

Social Support, Caregiving, and Aging

Neena L. Chappell

Centre on Aging and Department of Sociology, University of Victoria

Laura M. Funk

Department of Sociology, University of Manitoba

RÉSUMÉ

Cet article examine la littérature internationale rédigée en anglais sur le thème du soutien social et des soins gériatologiques depuis le début des années 1990. La littérature s'est développée, mais il manque de consensus sur le sens des termes et sur la mesure. L'intérêt reste une constante pour l'aide pratique, les prestations de soutien social, et la demande et les résultats négatifs pour les aidants, avec de plus en plus de questions plus théoriques, auxquelles on accorde de moins en moins d'importance, sur les résultats négatifs du soutien reçu, ainsi que sur les conséquences positives de la prestation de soins. Le soutien social, néanmoins, est dûment reconnu comme un déterminant social de la santé et reçoit l'attention au niveau des politiques—qui sont tous deux d'importants changements à partir de deux décennies—et ajoutent à l'intérêt ce domaine recevra de chercheurs dans les décennies à venir. Il reste de nombreuses questions sans réponses quant à l'évolution du contexte sociétal, mais il est clair que le soutien social des personnes – y compris la vieillesse et tout au long de la vie – se poursuivra dans l'avenir, quoique dans des formes toujours renouvelées.

ABSTRACT

This article reviews the international English-language literature on social support and caregiving in gerontology since the early 1990s. The literature has grown, but consensus on the terms' meaning and measurement is lacking. Interest is ongoing in practical help, in benefits of social support, and in demands and negative outcomes for caregivers, with growing but less emphasis on more theoretical questions, on negative outcomes from the receipt of support, and on positive consequences of providing care. Nevertheless, social support is duly recognized as a social determinant of health and receiving attention at policy levels – both are significant shifts from two decades ago and add to the interest this area will receive from researchers in coming decades. There remain many unanswered questions regarding the changing societal context, but it is clear that the social support of others – throughout our lives including old age – will continue in the future, albeit in ever-changing forms.

Manuscript received: / manuscrit reçu : 21/04/10

Manuscript accepted: / manuscrit accepté : 17/05/11

Mots clés : soutien social, présentation des soins familiaux, soins informels

Keywords: social support, caregiving, informal care

Correspondence and requests for offprints should be sent to / La correspondance et les demandes de tirés-à-part doivent être adressées à:

Neena L. Chappell, Ph.D., F.R.S.C.
University of Victoria
P.O. Box 1700 STN CSC
Victoria, BC V8W 2Y2
(nlc@uvic.ca)

Introduction

The Butterworth monograph on *Social Support and Aging* (Chappell, 1992) appeared in early 1992, presenting a synthesis of existing knowledge generated in the 1970s and 1980s, primarily within Canada and the United States. In those early years, gerontologists documented both the existence and importance of social

support; in particular, they focused on: basic and instrumental assistance, or activities of daily living (ADL); emotional support (e.g., from both confidantes and companions); and support in the form of information and advice from others. As the area grew in the 1980s, social support was recognized as complex, multidimensional, and for the most part, beneficial for older adults.

While the 1980s in particular saw burgeoning gerontological interest in both social support and the related, but narrower, concept of informal caregiving, the 1992 monograph documented gerontological research as far back as the 1970s into the types, extent, and sources of social support in older age (Chappell, 1992). For instance, this research confirmed that most older adults (except for a relatively small proportion) are well embedded within and connected to social networks, debunking the popular myth that older adults were socially isolated and abandoned by their families. This early research also documented the importance of reciprocity and bi-directional exchanges; the now well-known gender differences in social networks; the importance of marriage, sibling bonds, and intergenerational relations in later life; and the limited attention to non-kin supports (i.e., friends and neighbours). Further, this early body of research established the importance of social support, operating in complex ways through both direct and indirect pathways, for the well-being of older adults. The subjective perception of social support was identified as key for its benefits as experienced by older adults. To a lesser extent, the recognition of potentially negative aspects of social interactions and the receipt of social support were also studied.

Informal care from family and friends, which is a special type of social support, was identified in the 1992 monograph as a major gerontological interest, including care provided by spouses, children, other family members, and non-kin. Caregiving was conceptualized as a kind of social support “provided to seniors because their health has deteriorated and they can no longer function independently in areas where they previously did” (Chappell, 1992: p. 31). This contrasts with a broader use of the term social support as, for example, including all resources provided by other persons (Cohen & Syme, 1985) and encompassing help with emotional and informational needs as well as tangible support such as assistance with ADLs.

Other researchers at the time tended to blur the distinction. Pearlin (1985) included three aspects of social support: (a) social networks (i.e., everyone with whom the individual has contact), (b) group affiliation (i.e., those with whom the individual has an attachment), and (c) interpersonal interaction (i.e., active affiliations involving trust and intimacy). House and Kahn (1985) referred to (a) social networks (i.e., the structures that exist among a set of relationships), (b) social support (i.e., the functional content of interactions including emotional concern, instrumentality, and information), and (c) social integration. Cobb (1976) defined support to include, variously, emotional support, information that leads one to believe he or she is valued, and a feeling that he or she

belongs to a network of communication and mutual obligation.

Gerontologists in the 1970s and 1980s established that informal care was the dominant care system in old age. The perceived stresses of caregiving received much more attention than perceived rewards during these early decades. The complementary relationship between the informal and formal care systems was confirmed; conversely, the idea that formal care substitutes for informal care was debunked; the societal contributions of family and friends in the provision of care to older adults were estimated in monetary terms, and it was demonstrated that family members use formal services judiciously, not recklessly. The 1992 monograph concluded with an appeal for social support to be conceptualized as a social determinant of health, and as deserving attention at the policy level.

Post-1992

Since 1992, the field of research and practice knowledge in aging has grown in leaps and bounds in Canadian universities and professional and practice circles; the Canadian Institutes of Health Research’s Institute on Aging has been established, as have several specialty associations in areas such as Alzheimer’s disease and related dementias, palliative care, and caregiving. Interest in both aging and caregiving exists at various levels of government, stemming in part from growing awareness of the large and aging baby boom generation, the first of whom turned 65 in 2011 and who are currently immersed in providing support and care to their parents, who are today’s older adults. In other ways, interest in aging has waned as well: we no longer have a division of seniors within the federal government; some university-based research centres on aging have closed (such as the one at the University of Guelph); and home care and continuing care, both of which are important for an aging society, no longer exist as separate units within provincial health ministries but have been absorbed under an amalgam of “other services” (Hollander & Chappell, 2010), which reflects a redirection of attention away from aging to the broader issue of health.

Definitions and Conceptual Issues

The definitions used today do not differ substantially from those used 20 years ago, and a distinction between social support and caregiving is often not made – or if it is, there is no consensus in the literature. For instance, Novak and Campbell (2006) defined social support as “help and assistance we give to and receive from others” (p. 291), and informal support as “the unpaid help given by friends, neighbours, and family” with a variety of basic and instrumental

ADLs, emotional support, and visiting (p. 296). McPherson and Wister (2008) likewise noted that “social support involves a variety of activities and services” including emotional support and assistance with ADLs, but they also defined it as including help with “rehabilitation and assistance during convalescence from an acute illness or surgery, or long-term care for the highly dependent older person” (p. 362). Thus social support, in their definition, includes more casual forms of assistance (including “monitoring” and visiting), as well as caregiving that involves “a regular commitment to help a person with specific health or care need ... if it is required and is requested ...” (pp. 363-364). These authors also consider social support as including help from professional, paid care workers. Invoking a different definition altogether, McDowell (2006) defined social support as “the availability of people whom the individual trusts, on whom he [or she] can rely, and who make him [or her] feel cared for and valued as a person.” Baines, Evans, and Neysmith (1998) used a similar definition for care: “the physical, mental and emotional activities and effort involved in looking after, responding to, and supporting others” (p. 3).

There is now greater awareness of the complexity of drawing parameters around the concepts of social support as well as caregiving. This recognition is fuelled in part by empirical findings that suggest many of those providing support to older adults do not define themselves as caregivers, nor what they do as “work” (Henderson & Forbat, 2002; O’Connor, 2007; Rose & Bruce, 1995). The diverse terms appearing in the literature are often used interchangeably and without definitional consensus (e.g., caregiving, caring, assistance, interaction, support, informal caregiving, family caregiving). While caregiving has been conceptualized as a specific type of social support (Chappell, Gee, McDonald, & Stone, 2003; Segall & Chappell, 2000), this distinction is typically not maintained, and when it is, the point at which support becomes caregiving is not clear. Even caregiving as a concept has been challenged, either as ignoring or excluding the “normal” assistance that occurs within reciprocal exchanges, negotiations, and interdependencies within family relationships and interactions or, conversely, as including normal exchanges of social support as caregiving (Barry, 1995; Henderson & Forbat, 2002; Martin-Matthews, 2000; Martin-Matthews & Campbell, 1995). More recently, distinctions between informal and formal (paid) care appear to be blurring, as family caregivers take on more of the “skilled” work traditionally performed by formal providers (Ward-Griffin & Marshall, 2003), and as formal care providers describe emotional, even “family-like” connections with clients (Chappell, 2008; Lan, 2002). Further,

some elderly persons indirectly or directly pay informal caregivers, or receive formally organized but unpaid volunteer support.

More recently, research on social participation has embraced the concept of social capital (Hyypya & Maki, 2003; Kreuter, Lezin, Young, & Koplan, 2001; Sundquist, Lindstrom, Malmstrom, Johansson, & Sundquist, 2004; Veenstra, 2000) as extending the older concept of social support. It is seen as a contextual level resources (e.g., at the community or neighbourhood level) that generates health and other benefits for individuals, emanating from positive relationships and connections. According to Fuchs, Shapiro, and Minnite (2001), it stems from “being part of a community where neighbours talk to one another ... and foster norms for reciprocity, trustworthiness, and collective capacity beyond the association” (p. 290). It leads to cooperation for mutual benefit. However, the difficulty of arriving at conceptual and measurement consensus regarding the term, together with inconsistent findings and the tendency to operationalize the concept as social participation and trust (Chappell & Funk, 2010), have led Lynch, Due, Muntaner, and Smith (2000) to suggest that the term is nothing more than a new label for what used to be called social support (Veenstra, 2000). Nevertheless, some see potential in the concept as offering, in part, an alternative pathway (other than social support) for explaining how social relationships can positively impact personal well-being. Research, including that by Theurer and Wister (2010), has found that social capital enhances altruistic behaviour, which in turn improves the well-being of older adults.

Individual Focus

Much interest within the social support and caregiving literature remains focused at the individual or micro level. The substantive interest in the relationship between received social support and older adults’ health continues. Gerontological studies on social support confirm, in contemporary contexts, the benefits and protective effects, on an individual level, of social support for health and well-being in older age. Although the type and measurement of social support and outcomes differ, beneficial reductions are evident in various outcomes, including: (a) distress (Corna & Cairney, 2005); (b) stress (Helgeson, 2004); (c) loneliness (de Jong Gierveld & Dykstra, 2008); (d) depression (Antonucci, Lansford, & Akiyama, 2001; Penninx et al., 1997); (e) cognitive decline (Zunzunegui, Alvarado, Del Ser, & Otero, 2003); and (f) cumulative biological risk (Seeman, Singer, Ryff, Dienberg Love, & Levy-Storms, 2002). In addition, there are positive associations with (a) life satisfaction (Antonucci, Lansford, & Akiyama, 2001; Penninx et al., 1997); (b) psychological and self-rated

health (Grundy & Sloggett, 2003); (c) cardiovascular, neuroendocrine, and immune function (Uchino, 2006); (d) functional ability (Hays, Steffens, Flint, Bosworth, & George, 2001; Travis, Lyness, Shields, King, & Cox, 2004); (e) survival (Giles, Glonek, Luszcz, & Andrews, 2005; Woloshin et al., 2007); (f) cognitive function (Seeman, Lusignolo, Albert, & Berkman, 2001); and (g) adjustment to institutionalization (Gladstone, Dupuis, & Wexler, 2006).

The need still exists, however, for greater theoretical development linking social support and health outcomes at the individual level. Uchino (2009), for example, recommended a life span perspective that clearly distinguishes between the contributions of perceived and received supports, and how these change over time to influence disease risk and various types and stages of disease. More broadly, Berkman, Glass, Brissette, and Seeman (2000) presented a conceptual model that describes how social and cultural contexts influence the formation and maintenance of social networks, and how, in turn, these social networks, and their functional aspects, influence social and interpersonal behaviour (for instance, through the provision of support). Models such as these hold considerable potential for illuminating our understanding of explanatory pathways, yet they tend to be underutilized in empirical research on health and social support.

Much of the caregiving research continues to be dominated by a practical or social problems orientation (Dannefer, Stein, Siders, & Patterson, 2008) at the individual level. Such research tends to confirm previous findings in contemporary contexts, while refining and expanding the knowledge base in important ways. For instance, the informal network remains the care source of first resort when health declines. The family, in particular, is and has historically been a major, even predominant, source of interpersonal support and care in old age and indeed, throughout the life course (Keating, Fast, Frederick, Cranswick, & Perrier, 1999). Emotional aspects (such as "caring about" and "emotion work") are considered a distinguishing element of informal caregiving, and researchers are paying more attention to this aspect of caregiving (Calasanti & Slevin, 2001; MacRae, 1998; Wenger, Grant, & Nolan, 1996).

A major interest in the effects of caregiving on the caregiver (many of whom are themselves elderly) continues unabated, and is especially visible in studies concerned with caregiver burden. Indeed, an emphasis on stress and burden has been constant since the early years of research in this area. More recent research confirms the risk of negative health impacts on family members who provide care to elderly persons, particularly for some individuals. Providing care for an ill,

disabled, cognitively impaired, and/or frail elderly family member has been identified (often in longitudinal studies with non-caregiving control groups) as increasing the risks for emotional distress (Anderson, Linto, & Stewart-Wynne, 1995), depression and anxiety (Canuscio et al., 2002; Cochrane, Goering, & Rogers, 1997), and psychological and mental ill-health (Hirst, 2005; Ho, Chan, Woo, Chong, & Sham, 2009; Ory, Hoffman, Lee, Tennstedt, & Schulz, 1999).

Physical impacts include (a) higher levels of cortisol production and stress markers (Davis et al., 2004; Kiecolt-Glaser et al., 2003); (b) negative changes to neurohormonal and inflammatory processes (Fredman et al., 2008); (c) self-reported physical health problems (Ory et al., 1999); (d) increased risk of coronary heart disease among caregiving wives (Lee, Colditz, Berkman, & Kawachi, 2003); (e) "frailty syndrome" (Von Kanel et al., 2006); and (f) premature mortality (Christakis & Allison, 2006; Schulz & Beach, 1999). In a meta-analysis of 23 studies, Vitaliano, Zhang, and Scanlan (2003) concluded that caregivers have a higher risk of negative physical health outcomes, particularly with respect to stress hormones, antibodies, and global reported health.

Individuals might be subject to greater risk of negative outcomes if they experience (a) caregiver strain (Schulz & Beach, 1999); (b) difficulty providing care (Navaie-Waliser et al., 2002); (c) burden (Sherwood, Given, & von Eye, 2005); (d) a situation in which the care recipient has particularly poor mental and/or physical impairment, in conjunction with dementia-related behavioural problems (Pinquart & Sörensen, 2003; 2007); or (e) if they provide more extensive levels of assistance (Pinquart & Sörensen, 2003; Nijboer, Triemstra, Tempelaar, Sanderman, & van den Bos, 1999; Shaw et al., 1997). Others who might be at increased risk include (a) low-income caregivers (Bakas & Burgener, 2002; Nijboer et al., 1999; Robison, Fortinsky, Kelpinger, Shugrue, & Porter, 2009); (b) those with lower levels of formal education (Navaie-Waliser et al., 2002); (c) older caregivers (Navaie-Waliser et al., 2002); and (d) women (Canuscio et al., 2002; Ho et al., 2009).

Although the research on the positive aspects of caregiving at the personal level is growing, there continues to be less attention paid to this aspect relative to other aspects of care. Nevertheless, almost all caregivers express having acquired self-affirmation, enjoyment, and a sense of satisfaction from this role (Mockler, Riordan, & Murphy, 1998; Braithwaite, 1998; Tarlow et al., 2004). In fact, as suggested by Andren and Elhmstahl (2005) and Gold et al. (1995), both negative (and burdensome) and positive (and rewarding) perceptions of family caregiving can co-exist simultaneously. In addition,

Chappell and Reid (2002) demonstrated that caregiver burden, while related to overall well-being, is a separate concept; caregivers can be burdened in that role while nevertheless experiencing good overall well-being. Much of the caregiving research has tended to imply that "caregiving" is the only role of import in these individuals' lives; this is not always the case. However, it is not known the extent to which positive reports of caregiving reflect either social desirability (e.g., an idealization of family care) and/or family caregivers' active attempts to cope with the difficulties of care provision by focusing on the positive (Funk & Stajduhar, 2009).

Much more of the caregiving literature has focused on the care provided to older adults than on the support older adults provide to others (Keefe & Fancey, 2002). Older parents help, for instance, with daily chores, child care, financial support, and personal care. Stone, Rosenthal, and Connidis (1998) reported that support from parents to children peaks when parents are between 55 and 64 years of age. In examining why older Canadian parents provide financial transfers to their children and grandchildren, researchers Ploeg, Campbell, Denton, Joshi, and Davies (2004) found a desire on the parents' part, out of love and commitment as well as a family history of helping, to help the younger generations establish secure lives and futures. Further, in a longitudinal study, Brown, Nesse, Vinokur, and Smith (2003) indicated that providing, rather than receiving, instrumental and emotional support might be more beneficial for prolonging mortality (see also Liang, Krause, & Bennett, 2001). This potential outcome is consistent with Chen and Silverstein's (2000) finding that, in China, the provision of instrumental support to children by elderly parents enhances the older adults' sense of well-being.

Social Institutions: the Meso Level

Research on social support and caregiving has of course extended our knowledge about interaction at the individual level. Further, research has extended to the meso level, where researchers are interested in (a) the relevance of social institutions, such as the family or wage labour, (b) day-to-day negotiations with respect to social support and caregiving wherein individuals exercise agency, and (c) the context of constraints and opportunities afforded by larger social structures. For much of the 1970s and 1980s, a meso-level analysis was typically limited to demographic transitions and changes in family structure, and to their implications for the function and structure of elderly persons' social networks, including the availability of care and the well-being of both care providers and care receivers. Such analysis is still of interest, although gerontological research over the past two

decades has witnessed increased attention to the social institutions within which support is enacted, received, and experienced.

The 2006 Canadian census pointed to a proliferation of "non-traditional" family forms (Milan, Vezina, & Wells, 2007) and the concomitant implications for social support and caregiving. The census showed substantial increases in the number of common-law couple families; lone-parent families headed by men; same-sex couples; grandparents raising grandchildren; and older women living alone. For the first time, in 2006 there were more census families without children than with children. Keefe, Légaré, & Carrière (2004) projected a steady increase in the proportion of older women without any surviving children, which could potentially translate into less available support. Larsson and Silverstein (2004) found that childless older adults tend to lack informal support; public home help services do not compensate for this lack. Unmarried elderly persons are another concern: in a U.S. study of unmarried persons over 40 years of age (Keith, Kim, & Schafer, 2000), "the oldest never married may have the greatest potential needs for affective and instrumental support" (p. 221).

Interest in the family situations of older adults extends to their living arrangements (Connidis & McMullin, 2002; Turcotte & Schellenberg, 2006), the quality of relationships with children (Connidis & McMullin, 2002; Pillemer & Sutor, 2005), and the changing nature of relationships with grandchildren, as grandparents are healthier and often are still in the labour force (Kemp, 2003; Uhlenberg, 2004). Diverse social arrangements are becoming topics of interest; such arrangements include grandparents raising grandchildren, common-law and "living apart together" relationships, and gay and lesbian older couples (Brown, Lee, & Bulanda, 2006; Cruz, 2003; de Jong Gierveld, 2004; MacKenzie, Brown, Callahan, & Whittington, 2005). These social arrangements remain under-researched, however. We continue to gain new knowledge about transitions in family life in the later years, especially widowhood and widowerhood, where differences between women's and men's experiences are often marked (van den Hoonaard, 2001), leading to different social support needs.

Care relationships will likely continue to change: for instance, more men may assume caregiving roles, and we may also see new forms of unrelated individuals living with one another, supporting each other in old age. Whether current rates of chronic conditions (such as obesity) will result in even greater need for care in future generations is as yet unknown; the possibility of a "compression of morbidity" in future cohorts of older adults is a possibility (Hubert, Bloch, Oehlert, & Fries,

2002) but far from assured. Even if the proportion of older adults requiring assistance were to remain stable, the increasing number of older adults means the expected decrease in available support will likely lead to an absolute and relative increase in the need for formal support. In part motivated by policy makers' concerns with the availability of non-formal sources of care, there is ongoing interest in potential changes to social support, networks, and support quality over the life course, including the risk of social isolation.

Consensus on these various changes has yet to emerge. Lang and Carstensen (1994) noted that the social networks of people aged 85 to 104 tend to be nearly half as large as those of people aged 70 to 84, though with no differences in the number of very close relationships. In contrast, van Tilburg (1998) found stable total network size to be evident among Dutch older adults over time, with increased instrumental support received and emotional support given. Similarly, Gurung, Taylor, and Seeman (2003) found that social support increases over time, especially among those with many pre-existing social ties.

Martire, Schulz, Mittelmark, and Newsom (1999) reported small yet significant increases over time in some aspects of support, and no changes in family or close-friend contacts, confirming yet again that "late life is not typically characterized by a decline in important social resources" (p. S302). Further, Grossman, D'Augelli, & Hershberger (2000) described lesbian/gay/bisexuals over 60 years of age as having diverse and rich social networks and with various kinds of support from informal sources. Some older persons, however, may prefer and seek out extra-familial or formal sources of support to maintain their independence (Aronson, 1992; Barry, 1995; Cox & Dooley, 1996; Estes, 1999); and some seniors in particular are at risk of social isolation (Cloutier-Fisher & Kobayashi, 2009; Kobayashi, Cloutier-Fisher, & Roth, 2009).

Considerable research on employment has focused on work-family balance, especially with respect to caregiving for elderly family members (Martin-Matthews & Rosenthal, 1993; Rosenthal, Martin-Matthews, & Keefe, 2007), revealing mixed results. Whether employment for caregivers is beneficial (Edwards, Zarit, Stephens, & Townsend, 2002; Penning, 1998) or negative (Covinsky et al., 2001; Dautzenberg et al., 2000; Lee, Walker, & Shoup, 2001) depends on factors including the needs of the care recipient, e.g., whether they have behavioural problems (Reid, Stadjuhar, & Chappell, 2010), and the specific form of caregiving involvement, e.g., whether they are involved in the overall "orchestration" of care from formal as well as other informal sources (Rosenthal, Martin-Matthews, & Keefe, 2007).

Rosenthal, Hayward, Martin-Matthews, and Denton (2004) reported that employment does seem to reduce

the extent of care provided to parents and parents-in-law. Ward-Griffin and colleagues (2009) further concluded that family caregivers who are simultaneously employed in health care professions have lower well-being and mental health (due to a "blurring" of professional and personal roles). The blurred spaces between work and home life are referred to as the intersections of labour force involvement and social support and caregiving, and are just starting to be understood; interest in this area will increase as more women enter paid employment (Phillips & Bernard, 2008).

Longer Structural (Macro) Forces

Larger macro-level structural perspectives have also become recognized over the past 20 years in research on caregiving and social support, expanding beyond interest in demographic shifts, family structure, and the impact of paid employment to include consideration of social locations, such as ethnicity and gender, that intersect with age. This research has focussed on structural forces that pattern social relations – for instance, by influencing social institutions such as family and employment. Some of this research has shifted the emphasis in ethnic and gender studies in old age. Early research frequently viewed ethnicity as an important cultural factor in the provision of support and care, especially family care.

More recent studies are revealing the complexity of ethnicity when considering support and care in old age. For example, it has been suggested that ethnic identity serves as a resource for "drawing upon social support" (Blakemore & Boneham, 1994, p. 7) and that this support may buffer some of the impacts of low income (Chappell et al., 2003). In cultures where interdependence in families is highly valued, receiving intergenerational support may be particularly beneficial for elderly care recipients (Zunzunegui, Béland, & Otero, 2001). Tomaka, Thompson, and Palacios (2006) reported that subjective loneliness and low levels of family support are more consistently associated with disease diagnoses among Hispanics than Caucasians, whereas interactions with friends and social groups were associated with more disease diagnoses among Caucasians. However, in a Canadian study of foreign-born elderly persons, Wu and Hart (2002) – while noting a negative association between health problems and social support – posited the potential for reverse causality or possibility that health problems could erode social supports as seniors disengage from their networks.

The patterning of social relations is reflected in cultural beliefs and values concerning social support and caregiving – Dilworth-Anderson, Goodwin, and Wallace Williams (2004) reported that "cultural justifications

for caregiving” predict future psychosocial health outcomes among African-American caregivers. The provision of support and care among some ethnic minority groups, however, has been identified as associated with worse physical health and depression (Pinquart & Sörensen, 2005). Further, Lai and Leonenko (2007) documented the considerable employment and economic costs of family caregiving among Chinese-Canadians.

The intersection of ethnic status with social class is not well understood: to what extent does a lack of economic resources lead to the necessity for family care, and to what extent do cultural norms and values lead to family care; is it both and how do the two intersect? Many ethnic groups tend to be characterized by both low socioeconomic status (an established predictor of poor health) yet also by strong family-supportive networks in old age (related to better health – see Bajekal, Bland, Grewal, Karlsen, & Nazroo, 2004; Chappell, 2007; Moriarty & Butt, 2004). This apparent paradox has yet to be explored in empirical research – that is, for which groups and under which circumstances do strong supportive ties result in better health despite lower social class?

Wu and Hart (2002) found that the social support networks and contacts of more recently immigrated foreign-born elderly Canadians are not in fact disadvantaged, suggesting “that immigrants may actively restore their social networks once they arrive in the host society, and some may begin building support networks before leaving their home country” (p. 407). Further, Ng, Northcott, and McIrvin Abu-Laban (2007) found that among South Asian immigrant seniors living in Edmonton, Alberta, those who immigrated later in life tend to be less likely than those who immigrated earlier to live alone or only with their spouse. Much remains to be learned about how ethnicity, aging, and social support and care are interrelated. Such knowledge is increasingly important given the changing cultural mosaic in Canada; yet surprisingly, relatively little gerontological attention has thus far been directed to this area.

Gender, another fundamental organizing force that patterns individual interactions and societal institutions, has long been established as an important factor for the receipt of support and care in old age. Gender differences in the receipt and provision of care are well-established. Social support from friends and family may serve a greater buffering role for the well-being of women than men (Walen & Lachman, 2000), whereas men tend to receive more emotional support from spouses (Gurung, Taylor, & Seeman, 2003). Using Canadian data on the unmarried childless elderly, Wu and Pollard (1998) reported that women tend to be advantaged with respect to the

exchange of support. Male caregivers tend to provide more instrumental and women more expressive forms of support.

Although some recent attention has been directed to male caregivers (e.g., Campbell & Martin-Matthews, 2003), it has long been recognized that women dominate both as caregivers and care receivers. For example, in a meta-analysis by Pinquart and Sörensen (2006), women caregivers were found to provide more hours of care, including more personal care. Women also nurture and sustain much of the social capital that bonds group and community members together (Bezanson, 2008) and participate to a greater extent in the preservation of collective community goods (Son & Lin, 2008). Gender is also of concern because of higher levels of burden and depression, and lower well-being and health, among women caregivers (Pinquart & Sörensen, 2006; Yee & Schulz, 2000); women are also more likely to report negative effects of caregiving on employment and long-term career opportunity costs (Martin-Matthews & Campbell, 1995).

While caregiving has long been recognized as a woman’s issue, a feminist perspective was introduced to gerontology only recently, offering a critical perspective to the area. It was in the early 1990s when this perspective became evident in the aging literature with works such as those by Hooyman (1990) and *Circles of Care: Work and Identity in Women’s Lives*, edited by Abel and Nelson (1990), leading the way. Since that time, the number of those applying this perspective continues to increase (Armstrong & Armstrong, 2001; Aronson, Denton, & Zeytinoglu, 2004; Chappell & Penning, 2005; McMullin, 2000). The “hidden” nature of caregiving within the private sphere, the continuing demands on women to be “nurturers”, and the essential yet often undervalued role of caregiving in supporting the larger economic order is receiving attention (McDaniel, 2002). Researchers have been exploring societal structures (e.g., government policies, employment practices, and insurance rules) insofar as they limit the availability of alternative sources of help, and ideological factors (gender role norms; the division of labour) facilitating women in the role of primary caregiver (Aronson, 1998; Baines, Evans, & Neysmith, 1998; Calasanti & Slevin, 2001; Walker, Osgood, Richardson, & Ephross, 1998).

There are also concerns for the gendered implications of changes to Canada’s health care system within the current political and economic context. At the end of the 20th century, informal caregivers and community care emerged as the cornerstones of a widely accepted vision for health care reform. This fact drew attention to understanding caregiving for informing policies and programs – that is, caregiving became politicized.

This politicization occurred for two reasons (Chappell, 2001): heightened awareness that caregiving had been largely invisible within the private domain, stemming in large part from a feminist perspective; and the prolonged economic recession of the 1970s and 1980s that drew attention to a perceived crisis in health care funding and, along with it, a new neoliberal political rhetoric. However, governments' recognition of caregivers also allowed cost shifting from the public purse to the private sphere, namely caregivers, who are largely women. When alternative sources of care are not available, increased demands fall to the family (Chappell & Penning, 2005). Ongoing cutbacks to services and increasing privatization, begun in the 1990s and continuing today, lend credence to this view (Deber et al., 1998; Williams, Deber, Baranek, & Gildiner, 2001).

Although a political and economic perspective on aging is not new (e.g., Estes, 1999; Estes & Binney, 1989), recently interest has renewed in understanding care for older persons within the context of broader social, economic, and political changes such as economic globalization and the associated restructuring of systems of national health insurance and health care (see Gee & Gutman, 2000, on apocalyptic demography). The structuring of economic and political conditions has profound effects on the conditions and relations not only of paid work but also of unpaid caregiving. Yet we see little gerontological research on the links between macro-structural and micro-individual levels of analysis. Nevertheless, health reform occurs within a context of the globalization of capitalism, and within the commodification and privatization of health care services. Instead of expanding public investment to ensure adequate services for an aging society, health care reforms implemented since the early 1990s appear to strengthen social class, gender, and racial/ethnic inequalities in health and access to care (Chappell & Penning, 2005).

Attention to broader demographic, political, economic, and social contexts of caregiving has coincided with research into formal service provision for older adults and how it intersects with care networks, including family (Carrière, Martel, Legare, & Morin, 2005; Sims-Gould & Martin-Matthews, 2010). Changes to formal service delivery have important implications for the receipt and provision of support and care among older adults. Penning and colleagues (2002), examining reforms in British Columbia, revealed a long-term shift to the provision of more intensive home care for sicker and fewer clients; Williams and colleagues (2001) revealed similar shifts taking place in Ontario.

Another key issue in the care literature continues to be the relationship between formal and informal care,

and (less often) between formal, informal, and self-care. While more evidence is needed to clarify the nature of the relationships, overall, the consensus is that formal care is most appropriately described as supplementing and/or complementing care from self and informal sources, rather than substituting for it (Penning & Keating, 1999; Penning, 2002). The now-familiar rhetoric concerning multi-sectoral partnerships contributes to a blurring of the boundaries between public and private. We also see increasing formalization, regulation, bureaucratization, and commodification of informal care (Heaton, 1999; Henderson & Forbat, 2002; Ungerson, 1997) – for instance, through systems of payments for care (which in turn shape relationships between care recipients and caregivers).

Recent efforts to embrace caregiving as a public health concern (Lee, 2007; Schulz & Martire, 2004; Talley & Crews, 2007) relate to the emergence of caregiving as relevant for social policy, to the recognition of social support as a health determinant, and to the concern for how to support caregivers' health and capacity. For instance, caregiving has been established as a priority area within the Public Health Agency of Canada. As a public health concern, the particular focus of research is on population-based health outcomes among caregivers, specifically to document the prevalence and incidence of family caregivers, the risk to their health and well-being, the costs to society, and the identification of opportunities for prevention, including supportive interventions and policies to alleviate and mitigate these impacts. A public health focus thus directs attention to health promotion, both for caregivers and care recipients, overall well-being, and access to care.

Berkman (1995) argued that health promotion interventions should promote social support and strong and supportive social relationships; indeed, it is no surprise that health promotion and intervention research among family caregivers has, in general, emphasized the important role in well-being potentially played by caregivers' own social supports (Choi & Marks, 2006; Connell, Janevic, & Gallant, 2001; Gold et al., 1995; Grant et al., 2006; McCullagh, Brigstocke, Donaldson, & Kalra, 2005; Malone Beach & Zarit, 1995). Bass, Noelker, and Rechlin (1996), in defining community services as a type of social support, reported that such services can reduce the risk of depression in informal caregivers. Formal services can be viewed as a type of social support, as can the assistance provided by third-sector organizations such as churches, non-profit agencies, and so forth, although traditionally this is not how the gerontological literature conceptualizes social support.

Gerontological research traditionally has tended to construct and reinforce the idea of a dichotomy

between informal and formal as well as public and private sources of support and care. A concept of social support that encompasses supports and care from both informal and formal sources may more appropriately recognize public sources of support as “social” in nature and origin. The concept of collective responsibility and interdependence (McDaniel, 2002) includes social responsibility between individuals at a broader level, as institutionalized for instance in social welfare supports and formal government services. This would be consistent with the study of social support noted in Chappell’s 1992 monograph, as one that seeks to explain and understand interdependencies between individuals across their life course.

Conclusions

The past two decades have seen remarkable growth in research on social support and aging. Social support continues to be an important area of research within and outside of gerontology. Moreover, social support is now recognized as an important social (non-medical) determinant of health and well-being for older persons. The lack of conceptual clarity and consensus surrounding the meaning of social support and caregiving continues, however, with much inconsistency in the use of these and similar terms as well as in the way these factors are measured.

Many unanswered research questions remain, including those considering the implications of changing and diverse demographic, ethnic, political, and economic conditions. What are the implications for the social support needs of seniors, seniors’ patterns of support and caregiving for others (ranging from spousal caregiving to intergenerational transfers to social participation), structural features of their social networks, seniors’ social integration, and available social resources and the quality of seniors’ interactions and relationships? For example, with increasing unemployment and under-employment among all individuals, what are the implications for the support that older adults might normally receive from coworkers? What are the impacts of increasing childlessness on the social support of older adults? A major challenge lies in how to enhance the social support networks of seniors in order to enhance their well-being (e.g., support groups for seniors at risk of social isolation) while simultaneously preventing negative outcomes for those who provide such support – family caregivers in particular. Adverse outcomes could be prevented either by offering caregiver supports directly, or by reducing the need for family caregiving through strengthening formal services (without one emerging as more cost-effective than the other). In Britain, Pickard (2001) has calculated the cost of both options; in Canada, governments appear not to be considering the latter

option of enhancing formal services. There is much we do not understand about balancing the needs of both caregiver and care recipient.

The social support literature includes an interest in older adults both as recipients of support and as providers of that support; both areas of research inquiry tend to share a focus on health and well-being. Importantly, health impacts tend to operate differently for support providers and recipients. For instance, the social support provided to seniors generally (but not always) enhances their well-being. Although the provision of social support might also enhance the well-being of caregivers, when support provision becomes intensified, as it does when caregiving is provided over a considerable length of time, the risk for negative outcomes tends to increase. Simultaneously, emphasis is lessened on negative outcomes of social support for recipients and on positive outcomes for the providers.

Research on negative aspects of receiving social support challenges the idea that social support is universally beneficial for well-being. Although we still know little about the circumstances under which negative outcomes occur for those receiving support (Barry, 1995), research highlights potential power inequalities, negative interactions, the effects of feeling dependent on others, and care recipients’ concerns with protecting the well-being of caregivers (Calasanti & Slevin, 2001; Gurung, Taylor, & Seeman, 2003; Krause, 1995; Silverstein, Chen, & Heller, 1996). We need much more multi-level research on social support and caregiving to examine how micro, meso, and macro contexts influence the processes, courses, and outcomes involved in social support and caregiving. More attention to the intersection of gender, ethnicity, social class, and age in terms of social support and caregiving is also needed.

While we know that the Canadian population is aging within a changing social, cultural, political, and economic context, we do not know the consequences of many of the changes taking place for social support and old age in the future. Will changing technologies (e.g., webcams, Skype) mean the provision of support from a distance will be enhanced and become increasingly common? Will enhanced security concerns and the continually increasing price of oil mean that air travel becomes out of reach for many families to visit older relatives? Will the ending of mandatory retirement see some individuals working longer, or for those who need the economic resources to survive, will retirement be a less and less realistic option? Will Canada witness compression of morbidity in the future? For instance, a declining trend in severe disability is evident in the United States, Italy, and the Netherlands, but it is stable in Australia and Canada and increasing in

Sweden and Japan (Manton, 2008; Organization for Economic Cooperation and Development, 2009). Increases in the prevalence of obesity threaten this trend.

What does seem certain is that families, friends, and neighbours by and large are there for one another when need arises in old age. This has been true throughout history, and remains true today. Further, there is no indication that this reality of social support and care will change in the future, although the particular forms and manifestations of such support will, of necessity, continue to evolve.

References

- Abel, E.K., & Nelson, M.K. (1990). *Circles of care, work and identity in women's lives*. New York: State University of New York Press.
- Anderson, C.S., Linto, J., & Stewart-Wynne, E.G. (1995). A population-based assessment of the impact and burden of caregiving for long-term stroke survivors. *Stroke*, *26*, 843–849.
- Andren, S., & Elmstahl, S. (2005). Family caregivers' subjective experiences of satisfaction in dementia care: Aspects of burden, subjective health and sense of coherence. *Scandinavian Journal of Caring Sciences*, *19*(2), 157–168.
- Antonucci, T.C., Lansford, J.E., & Akiyama, H. (2001). Impact of positive and negative aspects of marital relationships and friendships on well-being of older adults. *Applied Developmental Science*, *5*(2), 68–75.
- Armstrong, P., & Armstrong, H. (2001). *The double ghetto: Canadian women and their segregated work* (3rd ed.). Toronto, Canada: McClelland & Stewart.
- Aronson, J. (1992). Women's sense of responsibility for the care of old people: "But who else is going to do it?" *Gender and Society*, *6*(1), 8–29.
- Aronson, J. (1998). Women's perspectives on informal care of the elderly: Public ideology and personal experience of giving and receiving care. In D. Coburn, C. D'Arcy & G. Torrance (Eds.), *Health and Canadian society: Sociological perspectives* (pp. 399–416). Toronto, Canada: University of Toronto Press.
- Aronson, J., Denton, M., & Zeytinoglu, I. (2004). Market-modeled home care in Ontario: Deteriorating working conditions and dwindling community capacity. *Canadian Public Policy*, *30*(1), 111–125.
- Bajekal, M., Bland, D., Grewal, I., Karlsen, S., & Nazroo, J. (2004). Ethnic differences in influences on quality of life at older ages: A quantitative analysis. *Ageing and Society*, *24*(5), 709–728.
- Baines, C., Evans, P., & Neysmith, S. (1998). Women's caring: Work expanding, state contracting. In C. Baines, P. Evans & S. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare* (pp. 3–22). Toronto, Canada: Oxford University Press.
- Bakas, T., & Burgener, S.C. (2002). Predictors of emotional distress, general health, and caregiving outcomes in family caregivers of stroke survivors. *Topics in Stroke Rehabilitation*, *9*(1), 34–45.
- Barry, J. (1995). Care-need and care-receivers: Views from the margins. *Women's Studies International Forum*, *18*, 361–374.
- Bass, D.M., Noelker, L.S., & Rechlin, L.R. (1996). The moderating influence of service use on negative caregiving consequences. *Journal of Gerontology*, *51B*(3), S121–S131.
- Berkman, L.F. (1995). The role of social relations in health promotion. *Psychosomatic Medicine*, *57*(3), 245–254.
- Berkman, L.F., Glass, T., Brissette, I., & Seeman, T.E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine*, *51*(6), 843–857.
- Bezanson, K. (2008). Gender and the limits of social capital. *Canadian Review of Sociology*, *43*(4), 427–443.
- Blakemore, K., & Boneham, M. (1994). *Age, race and ethnicity: A comparative approach*. Buckingham, UK: Open University Press.
- Braithwaite, V. (1998). Institutional respite care: Breaking chores or breaking social bonds? *The Gerontologist*, *38*(5), 610–617.
- Brown, S.L., Nesse, R.M., Vinokur, A.D., & Smith, D.M. (2003). Providing social support may be more beneficial than receiving it: Results from a prospective study of mortality. *Psychological Science*, *14*(4), 320–327.
- Brown, S.L., Lee, G.R., & Bulanda, J.R. (2006). Cohabitation among older adults: A national portrait. *Journal of Gerontology*, *61B*(2), S71–S79.
- Calasanti, T.M., & Slevin, K.F. (2001). Gender, care work and family in old age. In T.M. Calasanti & K.F. Slevin (Eds.) *Gender, social inequalities and aging*, (pp. 143–178). Walnut Creek, CA: Altamira Press.
- Campbell, L.D., & Martin-Matthews, A. (2003). The gendered nature of men's filial care. *Journal of Gerontology*, *58B*, S350–S358.
- Canuscio, C., Jones, J., Kawachi, I., Colditz, G., Berkman, L., & Rimme, E. (2002). Reverberations of family illness: A longitudinal assessment of informal caregiver and mental health status in the nurses' health study. *American Journal of Public Health*, *92*(8), 1305–1311.
- Carrière, Y.L., Martel, L., Legare, J., & Morin, L. (2005). Socio-demographic factors associated with the use of formal and informal support networks among elderly Canadians. *International Studies in Population*, *2*(4), 287–304.
- Chappell, N.L. (2001). Caregiving in old age. In N.J. Smelsen & P.B. Baltes (Eds.), *International encyclopedia of social and*

- behavioural sciences*, 3, (pp. 1479–1481). Oxford: Pergamon Press.
- Chappell, N.L. (2007). Ethnicity and quality of life. In Moltenkopf & Walker (Eds.), *Quality of life in old age, international and multi-disciplinary perspectives* (pp. 179–194). Germany: Springer.
- Chappell, N.L. (2008). Comparing caregivers to older adults in Shanghai. *Asian Journal of Gerontology and Geriatrics*, 3(2), 57–65.
- Chappell, N., & Funk, L. (2010). Social capital: Does it add to the health inequalities debate? *Social Indicators Research*, 99(3), 357–373.
- Chappell, N., Gee, E., McDonald, L., & Stone, M. (2003). *Aging in contemporary Canada*. Toronto, Canada: Prentice Hall.
- Chappell, N.L., & Penning, M.J. (2005). Family caregivers: Increasing demands in the context of 21st century globalization. In Johnson (ed.), *The Cambridge handbook of age and aging* (pp. 455–462). Cambridge, UK: Cambridge University Press.
- Chappell, N.L., & Reid, R.C. (2002). Burden and well-being among caregivers: Examining the distinction. *The Gerontologist*, 42(6), 772–780.
- Chappell, N.L. (1992). *Social support and aging*. Toronto, Canada: Butterworths.
- Chen, X., & Silverstein, M. (2000). Intergenerational social support and the psychological well-being of older parents in China. *Research on Aging*, 22(1), 43–65.
- Choi, H., & Marks, N.F. (2006). Transition to caregiving, marital disagreement, and psychological well-being: A prospective U.S. national study. *Journal of Family Issues*, 27(12), 1701–1722.
- Christakis, N.A., & Allison, P.D. (2006). Mortality after the hospitalization of a spouse. *New England Journal of Medicine*, 354(730), 719–730.
- Cloutier-Fisher, D., & Kobayashi, K.M. (2009). Exploring the linkages between place, health status and health care utilization among socially isolated older adults in Canada: Findings from the 2000–01 Canadian Community Health Survey. *Gender, Place, and Culture*, 16(2), 181–199.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300–314.
- Cochrane, J.J., Goering, P.N., & Rogers, J.M. (1997). The mental health of informal caregivers in Ontario: An epidemiological survey. *American Journal of Public Health*, 87(12), 2002–2007.
- Cohen, S., & Syme, S.L. (1985). Issues in the study and application of social support. In S. Cohen and S.L. Syme (Eds.), *Social support and health*. Orlando, FL: Academic Press.
- Connell, C.M., Janevic, M.R., & Gallant, M.P. (2001). The costs of caring: Impact of dementia on family caregivers. *Journal of Geriatric Psychiatry and Neurology*, 14(4), 179–187.
- Connidis, I.A., & McMullin, J.A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and the Family*, 64(3), 558–567.
- Cox, E., & Dooley, A. (1996). Care-receiver's perception of their role in the care process. *Journal of Gerontological Social Work*, 26, 133–52.
- Corna, L.M., & Cairney, J. (2005). The role of social support in the relationship between urinary incontinence and psychological distress in older adults. *Canadian Journal on Aging*, 24(3), 285–294.
- Covinsky, K.E., Eng, C., Lui, L., Sands, L.P., Sehgal, A.R., Walter, L.C., et al. (2001). Reduced employment in caregivers of frail elders: Impact of ethnicity, patient clinical characteristics, and caregiver characteristics. *Journal of Gerontology*, 56A, M707–M713.
- Cruz, J. (2003). *Sociological analysis of aging: The gay male perspective*. Binghamton, NY: Haworth.
- Dannefer, D., Stein, P., Siders, R., & Patterson, R.S. (2008). Is that all there is? The concept of care and the dialectic of critique. *Journal of Aging Studies*, 22, 101–108.
- Dautzenberg, M.G.H., Diederiks, J.P.M., Philipsen, H., Stevens, F.C.J., Tan, F.E.S., & Vernooij-Dassen, M.J.F.J. (2000). The competing demands of paid work and parent care: Middle-aged daughters providing assistance to elderly parents. *Research on Aging*, 22, 165–187.
- Davis, L.L., Weaver, M., Zamrini, E., Stevens, A., Kang, D.-H., & Parker, C.R. Jr. (2004). Biopsychological markers of distress in informal caregivers. *Biological Research for Nursing*, 6(2), 90–99.
- Deber, R., Narine, L., Baranek, P., Sharpe, N., Duvalco, K.K., Zlotnik-Shaul, R., et al. (1998). *The public-private mix in health care. Striking a balance, health care systems in Canada and elsewhere, Vol. R* (pp. 423–545). Commissioned by the National Forum on Health. Quebec: Editions Multi-Mondes.
- de Jong Gierveld, J., & Dykstra, P.A. (2008). Virtue is its own reward? Support-giving in the family and loneliness in middle and old age. *Ageing and Society*, 28, 271–287.
- de Jong Gierveld, J. (2004). Remarriage, unmarried cohabitation, living apart together: Partner relationships following bereavement or divorce. *Journal of Marriage and Family*, 66, 236–243.
- Dilworth-Anderson, P., Goodwin, P.Y., & Wallace Williams, S. (2004). Can culture help explain the physical health effects of caregiving over time among African American caregivers? *Journal of Gerontology*, 59, S138–S145.
- Edwards, A.B., Zarit, S.H., Stephens, M.A.P., & Townsend, A. (2002). Employed family caregivers of cognitively impaired elderly: An examination of role strain and

- depressive symptoms. *Aging and Mental Health*, 6, 55–61.
- Estes, C.L. (1999). The aging enterprise revisited. In C.L. Estes & M. Minkler (Eds.), *Critical gerontology: Perspectives from political and moral economy* (pp. 135–146). Amityville, NY: Baywood.
- Estes, C.L., & Binney, E.A. (1989). The biomedicalization of aging: Dangers and dilemmas. *The Gerontologist*, 29, 587–596.
- Fredman, L., Cauley, J.A., Satterfield, S., Simonsick, E., Spencer, M., Ayonayon, H.N., et al. (2008). Caregiving, mortality and mobility decline: The Health, Aging and Body Composition (Health ABC) Study. *Archives of Internal Medicine*, 168(19), 2154–2162.
- Fuchs, E., Shapiro, R., & Minnite, L. (2001). Social capital, political participation, and the urban community. In S. Saegert, J.P. Thompson & M. Warren (Eds.), *Social capital and poor communities* (pp. 290–324). New York: Russell Sage Foundation.
- Funk, L.M., & Stajduhar, K.I. (2009). Interviewing family caregivers: Implications of the caregiving context for the research interview. *Qualitative Health Research*, 19(6), 859–867.
- Gee, E.M., & Gutman, G.M. (Eds.) (2009). *The overselling of population aging: Apocalyptic demography, intergenerational challenges, and social policy*. Toronto, Canada: Oxford University Press.
- Giles, L.C., Glonek, G.F.V., Luszcz, M.A., & Andrews, G.R. (2005). Effect of social networks on 10 year survival in very old Australians: The Australian Longitudinal Study of Aging. *Journal of Epidemiology and Community Health*, 59, 574–579.
- Gladstone, J.W., Dupuis, S.L., & Wexler, E. (2006). Changes in family involvement following a relative's move to a long-term care facility. *Canadian Journal on Aging*, 25(1), 93–106.
- Gold, D.P., Cohen, C., Shulman, K., Zuccehero, C., Andres, D., & Etezad, J. (1995). Caregiving and dementia: Predicting negative and positive outcomes for caregivers. *International Journal of Aging and Human Development*, 41(3), 183–201.
- Grant, J.S., Elliott, T.R., Weaver, M., Glandon, G.L., Raper, J.L., & Giger, J.N. (2006). Social support, social problem-solving abilities, and adjustment of family caregivers of stroke survivors. *Archives of Physical Medicine and Rehabilitation*, 87, 343–350.
- Grossman, A.H., D'Augelli, R.D., & Hershberger, S.L. (2000). Social support networks of lesbian, gay and bisexual adults 60 years of age and older. *Journal of Gerontology*, 55B(3), P171–P179.
- Grundy, E., & Sloggett, A. (2003). Health inequalities in the older population: The role of personal capital, social resources and socio-economic circumstances. *Social Science and Medicine*, 56(5), 935–947.
- Gurung, R.A.R., Taylor, S.E., & Seeman, T.E. (2003). Accounting for changes in social support among married older adults: Insights from the MacArthur studies of successful aging. *Psychology and Aging*, 18(3), 487–496.
- Hays, J.C., Steffens, D.C., Flint, E.P., Bosworth, H.B., & George, L.K. (2001). Does social support buffer functional decline in elderly patients with unipolar depression? *American Journal of Psychiatry*, 158, 1850–1855.
- Heaton, J. (1999). The gaze and visibility of the carer: A Foucauldian analysis of the discourse of informal care. *Sociology of Health and Illness*, 21, 759–777.
- Helgeson, V.S. (2004). *Social support and quality of life*. Netherlands: Springer.
- Henderson, J., & Forbat, L. (2002). Relationship-based social policy: Personal and policy constructions of 'care'. *Critical Social Policy*, 22, 669–687.
- Hirst, M. (2005). Carer distress: A prospective, population-based study. *Social Science and Medicine*, 61(3), 697–708.
- Ho, S., Chan, A., Woo, J., Chong, P., & Sham, A. (2009). Impact of caregiving on health and quality of life: A comparative population-based study of caregivers for elderly persons and noncaregivers. *Journal of Gerontology*, 64A, 873–879.
- Hooyman, N.R. (1990). Women as caregivers of the elderly: Implications for social welfare policy and practice. In D.E. Biegel & A. Blum (Eds.), *Aging and caregiving: Theory, research and policy* (pp. 221–241). London: Sage.
- Hollander, M.J., & Chappell, N.L. (2010). *Policy challenges to provide compassionate care to an aging population*. Submission to the Canadian Parliamentary Committee on Palliative and Compassionate Care. Victoria, Canada.
- House, J.S. & Khan, R.L. (1985). Measures and concepts of social support. In S. Cohen & S.L. Syme (Eds.), *Social support and health*. Orlando, FL: Academic Press.
- Hubert, H.B., Bloch, D.A., Oehlert, J.W., & Fries, J.F. (2002). Lifestyle habits and compression of morbidity. *Journal of Gerontology*, 57(6), M347–M351.
- Hyypya, M.T., & Maki, J. (2003). Social participation and health in a community rich in stock of social capital. *Health Education Research*, 18(6), 770–779.
- Keating, N., Fast, J., Frederick, J., Cranswick, K., & Perrier, C. (1999). *Eldercare in Canada: Context, content and consequences*. Ottawa, Canada: Statistics Canada (catalogue no. 89-570-XPE).
- Keefe, J.M., & Fancey, P. (2002). Work and eldercare: Reciprocity between older mothers and their employed daughters. *Canadian Journal on Aging*, 21(2), 229–241.
- Keefe, J., Légaré, J., & Carrière, Y. (2004). *Projecting the future availability of informal support and assessing its impact on*

- home care services*. #6603-03-2000/2590175. Ottawa, Canada: Funded by Health Canada, March.
- Keith, P.M., Kim, S., & Schafer, R.B. (2000). Informal ties of the unmarried in middle and later life: Who has them and who does not? *Sociological Spectrum*, 20(2), 221–238.
- Kemp, C. (2003). The social and demographic contours of contemporary grandparenthood: Mapping patterns in Canada and the United States. *Journal of Comparative Family Studies*, 34(2), 187–212.
- Kiecolt-Glaser, J.K., Preacher, K.J., MacCallum, R.C., Atkinson, C., Malarkey, W.B., & Glaser, R. (2003). Chronic stress and age-related increases in the proinflammatory cytokine IL-6. *Proceedings of the National Academy of Sciences of the United States of America*, 100(15), 9090–9095.
- Kobayashi, K.M., Cloutier-Fisher, D., & Roth, M. (2009). The link between social isolation and health among older adults in small city and small town, British Columbia. *Journal of Aging and Health*, 21, 374–397.
- Krause, N. (1995). Negative interaction and satisfaction with social support among older adults. *Journal of Gerontology*, 50B(2), P59–P73.
- Kreuter, M., Lezin, N., Young, L., & Koplan, A. (2001). Social capital: Evaluation implications for community health promotion. In I. Rootman, M. Goodstadt, B. Hyndman, D.V. McQueen, L. Potvin, & J. Springett (Eds.), *Evaluation in health promotion: Principles and perspectives*. Copenhagen, Denmark: World Health Organization (WHO). WHO regional publications, European series, no 92.
- Lai, D.W.L., & Leonenko, W. (2007). Effects of caregiving on employment and economic costs of Chinese family caregivers in Canada. *Journal of Family and Economic Issues*, 28(3), 411–427.
- Lan, P.-C. (2002). Subcontracting filial piety, elder care in ethnic Chinese immigrant families in California. *Journal of Family Issues*, 23(7), 812–835.
- Lang, F.R., & Carstensen, L.L. (1994). Close emotional relationships in late life: Further support for proactive aging in the social domain. *Psychology and Aging*, 9(2), 315–324.
- Larsson, K., & Silverstein, M. (2004). The effects of marital and parental status on informal support and service utilization: A study of older Swedes living alone. *Journal of Aging Studies*, 18(2), 231–244.
- Lee, B. (2007). Caregiving: A far-reaching public health concern. *American Journal of Public Health*, 97(11), 1931.
- Lee, S., Colditz, G.A., Berkman, L.F., & Kawachi, I. (2003). Caregiving and risk of coronary heart disease in U.S. women: A prospective study. *American Journal of Preventive Medicine*, 24(2), 113–119.
- Lee, J.A., Walker, M., & Shoup, R. (2001). Balancing elder care responsibilities and work: The impact on emotional health. *Journal of Business and Psychology*, 16, 277–289.
- Liang, J., Krause, N.M., & Bennett, J.M. (2001). Social exchange and well-being: Is giving better than receiving? *Psychology and Aging*, 16(3), 511–523.
- Lynch, J.W., Due, P., Muntaner, C. & Smith, G.D. (2000). Social capital—Is it a good investment strategy for public health? *Journal of Epidemiology and Community Health*, 54(6), 404–408.
- MacKenzie, P., Brown, L., Callahan, M., & Whittington, B. (2005). *Grandparents raising their grandchildren*. Paper presented at the Canadian Association on Gerontology Annual Meeting, Halifax, NS.
- MacRae, H. (1998). Managing feelings: Caregiving as emotion work. *Research on Aging*, 20(1), 137–160.
- Malone Beach, E.E., & Zarit, S. (1995). Dimensions of social support and social conflict as predictors of caregiver depression. *International Psychogeriatrics*, 7(1), 25–38.
- Manton, K.G. (2008). Recent declines in chronic disability in the elderly U.S. population: Risk factors and future dynamics. *Annual Review of Public Health*, 29, 91–113.
- Martin-Matthews, A. (2000). Change and diversity in aging families and intergenerational relations. In Mandell & Duffy (Eds.), *Canadian families: Diversity, conflict and change* (2nd ed.). Toronto, Canada: Harcourt Canada.
- Martin-Matthews, A., & Campbell, L. (1995). Gender roles, employment and informal care. In S. Arber & J. Ginn (Eds.), *Connecting gender and aging: A sociological analysis* (pp. 129–143). Buckingham, UK: Open University Press.
- Martin-Matthews, A., & Rosenthal, C.J. (1993). Balancing work and family in an aging society: The Canadian experience. In G.L. Maddox, & M.P. Lawton (Eds.), *Annual Review of Gerontology and Geriatrics*, 13 (pp. 96–119). New York: Springer Publishing Company.
- Martire, L.M., Schulz, R., Mittelmark, M.B., & Newsom, J.T. (1999). Stability and change in older adults' social contact and social support: The Cardiovascular Health Study. *Journal of Gerontology*, 54(5), S302–S311.
- McCullagh, E., Brigstocke, G., Donaldson, N., & Kalra, L. (2005). Determinants of caregiving burden and quality of life in caregivers of stroke patients. *Stroke*, 36, 2181–2186.
- McDaniel, S.A. (2002). Women's changing relations to the state and citizenship: Caring and intergenerational relations in globalizing western democracies. *Canadian Review of Sociology and Anthropology*, 39(2), 125–150.
- McDowell, I. (2006). *Measuring health: A guide to rating scales and questionnaires* (3rd ed.). New York: Oxford University Press.
- McMullin, J.A. (2000). Diversity and the state of sociological aging theory. *The Gerontologist*, 40(5), S517–S530.
- McPherson, Barry, D., & Wister, A. (2008). *Aging as a social process: Canadian perspectives* (5th ed.). Don Mills, ON: Oxford University Press Canada.

- Milan, A., Vezina, M., & Wells, C. (2007). *Family portrait: Continuity and change in Canadian families and households in 2006*, Statistics Canada Catalogue no. 97-553-XIE. Ottawa, Canada: Minister of Industry.
- Mockler, D., Riordan, J., & Murphy, M. (1998). Psychosocial factors associated with the use/non-use of mental health services by primary carers of individuals with dementia. *International Journal of Geriatric Psychiatry*, 13(5), 310–314.
- Moriarty, J., & Butt, J. (2004). Social support and ethnicity in old age. In A. Walker & C. Hagan Hennessy (Eds.), *Quality of life in old age*. Maidenhead, UK: Open University Press.
- Navaie-Waliser, M., Feldman, P.H., Gould, D.A., Levine, C., Kuerbis, A.N., & Donelan, K. (2002). When the caregiver needs care: The plight of vulnerable caregivers. *American Journal of Public Health*, 92(3), 409–413.
- Nijboer, C., Triemstra, M., Tempelaar, R., Sanderman, R., & van den Bos, G.A.M. (1999). Determinants of caregiving experiences and mental health of partners of cancer patients. *Cancer*, 86(4), 577–588.
- Ng, C.F., Northcott, H.C., & McIrvin Abu-Laban, S. (2007). Housing and living arrangements of South Asian immigrant seniors in Edmonton, Alberta. *Canadian Journal on Aging*, 26(3), 185–194.
- Novak, M., & Campbell, L.D. (2006). *Aging and society: A Canadian perspective* (5th ed.). Toronto, Canada: Nelson.
- O'Connor, D.L. (2007). Self-identifying as a caregiver: Exploring the positioning process. *Journal of Aging Studies*, 21(2), 165–174.
- Organization for Economic Cooperation and Development (2009). Health at a Glance 2009—OECD Indicators. Retrieved from June 11, 2011, <http://www.oecd.org/health/healthataglance>
- Ory, M.G., Hoffman, R.R., Lee, J.L., Tennstedt, S., & Schulz, R. (1999). Prevalence and impact of caregiving: A detailed comparison between dementia and nondementia caregivers. *The Gerontologist*, 39(2), 177–186.
- Pearlin, L.I. (1985). Social structure and processes of social support. In S. Cohen and S.L. Syme (Eds.), *Social support and health*. Orlando, FL: Academic Press.
- Penning, M. (2002). Hydra revisited: Substituting formal for self and informal in-home care among older adults with disabilities. *The Gerontologist*, 42, 4–16.
- Penning, M., & Keating, N.C. (1999). Self, informal and formal care: Partnerships in community-based and residential care settings. *Canadian Journal on Aging*, 19, 75–100.
- Penning, M.J. (1998). In the middle: Parental caregiving in the context of other roles. *Journal of Gerontology*, 53B, S188–S197.
- Penning, M.J., Allan, D.E., Roos, L.L., Chappell, N.L., Roos, N.P., & Lin, G. (2002). *Health care restructuring and community-based care: Three regions in British Columbia*. Victoria, Canada: Centre on Aging, University of Victoria.
- Penninx, B.W.J.H., van Tilburg, T., Deeg, D.J.H., Kriegsman, D.M.W., Boeke, A.J.P., & Van Eijk, J.T.M. (1997). Direct and buffer effects of social support and personal coping resources in individuals with arthritis. *Social Science and Medicine*, 44(3), 393–402.
- Phillips, J. E., & Bernard, M. (2008). Work and care: Blurring the boundaries of space, place, time, and distance. In A. Martin-Matthews & J.E. Phillips (Eds.), *Aging and caring at the intersection of work and home life: Blurring the boundaries* (pp. 85–105). New York: Psychology Press.
- Pickard, L. (2001). Carer break or carer-blind? Policies for informal carers in the UK. *Social Policy and Administration*, 35(4), 441–458.
- Pillemer, K., & Suitor, J.J. (2005). Ambivalence in intergenerational relations over the life-course. In M. Silverstein, R. Giarrusso, & V.L. Bengtson (Eds.), *Intergenerational relations across time and place* (pp. 1–28). New York: Springer.
- Pinquart, M., & Sörensen, S. (2003). Associations of stressors and uplifts of caregiving with caregiver burden and depressive mood: A meta-analysis. *Journal of Gerontology*, 58, P112–P128.
- Pinquart, M., & Sörensen, S. (2005). Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. *The Gerontologist*, 45, 90–106.
- Pinquart, M., & Sörensen, S. (2006). Gender differences in caregiver stressors, social resources, and health: An updated meta-analysis. *Journal of Gerontology*, 61, P33–P45.
- Pinquart, M., & Sörensen, M. (2007). Correlates of physical health of informal caregivers: A meta-analysis. *Journal of Gerontology Series B: Psychological Sciences and Social Sciences*, 62, 126–137.
- Ploeg, J., Campbell, L.D., Denton, M., Joshi, A., & Davies, S. (2004). Helping to build and rebuild secure lives and futures: Intergenerational financial transfers from parents to adult children and grandchildren. *Canadian Journal on Aging*, 23(Suppl. 1), S131–S143.
- Reid, R.C., Stadjuhar, K.I., & Chappell, N.L. (2010). The impact of work interferences on family caregiver outcomes. *Journal of Applied Gerontology*, 29(3), 267–289.
- Robison, J., Fortinsky, R., Kelppinger, A., Shugrue, N., & Porter, M. (2009). A broader view of family caregiving: Effects of caregiving and caregiver conditions on depressive symptoms, health, work, and social isolation. *Journal of Gerontology*, 64B(6), 788–798.
- Rose, H., & Bruce, E. (1995). Mutual care but differential esteem: Caring between older couples. In S. Arber & J. Ginn (Eds.), *Connecting gender and ageing: A sociological approach*, (pp. 114–128). Buckingham, UK: Open University Press.

- Rosenthal, C.J., Hayward, L.M., Martin-Matthews, A., & Denton, M.A. (2004). Help to older parents and parents-in-Law: Does paid employment constrain women's helping behaviour? *Canadian Journal on Aging, 23*(Suppl. A), S97–S112.
- Rosenthal, C.J., Martin-Matthews, A., & Keefe, J. (2007). Families as care providers versus care-managers? *Ageing and Society, 27*(5), 1–24.
- Rosenthal, C.J., Martin-Matthews, A., & Keefe, J.M. (2007). Care management and care provision for older relatives amongst employed informal care-givers. *Ageing and Society, 27*, 755–778.
- Schulz, R., & Beach, S.R. (1999). Caregiving as a risk factor for mortality: The caregiver health effects study. *Journal of the American Medical Association, 282*, 2215–2219.
- Schulz, R., & Martire, L.M. (2004). Family caregiving of persons with dementia: Prevalence, health effects, and support strategies. *American Journal of Geriatric Psychiatry, 12*(3), 240–249.
- Segall, A., & Chappell, N. (2000). *Health and health care in Canada*. Toronto, Canada: Prentice Hall.
- Seeman, T.E., Lusignolo, T.M., Albert, M., & Berkman, L. (2001). Social relationships, social support, and patterns of cognitive aging in healthy, high-functioning older adults: MacArthur Studies of Successful Aging. *Health Psychology, 20*(4), 243–255.
- Seeman, T.E., Singer, B.H., Ryff, C.D., Dienberg Love, G., & Levy-Storms, L. (2002). Social relationships, gender, and allostatic load across two age cohorts. *Psychosomatic Medicine, 64*, 395–406.
- Shaw, W.S., Patterson, T.L., Semple, S.J., Grant, I., Yu, E.S.H., Zhang, M.Y., He, Y., & Wu, W.Y. (1997). A cross-cultural validation of coping strategies and their associations with caregiver distress. *The Gerontologist, 37*(4), 490–504.
- Sherwood, P.R., Given, C.W., Given, B.A., & von Eye, A. (2005). Caregiver burden and depressive symptoms: Analysis of common outcomes in caregivers of elderly patients. *Journal of Aging and Health, 17*(2), 125–147.
- Silverstein, M., Chen, X., & Heller, K. (1996). Too much of a good thing? Intergenerational social support and the psychological well-being of older parents. *Journal of Marriage and the Family, 58*, 970–982.
- Sims-Gould, J., & Martin-Matthews, A. (2010). We share the care: Family caregivers' experiences of their older relative receiving home support services. *Health and Social Care, 18*(4), 415–423.
- Son, J., & Lin, N. (2008). Social capital and civic action: A network-based approach. *Social Science Research, 37*(1), 330–349.
- Stone, L.O., Rosenthal, C.J., & Connidis, I.A. (1998). *Parent-child exchanges of supports and intergenerational equity*. Ottawa, Canada: Statistics Canada, Family and Community Support Systems Division. Cat. No. 89-557-XPE.
- Sundquist, K., Lindstrom, M., Malmstrom, M., Johansson, S.-E., & Sundquist, J. (2004). Social participation and coronary heart disease: A follow-up study of 6900 women and men in Sweden. *Social Science and Medicine, 58*, 615.
- Talley, R.C., & Crews, J.E. (2007). Framing the public health of caregiving. *American Journal of Public Health, 97*(2), 224–228.
- Tarlow, B.J., Wisniewski, S.R., Belle, S.H., Rubert, M., Ory, M.G., & Gallagher-Thompson, D. (2004). Positive aspects of caregiving: Contributions of the REACH project to the development of new measures for Alzheimer's caregiving. *Research on Aging, 26*(4), 429–453.
- Theurer, K., & Wister, A. (2010). Altruistic behaviour and social capital as predictors of well-being among older Canadians. *Ageing and Society, 30*, 157–181.
- Tomaka, J., Thompson, S., & Palacios, R. (2006). The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of Aging and Health, 18*(3), 359–384.
- Travis, L.A., Lyness, J.M., Shields, C., King, D.A., & Cox, C. (2004). Social support, depression, and functional disability in older adult primary-care patients. *American Journal of Psychiatry, 12*(3), 265–271.
- Turcotte, M., & Schellenberg, G. (2006). *A portrait of seniors in Canada*. Ottawa, Canada: Statistics Canada.
- Uchino, B.N. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine, 29*, 377–387.
- Uchino, B.N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science, 4*(3), 236–255.
- Uhlenberg, P. (2004). Historical forces shaping grandparent-grandchild relationships: Demography and beyond. In M. Silverstein and W. Schaie (Eds.), *Annual Review of Gerontology and Geriatrics* (vol. 24, pp. 77–97). New York: Springer.
- van den Hoonaard, D. (2001). *The widowed self: The older woman's journey through widowhood*. Waterloo, Canada: Wilfred Laurier University Press.
- Ungerson, C. (1997). Social politics and the commodification of care. *Social Politics, 4*, 362–81.
- van Tilburg, T. (1998). Losing and gaining in old age: Changes in personal network size and social support in a four-year longitudinal study. *Journal of Gerontology, 53B*(6), S313–S323.
- Veenstra, G. (2000). Social capital, SES and health: An individual-level analysis. *Social Science and Medicine, 50*, 619–629.

- Vitaliano, P.P., Zhang, J., & Scanlan, J.M. (2003). Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological Bulletin*, *129*(6), 946–972.
- Von Kanel, R., Dimsdale, J.E., Mills, P.J., Ancoli-Israel, S., Patterson, T.L., Mausbach, B.T., et al. (2006). Effect of Alzheimer caregiving stress and age on frailty markers Interleukin-6, C-Reactive Protein, and D-Dimer. *Journal of Gerontology*, *61*, 963–969.
- Walen, H.R., & Lachman, M.E. (2000). Social support and strain from partner, family, and friends: Costs and benefits for men and women in adulthood. *Journal of Social and Personal Relationships*, *17*(1), 5–30.
- Walker, B.L., Osgood, N.J., Richardson, J.P., & Ephross, P.H. (1998). Staff and elderly knowledge and attitudes toward elderly sexuality. *Educational Gerontology*, *24*(5), 471–489.
- Ward-Griffin, C., Keefe, J., Martin-Matthews, A., Kerr, M., Brown, J.B., & Oudshoorn, A. (2009). Development and validation of the double duty caregiving scale. *Canadian Journal of Nursing Research*, *41*(3), 108–128.
- Ward-Griffin, C., & Marshall, V. (2003). Reconceptualizing the relationship between 'public' and 'private' eldercare. *Journal of Aging Studies*, *17*, 189–208.
- Wenger, C., Grant, G., & Nolan, M. (1996). Older people as carers as well as recipients of care. In V. Minichiello, N. Chappell, H. Kendig, & A. Walker (Eds.), *Sociology of aging: International perspectives*. Melbourne, Australia: ISA Research Committee on Aging.
- Williams, A.P., Deber, R., Baranek, P., & Gildiner, A. (2001). From medicare to home care: Globalization, state retrenchment, and the profitization of Canada's health-care system. In P. Armstrong, & D. Coburn (Eds.), *Unhealthy times: Political economy perspectives on health care in Canada* (pp. 7–30). Toronto, Canada: Oxford University Press.
- Woloshin, S., Schwartz, L.M., Tosteson, A.N.A., Chang, C.H., Wright, B., Plohman, J., et al. (2007). Perceived adequacy of tangible social support and health outcomes in patients with coronary artery disease. *Journal of General Internal Medicine*, *12*(1), 613–618.
- Wu, Z., & Hart, R. (2002). Social and health factors associated with support among elderly immigrants in Canada. *Research on Aging*, *14*(4), 391–412.
- Wu, Z., & Pollard, M.S. (1998). Social support among unmarried childless elderly persons. *Journal of Gerontology*, *53B*, S324–S335.
- Yee, J. L., & Schulz, R. (2000). Gender differences in psychiatric morbidity among family caregivers: A review and analysis. *The Gerontologist*, *40*, 147–164.
- Zunzunegui, M.V., Alvarado, B.E., Del Ser, T., & Otero, A. (2003). Social networks, social integration, and social engagement determine cognitive decline in community-dwelling Spanish older adults. *Journal of Gerontology*, *58*, S93–S100.
- Zunzunegui, M.V., Béland, F., & Otero, A. (2001). Support from children, living arrangements, self-rated health and depressive symptoms of older people in Spain. *International Journal of Epidemiology*, *30*, 1090–1099.