Article

Hairstylists' Relationships and Helping Behaviors With Older Adult Clients

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The "kind ear" provided by hairstylists (stylists) can be an important source of informal social support for their clients, yet little empirical research exists that examines this resource. In this study, the authors investigated the relationships and helping behaviors of stylists with one particular group of clients—older adults. Forty ($N = 40$) stylists from 31 randomly selected salons completed mail-based surveys. Stylists reported that their relationships with older clients were generally very close. When these older clients raised problems and concerns, stylists employed several different helping techniques, including showing sympathy and support. Stylists also reported that they were able to recognize symptoms of depression, dementia, and self-neglect. Finally, a number of stylists indicated that they would be interested in receiving formal training in mental health. These findings point toward the potential inclusion of stylists in community gatekeeper programs that provide an important link between informal and formal helping networks.

Keywords: informal support; older adults; community gatekeepers; hairstylists

Informal social support has long been recognized as an important factor in the overall well-being of older adults. This support can take many forms in the lives of older adults, including emotional support (e.g., empathy, affection), informational support (e.g., advice, directions), and instrumental support (e.g., assistance with care; House, 1981). Networks of family members, friends, and social and community contacts tend to be the primary sources of informal social support. Over several decades, researchers have found that higher levels of quality interaction and greater satisfaction with

informal social support have been linked to higher quality of life, a deeper sense of meaning in life, better emotional and physical health, and lower levels of morbidity and mortality (e.g., Antonucci, 1990; Berkman & Syme, 1979; Krause, 2007; Phillips, Siu, Yeh, & Cheng, 2008; Warren, 1992). As a result, older adults who have access to and are more embedded and engaged with social support networks may have lower service demands—a critical consideration in the growing numbers of older adults and escalating health care costs (Krause, 2001). Although a considerable body of literature has looked at the role of family and friends in the lives of older adults, far less is known about community relationships that are more professional in nature. For instance, what role does the local merchant or the mail carrier play within the informal social networks of older adults? In the present study, we surveyed one particular group within the community, hairstylists (stylists), regarding their relationships with older adult clients and the informal social support that they provide.

Anecdotal evidence has long suggested that stylists have close and even "family-like" relationships with their clients (Cassutt, 2008; Schaefer, 2007; Stryker, 2000); however, little academic research exists that explores this phenomenon. Several factors suggest that stylists may play an important role in providing informal social support, including the often long-term nature of their relationships with clients and the level of trust that often develops within those relationships. An early study of an all-age sample found that stylists often served in the role of informal caregiver for clients, listening to personal problems such as relationship issues, health concerns, and financial concerns (Cowen, Gesten, Boike, Norton, & Wilson, 1979; Cowen, Gesten, Davidson, & Wilson, 1981). A much later study examined the perceived abilities of stylists to recognize depression in their clients. The findings suggested that stylists were, on the whole, able to recognize depressive symptoms and may play an important role in referring clients to mental health services (Moreno, Levav, Saravanan, & Caldas de Almeida, 2003). Other researchers have looked at different training programs through which stylists might be able to enhance their skills as paraprofessional mental health providers. Findings indicated that these educational interventions were effective in augmenting the helping skills of stylists, which may in turn benefit clients in need (Milne & Mullin, 1987; Wiesenfeld & Weis, 1979).

Although the aforementioned studies examined stylists' relationships with all-age samples, we examined the relationships of stylists with one specific group—older adults. Older adults are a unique group in terms of their need for assistance, as they are especially vulnerable to several problematic health threats, most notably depression, dementia, and self-neglect. This study had

the following specific aims: (a) to explore the relationships between stylists and their older adult clients, (b) to investigate the helping abilities and behaviors of stylists in response to the problems shared by older adult clients, and (c) to gauge the level of interest among stylists to augment their ability to assist older adults with their problems.

Method

Self-administered surveys were mailed to 200 randomly selected salons in the Columbus, Ohio, area. Nineteen survey packets were marked "return to sender" or "not deliverable as addressed." Of the remaining 181 salons contacted, 40 ($N = 40$) stylists from 31 salons completed the survey, for a participation rate of approximately 17%. As this was an exploratory study, the measures developed and used were probing in nature to capture a descriptive profile of the stylists, the problems presented by older adult clients, and the behaviors that stylists employ in response to such problems and issues. The survey instrument consisted of 18 items and one open-ended section designed to gauge the following: demographic characteristics, roles and relationships of stylists, types of problems shared by clients, perceived ability of stylists to recognize problems, responses and helping techniques used by stylists, and the interest levels of stylists to receive additional training on the problems typically presented by older adults. SPSS 15.0 software was used to generate descriptive statistics and frequencies. Qualitative data were analyzed manually using open coding, from which common themes emerged.

Results

The final sample consisted of 40 ($N = 40$) stylists from 31 salons. Stylists were typically middle-aged, fairly well-educated, White women who had many years of experience as stylists but little training in mental health issues. Participants reported that, on average, almost one third of their clients were 60 years old or older. Sample characteristics are summarized in Table 1.

In the second section of the survey, stylists were asked to respond to items and questions regarding their relationships and helping behaviors with respect to their older adult clients. Results from this section are summarized in Table 2.

Table 1
Sample Characteristics ($N = 40$)

Characteristic	%
Age	
18-30	12.5
31-45	25.0
45-60	50.0
61 and above	12.5
Gender	
Female	85.0
Male	15.0
Race/ethnicity	
White	80.0
African American	17.5
Other	2.5
Education	
High school or GED	32.5
Some college	52.5
Associates degree	12.5
Training in mental health	
Yes	7.5
No	92.5

Characteristic	M (SD)
Years as a stylist	24.9 (12.5)
Percentage of clients who are 60+	32.4 (23.0)

Discussion

In our first research question, we inquired about the nature of the relationships between stylists and their older adult clients. The vast majority of stylists reported that they were close or very close to their older adult clients. Several stylists reported that these relationships are forged over years of regular appointments. As one stylist state, "I have been seeing some of my clients for almost 40 years, so I have become very close, like family." Indeed, very few stylists indicated that their relationships with their older clients were simply that of employee and client. The closeness of these relationships may be related to the high degree to which older clients share their personal lives and the responses that they receive from stylists. One stylist reported that "it amazes me the openness of clients I don't even know. Sometimes even first time clients!" Another succinctly relayed, "I do their

Table 2
Descriptive Statistics ($N = 40$)

Variable	%
Closeness of relationships with older clients	
Fairly close	15.0
Close	32.5
Very close	52.5
Roles of stylists	
Friend	77.5
Like family	72.5
Helper	47.5
Counselor	35.0
Employee	10.0
Tendency of older clients to share problems	
Sometimes	17.5
Often	35.0
Always	47.5
Types of problems shared by older clients	
Physical health problems	92.5
Family problems	77.5
Financial problems	40.0
Emotional problems	40.0
Relationship problems	37.5
Anxiety	37.5
Depression	35.0
Marital problems	25.0
Work problems	25.0
Confusion or "thinking" problems	22.5
Stylists' responses to older clients' problems	
Offer support and sympathy	87.5
Try to cheer up clients	80.0
Share own experiences	62.5
Just listen to their problems	55.0
Present alternative courses of action	55.0
Give advice	47.5
Ask questions to find additional information	47.5
Try to get the client to speak with someone	27.5
Explain to the client to count blessings	25.0
Try to change the topic	5.0
Try not to get involved	2.5
Stylists willing to refer an older client	65.0
Stylists interested in mental health training	45.0
Familiarity with community services	
Not familiar	52.5
Somewhat familiar	22.5
Familiar	12.5
Very familiar	10.0

Variable	M (SD)
Stylists' ability to recognize (1 = *low*, 10 = *high*):	
Depression	7.8 (2.0)
Dementia	7.6 (2.5)
Self-neglect	7.7 (2.4)

hair; they tell me everything." This willingness to share was not unantici-pated, as anecdotal evidence and a growing body of qualitative research strongly suggests that the stylist–client relationship is close and supportive (e.g., Schaefer, 2007; Solomon et al., 2004). Problems associated with cli-ents' physical health were reported to be the preponderance of concerns shared by older adult clients. Clients also tended to share problems related to their families. In previous studies, family problems and problems with physical health were also the most common concerns shared by clients (Cowen et al., 1979; Furman, 1997). In our second research question, we sought to explore the different types of helping abilities and behaviors that stylists employed in response to the problems presented by their older adult clients. Across the three dimensions of problems examined, depression, dementia, and self-neglect, stylists reported that they were quite able to recognize signs and symptoms of these maladies among their older adult clients. Although we didn't specifically test stylists' ability to recognize problems, stylists self-perceived abilities hint that they feel equipped to distinguish potential problems in their older adult clients and to intervene when these problems are deemed significant. Stylists indicated that they used a variety of approaches to the problems presented by their older adult clients. Stylists primarily provided emotional and informational social sup-port. Emotional social support consisted of offering sympathy and trying to cheer up their older clients. Informational social support included sharing their own stories, offering advice, and presenting alternative courses of action. Once again, our findings were similar to those of a previous study which used the same typology of response categories with an all-age sample (Cowen et al., 1979). In the present study, stylists rarely reported that they would either ignore the problems presented by their older adult clients or try to change the topic when these problems were introduced. Again, this is an important finding, as stylists appear to be more than willing to help their older adult clients. Another important finding was the fact that almost two thirds of stylists were willing to refer their older adult clients to a mental health profes-sional if their problems warranted such actions. The finding highlights the potential nexus between stylists and the formal mental health community.

In our final research question, we asked stylists about their interest in receiv-ing supplemental training that might help them to spot potential problems in their older adult clients. Just under half of those stylists surveyed indicated that they would be interesting in participating in such a training program. Unf-ortunately, stylists reported that they were not very well informed about the mental health services that were available in their communities for older adults. As suggested in previous studies of the salon culture, these findings points toward

the potential development of stylists as front-line mental health paraprofessionals and furthers the notion that stylists could be used as community referral sources to the mental health profession (Solomon et al., 2004).

Limitations

This study has several limitations that should be considered when interpreting the findings. The participation rate was relatively small, which may have been the result of limited follow-up steps in the sampling process. This raises questions of response bias in terms of differences between those stylists who chose to respond and those who did not. This also affected our ability to run more sophisticated data analysis techniques outside of simple descriptive statistics. In addition, the small sample size and the lack of diversity among participants affect our ability to generalize the findings from this study to the overall population of stylists. Future studies should consider different and more sophisticated sampling methods and oversampling of minority populations (e.g., Latino/Latina, Asian) to create a sample that is larger and more representative of the overall population. For example, researchers should include more comprehensive follow-up techniques to increase participation (e.g., follow-up phone calls and mailings) or use online and in-person surveys in conjunction with mail-based surveys to provide alternative methods of survey administration. The survey questionnaire was also exploratory in nature and, therefore, did not probe the depths of the relationships between stylists and their older adult clients. Follow-up studies should consider more in-depth surveys and possibly mixed methods designs to fully capture the nuances of the stylist–client relationship.

Practical Implications—Stylists as Community Gatekeepers

The gatekeeper model was originally developed in the late 1970s as a method to organize and train community-based nonprofessionals (nonprofessional only in a sense that these individuals have little training in mental health) to recognize problematic situations for older adults and to refer these individuals to elder service providers. These nonprofessionals traditionally have consisted of police and fire workers, bank tellers, utility meter readers, postal carriers, and apartment managers. Elder services provide training to these individuals that is comprised of "training manuals, videos, and a curriculum which focus on cognitive, emotional, behavioral, and other signs and symptoms" that an older adult might be at risk of isolation, depression, and neglect (Florio & Raschko, 1998, p. 7). Through their periodic

interactions with older adults (e.g., delivering mail, checking meters), these individuals are placed in a unique position to notice problematic situations for older adults. Past research on the effectiveness of the gatekeeper model have found that these nonprofessionals accounted for a significant portion of older adults referred to elder services (over 41%) and that the older adults referred were much more likely to be at risk of isolation (Florio, Jensen, Hendryx, Raschko, & Mathieson, 1998; Florio & Raschko, 1998).

Based on the findings from the present study, stylists appear to be well placed to serve as community gatekeepers to services for older adults. First, the relationships between stylists and clients are both close and well maintained due to the regularity of their interactions. In addition, older adult clients may be more willing to share intimate details of their lives with stylists when compared with other nonprofessionals traditionally associated with the gatekeeper model (e.g., meter readers, bank tellers). Second, stylists appear to be concerned about the well-being of their older adult clients, adept at recognizing problems in their older adult clients' lives, and more than willing to offer support. Their concern for and desire to help their older adult clients' is palpable. As one stylist stated, "Once they leave, you're really never sure what or where their next touch of human kindness will come from." Finally, our findings indicate that although stylists generally have little knowledge about the services offered to older adults in the community, they are interested in learning more about ways with which they can help these clients. Although limited, past research on training programs specifically designed for stylists also suggests that this group has great potential to support and assist their clients (Milne & Mullin, 1987; Solomon et al., 2004; Wiesenfeld & Weis, 1979). It may be possible for local Area Agencies on Aging to provide brief, focused training to stylists in their places of business. Alternatively, stylists could be provided with informational pamphlets and contact information to refer older adult clients to services in the community. The findings in the current study suggest that a significant portion of stylists might be amenable to such low-cost interventions. Community gatekeeper programs might look toward stylists as a potential link in the front line of protection for older adults.

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