Encyclopedia of Human Relationships

Family Relationships in Late Adulthood

Changing demographics and societal beliefs offer new opportunities for maintaining and expanding family relationships in late adulthood. Early definitions of aging families focused on relations between husbands and wives, parents and children, and, to a lesser extent, grandparents and grandchildren and siblings. With the aging of the babyboom generation, a shift occurred in describing the variety and complexity of family connections in the second half of life, generating a more multifaceted view of family relationships. In 1997, Victoria Bedford and Rosemary Blieszner defined aging families to include relationships determined by biology, adoption, marriage, and social designation, and existing even in the absence of contact or emotional involvement, and in some cases, even after the death of certain members. This entry focuses on the structure, dynamics, and salience of family relationships in late life.

Demographic and Societal Shifts Shaping Aging Families

More persons are living to older ages than ever before because of advances in medical care and technology, improvements in nutrition and sanitation, and decreases in infectious disease. Thus, many older adults will be members of three-, four-, and even five-generation families. This means that family members have the opportunity to experience a variety of roles and relationships for a longer time than ever before. For example, more than 60 percent of all older adults are married and approximately 90 percent have living children; of those with adult children, about 94 percent have grandchildren and 60 percent have great-grandchildren. These percentages vary according to age, gender, race, and ethnicity.

Because of increases in the number of years people live and declines in the number of births per year, a change is occurring in the age structure of the population. Through most of the 19th century, the shape of the population structure by age in most industrialized nations, including the United States, was that of a pyramid, with a large base of children tapering to a small group of persons aged 65 and older. Families typically had many small children, fewer middle-aged adults, and no or only one or two older members. By 1990, the age pyramid began shifting to more of a rectangular shape, reflecting "beanpole" families with more generations alive concurrently within families, but with fewer children, grandchildren, great-grandchildren, siblings, and other extended kin in each generation than in previous times. By 2030, the population age structure will be rectangular, with similar numbers across all ages from bottom (young children) to top (older adults).

The progression from pyramid families to beanpole families has important implications for family functions and relationships in late life. The increased life span of older family members in recent decades results in more years of shared lives across generations. That is, although the number of kin within families is declining, the likelihood that families have members from multiple generations is increasing. For example, less than one-fourth of persons born in 1900 had a living grandparent when they turned 30; for individuals born in 2000, more than three-fourths will have at least one living grandparent with whom to celebrate their 30th birthday. Thus, the availability of aging members brings greater opportunity for greater family continuity, stability, and support across generations. At the same time, younger family members may face extended years of caregiving for dependent older adults.

There also is increasing diversity in the composition of aging families. Divorce,

remarriage, longterm cohabitation, childlessness, single parenthood, nonmarital childbearing, and gay and lesbian marriage and parenthood are prominent features in the contemporary families of older adults. In addition, older adults interact with and rely on persons not related to them by birth or marriage, but whom they converted or upgraded to kin-like relationships. For example, an older person may view a neighbor as being "like a daughter" when describing a relationship that is important and supportive. Because families play a key role in providing help and emotional support, as well as long-term care to their older members, it is uncertain how these changes in family structures will influence interactions and support patterns. For example, will adult children feel an obligation to care for both biological and stepparents? Will persons who choose not to have children be at risk of having fewer family resources? Will society acknowledge and accept family-like relationships as important sources of support and caregivers for elders?

Family Dynamics and Support

Family members provide one another with information, help with personal tasks, and emotional support. The type, frequency, and amount of support provided or received vary depending on individual needs and abilities, the type of relationship, and personal resources. Social and cultural norms or beliefs also strongly influence the extent and type of support and care provided by family members. In contrast with the majority White U.S. culture, which emphasizes democracy and individuality, the needs and well-being of the family unit are of utmost importance and a driving influence in the lives of many minority families in late life.

Social exchange theorists assert that people constantly evaluate their relationships, based on the comparability of the support exchanged. In mutually dependent relationships, such as those between family members, the costs (e.g., time, money) and rewards (e.g., personal satisfaction, companionship) occur in the context of reciprocal exchanges that take place over the course of the relationship. That is, reciprocity, when defined by familial norms, is a generalized process that does not require that exchanges occur at the same point in time and does not necessarily involve giving and receiving the same things. For example, family members in the middle stages of life tend to be the net givers of support; they provide more types of support to younger and older generations than they themselves receive. Families most often view this give-and-take of assistance and support across generations and time as normative or routine practice rather than as a special or burdensome response to family members' needs.

Receiving emotional support and assistance from family members often promotes and enhances older family members' positive feelings about themselves. Emotional support, more so than actual help, acts as a buffer against the negative effects of stressful situations such as failing health or relationship disruptions. This may be because of the general societal belief that family members should provide tangible help to each other in times of need. Thus, whereas older adults expect assistance from their children and grandchildren, they value equally and perhaps benefit even more from the emotional support they receive from these relationships.

For older adults experiencing chronic health problems, having meaningful family relationships helps minimize symptoms of depression and promotes greater well-being and life satisfaction. However, not all relationships result in positive outcomes. Older adults' desire for independence may color the intent of the help and support provided by family members, thereby increasing their feelings of distress and unhappiness. When

older adults receive help that is undesired or perceived as excessive, it reinforces feelings of vulnerability, dependence, and incompetence. If they view their family members as overbearing, older adults use a variety of strategies to reduce the frequency of negative interactions. Such strategies include embracing family members' assistance with gratitude, enabling a peaceful relationship that supports their ability to care for themselves; accepting their help with mixed emotions that occasionally generate tension, potentially compromising their ability to manage their daily lives; or refusing family member help and concealing their health problems or concerns. Thus, older adults' response to the assistance provided (or lack thereof) depends on a variety of individual factors including their beliefs about the need for help and how they interpret the help provided by their family members.

Couples

For older couples, spouses or partners are often the primary source of daily help and support. When either person experiences the onset of a disabling health condition, it transforms the life patterns and roles of both individuals. The way in which older persons and their partners relate to one another and the degree to which they adjust to health-related changes have considerable influence on their relationship and overall well-being. Most late-life couples are satisfied with the help and emotional support they receive from one another. However, when they receive more assistance from their partners than perceived as necessary, seemingly helpful behaviors may actually result in less satisfying relationships.

Parents and Adult Children

Although older parents often wish that their children lived nearby, it frequently is not possible. Although geographic distance may limit face-to-face contact, it does not influence the quality of the parent-child relationship in late life. Regardless of where they live, older parents typically have at least weekly contact with at least one of their adult children and view their relationships with their children as positive. Older parents hesitate to differentiate their feelings for their children, although they may favor some children over others in feelings of closeness and exchange of help and emotional support. As is true for many relationships, parents have higher levels of closeness and lower levels of conflict with adult children to whom they are more similar. The mother-daughter bond is the strongest and most enduring filial connection. Perhaps this is because older mothers believe that their daughters are more sensitive to their feelings and concerns than are their sons.

Older parents express a desire for affection, thoughtfulness, and communication from their adult children more than they want their children to provide direct care for them. Both aging parents and adult children frequently report a mutual exchange of help with tasks, financial assistance, and emotional support and assess their interactions as positive. Some parents, however, report tensions and ambivalence in their relationships with their children, with feelings of exclusion, discrepancies in perceived need for assistance, and undesirable personal attributes contributing to both overt and suppressed conflict between older parents and their adult children.

Individual and family circumstances and history influence patterns and expectations for assistance to and from aging parents. For example, young-old parents (i.e., persons aged 65 to 74) and those with no or minor health problems often provide routine

assistance to their adult children. In addition, financial assistance more commonly flows from aging parents to adult children than in the reverse direction. Adult children who are financially insecure are more likely to receive support from their older parents and to receive more of it than are siblings with fewer financial needs. Those children who return home to coreside with their aging parents usually do so because of a change in their marital, employment, or health status. These are often less than reciprocal relationships, with adult children benefiting greatly from the support of their parents. In some families, parents never stop providing direct care and oversight for their children. For examples, parents of children with developmental disabilities and mental illness frequently are lifelong caregivers.

Grandparents and Grandchildren

Although older adults consider relationships with grandchildren to be meaningful, grandchildren are often peripheral to their everyday lives. Grandparents' direct involvement with their grandchildren depends on the interplay of multiple variables such as geographic distance from grandchildren, grandparents' health, and the quality of the relationships between the grandparent and parent generations. In general, the power of parents to facilitate cross-generational relationships remains strong throughout the family life cycle. Additionally, almost one-half of grandparents will become great-grandparents; little is known about the function and meaning of this relationship whose members are potentially separated by more than a half century.

Siblings

Sibling ties in later life represent perhaps the longest kin relationship, one built on a shared family history that provides a basis for mutual emotional support and understanding. Gender, marital status, number and proximity of siblings, and family structure encourage as well as constrain interactions between siblings' relationships in later life. Ties between older sisters appear stronger than do ties between brothers or sisters and brothers. For older men, having a sister increases the likelihood of contact and support among siblings. Having multiple siblings allows for selectivity and discretion concerning contact and frequency of interaction with any one sibling. Siblings typically provide more emotional support than physical help in late life, frequently serving as confidants and companions for one another. Brothers and sisters value their relationships with one another and typically assess their interactions as positive. However, some siblings also report conflict in their relationships, as earlier rivalries and hostilities often endure into late life.

Family Caregiving

When older persons' need for personal assistance and emotional support is required for their daily well-being, caregiving emerges as a distinct type of family support. Nearly three-fourths of older adults who need assistance with daily activities rely exclusively on family members for care. Housekeeping, meal preparation, and shopping are common caregiving tasks, and more than one-half of family caregivers regularly help their older members with feeding, bathing, dressing, and using the toilet. Older adults' preference for family care follows a predictable pattern known as the "hierarchical compensatory" model of care. Spouses are most preferred and most likely to provide care, but if unavailable because of disability or death, help from adult children is accepted, with daughters more likely than sons to take on the duties. Alliances and bonds among family members also often influence the likelihood that a particular person will provide

care for another. Older adults typically adjust their expectations for care to reflect the specific realities of their family members' lives, whereas adult children must balance the needs of their dependent elders with those of their entire family. For example, more than one-half of caregivers have children living at home and juggle work with caregiving responsibilities to meet both their immediate family's financial obligations and the costs of caring for their aging parents.

Although caring for a spouse or parent is increasingly common practice in older families, a family care situation receiving increased attention recently is that of grandparents assuming full-time parenting responsibilities for their grandchildren. Approximately 2.4 million grandparents have primary responsibility for their grandchildren. These custodial grandparents assume the care of their grandchildren for a variety of reasons including parental illness, divorce, incarceration, and substance abuse. Although older families representing all race and ethnic groups are raising grandchildren, minority grandparents are two to three times as likely as are their White counterparts to assume parenting roles. Regardless of race, ethnicity, or social class, though, few grandparents plan, anticipate, or are prepared for a second parenthood. When they assume responsibility for raising their grandchildren, they often confront several personal and social challenges as they make adjustments in their daily lives to accommodate their acquired parental roles. Many grandparents feel as if they have to manage their situation alone and report feeling judged, criticized, and abandoned by their family, friends, and community.

Regardless of which generation is providing care, there are differences in burden according to race and ethnic identification, with White caregiv-ers typically reporting feeling greater burden than do caregivers in minority families. Differences in the level of perceived burden may be a result of stronger feelings of family obligation and greater acceptance of the caregiving situation often found in minority families. Conversely, members of race and ethnic minority groups may be experiencing similar levels of burden as that of their White counterparts, but may be less likely to express or admit to feelings of burden and stress.

Family dynamics also shape the caregiving experience for late-life families. Family caregivers of all ages often report feeling as though they have no time for themselves or others. Isolation and feelings of loneliness may result from a loss of social contacts or, perhaps more devastating, the loss of normative roles and relationships (e.g., husband-wife; parent-child; grandparent-grandchild). Although there is a tendency to focus on the negative outcomes of caregiving, family members acknowledge the positive benefits of the caregiving experience, including personal growth (e.g., gaining medical knowledge and health care skills), appreciating the elder's contributions to the world, feeling that one is repaying an elder for care provided during earlier times in life, and more satisfying relationships.

- grandchildren
- grandparents
- caregiving
- aging parents
- adult children
- siblings
- children

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See also

- [Aging Processes and Relationships](#)
- [Caregiving across the Life Span](#)
- [Couples in Later Life](#)
- [Family Relationships in Middle Adulthood](#)
- [Grandparent-Grandchild Relationship](#)
- [Intergenerational Family Relationships](#)
- [Kin Relationships](#)
- [Negative Interactions during Late Life](#)

Further Readings

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