yes, she's always there doing crosswords," or "That group's there every day," or "I see him every morning that I'm here," were typical. While *kindred of recognition* can develop without a shared history, the circle of recognized individuals is smaller, as a recently relocated respondent described to me.

In contrast, *kindred of communitatis* were those nonkin with whom the respondents felt emotionally close, and who offered respondents a wider range of support functions than mere social interaction. Two of the respondents spoke of having friends of this kind, while a third indicated an interest in having more contact of a different type than what was available at the shopping centre–of having more individuals nearer the other end of the continuum. *Kindred of communitatis* can transcend geographic place, as its foundation of care and concern is not necessarily ruptured by time or distance. When asked if there was anyone to whom she felt close but rarely contacted, a respondent identified a number of nonkin individuals in distant cities across Canada, and admitted she would gladly see them

more often but for the obstacle of distance. These individuals were unable to offer regular social interaction, but were nonetheless part of the respondent's sphere of *communitatis*, of people she cared for. Thus, *kindred of communitatis* transcend time, and distance, as do the *kindred of recognition*. The difference between the two is in the emotional closeness that develops, or diminishes, over time.

One respondent spoke eloquently of the role that history plays in the number and types of social ties one forms. When asked about his friends, this respondent, recently relocated to the Outaouais, explained,

> "If I was living in my hometown all my life, I would have a million of them [friends]. I mean, I have old friends but I haven't seen them for so long because they live in __ . That's where I was born, see .... Like as a paper boy when I was young, I knew everybody–in a small town of 4,000. But when you move from somewhere else, and just plop yourself down, it's not the same. I mean, you don't have the camaraderie and history that goes back. You know yourself, if you meet someone that you went to public school with, I mean, you say, "How the hell are you" or something like that, you know. "Gosh, it's good to see ya." But these people [here in the shopping mall], it's just "Good to see ya again," or whatever, and you can't wrap on history cuz there isn't any. If you understand what I'm saying. [So when you see people from your hometown] it's just like yesterday. Because you're part of that–that's where your roots are. I have no roots here, per se. But, I mean, I'm building [roots]."

While *kindred of communitatis* appear to evolve from *kindred of recognition*, this respondent's remarks highlight the difficulty of defining at what point members of the *kindred of recognition* metamorphose into the *kindred of communitatis*–hence the use of the *propinquity* continuum. The shared history he has with those with whom he grew up would form a *kindred of recognition* were he to return to his hometown. The experiences of the respondents having lived many decades or even lifetimes in their cities suggests that the relationships may not necessarily offer the intimacy and range of support functions that are indicative of the *kindred of communitatis*. While he does not share an extended history with the individuals in the city in which he presently resides, he is "building roots," suggesting that *communitatis* can also evolve through sharing one's previous life history with others, and sharing present events so as to establish a shared history with new members of his *kindred of recognition*.

4.2.4 Neighbours: Ambiguities and Contradictions

The ambiguities and contradictions that were noted with respect to friends were also apparent in

discussions of neighbours. When I asked respondents about their neighbours, I left the definition of the term to the respondents themselves. Respondents invariably discussed the individuals most proximate to their place of residence–those within the *surveillance* zone, according to Rowles' sociospatial support zones. On the whole, respondents indicated a preference for very limited contact with neighbours. One respondent who lived in a seniors-only building (within a larger complex of buildings) informed me that she did not associate with her neighbours because if she had coffee or visited with one and not another, it would create hard feelings and others "would talk." Yet this same respondent informed me that she regularly attended swimming classes with another individual from her building, wanted the building management to more frequently make available a public room in which residents of the building could meet together "pour prendre un café et se parler / to have coffee and talk to one another," and met "friends" (her neighbours) with whom she played "sac de sable" (bean-bag toss) and with whom biannual parties were held. Another respondent told me he did not associate with others in his apartment building because "they just tell you all their problems, and I've got enough of my own." Later in our discussion, he revealed that his former employee had moved into his building when the unit next to his became available, and that they sometimes had coffee together at the shopping centre. A third individual reported she did not associate or even know her neighbours, because of years of "keeping to herself" when she lived in Montréal:

> "Non, je les [voisins] connais pas. Je connais le propriétaire de mon duplex. S'il y a un problème, on lui télélephone. Mais non, j'associe pas avec mes voisins. À Montréal, on est très comme ça [she shows hands making very narrow pathway]. Et je suis accoutumée à ça. Je garde une distance avec les voisins. Ça rend les choses plus faciles je crois. / No, I don't know the neighbours. I know the owner of my duplex. If there's a problem, I phone him. But no, I don't associate with my neighbours. In Montréal, we're very like that [she shows hands making very narrow pathway]. And I'm used to that. I keep a distance from my neighbours. It makes things easier, I think."

Contradictions notwithstanding, six of the ten respondents expressed a clear resistance to any close association with their neighbours. When asked why, respondents explained, as did the previous respondent, that closer relationships would create problems, they were accustomed to keeping their distance from neighbours, it was their preferred type of contact with neighbours, or they had not met their neighbours. The respondents' distinct preference for limited contact was all the more apparent because

of the striking exception of one respondent who interacted regularly with her neighbours in the apartment building in which she lived.[44] She described the 36-unit building as a close community in which neighbours were friends, and friends were neighbours. Residents visited with one another, shared meals, and provided regular help (such as by babysitting children or helping someone who was sick). When asked if she was happy with this type of interaction, she replied,

> "Moi, j'aime bien connaître mes voisins [et] oui, oui, je suis contente parce que personne n'exagère. On ne s'incommode pas. On se respect la vie de chacun. 'Est-ce que je peux venir? Est-ce que je te dérange? Tu peux manger ce soir?' Ah oui, c'est comme ça, on demande... Chez nous il y a quand même un respect. On demande.... Il y a un expression bien connu: L'enfer, c'est les autres. [Interviewer: De Sartre?] Oui. C'est ça. Mais pour moi, l'enfer, c'est sans autres.... Je pense qu'on est un miroir. Si on donne un image de nous comme ça [holds hands up in front of her, palms toward me, to indicate distance], on nous renvoyons aussi un image comme ça. / Me, I like to know my neighbours well, and yes, yes I'm happy because no one is extreme. No one inconveniences anyone. We respect the life of each person. 'Can I come in?' 'Am I bothering you?' 'Can you join us for dinner this evening?' Yes, it's like that. We ask. In our building, there's a respect. And we ask.... There's a well-known saying, 'Hell is others.' [Interviewer: From Sartre?] Yes. For me, hell is not having others.... I think we are mirrors. If we present an image to the world like that [holds hands up in front of her, palms toward me, to indicate distance], then we receive in return an image like that."

While none of the other respondents indicated a desire for this type of close neighbourly contact, they did express a concern for maintaining a good rapport with neighbours, suggesting interest in *sociability* rather than social support. Tangible support often was a component of the rapport one had with neighbours. Six of the respondents indicated that they exchanged neighbourly types of practical assistance with one another, such as by getting the mail or watering the garden when their neighbours were away, or vice versa. A seventh respondent indicated he used to provide such assistance to his neighbours when he still had his car. One respondent described how a neighbour with a snowblower would clear his snow, as his doctor had suggested he should no longer shovel snow himself. Another described how neighbours across the street were particularly kind to him, in recognition, he felt, of his difficult life circumstances; for example, one offered to wash the outside and inside of his windows, and

[44] This was the Swiss respondent, who lived part of the year with friends in Canada, and part of the year in Switzerland. In this quotation, she is referring to her neighbours in Switzerland, though she told me at another point in the interview that the friendliness of people was one of the reasons she spends part of each year in the Outaouais.

another occasionally cut his grass in summer or shovelled his snow in winter. Those with nearby children indicated that their children were also sources of these kinds of assistance.

Despite the general disinclination for close association with neighbours, three respondents reported being open to greater contact with their neighbours. One respondent reported that she had little involvement with neighbours simply because she was never in her neighbourhood, being very involved with nearby family and with community groups. However, she acknowledged that if circumstances changed and she were to spend time in her neighbourhood, she would then be interested in getting to know her neighbours better. A second respondent indicated he would be open to getting to know his neighbours better because he was relatively new to the city, and still getting to know people. A third respondent indicated that he would be open to talking or visiting with his neighbours if they expressed an interest in doing so, as he was interested in having someone he could talk to in the evenings (in ways he could not talk with people at the shopping mall); onerous family responsibilities prevented him from active involvement in community groups and associations where he might have met such people. Moreover, when asked to imagine their *ideal* neighbourhood, five respondents reported interactions with others would be part of such a place. One respondent indicated an ideal neighbourhood for her would have friendly people, while two indicated it would be a place in which they would know others. As this respondent explained, when asked about an ideal neighbourhood, "This [neighbourhood] is alright. Cuz I know everybody, I know a lot of people here, and my family [is here]. That's about it. Not much, but that's enough. [Interviewer: So it's your ideal neighbourhood because you know a lot of people?"] That's right." A final respondent said her ideal neighbourhood would be one in which "l'entraide" (mutual help) existed among and between neighbours.

Clearly, for one respondent, neighbours were part of her *kindred of communitatis*; for the others, neighbours were more likely situated closer to the other end of the kindred continuum. Those with only passing acquaintance would most likely be situated with other members of the *kindred of recognition*, while those respondents who exchanged tangible assistance with their neighbours would be situated slightly along the continuum toward the opposite end.

4.2.5 Belonging: Multiple Sources

A fifth theme to emerge over the course of the interviews was the multiple sources of belonging that respondents expressed, sometimes to places, occasionally to things. In general, respondents had some

difficulty identifying something or some place to which they felt a sense of belonging. Given the concern in this research with neighbourhoods, it was interesting that only two of the ten respondents indicated any particular sense of belonging to their neighbourhood. The first of these two indicated that two or three times annually, a community celebration was held at the local school for all of the residents of the neighbourhood. She volunteered at this event, and it was this event that gave rise to her sense of belonging to her neighbourhood. The second felt a sense of belonging to both her neighbourhood and her city because she had been born there and lived much of her life in the neighbourhood. When asked if her sense of belonging arose as a result of particular people in the neighbourhood, she replied in the negative, and explained that the people she had once known there had moved elsewhere. Five other respondents expressed a sense of belonging to the communities in which they had been born, though not necessarily to a particular neighbourhood within the community. As one respondent explained, "Well, I always felt I belonged to the place where I was brought up, in ____. That's always been home, because I was born there and brought up there, and because whenever you came home, that's where you went." Two respondents indicated that they belonged wherever their own things were. One respondent explained that she cut her ties each time she moved, and so no longer felt a sense of belonging to the place in which she was born (La Gaspésie), or had previously lived: Lorsque j'ai quitté, j'ai quitté. / When I left, I left." Now, she explains,

> "Mon appartenance, c'est plutôt à mon appartement. C'est mon chez-moi. Je peux l'arranger comme je veux. C'est tranquille, c'est comme je le veux. C'est pas le quartier, c'est mon chez-moi qui me donne un sentiment d'appartenance. / My belonging is more to my apartment. It's my place. I can arrange it as I want. It's quiet, it's how I want it. It's not my neighbourhood, it's my own place, my home, that gives me a sense of belonging."

She and another respondent indicated that the places in which their personal belongings were located were places to which they felt a sense of belonging.

Two respondents expressed different notions of belonging. One respondent (who had lived in several countries around the world, and visited many more) reported feeling a sense of belonging anywhere in the world "parce que partout il y a des belles choses / because there are beautiful things everywhere," while the other was unable to articulate a firm sense of belonging to any particular place or group of people. Originally from the Maritimes, this respondent had lived and worked for over 20

years in Hull, but then retired to Gatineau, where she had resided for the past eight years. Despite the move to Gatineau, she continued to shop and seek services in Hull. Finally, after eight years in her new community, she was gradually starting to feel "at home" in the new setting, and becoming involved in activities there. As a result, she reported not feeling a real sense of belonging to either, being drawn for reasons of history and experience to Hull, but recognizing the present reality that her home was now Gatineau.

Somewhat surprisingly, given the primacy of family members in our discussions, none of the respondents directly mentioned feeling a sense of belonging to them, or to their communities (even when they resided in the same place as their children or other family members). However, those who indicated their place of birth was a place to which they felt a sense of belonging, spoke indirectly of the people associated with those places, but the belonging appeared to be based predominantly on the fact of their birth in the community, rather than ties to people. A second unforeseen aspect of belonging that emerged in four of the interviews was respondents' insistence on referring to their cities by their preamalgamation names. Even those who had not necessarily indicated they felt a particular sense of belonging because they had been born or raised in the area, pointed out to me that they did *not* live in *Gatineau*. Four respondents spontaneously mentioned their displeasure at the municipal amalgamation, telling me their city was *Hull* and not *Gatineau*, while the other six continuously referred to the various *secteurs* (as the former cities are now known) by their previous names.

4.2.6 Acceptance

An unexpected theme to emerge over the course of the interviews was the theme of *acceptance*, generally of something respondents would like to be different but recognized was unlikely to change. Unlike previous themes of family, friends, neighbours, or belonging, which centred on those very topics, the theme of *acceptance* traversed numerous subjects and situations. *Acceptance* was not synonymous with *resignation*, but referred to an acknowledgement of situations to which they had adjusted by default, rather than choice. One respondent, when discussing her neighbourhood, admitted that it was not her "dream neighbourhood" and she was happier when still married and living in a bigger house in Hull; however, given the present circumstances of her life, her present home and neighbourhood had everything she needed and was a convenient, safe, and affordable place in which to live. A second respondent had recently given up driving because of eye problems, and was resigned to the fact that he

would no longer be able to regularly visit his chalet north of the city, a place he had once frequented regularly for fishing and relaxation, and which was clearly a source of considerable pleasure and nostalgia. However, he explained, if his continued driving caused an accident, and perhaps resulted in someone's death, "you'd have to live with that all your life." Consequently, he accepted that this aspect of his life had changed, and he spent more time at the shopping centre instead. A third respondent, with demanding family circumstances, explained that one had to accept what life brings–even when life brought problems and hardships. Almost all of the respondents with children expressed an interest in seeing their children more often than they did (particularly geographically distant children), but accepted that more frequent proximate contact with them was unlikely, and resulted from circumstances outside their control (such as the case of children whose work took them to other cities or even other countries).

4.2.7 Personal Circumstances and Experiences

A final theme, but one that underlay each of the previous six, was the overarching influence of individual experience on the social lives of the individuals, and how the simple answers to questions I posed assumed new dimensions when situated within the rich social and experiential fabric of their lives. For example, one respondent told me he regularly attended church. It was later in our discussion that he told me that he attended despite no longer knowing anyone, as the members of the congregation had changed since he had first started attending decades earlier. Attendance at community gatherings or church has in the past been used as a measure of social integration, but I wondered how socially beneficial his church attendance was, how this measure of "social integration" translated itself into genuine social support, when he no longer knew anyone there. One individual I spoke with (not one of the ten respondents), commenting upon the groups of elderly men gathered in the shopping centres, told me he though there were there simply because "they've got nowhere else to go and for 50 cents they can get a cup of coffee and sit there all day. And they haven't got the means to do anything else, anyway." After this conversation, I asked one of the respondents (a regular at the shopping mall) if elderly people came to the mall because they were lonely and did not have anywhere else to go. He thought not, telling me that they came because they wanted to. Another respondent expressed a similar idea this way,

> "Quand on devient plus âgé, on a le choix. On peut rester à la maison si on veut être seul, et cela me plaît beaucoup. Mais quand on veut rencontrer le monde, on peut sortir,

> comme ici. Regarder le monde, prendre un café. On peut choisir les amis, on peut choisir où on veut être : avec les autres, ou seul. C'est un choix qui vient avec l'âge. / When you get older, you have a choice. You can stay at home if you want to be alone, and I like that very much. But when you want to be around others, you can go out, like here. Watch the world go by, have a coffee. You can choose friends, you can choose where you want to be–with others, or alone. It's a choice that comes with age."

My impression of at least three of the respondents with whom I spoke was that the question of "social choice" was more complex than this explanation suggests. One of these three had coffee each morning in the shopping centre with others he knew, had five children and two grandchildren all residing in the same city, and yet told me he would like to have people in the evenings to talk with, and to discuss both light-hearted and more difficult matters. A second was the respondent who told me she had no friends, and yet waited each day at the shopping mall to have coffee with "friends" who may or may not have shown up. The third was a respondent who felt his social involvement restrained by a language barrier, although he indicated he was trying to establish "roots" in his new community. In addition to these respondents, another individual (not one of the ten respondents) I met over the course of my days at the shopping centres spoke with me for three hours, thanking me profusely when he had to leave, for "talking to an old bird like me." He told me he was feeling somewhat lost at the moment, as he was childless and his wife had died one month previously. Despite having lived in the same city most of his life, and despite presently living in a residence for the elderly (where he was in close contact with about 150 peers), he reported that the number of people he knew in the community was diminishing. And, while he recognized many of the people in the residence where he lived, he knew very few by name.

4.3 Belonging: A Summary

Network and milieu were the common themes in the interviews–network taking the shape of ties to kin and nonkin, and milieu representing the settings that allowed for the types of social exchanges in which the respondents were able to engage. Despite the fact that all of the respondents lived alone, only one appeared to live with a certain (limited) degree of social isolation. This respondent reported no immediate kin in the area, and few extended kin with whom she had regular contact. Overall, social isolation did not appear to be a characteristic of the respondents, despite all of them living alone, and a number having what are typically less supportive network types.

When thinking about the social relationships of the respondents, I thought of them as akin to a

tree, with kin serving as the underpinnings for the social ties respondents had with others. Like the trunk of the tree, family offered stability and a social identity, against which other relationships emerged in the same way branches grow from the trunk of the tree. The branches–or social ties to nonkin–were positioned in various locations along the trunk, and were of varying strengths. On occasion, the trunk was very strong, and the tree held few branches; in other instances, the trunk was less overwhelming, and branches were more numerous and varied. The trunk, however, was always present–even, for example, in the life of the respondent with no proximate kin at all, but who nonetheless travelled annually for an extended stay in the province in which she was born, and in which many family members and friends still resided. The family, in other words, was the social *rhachis* (spine), supporting and/or engineering other social exchanges. Those respondents with proximate kin were the trees with the largest trunks, as evidenced by their influence on network type. The branches of the tree–the ties to nonkin–were a secondary influence.

Friends were a less easily defined group, with both the word *friend* and Rowles' concept of *social insideness* being inadequate to classify the types of supportive social exchanges respondents had with the nonkin they knew. Instead, I hypothesize that there exists a continuum of relationship types with nonkin, characterized by *kindred of recognition* at one end, and *kindred of communitatis* at the other. The first represents a group with whom one engages in social interaction (such as sharing coffee), but the exchanges do not offer other support functions such as tangible support, affection, or emotional support, and take place solely in public settings. The latter end of the continuum represents ties that offer a full range of support functions, and appear to transcend the barrier of distance. With one very clear exception, respondents expressed a distinct (but not aggressive) disinclination for frequent or close contact with neighbours, suggesting a preference for *sociability* (Unger and Wandersman 1985) rather than social support in its fullest sense. Neighbours were thus more likely to be situated at the *recognition* end of the *kindred* continuum, and, though rarely appearing within the sphere of *communitatis*, were direct sources of tangible support for at least half of the respondents.

The notion of belonging is a major focus of this research, but was a more problematic subject of discussion for respondents that the subject of family. Respondents identified multiple sources of belonging, sometimes to places (particularly the places in which they were born), and occasionally to things. Two final themes that emerged were acceptance of the not always sought-after circumstances of their lives, and of the overarching influence of individual experience on the social ties and their

expression in the lives of the respondents.

The interviews are not representative of the elderly population living alone in the Outaouais, nor were they meant to be; rather, the intent was to explore how personal circumstances and place influenced both the role of kin and nonkin in the social *network(s)* of the elderly, and how place or *milieu*, particularly the neighbourhood, functioned (or failed to function) as a significant zone of *sociospatial* support. While the interviews provided context and situated support within the crucible of human experience, the network typology was consistent with the experiences of the respondents (as they were described to me). The clear exception in terms of experience was also the only respondent with a *wider community-focussed* network type, while those who reported more frequent and regular social contact were also assessed more highly in terms of supportive network types. In this sense, the network typology functioned as a source of *triangulation* (in the absence of investigator triangulation). What individual experience–the third element in the *subjective sphere* of the conceptual framework–tells us within the context of the findings of the previous stages of the research, will be discussed in the next chapter.

5.0 Chapter Summary

This chapter explored the third element of the subjective sphere of the conceptual framework of this research: that of individual experience in what it means to belong. After some initial "administrative details," the core of the chapter was an account of the findings of interviews with ten elderly individuals, and of field observations of the *community of the old* at three shopping malls in the urban core of the Outaouais. Seven themes–related to networks and milieu–emerged from this material. The most important of these highlighted the primacy of family in the lives of the respondents, and of the insufficiency of the word *friend* to describe the varied relationships the respondents had with nonkin. Instead, the chapter suggests thinking of nonkin in terms of a continuum, with *kindred of recognition* anchoring one end, and representing those with whom one interacts socially within public settings, and *kindred of communitatis* securing the opposite end, and representing emotionally closer and functionally more diverse relationships. These findings will be situated and discussed in relation to the findings of the previous stages of the research, in the next chapter.

6.0 Tables and Figures

6.1 Tables

Table 8.1 Profile of Interview Respondents

Respondent*	City of Residence	Sex	Age	Annual Income Level**	Maternal Language	Marital Status	Type of Residence	Length of Residence, Home	Length of Residence, Neighb'd	Transport
1. AM	Aylmer	F	68	<$50,000	French	Divorced	Duplex	13 years	65 years	Car
2. CV	Hull	F	70-74	< $30,000	French	Divorced	Apartment	20 years	20 years	Bus
3. TC	Hull	F	68	< $20,000	French	Widow	Apartment	8 years	8 years	Bus
4. DN	Aylmer	M	64	< $20,000	English	Separated	Apartment	2.5 years	2.5 years	Car
5. DS	Hull	M	74	< $30,000	English	Separated	House	42 years	42 years	Car
6. GM	Hull	M	74	< $30,000	French	Widow	Apartment	6 years	70 years	Bus
7. MP	Hull	F	64	< $20,000	French	Single	Apartment	10 years	10 years	Bus
8. PR	Gatineau	M	68	> $50,000	French	Married	House	13 years	13 years	Car
9. RR	Gatineau	F	74	< $30,000	French	Widow	House (top floor)	2 years	2 years	Bus
10. SM	Gatineau	F	65-69	Not Available	French	Divorced	House	8 years	8 years	Car

* To protect confidentiality, respondents are identified pseudonymously by initials only.

** Categories: <$20,000; $20,000 to $30,000; $30,000 to $50,000; and > $50,000.

Table 8.2 Biographical Profile of Interview Respondents

Respondent*	Brief Biographical Profile
1. AM	Divorced, lifetime resident of Aylmer, daughter and 3 stepchildren in Aylmer as well as 6 siblings in CUO, all of whom she sees regularly. Active member of Club d'âge d'Or, and other community organizations. Would find life "very difficult" if she could not live near her family. Will move to the centre of the city (from the suburban fringe) when she is no longer able to drive. Prefers seeing people face-to-face; phone contact, "c'est pas pareil." Has a car.
2. CV	Divorced, Swiss, considers herself resident of Outaouais. Lives part-time in Hull with friends, and part-time in Switzerland in an apartment. Friendly, outgoing, involved in church and community groups, believes one receives from others what one presents to others. Formerly lived and worked in national capital region. "Pour quelques personnes, l'enfer, c'est les autres. Pour moi, c'est sans autres." Uses the bus.
3. CT	Widow, apartment dweller, two daughters in Osgoode, son in Gatineau, three siblings in Hull and another in Sudbury. Member of Club d'âge d'Or for over 31 years (was a member even before she turned 55). Visits shopping centre daily to play "mots cachés" (hidden words) and visit. Uses the bus.
4. DN	Separated, anglophone, recently retired, moved from the United States 2.5 years ago to be near son in Aylmer, finds French a barrier to making acquaintances but recognizes this is *his* problem. Likes Aylmer, find city friendly, but still not sure where he will retire permanently. Has stepson he visits regularly in Florida, another son with whom he has no contact. Originally from a small town in Ontario. Has a car, but also take the bus.
5. DS	Separated, anglophone, originally from Chelsea, 42 years in present neighbourhood where he raised his family, 4 children in Hull, 1 son in New Hampshire, finds being unilingual sometimes a barrier to interaction with neighbours. Catholic. No real friends as "retirement changes that." "My children are my life." Has a car.
6. GM	Widowed over 35 years previously, entire life but five years in Hull, two daughters "who are good to me." Recently had to give up his car because of eye troubles which he has had all his life. No longer able to regularly go to his cottage near Maniwaki. Goes daily for coffee and to "watch the world"to the shopping centre, but doesn't like the "big groups" (of seniors) that are always there. Regular attendance at church but "doesn't know anyone there anymore." No longer has car.
7. MP	Single, most of life in Hull, no children, sister and mother died, one very elderly aunt in Gatineau and two nieces in Ottawa. Sees nieces about once per month, but never phones as "je sais pas quoi dire." Reports having no friends, but contradicts herself in interview. Reports never feeling lonely in her life. Uses the bus.
8. PR	Married but wife has debilitating illness and for many years in care home. He visits twice daily to feed her lunch and dinner. Has five children in same city. Close to seven siblings until parents died, then family less close. Lost best friend and brother when twin died three years ago. Would like to share his house. Is alone every evening, but feels family responsibilities prevent developing friendships. Has a car.
9. RR	Widow, moved to Gatineau two years ago (after death of husband) to be near son whose work does not require frequent moves. Has 17 siblings who are scattered across Canada. Previously 45 years in Montréal. Has given up car since becoming widow. Sees nearby son regularly, and has frequent and enjoyable contact by email and Netmeeting with son and grandchildren in another province. Uses the bus.
10. SM	Divorced, 8 years in Gatineau but previously lived and worked over 20 years in Hull. No children. Spends two months yearly in Maritimes where she is originally from and now has a cottage. Finds it difficult being distant from family but she lives where she does because of the "circumstances of her life." Feels greater affinity for Hull, but starting to appreciate Gatineau. Has well-loved pet dog. Also has email but finds it anonymous and finds the technology frustrating as there is no one to help her. Has a car.

* To protect confidentiality, respondents are identified pseudonymously by initials only.

Table 8.3 Respondents' Support Network Type*

Question	1. AM	2. CV	3. CT	4. DN	5. DS	6. GM	7. MP	8. PR	9. RR	10. SM
1. Distance to closest kin	1-5 miles	50+ miles	1-5 miles	1-5 miles	1-5 miles	1-5 miles	6-15 miles	< 1 mile	< 1 miles	6-15 miles
2. Distance to nearest child	1-5 miles	50+ miles	1-5 miles	1-5 miles	1-5 miles	1-5 miles	no children	< 1 mile	< 1mile	no children
3. Distance to nearest sibling	1-5 miles	50+ miles	1-5 miles	50+ miles	6-15 miles	1-5 miles	no siblings	50+ miles	50+ miles	50+ miles
4. How often see children / other relatives?	2-3 times week	at least 1x month	at least 1x week	at least 1x week	at least 1x week	at least 1x week	less than monthly	at least 1x week	2-3 x week	at least 1x month
5. How often chat or do something with friends?	2-3 times week	at least 1x week	2-3 times week	2-3 times week	daily	daily	daily	never	2-3 x week	at least 1x week
6. How often chat, do something with neighbours?	2-3 times week	at least 1x week	at least 1x week	no contact	no contact	less than monthly	no contact	2-3 x week	no contact	less than monthly
7. Attend religious meetings?	yes, occasionally	yes, regularly	yes, regularly	no	yes, regularly	yes, regularly	no	no	yes, occasionally	no
8. Attend community or neighbourhood clubs?	yes, regularly	yes, regularly	yes, regularly	no	no	no	yes, occasionally	no	no	no
Network Type	Locally Integrated	Wider-Community Focussed	Locally Integrated	Private	Locally Integrated	Locally Integrated	Local Self-contained	Private	Family Dependent	Local Self-contained

* To protect confidentiality, respondents are identified pseudonymously by initials only.

6.2 Figures

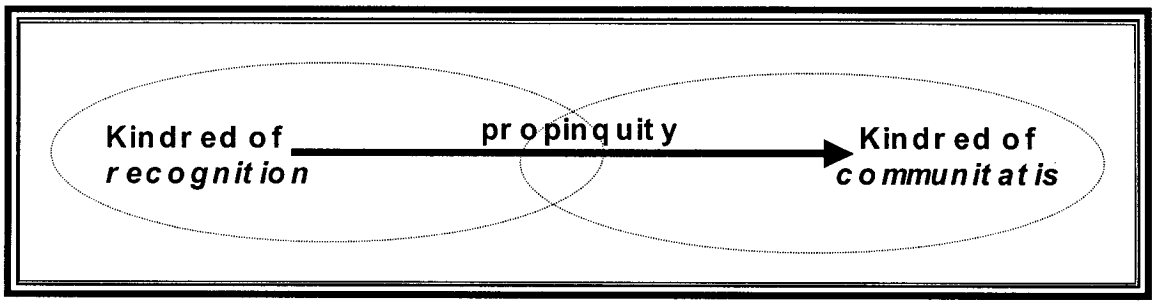


Figure 8.1 The Kinship Continuum

9 Toward a Geography of Belonging: A Discussion

> We're so interested in arriving at final conclusions and explanations that we become immune to the transformative power of the process. Professor Frenandez elegantly refers to this personal transformation as "edification by puzzlement."[45]

1.0 Introduction

In many senses, this chapter represents the fruition of the previous chapters, and the research as a whole, as this is the chapter in which the parts are placed within the whole, and the research questions posed in Chapter 3 are finally answered; the chapter is thus a synthesis of what has come before it. To set the stage for this synthesis, the chapter begins with a brief summary of what has been uncovered so far, with respect to both the *objective* sphere, and of the three elements of the *subjective* sphere (as identified in Chapter 3). In the second section, answers, albeit partial, are provided to the three research questions posed at the outset: Do the Outaouais elderly feel a sense of *belonging* to their neighbourhood? What is the relative importance of kin, nonkin, and neighbours in the support networks of the elderly? How do *place* (i.e., neighbourhood) and *space* affect support networks and functions? Answering these questions leads to the development of a framework for studying the role of place and proximity in the support networks of the elderly, a framework that is inspired by, and an elaboration of, the notion of sociospatial support proposed by Rowles. The framework is entitled *The Modalities of a Geography of Belonging*, and is described in the fourth section. Finally, the chapter closes by identifying the contributions of this research to the study of the spatial dimensions of social support, and to gerontological research more generally.

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[45] Thomas Moore, 1996. *The re-enchantment of everyday life*. New York: HarperCollins Publishers, p. 365.

2.0 The Exploration Thus Far

As noted in the first chapter, this study is an *exploratory* one in which various dimensions of social support (about which much is known) are examined in relationship to place and proximity (about which much less is known). As we have seen, is appears that human beings have an innate *need* to belong to others–what Baumeister and Leary (1995) propose as the *belongingness hypothesis*. People belong to others through their social ties to and with them–ties that, in the language of social scientists, are termed *social support*. Two dimensions of social support have attracted the attention of researchers: *structural* dimensions refer to the size and composition of the support network, while *functional* dimensions refer to the type of exchanges that occur between individuals. Functional support is often categorized by type, and, as discussed in this research, can assume one of four disguises: tangible support, affection, social interaction, and emotional-informational support. Often, support is broadly categorized into just two of these: tangible support, and emotional support.

In general, the elderly are well integrated into supportive networks (of which five types have been identified, ranging in the level of support they provide), although there is still some debate as to what extent social isolation or loneliness is manifest within elderly populations. As well, there is continuing interest in the apparently complementary roles of kin and nonkin in support networks: kin are thought to provide greater emotional and tangible support, while nonkin (friends) provide opportunities for social interaction and reciprocity of exchange. Proximity influences both structural and functional dimensions of the social support provided to the elderly. In general, members of the support network are proximate rather than distant, and distance differentially affects the support provided by kin and nonkin: support from nonkin is more likely to be inhibited by distance than that from kin. In the early 1980s, Rowles proposed the notion of *sociospatial support* as arising from the merging of a spatial hierarchy with the various sources of *implicit* and *explicit* support he identified in the small, rural *community of the old* that he studied. The hierarchy ranged from the most immediate scale of the *home*, to the largest scale of the *nation*. This research has been an attempt to elaborate upon the idea of the intertwined notions of people and place through an investigation of the two that has focussed on the role of the *neighbourhood* as a source of social support in the lives of the elderly.

In the conceptual framework outlined in Chapter 3, three *subjective* spheres of social support were identified. In the first, we examined the perceived availability of four support types in the lives of

the elderly. The NPHS survey (discussed in Chapter 6) revealed that Québec respondents (and, we assume, those in the Outaouais as well) report higher rather than lower levels of each of the four types: 62 percent report the highest level of tangible support, and affection; 59 percent the highest level of emotional-informational support; and 57 percent the highest level of social interaction. Québec elderly also report an average of about five individuals in their support networks. Cross tabulations and analysis with the *Pegase* procedure revealed that marital status, household type, and income were highly influential in the provision of social support.

In the second *subjective* sphere–the regional survey–we uncovered insights into the potential composition of the support networks of the elderly in the Outaouais. In terms of the importance of five categories of kin and nonkin, children and grandchildren assumed pride of place, followed by friends, extended family, neighbours, and other acquaintances. Satisfaction with relationships with these individuals followed a pattern identical to that for importance. The regional survey also examined three functional support types. In order of importance to respondents, these were tangible support, social interaction, and emotional support; however, the satisfaction respondents expressed followed a different order: social interaction was first, followed by tangible and emotional support. Kin were more likely than nonkin to provide tangible support (71 percent versus 29 percent) and emotional support (68 percent versus 32 percent), but the reverse was the case for social interaction (63 percent nonkin versus 37 percent kin). Perhaps because kin were most frequently the support providers, the *source* of the support–that is, the place of residence of the support provider–was most often the home in the case of tangible support (60 percent) and emotional support (54 percent). The neighbourhood was a source of just 25 percent of tangible support, 23 percent of social interaction, and 15 percent of emotional support. Cross tabulations revealed significant correlations between these support functions and marital status, sex, and household type, so much so that the subsequent interviews focussed on respondents living alone. For example, comparing those living alone with those living with others, the neighbourhood was the source of 41 versus 20 percent of tangible support, 32 versus 20 percent of social interaction, and 25 versus 11 percent of emotional support. Clearly, for those living alone, the neighbourhood was more significant, but still of less overall importance than other places. (As noted previously, however, these findings are interpreted with some caution, as it was apparent that with some questions, respondents did not complete the questionnaires accurately.)

The interviews represented the third element in the *subjective* sphere, and focussed on those

living alone. Elderly living alone were of interest because the previous stages of the research (i.e., the literature review, and the NPHS and regional surveys) underscored the disadvantage at which those living alone are placed vis-à-vis the provision of adequate social support, and because the regional survey revealed that for this subpopulation of the elderly, the neighbourhood was more important than for those living with others. The interviews again highlighted the importance of kin in the lives of respondents, and their preference for *proximate* contact with these important individuals. Nonkin friends and neighbours assumed an ambiguous role in the lives of respondents, leading to the proposal of a *propinquity* continuum, with *kindred of recognition* anchoring one end, and *kindred of communitatis* securing the other. While respondents engaged in some social exchanges with neighbours, with few exceptions, the preference was for "distance" and *sociability*, rather than *intimacy*. In this respect, the interviews confirmed the findings of the regional survey: neighbours were generally not support providers of choice.

Finally, but equally importantly, is the location in which this study takes place: the Outaouais region of Quebec. This location, and the population of interest, represent the *objective* sphere of the conceptual framework presented in Chapter 3. As we have seen, the Outaouais is the most southwestern administration region of the province of Quebec, a province that is unique in Canada for its predominantly French-speaking culture, and its status as an officially francophone province. The Outaouais itself holds a unique position, straddling, as it does, two provinces: the one in which it is geographically situated, and the adjacent province (a predominantly anglophone one) with which it has extensive economic ties. Those aged 55 to 74 (the age of interest in this study) represent 14 percent of the total regional population, but their presence is overrepresented in rural parts of the region; the population is also ageing, as is the elderly population in many parts of the developed world with the ageing of the babyboom generation. With age, women come to outnumber men, and are more likely to be unmarried, and to live alone. With age, the elderly also report lower incomes, most especially women living alone.

How can the findings of the *subjective* sphere be interpreted in the light of what known of the *objective* sphere? First is the finding that Québec respondents aged 55 to 74 report lower levels of perceived support, and smaller support networks (by almost two individuals) than their counterparts in the other provinces. If by extension these figures are applied to the Outaouais population, those aged 55 to 74 appear disadvantaged with respect to social support, compared to elderly in other parts of the

country. Of course this finding leaves unresolved the question of whether or not apparent differences between the provinces are a result of differences in the sociodemographic makeup of the populations in question, and/or real differences in the provision of support. If the latter is the case, then of course one would want to inquire into the factors responsible for the difference (i.e., are the differences cultural?). The regional survey revealed that the neighbourhood was not a significant source of support for the elderly in general, nor were neighbours frequently the providers of support (with the exception of some tangible support). However, the neighbours and the neighbourhood did acquire somewhat more prominence in the lives of those living alone, but was still of lesser importance than other places and people. The interviews provided insights into why this might be the case: there was, in general, a preference for *sociability* as opposed to *intimacy*, in the belief that closer ties with neighbours would be problematic in some way. We are now ready to propose partial answers to the research questions posed in Chapter 3.

3.0 Answering the Research Questions

3.1 Question 1: Belonging and the Neighbourhood

Research Question 1: Is the neighbourhood a place to which the Outaouais elderly feel a sense of *belonging*, and is this *insideness* (in the language of Rowles) an important source of implicit social support?

It would appear the answer is *no*, both in terms of the neighbourhood as a physical *place*, and as a collection of individuals known as *neighbours*. The NPHS data reveal that in general, Québec elderly (and by extension, those in the Outaouis) perceive themselves as having higher rather than lower levels of social support. Results form the regional survey, however, suggest that the neighbourhood in general is infrequently the source of this support (that is, the home of the support provider). In the interviews, respondents made clear their preference for *sociability* rather than *intimacy* in their relationships with neighbours. Moreover, in the interviews, only two of ten respondents spontaneously identified their neighbourhood as a place to which they felt a sense of belonging; rather, the interviews suggest that an implicit sense of belonging was felt by some respondents, but to a *spatially larger area* than the immediate neighbourhood (or what Rowles refers to as surveillance zone or vicinity). The *kinship of*

recognition, for example, the ability to be out in their communities and to recognize those they knew, was what Rowles would term *social insideness*, although the spatial extent of this went beyond their immediate neighbourhoods. In some instances, respondents cited the places in which they had been born and grew up as places to which they felt a sense of belonging, and in this respect the spatial extent of belonging ranged far beyond the neighbourhood. In contrast, belonging was also felt to the one place more spatially restricted than the neighbourhood: the *home*, the place in which known and loved objects were located, and could be arranged to the respondent's tastes.

However, seven of the ten interview respondents had lived either all of their lives, or most of their adult lives, in their present cities; five of the ten had children/and or grandchildren in the local area. Perhaps the proximity to these individuals, individuals who provide much of one's identity in life, offsets or displaces the importance of the neighbourhood in the affections of respondents. In other words, the regular physical presence of these individuals is both an explicit sense of support, and knowledge of their proximity is an implicit sense of support, such that *belonging* to *neighbours* and/or the *neighbourhood* is rendered significantly less important, or even irrelevant. While the *vicinity* (in Rowles's spatial hierarchy) did appear distinct from the larger area one might term the *neighbourhood*, in that interview respondents generally referred to the individuals in the homes most immediate to their own when referring to neighbours, the lack of importance placed upon the neighbourhood might additionally be due to the age and generally good health of both regional interview respondents, and the interview respondents. Rowles's early work examined individuals who were generally older than those studied here, some of whom experienced decreasing mobility and/or ill health. For these individuals, it is possible that the immediate environment around the home *does* assume an importance that it would not for a younger, more mobile population.

3.2 Question 2: The Relative Importance of Kin and Nonkin

Research Question 2: What is the relative importance of kin and nonkin in the support networks of the Outaouais elderly? Are neighbours an important source of social support?

The NPHS data tell us that the elderly in Québec (and, we assume, the Outaouais), have an average of about five individuals in their support networks. In the regional survey, we learned that close kin

(children and grandchildren) are of first importance in the lives of the elderly, with friends and extended family following; neighbours and other acquaintances were of less importance. While this information *does not* indicate which of these individuals constitute the support network, it *suggests* that the kin and nonkin who are ranked most highly in importance, would be most likely to be part of the support network. We also learned that kin are more likely to provide tangible and emotional support, while nonkin (friends) are more likely to provide social interaction. Neighbours are the nonkin most likely to provide tangible support, accounting for 18.9 percent of support received compared to 4.6 percent received from friends. The reverse is the case for both social interaction and emotional support: friends provide 46.9 percent of social interaction (compared to 9.4 percent from neighbours), and 25.1 percent of emotional support (compared to a mere 2.9 percent from neighbours). The interviews confirmed the preference for friends, as opposed to neighbours, as the primary nonkin members of the network for the provision of most support (although with the ambiguities as to the definition of friends noted previously). In general, interactions with neighbours were limited to *exchanges* of tangible support (not merely the provision of tangible support by the neighbour to the elderly individual).

3.3 Question 3: The Role of Place and Space

Research Question 3: What is the role played by *place* (as in neighbourhood) and *proximity* in shaping the support networks of the Outaouais elderly (i.e., the *structural* dimensions of support), and the social support they receive (i.e., the *functional* dimensions of support)? *Proximity* refers to the role of distance and the relative location of support providers (what Rowles referred to as *space*).

The question of *proximity* is perhaps more easily answered than the question of *place*. The role of *proximity*–that is, distance and relative location–is a paradoxical one: it is both a primary factor in support network type, yet there are continuous efforts to transcend it. As we saw in Chapters 2 and 8, in the discussion of Wenger's network typology, proximity to kin is one of the defining dimensions of the typology. For example, the locally integrated network requires the proximity of local kin, and the typology specifically identifies three types of kin: children, siblings, and other kin (such as cousins or uncles). Proximity alone, however, does not define network type, but works in concert with the frequency with which both kin and nonkin are seen. As we know from Chapter 2, some network types (particularly the locally integrated and the wider community focussed) are more supportive of the elderly than others,

and from this it is likely that they are more supportive because they offer a wider range of support functions, or are better at offering those functions than other network types.

At the same time that *proximity* plays this central role, it is also a factor that interview respondents made efforts to *transcend* or overcome in some way. In the interviews, we saw a preference for *proximate* contact with loved ones: even those with local family were not content with *distant* contact (contact not requiring physical proximity), but wanted to see them in person, even though personal visits were supplemented by phone contact. Moreover, in general there was a preference for more frequent proximate contact. For some respondents, considerable efforts went into planning trips to see distant relatives, or arranging family reunions, such that proximate contact was possible on as regular a basis as circumstances and preferences permitted.

The question of *place* with respect to support and networks is somewhat more difficult to answer. As we saw in Section 3.2, neighbours are unlikely to provide significant amounts of support to the Outaouais elderly apart from tangible support. In the interviews, we saw that, with some exceptions, there was a preference for *sociability* as opposed to *intimacy* with neighbours: it would appear that neighbours offer some tangible support, but that probably greater amounts, or different types of tangible support, are offered by family (primarily children). The neighbourhood itself seemed to provide little *implicit* support to the elderly, as places beyond the neighbourhood, places in which the *kindred of recognition* were encountered, assumed greater significance in this respect.

It must be noted, however, that these answers are partial, and caution is in order in terms of the generalizations that have been made, for two reasons. First, as we have seen, respondents had some difficulties completing the regional questionnaire correctly, and it is possible that the findings might be different were they to have been completed correctly. In addition, only 10 respondents were included in the interview stage of the research. While the intention was obviously not to generate statistical certainties, the findings are provisional, and would need to be confirmed with much larger sample.

4.0 Toward a Geography of Belonging: Part II

4.1 Introduction

In Chapter 2 of this document, in the section (Section 3.0) entitled *Toward a Geography of Belonging*, social support was examined with respect to spatial proximity; neighbours, neighbouring, and the

neighbourhood; and level of urbanization (urban or rural). As indicated in the chapter, the section was an introduction to the relationships among social support, place, and proximity, or what Rowles proposed as *sociospatial* support. We are now in a position to continue, in this chapter, with *Part II*. This second installment has as its foundation the findings from the literature review, but extends them based on the findings of the research presented in this document. The result is the development of a more detailed *geography of belonging*, characterized by three modalities, and a range of attributes, as presented in the next section, and taking as inspiration the work of Rowles.

4.2 The Modalities of a Geography of Belonging

The modalities of a geography of belonging are outlined in Figure 9.1. Three modalities are noted: networks, properties of the person, and milieu. The geography of belonging involves an interplay among these three modalities, although at this stage, it is not possible to explain the details of the dependencies. The central modality is the individual's life situation, and this modality influences, and is influenced in turn, by the other two. Each modality is characterized by a series of attributes by which the modality expresses itself. These attributes are based in part on the findings from the literature review, and in part on the findings of this research project.

The central modality–*properties of the person*–has seven such attributes, as shown in Figure 9.1. This modality, and its attributes, is based in part on the convoy model of social support discussed in Chapter 2 (Section 2.2.2). The first of the attributes is *stage of the lifecourse*, in recognition that the experiences of particular developmental stages of life will play a role in one's support network, and the support one receives from network members. For example, one respondent noted that when his children were young, he typically invited up to 40 people to share special events (such as Christmas) with his family, but that now he lets his daughter do the preparation for such events because he is no longer able to do so. The second attribute is *need or desire for social support*, and refers to the recognition that the presence or absence of adequate support depends in part upon the individual's desire for it, and the benefit they believe it will afford. As we saw in Chapter 2, Dykstra (1990) found that those elderly who desired social support in their lives because of the advantages they perceived it bringing them, were more likely to experience loneliness when such support was not available, than were those without this personal investment. Likewise, particularly stressful periods in one's life (such as the sudden death of a spouse) might result in an increased need for support that at other times would not be necessary. We

saw in the interviews a respondent who faced particularly difficult life circumstances, and who expressed a desire for more supportive contact with others, despite the fact he met every morning in the shopping mall for coffee with long-time acquaintances.

The third and fourth attributes (the *availability of kin* and *geographic mobility*) come from Wenger's work on support networks, and the findings from the interviews. As discussed in Chapter 2 (Section 2.3.1), Wenger contends that the elderly individual's support network type is highly influenced by two factors beyond their control: fertility patterns of parents and grandparents, and migration patterns of others (such as family, neighbours, and friends). Clearly, siblings or cousins cannot be part of the support network of an individual who does not have siblings or cousins. Likewise, even if siblings or cousins exist, the support they offer is likely to vary in form depending upon whether or not they live in the same town, or in another province, a theme that arose in the interview stage of this research. Thus geographic mobility, both in terms of the ability to move place of residence (either to or away from members of the support network), and the ability (financial, health and otherwise) to visit distant places, is a factor in this modality. The fifth factor is termed *attenuating factors*, and by this I refer to factors such as health or income that are known to be correlated with the provision of social support. For example, while the reasons are not yet clear, those with higher incomes generally tend to have higher levels of support than those with lower incomes, and health has also been related to social support. These kinds of "obstacles" to the receipt of social support are thus included within this factor. The interview respondent with the difficult life circumstances, for example, would be an example of an individual with attenuating factors that have strongly shaped the availability of social support in his life, despite the proximity of his wife and five children. The sixth factor in this modality is *choice*. This factor acknowledges that the freedom to make choices in one's life and to one's life circumstances (such as the decision to move one's place of residence to be nearer one's children) will influence one's social network and social support (what some might term *structural* limitations). Not everyone has the life choices that others do (an extreme example being someone held in prison, who has little or no choice in who forms her social network), and this factor acknowledges such limitations (what in Berkman and colleagues' (2000) conceptual model is termed *social-structural conditions*, or *macro-level factors*).

The final factor in this first modality has been termed, for lack of a more elegant one, the *essence of being human*. In the conceptual model offered by Berkman and colleagues, the importance of social support is underscored because of apparent benefits for psychological and physical health. For example,

they speculate that adequate social support might promote better health habits (such as reduced smoking); encourage positive psychological behaviours (such as the development of better coping skills to manage stressful events); or act through physiologic pathways (such as improved immune function or cardiopulmonary fitness). While social support very likely enhances each of these, this perspective of its benefits is a narrow, mechanistic one that to my mind ignores the *human* element of social support. As we saw in Chapter 2, it appears that human beings have not merely a desire for contact with others, but an *innate need* to receive support and nurturing from others. Moreover, in the interviews, we learned that respondents had a preference for *proximate* contact as opposed to *distant* contact with those they cherished most deeply. Why this need for proximity? For reasons respondents had difficulty articulating: distant contact was *not the same*; it was not possible to physically touch the other person, for the reassurance touching provided both the "toucher" and the touched. I think these examples hint at something more profound about the provision of social support than mere improvement in the immune system, and that something is what it means to be a human being. In this respect, philosophers, theologians, metaphysicians and cosmogonists[46] may be more capable of identifying the dimensions of this attribute than social scientists.

The two remaining modalities are *network* and *milieu*, both of which are the original components of the detailed model that was presented in Figure 3.2, but are re-presented here in an expanded version. As shown in Figure 9.1, the *network* modality has two components–*kin* and *nonkin*–the attributes of which are identical, with one exception. As we saw in Chapter 8, a *kinship continuum* was proposed, anchored at one end by the *kindred of recognition* (individuals who the elderly recognized, but who were not intimates), and at the other by the *kindred of communitatis* (emotionally close members of the support network). These individuals in the elderly person's life thus constitute the first attribute in the *nonkin* component of the network modality. The remaining attributes refer to social interactions with the members of the continuum: the *frequency* with which others are seen (daily, weekly, yearly, and so on); the *type* of contact one has (face-to-face contact or *proximate* contact, phone contact, email contact, etc., noting that interview respondents preferred *proximate* contact with loved ones); the *functional exchanges* that take place (i.e., the type of support that is offered, such as tangible support or social interaction); and the *reciprocity* of the exchanges (i.e., is support both given and received, and if so, in equitable

[46] Cosmogony: A theory concerning the origin, structure, and development of the material universe.

measure[47]). The *kin* component of network has identical attributes as the nonkin component, with one exception: a *kin continuum* instead of the *kinship continuum*. While the primary interest in this research has been on the role of *nonkin* in the provision of social support to the elderly, I speculate that relationships with kin might span a range of support functions similar to the way in which relationships with nonkin traverse the *propinquity* continuum, as proposed in Chapter 8 (*propinquity* referring to both emotional and geographic distance). In the interviews, respondents with children spoke of their relationships with them, and their interest in frequent *proximate* contact, in ways that were different from other kin such as siblings or cousins. Likewise, children appeared to offer more tangible support, while siblings, for example, were less often the providers of tangible support, and more often those who furnished social interaction. The two components–kin, and nonkin–are linked via the mechanism of *substitution*, this referring to the substitution and/or replacement of individuals in the support network by one or the other in the event one of the two is unavailable or inadequate. For example, an individual who lives without immediate family in the area may substitute support that would have come from kin, with support from nonkin (alternately, the person may also go without particular support functions). The preferences of the individual, and the availability of each, thus work together to determine the shape of the substitution.

The third modality is *milieu* or one's environmental surroundings. In the original *milieu* presented in Figure 3.2, there were two attributes: urban and rural, to demarcate two vastly different types of places; and the spatial hierarchy identified by Rowles, concentrating on the zones within what has been defined here as the *neighbourhood*. In the reconceptualisation of milieu, the two are replaced by the single attribute of *proximate space* and *distant space*. This is similar in concept to the distinction between *proximate* contact and *distant* contact. Space, as used here, refers to Rowles' definition of it as distance and relative location. By *proximate* space, I refer to places, at whatever location in Rowles' spatial hierarchy, that are easily reached for a particular individual; *distant* space is thus the opposite of this, and refers to places that are difficult for the individual to reach, whatever the actual geographic distance involved. As we saw in the regional survey and in the interviews, the *neighbourhood* as such was not a place of great importance in the provision of social support, with the home or places beyond the home being of greater significance. What was evident in the interviews, however, was the preference for

[47] While the research discussed in this document concerns the *receipt* of social support, as noted in Chapter 2, support can be both *provided* and *received*, and engaging in both appears to be most beneficial to the elderly.

proximate contact. Proximate contact was often possible because the loved ones of respondents were *sufficiently* close that it was possible to engage in regular contact of this type. The neighbourhood per se was thus less important, because other places were easily reached, either because respondents had their own cars, made use of public transportation, or were picked up by their children and taken to other places. Depending upon the particular circumstances of the individual, proximate and distant space would vary. For the interview respondents with cars (or whose children had cars), the whole of the new city of Gatineau, and sometimes the adjacent city of Ottawa, were *proximate* places–places visited with regularity. Had this not been the case, such as if the individual had mobility restrictions, *proximate* space–that allowing for *proximate* contact–might have been reduced. The second attribute–*transportation* and *accessibility*–continues the theme of the ease with which places can be reached. It is less the actual *distance* that is involved, than the ability of the elderly to reach particular places, places in which network members are found, and that enable network members to reach the elderly.

The third attribute of milieu is *place insideness*. As proposed by Rowles, *place insideness* takes one of three forms: *physical insideness*, or familiarity with the physical environment; *social insideness*, or the integration of the elderly within the social fabric of their communities; and *autobiographical insideness*, a type of implicit support that emerges as a result of the memories and sentiments associated with particular places in the community. Each of these types of *insideness* grew stronger with time spent in the same community. As we saw in the interviews, respondents who had spent most (if not all) of their lives in the same communities, had a large *kinship of recognition*, evidence of the *social insideness* that emerged over the years of residence in the same community. The lack of this *insideness* was even noted by one respondent, a relatively new resident to the area, who recognized that his *kinship of recognition* would be much larger were he to return to the town in which he was born.

The final attribute of *milieu* is *culture*, and by this I refer to both the wider social environment in which one lives (such as the province of Quebec), as well as local social mores and customs. As we saw in the NPHS data, Québec respondents, although reporting generally higher rather than lower levels of support, consistently report lower levels of support than their counterparts in the other provinces, for reasons that this research is not able to explain. While it was not possible to distinguish francophone respondents from anglophone respondents in the 1998 cycle of the NPHS, in general (based on figures from the 1996 cycle), respondents from Québec were primarily francophone, while respondents from the other provinces were primarily anglophones (with a sizable contingent of speakers of neither official

language). Knowing what we do of Quebec's distinct history and position in Canada as the only officially francophone province, it is not unreasonable to suspect that differences in the provision of social support might have at least a partial basis in cultural differences. At the local level, similar cultural mores and norms might operate. As we saw in the interviews, in general, respondents were reluctant to become too close to their neighbours for fear it would cause conflicts, or create problems. As the recently relocated respondent from Montréal explained, she did not interact with her neighbours because in Montréal "we don't do that." This microclimate of social mores is thus included in the larger attribute of *culture* in the milieu modality, and is proposed as one of the factors shaping social support.

The combination of the *milieu* modality with the other two (*network* and *properties of the person*) gives rise to a *geography of belonging*. As noted previously, the three modalities work in concert, although the exact mechanisms of the interdependencies are not yet possible to explain. Moreover, there are overlaps between the modalities and attributes: for example, the *place* in which one resides will in part shape who available to be part of the support network, just as the availability of kin in particular places will in part shape how supportive those places will be.

5.0 Research Contributions

This research contributes to the study of social support in six ways. First, as explained in Chapter 2, social support is a subject that has attracted the interest of researchers from a variety of disciplines, primarily psychology, but including sociology, gerontology, the health sciences, and, to a lesser extent, geography. The research in this document has made use of work from all of these disciplines, while maintaining, and indeed championing, a focus on the spatial dimensions of social support. The thesis is thus an example of the larger trend in academic circles toward multidisciplinary and transdisciplinary research. Second, the thesis examined data that has yet to appear in the published literature (the NPHS survey and so in this way made a substantive contribution to understanding social support amongst the elderly (in both Québec and Canada). Two primary sets of data were also generated in this research–the regional survey, and the interviews–and were used in conjunction with the larger national survey. Together, the three were employed to develop a conceptualization of how the study of place and proximity might be situated within the study of the structural and functional dimensions of social support. Place in this research concentrated on the neighbourhood, for the reasons outlined in Chapter

2, Section 3.2, and Chapter 5, Section 4.0. This conceptualization was the third contribution of this research. Fourth, the research findings enabled the development of a new way in which to think about the support provided to the elderly by nonkin members of the support network. The *kinship continuum* was proposed, in which it was hypothesized that ties to nonkin might be placed along a continuum of intimacy or *propinquity*, with those one knows merely through recognition at one end, and those with whom one is emotionally close at the opposite end. Nonkin members of the support network thus furnish different support functions to the elderly, depending upon their position along the continuum. Fifth, and the most substantial contribution, was the proposal of a framework for a *geography of belonging*, in which three modalities–network, properties of the person, and milieu–were identified and delineated along a number of attributes. The framework highlights the role of place *and/or* proximity in each of the three modalities: in the *network* modality through the emphasis on *type* of contact, which, although noted in previous work (see Berkman et al. 2000), has received little emphasis research on social support, and is not included in major support measurement instruments (such as the one used in the NPHS); in the *personal properties* modality through the emphasis on personal preference and need, and geographic mobility; and in the *milieu* modality, through the emphasis on *proximate* versus *distant space*, accessibility, place insideness, and culture. This research had as its inspiration the early work of Graham Rowles, and is an elaboration of his concept of *sociospatial* support. Finally, and this sixth contribution is part and parcel of the first five, the research has expanded the thus-far modest (Warnes 1990) contribution of geography to gerontology, and, through the use (in part) of qualitative techniques, responded as well to the call for greater use of nonpositivist approaches in geographic gerontological research (Harper and Laws 1995; G.C. Smith 1998b). In this respect, the present research has contributed in a small way to what little is known about proximity on the support the elderly receive from kin and nonkin (G.C. Smith 1998a and b).

Of course, all of the questions about place, proximity, social support and the elderly have not been answered in this document. The research that is necessary to refining the proposed framework is discussed in the next, and final, chapter.

6.0 Chapter Summary

In this chapter, we have completed the inquiry that was framed in the third chapter. Following a summary of the research findings thus far, the chapter answered three research questions that were posed at the outset. Do the Outaouais elderly feel a sense of *belonging* to their neighbourhood? (Answer: not particularly to the neighbourhood.) What is the relative importance of kin, nonkin, and neighbours in the support networks of the elderly? (Answer: kin are more often the providers of tangible and emotional support, while nonkin (friends more so than neighbours) are more likely to provide social interaction.) How do *place* (i.e., neighbourhood) and *proximity* affect support networks and functions? Answering the third question lead to the development of a framework for studying the role of place and proximity in the support networks of the elderly. The framework, entitled *The Modalities of a Geography of Belonging*, identifies and describes three modalities that collectively join people and place when thinking about social support. Those modalities are: *characteristics of the person*, *network*, and *milieu*. In closing, the chapter enumerates the contributions of the research to the study of social support, and to gerontological research more generally. As no research questions are ever fully answered, the next and final chapter identifies avenues for further research.

7.0 Figures

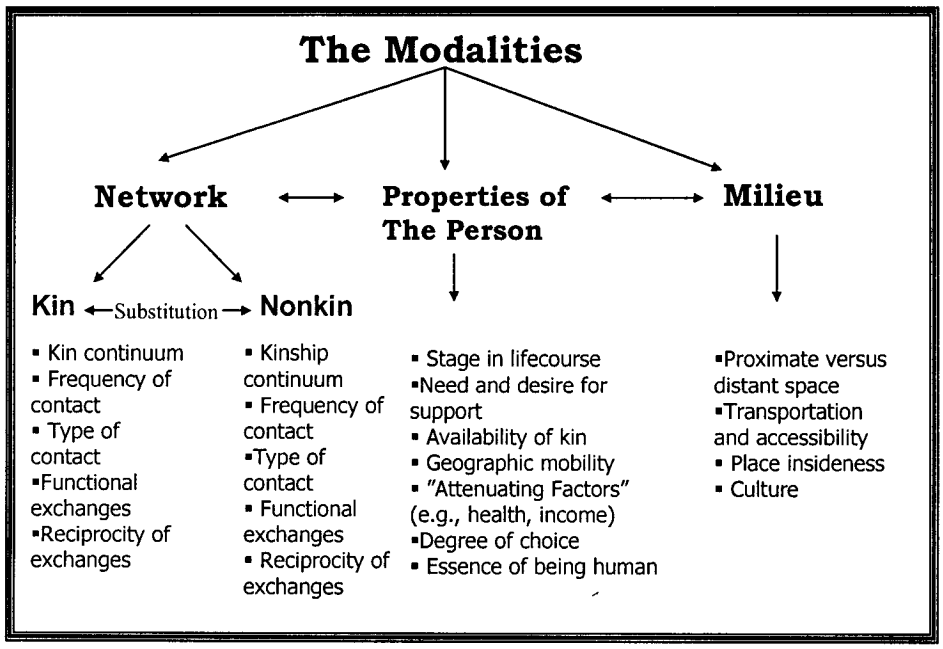

Figure 9.1 The Modalities of a Geography of Belonging

10 The Geography of Belonging: Future Directions

Social research is always (or at least should be) exploratory:
a long, cumulative, choice-laden, and interest-governed process
in which no single study can be definitive.[48]

1.0 Introduction

This chapter marks the end of our study of place, proximity and social support. As noted in the introductory chapter, the study was an exploratory one that sought, not to develop grand conclusions, but to further investigate the concept of *sociospatial* support as originally proposed by Rowles twenty years ago, and left neglected since then. The research was wide ranging: in subject matter, in the literature on which it was based, and in the multistage approach that was used to answer the research questions posed in Chapter 3. The result of such meandering is a cloth that is not always as finely woven as one would like; however, in the loose ends that remain lie the threads that future research can weave more tightly, and neatly, than has been done here. This chapter, then, is a dénouement of sorts, in which some of the limitations of the present research are discussed, and suggestions are made for incorporating these into future research.

2.0 Study Limitations

Unfortunately but predictably, the research presented here had a number of shortcomings (which are all too evident after the fact). Although they resulted in a less than perfect product, they serve as guidelines for future research. These shortcomings include the choice of the age of the study population, the wording of questions on the regional survey, and the selection of research subjects and the questions that

[48] J. Van Maanen, P.K. Manning, and M.L. Miller. Series editor's introduction. In Stebbins, R.A. 2001. *Exploratory methods in the social sciences*. Qualitative Research Methods Volume 48. Thousand Oaks: Sage Publications. pp. v-vi

were posed in the interviews.

First, in retrospect, I suspect it was a mistake to include those in their fifties in a study of "the elderly." While many people in the 55-to-59 age bracket are retired, it is likely an equal number are not. Moreover, the first baby boomers are just now entering this age group, and the gerontological literature has certainly underscored the differences in cohort groups between present-day seniors (i.e., those aged 65 and older), and those approaching their senior years (i.e., the baby boom generation). Indeed, even within the population known as *senior*, there appear to be cohort differences, such that those who are 85 do not necessarily share the life circumstances of those 65. It is well known that the life circumstances of the baby boomers were and are appreciably different from those of previous generations, particularly in terms of material standard of living, and access to formal education. To include baby boomers with older cohorts (particularly those aged 70 to 74), now seems a mistake.

A second concern, though again clear in retrospect, concerns the wording of the questions used in the regional survey. As discussed in Chapter 7, some of the survey respondents had obvious difficulties completing this questionnaire, particularly the questions dealing with place and the provision of social support. Given the population of interest, who appear not to have particular familiarity with such questionnaires, simpler questions would perhaps have resulted in reduced instances of nonresponse, or reduced mistakes in completing the form.

The third and fourth limitations centre on the interview stage of the research, both in terms of the sampling of respondents, and the questions put to them. The decision to reach interview respondents in shopping malls emerged when the original plan of locating respondents through seniors' organizations resulted in a stunning wall of silence. Prior to conducting the interviews, I did not feel what I had hoped to discuss with respondents to be particularly personal, but it became apparent during the interviews that sometimes the respondents did reveal what to me seemed like very personal information. In some instances, I refrained from asking follow-up questions because the question seemed too personal to ask of a virtual stranger, even one who had agreed to talk to me about the important people and places in their lives. I think more could have been learned had I gotten to know a small group of individuals over an extended period, such that there was sufficient rapport between me and the respondents that they would not feel put upon by being asked, and I would not feel intrusive and gauche by asking. Similarly, I think the shopping centres themselves could offer a wonderfully rich research environment, and would have for me had I felt freer to approach people, particular the morning "regulars" that I saw each day. As

it was, I felt very much the *étrangère*, literally and figuratively, and it was difficult to alleviate this feeling with a "rejection rate" significantly higher than my "acceptance rate."

Finally, I would rethink the questions that formed the basis of the interview guide, and indeed, such a "guide" may not have been necessary were I to have gotten to know the respondents over a period of time, and in their own homes. For example, it was not until the interviews were over, and I was analysing the text, that I realized the discussion of "friends" seemed contradictory. Were I were to redo the interviews, I would ask the respondents for their definitions of the concepts about which we spoke: What is a friend? Are there different types of friends? What do you do with friends? What type of friends do you prefer? Similarly, as my interest was also in the neighbourhood and in neighbours, I would ask respondents for their definitions of these concepts. In general, respondents' answers *implied* that for them, neighbours were those individuals who lived adjacent to their homes, or who were visible from their own homes, but clarification by respondents would have ensured more precise and accurate understanding.

3.0 Future Directions

All research leaves some loose ends, and this research is not an exception. While some answers have been offered, they are partial and suggest numerous avenues for future research. Some proposals in this respect include the following:

- Refine Social Support Measurement Instruments

Refine social support measurement instruments so that functional support is measured not just by the perception of its availability in the lives of the elderly, but according to the means by which it is offered (in person, by phone, by correspondence, by Internet). Investigate the quality of support that is offered according to whether it involves *proximate* contact, or *distant* contact. Are both means of *providing* the support equally supportive? For example, in the NPHS study that was examined in Chapter 6, none of the variables that constitute the emotional-information index, and only one (someone who hugs you) of the three variables that makes up the affection index, actually require the presence of the support provider. Is the comfort thus provided evaluated differently by the recipient if it is provided in person, or at a distance? And if so, at what distance does the quality of the support change? For example, if

someone "listens to you when you need to talk," and they do so by phone but are physically located in the same city, is the level of support equivalent to that which is provided by an individual located in another province, or country? Thus, in addition to asking how often various types of support are offered, measurement instruments could also assess how the support is actually furnished. A related question, particularly with the ageing of the baby boomer generation, is the role of the Internet, and such software as *Netmeeting*, in extending the normal range of visual contact with network members. Is the support offered by visually seeing someone over the Internet, equivalent to that offered by proximate contact?

- Refine the Geography of Belonging

The geography of belonging advances Rowles's notion of *sociospatial* support, but there is still much that is not known. For example, what are the mechanisms by which the three modalities are interconnected? What characteristics of the attributes associated with each modality are most powerful? How might *essence of being human* be more precisely defined in terms of its relevance to social ties and social support?

- The Provision of Social Support from Nonkin

Further examine the provision of social support from nonkin. What categories of nonkin provide what support functions? How are the preferences of the elderly for particular types of support influenced by the life circumstances, and "properties" of the person? As well, identify where along the nonkin continuum (the *kinship continuum*) the following types of support are situated: social interaction, tangible support, affection, and emotional support fall. Can one individual provide all of these support functions (i.e, are the relationships multiplex, or uniplex)? Is support qualitatively better for the recipient if it is provided by a variety of individuals? Are there differences in preferences for nonkin members in the support networks of the elderly, differences based on dimensions such as sex, age, or health status (i.e., does one group favour *kindred of recognition*, while another favours the *communitatis*?)? Finally, what are the wider social implications of the presence, or absence, of social support in the lives of the elderly (particularly in an ageing society, and one in which the number of individuals living alone is increasing)?

- The Neighbourhood and Residential Setting

If indeed *neighbours* are perceived as being those individuals living adjacent to, or within view of, the

elderly person, how might the residential setting be restructured to be more supportive of those residents *desiring* such support? As we have seen, *culture* is one of the attributes of the *milieu* modality, but what cultural traits influence the provision of social support? In the framework presented in the last chapter, culture refers to both the wider social environment in which one lives, as well as local social mores and customs. What social mores might operate within particular residential environments that render some more supportive than others? For instance, housing cooperatives are in principle committed to promoting a supportive and community-minded environment for their residents. Do they accomplish this, and should this type of residential environment be promoted for the elderly? Likewise, what is the relative supportiveness of age-segregated residential developments, versus those that are not segregated?

▶ Levels of Perceived Social Support among Québec Residents

Investigate the reasons for the lower levels of support reported by respondents in Québec vis-à-vis the other Canadian provinces. Is this "deficit" of support apparent in younger and older cohorts (i.e., is the deficit particular to this age group (and if so, why), or is it endemic to Québec residents as a whole)? What are its causes, and how might higher levels of support be promoted?

4.0 Closing: An End and A Beginning

This thesis has examined the geographic dimensions of social support because social support is critical to human well-being; thus, understanding the circumstances under which it can be "optimized" is of interest to us as individuals, and ultimately as a society. In the quotation that introduced the literature review in Chapter 2, I cited the words of Jonathan Lomas, who bluntly stated that "the way we organise our society, the extent to which we encourage interaction among the citizenry and the degree to which we trust and associate with each other in caring communities is probably the most important determinant of our health" (Lomas 1998: 1181). Over the months that I have written this document, it has been apparent in numerous parts of the world that all too many people do not live in such communities–Afghanistan, Bosnia, Kosovo, East Timor, Sierra Leone, Zimbabwe, and Sudan being a few of a multitude of examples. It is hoped that the research described here serves as a modest point of departure for others interested in the study of how to build and nurture supportive neighbourhoods and communities, whatever part of the world it is in which the communities are located.

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