

The Frail Elderly in the Family

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ABSTRACT

Longer life expectancy, better health and higher levels of financial independence will characterise the elderly of the future. These will result in a greater variety of living and care arrangements including an increasing proportion of older people who will choose to live on their own.

Caring for a frail elderly person in the family requires a change of family roles, a process often accompanied by emotional upheavals. The degree of difficulty experienced will be linked to the level of economic and physical dependence of the elderly person.

Demographic changes will add new dimensions to the problems of care. In four generation families, which will be more common, the burden of care will shift to adult grand children. Fewer children and grandchildren will be available to share care responsibilities. A range of commercial and welfare services will be required to meet the increasing range of needs. Careful evaluation is needed in monitoring both improvements and the risks to the frail elderly and the family in the changing scenario.

INTRODUCTION

Two aspects of the family are likely to influence the situation of the elderly in the context of his family, in the future. These aspects are the family structure, persons who constitute the family unit and how they are related and family process, or the dynamics of family relationships.

In terms of family structure conjectures about the future must take into account forecasts about longer life expectancy and better health of the elderly; changes to the dependency ratio; changes to individual socio-economic status, and changes in family configurations. Family process is understood in the context of the family as a dynamic system accommodating both continuity and change^(1,2). Continuity marks the given kinship links between family members even as the family evolves through time. This evolution, however, necessitates change of roles which alters the interactional patterns between family members, a process that often involves major emotional upheavals.

The implication of each of these factors are examined particularly in terms of how they are likely to affect the position of an elderly member in a family

and the context of care when this becomes necessary.

Family structure

1. Longer life expectancy and better health for longer periods of life are likely to result in several changes to family structure. First, it is likely that the family will include two generations of elderly persons, at least by today's definition of elderly, i.e. over 60 years old. Second, that a four-generation family will not be uncommon and that grandchildren of the oldest generation will be well into their careers when the oldest generation can be expected to need care and support. They may well share the burden of supporting the oldest generation - both financially and in terms of care.
2. The dependency ratio: In 1994, the old age dependency ratio was one elderly dependent person to seven working adults and in the year 2030, the ratio will be one elderly person to two working adults⁽³⁾. Today's scenario might be represented by a family in which seven adult children support a widowed mother, who reflects the longer life expectancy of women as compared to men. In the year 2020, an elderly couple in their 80s and 90s might be supported by four working adults in two generations, namely their children and their grandchildren. Children of the eldest generation might also be retired.
3. Socio-economic changes: higher incomes and savings will allow for greater opportunities and choices, resulting in a variation in expectations and life styles. One scenario is likely to be a higher proportion of elderly persons living on their own, from choice. Some of the children will be accessible in Singapore, while others - both children or grandchildren - might well be living abroad.
4. Changes in marriage patterns and divorce rates are likely to mean that a family history will include more divorce, second marriages, children from different marriages, singlehood as well as single parenthood. Family relationships are likely to be more complex.

In sum, demographic and economic changes will contribute to a much more heterogeneous picture of a family with an elderly member than there is today.

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Family process: continuity and change

A family which contains an elderly member represents a particular stage in the family life cycle⁽⁴⁾. Each generation of a family engages in a continuing process which changes only in detail and form.

Two major transitions occur in this stage of family life. One is the change of role when a parent ceases to provide support and care to his children as they become adults. The second is the shift from the position of active contributor to family life, to a state of dependency.

Two important aspects of the dependence-independence continuum are financial and physical. Different configurations of variations in these two aspects have very different effects on both the family and the older person⁽⁵⁾.

Contribution and independence

While both financially independent and physically and mentally able to look after himself and others, an elderly person can continue to contribute in a valuable way to younger members of the family. This might involve providing board and lodging, financing of continuing education or loans for young persons to start lives of their own. An elderly person who is financially independent but needing physical care can purchase this service without burdening younger members of the family. A financially dependent but physically independent elderly person is able to contribute services such as child-care and housekeeping, thus allowing a younger woman to be engaged in paid employment.

Eighty-six percent of the elderly over 60 years live with their children in multi-generational households, presumably with at least one child⁽⁶⁾. Since only 6% are either semi-ambulant or non-ambulant, it might be assumed that the remainder i.e. 94% contribute in some way to household tasks.

Grand-parenting is one important contribution that an older person makes to family welfare. In Singapore, 10% of households consist of three generations and grandparents represent a substantial proportion of childcare arrangements⁽⁷⁾. In dual-career families when a grand-parent lives in another household, babies and young children often live in the homes of their grandparents, returning to their own parents when they begin school. Very special bonds often develop between grandparents and grandchildren sometimes even at the expense of the parent-child relationship⁽⁴⁾.

The problem of dependence

Ageing becomes a problem when it involves dependence. It is self-evident that the greater this dependence, the heavier the burden for the family who is expected to provide both financial support and care. The shift from independence to dependence requires a reversal of family roles and occurs between husband and wife as well as between parent and child.

Gender differences are apparent in the reversal of roles between husband and wife. On retirement, a man becomes incorporated into a domestic routine while a woman, freed from responsibility of childcare and domestic duties, finds interests outside the home and family. As physical and mental abilities diminish, the stronger or healthier of the couple assumes unaccustomed functions of the spouse.

More problematic however, are the role changes which occur between parent and children. Early family therapists have drawn a parallel between this stage and the stage in which the family has adolescent children⁽⁸⁾. The similarity between the two stages is apparent in the magnitude of the change in the roles family members play in relation to each other. While an adolescent seeks greater autonomy, for the older person, this autonomy is eroded.

The change of role of a parent from supporter, contributor, nurturer, decision-maker, manager to dependant can be extremely stressful for both generations. The provision of care can be both physically and emotionally taxing. While it is tempting to state rather glibly at the change requires the child to become a parent, the child assumes only instrumental tasks. A history of an emotional relationship ensures that a parent is always a parent to his/her child⁽⁴⁾, a fact that complicates the relationship.

The change of role is equally difficult for the parent, who in the process of change, loses a position, dignity, sense of self and suffers some humiliation, particularly if infantilised. These difficulties are particularly trying when care involves personal and intimate tasks of bathing, dressing, and toileting. Older parents often react to the loss of autonomy with anger and resistance, a response which sets up a chain reaction of resentment, anger or more determined effort on the part of the caregiver. This latter reaction meets with yet more resistance, thus creating a cycle of escalating hostility. Sometimes an older parent might react to dependence by withdrawing emotionally and by becoming depressed, a response which is distressing to the care-giver.

When the burden of care becomes greater than the capacity of the family to cope "extrusion", or placing the elderly person in a residential facility, is sometimes the family solution. However, when they take this step, families are sometimes misunderstood and maligned as neglectful, unfilial and unfeeling. In fact, this decision is often marked by great ambivalence, guilt and shame at 'abandoning' a parent. One current family solution to the need for care is the employment of full-time, live-in domestic help. Sources of imported labour which makes this possible, cannot be certain for future generations.

Today, the burden of care falls upon what is often called the 'sandwich generation', that is, the generation of adult parents who may be dealing

concurrently with ailing parents and adolescents. It is generally assumed that women bear the greater proportion of this burden. However, several caring tasks are shared by sons and other members of the family⁽⁹⁾, an observation made also in other countries⁽¹⁰⁾.

The scenario of the future

While the situation of the elderly will be improved somewhat in the future, the changes could be accompanied by new problems. The challenge will be to foresee and reduce the effects of the potential difficulties.

Greater chances of financial independence and better health which will delay the entry of a person into the stage at which independence and autonomy must be relinquished. However, among the difficulties which might accompany these advantages is the fact that children will be involved in the care for elderly parents at a later age - perhaps at an age when their own financial resources are shrinking.

The second problem is that the family as a whole unit will experience two cycles of the shift from independence to dependence. The third is that, for some, the burden of care will shift to the third generation who are likely to be involved in responsibilities of a younger family. Furthermore, the number of grandchildren available to provide care will shrink in the future, the result is not only because of today's smaller families, but also due to histories of migration, divorce, re-marriage and single-parenthood. The difficulties of apportioning responsibilities for care will therefore be magnified. Another facet of delaying dependence on children or grandchildren is the increasing possibility of re-marriage after widowhood. While this step might be welcomed by some family members, it could also lead to severance of some family ties as a result of resentments and hostilities.

Service implications for the future

Greater variation in the situation of the elderly in the future is certain⁽¹¹⁾. Higher levels of education and income will foster higher expectations. Combined with a growing elderly population, these expectations are likely to stimulate the growth of a greater range of care facilities that exist today. Attitudes toward the use of these facilities will

change, making them more acceptable to both the elderly and their children.

Variety of care facilities will include greater choice of residential arrangements as well as services which support different levels of dependence while allowing the elderly to continue to live in their own homes. Various levels of support will also be available to family members who care for a frail or ill elderly person. A range of commercial and welfare services will be required to meet all levels of need. Increase in commercial services however, could open the doors to abuse, permitting situations in which vulnerable, elderly persons are exploited. Firm protective measures will be required to prevent unethical practices.

In sum, preparing for the future of the elderly and their families will require careful evaluation of both the benefits and the dangers of greater variation and complexity.

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