A Family Approach to Health Care of the Elderly

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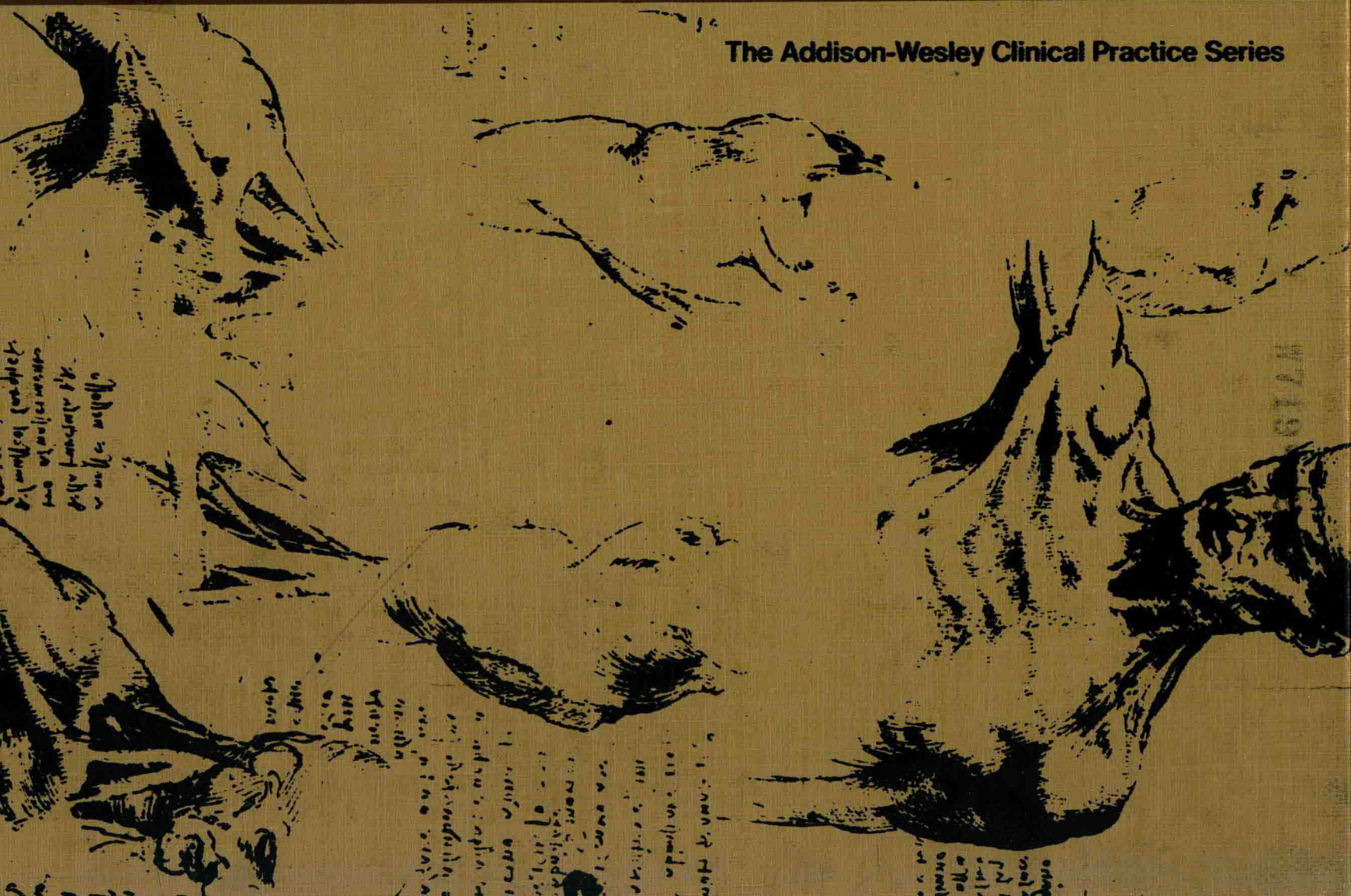

A Family Approach to Health Care of the Elderly

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Publisher's Foreword

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Foreword

This extraordinary volume presents a synthesis of current knowledge concerning the family, family therapy, and geriatrics. The authors are ideally suited to develop this material. Dr. Blazer, a psychiatrist, epidemiologist, and geriatrician, has written the clinical text in such a way as to make it both relevant for the practioner and understandable to the nonphysician. Dr. Siegler, a psychologist and gerontologist, has anchored the clinical material in the body of family systems and life-cycle research, developing a most effective synthesis.

This volume will be of great use to the family practitioner and others in Primary Care—internists, psychiatrists, and geriatricians. At a time when fifty percent of our country is over the age of thirty, and the health care problems of the elderly threaten to destroy the Medicare Trust Fund by 1990, family approaches to health care in the elderly will become increasingly important through the decades ahead. This well-written text will serve as a signal contribution to the field, and will be of great service to physicians in the future.

H. Keith H. Brodie, M.D.
Chancellor, Duke University

Preface

This book has been developed for the primary care physician and other clinicians who work with elderly patients suffering from physical and psychiatric depressive disorders. Medical students, residents, clinical psychologists, social workers, and nurses will all find the material valuable. We, the authors, work in a research setting—the Center for the Study of Aging and Human Development at Duke University Medical Center—and are actively engaged in ongoing research with the elderly. The cornerstone philosophy of the Department of Psychiatry and the Duke Center on Aging is research and the service of better care for older persons.

Families are integrally involved in onset and outcome of disease processes in older persons. The families are a major factor in the compliance of many older persons with the medical profession. Seriously ill or disturbed older persons place great strains on family resources, which must be considered when treatment plans are developed. Therefore the underlying theme of this book is the importance of the family in treating the impaired older adult. Our goal is to provide useful information to practitioners who work with older persons and their families.

The first section of this book presents background information about the psychology of aging, the problems presented by older persons who are impaired and frail, and the role of the older adult within the family. Techniques are suggested to evaluate families and to treat and mobilize them in the service of the older adult. The second portion of the book presents information about common clinical problems confronting practitioners, with

intervention techniques suggested for both patient and family. A generous sprinkling of case material illustrates the problems and techniques for intervention described throughout the text.

We wish to express our appreciation to the numerous individuals who have assisted us in compiling this text. Linda George, Lisa Gwyther, Robert Leech, Ken Manton, Gail Marsh, Dietolf Ramm at Duke University and Marjorie Cantor and Charles Fahey at Fordham University provided either suggestions of content or technical assistance in preparing the manuscript. We would like to acknowledge the guidance and encouragement given to us through the years by George Maddox, Director of the Duke Center on Aging, and Ewald W. Busse, founding director of the Duke Center on Aging and former Associate Provost and Dean of the Medical School. H. Keith H. Brodie, Chancellor, invited us to prepare this manuscript and has significantly influenced both of us in our careers. Thelma Jernigan and Cecilia Teasley have untiringly worked in typing and editing the manuscript. Finally, we express our deep appreciation to our own nuclear families, Sherrill Blazer, Trey Blazer, Natasha Blazer, and Charles D. Edelman. We were most fortunate to have known and loved Dan Blazer, Sr., Harry Kestenblatt, Bertha Friedman Kestenblatt, Alice Dwin Edelman, and Harold P. Edelman.

Dan Blazer, M.D., Ph.D.
Ilene Siegler, Ph.D.

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1 The Family Life of Older Persons

Ilene C. Siegler

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Overview

Before any medical treatment is initiated, the primary care physician should understand the psychosocial milieu of older persons and their families, have a grasp on current and projected demographic trends, and have a perspective that allows for the differentiation of normal from abnormal aging.

THE OLDER PERSON'S ROLES IN THE FAMILY

Stereotypic views of family relations in later life are likely to be in error.

One striking finding from the behavioral and social science literature that has emerged in the past two decades is that older persons are involved in family life (Brody, 1979; Shanas, 1979). A pervasive feeling exists in modern society that family relationships are fragmented and that older persons are excluded from the family circle. The sources of this myth of alienation are puzzling, and the data do not support this conclusion.

Table 1-1

When thinking of the family primarily in terms of parents and children, it is easy to overlook the fact that the majority of older persons are married (see Table 1-1) and that remarriage is an important aspect of later life that has been neglected in studies. However, not all older persons have children. On the other hand, while approximately 8% of the older population has never married, the research literature suggests that the level of adaptation in older persons who have maintained a single life-style tends to be high as a result of the coping skills they have used throughout life.

Ethnic and cultural variations in family patterns are important in aging.

Ethnic and cultural variations in family patterns are also important in aging. Every family blends traditions from the larger culture and from their particular ethnic or minority culture to produce a unique family tradition. Many older persons who immigrated to the United States as adults never fully learned to communicate in English and may require help in understanding

Table 1-1 Marital status of individuals aged 65 and older by sex and race*

Marital status	Males	Females
Caucasians		
Single	4.5%	6.5%
Married, spouse present	78.4%	38.2%
Married, spouse absent	1.4%	1.2%
Widowed	12.6%	51.5%
Divorced	2.1%	2.6%
Blacks		
Single	5.2%	4.7%
Married, spouse present	59.6%	25.5%
Married, spouse absent	9.1%	3.2%
Widowed	22.8%	64.0%
Divorced	3.6%	2.6%

*Adapted from the United States Department of Commerce, Bureau of the Census. 1975. Social and economic characteristics of the older population: 1974. *Current Population Reports*. Special Studies, Series P-23. No. 57 (November). Tables 7 and 8, p. 7.

Sensitivity to ethnic and cultural family traditions should be the norm in good clinical practice.

their physician. Continuing social change as a result of new groups immigrating to the United States promises to complicate this picture. Sensitivity to the family attitudes of various ethnic groups regarding older persons should be the norm in good clinical practice.

FAMILIES IN THE CONTEXT OF THE LIFE CYCLE

Rosenfeld (1978) described the relationship between generations as follows:

> Today's elderly seem to have made a pact with their children, that for the most part satisfies both: We will live apart, because we have different lives and needs and interests, and require different settings for our lifestyles. But, we will not live too far apart and will stay in touch, available for mutual help.

Think of the family by developmental stage rather than age.

Analysis of families by the stage of family development rather than age can be useful. For example, retired persons, if they started their families late in life, can still be supporting school-aged children.

The parent/child relationship continues to be negotiated and renegotiated throughout the entire life span of both generations. The processes involved in this interaction are complex and demand that both generations be willing to give and receive support. Filial maturity, like many clinically derived constructs, is most clearly seen in its absence.

Filial maturity means that the adult child becomes a dependable source of support for the parent.

Filial maturity means that the adult child recognizes changes in the parent and becomes a dependable source of support for the parent. This is not role reversal. Rather, filial maturity is the establishment of a relationship that is based on mutual affection and trust and can accommodate the needs of both adult generations (Blenkner, 1965; Silverstone, 1979).

Grandparenting is increasingly becoming a phenomenon of middle age.

Grandparenting is increasingly becoming a phenomenon of middle age. Great-grandparenting is becoming more common but appears to have little impact on the lives of most older persons or their great-grandchildren. The role of grandparents in times of family stress, especially in cases of divorce or significant illness in the parent generation, has not been fully studied. The role of siblings across the life cycle has also not received sufficient study.

Siblings frequently play a significant role in the lives of older persons.

In later life, particularly for childless older persons or those who live a great distance from their children, siblings provide an important part of the support system. In addition, siblings are more likely to have peer relationships in adulthood and in later life. Siblings share the past in a way that parents and children do not. It may be easier for an older person to ask for help from a sibling.

DEMOGRAPHIC PROFILE OF OLDER PERSONS AND THEIR FAMILIES

The social and economic characteristics of the older population described in this section were obtained by the Bureau of the Census.*

Age and Income

If the older population is considered to include all individuals aged 65 and over, the distribution by age within the older population is as follows:

65–69 = 37.12%

70–74 = 26.41%

75 and over = 36.46%

The median income was $3083.00 per person, and the median income for families headed by an older person was $7723.00.

Survival Differences

There are more older women than older men.

Older persons are primarily women. The current ratio of women: men in the United States estimated for 1980 is 1.42:1. This ratio is projected to widen to 1.54:1 by the year 2000. This sex difference in the composition of the older population is also reflected in the figures for life expectancy at birth. In the year 2000 the projected life expectancy at birth for women is 78.3 years, while that for men is 70.0 years. During the 1970s (1970–1976), this difference stabilized at 7.7 years. Both sexes have gained approximately 1.9 years of life expectancy, and for those people who were born in 1976 the life expectancy is 76.7 years for women and 69.0 years for men (U.S. Dept. of Commerce, 1980).

The life expectancy at birth has increased for both men and women, but women still generally outlive men.

Life expectancy at age 65 is a more useful statistic in dealing with older persons than life expectancy at birth.

Life expectancy at birth is not the most useful construct for dealing with members of the older population. Rather, life expectancy at age 65 gives a more accurate picture for counseling the elderly. In 1976 women who had reached the age of 65 had an average remaining life expectancy of 18 years, and men who had reached the age of 65 had an average of 13.7 years remaining. This life expectancy difference of 4.3 years is expected to increase to 4.9 years by the year 2000.

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*These data are based on the 1970 Census. Information from the 1980 Census is not yet available. These figures were updated with information from the March, 1974, Current Population Survey (see the U.S. Department of Commerce: Social and economic characteristics of the older population: 1974. Special Studies, Series P-23, No. 57).