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RACIAL DIFFERENCES IN THE CONFIDANT RELATIONSHIP

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Numerous researchers have studied the black family in American society. Unfortunately, too few have focused on the role of the family in the life of the elderly. In this paper it is my intention to focus on the strengths and weaknesses of the black family and, in particular, on the black family member as confidant.

Frazier, in a book, The Black Family, edited by Robert Staples, discusses the character of the black family during the various stages of its development. He purports that the black family has been affected by the social isolation of blacks in American society. Frazier believes that it has been the family that has aided the black individual's survival in the face of this isolation. The family as the focus of survival is an interesting concept when considering the status of the elderly in America. Segregated groups and existing institutions have hardly provided refuge for the white elderly let alone for the black elderly. It is conceivable that the family plays an important role in the lives of the black elderly as they confront the changes and crises of growing old in America.

Historically the extended family relationships have been greater among blacks than whites. Although subfamilies are present in a smaller proportion of black families than is commonly believed, this differential between black and white family structure still exists. Subfamilies are defined as two or more related individuals within the context of the extended family household. These subfamilies, a creation of the doubling-up phenomenon fostered by economic necessity among blacks, has enhanced flexibility and some interchangeability in the family roles of black families. It is this knowledge of the flexibility in family roles among blacks and not among whites that encourages this exploration of the racial differences in the confidant relationship for an elderly sample.

Lowenthal and Havens (1968) and Pastorello (1973) have explored the effect of a confidant relationship on the morale of the aged. Their findings indicate the beneficial effect of the confidant on the morale of the older individual. Pastorello, exploring this dyad, was able to assess that among those elderly who have a confidant, a non-familial confidant proves to be a more beneficial contributor to their age-related morale than a confidant who is a member of the family. Pastorello, and Lowenthal and Havens, consider sex, age, and socio-economic status of their subjects with no focus on racial differences. Although Pastorello controlled for race, he did not obtain any racial difference in the relationship between age related morale and presence of confidant. Those

researchers who have studied the relationship between race and morale (Youmans, 1963; Messer, 1968; and Heyman and Jeffers, 1964) have not considered the impact of a confidant on the relationship.

While Pastorello and this writer have used the same data (see Schooler, 1970), this writer's focus on a different morale factor, sustained unhappiness, indicates an interaction effect between age and type of confidant in the relationship between health or social relations and morale when controlling for race.

The data used in this analysis were obtained from Schooler's National Study of Senior Citizens. The 1968 study includes 3996 elderly chosen randomly on a national basis. A subsample of 521 persons was reinterviewed in 1971. This subsample was not used due to the reduction in cell sizes once controls were employed. The 1968 study included 3301 whites and 484 blacks. There was an approximately comparable distribution between the two races for those that had a confidant and those that did not. Of the whites, 82.1% had a confidant as compared to 82.8% of the blacks. Among those persons who identified a confidant, 54.8% of the whites identified a family member as confidant, while 48.8% of the blacks did. Those black and white elderly that chose a familial confidant, more frequently chose a spouse or child as opposed to any other family member. As many blacks chose a spouse or chose a child as confidant, whereas a higher percentage of whites, identify the spouse as confidant. This may be support for the idea of role flexibility in black families. A friend (rather than a clergyman or physician) is the non-familial confidant most frequently chosen by both blacks and whites.

For the purpose of this paper, there are eight independent variables: three health variables (general health, minor disability, and major disability) and five social relations variables (neighboring, membership in clubs and organizations, contact with children, contact with siblings, and letter or phone contact with children.)

The subsample was further restricted to those who were of grade school education or below and have an annual income of \$3,000 or below. The analysis was further controlled by race, type of confidant, and age so that blacks and whites, above or below 75 years of age were viewed in three contexts; those with no confidant, those with a familial confidant, and those with a non-familial confidant. Cross-tabulations was the procedure used in this analysis. Significance levels for all results discussed are .05 or less. The statistic described is Kendall's Tau B.

It is important to note racial as well as age differences when studying the elderly. All too frequently, blacks and whites are included in a sample because of age with no consideration for racial differences. These data indicate the need to take age and race into consideration when analyzing data for the elderly. Consideration must also be given to differences within racial groups.

The following discussion will first explain the relationship between health and morale when controlling for race, age and type of confidant. The second part of the discussion will focus on the relationship between social relations and morale when considering these same controls.

THE RELATIONSHIP BETWEEN HEALTH AND MORALE

The relationship between the three health variables and morale for younger blacks (75 years of age or less) indicates that it is more beneficial to have a non-familial confidant or no confidant at all than it is to have a familial confidant. When a familial confidant is chosen, the relationship between health and morale is positive. For those younger blacks with a familial confidant, as health declines morale also declines. This relationship is also seen among those older blacks who have either a familial or non-familial confidant. No statistically significant relationship exists for those older blacks who have not chosen a confidant. An interaction effect is indicated between race, age and type of confidant. It may be that for younger blacks, having a familial confidant when they are ill has a demoralizing impact. Having a family member see you as weak may really be a detriment. Any type of confidant seems to have this demoralizing effect on older blacks.

The relationship between health and morale for white elderly (older or younger) is more consistent between confidant categories than between black elderly. Overall it seems that when health declines morale also declines regardless of whether the person has identified a familial confidant, a non-familial confidant, or no confidant at all. Apparently for whites, the consideration of confidant in the relationship between health and morale is for nought.

THE RELATION OF SOCIAL REACTIONS AND MORALE

Viewing the relationships between the five social relations variables and health for younger blacks, it seems that having no confidant or a non-familial confidant is more advantageous than having a familial confidant. When the younger black elderly chooses a familial confidant, a positive relationship emerges between social relations and morale--as social relations decrease morale also decreases. This positive relationship between social relations and morale is mitigated for those older blacks with a familial confidant and indicates an interaction effect between age and type of confidant.

In most cases there is no positive relationship between social relations and morale for those younger white elderly who have chosen a familial confidant or who have not chosen a confidant at all. When the younger white elderly chose a non-familial confidant, a positive relationship emerges between social relations and morale--as social relations decrease, morale decreases. The same positive relationship emerges between social relations and morale for those older blacks who do not have a confidant or who have chosen a non-familial confidant. As stated earlier, this positive relationship between social relations and morale does not emerge for those older blacks with a familial confidant except in the relationship between contact with children and morale. Here there is an inverse

relationship--as contact with children increases, morale decreases.

SUMMARY

This analysis indicates that blacks are best off with regard to the relationships between health or social relations and morale if they choose no confidant at all. But when they do choose a confidant (as 82.8% did), the interaction between age and type of confidant becomes important. For younger blacks a non-familial confidant seems to mitigate the relationship between health or social relations and morale. This is not so for younger blacks with a familial confidant. For older blacks, there appears to be no difference in the relationship between health or social relations and morale for those blacks who have chosen either a familial or non-familial confidant.

The relationship to be noted is between social relations and morale for blacks. There is a statistically significant relationship for those younger blacks who have chosen a familial confidant. There is no statistically significant relationship between social relations and morale for those black elderly above 75. This indicates an interaction between age and type of confidant. The relationship between social relations and morale for those blacks with a familial confidant has changed from positive when the black person was below 75 years of age to a statistically non-significant relationship for those older than 75.

When considering type of confidant for white elderly, we see a tendency for morale to decline as health declines, regardless of whether the elderly white individual has chosen a familial or non-familial confidant, or no confidant at all. The relationship between social relations and morale for white elderly, though, is quite different. Declining social relations does not foster decline in morale for those that have a familial confidant or no confidant, but a positive relationship does exist for younger whites with a non-familial confidant. The relationship between social relations and morale for younger whites seems to be most deleterious when the person has a non-familial confidant. This changes, though, for older whites. The relationship between social relations and morale remains statistically non-significant for those older whites as for the younger whites who have identified a familial confidant. For those older whites who have no confidant or a non-familial confidant, a positive relationship exists between social relations and morale. Within the white sample, an interaction effect occurs between age and no confidant (a statistically non-significant relationship for those white elderly below 75 years of age who do not have a confidant becomes statistically significant for those white elderly above age 75 with no confidant.) It seems that not having a confidant at a younger age is beneficial in the sense that there is no relationship between social relations and morale. The older white person (above 75) with no confidant experiences declining morale when social relations decline.

Apparently, the familial confidant alone buffers the effect of declining social relations on morale for those white elderly above 75 years of age.

This analysis has not indicated clear cut racial differences in the confidant relationship. It is obvious, though, that elderly blacks (whether older or younger) fare better with regard to the relationship between health or social relations and morale when they do not identify a confidant. White elderly (older and younger) appear to fare better, at least in the relationship between social relations and morale, when there is a familial confidant.

These findings support in part the hypothetical premise on which this analysis began. It was purported that a confidant relationship with a family member would enhance the morale of the black elderly. Results indicate that this was true only for younger black elderly. A confidant relationship had no impact on the relationship between social relations and morale for those elderly blacks over 75 years of age. The contribution that this analysis makes to the research on the confidant relationship is the interaction effect between age and type of confidant. This interaction occurs in the relationship between social relations and morale for blacks with a familial confidant and for whites who do not identify a confidant.

IMPLICATIONS FOR PRACTICE

Most professionals in helping professions encourage the elderly client to maintain, and when necessary replace, social support systems. Frequently these take the form of the client having someone to rely on: someone to trust - a confidant. It is apparent from the frequency distribution reported earlier that most elderly form such relationships. Unfortunately, such a relationship is not always advantageous to the older person depending on the race, age, income level and type of confidant identified.

When the income, race, age and type of confidant are taken into consideration, the significance to the relationship between social relations and morale and health and morale varies. In some circumstances (see Table 1) the relationship between various social relations and morale as well as different aspects of health and morale are significant. In others they are non-significant. It seems that in certain situations having a confidant can aid in making a relationship significant. This is not inherently negative, but when neighboring, memberships in organizations, contact with one's children or siblings decline as they probably will with age, the loss of social relations then will have a negative effect on the individual's morale. Of most critical interest are those relationships between social relations and morale or health and morale that become significant or remain significant as one gets older (over 75). Because of the likely reduction in social relations and health that occurs with increased age, it will also mean a decline in the person's morale. These potentially hazardous relationships are identified on Table 1.

Although these findings are not consistent across all categories of relationships that were examined in this analysis, the results do illustrate the need to examine many facets of the elderly person's life. It is only by controlling some basic relationships (social relations and morale, and health and morale), by various demographic characteristics as well as the type of confidant they have chosen, that identification of potentially dangerous relationships become apparent with increased age.

Those in the helping professions readily agree that each individual is unique. All too often this belief is not reflected in the analysis of data that could effect the course of treatment chosen for the particular elderly client.

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TABLE I
 The Relationship Between Health and Several Types
 of Social Relations and Morale (sustained unhappiness)
 Controlled by Age, Income, Race and Type of Confidant

	<u>Younger Blacks (75 years or younger)</u>		
<u>Morale</u>	<u>Familial Confidant</u>	<u>Non-Familial Confidant</u>	<u>No Confidant</u>
Minor disability	.144	.132	-.071
General health	-.263*	-.034	-.331*
Major disability	.232*	.096	.235
Neighboring	.196*	.080	.119
Contact with Groups and Organizations	.184*	.018	.117
Contact with Children	.052	-.030	-.196
Contact with Siblings	.073	-.038	-.009
	<u>Older Blacks (76 years or older)</u>		
<u>Morale</u>	<u>Familial Confidant</u>	<u>Non-Familial Confidant</u>	<u>No Confidant</u>
Minor disability	.270*	.241*	.275
General health	-.212*	-.043	.132
Major disability	.077	.131	.009
Neighboring	-.068	.229*	.329
Contact with Groups and Organizations	-.116	-.191	-.233
Contact with Children	.022	-.115	-.236
Contact with Siblings	.088	.224*	.385*

Continuation of Table I

Younger Whites (75 years or younger)

<u>Morale</u>	<u>Familial Confidant</u>	<u>Non-Familial Confidant</u>	<u>No Confidant</u>
Minor disability	.119*	.077	.084
General health	-.029	-.140*	-.154*
Major disability	.026	.080	.087
Neighboring	.154*	.141*	.108
Contact with Groups and Organizations	.048	.012	.069
Contact with Children	-.037	-.099*	-.009
Contact with Siblings	-.007	.045	.050

Older Whites (76 years or older)

<u>Morale</u>	<u>Familial Confidant</u>	<u>Non-Familial Confidant</u>	<u>No Confidant</u>
Minor disability	.140*	.207*	-.035
General health	-.122*	.010	-.183*
Major disability	-.097	.114	.008
Neighboring	.101	.151*	.172*
Contact with Groups and Organizations	-.051	-.137*	-.019
Contact with Children	-.130*	-.069	-.164*
Contact with Siblings	.028	-.016	.150*

*Significance < .05
(N = 3996)
Statistic - Kendall's Tau B.