Edited by
SARA H. QUALLS
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AN EMPIRICALLY BASED APPROACH TO WORKING PROACTIVELY ON THE MENTAL HEALTH NEEDS ENCOUNTERED BY THOSE CARING FOR AN AGING FAMILY MEMBER

Addressing the complex issues that arise in working with family caregivers, this timely book is filled with clinical illustrations, guidance, tips for practice, and encouragement. In this informative guide, editors Sara Qualls and Steven Zarit have brought together a notable team of international contributors to produce a clear structure that offers clinicians a framework for engaging families effectively in the important, but frequently stressful and complicated, role of caring for older family members.

Part of the Wiley Series in Clinical Geropsychology, this thorough and up-to-date guide features coverage of:

- The support provided by families for elderly family members
- Integration of families into long-term care mental health services
- Clinical services for families engaged in the care of an older person
- The background in social services and policy required for clinicians in order to practice effectively with older adults and their families
- Future directions in family caregiving

Aging Families and Caregiving provides clinicians with a solid foundation to help families manage age and disability in a manner consistent with their values, maximize positive outcomes for the care receiver, and reduce the emotional and physical costs on the caregiver.

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Also in the Wiley Series in Clinical Geropsychology

Psychotherapy for Depression in Older Adults
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Sara Honn Qualls
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AGING FAMILIES AND CAREGIVING

Families are so important within the lives of older persons that they often are part of mental health assessment and treatment, whether explicitly or implicitly. Families are hidden victims of devastating diseases such as Alzheimer’s disease (Zarit, Orr, & Zarit, 1985) and are the primary caregiving service providers of older adults (see Chapter 4, this volume). Yet, families are so much more than caregivers to older adults. They are the primary social network for older persons, accounting for nearly all of the confidants reported by older adults (see Chapter 1, this volume). Families receive both emotional and instrumental support from older adults who have provided similar assistance throughout the entire lifespan of their offspring. Families give back more than they receive only when parents reach very late life. In short, families of older adults are linked in complex, reciprocally beneficial, and challenging relationships that are powerful and meaningful.

This book is included in Wiley’s Clinical Geropsychology series precisely because families are so critical to the well-being of older adults. The book series parallels and grows out of an annual Clinical Geropsychology conference held in Colorado Springs each summer (www.uccs.edu/geropsy). The conference provides advanced training to experienced mental health providers seeking postlicensure learning opportunities related to geriatric mental health. About midconference, the presenters built on the conference curriculum to create the content of the book you hold in your hands. The annual “author dinner” has become a highlight of the conference because it offers experts in the field the opportunity to build a book that can guide clinicians who are relatively new to geriatric work. Essentially, the entire set of presenters engages in the same task that the cochairs faced in structuring the conference: how to focus what is known in a very large field into the background knowledge underlying clinical skills.
Each year, creative perspective shifts occur as the presenters brainstorm, challenge each other, and ultimately hone in on a structure and suggested authors. Each presenter tackles a chapter or two, and other experts are asked to bring additional expertise to the project. What you have is a remarkable compendium created by outstanding scholars and clinicians.

The structure of a book always reflects a creative process. The editors of each book in this series could describe the unique challenges to summarizing each entire field in a way that is useful to practicing clinicians. The first book on *Psychotherapy for Depression in Older Adults* (Qualls & Knight, 2006) took up the challenge of summarizing a vast and growing literature in a way that was practical for clinicians treating depressed older adults with complex presentations of symptoms and in contexts that extend far past our empirical research base. The interdisciplinary nature of a rapidly emerging new field was the challenge of the second book, *Changes in Decision-Making Capacity in Older Adults: Assessment and Intervention* (Qualls & Smyer, 2007). The book you hold addresses yet a different challenge: building an empirically based approach to clinical work with older families despite the extremely limited base of clinical outcome research.

Much of the foundation for clinical work with older families can be found in the family development and family caregiving literatures. To date, few studies have examined specific methods for intervening with aging families to benefit either the older members or their families (see Chapter 7 for S. Zarit’s review of that literature). Because the beginning point for clinicians is to learn about how older adults age within families, the first two chapters of this book are devoted to orienting clinicians to the family contexts of aging (Blieszner, Chapter 1) and the structures and functions of aging families (Fingerman et al., Chapter 2). Who is included or implied in the term *later-life family*? What do families actually do? Without understanding this developmental background, clinical care risks misunderstanding the immediate caring context.

Caregiving is a primary context in which clinicians will encounter the families of older adults, so three chapters review the key components of the caregiving literature that clinicians need to know. Crowther and Austin review effects of culture on family caregiving in Chapter 3;
Stephens and Franks describe families’ process of providing care to persons with chronic illness in Chapter 4; and Liu and Gallagher-Thompson review the effects of caring for persons with dementia on their family members in Chapter 5. Each chapter summarizes a vast and confusing literature, providing structure that offers clinicians a framework for engaging families effectively in their practice.

The second section of the book addresses clinical services for families engaged in care of an older person. J. Zarit provides a rich clinical introduction to assessment and intervention with caregiving families encountered in clinical practice in Chapter 6. S. Zarit reviews the empirical research literature, drawing conclusions about how clinicians might use that literature to guide their work in Chapter 7. Qualls and Noecker describe a family therapy intervention designed specifically for caregiving families in Chapter 8. Finally, Norris addresses the complex issues that arise in working with family caregivers within long-term care residences in Chapter 9. These chapters are rich with clinical illustrations, guidance, tips for practice, and encouragement to persevere in the face of significant clinical complexity.

The next section of the book provides the background in social services and policy that clinicians need to know in order to practice effectively with older adults and their families, who almost inevitably will need more than just mental health resources. Among the more vexing tasks of expanding practice to work with any new population is figuring out the “lay of the land” of services that various clients will need. The topography of geriatric social services is shaped by policy and regulation at the federal, state, and local levels. Elmore and Tally provide a fascinating overview of federal policy issues that influence family care for older adults and clinicians working with caregiving families in Chapter 10. Auxier provides a practical guide to the diverse array of services available within most communities in Chapter 11. Giunta and Scharlach address variations and trends across states in the funding and structuring of social services in Chapter 12. The complex interplay among federal and state regulations ultimately shape the richness and format of local services and thus are key components of the knowledge base needed by geriatric mental health providers.
The final section of the book represents an emerging area of knowledge for mental health providers—the use of technology to improve quality of care and quality of life. Two chapters explore innovative approaches for addressing key challenges in family caregiving that have been developed by psychologists working across the boundaries of basic science and business solutions. In Chapter 13, Williams and Lewis describe a technological approach to helping elders participate in the electronic-communication network used by family members without requiring the elder to learn to use a computer or even a cell phone. The simple fax-type machine allows elders to submit handwritten materials, photographs, or other family artifacts that are scanned and sent to family members’ e-technology of choice. Williams and Lewis have developed rich behind-the-scenes support systems to facilitate communication, if desired by users. These are but two of a myriad of technological innovations available to promote independence among family members and elders, support care demands, and foster well-being during the elder-care phase of family life. Other solutions are highlighted by organizations such as the Center for Aging Services Technologies that attempt to make technology more accessible to providers who can pass them along to families.

The first challenge addressed in Chapter 14 is managing multiple care providers, keeping good records, and advocating for coordinated care, which are some of the more complex challenges faced by family caregivers. Electronic health record systems are a hot area of innovation intended to support providers in providing higher quality of care, yet patients and families often are kept outside the official record-keeping system. In Chapter 14, Blechman provides an excellent orientation to the different types of electronic records, their strengths and weaknesses for older adults and their caregiving families, along with an introduction to a new technical solution to these challenges. She introduces characteristics of the next generation of electronic records by demonstrating how her person-centric personal health record extends beyond archiving to support coordination of care among diverse and dispersed health, social service, and residential providers. The second challenge is keeping older family members well-integrated into informal family communication
channels that are increasingly occurring through technologies not yet embraced by most elders.

Finally, S. Zarit addresses the future of family caregiving in the Epilogue.

We hope you find this book challenges some of your assumptions, opens doors to new ways of practicing, and provides useful information that will influence your clinical practice. Regardless of the setting in which you provide services, or the services you provide to older adults, we hope this book helps you always think family when working with a client or patient in clinical practice.

REFERENCES


Adults typically grow old within multigenerational families. Ties with relatives are mostly positive experiences that supply companionship, provide numerous forms of support, and lend meaning to life. Of course, close relationships can include conflict and distress, as well. This chapter is introductory to the rest of the volume on interventions aimed at problematic aspects of late-life family ties. It sets the stage for the other discussions by focusing on the diversity of older adults’ family structures and interactions. First is a detailed look at the definition of family for elderly persons, including illustrations of a range of family structures. Next is information about different types of old-age family ties. The final section addresses numerous personal, sociocultural, and historical influences on the nature of family interactions in the later years of life.

DEFINING OLDER ADULTS’ FAMILY

Everyone has an intuitive idea of what the term family means; but when people articulate their views, many different perspectives become apparent. For example, individuals differ on how broad and permeable they consider the boundaries of family to be, with some viewing family as a fairly small and fixed group and others having a more encompassing
and even shifting perspective on who is included. Understanding what people mean by *family* is crucial for psychologists because the definition influences who is important to patients, who is involved with them as they seek help, and who professionals consider when developing treatment and intervention plans.

Traditionally, anthropologists and sociologists used the term *family* to denote the nuclear family unit, composed of married partners and their children and situated within the larger kinship network (i.e., the group of all other relatives) (Adams, 1968). Another term for nuclear family is *family of procreation*, used to distinguish the married partners in each new nuclear family from their *family of origin*, comprising their parents and siblings. One problem with this traditional conception of family and its application in social science research and professional practice is that it marginalizes old people. That is, adult children belong to their parents’ family of procreation, but their parents belong to the adult children’s extended kin system, not to their family. This way of thinking about family leads some researchers and professionals to forget that old people both have relatives and are other peoples’ relatives!

Another problem is that the traditional definition tends to pathologize family structures in African American, Native American, and other minority families that differ in composition from the mainstream patterns (Dilworth-Anderson, Burton, & Johnson, 1993). The chosen families of gay and lesbian persons who cannot legally marry are overlooked in the traditional definition (Savin-Williams & Esterberg, 2000), as are those of single adults (Amato, 2000; DePaulo, 2006). Families belonging to the minority by virtue of their racial ethnic group, class, single status, or sexual orientation often have open and fluid boundaries, with friends and neighbors (*fictive kin*), distant relatives, and older family members playing roles they might not play in traditional nuclear families (e.g., assuming parenting or caregiving responsibilities).

The U.S. Census Bureau perpetuates a narrow conception of family (“a group of two or more people who reside together and who are related by birth, marriage, or adoption”), which implicitly omits elders who reside in a different *household* (“all the people who occupy a housing unit as their usual place of residence”) from that of their children, grandchildren, or
siblings (U.S. Census Bureau, 2006). Although the Census definitions of family and household serve demographic functions, they are not very useful for capturing the essence of family that is most meaningful to people on a day-to-day basis: the functional and emotional aspects of relationships. Not only do the functional and emotional aspects of family ties often lend more meaning in everyday life than the formal structural dimensions do, they are also the chief reasons for individuals and families to seek assistance from psychologists. Even so, family interactions and the feelings family members hold for one another are connected to the different kinds of family structures, not dissociated from them. Thus, the purpose of this chapter is to provide an overview of important structural features of contemporary families in which older adults participate. Chapter 2 addresses specific family functions in greater detail.

We need to define family in such a way as to recognize old members as active participants. What is an alternative to the traditional definition of family as limited to the nuclear unit? Developing a definition that encompasses the experiences of older adults requires attending not only to the relatives with whom they interact regularly regardless of household status, but also to those who have psychological importance, even though they may be estranged or no longer living, and to fictive or chosen kin. With these considerations in mind, Victoria Bedford and I created the following definition of family: “A family is a set of relationships determined by biology, adoption, marriage, and . . . social designation, and existing even in the absence of contact or affective involvement, and in some cases, even after the death of certain members” (Bedford & Blieszner, 2000, p. 160). Our intention was to capture the experiences of many types of families and many personal perspectives, including both latent and potential family or family-like relationships. The implication of this definition is that it becomes crucial to ask individuals whom they consider to be part of their family, rather than assuming who belongs (which assumption would likely be based on the traditional nuclear family definition).

The necessity and importance of taking a broad perspective on family is illustrated by research that colleagues and I completed with older adults living independently in the community. We were curious about older adults’ perspectives on contemporary family issues. We also wanted
to learn about similarities or differences over generations in patterns of family life reflecting a continuum from traditional to nontraditional orientations. We coded as traditional or conventional the ideal nuclear family structure with its sequence of family events encompassing one heterosexual marriage, followed by birth of children, and enduring until the death of one spouse. Although this family type is often idealized by lay people, politicians, and professionals, it represents only 6% of the U.S. population (Jackson, Brown, Antonucci, & Daatland, 2005). In contrast, we coded any other pattern of family life as nontraditional or postmodern. Examples include families experiencing divorce, remarriage, gay or lesbian relationships, pregnancy before or outside of marriage, nonmarital cohabitation, singlehood, and the like (Allen, Blieszner, Roberto, Farnsworth, & Wilcox, 1999). We conducted detailed, in-depth interviews with 45 older women and men. We applied a comprehensive open-coding data-analysis process to transcripts of the interviews and used extensive verification procedures to identify themes related to family patterns.

We were not surprised to find that whereas 60% of the older adults had lived according to a conventional family model themselves, only 22% of their offspring had done so. Specifically, 15 female and 6 male elderly respondents reported the traditional pattern in their own lives but structural diversity in the families of their adult children. However, the other 24 cases reflected less typical patterns of family life. For 10 females and 4 males, both they and their adult children had nontraditional family structures, depicting the greatest complexity and variety of families in the sample. These families included as many chosen kin ties as legal and biological family ties, they portrayed egalitarian relationships, and they reflected adaptation to events and situations such as divorce, mental illness, incarceration, and death. For example, one man began rearing two young sisters-in-law right after he got married because his new wife’s (and her sisters’) mother died at that time. He considered those girls his daughters. Other elders and their offspring reared stepchildren or stepgrandchildren who were not biological kin, reared grandchildren after they thought their active parenting days were finished, or had friends playing more significant roles in their lives than their biological relatives. Atypically, another five females and one male reported that
both they and their offspring had followed the conventional model of family life. Finally, most unusual of all were the four females who had experienced some type of structural diversity in their own lives but had children whose lives were conventional in that none had divorced and all were rearing their own children with their original spouses.

Contrary to ageist stereotypes, we found that the older adult participants mostly were accepting of nontraditional family patterns in their offspring’s lives. Those who expressed intolerance of a certain lifestyle (e.g., biracial marriage, gay or lesbian partnership) actually had not experienced it within their own families. Moreover, some of the participants had themselves been living nontraditional lifestyles, demonstrating family structure heterogeneity in the older adult population. Thus, our findings show that older adults are not necessarily conservative or “set in their ways” and do not necessarily oppose social change. Based on their experiences, many clearly did not believe the traditional nuclear family is the only successful type of family life.

Discovering a wide range of family patterns across the generations in a sample drawn from small cities, towns, and rural areas in southwest Virginia suggests the likelihood of uncovering much diversity in the families of older adults from other locations, if researchers were only to ask the right questions. In fact, once a discussion starts about family (broadly defined), family history, and life events, elders often reveal very interesting situations and experiences that may not be apparent at first glance.

The information in this section provides a rationale for using a broad and inclusive definition of family. Research findings from a study of older adults revealed their acceptance of diverse family structures. The following section highlights typical family ties comprising older adults’ family structures.

**TYPES OF FAMILY TIES IN LATE LIFE**

Depending on longevity of the oldest family members and spacing of successive generations, it is possible for contemporary families to contain four or even five generations for the first time in history. Thus, some older adults will still have surviving parents as the oldest generation
in the family. Looking within their own generation, they are likely to have a spouse or romantic partner as well as siblings in their family. Succeeding generations probably include children, grandchildren, and possibly great-grandchildren.

Older adults with living parents assume regular responsibility for helping them to the extent they can, given their own functional health, geographic location, and financial circumstances. If they live close enough, they are likely to check on their older parents daily, prepare meals, provide shopping and transportation assistance, and complete household chores for them (Blieszner, Roberto, & Singh, 2002).

Although the majority of older men in the United States are married (72%), the proportion is smaller for older women (42%), who are more likely to be widowed (43% of older women vs. 14% of older men). Thus, over half (55%) of older adults live with a spouse, but nearly a third (30%) live alone due to widowhood, separation, or divorce (U.S. Census Bureau, 2007). Spouses and partners provide emotional support, companionship, and direct care to one another, and they help foster better physical and psychological health in each other (Connidis, 2001).

Sibling ties are a unique dimension of late-life family structure because siblings share potentially the longest-enduring close relationship of all (see Bedford, 1995). Studies using the National Survey of Families and Households show that adults tend to have at least monthly contact with their siblings for 60 or more years of adulthood and usually consider siblings as potential sources of support even if they do not actually help each other very often, particularly in advanced old age. Sister-sister relationships are strongest, and having living parents increases contact, affection, and exchanges of support among siblings (White, 2001; White & Reidmann, 1992).

Eighty percent of persons aged 65 years or more are parents (Connidis, 2001). Relationships with their adult children usually involve reciprocal exchanges of social and emotional support, shared leisure activities and companionship, and assistance with household chores throughout the adult years. Parents are more likely to provide financial assistance to their children than the reverse, however. As parents’ functional health diminishes, they may receive more instrumental support and assistance
from their children and grandchildren than previously. Next to spouses, adult children are most likely to provide elders with intense daily monitoring, meals, and numerous other forms of assistance.

Among the four-fifths of older adults who are parents, 94% have grandchildren and 50% have great-grandchildren (Giarrusso, Silverstein, & Bengtson, 1996). Grandmothers and grandfathers value their relationships with their grandchildren a great deal, although great-grandchildren seem less salient to them (Roberto, Allen, & Blieszner, 1999, 2001). Grandparents usually derive emotional satisfaction and a sense of generational continuity from interacting with grandchildren.

As indicated earlier, changes in mortality and fertility rates have led to families having fewer members in younger generations available to help with caregiving than in the past. Because such families may need assistance with caring for aged members, home health aides, who often spend quite a lot of intimate time with their clients and develop close relationships with them, represent a new category of fictive kin for old people (Piercy, 2000). Similarly, extended kin who would not ordinarily be primary care providers for old people with their own children may indeed be tapped to fill such a role for childless elders. In such cases, an older adult may elevate a more distant relative to a closer role in her or his family structure (e.g., “My niece is like a daughter to me. She would help me if I needed anything.”). Finally, given current rates of divorce and remarriage, stepfamilies are increasingly common in the lives of older adults, leading to new questions within families about the obligations of steprelatives to help one another within and across the generations (Ganong & Coleman, 1998a, b).

The most common same-generation family relationships for older adults, then, are romantic and sibling ties; the usual multigenerational relationships are with children and grandchildren and, rarely, parents. Relatively little research has examined bonds of old people with their aunts and uncles, cousins, or nieces and nephews, although those relationships are important to at least some elders (Allen, Blieszner, & Roberto, 2008). Family ties depend not only on the composition of the family, but also on a host of personal, sociocultural, and historical influences, as discussed in the next section.
INFLUENCES ON OLDER ADULTS’ FAMILY COMPOSITION AND EXPERIENCES

Personal characteristics of the individual members influence family experiences. So do cultural variations in the definition of family and family interaction patterns, historical and social changes, legal and policy matters, and the kinds of roles different family members play as they interact with one another.

Effects of Personal Characteristics

Being a woman or man, coming from a certain racial ethnic background, belonging to a particular socioeconomic class, preferring one or another sexual orientation, and enjoying good health or coping with illness or disability are key attributes that intersect with current age-group membership to define one’s self-identity and place in society. These personal characteristics are socially delineated and have certain expectations and privileges attached to each. They create different opportunities and constraints for participating in society, and their effects are reciprocally influential and intertwined. Moreover, the meaning and influence of personal characteristics such as these change over time and differ across cultures (Allen, Fine, & Demo, 2000; Calasanti & Slevin, 2001). These influences on self-identity help shape family composition and experiences.

Although in the United States gender relations privilege men over women and race relations privilege Whites over Blacks, an example related to financial status in widowhood shows the impact of intersecting personal characteristics. In general, White widowers probably have more assets than White widows, as would be expected of White widowed persons overall compared to their Black counterparts. But Black widowers are likely to be worse off economically than White widows, and low-income Black women are the most economically disadvantaged of these four groups (Blieszner, 1993). These findings show the importance of considering multiple characteristics simultaneously rather than drawing conclusions based on assessment of only one feature at a time.

Contemporary society also privileges health over illness, youth over old age, and socially defined standards of beauty over perceived
Influences on Older Adults' Family Composition and Experiences

unattractiveness. If the focus is on these characteristics, gender privilege may not apply. Both old women and old men must grapple with the implications of changing bodies and increasing susceptibility to physical limitations in the context of ageist norms of youthful perfection. Still, the specific ways older adults experience changes in physical appearance and functional health, and the implications of those changes for psychological well-being, vary by gender, race, and sexual orientation (Holstein, 2006; Meadows & Davidson, 2006; Slevin, 2006).

As these two examples illustrate, intersecting social locations affect life experiences, sense of identity, opportunities for education and work, and many other important personal outcomes. This means that the members of a given family will have different experiences based on their gender and consequent pursuit of different opportunities while being subject to different constraints. It also means that families in the various socioeconomic classes and racial ethnic groups will have different chances and challenges in life.

Effects of Cultural Diversity

Given that the individuals comprising a family usually share a particular racial ethnic-group membership, the whole family is likely to resonate to the cultural norms prevalent within that group. Because these groups vary both within and between one another, their family structures and interaction patterns are likely to vary as well. In turn, the place of older adults within families and the degree of generational interdependence are a function of the attitudes and values of each subcultural group.

Recent analyses of family patterns reveal declining rates of marriage and remarriage, increasing rates of separation and divorce, and greater proportions of children living in single-parent households than was true for previous generations. Considering these trends, African American families have been changing much more rapidly than European American families. They are more likely than European American families to include extended kin and nonkin in their households, and the boundaries across families and households are more permeable than those of European American families. Moreover, African American families are more likely to be egalitarian, with flexible and complementary family roles (Taylor, 2000). But given
diverse cultural heritage among persons descending not only from ancestors in Africa but also from those in Haiti, Jamaica, Trinidad, and other West Indian countries, many variations in these patterns can be observed among different Black families.

Latino families are also multicultural; this term refers to families of Mexicans, Puerto Ricans, Cubans, Central Americans, and South Americans. Nevertheless, scholars have observed a few general commonalities across these groups. For example, familism is prevalent, especially among Mexican families, leading them to value highly their family unity and solidarity within the extended kin network. Latino families have the largest concentration of offspring of all racial ethnic groups, and their children are less likely than those in any other group to live in nuclear families. Thus, the children and teenagers are socialized by multiple family members from multiple generations, not just parents, and learn a cooperative style of interaction. Recency of immigration to the United States is a key factor in determining the characteristics of Latino families, with more recent immigrants more likely to work in low-income jobs, to be separated from their extended kin and sometimes from nuclear family members, and to follow traditional family patterns such as male dominance in the household (Baca Zinn & Wells, 2000).

Asian American families include those of Chinese, Japanese, Korean, Filipino, and Southeast Asian descent. Although recognizing that variation exists among these groups as for other major cultural groups, studies show that Asian American individuals and families typically exhibit strong commitment to family, including accepting responsibility for care of elderly parents. Family members of all ages are usually included in family activities, rather than being separated by age group, and coresidence among adult children and at least one of their parents is common. Compared to European American families, Asian American families are more likely to emphasize higher levels of filial obligation and greater importance of shared decision making, and to have stronger mother-daughter bonds in adulthood (Hashimoto & Ikels, 2005; Ishii-Kuntz, 2000).

This section highlights only a few aspects of family values in a few U.S. cultural groups; many variations exist in the range of cultures found within the borders of this vast country. Each cultural group has its own views of the
centrality of older family members in the affairs of the family as a whole, and each holds a perspective on where elders should live, what roles they should play in the family, and who should assist them. Individuals within the groups also vary, with some adhering strongly to traditions and others forging new family patterns. More information on cultural diversity among caregiving families appears in Chapter 3 of this volume.

**Effects of Sociohistorical Time**

Personal characteristics and families’ cultural contexts intermingle with demographic shifts over time, adding to the mix of variables shaping intergenerational experiences (Hareven, 2001). Improved public health practices, better nutrition, and advanced medical technologies have contributed to greater longevity over time. With older adults living longer, families are likely to contain more generations than in previous eras, giving members opportunities to interact with multiple older or younger relatives to a greater extent than ever. These chances for cross-generation involvement have potential both for enhancing the joyful aspects of family life and for increasing the sources of conflict (Mancini & Blieszner, 1989).

The movement away from the traditional nuclear family structure and the trend toward two-earner and single-parent households means that grandparents play a more active role in the daily lives of their grandchildren than in the middle of the previous century, when nuclear family households became the norm (Mueller, Wilhelm, & Elder, 2002). Today’s grandparents often provide child care while parents work outside the home or assume responsibility for rearing the children of absentee parents. Reciprocally, increased life expectancy also means that family members surviving to old-old age are more likely to need care from younger generation members, including the possibility that several generations of family elders might need help simultaneously. But the emergence of the beampole family (Hagestad, 1986; Bengtson, Rosenthal, & Burton, 1990), with more generations alive than in the past yet fewer members in each generation, suggests that the responsibility for elder care is shared across relatively fewer kin than might be the case with larger sets of siblings and cousins available (Jackson et al., 2005).
Both the proportion of never-married adults and the proportion of those who have not had children have increased over time (Saluter, 1995; Simmons & O’Neill, 2001). But marriage and parenthood are not prerequisites to family membership and the opportunities for support and happiness that family ties often provide. Indeed, nonmarried adults and nonparents do have family. Looking up the generational line, these individuals associate with their parents, aunts, and uncles; within their generation, they interact with their siblings and cousins; and looking downward, they have relationships with nieces and nephews. In addition, they often incorporate fictive kin into their personal family networks. Thus, contrary to stereotype, unmarried and childless elders are not necessarily lonely, unhappy, or lacking in emotional, social, or instrumental support. The key factor contributing to their well-being is whether the family pattern they experienced over the years corresponded to the one they preferred (DePaulo, 2006; Dykstra & de Jong Gierveld, 2004).

We see, then, that changing times and lifestyle patterns yield new family structures and situations for older adults (as well as for everyone else). New patterns require adaptation, but older persons are just as capable as anyone else of adjusting to the times, even though in the case of experiencing advanced longevity they are often forging a pathway without the benefit of family role models to imitate. Like younger people, they may need guidance on how to think about and cope with emerging family issues; also like younger people, they can benefit from professional intervention when any difficulties arise.

Effects of Legal and Policy Issues

Certain family patterns present unique challenges because of associated legal issues or policy restrictions. I have referred to one of them previously: situations in which grandparents take extensive or complete responsibility for rearing their grandchildren, often unexpectedly. Approximately 18% of older adults are grandparents living in households with one or more minor child, and 42% of them are responsible for rearing the grandchild(ren) (U.S. Census Bureau, 2003). Although becoming increasingly common, this is still an atypical family role for older adults. In many instances the grandparents assume custody to prevent their grandchildren from being fostered out of the family, but they do so at serious emotional and financial
cost to themselves. Complicated legal and policy issues related to schooling, health care, housing, and economic support attend this family pattern, particularly if the grandparents do not have legal custody of the grandchildren. In addition, the middle generation of the immediate family may be absent, and the normative grandparent-grandchild relationships may be disrupted, requiring adjustment on the part of both the older adults and the minors (Hayslip & Goldberg-Glen, 2000; Henderson & Cook, 2005; Thomas, Sperry, & Yarbrough, 2000).

Another family structure in which legal and policy issues play a crucial role is that of lesbian, gay, bisexual, and transgender (LGBT) couples who engage in marital-like relationships. In states where these couples cannot legally marry, opportunities and protections related to income, housing, health care, and the like usually afforded heterosexual older persons as individuals and as partners are often denied. Legal and policy restrictions place older LGBT couples in types of economic and emotional jeopardy with which mainstream couples do not necessarily have to contend (de Vries, 2007; Harrington Meyer & Roseamelia, 2007).

As these examples show, legal and policy matters are not universally influential, but they affect particular groups of older adults differentially. Moreover, custodial grandparents or LGBT couples who are in the minority because of race, class, health limitations, or other restrictions face additional complications related to those statuses on top of difficulties related to rearing grandchildren or having a minority sexual orientation.

Effects of the Multiplicity of Family Roles

Older adults engage in a wide range of family roles, including those that focus on relational ties and those that are task oriented. Depending on the number of generations alive in the family, relational roles may include romantic partner, parent, grandparent, adult child, grandchild, sibling, friend, neighbor, and comember of community organizations. Examples of task-oriented roles elders may play are caregiver, care receiver, worker or volunteer, organizer, social secretary, financial manager, chauffeur, housekeeper, and advocate. As with those who are younger, elders are highly likely to have responsibility for multiple roles simultaneously. Some of the overlapping roles might support each other, which enhances role performance and satisfaction. In contrast,
other roles might interfere with each other, causing role conflict and distress or requiring more personal, social, or economic resources to manage. Like anyone else, when older adults have time for advance preparation or have models to use for guidance before assuming new roles, the transition is easier than when a role change occurs abruptly, without warning or preparation (Heckhausen, 2005).

The multiplicity of family roles in which older adults engage can contribute to sustaining their psychological well-being through having their social and emotional needs met and through supporting the needs of others as well (Baker, Cahalin, & Gerst, 2005; Weiss, 1998). This range of roles and attendant responsibilities can also contribute to experiencing stress and unhappiness if the demands are burdensome and interfere with health (Cohen, 2004) or if changing physical and mental capacities lead to a perceived loss of control in highly valued roles (Krause, 2007).

This section has highlighted some of the key personal and societal influences on family diversity among older adults. Constellations of influences intermingle with each individual’s developmental trajectory, psychological maturity, social skills, and unique life experiences and events to affect interactions in both particular families and the subcultural groups they comprise.

CONCLUSION

This overview of family life in the later years demonstrates the utility of adopting a definition of family that acknowledges the full range of kin ties experienced by older adults. We have seen that elders are situated in an array of generations that may include their parents and is highly likely to include several younger generations. Their families usually contain relatives who are age peers as well, and fictive kin are often included. These bonds are sometimes conflicted but often provide extensive emotional, social, and instrumental support to older adults. Family relationships and support enrich older adults’ lives and promote their health and well-being. The particular set of relatives and chosen family available to a given elder depends on a host of personal and societal variables that change over time and historical eras. Within the family, changing circumstances lead to