CHAPTER 34

Social Support Systems of Rural Older Women: A Comparison of the United States and Denmark

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The roles of formal services and informal social supports for older adults are viewed very differently in various societies. In this chapter, we explore these differing orientations in relation to social support systems for the elderly in the United States and Denmark. In Denmark, formal services are viewed as a *right* to be used by any member of that society who is in need of assistance, premised upon a societal model of mutual self-help. In the United States, formal services are generally viewed as an approach to be used when one's informal network is unable to meet one's needs. The impact of this major distinction on the expectations of a sample of rural older women in each society, and on their uses of formal and informal support systems, will be examined.

A secondary focus of this chapter is the social support systems of rural elders. About 26 percent of the American elderly live in rural areas (Peterson and Maiden 1993).[1] The recent interest in the experience of aging in rural environments has not reversed the still overwhelming bias of the gerontological literature toward aging in urban settings (Coward 1979), nor has it erased the major gaps that exist in our knowledge base concerning the rural elderly (Lee and Lassey 1982). It has signaled the apparent end, however, to a period where the special needs and distinctive features of aging in rural society were virtually ignored by social gerontologists (Coward and Lee 1985). In particular, little research has focused on the specific situation of rural older women.

This chapter is based on a comparative study of the United States and Denmark, but the research in Minnesota was more extensive and was carried out over a longer period of time. The comparison is constrained by the more limited data from the Danish context which include questionnaire data and minimal participant observation, but not life histories or social network data.

Key values of these rural older women, both in the United States and Denmark, include a strong sense of independence, a closeness to the land and a clear sense of the importance of relationships with others. The meaning of "independence" is different in the two societies. The American rural elders believe that independence is achieved by avoiding the use of formal services and thus maintaining control over one's life, choices and decisions (see Shenk 1987, forthcoming). The Danish rural elders believe that by having people's needs met by professionals, one can maintain a sense of independence, turning to friends and family primarily for social interactions. The Danish women tend to be comfortable with the knowledge that formal services are available when they have increasing needs for support, allowing them to feel independent. They are not comfortable asking for or accepting help from friends or family.

A major focus of the early literature on rural aging in the United States was the dearth of formal services available in rural areas and the unique features of service delivery in rural communities (Ginsberg 1976; Nelson 1980; Taietz and Milton 1979).[2] Another related concern was the assessment of the needs of the rural elderly (Hynson 1975; Krout and Larson 1980). These needs have continued and even expanded as some communities have experienced the collapse of rural health systems. In much of this analysis, the rural elderly have been viewed primarily as receivers of care. It has not generally been recognized that rural older adults are not passive recipients of services and care but, rather, active manipulators of social support systems through which they meet their needs and the needs of others in their network.

There are both similarities and differences in the rural aging experience in Denmark and Minnesota. Fifteen and one-half percent of the Danish population were 65 or older as of 1989 (Cooney 1990:1), compared to 12.6 percent of the U.S. population. There is of course, also, a difference of scale in the two contexts because Denmark is such a small country, with 5.1 million people living in an area about the size of Massachusetts and New Hampshire combined. So, for example, the cultural institutions are more evenly distributed in rural areas of Denmark, although major differences exist in available services in various counties.

There also is not the same strong sense of being an outsider in Denmark if you have moved into a rural community from another part of Denmark. In particular, this is not the case in Lokken (site of this research), which as a resort area has seen lots of ''outsiders'' settling as permanent residents. In the United States, those who move to the area or "marry-in" may always be considered newcomers by those who were born there.

Rural elders are often long-term residents of their communities and commonly derive the benefits of involvement in ongoing networks of exchange and informal support. There is generally an expectation by elders growing older in a rural environment in the United States that they will continue to turn to family, friends and neighbors (these categories may of course overlap and in fact, include formal service providers) for support in meeting their increasing and changing needs. For example, 90 percent of the U.S. study participants reported having good friends in the area, which is a high percentage reporting close friendships. While comparable friendship data are not available for the Danish sample, our sense is that the proportion reporting good friends in the area would be much lower. The Danes would be more likely to have acquaintances, rather than close friends.

The distinction between the basic orientation to the role of informal and formal supports is critical to an understanding of the aging experience in a particular cultural context (see Twigg 1989). Danish service delivery has been built on a strong philosophical belief in meeting the basic rights of every individual.[3] There is also a related Danish belief that survival through hard times depends upon cooperation—not competition (Thomas 1990:45). These principles are similar to those discussed for Sweden by Zelkovitz (1997).

The Danish elderly, along with other members of Danish society, expect to have their basic needs met through formal services which are seen as the appropriate way to meet individual needs. The effect of recent trends is that while Danish older women are comfortable accepting formal services, these services are now less readily available to the extent they have come to expect. At the same time, they are hesitant to ask friends and family for assistance and support. In contrast, elders in the United States are hesitant to use formal services; especially those which they fear will draw them into a network of formal services over which they will have little control (Shenk 1987, forthcoming). American rural elders are typically more likely to turn to family and friends to meet increasing needs for assistance, while the Danes are more likely to draw on available formal services to meet their needs for care.

The system of formal services and programs to meet the basic needs of older adults is one component of the larger Danish system of providing for the basic needs of all citizens, which is characteristic of the Scandinavian countries. The system of health and welfare services is financed essentially by the income taxes paid by all workers, which begin at 51 percent of earned income. Services are free of charge for all residents, except for certain services provided by nursing homes and social welfare. For these services there are sliding fee scales for those earning more than a basic pension.

The social welfare system in Denmark is based on the concepts of normalization and equalization. Normalization is one of the five guiding principles discussed by Zelkovitz in relation to the transformation of aging policy in Sweden (1997). The concept of normalization has been described in regard to the mentally retarded as providing the same opportunities and conditions of life to the handicapped as are available to the rest of society and the right to experience and use the environment in a normal way (Bednar 1974:13). Equalization is a related principle. “For many years, the primary goal of Danish social policies has been social equalization, where few have too much but fewer have too little” (McRae 1975). High priority is placed on providing services that preserve and strengthen the capabilities of the dependent elderly, particularly on services that will enable them to remain in their homes as long as possible (Raffel and Raffel 1987). This is again similar to the principles outlined by Zelkovitz regarding aging policy in Sweden (1997). The basic orientation of the system of service delivery is toward maintaining the elderly’s control over choices, enabling them to lead their lives as independently as possible.

While Denmark developed a comprehensive system of high-quality, government-financed services during the economically strong period prior to 1980, the government is struggling in this new economic climate. Officials are trying to maintain the level of services in spite of budget reductions, increased numbers of older adults and increased demand for expensive medical technology (Raffel and Raffel 1987).[4]

Recent developments in formal services for the aged in Denmark have centered on the theme of ‘‘self-help’’ and have been advanced through the development of experimental projects. Two of the model programs which have received publicity are in urban settings, but these efforts are reflective of those occurring throughout Denmark. The Fynsgade Center in the city of Aalborg, for example, has become a model of a multi-service center which also includes sheltered housing. The community center called Koltgarden, in the city of Arhus, is another example of a center that ‘‘contains activities aimed at promoting good health, preventing disease and stimulating cultural endeavors’’ (Wolleson 1989: 19). The Koltgarden Centre offers home nursing and home help for residents in sheltered flats and for the whole community—a form of cooperative care work that saves resources (Wolleson 1989:20). Clients from the neighborhood come to the Centre for entertainment but also for offerings which include gymnastics, talks with a case worker and a home nurse. The Koltgarden Centre is similar to Havgarden in the research site in Lokken (see Shenk and Christiansen 1993). Havgarden operates as a neighborhood community center which serves as the hub for delivery of services to older adults in the community and also includes 24 apartments.

Changing attitudes are reported in Denmark due to the economic necessity of cutting back on formal services. The elderly still receive formal services because it is more acceptable and they can receive them without losing face. The current effort is to get people to ‘‘care’’ more, that is, to develop the informal system of care through which people help and support their families and friends.

In the United States there is a similar emphasis on encouraging more extensive family care of the elderly. There is a large body of data from a decade ago, which suggests that family already provide the bulk of ongoing informal care and are in need of greater support from the formal sector (see, for example, Cicirelli 1981; Johnson 1983; Litwak 1985). Several factors have been discussed in the literature as affecting the assistance provided by the informal support system. One set of factors related to changes in informal social support networks is the mobility of the younger generation in the United States since World War II. It has been suggested that the loss of networks (or decline in their ability to provide daily assistance) as a function of the mobility of younger generations may be most detrimental to those elders who reside in small towns and rural communities (Lee and Cassidy 1981). Other literature suggests that older rural residents are more highly integrated into social networks providing informal social support than their urban counterparts (see Lee and Whitbeck 1987; Kivett 1985). Most of these studies focus on the quantity or frequency of interaction with no concept of the nature of the relationship or the meanings attached to those relationships by the participants. The research discussed in this chapter focused on the nature of the individual relationships and the kinds of support being exchanged.

Another factor in the changing nature of informal support networks relates to the changing roles of women. Since women have traditionally been a critical force through which relationships and helping networks across generations have been initiated and maintained, their entrance into the labor force in large numbers has serious consequences for the provision of social support to the elderly (Pilisak and Minkler 1980). Notably, among European countries, Denmark has the highest employment rate for women—81 percent (Leeson and Tufte 1994). The impact of this trend on the rural elderly has not been examined.

In addition, the formal service delivery system in both countries is often not oriented toward working effectively in cooperation with the informal support system, but rather is seen as a substitute. In regard to our present discussion, a primary question is the culturally defined relationship between the formal and informal support systems, which frames how the two work together. In Denmark, the formal system is seen as primary whereas in the United States the informal support system is expected to be the primary source of support. The formal system is viewed as a replacement to be used when the informal system fails to meet an elder's needs.

BACKGROUND AND DISCUSSION

This discussion is based on the findings of a multiphase qualitative study of 30 rural older women in central Minnesota and participant observation and questionnaire data collected from a comparative sample of 30 older women in rural Denmark. The Minnesota research was completed by the first author from March 1986 to July 1987 (see Shenk 1987, 1991, forthcoming). The Danish interviews were completed by the second author during the summer and fall of 1990.[5]

The Minnesota Older Women's Project was completed in several phases which included the collection of: (1) life histories, (2) social network and questionnaire data and (3) photographs of the study participants. The data collection in Denmark was based primarily on a translated, culturally adapted questionnaire.

The Danish research was completed in Lokken-Vra on the northwest coast of North Jutland, Denmark. The area of research includes the towns of Lokken, Vrensted and Vittrup. Lokken, a seaside resort town in this century, was initially a seaport and later one of Denmark's larger fishing towns. There are 1,300 permanent residents in Lokken. Vrensted was a larger center and Vittrup a smaller center for the surrounding farming areas. They are both now merely clusters of houses and farms surrounded by open country. A few stores including a grocery are all that remain of the prior commercial development in each community.

The inhabitants of the area are known as tough and independent people, and were predominantly small-scale farmers and fishermen.[6] The Borglum Monastery (Kloster) was active in the community from about 1130 until the sixteenth century and employed many local people. Then, as a lay manor house, it continued to have a great impact on life in the area until the present. Due to technological advances, it is now run by a few people. A railway line went through the area, but it was closed in 1963. The former station houses in Vrensted and Vittrup are now private residences.

The American research was conducted in a four-county area of central Minnesota including Stearns, Sherburne, Benton and Wright counties.[7] The American study sample was selected to be similar to the larger regional population in terms of key demographic characteristics, including education and income (see Shenk 1987, forthcoming). The Minnesota sample was selected based on both demographic guidelines and self-definition as a rural person. Most of the women live in towns of under 2,500. Several farm wives who had moved into a larger town were included in this sample. Self-definition by the participants was used in determining the extent of "ruralness" of each of the respondents.

The women defined "rural" in terms of both geographic location and the nature of life. Our respondents characterized themselves as rural because "they live out in the country," where it is quiet, peaceful and spacious. They talked about having freedom, not

being confined and enjoying the outdoors. They thought of life on the farm as the essence of rurality. Aspects of their lifestyle which they considered to be rural included depending on their neighbors, having more friends and not having much formal education. The rural lifestyle was described as being more ‘‘simple’’ than life in the city. There weren’t as many choices, life was less hectic and expectations were thought to be clearer. In summary, rural life was described as more simple and based on close social ties.

The Danish sample was selected by both authors during the summer of 1990, based on earlier research with the older residents of the area by the second author. The respondents were chosen to include a broad range of patterns in terms of key demographic characteristics including marital status, living arrangement and education. A comparison of selected demographic characteristics of the two samples is provided in Table 34.1.

There are striking differences in the attitudes toward the use of formal services by the respondents in Denmark and the United States. A Danish informant explained that the Danish system of services can be understood in light of the cultural value of privacy. When money was available, formal services were used more because of this pattern of maintaining privacy. Those in need wanted to stay protected and private and would turn to formal services rather than ask friends or even family for help.

The American system, in comparison, is based on the concept of replacing an unavailable or insufficient informal system of support with formal services. In the United States the need for formal services is sometimes linked to the concept of “welfare” and those in need are implicitly seen as lesser beings not deserving of privacy or autonomy. The importance of respecting the elders’ needs for privacy and autonomy are not part of the American system of formal service delivery. For example, when the first author visited an American informant in her home late one morning, she found her dressed in a sleeveless shift. She apologized for not being dressed and explained that the new home health aide who assisted with her bath comes at 1:30. “It’s not her; it’s what they assigned her. But it’s so inconvenient. It’s hard for me to get dressed and undressed and dressed again.” So she stays in her night clothes until the aide comes. She went on to explain that the agency regularly changes the day and time of her bath, as well as the particular aide, and she has no say in it. “I asked her about coming in the morning and she said that she had to do what the main office told her.” In Denmark there is generally more importance placed on developing a comfortable relationship between the aide and recipient of support and more of a feeling of choice and control on the part of the elderly.

Clearly, each society must develop a framework for effective interaction of the formal and informal systems of care in meeting the basic physical and social needs of the elderly which is based on cultural expectations (see Shenk 1991). The difference between Danish and American opinion on this point is perhaps one of degree, rather than one of kind. The American women generally were wary of using formal services which would draw them into a network of formal services over which they would have little control. Formal services are seen by these rural American women as options to be used sparingly.

The Danish system of formal services ideally provides alternatives from which the individual can choose. The goal of the Danish system is clearly to enable the individual to remain in control of the decision-making process and to choose the services which best meet his/her current needs.

Table 34.1
Selected Demographic Characteristics

	Minnesota		Denmark	
	(%)	(N=30)	(%)	(N=30)
Age at Interview				
60-64	6.6	2	23.2	7
65-74	33.3	10	40.0	12
75-84	40.0	12	26.6	8
85+	20.0	6	9.9	3
Marital Status				
Married	30.0	9	43.3	13
Never Married	13.3	4	13.3	4
Widow	43.3	13	43.3	13
Divorced	13.3	4	0.0	0
Housing Location				
Farm	20.0	6	13.3	4
Open Country	16.7	5	3.3	1
Farm into Town	20.0	6	3.3	1
Small Town (< 2,500)	23.3	7	36.7	11
Town (2,500 +)	20.0	6	43.3	13
Health (self-rated)				
Excellent/Very Good	26.6	8	36.7	11
Good	40.0	12	30.1	9
Fair/Poor	33.3	10	33.3	10
Religion				
Catholic	56.6	17	0.0	0
Lutheran	16.7	5	96.7	29
Methodist	13.3	4	0.0	0
Other	13.3	4	3.3	1
Income per Month				
< U.S. Poverty Level	26.6	8	10.0	3
125% Poverty Level	10.0	3	13.3	4
125-150% Poverty	30.0	9	16.7	5
> 150% Poverty Level	26.6	8	30.0	18
Unknown/Refused	6.6	2	0.0	0

CASE STUDIES

This comparison will become clearer with consideration of two case studies from each sample which emphasize the use of formal and informal supports in each cultural context. Each case study is presented based on the respondent's life situation at the time of the individual interviews.

Minnesota Case 1

The first American respondent, Harriet Tucker, age 83, showed me the pictures from her fiftieth anniversary party which had been held a year ago, and talked at great length about that occasion when we spent our first day together. She was married two days before her seventeenth birthday to a farmhand on her father's farm. She gave birth to their first child six months later and she confirmed these dates, showing me the family bible.

She raised eight children, two boys and six girls. "I don't think I did too bad. Because he was working all the time. It was mostly up to me." "I was four months pregnant with (her youngest child) when he had his first surgery (after an accident). He was paralyzed on his right side. Then he got worse and used crutches. . . . About four-five years ago he got into the wheelchair."

Harriet was very proud and loved to talk about the celebration of their fiftieth wedding anniversary. I realized that this event was a symbol for her of her success in following the cultural norms and "doing the right thing." After getting pregnant, she married, raised a family and stayed married through difficult times.

Harriet and her husband live in their own home and receive a lot of support from their children. "Our kids come home and help us a lot. And we intend to stay here as long as we possibly can get along without going to a nursing home. It really doesn't make any sense to move away from here and move into town.
We'll still have to have somebody come and help, so we might as well stay here." Their youngest daughter lives nearby and helps them several times a week. She takes Harriet shopping and in fact, drives them everywhere they need to go. Without the help of their children they feel they could not get by living at home. They collect "compensation" for her husband's disability but have used only minimal formal services.

Harriet still provides a great deal of personal care for her husband and is dependent on her daughter to provide the assistance which she needs. She has avoided using any formal services, preferring to turn to her informal support network in meeting her extensive needs.

Minnesota Case 2

The second American case is Maurine Strutter, an eighty-one-year-old retired physical education teacher who never married. Maurine's quiet, smiling demeanor and her love of physical tasks (snow-shoveling, chopping wood, woodworking) are what I remember most clearly.

Maurine lives with a close friend in a home overlooking Clear Lake. "You know I don't live alone. (Hilda) and I have lived here for 15 years together. We taught together in Willmar. She moved on to Rochester, but we decided to retire here."

Maurine talks about her life in terms of her family heritage, beginning with her childhood through high school and graduation from college. The themes in her life story

are travel, work, hobbies and community involvement. Maurine served on three local committees including the county community-based services committee and was very knowledgeable about the services available to seniors. She explained about home-delivered meals, for example. "There's a problem with them in the rural area because of the road situation. I've heard that they want to start a program where a van will go and pick up all these people who get home-delivered meals and take them to the nutrition site instead of them staying home. The problem with the home-delivered meals is people don't get out and don't mingle with other people." She had not used any of the available services, however, and could not imagine herself seeking formal assistance. She and her housemate support each other and there is also a neighbor to whom she would turn in an emergency. She talks about the need to stay active and "do my best."

In 1991, Maurine was diagnosed with an inoperable heart condition and told to curtail her activities. This was a difficult time for her, but she never complained. When she had to have a tooth extracted, the dentist was unable to curtail the bleeding and she was brought to the hospital for the last time. In her weakened condition, she was moved to a nursing home where she was visited by her friends until she died. Her housemate Hilda was forced to sell the house and moved to live with her widowed sister.

Maurine had also preferred to turn to her informal system of support in meeting her needs during her final illness. She lived in her lake home for as long as she could. When it became necessary for her to use formal services, she went to the hospital and then the nursing home. These were both in the community where she had taught and had moved away from fifteen years before. Her housemate drove the 120 miles back and forth every other day to be with her, spending the alternate days packing and arranging the sale of the house. She also had visits from her close friends in that community. But the formal system of support, in this case a nursing home, was not used to reinforce her informal support network; rather it replaced the informal system at the end.

Denmark Case 1

The first Danish case study is Mrs. Ingrid Larsen, an eighty-one-year-old respondent who lives with her husband in a one-bedroom apartment with a small kitchen and bathroom in a protected housing unit in Lokken.[8] The apartment is located within Havgarden, the local old age home.[9] They have been together for
66 years and are clearly very devoted to each other, their family and friends.

Her husband was a farmer and she was a farm wife, raising two children on their farm in a nearby community. Mrs. Larsen has been blind since she was 28, due to a hereditary eye disease. She is in good spirits and has coped well with her handicap. The only problem she mentioned was that the children didn't want her to cook the gravy because she couldn't see the lumps, so her husband always did that and was good at it.

In 1964, because of her husband's bad leg, they moved from the farm to a home in town. They had a home helper for four hours every day and home-delivered meals until they moved to protected housing in 1986. She has received a disability pension for many years because of her blindness; now she and her husband collect retirement pensions.[10]

Typically after waking up, dressing and eating the breakfast brought to them from the central kitchen, Ingrid cleans up around the apartment. She tries to do as much of the housework herself as she can manage. They go to the activity room to have coffee, talk to people and play cards. Ingrid typically works on the hooked-wool pictures which can be

seen hanging in their apartment. They have their warm meal at noon in their apartment and their evening meal (bread) is delivered at the same time. Sometimes they return to the activity room again in the afternoon, but more often she works on her hooked pictures and they relax in the apartment.

Her children visit once or twice a week. One set of grandchildren visit once or twice a month, bringing her great-grandchild, while the other two grandchildren visit once or twice a year. One of her major daily concerns is the health of her children, especially whether they will inherit her eye disease. She regularly spends time with neighbors and friends who visit at the center.

Ingrid Larsen died in 1992. Her husband lives alone in the protected housing apartment at Havgarden and spends most of his time in the activity room. He has kept the apartment just as it was when she was alive. It is decorated with numerous pictures of the two of them and their family, as well as the hooked pictures which she made. The formal system of services has been effective in providing for the changing needs of both Ingrid and her husband. The formal service providers work effectively with his family and he is often visited by friends in the larger community and staff who are his friends. There is much more of a blending in this case, with both the formal and informal systems of support being integral parts of their lives.

Denmark Case 2

The second Danish case study is Helga Christiansen, age 67, a respondent who never married. Helga's smile and quiet strength instantly reminded me of Maurine Strutter (Minnesota case 2). Her love of life was demonstrated clearly as we shared lunch at another respondent's home. She later admitted that she went home and napped after too much good food, good company and a little aquavit (Danish alcoholic beverage).

Helga worked as a home nurse for more than 30 years. When she was transferred to this district, she bought the house in Lokken where she has lived alone with her dog ever since. Her father and brother were both architects and her brother had designed her home for someone else. Helga cared for three or four generations in the community, before she retired in 1987 so she would have time to do what she really wanted, while she still could.

Helga is fully independent and she gets around by walking or driving her own car. In 1984, when she was diagnosed with cancer, she had an operation and spent ten days in the hospital and three weeks recuperating at home. She had no treatment afterwards and apart from this has never been ill. She explains that she didn't need any help while she was recuperating because as she put it: "I let the dust stay where it was until I could remove it again." She emphasized her belief, however, that if she needs help she will go to the public services, not her family.

Ms. Christiansen is very active in the community as a local leader of the Red Cross Visiting Friends, a member of the Red Cross Board, a knitting club, an active member of the Senior Club and a member of the Board of the Lokken Museum Association. She also is involved in planning and activities at the local center for elders (including a nursing home, protected housing and day center) and has been active in ''Soeroptomist'' (the international Optimists organization) for twenty years. This has involved her in traveling abroad to meetings and international contacts. Her biggest daily concern is finding enough time to manage all the things she is involved in and wants to do.

Helga sees her two brothers and one sister-in-law, who live in the area, once or twice a month and gets together with her family from all over Denmark several times a year. She has a very strong network of friends whom she sees once or twice a week, and neighbors she sees daily. She is an independent woman with a strong network of family and friends.

The expectation is that Helga will again turn to the formal system of services when she has future needs. While she maintains close relationships with her friends and family, these are based on the premise that her basic needs will be met through the formal system of services available in the community. For her there is clearly a blending, with the informal system providing emotional support and the formal service delivery system providing for basic needs.

QUESTIONNAIRE FINDINGS

The pattern exemplified in the American cases is to turn first to family and friends, while the Danish women generally turn to formal services to meet increasing needs. These patterns are seen in the case studies, as well as through the questionnaire and social network findings. Relatively few service providers were discussed as part of the social networks of the American respondents. These formal providers of care who were part of the informants' personal networks were very important however, in the lives of those study participants. These rural older women use formal service providers to fill gaps in their informal support system. The Danish women, in contrast, are generally more likely to use formal service providers to meet their needs for assistance. The nature of their relationships with service providers was not fully explored. While they formed comfortable relationships with their service providers, they did not tend to form close social relationships with them.

The differences between the two samples, in their attitudes toward the use of formal and informal supports, can be seen in several areas. There are major differences, for example, in the primary mode of transportation between the two groups, which reflect cultural differences. The Danes are more likely to use public transportation, walk or use a bicycle, while the Minnesotans more often drive their own cars or get rides from family or friends.

Both groups were asked a series of questions about both past and future use of formal services. While a similar number had used each of these services, their attitudes toward the possible future use of formal services were clearly different. Samples of these data are provided in Table 34.2. In general, about half as many respondents in Minnesota indicated that they would use formal services, as compared to the Danish sample. In fact, one of the Danish respondents got annoyed with these questions, indicating that the services are a "right" and demanding to know: "Why are you even asking about this?" Even though many more of the U.S. respondents were already over the age of 85 and more likely to already be in need of transportation services, the Minnesota respondents who reported that they would use transportation in the future represented 46.6 percent compared to 93 percent of the Danes. Most of those indicated that they would use a van or bus or volunteer driver in the future. It should also be noted that public transportation is much more readily available throughout Denmark.

Table 34.2
Past and Future Use of Formal Services (N _ 30)

	Minnesota		Denmark
Have used home-delivered meals	4		3
Would used home-delivered meals	12		28
Have used home helper	9		13
Would used home helper	15		28
	Van	**Bus**	**Volunteer Driver**
Have used transportation	8	4	14
Would use transportation	12	14	28

A similar pattern is evident in the respondents' responses to questions about seeking assistance with a range of needs. They were asked, for example, to whom they would turn if they needed help when they became sick. More of the Danish women reported that they would seek the assistance of their spouses and slightly fewer would turn to their children or friends and neighbors than in the Minnesota sample. A similar number in each of the two samples reportedly would turn to other relatives for support. Notably, while 13 percent of the Minnesotan women would seek the assistance of a professional, 33 percent of the Danish women reported that they would ask for such help.

The women were asked to whom they would turn for assistance if they needed to get somewhere quickly, if they needed money, for help around the house, if they were feeling lonely, needed help with paperwork or help with shopping. Similar patterns were found in response to each of these questions. For example, the Danish women were most likely to seek professional help with paperwork or if they needed money, and less likely to turn to children, neighbors and friends.

Table 34.3 reports on their responses to the question of whom they turn to when they need help with housework. The Minnesota sample turns most heavily to children and grandchildren, neighbors and friends for assistance with housework. More of the Danish women reported receiving no assistance with housework, but those who did turned to the full range of informal and formal supports in equal numbers.

In general, the Danish women were less likely to seek assistance from neighbors or friends than were the American women. Danish women turned to their children for assistance with short-term needs, but were also more likely to seek support from professionals than were the American women.

Family relationships were described as the most important aspect of the American respondents' lives, with spouses, children and in-laws often being depended on for extensive assistance. Relationships with children and grandchildren were a key component of most of these women's social worlds. In talking about children and grandchildren, several women spoke about how these relationships change through time.

Table 34.3
Help with Housework (N _ 30)

	Minnesota	Denmark
Self	1	4
Professional	3	6
Child/Grandchild	10	6
Spouse	2	6
Other Relative	3	2
Non-relative (neighbors, friends)	3	4
No Response	3	2

For example, one American respondent in discussing her grandson explained: "that's Sylvia's oldest. We always were very close. I don't see him much any more. He's married and has a family. It seems when they get big, you don't see them as much. They get their family and all. He used to be around all the time, now I just see him on occasions. They don't visit." These special relationships with particular children and grandchildren often provide an ongoing source of emotional support for these older rural American women, although not necessarily direct care. While the nature of the relationships and the extent of support and assistance that is actually exchanged have changed and may be minimal, the importance of the emotional support should not be understated.

A common image of life in rural areas, which was also reported by these women, includes an expectation of social relationships with friends and neighbors. In reality there is a great deal of variation in the roles that friends and neighbors play in the lives of various rural older women, in conjunction with the pattern of strong attachment to family. Some of the American women and most of the Danish women deal with the rural phenomenon of everyone knowing everyone else by maintaining an emotional distance in most of their relationships with neighbors and friends. As one American informant explained: "I'm not the kind to put my worries on someone else. I don't usually talk to anyone. I read or knit to get over it. If I have a heavy worry, I go to church. I don't talk to anyone." Or as another American informant explained: "We're not that kind, to watch too close." There was generally a perceived need to maintain emotional distance from neighbors because of the geographical closeness. A few of the American women seemed to thrive on openness and intimacy. An informant who has many close friends and people she talks with intimately explained her view that: "We always need other people. . . . I talk (intimately) with all my friends . . . I'm sorry for people that can't come out of their shell." It is also worth noting that fewer of the Danish women reported that they never feel lonely and more of them reported not seeking help from anyone other than themselves. This supports the Danish core value to be independent and to take care of yourself, so that even if they needed help they would not be likely to admit it.

In regard to assistance in each of these areas of need, the Danish women were more likely to turn first to spouses. This is indicative perhaps of the presence of more husbands

in the Danish sample who are in better health than spouses in the Minnesota sample. There is also evidence of a different kind of relationship between spouses in the two countries. For example, the Danish women were more likely to turn to their spouses for help around the house than were the Minnesotans. This seems indicative of a different division of labor between the spouses in Denmark, which is less rigidly gender-based than that in the American sample.

When ongoing assistance is needed with intimate personal care, the American women clearly prefer to turn to the formal system, rather than seek help from individuals in their informal support network. They are more comfortable if this personal assistance is received from someone with whom they can maintain non-personal relationship. Eight of the thirty women, for example, reported needing assistance with bathing. All of them are assisted in bathing by home health aides and hired service providers rather than friends or relatives. Even those still living with a spouse did not receive assistance with bathing from their husbands. Personal assistance can be accepted from a formal service provider without feeling a loss of independence or becoming a burden as would be the case in depending on a relative or friend. At the same time, three of the women assist others with bathing. One assists her husband, while two others are paid for providing personal care.

Service providers who came to the American women's own homes were generally essential to their being able to remain in their home. Housekeepers, homemakers and home health aides in particular were very important to these rural American women and were most often listed as being close to the informant. Some of the women reported close friendships with these service providers, occasionally including them within the first tier of their social network. For example, one informant explained about her home health aide through county social services: "Marion is good therapy for me. We talk while she works. She tells me her problems and I talk to her. We talk about everything and it never goes any further." The feeling was similar in Denmark, although we did not collect the specific social network data to support this point.

RELATIONSHIPS BETWEEN THE FORMAL AND INFORMAL SYSTEMS

In the Danish view, while the necessary *social* support is found among family, friends and neighbors, basic needs are expected to be met somewhere else, that is, through formal services. Danish older women are comfortable accepting formal services, but not necessarily asking friends or even family for assistance. The current effort at the national level is to get people in the informal sector to "care" more for each other, as the economic situation worsens. These efforts are being greeted with considerable complaints, because the Danes maintain a clear expectation that basic needs should be met through formal services. It will be difficult to get the present generations to reorient their expectations toward the use of formal services and to get them to expect more from their informal support systems.

In the United States we have the opposite problem of persuading individuals to use formal services effectively in order to reduce the strain on their informal systems of support. The system is not always designed so that rural elderly can use the services as an aid toward maintaining their independence and autonomy. A powerful example is provided by the American informant who discussed the increasing frailty of her ninety-year-old husband and herself. They still managed alone in their farmhouse. They no longer farmed but had gardened until the previous year. She explained that all she needed

was assistance with housecleaning. The dilemma she expressed was based on her perceived inability to pay to hire someone to clean and her unwillingness to turn to social services for assistance. "I'm not going to tell them how much we make. That's nobody's business." In fact, having told the first author in intimate detail about her life, friends and family, she was unwilling to indicate the range of her income. Her husband has since died and she has moved into a nursing home. The move was difficult for her and she later wrote: "I am fairly well and I wouldn't be here, but they say I can't be alone. . . . The nurses and aids are so good to me, but I can't seem to adjust to life here. It is such a lonely and depressing place. My many friends are so good about coming to see me which helps me keep my sanity." She was not willing to use the formal system to meet her needs and help her remain in her own home, as she wished. Instead she was institutionalized after the loss of her primary social support, her husband.

The Danish system of services can be understood in terms of the cultural value of privacy. When money was available, the system of formal services was expanded and a range of home and community-based services were available for the asking. It is interesting to note that in the United States also, the most private kinds of care are sought from formal service providers when they are available. The American service delivery system, however, is not oriented toward maintaining the privacy of those whose needs are met through the formal sector. The "welfare system" mentality associated with public sector assistance
in American society continues to label those who need to seek assistance from formal service providers as having failed in some way, as demonstrated by their not being able to meet their needs through informal supports.

CONCLUSIONS

Formal services are viewed as a *right* to be used by any member of Danish society who is in need of assistance, premised upon mutual self-help. Having one's basic needs met by formal services allows one to interact with friends and family on a more equal basis. In contrast, in the United States, formal services are more likely to be viewed as an approach to be used when one's informal network is unable to meet one's needs. Rather than functioning to strengthen the informal system of support, formal services in the United States often strain the informal social support network. Formal services are generally seen as a replacement for rather than a supplement to the informal support system. The realization of the full meaning of this distinction is critical to an understanding of the system of informal and formal services for the elderly in both Denmark and the United States.

Services created to meet the needs of aging rural Americans must combine a clear understanding of their specific needs with a recognition of their attitudes and expectations. It is difficult for these women to accept care from a formal system of care, because they are not comfortable with the idea of accepting help from outsiders and do not know enough about such a system to feel they can retain control. Like the rest of the present generations of older adults in the United States, they fear being a burden to others and sometimes feel they have lived too long. They are ashamed of their inability to cope with the changes of aging, and embarrassed because they cannot receive all of the support they need from their family and friends. Their pattern of service preference is also related to the rural concept of a simple life, which does not include a formally structured,

bureaucratic system governed by official rules and guidelines. All of these feelings must be recognized and accepted. They can then be used to formulate a system of services which can work with the informal support systems of rural older women to enable them to remain in the community for as long as they possibly can. The formal system of care must be able to fill the gaps in the informal system and service providers must be sensitive to the expectations of these rural elders, rather than expecting the informal network to conform to the structure of the formal service delivery system. Services that are the least structured and the least formal should be built upon to assure the availability of necessary assistance for rural older Americans.

Rural older American women are more likely to participate in programs and services which meet specific needs without drawing them into an all-encompassing system of social services. Living in small communities where everyone knows everyone else, they are very concerned about public opinion and the impressions of their neighbors and friends. Services which are provided on a piecemeal basis are more likely to be acceptable. This is especially true if the individual feels she is in control of which services she receives and even more true if she can choose who will provide the service. Ideally, rural American elders would like to be able to pay for these services, which they cannot always afford. Paying for services allows them to feel independent and in control and not to feel they are overly dependent on others.

The Danish system of services appears to be a response to the societal preference for using formal services to meet basic needs, allowing one to depend on informal supports to meet social needs. The system now clearly perpetuates that preference and their goal is to ensure that the elderly get at least the same services in rural areas as would be available in urban settings.[11] In Denmark, formal services are available to assist the rural elderly to remain in their own homes, including meals, house cleaning, home health aides and home nurses. While it is often difficult for the Danes to ask for and to accept help from family and friends, they are comfortable having their basic needs met through formal services. The interactions between the formal and informal systems of care are clearly quite different in the two countries, based on the different perceptions of the role of each kind of support.

NOTES

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1. The U.S. Census includes in its definition of rural any place under 2,500 people. Researchers often use various measures of size and density of population to define “rural.”
2. It is also to be noted that, in general, rural communities are not able to provide the range of services that are more common in higher density areas.
3. This philosophical tradition is exemplified by the work of Soren Kierkegaard, the Danish philosopher who stated: If real success is to attend the effort to bring a man to a definite position, one must first of all take pains to find HIM where he is and begin there. This is the secret of the art of helping others. Anyone who has not mastered this himself is deluded when he proposes to help others. In order to help another effectively I must understand more than he—yet first of all surely I must understand what he

understands. If I do not know that, my greater understanding will be of no help to him. (Bretall 1951, translation of S. Kierkegaard, *The Point of View for my Work as an Author*, Part 2, chapter 1, section 2:333)

4. For discussion of the historical development of the system of formal services in Denmark, see Shenk and Christiansen 1993.

5. Preliminary research by the first author was completed in Denmark in 1981 and a follow-up visit was completed in 1992 (see Shenk and Christiansen 1993).

6. An ethnographic culture change study by Anderson and Anderson (1964; see also Anderson 1990) provides a picture of life in a similar fishing community outside of Copenhagen at the turn of the nineteenth and early twentieth centuries.

7. The project was completed with the cooperation and support of the Central Minnesota Council on Aging, the regional area agency on aging.

8. Protected housing in Denmark is similar to assisted living as it is being developed in the United States. There are twelve protected housing units at the center, along with a nursing home and other services (see Shenk and Christiansen 1993). Services are provided to residents by staff based on the resident's individual needs.

9. For further discussion about the services for the elderly in Lokken, Denmark, see Shenk and Christiansen 1993 and Shenk n.d. The old age home is integrated into the larger community and a range of services are provided within the facility.

10. Government pensions in Denmark are generally approximately 50 percent of pre-retirement income. Many retirees also have private pensions available to them, although that was not true in this case.

11. For a discussion of the evolution of the aging services system in this rural area, see Shenk and Christiansen 1993.