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Adult Children of Aging Parents: A Guide for Counselors

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This country is seeing a dramatic incline in the aging of one of its largest populations, the baby boomer generation, bringing to the surface an unprecedented demand for needs and services in the adult child population as they transition among increasingly blurring familial roles, boundaries, and expectations. Shulman and Sperry (1992) defined adult children of aging parents as *caregivers* (p. 427), and state that they tend to range in age from 40 to 60 years of age, and that women account for approximately 72%. Stein, Wemmerus, Ward, Gaines, Freeberg, and Jewell (1998) asserted that in fact, despite such dramatic shifts in family roles, researchers have paid relatively little attention to the obligations that accompany parent-child relationships throughout adulthood.

Adult Children of Aging Parents

The Aging Parent

Browne and Onzuka-Anderson (1985) asserted that anyone who has reached the age of sixty-five in our culture is considered by many to be old. Many markers delineate the older adult phase of life with an omnipresent chronological benchmark, including retirement pensions, Medicare, and Social Security benefits. It is important to note that the older adult in America is most likely a woman; older women outnumber older men by 160 women to 100 men in the 65 and over age group (Browne & Onzuka-Anderson, 1985). Shulman and Sperry (1992) noted that the aging parents of adult children, referred to as care recipients, range in age from 65 to 95, of which 69% are women. Further, within this group of approximately 30 million American older persons, approximately 41% of the women and 15% of men live alone; while 83% of men and 57% of women reside with their children or other family members; and the remaining 5 million reside in long-term care facilities or nursing homes (Shulman & Sperry, 1992).

Mancini and Blieszner (1989) suggested that the rate of age structure change is rapid, and the rate of aging in the older segment of the population is more rapid than that of the general population. Shulman and Sperry (1992) exerted that adequate nutrition, decent

housing, economic stability, and access to appropriate medical care are essential concerns for both the older people and their caregivers. Sometimes, of even greater concern to caregivers and adult children are a multitude of psychosocial stressors that come with the transition roles and expectations of this group.

The Adult Child

The role of the aging citizen in our country is hard to define, and harder to define still is the transitioning roles of the adult child of the aging parent (Shulman & Sperry, 1992). The responsibility of caring for the aging parent often falls to the adult child, and Browne and Onzuka-Anderson (1985) affirmed that studies have shown that family members generally accept this responsibility, and that their reasons for doing so are many, including fulfilling an expectation or understanding between family members, religious beliefs, sense of duty, and respect or love. Cicirelli (1993) found that when it comes to predicting caregiving, investigators have identified parents' affection, as well as parental obligation, as a possible motive for adult children. Gierveld and Dykstra (2002) found that health, educational level, number of children, and travel distance are significant predictors of support from children, in addition to the significant and important contribution of marital history, partner status, and gender.

Silverstein and Parrott (1995) have found in their research that sons appear to provide support based on principles of obligation, familiarity, and self-interest, implying that they contribute to the support of their parents more out of service and selfishness than out of sentiment. The researchers also found that daughters appear to be influenced by intimacy and altruism, whereas sons are influenced by normative principles, familiarity, and the expectation of financial reward implicit in the endorsement of intergenerational inheritance. Additionally, the researchers found that intergenerational affection also plays a direct role in motivating support from daughters, while for sons, affection influences support indirectly by increasing social contact (Silverstein & Parrott, 1995). Whereas sons require frequent interaction prior to engaging in

supportive behavior, daughters are directly motivated to act by emotional intimacy.

Often, the increased intergenerational understanding and mutual familial assistance is rewarding and helps adult children to justify the potential personal health costs that come with the responsibility of being the adult child of aging parents. Mancini and Blieszner (1989) suggested that the nature of the parent-child bond and the degree of involvement of other family members also affect the caregiver's experience in the helping relationship. However, the list of potential problems that threaten an ongoing relationship between adult child and aging parent are much longer. Mancini and Blieszner suggested that when parents are healthy and living independently, interactions with their children take on a friendly, supportive character; however, when parents become widowed, develop frail physical health, and/or suffer from conditions affecting their cognitive functioning, the parent-child interaction pattern often changes, most often negatively. Thus, parents who are cognitively impaired cannot accomplish basic daily tasks of self-care, have poor social functioning, and/or engage in disruptive behavior are the most difficult to care for (Mancini & Blieszner, 1989) because daily tasks and family life can be variably or completely disrupted, which consequently impacts and heightens the level of strain in the caregiving situation.

The Role of Counselors

The Adult Child as Client

Shulman and Berman (1988) reported that among the most common issues/concerns of caregivers are guilt, anxiety, helping parents compensate for age-related losses, getting family members to share the burden, lack of perceived appreciation from parents, and preparation of affair execution. Similarly, Shadden, DiBrezzo, and Fort (2004) found that many caregivers are subject to feelings of increased sadness, irritability, fatigue, and guilt. These feelings may be intensified based on gender; Stein et al. (1998) suggested that gender alone is a powerful predictor of who in the family is most likely to care for parents. The authors further suggested that women generally report higher levels of felt obligation as caregiver to parents than do men (Horowitz, as cited in Stein et al., 1998).

Browne and Onzuka-Anderson (1985) suggested that seeing a family member grow old forces us to confront our feelings about our own eventual mortality. Further, our feelings about the aging process and our own experiences in seeing how our parents cope with the process influences our interactions with them. These feelings may range in the positive, including love and

compassion, tenderness and respect, or may linger between denial and hostility, resentment, hatred of our parents and/or ourselves, helplessness, fear, anger, and sadness. Most often, the client will present with any or all of these emotions at any one time, and the emotions will vary in range and intensity, depending on the issue being discussed. Browne and Onzuka-Anderson asserted that these feelings of resentment may follow one who helps but cannot afford it; guilt may follow if a parent's request cannot be fulfilled. In either case, middle-aged children may feel in a bind and begin to seek reasons for reducing their commitment to the older family member. Similarly, many feelings are sublimated and communication lines are crossed, and messages become lost, adding to the feeling of guilt. The counselor can provide help in sorting out these feelings, finding their roots, and reframing them into empowerment, opportunity, and choice.

Strategies and Techniques for the Counselor

The counselor has a unique role in providing care to the adult child, and it is important to understand the motivation of the client as the sessions progress. For example, the client may be interested in deciphering the double speak he or she hears from the parent. Shulman and Sperry (1992) suggested that once the adult child becomes proficient at reading the parent's hurt looks, tears, and bursts of anger, the child can better distinguish between the actual occupational, sexual, and social loss the parent is experiencing and the blame he or she projects. The counselor understands that in this case, his or her job is to help assist the adult child to analyze the interaction with the parent both to understand the meaning of the inappropriate behavior and develop more appropriate responses. A more appropriate response both interrupts the previous destructive, painful pattern and provides a healthier more functional way of relating to the parent.

Communication. A lack of communication of needs, wants, and feelings vastly affects the relationship between the client and the aging family member, as well as affecting all the other relationships within the family unit. The counselor has an important role in facilitating healthier ways of communication among all the dynamics, and any number of techniques may be helpful, including having the client practice reframing; caring confrontation of the parent, spouse, or siblings; and behavioral rehearsal.

One of the most important goals in session will be the encouragement of including family in decision making, especially that of the parent. Browne and Onzuka-Anderson (1985) suggested that communication between the grown child and the parent

is very important, because effective communication can make a great difference in the parent's acceptance of increasing dependence upon others, and may eliminate some anxiety and fear on the child's part regarding what the best decision(s) may be. This helps the child ease into the role of decision-making adult while still maintaining the structural role of child, seeking guidance from the parent. Field (1999) advised caution, however: when clients talk to their parents, she promoted the use of tact and suggested that adult children ease into it, that they enlist a third party, and that they always try to keep parents involved in the process.

Use of humor. Humor can convey the cognitive relief of sharing, understanding, internal struggle, pain, and cognitive coping. It is often a shared emotion, and can ease or mask a multitude of emotional states. Sparks, Travis, and Pecchioni (2000) found that adult children frequently used humor to describe their role reversal with aged parents and the parents' forgetfulness, incontinence, or inability to dress without assistance. In fact, du Pre (as cited in Sparks et al.) suggested that humor in conversation often reveals what people find most disconcerting. Such socially taboo and sensitive topics can cause family caregivers to experience periods of awkwardness and embarrassment. When caregivers must convey this information to others, which may also expose their own personal fear and shortcomings in the caregiver role, humor may be one mechanism available to help them manage face-threatening situations.

Modeling humor, in the appropriate context, can make the process easier to bear for the whole family, and may encourage younger generations in the household to reframe aging as a process to be looked at with wonder, awe, and laughter, rather than something to be feared and hidden, or shied away from. The counselor should invite the client to explore the basis of the humor further in the safety of the session, however, if the humor appears to be masking deeper, more problematic issues such as anger, hostility, indifference, or malevolence.

Self-care. Browne and Onzuka-Anderson (1985) exerted that watching a parent's health deteriorate is a trying experience. Some families, even those that are very loving, find the decline too dispiriting to accept. Families often pull away from their loved ones with a seeming lack of devotion when in fact they simply cannot bear to see the damages of irreversible chronic ailments. Closely related are guilt and anxious feelings that often accompany a feeling of helplessness, and when not healthfully addressed, many health

consequences may result. In fact, Shadden et al. (2004) found that caregivers reported lower ratings of overall health, higher levels of stress, and lower overall health satisfaction than noncaregivers.

Cognitive restructuring is a powerful technique for the struggling adult child. The client who feels put upon and is experiencing anger or resentment about being pulled in different directions can be encouraged to see the time as additional opportunity to be with the loved one before the opportunity is missed, an opportunity from which all family members may benefit. Or the client who has no time left for other family members may now learn the responsibility delegation skills or assertiveness training skills that will serve him or her in other essential areas of life.

Homework assignments are a valuable part of the process and should be incorporated into sessions as the client becomes more able to handle multiple tasks. Journaling, art expression, meditation, exercise, and other appropriate coping skills should be discussed and practiced, and attention to family ritual, ethnicity and culture should be carefully considered by the sensitive multicultural counselor. The counselor has an obligation to stress that without self-care, the negative feelings that compelled the client to seek help will remain cyclical, and with guilt and anxiety reinforcing the client's feelings of inadequacy, the adult child cannot provide quality care to her or himself, and will thus be less able to provide quality care to children, to spouses, and ultimately to parents. Homework assignments and activities of self-care that can be shared with the whole family or enjoyed individually should be discussed and implemented.

Further, exploring insight into the client's own feelings of inadequacy and fears can be reframed into areas of encouraged or accomplished growth, and normalizing and modeling by the counselor cannot be overstressed. Support groups are also recommended sources of support for clients; sharing one another's pain, joy, and growth experiences is an essential part of the human experience, and the here-and-now focus of many groups keeps the adult child focused on immediate concerns while addressing fears and hopes for the future.

Resources. Shadden et al. (2004) exerted that many of the resources from which families of aging parents could benefit are already available, but that the families do not know that they exist or where to look, so they do not take advantage of them. The counselor is a valuable resource at this juncture, because he or she is in a unique position to coordinate the client's needs with the appropriate agencies. These resources range from organizing daily responsibilities, to support

groups for the client, to directions to the nearest Office on Aging. The prepared counselor should have brochures and handouts ready to disseminate based on client need, and it is the counselor's responsibility to ensure that these resources are advocated within the community as well.

Most importantly, however, the counselor needs to be sensitive to the client's needs, since the transforming role of child to adult child of aging parents will most likely leave the client on shaky ground if the role was not expected or anticipated, until a new paradigm of coping is found in the new role of caretaker. The counselor him or herself is often the first resource, and in conjunction with other services for the family within the community, the counselor is often the most important.

Implications for the Profession

As the literature in this area continues to grow, counselors have an exceptional opportunity to build a strong foundation of research, knowledge, and skill to better serve the needs of this growing population. As the breadth of literature continues to widen, counselors are contributing their own experiences as well as those of their clients to the repertoire of existing knowledge. Adding to this knowledge is awareness; counselors in particular need to be aware of what drives this population to seek help, and what keeps similar clients away from seeking help. This foundation is a keystone in reaching out to the community, increasing accessibility, and improving visibility of the counseling profession to this group of clients.

Further, maintaining close connections to service agencies in the community is equally essential; these agencies are cooperative partners in delivering services to this group and in increasing the availability and quality of intervention before situations evolve into crisis points. The emotional conflict of the adult child client contains various elements of love, denial, anger, confusion, exhaustion, and fear; these feelings can be overwhelming and, if left unaddressed, can lead to chronic depression and/or other serious health consequences. Through knowledge, resources, and skill, counselors are in a valuable position to help the client find and maintain healthy and appropriate coping mechanisms and guide the adult child through the transitioning roles and expectations of this population.

Conclusion

Counselors are likely to see a sharp increase in the adult child client population in coming years, and clinicians working with adult children of aging parents

are beginning to understand the unique presentation of this population. As this population continues to grow, clinicians, practitioners, researchers, and instructors in the field are also beginning to understand the necessity for an increase in the breadth of knowledge in this area and a need for further contributions to the counseling field in the area of caregivers as a client population as a whole.

The role of the counselor is multifaceted and complex, and almost always includes consultant, clinician, researcher, societal safeguard, and client and family advocate. To manage these increasingly complex roles, counselors need to maintain active roles within professional organizations to stay abreast of new data and information, as well as to monitor their own mental health. As future research focuses in on the profile and specific needs of this population, it will become increasingly important to examine the personal experiences unique to this group, and to consider our personal interpretations of family relationship patterns and dynamics, as this increased understanding will greatly enhance our understanding of adult children as clients, family gerontology, and caregiving, and will dramatically benefit our clients, our profession, ourselves, and our society.

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