

required to realign the bones or to support the tendon structures in the foot. —*Alvin K. Benson*

See also Arthritis; Bone changes and disorders; Diabetes; Foot disorders; Hammertoes; Hypertension; Mobility problems; Obesity.

FAMILY RELATIONSHIPS

RELEVANT ISSUES: Demographics, economics, family, sociology

SIGNIFICANCE: Increasing longevity has brought greater complexity to modern families, which include more generations and longer relationships than ever before

With increased longevity, family relationships have become both more complex and more enduring. At the end of the twentieth century, four-generation and even five-generation families were not uncommon, and with longer life comes longer life-long relationships, such as marriage. Advanced age presents many families with the challenge of caring for the very old, often at a time when adolescent children also require attention and care. The stress of caregiving can, in some cases, result in abuse of the elderly family member. Today's aging families operate in a complex society and may confront legal considerations around issues related to illness and death.

MULTIPLE GENERATIONS IN CHANGING TIMES

One popular myth holds that in colonial America, intergenerational relationships among European immigrants were intimate and warm—that extended families chose to live together in love and harmony and that elders were universally revered. The reality of these relationships, as described by Carol Haber in her book *Beyond Sixty-Five: The Dilemma of Old Age in America's Past* (1983), was quite different. Grandparents enjoyed authority by virtue of their control of the family's land holdings, and many used that authority to control decisions that had a profound impact on their children's lives. So, for example, it was not unusual for the elder of the family to determine who and when an adult child would marry. Adults who rebelled from parental authority risked losing their inheritance and hence their livelihood—the land.

Although the European settlers tend to dominate scholarship on colonial America, two other groups merit consideration: Africans, who were

kidnapped and brought to the continent as slaves, and American Indians, who had come to the continent centuries prior to the Europeans.

Even the brutal conditions of slavery did not wipe out intergenerational relations among African slaves. Slave marriage lacked legal sanction in most areas, but many couples established long-term bonds with immediate family and extended kin. These bonds sometimes did not require blood relationships. When children were separated from all blood relatives, they were often raised by unrelated adults. Slave children were taught to refer to adult slaves as “aunt” or “uncle.” This established so-called fictive kinship relations, in which elders assumed the authority and responsibilities of blood relations. These ties enabled slaves to survive poverty, overwork, disease, and physical abuse, and they did not interfere with strong emotional ties to blood relations. For decades after the end of the Civil War, newspapers in the South ran lists of former slaves trying to reunite with their spouses and children.

The Indian tribes of North America varied tremendously in their intergenerational relations. Some, like the Cheyenne, were patrilineal, with land-use rights and identification flowing through fathers. Others, like the Pueblo, were matrilineal. In these groups identification and inheritance came from mothers. Tribes also varied in their treatment of grandparents. Among the Omaha, for example, elders enjoyed tremendous power and authority over younger generations. Honor for the elderly, however, did not preclude abandonment or euthanasia when times were hard.

INTERGENERATIONAL RELATIONS IN MODERN TIMES

Intergenerational relationships in Colonial America were not only tremendously varied but also rare. Few adults—whether European, African American, or American Indian—survived to advanced age. As a result, few families consisted of more than one or two generations. Yet today, multigenerational families are increasingly common. As Gunhild Hagestad pointed out, increased longevity has produced greater “life overlaps” among generations.

By the late twentieth century, there were more than fifty-eight million grandparents in the United States, ranging in age from 30 to 110. Nearly half



The relationship between elders and their adult children can become closer over time as aging brings shared losses and increased financial or physical dependency. (Jim Whitmer)

of them were under the age of 60. Indeed, the most common age for first becoming a grandparent is 49 to 51 years for women and 51 to 53 years for men. With teenage pregnancies, some adults become grandparents in their thirties. These individuals hardly conform to the stereotyped notion of gray-haired grandparents who spend their days waiting for their children to call.

The role of grandparents has changed considerably since colonial times, from distant authority figures to their children to playmates and companions of grandchildren. Most grandparents today may not live with their adult children. Instead, they maintain what some scholars have termed "intimacy at a distance," with separate households but a good deal of contact and support.

Several researchers have attempted to describe types of grandparents. In these studies a central theme is tremendous diversity in individual ap-

proaches to a somewhat ill-defined role. The best-known work of this type was published by Bernice Neugarten and K. Weinstein in 1964. In what is now considered a classic study, these authors identified five grandparenting styles: formal, fun-seekers, surrogate parents, reservoirs of family wisdom, and distant family figures. Another well-known model was developed by Helen Q. Kivnick. Instead of describing styles and putting grandparents into single categories, Kivnick described five dimensions of grandparenting and rated individuals along each dimension. These included centrality, valued elder, immortality through clan, reinvolvement with personal past, and indulgence.

Sociologists have identified a variety of societal functions that can be filled by grandparents. They transmit the family heritage, provide role models for their grandchildren, serve as nurturers, devote time to listening to their grandchildren and en-

gaging in unstructured activities, mediate parent-child conflicts, act as buffers between parents and children, and support and care for grandchildren when parents are in crisis.

There may be gender differences in individual approaches to grandparenting. Contemporary researchers have reported that traditional gender roles also extend to grandparents, with grandmothers reporting more emotional contact with children and grandparents being more likely to offer advice or instruction. Neugarten and Weinstein reported that grandmothers were more likely to serve as surrogate parents, while grandfathers served as fonts of family wisdom. Hagestad examined topics of conversation and concluded that grandmothers were more likely to discuss interpersonal relationships with children, while grandfathers were more likely to talk about work, education, and money. It is unclear whether these gender differences will hold for future generations.

Grandparents often contribute to the healthy development of their grandchildren. Their role is significantly affected when parents divorce. In the United States and Canada, growing numbers of grandparents have pursued legal remedies to secure visitation rights to their grandchildren. Indeed, associations have been organized in both countries to address this issue. Parents seeking divorce can ensure that grandparents' visitation rights will be respected by stipulating them in divorce agreements. Some states have enacted legislation to protect grandparents' visitation rights.

In addition to divorce, parental crises such as illness, death, and substance abuse may change the role of grandparents. A growing number have found themselves assuming responsibility for raising their grandchildren, with or without obtaining legal custody of the children. In the United States an estimated 3.4 million children live with their grandparents and in at least a third of these homes grandparents have primary responsibility for the children. An estimated 44 percent of grandparents spend one hundred or more hours per year caring for their grandchildren. Among African Americans, the proportion of grandparents providing custodial care is roughly three times that among whites.

Custodial grandparents often face challenges that include securing access to financial assistance, health care coverage, social services, and educa-

tion. Often public programs require that grandparents assume legal custody of the children. Yet securing legal custody may force grandparents to demonstrate that their own children are unfit parents, a potentially brutal situation. A few organizations, such as the American Association of Retired Persons (AARP), have established support groups and resource centers for grandparents taking care of their grandchildren.

LIFELONG RELATIONSHIPS

While it is popular to bemoan contemporary rates of divorce, few acknowledge that increased longevity has placed tremendous demands on modern marriage. During the colonial era, when few lived beyond the age of forty, a man might expect to lose at least one wife (possibly more) in childbirth. So, while the mean age at marriage was young (generally in the teens), marriages by and large did not last for more than a couple of decades. They ended, not by divorce, but by death—usually that of the wife. In the late twentieth century, an estimated one in five married couples could expect to celebrate their golden (fiftieth) wedding anniversary.

If they are to last “until death do us part,” marriages must endure for decades longer than in previous eras. As a result, modern marriages must adapt to a wide variety of personal, economic, and social changes. Numerous researchers have joined the lay public in attempting to describe universal trends in marital satisfaction over the life of a marriage. Two main trajectories have been proposed. In the first, high levels of satisfaction are associated with the honeymoon phase and the remaining years of marriage see a steady decline in happiness. The second theory postulates an initial period of high satisfaction, which declines during child rearing only to rise steadily during later years. Neither of these theories has been conclusively demonstrated, as researchers have seldom had the opportunity (or the stamina) to interview couples regularly over the duration of a fifty-year marriage. Such research, if conducted, is likely to reveal that patterns of marital satisfaction are as distinctive as the individuals in the marriage.

LATE-LIFE MARRIAGES

Growing numbers of older adults remarry and find themselves in relationships that can be ex-

tremely satisfying but that bear little resemblance to marriages of young adulthood or middle age. Among the complications of late-life marriages are the presence of stepchildren and possibly stepgrandchildren on one or both sides. Adult children of an older bride or groom may experience conflicting emotions: on one hand, feeling gratified that their parent has found a partner, and on the other, feeling concerned that their inheritance and relationships will be threatened in the process. Many older couples use prenuptial agreements to ensure the marriage will not jeopardize inheritance. Women entering into late-life marriages often expect to assume caregiving responsibilities for their (typically older) spouses. Indeed, some find this expectation is a deterrent to late-life marriage. Older women are considerably less likely than older men to remarry, however, simply because fewer men than women survive to advanced ages.

Physical changes associated with the aging process can affect the sexual dimension of marriage. Attitudes toward sex are often linked to cohorts, so studies conducted on individuals who are currently aged may have limited relevance to future generations of elderly. General findings from these studies have suggested an overall decline in sexual activity in advanced age, with the most significant drop observed in individuals over the age of seventy-five. Older men generally report more interest in sex than older women. Men are also likely to report having sex more frequently than women. While most older adults report a decline in sexual activity it is important to note that some couples experience increased activity in old age. This has been attributed to more leisure, fewer children in the home, and less worry about pregnancy.

The most definitive studies that addressed sexuality among older adults were the Duke Longitudinal Studies, reported by Erdman Palmore. Like most researchers in this area, Palmore reported what is known as an interest-activity gap, particularly among men. That is, interest in sex exceeded the frequency of sexual activity. Nonetheless, among even the oldest respondents in the study (aged seventy to seventy-five), one-third of both men and women reported that they had stable patterns of sexual activity. Among couples who reported diminished sexual activity, the most com-

mon reason was health difficulties experienced by the husband. These couples often reported that compensatory forms of intimacy such as holding hands, sitting close together, and conversation can take the place of sex.

WIDOWHOOD

While in colonial times men might have expected to become widowed, in modern times, the loss of a spouse is a more common experience for women. Women have longer life expectancies than men. In addition, most women marry older men. These two factors combine to make widowhood a "normative" transition for women.

The transition may be expected, but it is seldom easy. Modern widowhood typically occurs late in life and disrupts well-established patterns of behavior. Apart from the grief caused by loss of a partner, widowhood places new responsibilities and demands on the bereaved. Gender differences in adaptation have been observed among surviving spouses. Typically, women who are bereaved report that they confront new challenges relating to financial management, home and car maintenance, and some types of decision-making—all realms traditionally managed by husbands. Women also experience loss of income with bereavement. In the United States, Social Security benefits usually decline by one-third when a spouse dies. This reduction can result in impoverishment of the surviving spouse. So widowhood is one of the most common precursors of poverty for American women.

In contrast, men often report that they face unfamiliar household tasks and that they lack the skills to maintain their social networks. Most older men rely on their wives for emotional support and companionship. Wives typically plan and orchestrate social activities on behalf of older couples. Indeed, while women often maintain extensive social networks, many older men rely exclusively on their wives for companionship. So the loss of a wife can place a man at risk of severe isolation, and even suicide.

While family members and friends are often available for consolation shortly after the death, they are seldom aware of a widow's need for long-term support and concern. Widows often report that the most difficult period for them occurs not immediately following their loss but months later, when family members expect them to "get on with

life." Organizations that serve the elderly, such as AARP, offer support groups for widows that can be of assistance.

FAMILY CARE, FAMILY ABUSE

There is some difference of opinion about the extent to which family members should be held responsible for meeting the needs of dependent elders. On one hand, theorists as such as Eugene Litwak have argued that the family is the best structure for meeting personal (idiosyncratic) needs. Policymakers typically prefer that the family serve as the first line of defense against the disabilities of age. Cost-containment pressures on public support programs for the elderly (such as Medicare and Medicaid in the United States) place great demands on families. Yet many elderly prefer professional care over the embarrassment of asking family members for help. Because most women work, family resources to care for the elderly may be severely limited.

Both government and families must accommodate this tension. Families provide as much care as they can—some have estimated that families provide 80 percent of the care received by the elderly in the United States. Government entities provide what support is possible. In emerging trends, businesses are now facing the need to accommodate employees' responsibility for elder care, and non-profit organizations are organizing supportive services for family caregivers. Nonetheless, the experience of caring for a frail or dying elder can take a tremendous toll on everyone involved.

The overwhelming demands involved in meeting the physical needs of a frail elder can either strengthen or destroy other family bonds. Caregivers often experience a cycle of resentment and guilt. The demands of caregiving deprive them of privacy, rest, and even health, generating a natural feeling of anger or resentment. Then, reminded of the sacrifices their parents made while raising them, a caregiver can move into the guilt cycle. The presence of children can further complicate the caregiving scenario, as adults struggle to meet the needs of both generations. Individuals in this situation have been termed the "sandwich generation," squeezed by the vulnerabilities of both parents and offspring. Meanwhile, their elderly parents often experience their own emotional roller coasters—living through the embarrassment and

pain of severe dependence on children they meant only to nurture. Yet some caregivers report tremendous rewards, such as time spent with a beloved parent, greater communication, an opportunity to return the care provided during childhood, and the sense of doing something that is right.

Changes in health coverage and financing have increased the demands on family caregivers. In the United States, the "prospective payment system" has resulted in elders being released from hospitals "quicker and sicker." They go home to spouses or adult children who must provide more intensive health care than ever before. A burgeoning home health industry provides professional assistance to families able to pay for their services.

ELDER ABUSE

Increased dependence on family care has placed growing numbers of elders in situations with high risk of abuse. Most family violence is intergenerational, and reports of elder abuse have increased in recent years. It is unclear, however, whether the rate of elder abuse has actually risen or increased awareness has led to higher reporting rates. It is clear that elder abuse, like child abuse, typically involves the presence of a dependent and vulnerable victim. Abuse is much more common among families that are stressed by conditions such as unemployment or caregiving. Yet it is important to remember that abuse is by no means common among caregiving families.

Unlike child abuse, with elder abuse the state cannot step in and assume custody of the victim. When the victim is a legally competent adult, professionals must rely on the victim's willingness to report incidents and pursue legal remedies. Older parents are often reluctant to admit that their children are abusive. So cases of elder abuse, even when detected, often arise in circumstances that preclude effective intervention.

LEGAL ISSUES AFFECTING THE ELDERLY AND THEIR FAMILIES

Distinct aspects of old age as a time of life often present legal issues for families. Perhaps the most common of these are issues related to illness and death.

In the United States, the main source of funding for health care of the aged is Medicare. As growing numbers of families are learning, Medi-

care provides only limited coverage for long-term care in nursing homes. As a result, many frail elders are required to "spend down" in order to become eligible for Medicaid coverage of their nursing home care. Because Medicaid is a means-tested program designed to meet the health needs of low-income Americans, the net effect of spending down may be to impoverish the surviving spouse and dissipate the family inheritance.

Other health-related considerations relate to advance directives, such as the durable power of attorney or living will. These are vehicles through which adults can determine what care they will receive in the event of incapacity. The durable power of attorney can be used to designate an individual who will make decisions on behalf of the individual. A living will specifies which life-sustaining procedures will be applied or withheld under circumstances in which the patient is unable to communicate his or her wishes. While the legal standing of these instruments has become more clear in recent years, their greatest value probably lies in their use as a vehicle for communicating older adults' preferences to their loved ones.

Physical or cognitive decline may also lead to involuntary legal action designed to establish that an older adult is not competent to care for himself or herself. Two procedures apply in this situation: guardianship and conservatorship. In guardianship proceedings, a court determines that the individual is not legally competent and appoints a guardian to be responsible for the well-being or the financial affairs of the ward or both. Sometimes separate guardians will be used, with one assuming responsibility for the person's well-being and another managing the finances. Conservatorship is similar in that it involves a court procedure with right of appeal. In this case, the court grants the conservator only the power to manage property, not to care for the personal affairs of the ward. Conservatorships can be used to preserve a vulnerable elder's personal freedom while preventing waste or dissipation of assets through fraud or mismanagement. Both guardianship and conservatorship can be extremely painful for the elderly and their families, particularly when the procedure is disputed.

Inheritance is often used as a way of rewarding family members for care. Transferring property upon death is more complicated than it may at first

appear, so individuals with sizeable estates are well advised to seek legal counsel. A will is a formal device for transferring property. Wills typically involve probate and must comply with technical rules to be valid. A will can be changed at any time, and so is more flexible than a gift. Trusts are also used to transfer property. Trusts involve three persons, the person giving away property (the grantor), the person or legal entity who will take care of the property for a time (the trustee), and the person or persons who will benefit from the gift (beneficiaries). A living trust is revocable. That is, the grantor can change its provisions.

SUMMARY

Ethel Shanas once referred to the elderly and their families as "the new pioneers." The term is an apt one. Never before have humans enjoyed such longevity, and never before have families faced the challenges and opportunities presented by growing numbers of older members. In the United States some have attempted to argue that the growth of the elderly population will create "age wars," that the interests of children conflict with those of their grandparents and resources devoted to the elderly are stolen from the young. This argument ignores the importance of family ties, suggesting that people identify more closely with their age peers than with other generations in their family.

Clearly, the growth of the aging population has changed modern family relationships. Longevity affords the opportunity for family members to be close as adults over an extended period. The presence of more adults in families might enhance the quality of life for children, even as elder care supplants child care as a role expectation for women.

—Amanda Smith Barusch

See also Absenteeism; Adopted grandparents; African Americans; American Indians; Asian Americans; Biological clock; Caregiving; Childlessness; Children of Aging Parents; Cohabitation; Death of a child; Death of parents; Divorce; Dual-income couples; Durable power of attorney; Elder abuse; Empty nest syndrome; Estates and inheritance; Filial responsibility; Full nest; Gay men and lesbians; Grandparenthood; Great-grandparenthood; Grief; *Having Our Say: The Delany Sisters' First One Hundred Years*; Health care; Living wills; Long-term care for the elderly; Marriage; Medicare; Men and ag-

ing; Midlife crisis; Multigenerational households; Neglect; Neugarten, Bernice; Parenthood; Pets; Remarriage; Sandwich generation; Sexuality; Sibling relationships; Single parenthood; Singlehood; Skipped-generation parenting; Stepfamilies; Trusts; Widows and widowers; Wills and bequests; Women and aging.

FOR FURTHER INFORMATION:

- Brubaker, T. H. *Family Relationships in Later Life*. Newbury Park, Calif.: Sage Publications, 1983. This book presents research on diverse relationships of the elderly, including those with spouses, adult children, and siblings. It also discusses practice and policy implications of the research presented.
- Cherlin, Andrew J., and Frank F. Furstenberg. *The New American Grandparent: A Place in the Family, a Life Apart*. New York: Basic Books, 1986. Based on interviews with hundreds of grandparents, this book examines how the role of grandparenting is experienced in modern families.
- Haber, Carol. *Beyond Sixty-Five: The Dilemma of Old Age in America's Past*. New York: Cambridge University Press, 1983. Careful examination of the status of the elderly in colonial and postcolonial America effectively counters the "myth of a golden age," when the elderly were universally respected. Also examines the changing role of elders as life expectancy extended the period when adults were not raising dependent children.
- Mintz, S., and S. Kellogg. *Domestic Revolutions: A Social History of Domestic Family Life*. New York: Free Press, 1987. Presents a detailed review of the values that have influenced family life in the United States from the arrival of the Mayflower to the present and argues that modern families are characterized by their diversity and lack unified ideals or standards.
- Neugarten, Bernice, and K. Weinstein. "The Changing American Grandparent." In *Journal of Marriage and the Family* 26 (1964). The authors describe grandparenting styles and provide examples.
- Shanas, Ethel, and Marvin B. Sussman, eds. *Family, Bureaucracy, and the Elderly*. Durham, N.C.: Duke University Press, 1977. This classic work examines the relationship between public bureaucracies and the elderly and their families. It in-

cludes chapters of both theoretical and practical significance and should be required reading for anyone interested in the aging and their families.

- Stroebe, M. S., W. Stroebe, and R. O. Hansson, eds. *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge, England: Cambridge University Press, 1997. This book offers a comprehensive review of scientific knowledge on the consequences of losing a loved one through death. It addresses theoretical approaches, physiological changes associated with loss, and normal and pathological grief.

FAT DEPOSITION

RELEVANT ISSUES: Health and medicine

SIGNIFICANCE: Body composition with relation to fat changes as people age, with significant implications for health

In adult males who are not obese, fat tissue comprises about 10 to 15 percent of the total body mass, while in females, fat comprises about 20 percent of body mass. Fat is the reservoir of calories for the body's emergency energy needs. A normal and expected part of the aging process is that the relative amounts of water and fat in the body change, with an increase in the total amount of body fat and a decrease in the total amount of water. Lean body mass, especially muscle mass, also decreases. At the same time, the layer of fat immediately under the skin thins.

These bodily changes have important implications for the health of older persons. Changes in the way the fat is distributed in the body are important. Health care providers commonly use the waist-to-hip ratio to indicate fat distribution. If this ratio is greater than 1.0 in men or 0.8 in women, these individuals have an increased risk of cardiovascular disease. Another common way of expressing this is the "apple and pear" analogy. People with increased fat around the waistline (apples) are at greater risk for heart disease than people with increased fat around the hips (pears).

Another health implication of changes in body fat involves prescription and nonprescription drugs. Most drugs are soluble either in water or in fat and are dependent on these elements for distribution throughout the body. Health care providers must change the dosages of prescription drugs