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**Views on Reciprocity in Friendships of
Older Women in Assisted Living Facilities:
An Exploratory Study**

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(Abstract) Based on exchange/equity theory, the study explored the views of older women in assisted living facilities regarding reciprocity of exchange of social support with a close friend. Study participants were 92 chronically ill older women aged 65 to 98. In individual interviews, participants responded to 4 vignettes depicting situations in which there was an imbalance of exchange with a friend. Background characteristics of the participants were also assessed. Qualitative analysis was used to examine responses to the vignette situations. Although most of these older women affirmed reciprocity norms to a degree, findings could be better explained by norms of altruism and of loyalty to friends,

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despite inequality of exchange associated with infirmities of aging.

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According to social exchange/equity theory (Hooyman & Kiyak, 1999; Walster, Walster, & Berscheid, 1978), interpersonal relationships involve an exchange of social support (including emotional support and companionship as well as goods and services). Relationship satisfaction depends on the balance between giving and receiving of such support, with satisfaction being greatest when an equal exchange is perceived to exist. If there is a perceived imbalance in the exchange, tension in the relationship motivates the individual to attempt to restore an equitable balance. If a balance cannot be achieved, dissatisfaction with the relationship may lead one or both parties to withdraw from the relationship or discontinue it altogether.

Thus far, this theory has not been tested sufficiently with older adults in situations where there is an imbalance in giving and receiving due to illness or disability. The study reported here was exploratory in nature, examining the views of older women living in assisted living facilities regarding reciprocity of social support between friends in old age when at least one of the women is chronically ill and may not be able to give as much support as she receives. We were interested in finding out (a) whether an equal exchange of giving and receiving physical help and services between two elderly friends is necessary in order to maintain a satisfying friendship, and (b) whether an unequal exchange would still be acceptable if one of the friends has an illness or disability which leaves her needing more help than she can repay. In the latter case, would the relationship continue and

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still be satisfying or would it become dissatisfying and be discontinued? The answer to such questions has important implications for understanding the conditions under which exchange theory applies as well as the extent to which friendships can be depended upon to provide needed social support in old age.

Considerable evidence supporting the theory has been found in studies of dating relationships of college students (e. g., Buunk & Prins, 1998), workplace relationships (e. g., Krackhardt & Kilduff, 1999), and spousal relationships early in marriage (e. g., Keith & Shafer, 1991). However, studies of family relationships involving older adults have provided little support for the theory (e.g., Antonucci, 1990; Ingersoll-Dayton & Antonucci, 1988), particularly when younger family members continue to support an older, sick parent who cannot reciprocate for help received. Here, notions of communal support (in which family members support one another as needed) or contingent exchange (where help is given to one in need regardless of imbalance in exchange) have been advanced to explain findings (e.g., Davey & Eggebeen, 1998). Also, the notion has been advanced that individuals differ in exchange orientation (Murstein, Cerreto, & MacDonald, 1977; Sprecher, 1998); that is, some individuals are highly focused on maintaining a balance between what is given and what is received in a relationship and others are less concerned about balance.

Some scholars (e.g., Allan & Adams, 1989; Roberto, 1989) have suggested that, compared to family relationships, relationships with friends are more likely to follow reciprocity principles. However, little research has been carried out to determine if social exchange/equity theory extends to close friendships between older adults. Would the theory apply if one of a pair of older friends suffers from chronic illness and no longer is able to reciprocate for needed help?

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Studies by Rook (1987) and by Ingersoll-Dayton and Antonucci (1988) examined reciprocity of exchange between old people and their friends and provided some support for the theory. However, both of these studies used an average over the elders set of friends and did not examine reciprocity of exchange with a particular friend. The one study (Jones & Vaughan, 1990) assessing reciprocity of exchange with a single best friend failed to support the theory; however the degree of imbalance found was quite small, perhaps too small to influence the degree of personal satisfaction in the relationship.

Based on interview data, some authors have reported that older adults affirm the importance of reciprocity in friendship (Greenberg, Motenko, Roesch, & Embleton, 1999; Shea, Thompson, & Blieszner, 1988). Yet, others (Ikkink & von Tilburg, 1998; Stacey-Konnert & Pynoos, 1992) have found that in later adulthood elders in better health help friends who are in poorer health and that such help is continued despite the lack of reciprocity in support. It is possible, as Ikkink and von Tilburg suggested, that older friends find it difficult to withdraw from providing support—when the recipient of such support is in poor health and cannot reciprocate.

Regarding the continuation of support to older adults over time regardless of unbalanced reciprocity (Ikkink & von Tilburg, 1992), some researchers (e.g., Call, Finch, Huck, & Kane, 1999) argue that provision of instrumental help, emotional support, and companionship to elders with declining health involves voluntaristic or altruistic norms rather than reciprocity, and others (Ingersoll-Dayton & Talbott, 1992) suggest that older adults use various cognitive mechanisms to alter their perceptions of equity despite unbalanced reciprocity. Such explanations may be valid, even though older adults themselves stress the importance of maintaining some degree of reciprocity in friendship relationships

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(Greenberg, et al., 1999).

One possible situation where such questions about the importance and role of reciprocity among older adults could be clarified would be in friendships of elderly women residing in assisted living facilities. Elders move into such facilities because they are no longer able to manage certain daily living tasks without some help. Typically, such facilities provide help with cleaning, laundry, and meals, and may also help with medications and some personal care (e.g., dressing or bathing). Apart from help provided by the facilities and occasional help from family, most residents still have friends who live close by and can visit them or who are in the assisted living facilities themselves. Most important, many residents tend to have multiple chronic conditions that impose limitations on their energy and mobility. In these circumstances friends can be a great source of support. The assisted living facilities seem to be a fertile location to test questions of whether relations with close friends persist in old age despite imbalance of exchange of social support.

More specifically, we were interested in exploring the views of older adults regarding exchange of help with a friend in situations where an elder is chronically ill or disabled and cannot provide an equal exchange of social support with a friend. If an imbalance of help exists, will there be dissatisfaction with the relationship? Will it lead to a withdrawal of one or both of the friends from the relationship, or will the relationship continue? Are there limitations on how long help will be continued when there is an imbalance of exchange? What kinds of reasons or justifications do participants give for their views? In exploring these questions, we focused on older women in assisted living facilities because they were likely to have experienced limitations on their own ability to reciprocate for help given by others. We focused on women, because the

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majority of residents of such facilities are women

Method

Sample

The sample consisted of 92 chronically ill older women (aged 65 and over) who resided in four assisted living facilities in Greater Lafayette, Indiana, USA. Residents of these facilities who were judged by the director to have sufficient cognitive ability to respond to the interview were invited to participate. The overall response rates in the four facilities was 67%.

Measures

The primary vehicle for the collection of study participants views on reciprocity was a set of vignettes. In addition, participants demographic background characteristics and health were assessed. This information was used both for descriptive purposes.

Reciprocity vignettes. To investigate study participants views about the need to reciprocate for social support from friends, four vignettes describing situations in which there is an apparent imbalance of exchange were presented. The vignettes, developed in a pilot study, were as follows:

1. Sue and Mary are widows who have been close friends for all of their adult lives, enjoying good times together and helping each other in times of need. Now that they are in their seventies, Sue still enjoys good health. However, Mary has developed severe arthritis and uses a wheelchair much of the time; she also has vision problems that prevent her from

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driving. Sue has been driving over each week to pick Mary up and take her out to do her grocery shopping. She pushes Mary around the supermarket aisles in her wheelchair, helping her to find and select the things she wants from the shelves, and when they get back to Mary's home, Sue carries in the groceries and helps to put them away.

2. Jane is in her late sixties and lives alone. She has both arthritis and emphysema, and needs to carry her oxygen tank around with her. It is all she can do to carry out her necessary tasks. Recently, she has met a new friend named Ellen. She likes Ellen very much, and the two of them seem to get along well. For the past few weeks, Ellen has come over bringing casseroles so that Jane won't have to cook.

3. Alice and Barbara are both widows in their late sixties, and have been friends for many years. Five years ago, Barbara's husband was seriously ill for several months before his death, and during that time Alice helped Barbara daily with his care and household tasks. Now Alice has a heart condition that limits her activities. In addition, she regularly suffers a great deal of pain from a back problem. Now, Barbara has been coming over once a week to help Alice with laundry and cleaning.

4. Rhonda has known Ann for 25 years. Although they have always been friendly, they have never been really close friends. Recently, Rhonda was in a car accident and was paralyzed from the waist down. She stays in the wheelchair most of the time. Rhonda has been calling Ann frequently to come over to help her bathe, take her to the toilet, and fix her meals, and Ann has come to help her when asked. Although Rhonda thanks Ann for the help, she criticizes Ann to other people in regard to Ann's appearance, poor cooking, and lack of manners. These criticisms have gotten back to Ann.

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After hearing each vignette, the participant was asked whether the recipient of help in the vignette needed to do anything in return for help, what kinds of things could be done to reciprocate, whether the help will continue without reciprocation, and whether the friendship will continue. Participants views were fully probed in follow-up questions. The responses were tape-recorded, transcribed, and subjected to qualitative analysis.

Demographic background. Information about age, marital status, educational level, and occupational level (before retirement) was also obtained.

Health and functional ability. Several instruments were used to assess the health and functional ability of study participants.

Chronic conditions. A checklist of 20 of the most common chronic conditions (U. S. Bureau of the Census, 1994; Villaverde & MacMillan, 1980) was used to assess their prevalence, with opportunity to indicate additional conditions as needed. The scores was the number of chronic conditions reported.

Functional abilities. To assess functional abilities, the ADL (Activities of Daily Living) scale, the IADL (Instrumental Activities of Daily Living) scale, and a mobility (MOB) scale were used (Lawton, 1972; Lawton, Moss, Fulcomer, & Kleebar, 1982). The ADL determined whether the elder needed help with each of six basic activities (bathing, dressing, eating/feeding, toileting, bladder continence, bowel continence), with the degree of help rated on a 5-point scale. Scores could range from 6 to 30, with high scores indicating greater amounts of help needed. The IADL assessed the degree of help needed with eight instrumental activities of daily living (telephoning, shopping, meal preparation, housekeeping, laundry, managing medications, managing finances, and grooming), with degree of help rated on a 4-point scale. Scores could range from 8 to 32, with high scores indicating greater amounts of help

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needed. The MOB scale assessed the amount of help needed with six basic movement activities (walking inside, walking outside, climbing stairs, rising from chairs, getting in and out of bed, and use of wheelchair), with the degree of help needed rated on a five-point scale. Scores could range from 6 to 30, with high scores indicating greater amounts of help needed with getting around.

Procedure

Each participant was interviewed individually in her room or apartment or in a common lounge room of the assisted living facilities. The interview lasted from two to three hours. The interviewer was alert to signs of fatigue on the part of the participant, and suggested a break if needed. In a few cases, the interviewer returned on a second occasion to complete the interview.

Results

Characteristics of Study Participants

Demographic background. The 92 women who took part in the study ranged from 65 to 98 years of age, with a mean age of 79.71 ($SD = 7.09$). All were White and of European ancestry. Information on their marital status, education and occupational level are presented in Table 1. All lived in assisted living facilities in Greater Lafayette, Indiana.

Health. Information about participants health is also presented in Table 1. The study participants reported suffering from 1 to 12 chronic conditions with the most common being arthritis (79%),

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Table 1. *Summary of Characteristics of Study Participants*

Variable	%	<i>M</i>	<i>SD</i>
<i>Demographic Background</i>			
Age		79.71	7.01
Marital status			
Married	12		
Widowed	62		
Divorced	20		
Never married	6		
Educational level			
Some high school or less	43		
High School graduate	22		
Beyond high school	35		
Occupational level			
Manual (including housewife)	45		
Clerical	34		
Higher level occupations	22		
<i>Health</i>			
Number of chronic conditions		5.60	2.63
ADL		7.21	2.26
No help needed	68		
Help with 1-3 activities	32		
IADL		13.88	5.78
No help needed	32		
Help with 1-3 activities	31		
Help with 4-7 activities	37		
Mobility		11.09	5.16
No problems	15		
Problems in 1-3 activities	67		
Problems in 4-6 activities	28		

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hypertension (61%), and back problems (44%). The majority needed no help with basic ADL tasks; when help was needed it was most typically with bathing and/or dressing. In contrast, the majority needed some degree of help with IADL tasks, most frequently with in the areas of shopping and housekeeping. Most had some degree of mobility problems, particularly with stair climbing and walking when outside. These health problems placed considerable limitations on activities that these older women had previously enjoyed with friends.

Responses to the Reciprocity Vignettes

The four reciprocity vignettes were used to probe study participants views about whether a good relationship between close friends depends on the need to reciprocate for the social support from friends. To analyze the data, the method of open coding (Strauss & Corbin, 1990) was used. In line by line analysis of the first few protocols, themes in the responses were identified. These were used to code additional protocols with new categories added as needed until no new categories appeared. Findings of the qualitative analysis of the themes in participants responses to the four vignettes are presented in turn.

Vignette 1. The first vignette depicted two friends of long-standing with a history of reciprocity, but where Sue was now giving extensive help to Mary in view of Mary's ill health. The majority of participants (65%) felt that Sue should make some attempt to reciprocate for the help, but felt that a sincere thank you for the help (or some other statement of appreciation) would be sufficient:

All I need is a thank you, I'm her friend.

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Mary does it out of love for her friend. She shouldn't expect anything back.

Friends do things for each other and don't expect a payback. A friend is for life.

It's a Christian duty to help and not expect any return.

Others felt ways of reciprocating would include striving to be a good friend, giving psychological support, and listening to her interests and concerns. Still others suggested an occasional small gift for the friend, preparing some food for her, or inviting her for a meal as ways to reciprocate.

There should be some payback. Not because it is a necessity, but because you want to.

There comes a time when you might want to do something because she has been so nice, maybe pick up a little gift for her.

You return when you can, it doesn't have to be equal.

When asked whether they thought Sue would continue to help if there was no thanks or reciprocation, 87% felt that help would continue. Only 13% thought the help should be stopped entirely, commenting:

Sue is going to get a little discouraged and quit doing it.

At some point she's imposed upon.

Asked whether the friendship would continue if Mary did not reciprocate in some way, the majority (69%) felt that it would. As some study participants said:

You don't overlook her not paying you back, you just don't even see it if you're a true friend.

There's no limit to it if you are friends.

You don't stop your feelings for a friend, just because they have illness.

Vignette 2. This vignette depicted a friendship of recent

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standing, where the new friend was regularly bringing food to her chronically ill friend so she didn't need to cook. In this case the percentage of respondents feeling that some reciprocation was needed was 65%, the same as for Vignette 1. A typical comment was:

They haven't been friends that long.

I think there has got to be some reciprocation sometime.

Many felt that simply being appreciative and striving to be a pleasant friend and give emotional support was sufficient. However, others felt that giving an occasional gift, fixing some food in return, or inviting the friend to eat with her would be appropriate.

I don't think that she's that helpless that she couldn't do something.

However, only 56% of the participants felt that help would continue if there was no reciprocation. and only 50% felt that the friendship would continue under such conditions:

You have to show appreciation eventually or the friendship will suffer.

Some women felt that the recipient of help would feel over-obligated by this much help from a new friend and should refuse this help and retain her independence; others feel that the helper should be sensitive to her new friends desire to not be obligated and offer a little less help.

Vignette 3. This vignette presented the case of long-term friends, where one friend had received a great deal of help from her friend in the past, but who was now helping that recently incapacitated friend. In this case, 63% of the participants felt that no reciprocation was needed:

No, she's already done it.

Those who felt that some reciprocation was needed felt that

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showing appreciation, or perhaps a simple gift was sufficient:

It's not a question of repaying, it's a feeling that you want to do something.

She needs to make the person helping NOW feel appreciated.

Most striking was that all study participants felt that both the help and the friendship would continue, whether there was reciprocation or not.

A true friend really cares, has loyalty and compassion, and sticks with you through thick and thin.

Good friendships are hard to come by. I would do anything I could for a dear friend, because I understand her.

Yes, because they've been friends all these years. A friend is someone you share ideas with, and time with and experiences.

Vignette 4. In this case, a long-term but not-so-close friend Rhonda asked for a great deal of help to deal with her infirmities, but criticized the helper to others. Most felt that something beyond mere reciprocation was required here, that Rhonda was taking advantage of her friend, that she should apologize, stop the criticism, and generally try to amend her attitude:

With a friend like that, you don't need enemies.

A good friend wouldn't talk about you like that.

There's no real friendship here.

In view of such behavior, 77% of the participants felt that the help should be stopped or decreased greatly:

I think Ann is going to begin to make excuses that she cant do this or that and it is finally going to go by the wayside.

There is a time when you do all you can, but there is a breaking point.

You get to where you just cant take it any longer.

Many advocated seeking help from one of the agencies serving older adults:

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I think she should inquire her, inquire there, and get some help from outside.

Almost all participants (95%) felt that the friendship would be lost or severely damaged. Surprisingly, however, 21% of the participants felt that they would continue to help, even under such circumstances. These women advocated confronting Rhonda, talking things out, and giving her a second chance. They recognized that Rhonda was sick and helpless, and felt that they should make the effort to forgive and try to understand her:

A friend should still help.

I think she said those things because her health has gotten worse and she has probably taken me for granted.

There's a bond that keeps you together even if you've been hurt.

Thus, even when there was a gross violation of the friendship, many women were slow to abandon their support of the friend.

Discussion

The analysis of the vignettes indicated that, although these older women had some concerns about reciprocity, such concerns were not great. Most seemed to feel that a complete reciprocation of a friend's help was not necessary, but that some show of appreciation should be given and would be sufficient in most cases. A simple thank you, a written card of appreciation, some food, a simple meal, or a small gift on occasion would be all that was needed and would acknowledge the friend's efforts and express gratitude. That is, most women appeared satisfied with a partial reciprocation of help given rather than an equal exchange.

As people grow older and are subject to the physical limitations of multiple chronic conditions, they have a decreasing

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potential for maintaining reciprocity in friendship relationships. Findings of the study suggested that exchange theory may be limited in its extension to friendships in such cases. Only a small minority of older women in assisted living facilities appeared to be dissatisfied with a friend who was unable to reciprocate help that was given. This finding is consonant with the notion of exchange orientation (Murstein, et al., 1977; Sprecher, 1998), which suggests that individuals who have a high exchange orientation (*i.e.*, who focus on whether their relationships have equality of exchange) are less satisfied with their relationships than those who are less concerned about exchange. That is, the individual who carefully monitors what is received from a friends and what is returned in order that things stay balanced is one who is more sensitive to any perceived imbalance and becomes dissatisfied with the friendship as a result. The qualitative analysis of the vignettes bears out such a view, in that those who were more concerned with paying back friends for their support were more willing to abandon a friendship when the exchange became unequal.

However, the situation is not clear-cut, in that there was some recognition of norms of reciprocity by most study participants. Most of these older women felt that a recipient of support should make some effort to reciprocate, even when they felt that reciprocation wasn't really needed. Many expressed the view that no one was so debilitated that she couldn't show appreciation in some way. Yet, even though a need for some kind of reciprocation was recognized, these women did not seem to be concerned that there should be an equality of exchange.

Analysis of the vignettes showed that reciprocity was mandated more in a new relationship than in a long-standing one. Most women felt that true friends would continue the friendship even if the exchange was unequal, citing the long history of the

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relationship over time. Feelings of loyalty to a friendship of long standing were frequently mentioned and were regarded as highly important, regardless of any imbalance in support. This supports the concept of a support bank built up over time (Ingersoll-Dayton & Talbott, 1992) as well as existing findings regarding the provision and continuation of unbalanced support to frail elderly (Ikkin & van Tilburg, 1998; Stacey-Konnert & Pynoos, 1992). One can conclude that the older women in the study seemed quite ready to overlook or forgive a lack of reciprocity when a friend no longer has the physical ability or resources to repay their support. Their willingness to do so offers some support to the views of Ingersoll-Dayton and Talbott (1992) that older adults alter their perceptions of the importance of equity when there is unbalanced reciprocity.

Study findings also support the concept of contingent exchange (Davey & Eggebeen, 1998), in which help is justified by the clear needs of the recipient. In addition to a moderate degree of acceptance of reciprocity norms, most women in the study also appeared to be committed to ideals of voluntarism/altruism in their relationship with friends, as revealed by their responses to the vignettes. When a friend needed help, regardless of whether the friend was not particularly close or had strained the bonds of friendship egregiously, the women felt that they could not abandon a friend and that they wanted and needed to do what they could for that friend without thought of repayment. Some cited ethical principles, moral duty, or feelings of empathy for someone who is helpless as a reason for helping a friend in need. Helping others also helps many older adults maintain their sense of self esteem in the face of the declines due to aging (McCoy, Pyszczynski, Solomon, & Greenberg, 2000); that is, helping a friend in need can help them to feel good about themselves.

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On the other side of the coin, many felt that it was important for a receiver of support from a friend to attempt to be as independent as possible and to try to keep one's needs for help from a friend to a minimum to avoid burdening the friend and damaging the relationship. In this connection, most study participants recognized that there are limits to giving help, even to a long time friend. The amount and duration of help given can reach a threshold for some individuals, straining their own health and resources and jeopardizing their other activities and relationships. In such cases, help will have to be reduced, although the friendship itself may continue. In other cases, if the giver begins to feel that he or she is being used, abused, exploited, or taken advantage of in the situation, then both the help and the friendship will be reduced. In both cases, the women in the study seemed to feel some responsibility for not simply abandoning a friend in need. They suggested finding other friends and/or family members or securing the help of some public agency to help meet the friend's needs for services.

Overall, in order to understand how concepts of equity/exchange theory apply to older adults, one must understand the personality and motivations of both giver and receiver within the context of their age group, situation, and culture. It is not a question of simply finding a balance of exchanges of social support, but a much more complex calculation taking into account the history of the friendship, the values of both the giver and recipient, relative needs and resources, and so on.

Baltes and Baltes (1990) have suggested that exchanging feelings of closeness with friends may have reward value in itself, apart from more active or tangible kinds of support. These feelings of closeness to a friend may become more important to residents in assisted living facilities, who have most of their basic

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instrumental needs satisfied by the facilities. Conveying feelings of caring for the friend, interest in the friends activities and problems, and unwavering acceptance may be the most important forms of social support for older adults, and these things can be freely exchanged.

The limitations of the study are readily acknowledged. The relatively small sample size and the use of a sample from a medium-sized Midwestern city limit generalization of the study findings to older adults from other ethnic or cultural groups. However, the study was an exploratory one, and its value lies in suggesting avenues for further research.

Despite any limitations of the study, the findings indicate that achieving an equal exchange of social support with a friend is of relatively little importance for older women residing in assisted living facilities, whereas maintaining friendships is very important. Practitioners seeking ways to enable residents to maintain satisfying friendships might help them to maintain and increase contact with old friends on the outside as well as with new friends also living in the facility, and to find simple ways to express appreciation for any help received. In addition, sources of formal care can be used to meet the older adults physical needs in ways that complement help received from close friends so that friends are able to continue providing limited amounts of help without becoming exhausted. What is important is that formal caregivers work together with friends so that friendships can continue to contribute to elders well being.

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