Receiving Support When Older: What Makes It OK?

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Purpose: Older people are seen as needing to receive support from other people as they age. But what are the experiences and expectations older people have of being “support receivers”? Design and Methods: Community-dwelling childless elders (n = 38, aged 63–93) were interviewed about their experiences and expectations of support, as they comprise a group “at risk” of lack of support. Responses were analyzed within a narrative gerontology framework of positioning theory as to how receiving support was “positioned” and how it related to growing older. Results: Participants defined support in widely diverse ways; it was not a straightforward concept. Receiving support could be warranted by particular circumstances such as illness, made acceptable by the qualities of the support giver, and/or by being part of reciprocal exchanges across time. Support receiving was resisted when associated with difficult interpersonal dynamics or assumptions of incapacity. It was also in tension with preferred positions of being “independent” or of needing “no support.” Participants positioned “oldness” negatively and as both equivalent to the need for support and as a potential outcome of being a support receiver. Implications: This research shows that support can be hard to define and hard to receive. Needs assessors and researchers asking “Do you have enough support?” need to consider how support is positioned to better target appropriate help. Assumptions about at-risk groups can be misleading; many childless participants had a lifetime of self-support or an intentionally developed “web of contacts” at a size that suited them, even if they looked unsupported to others.

Key Words: Ageism, Autonomy and self-efficacy, Childfree/less adults, Independence, Narrative methods, Qualitative research methods, Social support

Childless older people have often been portrayed as at risk for a lack of support in later life compared with their peers with children and grandchildren (DeOllos & Kapinus, 2002; Rook, 2009; Wu & Pollard, 1998). We know little about how childless older people themselves view this risk. In this New Zealand-based qualitative research, childless older participants were asked about their experiences and expectations of giving and receiving support, including as they grew older. This article focuses particularly on what made receiving support acceptable or difficult for participants, as it became clear through the project that support receiving was by no means a simple matter. This issue has implications for providers as they assess and deliver support to elders when required, as such assessments often rely on apparently transparent or unproblematic questions like, “Do you have enough support?” (Wu & Pollard, 1998). Our research also highlights that assumptions about at-risk groups can be misleading, as many of the childless participants in this research had a lifetime of self-support or had intentionally developed networks at a size that suited them, even if they looked unsupported to others.
Support and Older People

The assumption that older people have increasing support needs as they age underpins sociopolitical concerns about how to cope with population aging, despite scientific inquiry having already established that being older is not necessarily equivalent to needing support (Costanzo & Hoy, 2007). Adequate support is associated with positive health and mortality outcomes although the exact mechanisms of such associations, and the relative impact of social differences like age and parental status, are not clearly understood (Berkman, Glass, Brissette, & Seeman, 2000). Some argue that this lack of understanding is because “crude indicators,” such as frequency and type of social contacts, instead of “deeper analysis” of their quality and structure, have been used in making associations between support and health (Bowling, 1991, p. 79), and more in-depth exploration is required.

Investigating support associated with older people can imply that older adults need support in a way that other adults do not and thus is potentially ageist (Grenier, 2003). Yet, with limited access to paid work (Department of Labour, 2009) and superannuation levels set by the state, the support requirements of older people, even when exactly the same as those of other adults (such as having someone clean the house), are exposed to community and political scrutiny via state mechanisms of allocation such as needs assessments (Davey, 2002). It is therefore important that the views of older people, not just those of policy makers and needs assessors having to “deal” with them, are heard, an approach underpinned by our critical gerontology world view (Victor, 2005) as health scientists.

Who Supports Whom?

Researchers acknowledge that the omnibus variable of support is complex and have endeavored to define and distinguish various types of support: for example, according to what is being done (e.g., practical or social support, Langford, Bowsher, Maloney, & Lillis, 1997), who is doing it (e.g., a neighbor or a paid worker), networks or hierarchies of exchange (Bowling, 1991; Litwin, 1996), or the research or policy question being investigated. Scientists have been concerned at the portrayal of older people as net receivers of support in the “apocalyptic demography” discourse (Robertson, 1999; Wiles, 2011) or as a growing burden of support-needing “greedy geezers” (Cohen, 1994, p. 399). Needing support does not preclude the giving of support at the same time, with research into voluntary work (Greenfield & Marks, 2004), interdependence (Fine & Glendinning, 2005; Robertson, 1999), and reciprocity (e.g., Lewinter, 2003; McGee, Molloy, O’Hanlon, Layte, & Hickey, 2008) highlighting the need for support to be considered in terms of exchange, something given and received across a range of ages and circumstances. Some researchers have explored how older people hate to be a “burden” (McPherson, Wilson, & Murray, 2007) and how receiving necessary support is something to be tolerated by palliative care receivers (Ha & Pai, 2012) or formal-support recipients (Angus, Kontos, Dyck, McKeever, & Poland, 2005); others argue that the perspectives of people receiving support have been muted in the debates about support (Fine & Glendinning, 2005; Hughes, McKie, Hopkins, & Watson, 2005). Our research responds to such calls to better understand the support receiver’s perspective: to go beyond the typical focus on antecedents, correlates, and outcomes of support exchanges.

In addition, the combination of growing older and not having offspring has been argued to be a risk factor for lack of support (Grundy, 2006; Rook, 2009; Schröder-Butterfill & Kreager, 2005) and potentially an additional burden to the public purse (Tamborini, 2007). Rates of childlessness are increasing, from about 12% to at least 25% by 2040 in New Zealand, where this research was based (Boddington & Didham, 2009), similar to other Western nations (20% of U.S. women aged 40–44 were childless in 2006; Dye, 2008). However, it is difficult to untangle negative stereotypes of both childlessness (Gillespie, 2000) and older age (Bytheway, 1995) from results of population surveys to clearly establish how such risks play out in elders’ lives (Allen & Wiles, 2013a).

This research sought to build on existing literature by providing some qualitative understanding of childless older people’s talk about support. As our exploration of this topic proceeded, it was apparent that there were complex dynamics around receiving support, which is the particular focus of this article.

Design and Methods

The research question was, “What are the diverse experiences and expectations that childless older people have of support, given and received?”
We discuss participants’ responses to an open question about support given and/or received and then outline their experiences as “support receivers.” We highlight how independence or having no support can be interpreted and participants’ views on how support receiving relates to growing older.

Our research sought to add detailed accounts from childless people to cast further light on the multiple and contradictory perspectives on how support operates in later life (Bowling, 1991) and was framed around a conceptualization of age as socially constructed, seeing neither growing older nor being childless as inherently problematic (Bytheway, 1995; Gillespie, 2000). The accounts are viewed through the conceptual lenses of narrative gerontology as an overarching framework (Kenyon, Clark, & De Vries, 2001; Randall, 2007) and positioning theory as the analytic focus (Harré & van Langenhove, 1999; Harré, Moghaddam, Cairnie, Rothbart, & Sabat, 2009).

Narrative gerontology is a framework that values the descriptive narratives of older people as important data to be gathered and analyzed (Kenyon et al., 2001; Randall & McKim, 2008). Positioning theory provides ways to understand how those narratives “position” participants and others in “story lines,” the sociocultural and personal stories through which we make sense of experiences, concepts, and interactions (Allen & Wiles, 2013b; Harré & Moghaddam, 2003; Harré et al., 2009). Distinct from the more static idea of “roles,” positioning is active and dynamic across time spans ranging from a single conversation to a lifetime, constrained only by the range of story lines that can furnish positions (Harré & van Langenhove, 1999; Harré et al., 2009). For example, within the social story line of women being primarily responsible for domestic housework and cleaning, a woman may position herself as successful if her house is clean and a failure if she has to accept help with housework. Yet, help is more acceptable if positioned within a story line of medical necessity: “The doctor says I have to have help because of my health.” Positioning is a process whereby people position themselves (“I’m not old!”) and are positioned by others (“She’s got so old!”), sometimes in conflicting ways; in addition, concepts such as “oldness” can be positioned in different ways and in different story lines. For example, the “ageing population” is positioned as a triumph in a health story line or as an economic disaster in some fiscal story lines. Story lines are not “true” or fixed but are tools for creating or making sense of positions within social interactions (Harré & Moghaddam, 2003) and can be rejected or new story lines used to make sense as talk proceeds or as different cultural or knowledge systems come into play.

Thirty-eight diverse participants were recruited from 2008, following the University of Auckland Ethics Committee approval. Nine men and 29 women participated, ranging in age from 63 to 93, average age 80 (see Table 1 for more detail). Participants opted in after seeing the project in a community newspaper article or community settings, and the first author contacted them to discuss the project and interview them at a time and place of their choosing (all chose their own homes and had one interview of 60–90 min). Rapport building continued in giving participants the opportunity to choose their own pseudonyms in the interview, which they did with some care, such as choosing a name in memory of a loved one or having fun choosing the name of a favourite car (Nissan) or neighborhood dog (Tombie). Participants were community dwelling and were

<table>
<thead>
<tr>
<th>Table 1. Summary of Participants</th>
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<tr>
<td>Characteristic</td>
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<tr>
<td>Gender</td>
</tr>
<tr>
<td>Men</td>
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<tr>
<td>Women</td>
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<tr>
<td>Self-identified ethnicity</td>
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<tr>
<td>Pākehā (European New Zealander)</td>
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<tr>
<td>Māori</td>
</tr>
<tr>
<td>Other (e.g., Dutch, Anglo-Indian, Italian)</td>
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<tr>
<td>Partner status at time of interview¹</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td>Married</td>
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<tr>
<td>Divorced</td>
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<tr>
<td>Separated</td>
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<tr>
<td>Childlessness²</td>
</tr>
<tr>
<td>Never had children</td>
</tr>
<tr>
<td>Miscarriage/stillbirth</td>
</tr>
<tr>
<td>Outliving children</td>
</tr>
<tr>
<td>Stepchildren</td>
</tr>
<tr>
<td>Estranged/given up for adoption</td>
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<tr>
<td>Parents</td>
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</tbody>
</table>

¹Note. Participants’ mean age was 80 (range: 63–93).
²Māori are the indigenous population of New Zealand, comprising around 16%.
³One participant had been divorced once and widowed once and so appears in both categories.
⁴One participant is in three categories (had stepchildren, is a parent, who had to give up a child to be adopted); another is an estranged parent and stepparent with a second wife who has a child and stepchildren.
not selected by predetermined levels of support, as we were interested as to how they would define any help they were receiving from whatever sources. In the early stages of speaking with participants and research journal reflections after interviews (first author) and engaging with transcripts of the interviews (both authors), we observed that the “sad and lonely” stereotype of the childless in old age (Rook, 2009) was not being expressed by our participants (Allen & Wiles, 2013a). We were concerned that we were somehow only hearing from those who were “happy” to be childless. We therefore invited childless participants from a depression research project to take part (and noted no marked differences in these six from other participants), the rationale being that people with a diagnosis of depression are by definition less “happy”; this acted as a proxy for those who might be struggling more with life, including aspects of childlessness and support.

In semistructured interviews, we asked each participant about their experiences and expectations of support given and received and their journeys of childlessness; these questions opened the opportunity to tell their stories. Interviews were taped and transcribed, and transcripts were returned to participants for review (Forbat & Henderson, 2005), with a follow-up phone call 2 weeks later to check for corrections (such as a request to remove the name of a potentially identifying suburb where a club meeting was held) or further discussion (including reassurance to who some who expressed concern as to how “ungrammatical” their speech was in written form).

Interview data were multiply analyzed (Simons, Lathlean, & Squire, 2008), using narrative methods (Kenyon et al., 2001; Squire, 2008) for initial analysis and making sense and positioning theory (Harré & Moghaddam, 2003) for more finely grained analysis of the range of story lines within which support was positioned.

Participants’ accounts were sorted into broad topics, such as Support receiver, Support giver, and Support Lack of, and other topics arising from the interview narratives, such as Self-support. Some of these topics were informed by existing literature, but in the main, we observed and interrogated topics that the participants brought up. Table 2 shows researcher reflections on a participant’s account of being a support receiver from midway through the interviews, as we noticed the complex narratives around the support-receiver position. Qualitative data software (NVivo) was used as the filing system for the initial categorizing and overview, noting “experience-centered narratives” (Squire, 2008) such as present and future stories about self and others in relation to support, contradictions and gaps within narratives, and links with larger cultural narratives/story lines (Randall, 2007; Squire, 2008). Positioning analysis included considering the resulting text excerpts within the context of the whole interview (through rehearing the tapes) and proposing story lines as “working hypotheses” to make sense of unfolding positions (Harré & Moghaddam, 2003; see Allen & Wiles, 2013b for more examples). For example, participants positioned “oldness” within various story lines (e.g., the achievement of reaching a great old age or a sense of dismay at where time had gone). By stating that needing support was equated with being “old,” participants were negatively positioning the need for support; by stating that receiving support meant that you were loved and cared about, even if “old,” participants positioned being a help receiver as more positive.

Participant feedback was sought throughout the project (Johnson & Waterfield, 2004), including responses to an annual Christmas card and research update letter, to which many participants replied with interest. Final feedback meetings were attended by most participants (seven had died over the 4 years of the project) who said their experiences had been well represented in the narrative/positioning format, in line with the goal of confirmability through respondent validation (Johnson & Waterfield, 2004).

Results

The Meaning of “Support”

We were careful to craft an exploratory initial question: “Can you tell me about support given and/or received in the last week?” which allowed participants to talk about whatever support might mean to them, illustrated through recent experiences (see Table 3). “Receiving support” was mentioned by the minority of participants in answer to this question (13 out of the 38 people), contrary to the stereotype of older people as primarily in need of support. Instead, most people talked first about giving support (13), not needing any support (9), or mutual support (3). These numbers are meaningful only in hinting at the complexity of support, which became clearer as interviews proceeded.

As Table 3 shows, support referred to a wide range of activities, including instrumental support.
Those involved in support exchanges could be friends, family, careworkers, or oneself. Support could be described as a specific example ("I'm doing Meals on Wheels on Friday") or a vague generalization ("I'm a giver").

Over the course of each interview, we explored questions of how support experiences were changing (if at all) as they grew older, how they thought support worked in the day-to-day lives of older people, and how they discussed use of words like support, childlessness, and independence. Support was a widely defined concept within participants’ accounts, but the in-depth analysis of the interviews highlighted that whatever support was taken to mean, being a recipient of support required positioning in particular ways to make it acceptable.

Being a support receiver was positioned in at least three ways: (a) As acceptable, if warranted by story lines of particular circumstances, special support givers or reciprocity; (b) as a position to be resisted, when the support was offered in story lines of difficult interpersonal dynamics or assumptions of incapacity; and (c) as in tension with the preferred position of being independent or needing no support. Each will be examined in turn, with the proviso that these positions were not mutually exclusive. Being a support receiver could be justified on one occasion yet resisted on another and could shift within changing story lines across time and relationships, especially in relation to “oldness.”

### Making Support Receiving Acceptable

Receiving support was acceptable to many participants where their support needs were carefully warranted by particular circumstances or relationships. The example of Frances in Table 2 shows something of the delicate process around accepting a position as a support receiver that was typical of many participants’ accounts.

A common type of support received by participants was house cleaning, but this help was not...
spoken of as if it was to be expected. Instead, participants offered unprompted explanations, however brief, as to why help was justified. The primary reason was that health conditions hampered their ability to clean, a position further authorized by saying a doctor “organised it for me” (John) or “suggested it was time I had some help with things” (Kate). A government agency providing a subsidy (often via a doctor) also positioned it as legitimate.

Many participants were more willing to receive support when the support giver was positioned as special in some way. April’s niece, who brought her a loaf of bread weekly, was described as a “lovely girl”; Daphne could accept support from her flatmate because she had “known him 40 years,” and Perdita highlighted the specialness of her husband’s two nieces, “They’re like daughters to me, they’ve always been very loving, even as little girls.” “Special” support givers helped Ida to better tolerate a sometimes unsatisfactory living situation. Ida had recently moved into a “serviced apartment” at age 93 and found the frequent changes in cleaning staff difficult, some of whom provided poor support. She focused instead on the aspect of how “nice” the workers were: “You have no choice . . . Sometimes I have a nice girl, sometimes one comes along that’s not so nice.” Emphasizing personal relationships seemed thus to have been a way of managing a situation over which she had little control; a good relationship with a “nice girl” made the support easier to receive.

Emma also positioned her relationship with her cleaner in a personal rather than professional story line; she spoke of giving her cleaner cups of tea, food, and time to chat and did not say anything about whether she cleaned well. House-cleaning support was warranted by the doctor and also positioned as support received from a “special” person, describing her cleaner as “a sweetie, she’s an Island girl . . . got two daughters, they’re marvellous kids.” In the interview overall, Emma positioned herself as a “very independent” person, and it seemed that her narrative of “giving” (tea, time to chat) to a person from whom she was receiving support was a way of making the support receiving more tolerable to her.

Others also found support receiving to be more acceptable where there was reciprocity in the relationship. For example, Fletch said she had “very wonderful friends” who would support her “if anything happened” and she would support them. This is an example of how even a willingness to give support if ever needed was a form of reciprocity, whether or not it was actually given. A number of participants were given practical or emotional support by adult nieces and would warrant this support by locating it within a story line of years of childcare, babysitting, financial support, or special links they had had when young. For example, Perdita highlighted the reciprocity over many years of her connection with those “special” nieces who helped her now with emotional and practical help.

Table 3. Answers to Initial “Support” Question

<table>
<thead>
<tr>
<th>Direction of support</th>
<th>Examples of answers to opening question: Can you tell me about support given and/or received in the past week?</th>
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<tbody>
<tr>
<td>Received (13)</td>
<td>Family: “My family have been very good”; nephew has power of attorney</td>
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<tr>
<td></td>
<td>Friends: Offer to help if needed; if you want to chatter</td>
</tr>
<tr>
<td></td>
<td>Formal support: House cleaner, daily help showering/dressing, rest-home staff</td>
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<tr>
<td></td>
<td>Health support: Wound dressing, leg dressing change, saw the doctor</td>
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<td></td>
<td>Hypothetical: Could ask advice if concerned about someone</td>
</tr>
<tr>
<td></td>
<td>Received as an exception: “I received—very unexpectedly” (a ride to a health appointment)</td>
</tr>
<tr>
<td>Given (13)</td>
<td>Voluntary work: Meals on Wheels, Caring Caller, Age Concern visitor, hospital guide, Citizens</td>
</tr>
<tr>
<td></td>
<td>Advice, op shop</td>
</tr>
<tr>
<td></td>
<td>Donations: Giving to church and to charities</td>
</tr>
<tr>
<td></td>
<td>Friends: Daily visit to help dying friend eat; take blind friend shopping; take a sad friend out to lunch</td>
</tr>
<tr>
<td></td>
<td>Family: Giving support to “elderly relatives”</td>
</tr>
<tr>
<td></td>
<td>General: “I’m a giver . . . I find it very hard to receive”</td>
</tr>
<tr>
<td></td>
<td>Independent: “I’m a very independent person”; “We are pretty independent”</td>
</tr>
<tr>
<td></td>
<td>On my own: “Struggling through on my own [laughs]” “I can get along by myself”</td>
</tr>
<tr>
<td></td>
<td>None received, but “plenty of support given”</td>
</tr>
<tr>
<td></td>
<td>Financially self-supporting: “got enough money”; still working so “self-supporting”</td>
</tr>
<tr>
<td>None (9)</td>
<td>Shared transport: Taking turns with a friend to drive to Tai Chi</td>
</tr>
<tr>
<td></td>
<td>Shared interests: Member of an exercise group who “tend to give one another support where necessary”</td>
</tr>
<tr>
<td>Mutual (3)</td>
<td>Mixing with people: “The helpful thing I find is mixing with people . . . talking to people”</td>
</tr>
</tbody>
</table>
as they remembered how Perdita had sent them exciting mystery presents when they were little and their family was struggling. Similarly, Kate’s receipt of support from her second cousin now was warranted by Kate’s past support of the girl’s father when ill. The second cousin had Kate’s funeral instructions and power of attorney (anticipated support positioned by Kate as not onerous, as she was so well organized, down to specifying the hymns to have at her funeral). The position of support receiver was within a story line of being paid back for past kindnesses.

Therefore, a position as a support receiver was carefully warranted by specific circumstances, the special qualities of the support giver, and/or by being located within a story line of reciprocity, often across many years.

**Making Support Difficult to Receive**

In contrast, support was resisted or reluctantly received when support tasks were inadequately done; when there were difficult interpersonal dynamics around asking for necessary help; and/or tricky negotiations as to what support was offered, including how far reciprocity should extend.

Support tasks could be positioned as difficult to receive when inadequately done by support givers. For example, one of Daisy’s sisters was so casual in responding to requests that Daisy said she could do the task quicker herself. John received household help, warranted by health problems and doctor’s orders, but the poor standard of the cleaner’s work made receiving this support difficult; he positioned her as “one of those people who only go round the middle” and compared this with how he used to clean:

R: So, the lady that comes to clean, you said ‘She does the middle’, are you saying she doesn’t do a terribly good job?
J: No, they’re all the same, only around the middle, you know
R: Mmhmm . . . When you used to do it yourself, how did you used to clean?
J: Oh, yeah. I used to do it all myself . . . Mind you, I suppose I was over-fussy, because I used to run the vacuum cleaner around the top and everything, you know, shift all this furniture out. You know, get in behind it about every week or fortnight, you know
R: Mmhmm
J: But ah, oh, no, she does quite a good job now.

He positioned himself as overfussy (perhaps invoking a stereotype of men as less concerned with housework) and also ended with saying she did “quite a good job now” as if to head off any suggestion he might be complaining about receiving help he was not paying for. Similarly, April said she was grateful for the home help she received but pointed out they “don’t do things like cleaning windows or washing curtains,” positioning her own housework standards as superior to those of the homecare agency.

Difficult interpersonal dynamics around needing support could produce feelings of embarrassment, guilt, and obligation. Sally felt embarrassed asking her neighbor to wheel her heavy garden bin down to the gate: “You go and eat humble pie there, you go and ask them to help, you know.” She positioned asking for help in a story line of humiliation; it was unclear whether the neighbors reinforced this or positioned the help simply within a story line of “What good neighbors do.” Wakeford had asked a friend to feed his cats while he went on his first overseas trip since his partner’s death and said, “I feel so guilty about that, putting him out to have to do that . . . I don’t like to be obligated.” Elsewhere in the interview, he positioned his holiday as something to feel guilty about both in terms of whether enough time had passed since his male partner’s death (after 46 years together) and the need for cat care; he also said he was more used to giving help (having cared for his partner with dementia, his ageing parents, and his disabled sister) than receiving it. He positioned his friend’s help within a story line of “obligation”; his friend might position it within a story line of ordinary friendship.

Margaret wanted to avoid the possibility that guilt and obligation would overwhelm her interpersonal relationships. She required a lot of practical support, warranted by ill health; care agency staff came in daily to bathe and dress her, and her cousin, who lived next door, cooked her main meal daily. Margaret was concerned that her cousin could feel too much support was needed:

I feel that my cousin’s in a vulnerable position – that she might have to do more than I’d want her to do, you know, if I really needed it . . . And that concerns me, you know . . . And she isn’t young, either, she’s getting a bit old too, and sort of finding it a bit difficult sometimes. And I thought, ‘No, I’m not going to do that, I want to go somewhere where I can pay them to look after me,’ you know.

Margaret was keen to move into residential care (and did so soon after our interview), rather than
risk her 80-year-old cousin doing too much. Her talk positioned her as one cousin concerned about another cousin’s welfare. Rather than positioning herself as frail, the emphasis was on being thoughtful about another’s needs and vulnerabilities and preserving a good relationship, rather than one that became potentially burdensome or unbalanced.

Although Margaret was trying to keep a balance between her positions as both support receiver and thoughtful cousin, Maria was also grappling with potentially conflicting positions across generations, as support receiver and aunt. Maria’s husband had died recently and she had developed severe Parkinson’s but was refusing an offer to live with her niece because she would feel “out of place” and “guilty.” A long-standing reciprocal relationship with this niece, who was very fond of her aunt from years of childcare and friendship, meant that some support was warranted (they spoke daily on the phone and her niece helped her with appointments, paperwork, and so on), but living with her felt like it would be too much and would shift the support receiving into a story line of “burden.”

Support was also positioned as difficult to receive when located within a story line of difficult negotiations—or an absence of negotiation—as to what support the person might want; this was described as “smothering support” by some participants. Smothering support was pushed onto them by others, rather than adequately negotiated, such as people assuming Percy needed help to cross the road because of his walking stick or insisting on an Easter holiday visit to Fletch because “you must be lonely, with no family.” Smothering support seemed to occur when other people positioned participants within stereotyped story lines that the participants rejected, such as that “Old people need help to cross the road” (Percy) or that “Childless older people are lonely” (Fletch).

Receiving support was characterized by some as potentially harmful. Lois at 86 said, “If I accepted all the help that is available, I wouldn’t be any good at all! It’s important for me to carry on . . . in every aspect.” She had appreciated a lot of emotional support from her niece and friends when her husband first died, but three years on, felt proud of what she was now able to do without help. She positioned support receiving within a short-term story line of grief, not as a longer term way to live; she constructed a story line of “Too much help is bad” and then positioned herself as using help judiciously. Maggie, at 93, also positioned support receiving as potentially not good for long-term health and well-being. She had moved out of a serviced apartment because residents were required to use (and pay for) the cleaning and laundry services provided, when she positioned herself quite capable of doing her own, and felt people “lived longer” if they positioned themselves—and were positioned by others—as independent and capable.

**Maintaining Independence Versus Receiving Support**

The story line of “independence” or coping alone was endorsed by most participants, including into later life, and to need support was often positioned as negative: Bertha described herself as “fortunate” to not need it, Daphne felt “beaten” when help was needed, and Eileen said she would only ask for help if “really in the pooh.”

Yet receiving support was also positioned as part of maintaining overall independence, rather than anathema to it. Tombie saw receiving help as sometimes necessary but not preferred: “I don’t like to ask for anything, but I will if I have to.” Within the story line of independence, Tombie positioned herself as being in control of asking for help when she judged it necessary, rather than having it foisted upon her. Kate received support (housework help on doctor’s orders) that she positioned as not impinging on her independence in continuing to work as a volunteer church counsellor: “I don’t feel that my independence has gone just because J comes in and does my housework.” Bee said she was “a loner,” yet had what she described as a “web of contacts,” ranging from former pupils to tradespeople, friends, and fellow hobbyists both in local and in cyberspace, and helpful people in her neighborhood shopping street. This web supported the independence she relished by providing established links to draw on when required. These examples showed how participants could hold apparently contradictory positions—as both independent and supported, or as both a loner and as someone embedded in a community—and could shift flexibly between story lines as needed (e.g., Here I choose to have help to do what I want to do; here I choose to do it alone).

Independence was also not linked only to being an individual. Kelly said, “We are pretty independent, all around,” the “we” referring to her and husband Ned. Kelly narrated a lifelong story line of independence: “Learning to be independent growing up, you know you’ll cope with anything.” Yet, she also acknowledged a risk of being...
too independent, where “you don’t know who to call on . . . you might not go past what you can do yourself.” Such a risk was becoming salient as Ned had some serious health problems. Charlie and Betty reported they received “no support,” but in response to further probing, Betty said, “I think in the main, the two of us, we support each other.” They did not specify how, but by considering the process of the interview, not just the content, their relationship was positioned as central, with detailed accounts of how they had met (it was a second marriage for them both), and the activities and values they shared.

The apparent dichotomy of support receiver versus independent person highlighted the question of how support should be defined and by whom. For example, from the start of his interview, Nissan, an 86-year-old single man, positioned himself as without support and without the need for it:

R: If we think about support that you’ve either given or received in the last week, does anything come to mind?
N: No, not really
R: In the last week, in the last month?
N: No
R: Has anyone lent you a hand, have you lent a hand to anyone, kind of whatever support might mean for you?
N: Ah, no, not really, not really, no

As the interview progressed, he mentioned a godson, a “young fella” who visited occasionally and had helped Nissan buy a new car when his was stolen. A “mate’s wife” visited every Tuesday for a cup of tea. He went to the gym daily. His neighbor gave him the newspaper daily to do the crossword. He cooked for himself, but the neighbor occasionally gave him a meal when she had cooked too much for her family. Nissan positioned himself as a quiet, independent person, satisfied with having no support: “I don’t like being under an obligation to anybody.” Yet his regular contacts with the neighbor, gym, and his mate’s wife could be seen as social support (and also potential emergency support, along with his godson). There was anticipated support in that Nissan had put his name down at a local rest home and knew about lawn-mowing support if his “old legs” required it. There is a risk of assuming older people lack support just because they say they have none if there is not further discussion to illuminate how day-to-day contacts could also be construed as supportive.

Complex Links Between Growing Older and Receiving Support

The story line of growing older had particular impacts on support receiving. Participants positioned oldness as both equivalent to the need to receive support (Old = needs support) and, interestingly, as an outcome resulting from being a support receiver (Needs support = old).

Patricia, 65, was pleased her nieces had offered to “be involved in your care, when you get old,” accepting the assumption that being “old” meant needing to receive care, albeit sometime in the future. Lois’s husband had wanted to outlive her so that he would “be there to look after [her],” again assuming that needing support to be looked after would be an inevitable aspect of ageing.

Some participants played with the conflation of oldness and needing support. Lavinia, 91, described taking a taxi to go grocery shopping. She was able to carry her shopping up to her first-floor flat, but the drivers would offer to: “I suppose they think, ‘Poor old girl’, you know [laughs] . . . So I let them!” Fletch, 75, noted that with her “grey hair,” people offered to help her onto the bus, yet “I can get on a bus perfectly.” Like Lavinia, Fletch laughed that ageist assumptions could be “very handy at times,” giving the example of shop staff putting in a new vacuum-cleaner filter for her (despite her being capable of doing it) “when they looked at my grey hair.” She added that a friend had said, “I just tinted mine this morning, maybe I shouldn’t have done it! [laughter].” The support received was valued, but locating it in a story line of humour and ageism made it more acceptable to receive.

Conversely, needing to receive support was for some participants a marker of old age. Hazel said she had to tell herself that she was 88 because she did not “feel” it. Asked what might tell her that she was “old,” she replied, “I think when I couldn’t do things for myself,” that is, when she needed support. For Daphne, 82, a desire for help was “very, very rare” and indicative of ageing:

And then I must admit, sometimes, if I’m having a bad hair day [laughs] and the old arthritis is playing up, I think, ‘Oh, wouldn’t it be nice if just someone would come in and do something for me’ . . . So that’s very, very rare. That means I’m getting old, Ruth [laughs].

Walking sticks or walkers were described as support by some and rejected by others as negative markers of oldness. Daphne, with macular degeneration, resisted using her Blind Institute stick and
Vision Impaired badge, thinking others would position her as a “silly old woman . . . hunting for sympathy.” Maria, 83, thought that being seen in the street with her walker would position her as “vulnerable.” The telephone was another support object, especially where mobility was limited, with Sally appreciating a daily check-in call from a befriending service, and Daisy using the phone to maintain her self-positioning as a “people person,” staying in touch with, and supporting, friends and family without leaving home, now that she was less mobile. In contrast, Robin, 84, often unplugged his phone as only salespeople called; he was the most unsupported participant in the project but located his dearth of support within a lifelong story line of loneliness and rejection from infancy, by both family and peers, not a late-life issue.

Thus, participants positioned themselves within the “common-sense” story line of needing more support when older, and yet talked of playing that assumption by allowing others to help when not strictly necessary. The converse, where receiving support positioned one as old, was seen as negative. Although some participants positioned walking sticks and walkers as useful mobility support, there was a process of balancing the negative positioning of old with the necessity of such support (see also Smith, Braunack-Mayer, Wittert, & Warin, 2007).

Discussion

To our participants, “support” meant anything from a home helper to a walking stick, from a phone call to a donation, or from a 50-year-marriage partner to a stranger giving up a bus seat. This diversity means that unless people are asked about the meaning of support to them, there can be misunderstandings. In much research, support, care, and help are used synonymously (Qureshi & Walker, 1989), with no universal definitions of such terms agreed (Williams, Barclay, & Schmied, 2004). Task-based definitions, for example, to support a person with the activities of daily living (Sinoff & Ore, 1997), can be used as more objective measures against which service providers are funded (Martin & Martin, 2003). Yet as our research showed, judgments about the quality of home-help tasks could relate to positioning oneself as a more effective house cleaner (John, April) or within a socially reciprocal relationship (Emma, Ida) (see also Lewinter, 2003).

Some argue that support is most relevantly defined by those involved in giving and receiving it (Williams et al., 2004), and we would accord with this view. Our participants’ positioning of independence in relation to support receiving also needs to be thoughtfully considered (see also Plath, 2008), with independence and support receiving not always mutually exclusive, and coping alone valued but not to the exclusion of receiving support when sought. Subjective measures are also critiqued (Hupcey, 1998), in part, because support perceptions can be influenced by personality, circumstances, and beliefs as to who should be helping and what constitutes help (Qureshi, 1990). As our participant Kelly noted, there is a risk that people do not ask for the support they need because they do not know whom to call on or how to ask for help. In addition, our participants’ narratives showed blurring of formal and informal tasks (e.g., paid gardener driving Frances to an appointment for free) and of relationships (balance of reciprocity shifting so support is repositioned as “too much”) that point to careful consideration of what is sought. There is a growing literature on reciprocity and interdependence (Fine & Glendinning, 2005; Lewinter, 2003; McGee et al., 2008); our research highlights that these are dynamic, finely balanced concepts that can be repositioned as more or less acceptable as circumstances change.

“Service refusal” or “failure to attend” is often treated with exasperation by health providers (Howse, Ebrahim, & Gooberman-Hill, 2005); this research illuminates the complex dynamics of receiving or resisting support. Participants’ resistance to receiving help at home echoes the findings of Angus and colleagues (2005) where the timetabled practices of service providers disturbed people’s sense of place; tasks and times are positioned within the story line of limited system resources rather than positioned to suit the support recipients. Our research points to the value of ongoing efforts to make services more responsive (Davey, 2002); positioning theory gives a framework to analyze the competing story lines within which difficulties occur (Allen & Wiles, 2013b).

Our research points to the need to explore how a statement that someone has “no support” is positioned within different story lines. Wu and Pollard (1998), for example, found 75% of a Canadian sample of unmarried, childless older people had got no “help with emotional support” (self-defined in a phone survey) in the past 12 months. Concern
at such a statistic might be modified by considering how comfortable a man like Nissan would be with positioning himself in relation to a concept like “emotional support.” Our research shows that a positioning of oneself as having “no support” could relate to a lifelong story line of valued independence and autonomy, a matter of pride; or operate within a story line of ordinary neighborliness or what couples do, not named as support; or be located within a negative story line of support as something only “the old” need. Such variety clearly has implications for research surveys and support needs assessments (Grenier, 2003).

The narrative gerontology approach framed participants’ accounts as valid subjective data and underpinned our rapport with participants (Randall & McKim, 2008). Positioning theory provided useful tools to make sense of shifting perspectives and apparent contradictions. Of particular use in this research, given the lack of fixed definitions of the concepts being explored, was that both narrative gerontologists and positioning theorists posit that the experiences we have are to some extent shaped by the words we can use to describe them. That is, they see language as “constitutive” of experience, rather than something objective that operates outside contextualized social worlds (Davies & Harré, 1990; Randall & McKim, 2008). Thus, the word “support” could be positioned within a story line of being needy and dependent or within a story line of being part of maintaining an independent lifestyle; “oldness” could constitute part of one’s identity or not, depending on the business of the conversation (Allen & Wiles, 2013b; Jones, 2006). Also, multiple levels of analysis meant insights could be gained from the use of a single phrase (e.g., mothering support) through to the overall content of a whole narrative (Charlie and Betty’s focus on their relationship as central to support). The poststructuralist and social constructionist underpinnings of narrative gerontology and positioning theory were relevant to a research question that sought to value the subjective and contingent in the complex narratives of participants (Davies & Harré, 1990; Randall & McKim, 2008) and as useful both to support providers and to researchers asking questions about how support works.

Limitations of our project included the inability to meet with support givers spoken of by participants; this would have added interesting perspectives as to how they positioned themselves within support narratives. Interviews comprise retrospective reports of support and childlessness across participants’ lives; gathering prospective accounts longitudinally would add to the richness of our understanding, including in noting how positioning within different story lines shifts over time. Also, further research with a purposeful sample that reflects the maximum variation found in the New Zealand population would be interesting, especially as the childless population grows.

Childless older people have been positioned as lacking in support, yet our participants appreciated support of many types; it just operated outside the parent/child norm, for example, with nieces, neighbors, strangers or friends, or sometimes in transient and fleeting ways. It could be that childless elders overvalue independence or undervalue support needs (Plath, 2008); yet older parents have been shown to share the reluctance to have help without it being warranted, within a story line of self-efficacy (Ministry of Social Development, 2009). Many participants highlighted their planning and management of support receiving because they knew they did not have offspring to rely on. Such management contrasted with stories they told of friends with children who did not help their parents as expected or pushed them into dependency, and further research about these perceived differences would be useful. Our research supports the view that support should be seen as a community responsibility within a discourse of autonomy (Breheny & Stephens, 2012), like Bee’s web of contacts, rather than something that relies primarily on family or parental status.

In conclusion, this research clearly showed that the support-receiver position was carefully constructed and justified by participants in order to be tolerable. Support that was located in story lines of assumed need, ageist assumptions about incapacity, or difficult interpersonal dynamics was resisted. In essence, being a support receiver was acceptable if support was given by the right people for the right reasons. The challenge is to ensure that is the support that is provided.

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