

RESEARCH/SURVEYS

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Plans and Attitudes of Family Members for Caring for Aged Parents: Implications for Counseling

The decision about what to do with aged parents or grandparents when they are no longer able to take care of themselves has become a more frequent life decision, as a result of our increasing life expectancy. When making this decision, a family may experience a variety of emotional responses such as guilt, sadness, or relief. The family making the decision is a system. Each family member as part of the system, has varying degrees of input to the decision. If family members have similar attitudes, values and objectives, the family system will be relatively stable, and there will be little stress or conflict experienced. If the various members have different attitudes, plans and expectations, however, there is a potential for increased stress on the family system and on the individual members. To compound the situation, it is quite likely that these values, attitudes and plans are implicit and that the family members will assume a commonality of assumptions when in fact none may exist. To date there has been little data collected on intergenerational attitudes and expectations of members of families who will soon be facing the problem of what to do with their aged parents or grandparents when they are no longer able to care for themselves.

There have been a number of studies documenting ageist attitudes (e.g., Cameron, 1972; Britton & Britton, 1970; Ivester & King, 1977; McTavish, 1971; Tuckman & Lorge, 1953) among a variety of age groups and economic classes. The results have been contradictory. Kilty and Feld (1976) found that the attitudes toward the aged may be more complex than just being ageist or non-ageist. They factor

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analyzed some of the major ageism attitude scales and found a positive factor and a negative factor. Their data suggests that there is a possibility individuals may hold both positive and negative attitudes toward the aged simultaneously. This would greatly increase the complexity of the family decision making process because the various members may be operating from logically incompatible attitudes thus adding further confusion to the whole decision process or projecting mixed messages to the other family members.

A second aspect of the family system pertinent to this study is the issue of filial responsibility and expectations. The notion of filial responsibility was defined by Schorr (1960) as the adult child's obligation to meet his/her parents' basic needs. Seelbach (1977) expands the concept of filial responsibility, stating that it includes duty, protection, care and an attitude of personal responsibility toward the maintenance of parental well-being. The literature concerned with filial responsibility has investigated the aged parents' expectations of their children (Seelbach, 1977; Seelbach & Sauer, 1977), and offspring expectations of responsibility for their parents (Wake & Sporakowski, 1972). Wake and Sporakowski (1972), note that the willingness of adult children "to accept filial responsibility or at least give verbal support of it, was dependent on the need of the parent, socioeconomic factors, area of residence, and religious affiliation" (p. 43). They also found that students were more willing than their parents to support aged parents. Social class, sex of respondent, area of residence and birth order did not relate to willingness to support aged parents. Wake and Sporakowski (1972) found that religious affiliation did show a hierarchical arrangement in terms of filial responsibility consistent with other research (e.g., Landis, 1960). The order was Jewish, Catholic, Protestant, and no religious affiliation. Seelbach's (1977) research on filial expectations of urban, low income, predominantly black, aged men and women found that the women tended to expect more filial support than men. Seelbach and Sauer (1977) found in a low income population that filial responsibility expectations were significantly and inversely associated with levels of parental morale.

The health of the aged parent also affects the family system. Shanas (1960) suggested, in a study of family responsibility and the health of older people, that many factors enter into the decision of parents and children to set up a multigeneration household, such as widowhood and ill health. Shanas noted that "when confronted with parental health problems, children assume the obligations which are traditionally associated with the relationships of aged parents and adult children" (p. 411). The poorer the health of the older person

the more likely he/she is to be living in the same household as an adult child. Johnson and Bursk (1977) did a study of the relationship between aged parents and their children. They found that better perceived relationships were associated with parents who were in better health, independent, and not restricted in choice of daily activities. When the family relationship had already been perceived to be strained, parental illness caused additional strain. Health and attitudes toward aging were statistically the most important correlates of the affective quality of the relationship between elderly parents and their adult children. John and Bursk (1977) conclude that poor health may exacerbate poor family relationships, which has implications for the institutionalization of the elderly parent. Poor health can increase the elderly parents' dependency on the adult child with an increase in resentment by the adult child and increasing frustration between the parent and child.

Social changes in career options for women have had an impact on the family faced with a bedridden or disabled parent or grandparent. Treas (1977) suggests that although family support systems for the aged are still important, historical changes have created new constraints on families in caring for aging kin. Treas noted that demographic change has reduced the number of descendants to whom an older person may turn for assistance. Change in women's social roles, particularly the rise in work outside the home, has fostered obligations that compete with duties toward aging parents. Treas suggests that the older relative is likely to be a woman, a widow, and very old. Treas concludes,

that kin resources are readily becoming overextended in the day-to-day care of aged relations. Many middle-aged women are asked to choose between nursing frail parents or working to support themselves, their families, their own children. Furthermore, the extreme aged now pose an impediment to aging offsprings' aspirations for a retirement free of financial cares or demands of their time (p. 490).

In summary, there are a number of factors, supported in the literature as having an impact on aged individuals and their families when deciding what to do with aged parents who are no longer able to care for themselves. These factors include attitudes, finances, health and expectations of filial responsibility.

The purpose of this study is to investigate the attitudes and expectations of two generations of various families who, in the next few years, will soon be faced with the decision of caring for an aged parent. This information will allow counselors to be aware of the

potential for conflict when counseling families concerned with this issue. Finally, this information will lead to potentially useful topics for preventive, educational programming regarding the aged. The major research questions are:

1. Are there differences in positive attitudes, negative attitudes, and attitudes toward needs of the aged by sex, family role, and religious preference?

2. Are there differences in plans and the reasons for the plans regarding the care of an aged parent who is not bedridden, yet needs assistance in some of their daily tasks by sex, family role or religious preference?

3. Are there differences in plans and the reasons for the plans regarding the care of the bedridden aged parents by sex, family role or religious preference?

4. Are there differences in expectations as to which source should be relied upon most heavily to finance the care of an aged parent by sex, family role, or religious preference?

METHODOLOGY

Sample Characteristics

The sample was predominantly midwestern, white (93%) and middle class—upper middle class (92% made \$15,000 or more per year with 60% making \$22,500 or more per year). The sample was 27% Catholic, 2.5% Jewish, 63% Protestant and 8% other. The total sample was N=432. This broke down to 153 college age children (100 females, 53 males) ranging in age from 17 to 19; 146 mothers and 133 fathers ranging in age from 35 to 63. Ninety-five percent of the sample lived in communities of 250,000 or less. The sample reported that 67% of the students' grandmothers were alive, 93% of whom were living in their own home or apartment. The sample reported that 39% of the students' grandfathers were alive, 93% of whom were living in their own home or apartment. The other 7% of the living grandparents were either in a nursing home (3%), the family's home (3%) or some other arrangement (1%).

Data Collection

Five hundred sets of three questionnaires (1 student, 1 mother, 1 father) were mailed to incoming freshmen who planned on attending freshmen orientation at the University of Iowa. The students and

parents were asked to return the questionnaires when they came to summer orientation.

Instrument

The instrument used to measure the attitudes was derived from Kelty and Feld's (1975) factor analysis. The instrument consisted of three scales. Ten items were selected from the factor analysis for each scale. The three scales were positive attitudes, negative attitudes and attitudes toward the needs of the aged (aged need). The Chronbach Alpha reliability coefficients for the three scales were as follows: positive attitude scale (.93), negative attitude (.97), and aged need scale (.91). The remainder of the questionnaire consisted of items asking about the family members, plans and expectations for what they would do when aged parents or grandparents could no longer care for themselves, how they would finance their options and what their reasons were for their decisions.

Analytical Techniques

Mean scores on the attitude scales were calculated for each variable grouping (sex, family role, and religious background). T-tests or Analysis of Variance and the Student Newman-Keuls were done to determine if there were any significant differences on each of the three attitude scales toward the aged. Level of significance and association regarding differences in expectations and plans for what to do with the aged parents or grandparents was assessed by using a chi square and Cramér's V for each variable grouping (sex, family, role, and religious background).

RESULTS

The analysis of variance by family role on aged need scale was significant ($F = 4.90$, $p < .008$). The Newman-Keuls test was significant for 2 pairs of scores. The mothers scored higher than the fathers on the aged needs scale ($p < .05$). The college age children scored higher than the fathers on the aged needs scale ($p < .05$). The analysis of variance by family role was not significant for the positive attitude scale or the negative attitude scale. It may be of interest to note for future research that the analysis of variance for the positive attitude scale approached significance ($p < .08$), with the mothers scoring the highest. There were significant differences by sex on the positive attitude scale ($t = 1.99$, $p < .047$) and on the aged need scale

($t = 3.19$, $p < .002$). The females scored higher than the males. There was no significant difference by sex on the negative attitude scale. The analysis of variance by religious preference on all three attitude scales was not significant.

The first research question in the family plan section was: "When your parents need assistance with everyday tasks but are not bedridden, where is it most likely that you will have them live?" There was a significant chi square by sex ($p < .007$, Cramér's $V = .19$). The females were more likely to check "live with my own family or stay in their own private home in the general community" than were the males (59% and 48% vs. 41% and 36%). The males were more likely than the females to suggest having the aged parent live in a nursing home (15% vs. 5.4%). The chi square by family role was significant ($p < .0002$, Cramér's $V = .19$). The college age children and mothers were more likely to check "live with my own family or live in their own private home in the community" than the fathers (31%, 42.5% and 26%, 51% vs. 20%, 34%, respectively). The fathers were more likely than the children and mothers to check that they would have their aged parents live in a nursing home (20% vs. 4% and 6%). The chi square by religious preference was significant ($p < .028$, Cramér's $V = .15$). The main difference occurred between Catholics and Protestants. The Catholics were more likely than the Protestants to have their parents live with them (40% vs. 20%). The Protestants were somewhat more likely than the Catholics to suggest that their parents stay in their own homes (46% vs. 40%) or live in a nursing home (11% vs. 6%). The reasons that were given for the various groups' choices were different by family role ($X^2 = .002$, Cramér's $V = .21$). The college-age children and the mothers were more likely to base their decision from a concern for the aged parents' independence, self-worth or happiness (39% and 41%) than the fathers (25%); or from a sense of personal responsibility to care for their aged parents (24% and 21%) as compared to the fathers (13%). There were no differences by religious preference. There were significant differences in the reason given for a choice by sex ($X^2 = .016$, Cramér's $V = .21$). The females were more likely to base their decision out of a concern for the parents' independence, self-worth, or happiness (41%) than the males (28%).

The next research question was concerned with how aged parents would be cared for if they were bedridden. There were no significant differences by family role or by sex. The predominant choice was to put the aged parent in a nursing home (about 60-70%) followed by choosing to have the aged parent live in the adult child's home (about 25%). There was a significant difference by religious

preference ($\chi^2 = 0.018$, Cramér's $V = 0.15$). Catholics were more likely than Protestants to have the bedridden parent live in their home (25% vs. 17%). Protestants were more likely than Catholics to have the parents live in a nursing home (69% vs. 51%). There were no significant differences by sex, family role, or religious preference for the reasons given for the choice of what to do with a bedridden, aged parent. The predominant reason given was that the aged parent would receive professional medical care that the family could not give themselves (about 50%).

The last question was concerned with what source would be relied upon most heavily to finance the care of an aged parent. There was a significant difference by family role ($\chi^2 = 0.00001$, Cramér's $V = 0.26$). College age children (34%) would tend to rely on their own resources more so than would their parents (18%). Mothers and fathers predominantly (67% and 61%) marked the aged parents' own resources as the primary financial source as compared to the college age children (33%). It is apparent, however, that there is an assumption that the "family" has primary responsibility for financing the care of the aged parent rather than social service agencies or third parties. There were no significant differences by sex or religious preference.

DISCUSSION

The data seem to indicate that there are differences in plans for what to do with an aged parent who is in need of daily assistance, depending on the individual's role in the family system, the individual's sex, and religious background. There are also differences in the reasons given for a particular choice depending on the individual's role in the family. The college age children and the mothers seemed to place more emphasis on the parents' independence and happiness along with a somewhat stronger sense of filial responsibility. The issue of what to do when the aged parent is bedridden seems to have more general agreement among the various family roles. One's religious background, however, has a stronger influence on this issue than the first. A moderate number of Catholics were likely to take a bedridden parent into their home. Finally, the middle-class sample had a strong tendency to suggest that they or the aged parents would assume the primary financial burden for the care of the aged parent.

There are a number of implications that can be drawn from this study. First, family members do not necessarily share the same attitudes, values, and expectations for the care of their aged parents. Thus, there is a potential for stress on the family system when family

members are faced with the decision of caring for the aged parent. Second, there seems to be sex role socialization implications. The women tended to mark the responses that indicated they would be willing to care for the aged parent or take them into their home. This value orientation can cause conflict. It is likely that the female (the mother or granddaughter) will be the primary caretaker for the aged parent. To the degree, however, that the female has career aspirations or thoughts of other lifestyle options once her own children leave home, she may experience a value conflict. The female will be torn between taking care of her own needs versus needs of others. Third, it seems apparent that there are influences of one's religion that affect one's perceptions of filial responsibility. Individuals may experience guilt and a sense of failure as children if they violate their cultural/religious socialization regarding familial responsibility. Catholic families may also be under increased strain if they actually are opting to care for bedridden parents, in which case they will need supportive counseling. Fourth, these families tend to suggest they will assume the primary responsibility for the care of the aged parent. This is a noble gesture but may be a large burden with the rising cost of medical and nursing home care. These families may need to consider alternative funding sources.

These data indicate that there may be a need for counselors to do family counseling to ease the decision process. Counselors can encourage the decision process by helping family members clarify their own values, attitudes and thoughts about the aged, specifically about their own aged parents. Counselors may also see family members on an individual basis, particularly those who seem to be carrying most of the responsibility emotionally and/or financially. Counselors can also work at the community level in a preventive manner by doing educational programming in the schools, churches, and other organizations regarding the potential stresses and pitfalls of a family's decision regarding the care of the aged. Counselors can consult on this issue with nursing home staff, physicians, and clergy who may be the first professional contact for a family going through the decision process about aged parents.

References

- Britton, J.O., & Britton, J.H. Young people's perceptions of age and aging. *Gerontologist*, 1970, 10, 39 (abstract).
- Cameron, P. Stereotypes about generational fun and happiness vs. self-appraised fun and happiness. *Gerontologist*, 1972, 2, 120-123.

- Johnson, E.S., & Bursk, B.J. Relationship between the elderly and their adult children. Gerontologist, 1977, 17, 90-96.
- Ivester, C., & King, K. Attitudes of adolescents toward the aged. Gerontologist, 1977, 17, 85-89.
- Kilty, K.M., & Feld, A. Attitudes toward aging and toward the needs of older people. Journal of Gerontology, 1976, 31, 586-594.
- Landis, J. Religiousness, family relationships, and family values, in Protestant, Catholic, and Jewish families. Marriage and Family Living, 1960, 22, 341-348.
- McTavish, D.G. Perceptions of old people: A review of research methodologies and findings. Gerontologist, 1971, 11, 90-101.
- Shanas, E. Family responsibility and the health of older people. Journal of Gerontology, 1960, 15, 408-411.
- Schorr, A. Filial responsibility in the modern American family. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1960.
- Seelbach, W.C. Gender differences in expectations for filial responsibility. Gerontologist, 1977, 17, 421-425.
- Seelbach, W.C., & Sauer, W.J. Filial responsibility expectations and morale among aged parents. Gerontologist, 1977, 17, 492-499.
- Treas, J. Family support systems for the aged: Some social and demographic considerations. Gerontologist, 1977, 17, 486-491.
- Tuckman, J., & Lorge, I. Attitudes toward old people. Journal of Social Psychology, 1953, 37, 249-260.
- Wake, S.B., & Sporakowski, M.J. An intergenerational comparison of attitudes toward supporting aged parents. Journal of Marriage and the Family, 1972, 34, 42-48.