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## Desertion of Elderly by Adult Children

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AN ABSTRACT OF THE THESIS OF Jill C. Harvey for the Master of  
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Title: Desertion of Elderly by Adult Children.

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This study examines the widely prevalent belief that adult children desert their elders.

Data which suggested considerable family support of elderly family members were collected over a period of one year through counseling families with dependent parents. These families exhibited confusion and lack of knowledge but not desertion.

A random survey of 50 adults showed that, among those surveyed,

desertion of the elderly by adult children was thought to be common. Not one of those surveyed answered "no" to the question "Do you think that Americans desert their elders?"

A search of sociological literature reveals that the majority of the American public holds a distorted view of reality about the lives of old people and that desertion of the elderly by their adult children is a myth. Research shows that, despite our mobile society, old people who have children live close to at least one child and that most families interact frequently on a basis of affection and mutual help.

Historically, the industrial revolution rapidly changed every aspect of American life. Large rural families gave way to small urban ones. Medical science and sanitation developed, mortality and fertility rates dropped, and for the first time in American history large numbers of people lived into old age. As employment decreased for the aged worker, poverty became visible and acute, and old age began to be perceived as a social problem. With the passage of the Social Security Act in 1935 and subsequent measures America embraced a new social ethic - that poverty was a consequence of events, not the result of personal failure, and providing for needy individuals was a societal obligation. Major federal programs created economic independence for most of the aged and the federal government has replaced the family as the institution responsible for financial support of the elderly. Filial responsibility is exercised collectively rather than on an individual basis, and family cohesion is based

on emotional involvement. The generations are separated geographically, but contacts are firmly maintained.

Recent progress in medicine lowered the death rate due to acute diseases and has resulted in a growing population of very old people who are subject to incapacitating, long-term chronic diseases. As chronic illness progresses, independent living often becomes impossible, and families become the care givers to physically or mentally dependent parents. Emotional and physical exhaustion plague families who struggle with long-term care of disoriented or bedridden elders. Until the medical profession conquers chronic disease, or social services provide assistance and support for families who are caring for dependent elders, distressed families need education to help them cope. Accurate information can alleviate apprehension, confusion, and unreasonable expectations.

This study concludes with a design for a community education program which provides crisis counseling and seminars teaching facts about aging, availability of community resources, and discussions of emotional issues for families who are caring for dependent elders.

DESERTION OF ELDERLY BY ADULT CHILDREN

BY

JILL C. HARVEY

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## CHAPTER I

### INTRODUCTION

American families are frequently charged with deserting their elders. The popular conception is that in earlier times Americans naturally took care of elderly parents and supported them in large, happy, extended families who all lived in the same households. Today American adult children are accused of ignoring their responsibilities toward their old parents, leaving them isolated, lonely, and forgotten, a shameful violation of Judeo-Christian values and social norms. This study began as a search for evidence as to whether the charge of desertion of old parents is mythical or factual.

My interest in the relationship between the elderly and their adult children stems from experience working with concerned families who were searching for ways to meet the needs of their elderly family members. As the numbers of families requesting information grew larger, it began to appear that these were not just a few isolated cases and that perhaps there was a large segment of the population who cared for their elders and were attentive and supportive.

While counseling families with dependent elders, I became aware of the drama of actual cases, responded to their need for information, discovered techniques to help them cope with their feelings, and pursued facts to help clarify their difficult choices.

Every family situation involving a dependent elder is unique. Some situations are complex and offer many alternatives, while others have few alternatives. Practically every situation calls for a thorough analysis. Clear listing of alternatives and explanations of the ramifications of decisions is necessary. These steps are designed to calm the situation and help family members organize their decision about future care.

The following examples may help explain the methodology which I developed and illustrate the wide variations in the problems which families encounter as they struggle to care for their elders who can no longer live independently.

One great grandmother had six children. She had a stroke, was due to be released from the hospital, and needed extensive care. The family was shocked and refused to accept the doctor's recommendation of nursing-home care. One of her grandsons came to our office for help. "We can't put Granny in one of those places." We talked about her needs and the alternatives. He went to visit nursing homes for the first time. Armed with some facts, the family members were able to organize their thinking and make a more informed decision about her future care.

Some old people have no family and others have survived their younger relatives. An 82-year-old man was recovering from a heart attack in a nursing home. He called to ask for help in finding his 86-year-old sister who had been placed in another nursing home. When I located her she was cheerful and active and seemed to be alert.

She talked about friends who had visited her but became sad when she told about her husband and two sons who had died. Then she brightened, "but my little brother is coming to take me back to my house today." I explained what had happened to her brother and where he was. As I left she said, "I have to hurry and pack. My little brother is coming to get me today." Later I learned that her house had been sold and her brother had been caring for her in his home for ten years.

Dissension among family members is common. A woman came for help to find a "good" nursing home for her mother. "She can't live alone any longer. It's too dangerous. She's so forgetful--she's burned every pan she has, and my two sisters won't even talk about a nursing home." The three sisters agreed to meet and we talked about alternate living arrangements. They visited some residential homes where meals were furnished and together they approached their mother with the idea of moving to more secure housing.

Sometimes families are ashamed of the problem, and finding solutions is confusing and difficult for them and for professionals who are trying to help. Most families want a place for a dependent elderly family member close to where they live, so when a woman called for help in finding a nursing home for her husband, I named some places located near her home. She called back several times, but I couldn't seem to help her. I asked if she would like me to come to her home so we could talk. Finally she told me that her husband was 78 years old, had been put in a mental hospital because he had molested neighborhood children, and that he beat her--

twice she went to the hospital with broken bones. Now the hospital was releasing him and she wanted him placed in a nursing home where he couldn't get out and find his way home. We found a place for him across the river. She could go visit him, but he could not possibly make his way home.

These families exhibited deep concern, bewilderment, and lack of knowledge but not desertion. After working with families it is with some experience and authority that I question the charge that families desert their elders.

In order to examine whether or not people believed this desertion charge, I asked a sample of 50 adults the question, "Do you think that Americans desert their elders?" Not one person of those who were surveyed answered "no" to the question. Most people answered, "Yes, but..." For example: "Yes, but I will never put my mother in a nursing home." "Yes, but I took care of my mother for five years until my health gave out, and I had to put her in a nursing home. I feel terrible but there was nothing else I could do." One lady declared, "You bet! My brothers don't care one bit, but I see to it that Mom gets what she needs."

It began to appear that, although widely prevalent, the belief that American elderly are commonly deserted by their families might be a myth. This discrepancy between individual attitudes and expectations of society as a whole echoes the findings of the Harris survey, The Myth and Reality of Aging in America, which found that the majority of the American public holds a distorted view of

reality about the lives of old people.<sup>1</sup>

Families suffer from isolation and unwarranted guilt from vague assumptions that they are alone in their struggle to assist their parents--that other American families desert their elders and eventually they will too. This guilt and isolation is deeply rooted because over and over most Americans seem to have been told that they are unresponsive and indifferent to their parents' needs. Because Americans are increasingly mobile in this industrial society, they are accused of pursuing only their own interests and aspirations and leaving the old behind. Guilt normally follows the commission of an act which is contrary to one's moral values. In this case, the guilt is in finding oneself in what seems to be a hopeless situation and in considering the possibility of abandoning one's elderly and dependent parent as a way out. One would condemn others for abandoning one's parents, so one should be condemned for ever having the thought.

Popular books and ardent reformers have lashed out at the way America treats its elderly. Vague generalizations and specific heartrending cases have been presented in efforts to bring the plight of the elderly to the attention of the American public and specifically to law makers for governmental solutions.

Robert Butler explored and documented the desperate problems and anxieties facing the elderly in Why Survive? Being Old in

<sup>1</sup>Louis Harris, The Myth and Reality of Aging, (Washington, D.C.: National Council on Aging, 1975) p. 30.

America. In The Coming of Age, Simone de Beauvoir takes all industrial societies to task for their treatment of old people. Sharon Curtin wrote Nobody Ever Died of Old Age and shares her outrage at the life problems of the elderly that she witnessed as a nurse. In Growing Old in a Country of the Young, Senator Charles Percy views the plight of the elderly in America and speaks of nursing homes as "warehouses for the aged." In the last ten years nursing home atrocities have been exposed and families of nursing home residents have been blamed along with the nursing home industry. Mary Adelaide Mendelson indicted the nursing homes of America in Tender Loving Greed and the Ralph Nader study group report about nursing homes, Old Age--The Last Segregation, started a proliferation of indictments and magazine and newspaper exposes of nursing home problems.

In describing nursing homes and dependent aged people, negative terms and phrases are common in popular literature. They suggest desertion and deplore the erosion of family responsibility: "dangerous neglect of living alone," "segregated and isolated," "alienated and resented by their kin," "living in poverty, ignored and forgotten," "tossed in a corner," "warehoused," and "dumped into nursing homes," are examples.

Books, articles, and studies which expose the problems of this nation's elderly have been necessary if solutions for those who suffered were to be found. Americans have become aware of the plight of our aged citizens, and valuable changes have resulted from the untiring efforts of dedicated advocates for the elderly. Because of

public exposure of their problems, older Americans are receiving attention and help from their local communities, county and state governments, as well as through monumental federal programs.

Solutions to social problems are seldom simple, and the thrust for a better life for the aged has created a paradox. While problems of the elderly have been exposed and solutions proposed and implemented, misconceptions about family cohesion and support have grown. In my opinion the belief that American adult children have deserted their elderly parents has been stimulated by many of the studies which have led to improving the situation of the elderly.

Such beliefs are based on that which is felt to be true rather than proved to be true. We often tend to base our attitudes on beliefs that society holds and then treat those beliefs as if they were knowledge.<sup>2</sup> This leads to confusion, misconception, and lack of understanding. Many American families appear to have accepted society's portrayal of them as deserters of the elderly. Generalizations, stereotypes, and myths can be partly explained by lack of knowledge and experience.

Knowledge is based on data capable of being verified or disproved by observation or experiment. This study is a search for knowledge, a search for evidence as to whether the charge of parent desertion is myth or reality.

A review of the literature reveals that although some American

<sup>2</sup>Joseph T. Drake, The Aged in American Society (New York: The Ronald Press Company, 1958) p. 378.

families do desert their elderly, the majority do not. For example, the Ethel Shanas cross-cultural analysis of family life (1968) discovered that 90% of the respondents who were 65 years or older reported having seen at least one of their children in the last month and that over 80% of all old people with serious health problems receive assistance from family members. Rather than families' deserting their elders I hypothesize: America is in the process of incorporating a new social ethic--that society as a whole provides assistance to those who are unable to provide for themselves, and that government has become their chief source of support, replacing the family as the institution upon which older persons depend.

In order to follow the development of this process, nearly a century of complex events needs to be analyzed.

This study will look at the historical setting of families, beginning with the industrial revolution, emphasizing the rôle and major problems of the elderly. It will examine how America responded to those problems and analyze the impact that those problems and solutions have had on the relationships between adult children and their elderly parents.

I hope to dispel the myth of desertion, discover facts about social change, identify today's real problems, and propose an approach to resolving crises for families who are caring for dependent parents.

## CHAPTER II

### THE GROWTH OF INDUSTRIAL AMERICA

In order to discuss aged parents and their adult children in the present, we will begin by looking at the era in which aged parents spent their early years. The majority of those parents who are now old were born between 1900 and 1915 and spent their youth and early adult years in a rapidly changing world.

Within one generation America leaped from agriculture to industry and by 1900 had become the world's leading industrial power.<sup>3</sup> Every aspect of life was affected. Growing cities and mass production transformed the nation and the living conditions of its people. Discoveries and inventions after the Civil War created a new life based on the machine. Applied technology changed travel, communications, business, living patterns, and social attitudes. The life we live today was brought into being with those revolutionary changes.

In 1862 the telegraph was extended across the continent and by 1878 Western Union owned 195,000 miles of telegraph routes. Railway lines had been laid from ocean to ocean, and the completion of the transatlantic cable brought European news instantaneously.

Alexander Graham Bell invented the telephone in 1875, established the American Bell Telephone Company, and by 1877 commercial

<sup>3</sup>Marcus Cunliffe, ed., The American Destiny, (New York: The Danbury Press, 1976) p. 2.

telephone service began. Acceptance of the telephone was almost immediate and competing phone companies grew rapidly. Within 25 years various independent companies had 600,000 telephones in service and the American Bell Telephone Co. had 800,000.

Unique and varied solutions to installation brought rural phone lines to remote areas. For example: In an interview, A. J. Cormier, who was born in 1900 and raised in Minnesota, said that the local telephone association serving his locality used the existing barbed wire fences around the farmers' fields for telephone lines.<sup>4</sup> A Census Bureau report explained this process:

A group of farmers who lived within a reasonable distance of one another, having come to the conclusion that telephone service was an essential comfort of life ...would meet together and arrange to establish a telephone system which would connect them with one another. The work ...would be so divided that each member of the association would contribute an equivalent part of the material and labor. If the country was wooded, the farmers making up the association agreed to cut and supply the poles and haul them to the places where they were needed ...The farmers' boys and the farmhands did the work of setting the poles and putting on the crossarms ... The wire and the insulators, the switchboard and the instruments, would have to be bought ...The work of stringing wires and installing the instruments was taken up by the mechanically minded farmers and boys, and in a very short time a complete telephone system was in operation. The switchboard was placed in the house of one of the members situated at some convenient point, the operation of the lines was attended to by the wife and daughters of the farmer in whose home the board was located.

In addition to the 1,400,000 telephones which were installed by independent companies, the Census Bureau, in 1925, counted over 17,000 separate private rural circuits with 565,000 telephones and

<sup>4</sup>A. J. Cormier, Minnesota farmer, interview, Telephones, Feb, 1982.

486,000 miles of wire in service.<sup>5</sup> Sooner or later these groups wished to broaden contact beyond their neighbors and would connect with the "outside world" by making arrangements to be taken over by one of the independent companies, most often the Bell Telephone Co.

The president of American Bell Telephone Co. argued that competition did not fit the telephone business since people could only talk to those who had telephones on the same system. He sold the idea that the strength of a telephone system could lie only in unification-- universality of one system connecting all telephones. Inventions and expansion of the Bell system made long distance possible by 1930, but the Depression brought growth to a standstill. In the 1940's World War II accelerated telephone use, and by 1948 there were over 30 million Bell telephones in service. In 1971 the Bell System had installed over 100 million telephones and today the telephone is considered a necessity in most homes.

The astonishing growth of the telephone for communication was paralleled by the rapid acceptance of the automobile and airplane for transportation which led to the development of the national highway and airway systems. In 1898 there were 50 competing automobile companies, but popular acceptance of the automobile began in 1908 with the first inexpensive car, the Model T Ford. In 1923 there were 13 million cars in operation and by 1929 this figure doubled to 25 million. With the rise in popularity of automobiles came the push for roads on

<sup>5</sup>John Brooks, Telephone: The First Hundred Years (New York: The Danbury Press. 1975)

which the cars would travel, and the more roads were extended, the more they were used. Until the Federal Highway Act in 1921 joined the state roads into a national network, most of the 3 million miles of roads were intended for travel by horse and were often impassable to autos because of mud or dust. By 1927 there were 3 million miles of hard-surfaced public roads and a tourist could drive from New York to Kansas on paved highways.<sup>6</sup>

The first airplane flight was in 1903, and in 1917 World War I accelerated its development. Public acceptance grew during the 1920's, and 10 million people took their first ride from "barnstorming pilots" who sold rides at county fairs and various outdoor gatherings across the nation. Lindbergh flew across the Atlantic in 1927 and prophetically stated, "The airplane has now advanced to a stage where the demands of commerce are sufficient to warrant the building of planes without regard to military usefulness. Undoubtedly, in a few years the United States will be covered with a network of passenger, mail and express lines."<sup>7</sup>

As inventions changed the face of America, the structure of the family also went through major changes. In pre-industrial society the father held the power and society was organized in such a way that parents were surrounded by their children until the end of their life. Men married at about twenty-five and women at twenty-one. Normally

<sup>6</sup>J. W. Gregory, The Story of the Road (New York: The Macmillan Co., 1923) p. 270-272.

<sup>7</sup>This Fabulous Century 1920-1930, (Time-Life, 1969) p. 60.

the first baby was born within a year, the last when the wife was in her late thirties, and the youngest child typically did not marry until the parents, if still alive, were in their sixties. Thus parenthood was nearly lifelong, and very few old people lived alone. Most parents lived in households with their own unmarried children--the nuclear family. Newly married children typically built homes close to their parents on adjacent plots of land, and related nuclear families lived in close neighborhoods.<sup>8</sup> Exceptions to this pattern caused special difficulties for the elderly. Some, of course, produced no children and some parents outlived their children. Migration, from East to West, or from farm to town, left aging parents with no adult children in close proximity.

Throughout American history households have tended to consist of nuclear families. Scarcely any families lived in three-generation households. Those who did usually had taken in a married daughter or son who had lost a spouse. When three generations lived together, it was more often the young who were in some way dependent upon the old rather than the old upon the young.<sup>9</sup>

The function of the pre-industrial family was to train the children to fit assigned status positions which were based on birth order and to mold the child for his role in the family structure. The large family was an ongoing group and the death of a member did

<sup>8</sup>David Hackett Fischer, Growing Old In America (New York: Oxford University Press, 1978) p. 147.

<sup>9</sup>Fischer, p. 56.

not appreciably change its structure nor alter its function. The father was the land owner and wielded the power and authority. He directed the entire family and controlled its destiny. The sons were bound to the father and the land because of economic dependency, and status positions were set regardless of individual capabilities. Children remained economic dependents long after they had reached physical maturity. Authority and power compelled respect and awe. Open hostility between the generations was not allowed, but affection and love were not encouraged either.

By late in the eighteenth century there was a growing tension between the generations and the young strained for liberty and independence.<sup>10</sup> The industrial revolution began to be significant about 1815, and it accelerated during the period between 1850 and 1865. It set the stage for the young to leave the farms and search for their economic freedom and independence in the cities.

The shift from the large to the small family paralleled industrial expansion and increasing mobility. The high degree of industrialization could not have developed without the small mobile family, and the small family could not have developed in pre-industrial society. In any society where spatial mobility is easy and extensive, the large family has tended to disappear.<sup>11</sup>

As fertility and mortality rates fell, the pattern of family

<sup>10</sup>David Hackett Fischer, Growing Old in America (New York: Oxford University Press, 1978) p. 52.

<sup>11</sup>Harvey J. Locke, "Mobility and Family Disorganization," American Sociological Review (August 1940) p. 493.

life began to change and families became smaller. Parents had fewer children and lived longer.

In 1850 when the last child in a large family married, the mother could expect to live about two more years. The major fall in mortality rates came between 1860 and 1900 because of improved sanitation, and vaccination and inoculation against diseases such as typhoid and diphtheria. By 1890 there was an average gap of fifteen years between the marriage of the youngest child and the mother's death. By 1950 the youngest child could establish his own home when the mother was as young as 45 while her life expectancy was nearly 70 years. As the small family became more common and life expectancy rose, parents typically lived their later years alone.

The function of the small family is to prepare the child for participation in the larger society. A family is formed at marriage and ceases to exist at the dissolution of the marriage. Each child is expected to establish his own family as he attains adulthood, and each new family must be responsible for its own welfare. Parents are also expected to provide for their own welfare after the children have gone and status is not attained by merely becoming old, but rather through personal effort, as is expected of all other ages.

This process of complex change from large rural families to small families and urban living was relatively rapid and cultural mores did not keep pace. Cultural values and social norms function to stabilize and balance a society and they change slowly. Some of the old values from the large family, such as power and awe, still exist

but are no longer applicable. It appears that a new set of folkways which fit the small family has not yet been firmly established.<sup>12</sup>

As the pattern of family life changed and the young left the farms for jobs in the city, geographical distance separated the elders from the daily affairs of their children and grandchildren. However, today this geographical separation of families is bridged by the communication and transportation revolution. Children and parents can communicate from New York to San Francisco by telephone as quickly as they used to be able to walk next door, and that same trip by plane may take no longer than a visit to a neighboring village took in 1920. "Over the river and through the woods to grandmother's house" was often a day's journey, while today we can fly half way around the world in less than a day.

<sup>12</sup>Joseph T. Drake, The Aged in American Society (New York: The Ronald Press Company, 1958) p. 45.

## CHAPTER III

### AMERICA'S RESPONSE TO PROBLEMS OF OLD AGE

A large aged population is a new phenomenon which began in the 20th century along with the growth of industry and urban living. In 1900 only 4% of the population or 3.1 million people were over the age of 65 and life expectancy at birth was 48 years. Soon the results of improved sanitation and control of communicable diseases were reflected in lengthened life spans. In 1940 life expectancy was 64 years and 7% of the population or 8 million people were over 65 years of age. By 1975 life expectancy had risen to 72 years and 10% of the population or 22 million people were over the age of 65.<sup>13</sup>

Those who are now old entered a society which was unprepared to cope with the problems created by a sudden shift to large numbers of aged who were not able to be self supporting. This dramatic shift did not mean that the life span had been appreciably extended but that more people reached old age, an increase which occurred because of progress in medicine and public health which reduced infant and childhood mortality. Those who are now old were the young who left the farms and became economically independent by earning wages. They did not plan for their longevity and neither did society.

One of the universal facts of growing old is that some become

<sup>13</sup>Andrew W. Achenbaum, Old Age in a New Land (Baltimore, MD.: Johns Hopkins University Press, 1979) p. 58.

physically and economically helpless in old age.<sup>14</sup>

An early attempt to determine the economic status of the elderly was a study in Massachusetts in 1910. Nearly one-fourth were dependent on institutional support, and that twenty-five percent did not include those economically dependent on family, friends, neighbors or the church. Between 1850 and 1950 American workers lived through recurrent economic depressions which wiped out savings gathered in times of prosperity. For those who are now old the Depression and the post-World War II inflation made saving difficult if not impossible. For 36% of people over 65 years of age savings in 1967 were zero. Another 31% had saved from \$1 to \$3,000; 17% had from \$3,000 to \$10,000; and 16% had \$10,000 or more.<sup>15</sup>

Forced retirement and age discrimination in the job market became common, and as education improved in the 20th century, the relative condition of the older worker grew steadily worse as employers started establishing educational requirements. First 8th grade, then high school, then even college degrees were demanded to qualify for some jobs. Workers who were born in 1900 usually completed only eight years of schooling.<sup>16</sup> As these factors merged, older workers found themselves unable to support themselves by earning wages. After

<sup>14</sup>David Hackett Fischer, Growing Old in America (New York: Oxford University Press, 1978) p. 161.

<sup>15</sup>James Schulz, The Economics of Aging, (Belmont, Calif.: Wadsworth Publishing Co., 1980) p. 32.

<sup>16</sup>David Hackett Fischer, Growing Old in America, (New York: Oxford University Press, 1978) p. 140.

World War I, the rapidly rising numbers of old people and the decreasing employment during the 1930's made the plight of old age visible and acute.

In 1910 some 23% of elderly Americans were unable to provide for their own basic needs. The figures increased to 33% in 1922 and 40% in 1930. When the Depression finally took its toll, the percentage rose to 50% in 1935 and 66% by 1940.<sup>17</sup> As the numbers of elderly increased and could not support themselves, old age began to be perceived as a social problem. Problems of poverty previously blamed on individual weaknesses such as indolence and intemperance began to be redefined as the consequences of events over which individuals had little or no control.

America was in a period of hectic change. Life was no longer simple; hard work, self reliance, and faith in God were no longer enough. As Walter Weyl wrote in 1912, "America is in a period of clamor, of bewilderment, of an almost tremulous unrest. We are hastily reviewing all our social conceptions. We are profoundly disenchanted."<sup>18</sup>

Through the early 1900's various solutions to poverty among the aged were tried. Laws were enacted which made it a criminal offense not to care for destitute parents; then old age assistance provided small monthly grants to needy old persons; and finally in 1935, Congress established a social security system for the elderly. The

<sup>17</sup> Jackson Putnam, Old Age Politics in California, (Berkeley, Calif.: Stanford University Press, 1970) p. 5.

<sup>18</sup> This Fabulous Century 1910-1920, (Time-Life, 1969) p. 23.

United States was far behind other industrial nations in response to security for old age. France had established a voluntary old age support system as early as 1850, and compulsory old age insurance was adopted in Germany in 1889, in France in 1910, and in Sweden in 1913. In the 19th century no modern nation had less government than the United States, but after the turn of the century a new spirit began to emerge--a sense that government was a necessity; planning was good; and regulation was a requirement for order, justice, and even freedom in the modern world.<sup>19</sup> With this changing social attitude government started its growth and America began the long battle against poverty in old age.

In the 1500's the English people gave gifts to the church for the benefit of the poor, until king Henry VIII (1509-1547) confiscated church property and centered the power in the King. Local governments disappeared and with them their responsibility for relief of the poor. Poverty became great and so one of the earliest nationally sanctioned measures of relief was the 1601 Poor Law of England which was enacted during the reign of Queen Elizabeth. It was based on a localized system of taxation and was intended to equalize the burden by requiring each community to contribute its share of money and assistance to the indigent. This new law was the first time there had been discrimination between vagrants and thieves and the innocent, sick, and aged who were not able to work. England began to build poorhouses and the

<sup>19</sup> David Hackett Fischer, Growing Old in America, (New York: Oxford University Press, 1978) p. 160.

poorfarm was ultimately adopted by the colonists in America.<sup>20</sup>

The first poorfarm was established at Philadelphia in 1773 and was based on community taxation to maintain the paupers.

By 1860, eighteen of the thirty-three states in the United States had enacted laws modeled in part upon the Elizabethan Poor Law of 1601. These statutes differed widely from state to state but most made families legally responsible for their poor and infirm kin and were designed to cope with dependency among family members. In 1915 America made it a criminal offense not to care for destitute parents.<sup>21</sup>

In spite of the laws poverty continued to increase among the aged and finally created pressure for additional action. One-third of all people over 65 were living in poverty and unable to provide for their own basic needs in 1920, and one-half were impoverished in 1930.

A series of measures called Old Age Assistance Laws was passed by many states, beginning with Montana in 1923. Twenty-eight states were grappling with poverty among the aged by 1935, and federal old age assistance was finally enacted to help the states.<sup>22</sup> In order to receive federal funds for old age assistance the states were required

<sup>20</sup> Harry C. Evans, The American Poorfarm and Its Inmates, Published by the Loyal Order of Moose, 1926, p. 1.

<sup>21</sup> Andrew W. Achenbaum, Old Age in a New Land, (Baltimore, Md.: Johns Hopkins University Press, 1979) p. 26.

<sup>22</sup> Ethel J. Hart, "The Responsibility of Relatives Under the State Old Age Assistance Laws," The Social Service Review, Vol XXV, No. 1 Chicago, Ill., (March 1941) p. 24.

to consider any aid given by a relative as a factor in determining the old person's need and whether he would be eligible for assistance. The federal policy was indefinite and vague and so the interpretation of the law varied from state to state. Two states based the decision exclusively on the old person's needs and his own resources for meeting those needs. The laws in 15 states contained no reference to the responsibility of relatives to support old persons. In 34 states only the aged whose relatives were without resources could receive assistance. Financially able relatives were required to contribute to the support of indigent kin. Oregon was one of these states and the statutes are still in effect.\*

Problems arose in the enforcement of these laws. Prosecution of relatives was cruel in its effect on the relationship between the old person and his family and was more likely to destroy family solidarity than to strengthen it. It proved to be very expensive and cumbersome, and the federal agency advised the state agencies that it was not their function to institute proceedings against relatives. Finally it was suggested that such proceedings should be left to the old person. By 1938 no court action had been completed to force a relative to contribute in accordance with his ability because the cost involved would be in excess of the amount that might be obtained.

As these laws were being enacted, public opinion differed on family responsibilities. Some had the strong belief that a son should support his needy father and mother "as long as he has a

\*See Appendix, p. 53.

penny to his name," while others felt it wrong if filial duty deprived a family of opportunities for education and threatened its future.

While the states were writing legislation that required relatives to relieve poverty among the old, compulsory old age insurance was being urged by some and condemned as unAmerican and socialistic by others. Finally the Social Security Act was passed in 1935 and established a retirement insurance program for workers in industry and commerce. Passage of Social Security marked a turning point in social thought. It was the beginning of a new social ethic. Problems previously defined largely as personal faults were now redefined as consequences of events over which an individual had little or no control. A new social principle began in the United States. The supply of a minimal means of subsistence to needy individuals became a societal obligation.<sup>23</sup>

Once this principle was established, the program of Social Security was progressively enlarged. Congress broadened it in 1939, 1950, 1952, 1954, 1956, 1958, 1960, 1965, 1967, 1969 and on through the 70's,<sup>24</sup> until now almost all jobs are covered by Social Security. These actions were taken mostly in election years. Growing interest in problems of the elderly resulted partly from their increasing political power--since they now total over 10% of the population,

<sup>23</sup>David Hackett Fischer, Growing Old in America, (New York: Oxford University Press, 1978) p. 184.

<sup>24</sup>Fischer, p. 184.

they have become a significant political force.

For those who did not earn Social Security benefits, a federal income maintenance program, Supplemental Security Income (SSI), was established in 1974 for the aged, blind, and disabled and replaced old age assistance laws. It provides a minimum income base for those who are financially dependent.

As the numbers of elderly grew they began to organize and formed pressure groups which helped secure a broad variety of legislation. In 1965 the Older Americans Act was passed and created a flow of federal funds to the states to provide social services to the over 60 population. It specified the following ten national objectives:

1. An adequate income.
2. The best possible physical and mental health.
3. Suitable housing.
4. Full restorative services.
5. Opportunity for employment.
6. Retirement in health, honor and dignity.
7. Pursuit of meaningful activity.
8. Efficient community services.
9. Immediate benefit from proven research.
10. Free exercise of individual initiatives in planning and managing their own lives.

Area Agencies on Aging were established to provide services at local levels. A list of twenty-five services provided in upstate New York was published in The Journal of Gerontology, 1979,34, p. 429.\* Among those services were homemaker service, home health aides, home delivered meals, escort service, home repair services, public housing

\*See Appendix, p. 54.

for the elderly, shopping assistance, friendly visitors, and foster home care--all services traditionally expected of families.

In Aging Reports, December '81, the U.S. Senate Committee on Aging reported that funding under the Older Americans Act has grown from \$7.5 million in 1966 to more than \$1 billion in 1982.

The economic condition of people over 65 has dramatically and rapidly improved. The income of the elderly has risen during the last 40 years, poverty among them has diminished, and there is more economic security for the elderly population as a whole than in any earlier time in the 20th century. According to the U. S. Census Bureau in 1978, the percentage of the elderly with incomes below poverty level has dropped steadily from 1959 and was down to 14% in 1977.\*

Since the enactment of Social Security the federal government has become increasingly responsible for the welfare of the elderly. In 1979 Congress published a booklet entitled "Federal Responsibility to the Elderly", listing 48 separate programs administered through 25 government departments.\*

As the Social Security Act of 1935 improved financial conditions and the Older Americans Act in 1965 offered a proliferation of social services, parallel social and medical movements were attacking other problems of old age. By the late 1940's social gerontology became an important field of study. A major role has been to bring attention to old age as a social problem, to oppose old-age prejudice,

\*See Appendix, p. 58.

\*See Appendix, p. 56.

and to destroy myths about aging.

National Health Surveys were first taken in 1935-1936; they showed extensive disability among the elderly but no action was taken. Federal action was branded as "socialized medicine" and was fought against for 30 years by the American Medical Association and other conservative forces. However, in 1965 Congress passed the Federal Medicare and Medicaid Programs which made medical care more accessible to the elderly and the poor.<sup>25</sup>

Medicare is an insurance program enacted to remove the financial burden of medical costs to the elderly. Insurance premiums are withheld from Social Security checks each month. Medicaid is a program designed to pay the medical bills of the poor. In 1977, 22.8 million people over 65 years of age had health insurance under Medicare.<sup>26</sup> However, even with Medicare, the elderly have big expenditures for health care, and inflated hospital costs are believed to have begun with the passage of the Medicare and the Medicaid Programs. For example, before Medicare in 1965 a hospital room cost \$30.00 per day. By 1980 the cost rose to \$180.00. Medicare pays 80% of \$180.00 or \$144.00 per day and the patient pays \$36.00 per day.<sup>27</sup>

In 1974 the Congressional Budget Office found that there were more than 1.2 million aged in nursing homes and other long term care

<sup>25</sup>David Hackett Fischer, Growing Old in America, (New York: Oxford University Press, 1978) p. 192.

<sup>26</sup>James H. Schulz, The Economics of Aging, (Belmont, Calif.: Wadsworth Publishing Co., 1980) p. 34.

<sup>27</sup>"Medicare," Senior Voice, (Portland, Or.: July 1980) p.4.

institutions. When an illness extends over a long period of time from chronic disease or impairment, Medicare pays for nursing care in a nursing home, but only under very limited circumstances. The Medicaid Program covers 51% of nursing home costs while Medicare covers only 3% of the costs.

The National Conference on Social Welfare, 1730 M. Street, N.W., Suite 91, Washington D.C., published a brochure in 1981, "Long Term Care: In Search of Solutions." It stated that nursing home expenditures grew from \$1.3 billion in 1965 to \$7.3 billion in 1973 to \$17.9 billion in 1979. Nursing home patients and their families paid 42% or \$7.5 billion in 1979 for nursing home care.

In "An American Philosophy of Social Security," Douglas Brown makes clear the fear old people have of dependency because of illness. He says, "The fear of a long and costly final illness haunts many old people. To end one's life as a ward of the state, or to drain the resources of one's own children is an all too frequent prospect for older people in America."<sup>28</sup>

Summarizing to this point we see that during this century life expectancy has risen and large numbers of people are living on into old age, while at the same time major changes in society have been taking place in America. Rapid expansion of industry and technology changed the way families lived and worked and poverty among the aged who could not work became a national issue.

<sup>28</sup>"Medicare," Senior Voice, (Portland, Or.: July 1980) p. 4.

Some began to see poverty as a consequence of events, while others clung to the older belief that individuals are fully responsible for their plight. State laws were designed to make families legally responsible for support of their poor and infirm kin. Poverty still rose among the aged, and old age assistance programs were instituted by the states, and finally by the federal government. Compulsory old age insurance was condemned and praised, but finally the Social Security Act was passed in 1935, nearly 100 years after Europe's industrial nations had begun to establish old age security. Adoption of Social Security and of subsequent measures expressed a new principle: that society is obligated to care for the needy, principally through the federal government.

Major programs for security in old age, Social Security in 1935, Medicare and Medicaid in 1965, the Older Americans Act in 1965, and Supplemental Security Income in 1974, all created important economic gains among the aged and have enabled most of them to maintain the independence and self sufficiency which are so highly prized in America. Society as a whole, represented by the federal government, has become the chief source of support for most of those who are elderly.

## CHAPTER IV

### CHANGING FAMILY RELATIONSHIPS

As social action was creating more security for old age in America, family relationships were changing. Throughout American history most families have been made up of parents and their offspring--the nuclear family. Pre-industrial families were large and the parents grew old and died within their own immediate family, while in the 20th century, the small family became the norm and parents and their grown children lived separate and independent lives.

Many of those who are now old were, as young adults, living through the depression years and the cost of caring for aged parents became a burden as they struggled to provide for their own nuclear family. They were faced with a dilemma. If parents became financially unable to care for themselves, the adult children had to choose between looking after their parents according to the old traditions, or responding to the new set of values which dictated that they maintain an adequate standard of living for their own children. They became the objects of pity if they had to care for their elderly parents and the objects of severe criticism if they neglected them.<sup>29</sup>

They also faced another problem--that of geographical separation. This generation was on the move. Growing industries and

<sup>29</sup>Joseph T. Drake, The Aged in American Society, (New York: The Ronald Press, 1958) p. 41.

independence beckoned; they left the farms for city jobs and established themselves across the nation. Telephones were a reality but a national telephone network had not yet been completed. Automobiles were popular and their use was rising rapidly--yet many roads remained difficult to travel. Airplane travel was possible, but only major cities had airports. The adult children today are able to keep in touch easily despite geographical separation, but today, old parents can remember when overcoming those distances was difficult, sometimes impossible. They were, in fact, geographically separated from family when they left their parents' home. Conflicting mores, financial disasters, and communication and transportation limitations created isolation between these two generations.

Accusations of adult children deserting old parents may have had its beginnings because the development of transportation and communication did not keep pace with increased family mobility during the 1930's. Following the depression years a different view would show these adult children building the nation, fighting wars, struggling with economic disasters, raising families, and improving the conveniences of travel and communication which we enjoy today. During this time it became clear that there was a rapidly growing aged population with many living in poverty and society had begun to attack the problems of security in old age. As the nation began to search for solutions, additional emphasis was placed on the serious problems of poverty and illness. Attention was focused on those who were alone, frail, and sick. Twenty percent of today's elderly have no living

children,<sup>30</sup> and those who lack family support come to the attention of agencies. Ideas about old people were formed and presented in broad generalities, and programs for the elderly mushroomed as federal funds became increasingly available.

The aged were studied, particularly the visible and available: those in institutions such as hospitals, nursing homes, and recipients of welfare and mental health services. Those who got along well in society were neglected as subjects of study. Valuable help for the needy resulted, but misconceptions about the elderly grew. One of those misconceptions is that families are alienated and old people are rejected and deserted.

Results of research over the past 25 years shows that despite the mobility of the population of the United States, old people who have children live close to at least one child. Seventy percent live within a 30-minute journey. Sixty-five percent of those studied had seen the child within the last 2 days, 18% within the last week, and 7% within the last month. Fifty percent reported that they helped their children and grandchildren, seventy percent said they received help from their children.<sup>31</sup> Eighty percent said that their children help when someone is ill.<sup>32</sup> Although separate living quar-

<sup>30</sup>U.S. Government Printing Office, Families: Aging & Changing, (Washington, D.C.: Hearing before Select Committee on Aging, Ninety-Sixth Congress, 1981) p. 4.

<sup>31</sup>Ethel Shanas, et al, Old People In Three Industrial Societies (New York: Atherton Press, 1968) pp. 194, 196, and 205.

<sup>32</sup>Matilda White Riley, et al, Aging and Society, (New York: The Russell Sage Foundation, 1968) p. 549.

ters are common and preferred, the majority of families interact with great frequency, and satisfying mutual interchange takes place between the generations.

As bureaucracies grew stronger and provided more and more services for the elderly, family relationships changed. The functions that the family used to be expected to perform are now available from specialized agencies outside of the family. These include, for example: Social Security, Medicaid, SSI, and social programs such as meals on wheels, shopping assistance, escort service, and friendly visitors. Expectations have changed and needs are different, but the fundamentals of love and care are still very much alive.

Old parents of today raised their children to value independence and self sufficiency. To be dependent is to fail. Being dependent is equated with being a burden. Fear of being a burden on their children is a prevalent attitude and this kind of statement is common; "My children offer to help me, but I don't want to be a burden. They have their own worries about the high cost of everything today, with the kids in school and all."

The majority of old people do not want to live with their children or be dependent on them. Throughout the history of Social Security it has been shown that as benefit levels have increased, many aged persons have moved away from families at the first opportunity and set up their own independent households.<sup>33</sup> Older persons

<sup>33</sup>James H. Schulz, The Economics of Aging, (Belmont, Calif.: Wadsworth Publishing Co., 1980) p. 17.

prefer to live in their own homes. Only 8% say they would like to live in a home of a child or relative.<sup>34</sup> According to a survey of college students in 1968, only 7% expected their old parents to live with them, and only 3% expected to live with their own adult children.<sup>35</sup> When old parents live with children it is usually because of limited finances, health problems, or physical disabilities which force such an arrangement.

One woman stated it this way: "I don't want to be living with my kids. I love them. I don't want to have any misunderstandings. If I were to live with my children I couldn't have friends in so easily and I couldn't cook whenever and whatever I wanted. They have their friends and the kids have their friends. It's really better just visiting and being close." Another commented, "If I lived with my kids it would be a big problem. You know, my daughter-in-law tries to keep the kids quiet when I'm around, and I don't want that; it just makes trouble for everybody."

Old parents want to have a good relationship with their children. Family life is important to them. That is one reason for living separately. Frequent visiting, reciprocal assistance and mutual aid, loyalty and affection have replaced traditional duties of adult children.

Satisfying interaction takes place between the generations in

<sup>34</sup>Matilda White Riley, et al, Aging and Society, ( New York: The Russell Sage Foundation, 1968), p. 549.

<sup>35</sup>Arlie Hochschild, The Unexpected Community, (Berkeley, Cal.: The University of California Press, 1978) p. 28.

the normal course of events. However, a whole new set of problems is confronting adult children today. People are living longer. The most rapidly growing segment of society is made up of those over 80 years of age.

Life expectancy has risen through the ages. In pre-historic times 95% of the people died before they reached the age of 40 and 75% failed to reach 30 years of age. In the late Roman Empire about one-fifth of the population survived to the age of fifty-five. In the United States life expectancy was 35 years in 1776, 48 years in 1900, 64 years in 1940, and 72 years in 1975. Life expectancy for a male at birth is now 67 years; at the age of 65 he can expect to live another eleven years or until the age of 76. Female life expectancy is 74 years and at the age of 65 a woman can expect to live another seventeen years or until the age of 82.<sup>36</sup>

In 1960 there were over 1.7 million people in the United States who were 75 years of age or older, in 1970 there were 2.4 million, and in 1980 nearly 3 million. The most rapidly growing age group is the oldest, persons 85 years and over--it has tripled during the past 25 years.<sup>37</sup>

Steady medical advancement and improved public health measures have changed the age composition, the cause of death, and the experience of growing old. In early America physical pain and misery were

<sup>36</sup> Morris Rockstein and Marvin Sussman, Biology of Aging, (Belmont, Calif.: Wadsworth Publishing Co., 1979) p. 22-26.

<sup>37</sup> Dorothy P. Rice, "Long Life to You," Aging: Annual Editions, (Guilford, Ct.: The Dushkin Publishing Co., 1980) p. 6.

intense. Opium was used for relief, and death was considered the only release. Since then the invention and improvement of eyeglasses, false teeth, hearing aids, and other prosthetic devices have made a major difference in the physical experience of old age.<sup>38</sup> Since the 1900's most infectious diseases have been conquered, and major breakthroughs in health care have been made against acute diseases which most often strike in the first half of life. For the aged the cause of death has shifted from acute illness to chronic illness. In 1900 the leading cause of death was the acute disease of influenza/pneumonia while today it is chronic diseases of the heart and circulatory system.\*

Old people living today have survived death from acute illnesses and are more likely to suffer from chronic diseases that persist over a prolonged period of time and are characterized by slow progression of worsening symptoms. Major chronic diseases are heart conditions, arthritis and rheumatism, visual impairment, hypertension, mental and nervous conditions which limit activity and independence. Chronic illness usually involves a number of bodily functions and 85% of those over 65 years of age report the presence of at least one chronic condition.<sup>39</sup>

Arterial disease is the greatest single cause of death and

<sup>38</sup>David Hackett Fischer, Growing Old in America, (New York: Oxford University Press, 1978) p. 190.

\* See Appendix, p. 55

<sup>39</sup>Morris Rockstein and Marvin Sussman, Biology of Aging, (Belmont, Calif.: Wadsworth Publishing Co., 1979) p. 11.

disability in the elderly. Its effects are seen particularly in the brain, causing strokes and confusion, and in the circulatory system, causing hypertension and physical disability. Severe confusion requires constant attention, and physical disabilities require time and energy which are sometimes beyond the ability of family caregivers.

Long-term physical and mental disability and progressive deterioration in old parents can create intolerable and insoluble problems for families. Adult children struggle emotionally and physically to care for their elderly parents. They typically do not dump their sick aged into nursing homes; rather they place them there as a last resort. A social worker shared one man's story of how he felt as he applied for nursing home care for his father:

Mr. Kane told what it meant to him and his wife to see his father's gradual deterioration. He spoke of his father as a person who was always strong, "a tower of strength." All of the members of the family would turn to him for advice. "It is hard to realize," he said, "that he is so helpless now, and that his suffering and increasing inability to care for himself were more than they were able to endure. "Do you realize what it means to face this situation day after day, week after week?"

Somehow they had managed until now, but they have come to a point where they can no longer continue. His father, who is mentally alert, ...brought up the possibility of entering a nursing home, for he felt that they had carried a too heavy burden for far too long a time.

Throughout his recital, Mr. Kane maintained his composure. As he described, in detail, the kind of care his father needed and asked for reassurance that the nursing home would provide it, he broke down and cried. "If this is what happens to a person at the end of a productive life, I hope I will not reach old age," he said.<sup>40</sup>

<sup>40</sup> Minna Field, The Aged, The Family, and The Community, (New York: Columbia University Press, 1972) p. 129.

Emotional struggle and genuine concern are common among families who are searching for ways to meet the needs of their dependent elderly family members.

With advancing age an increasingly high proportion of old persons become incapacitated and need twenty-four hour care. Of those who are in institutions, the majority are constantly disoriented, 30% are bedridden and 25% are incontinent.<sup>41</sup>

Loss of the caretaker through exhaustion or death is the primary reason most people are placed in nursing homes. Confusion and incontinence--inability to control the bladder or bowels--are the two most difficult conditions for families to deal with and the reasons most families consider nursing homes as they search for ways to provide for their chronically ill parents. Few matters pertaining to the elderly have caused greater stress and unhappiness than institutional care. Families worry about proper care and how to pay for it. Facilities which provide long term care are often attacked for inadequacies, and the cost of living in a nursing home is enormous.

Only 5% of those over 65 years of age are institutionalized, but the majority of those are 75 years or older. Nearly one-half of nursing home patients have no family and are placed there by agencies. Families typically resort to institutions for elderly parents after prolonged hesitation, and when no other solution is available. When they do they suffer from anguish and guilt for in the eyes of

<sup>41</sup>Richard A. Kalish, Late Adulthood, (Monterey, Calif.: Brooks/Cole Publishing Co., 1975) p. 101.

society the institutionalization of a family member is often seen to represent the ultimate personal failure for both the aged and their family.

Families are willing to take care of each other, willing to help so that parents can continue living in their own homes, but they are finding it increasingly difficult to do it alone. They need help. Twenty-four hour care is demanding and may result in a breakdown of the person providing the care. The task is often impossible without outside help. It is imperative to find a way for families to receive respite from such demanding physical and emotional work. It is a long lasting and stress-producing experience.

Mrs. Kathy Clause talked about the relief she gets from a day care center.

"I cannot tell you in words what it means to me and my family. I have my grandmother, who is 86, and her sister, who is 89. Without the day care center, I would be over the edge. I mean, I can't tell you in words ...The tedium of taking care of somebody who cannot even brush their own teeth ...it just is an impossible task, but I love them. They get social interaction ...by going to the day care center. It provides me with enough time that I don't want to kill them the rest of the time. And that is exactly what it has done. It also has prevented my grandmother from regressing to the point where her sister, who is three years older--you know, she doesn't even know her name any longer.

So ...when I see anyone walking down the street who has an elderly parent, I want to tell them, "These are the signs. Look in their refrigerator. When they buy the same cans of food all the time, you know they need help." And, fortunately, for my family we have enough of us that they can live with me and I can take them out to the day care center and prevent them from being pushed into that place where they have to be placed in total institutional care."<sup>42</sup>

<sup>42</sup>Families: Aging and Changing, Hearing before Select Committee on Aging (Washington, D.C.: U.S. Government Printing Office, 1981) p. 23.

Beyond the mental and physical stress there are some demographic facts which create difficult situations for adult children who have dependent parents.

First, there are fewer children to share the load because, during the Depression, birth rates fell and the size of families decreased. Next, because of our highly mobile society, the dispersion of families makes unified decisions difficult. Family members who are not close to a deteriorating and frightening situation cannot grasp the problem. Many adult children are divorced. Women who are divorced often have to support themselves, and men who are divorced often remarry and pay child support for the previous family as well as support a wife and a present family. Often adult children of aged parents are over the age of 55 and approaching old age themselves. Their physical and financial reserves may not be adequate to provide twenty-four hour care. Finally, what is possibly the most important problem of elderly care results from the revolutionary change in women's roles during the last 25 years. Fifty percent of middle-aged women are employed fulltime-- a sizeable percentage are the sole support for their families and themselves. Families are faced with a reduction in the number of persons who can tend to the needs of their parents. Adding to the problem are today's increasing economic pressures. Medical care and daily help are enormously expensive.

Families are in a state of crisis, distressed, and bewildered when their aged parents can no longer live independently. Their crisis is more difficult to cope with because they are not prepared. The

problem is new--families are attempting to solve problems that have seldom been encountered in our history.

The medical profession is dedicated to saving lives but, as yet, knows comparatively little about chronic illness and physical problems of the aged.

Although government programs help to provide income and medical and social services, families are often unaware that these programs exist or find obtaining services difficult and confusing. In 1979, Claude Pepper, Chairman of the Select Committee on Aging, stated:

"Home health and supportive services are provided under Medicare, Medicaid, and the social services program under title XX of the Social Security Act, home health demonstration grants under the Public Health Service Act, the Older Americans Act, the Senior Companion and RSVP volunteer programs under ACTION, the Older Americans Community Services Employment program, Senior Opportunities and Services under the Community Services Act, and other statutes. All of this adds up to a bewildering maze of programs and regulations that is a nightmare for a person trying to find his or her way through it.

This is just one example of the fragmented, inefficient, unmanageable, and incomprehensible ways in which the Federal Government provides necessary benefits and services to the elderly. This problem of uncoordinated programs has been repeatedly cited as one of the major problems facing the elderly in Aging Committee hearings to date."

A number of programs for the elderly are designed and implemented as if the elderly had no family. For example: Medicare and Medicaid payments can only be received by institutions and medical professionals. People are forced out of their homes to receive care. Medicare specifically prohibits payment for services rendered by family or household members, while provision of those same services

by strangers is an allowed payment. Medicaid pays for nursing home care when the resident has no resources, but will not pay for identical services in the home of a family member. Requirements of the laws providing for Supplemental Security Income force elderly recipients out of family settings in order to receive full benefit payments. Living with a family member often makes them ineligible.

Just as the preceding generation faced problems of poverty among the aged, today's adult children face seemingly insurmountable problems as their aged parents suffer from chronic illnesses. Changes in family structure have reduced the number of people available to care for old parents. There are fewer children, many of whom are divorced. They are geographically separated, nearing retirement, and women, who traditionally care for dependents, have joined the labor force. Government programs to assist the elderly often exclude families and need to be revised. Even the most devoted families often do not have the enormous resources which are needed to support the complex health and social needs of dependent parents who suffer from chronically disabling ill health. They need help. Just as the rise in poverty of the aged created pressure for social action-- so the need for support of families with dependent parents will create pressure for social action as life expectancy continues to rise and more and more people live into their 80's and 90's.

## CHAPTER V

### SUMMARY AND CONCLUSION

Desertion of elderly by adult children appears to be a myth created by a distorted view of reality about the lives of old people living in American society today. Most families firmly maintain contact, and their relationships are based on mutually satisfying interchange and affection for one another.

The myth of desertion has been stimulated by studies and reports that revealed serious problems of poverty among a rapidly growing population of aged who were unable to support themselves by earning wages. Attention was focused on those who had no family support and were alone, frail, and sick. Valuable changes resulted which led to improved living conditions for the elderly but misconceptions grew. One of those misconceptions is that families are alienated and the elderly are rejected and deserted. Research over the past 25 years shows that despite the mobility of Americans, old people who have children, live close to at least one child, contacts are frequent, and mutual help is common. Loyalty and affection have replaced traditional duties of adult children as society, represented by the federal government, has replaced the family as the chief source of support for most of those who are elderly.

Social changes were brought about as industrialization moved America from an agricultural to an industrial society. Family

patterns changed from large rural families to small urban ones and elders were separated from the daily affairs of their adult children. As America passed into the modern era economic support came from wages earned in industry. At the same time sanitation and public health conquered infectious diseases and large numbers of people lived until they were old. As many elderly became unable to earn wages, poverty among the aged became a social problem.

Initially statutory requirements made adult children responsible for support of dependent parents. Then old age assistance laws provided small grants of money to aid needy old persons. Problems of poverty which had been defined as personal faults began to be redefined as consequences of events over which individuals had little or no control. Finally, Congress passed a retirement insurance program, The Social Security Act of 1935. Adoption of Social Security and subsequent measures established a new principle: that needy individuals were a societal rather than a family obligation and filial responsibilities are now exercised collectively rather than on an individual basis. Society as a whole, represented by the federal government, has become the chief source of support for most of the elderly. Major federal programs have created an astonishing improvement in the economic status of the aged. Self sufficiency and independence, so highly valued by Americans, has become reality for most elderly, and traditional family duties have changed to a new social norm. The generations are separated geographically but contacts are firmly maintained on a basis of affection and mutual help.

Within the last few years progress in medicine lowered the death rate from acute illness and created a growing population of people who are living beyond 80 years of age. They are more subject to chronic diseases and must learn to cope with disabling consequences. As disabilities increase in severity, independent living becomes increasingly impossible and families become the care givers to dependent parents. Ninety percent of services to old people in need of help are provided by family and neighbors.<sup>43</sup> Long-term physical and mental disability and progressive deterioration are creating intolerable and insoluble problems for families. The mental and physical stress of caring for aged parents who suffer from chronic illnesses is exaggerated by the fact that there are fewer children to share the load. Families are geographically separated, many are nearing retirement themselves, and fifty percent of women, who are traditionally the care givers, have joined the labor force. Increasing economic pressures, caused by the rising cost of medical care and daily help, have created a state of crisis for many families when their aged parents can no longer live independently. Social action is needed to bring relief to exhausted and distressed families--not to replace the family but to strengthen its capacity to help.

Impressive achievements in relieving the economic and social problems of the elderly in the recent past have sensitized people to the inadequacies which remain. Helping handicapped elderly to stay

<sup>43</sup>U.S. Department of State, Families: Aging and Changing, Hearing before Select Committee on Aging, Ninety-Sixth Congress, (Washington, D.C.: Government Printing Office, 1981) p. 10.

in their own homes is being offered through homemaker services, home health aides, shopping services, home delivered meals, telephone reassurances, visiting nurses, friendly visitors, transportation, and in a few communities, day care centers. Although these services are inconsistent and limited, they do exist and can be expanded.

Legislators are becoming aware of family needs. Legislation has been introduced to expand Medicare to include payment for in-home services. Studies of costs of in-home services have been charted and published.\* There are over 6,000 members of the Gerontological Society of America who are working on improvements and expansion of elderly programs. A call for family policy has been made. The problem has surfaced and help is in the making. We are beginning to see the need to assist adult children who are caring for their dependent parents. Society will surely find solutions as it has throughout history.

In the meantime the myth of desertion continues because of the rapid growth in the numbers of old people who suffer disabilities from chronic illness. Most families are not deserting their dependent elders; rather they are in a state of crisis and they see no solutions. The medical profession knows comparatively little about chronic illness, and social services are not yet widely supportive to families who are caring for dependent parents. Families seem to have nowhere to turn. Until the medical profession conquers chronic disease or social services provide assistance and support, distressed

\*See Appendix, p. 59.

families need education to help them cope. A family crisis is made more difficult because of lack of information and preparation. They need to be able to make informed decisions, and accurate information can help alleviate their apprehension, confusion, and unrealistic expectations. Families need to have information readily available in their communities about the normal aging process, diseases common to old age, and the availability of existing community resources. They need to be able to discuss emotional issues and learn stress management as well as have the opportunity to form local support groups.

The following is a design for a community education project to help families whose older members can no longer maintain their independence. The elements of the program are:

- . A central office with a telephone "hotline" for crisis counseling and information.
- . An office counseling service for families who are in need of help in the process of decision making.
- . Seminars designed for community groups which will offer facts about the aging process, the availability of the community resources, discussion of emotional issues, and organization of local support groups.
- . Seminars designed to educate families of nursing home residents which will offer facts about normal aging and diseases common to the aged, the responsibilities of a nursing home, the resident and the family, and discussion of emotions and feelings.

This program requires financial support to provide for a full time counselor/teacher, support staff, and an office, telephone,

printing, and travel budget.

The following description of the project will be presented to groups who provide community services. Presentations to these groups will provide community-wide advertising and will facilitate acceptance and support of the program.

COMMUNITY PROJECT FOR FAMILY CARE  
OF DEPENDENT PARENTS

When independent living becomes impossible for an elderly family member, action must be taken. Families are often unprepared for such a crisis. The following community education project about aging has been developed in the belief that considerable apprehension can be alleviated and more informed decisions can be made when families receive accurate information.

The project consists of four components:

1. A central office which offers a telephone "hotline" for crisis counseling and information.
2. In-office counseling for families who need assistance in decision making.
3. A six-week seminar series available to local communities at their request:
  - 1 The Aging Process
  - 2 Senility-Myth & Reality
  - 3 Community Resources
  - 4 Communication & Stress Management
  - 5 Death & Dying
  - 6 Organization of a Local Support Group
4. A four-week seminar series available to nursing homes for families of the residents:
  - 1 Normal Aging & Diseases of Old Age
  - 2 Understanding the Nursing Home & The Patient
  - 3 Finances & Community Resources
  - 4 Dying, Death & Feelings

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APPENDIX

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TABLE II

*Percentages of Urban and Rural Counties in Upstate New York  
Offering Services for the Elderly in 1967 and 1976*

Service	1967		1976	
	Urban	Rural	Urban	Rural
Visiting nurse	63	8	100	97
Information and referral	44	17	100	97
Homemaker service	69	56	100	92
Reduced taxes	63	36	94	95
Home health aides	50	14	100	92
Meals on Wheels	19	3	94	86
Discount on general purchases	6	3	88	86
Escort service	6	8	100	78
Discount on medicine	25	0	94	75
Special library program	63	39	94	75
Home-repair service	6	6	88	75
Discount on public events	63	11	88	69
Public housing for elderly	56	17	94	58
Shopping assistance	6	8	81	64
Friendly Visitor Service	50	28	88	53
Special adult education courses	50	17	100	47
Job training and placement	44	3	75	44
Sheltered workshop	19	3	75	44
Senior center	56	17	94	31
Discount on transportation	0	3	75	34
Special media features	19	11	69	33
Special outlets for sale of products	19	6	31	44
Vacation planning service	38	6	50	28
Preretirement courses	13	3	56	22
Foster-home service for elderly	0	6	38	17

From "Rural-Urban Differences in the Structure of Services for the Elderly in Upstate New York Counties," by P. M. Laetz and S. Milton, *Journal of Gerontology*, 1979, 34, 429-437.

TABLE III

COMPARISON OF PRIMARY CAUSES OF DEATH IN THE  
UNITED STATES, 1900 AND 1973,  
AND IN SELECTED COUNTRIES

CAUSES OF DEATH UNITED STATES 1900	RANK	CAUSES OF DEATH UNITED STATES 1973	ORDER IN SELECTED COUNTRIES			
			UNITED KINGDOM 1972	FRANCE 1971	JAPAN 1972	KENYA# 1970
Influenza/ pneumonia	1	Diseases of heart	1	1	3	16
Tuberculosis	2	Malignant neoplasms	2	2	2	14
Gastroenteritis (incl. diarrhea)	3	Cerebrovascular diseases	3	3	1	5
Diseases of heart	4	All accidents	7	4	4	13
Cerebrovascular diseases	5	Influenza/ pneumonia	4	6	5	3
Chronic nephritis	6	Diabetes mellitus	8	8	8	***
All accidents	7	Arterio- sclerosis	6	7	9	*
Malignant neoplasms (all cancers)	8	Cirrhosis of liver	9	5	7	18
Early infancy diseases	9	Early infancy diseases	*	*	*	*
Diphtheria	10	Upper respira- tory diseases**	5	9	6	7

\*Latest available data.

\*\*Data not comparable.

\*\*Refers to bronchitis, emphysema and asthma.

\*\*\*Not ranked among first 20 causes of mortality.

#In order the top ten causes of death are: whooping cough, enteritis-diarrhea, influenza-pneumonia, typhoid fever, cerebrovascular diseases, measles, upper respiratory diseases, other infective and parasitic diseases, smallpox, vitamin and nutritional deficiencies.

Sources: National Center for Health Statistics, Department of Health, Education and Welfare, *Facts of Life and Death*, 1967; U.S. Bureau of the Census, *Statistical Abstract of the United States*, 1975, Washington, D.C.: Government Printing Office, 1975; World Health Organization, *World Health Statistics Annual* (Geneva: World Health Organization, 1974); United Nations, *Demographic Yearbook* (New York: United Nations 1973), pp. 322-33.

TABLE IV

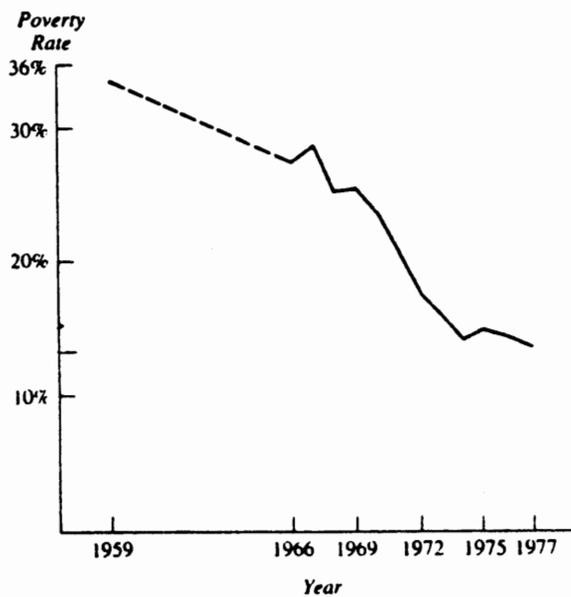
PAMPHLET: FEDERAL RESPONSIBILITY TO THE ELDERLY

CHARTS COMPILED BY THE CONGRESSIONAL  
RESEARCH SERVICE OF THE  
LIBRARY OF CONGRESS

Comm. Pub. No. 95-167

FEDERAL PROGRAMS BENEFITING THE ELDERLY  By Category and by Agency	EXECUTIVE DEPARTMENTS										INDEPENDENT AGENCIES									
	AGRI- CULTURE	HEALTH, EDUCATION, AND WELFARE	PUBIC HEALTH SERVICE		H.U.D.		LABOR	DOT			LEGAL SERVICES CORPORATION	RAILROAD RETIREMENT BOARD	SMALL BUSINESS ADMINISTRATION	OFFICE OF PERSONNEL MANAGEMENT	VETERANS ADMINISTRATION					
	Food and Nutrition Services Farmers Home Administration	Administration on Aging Health Care Financing Administration	Office of Education Health Services Administration	National Institute on Aging	National Institute of Mental Health	Administration for Public Health Services	Social Security Administration Office of Insured and Direct Loan Programs	Office of Assisted Housing Community Planning and Development	Law Enforcement Assistance Administration	Employment Standards Administration	Urban Administration Administration and Training Urban Mass Transportation Administration	TREASURY Office of Revenue Sharing	ACTION	COMMUNITY SERVICES ADMINISTRATION	LEGAL SERVICES CORPORATION	RAILROAD RETIREMENT BOARD	SMALL BUSINESS ADMINISTRATION	OFFICE OF PERSONNEL MANAGEMENT	VETERANS ADMINISTRATION	
<b>EMPLOYMENT AND VOLUNTEER</b>																				
AGE DISCRIMINATION IN EMPLOYMENT																				
COMMUNITY BASED EMPLOYMENT AND TRAINING PROGRAMS																				
COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS																				
EMPLOYMENT PROGRAMS FOR SPECIAL GROUPS																				
FOSTER GRANDPARENT PROGRAM																				
RETIRED SENIOR VOLUNTEER PROGRAM (RSVP)																				
SENIOR COMPANION PROGRAM																				
SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)																				
VOLUNTEERS IN SERVICE TO AMERICA (VISTA)																				
<b>HEALTH CARE</b>																				
HEALTH RESOURCES DEVELOPMENT CONSTRUCTION AND MODERNIZATION OF FACILITIES (Hill Burton Prog.)																				
COMMUNITY MENTAL HEALTH CENTERS																				
CONSTRUCTION OF NURSING HOMES AND INTER- MEDIATE CARE FACILITIES																				
GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS (MEDICAID)																				
PROGRAM OF HEALTH INSURANCE FOR THE AGED AND DISABLED (MEDICARE)																				
VETERANS DOMICILIARY CARE PROGRAM																				
VETERANS NURSING HOME CARE PROGRAM																				
<b>HOUSING</b>																				
HOUSING FOR THE ELDERLY (sec 202)																				
LOW AND MODERATE INCOME HOUSING (sec. 8)																				
MORTGAGE INSURANCE ON RENTAL HOUSING FOR THE ELDERLY (sec. 231)																				
RURAL RENTAL HOUSING LOANS (sec. 515)																				
COMMUNITY DEVELOPMENT																				
LOW RENT PUBLIC HOUSING																				
RURAL HOME REPAIR PROGRAM (sec 504)																				
RURAL RENTAL ASSISTANCE (sec 521)																				





*Figure I. Percent of Aged with Money Incomes Below the Poverty Level, 1959-1977*

Source: U.S. Bureau of the Census, *Consumer Income, Current Population Reports, Series P-60, No. 116* (Washington, D.C.: U.S. Government Printing Office, 1978).

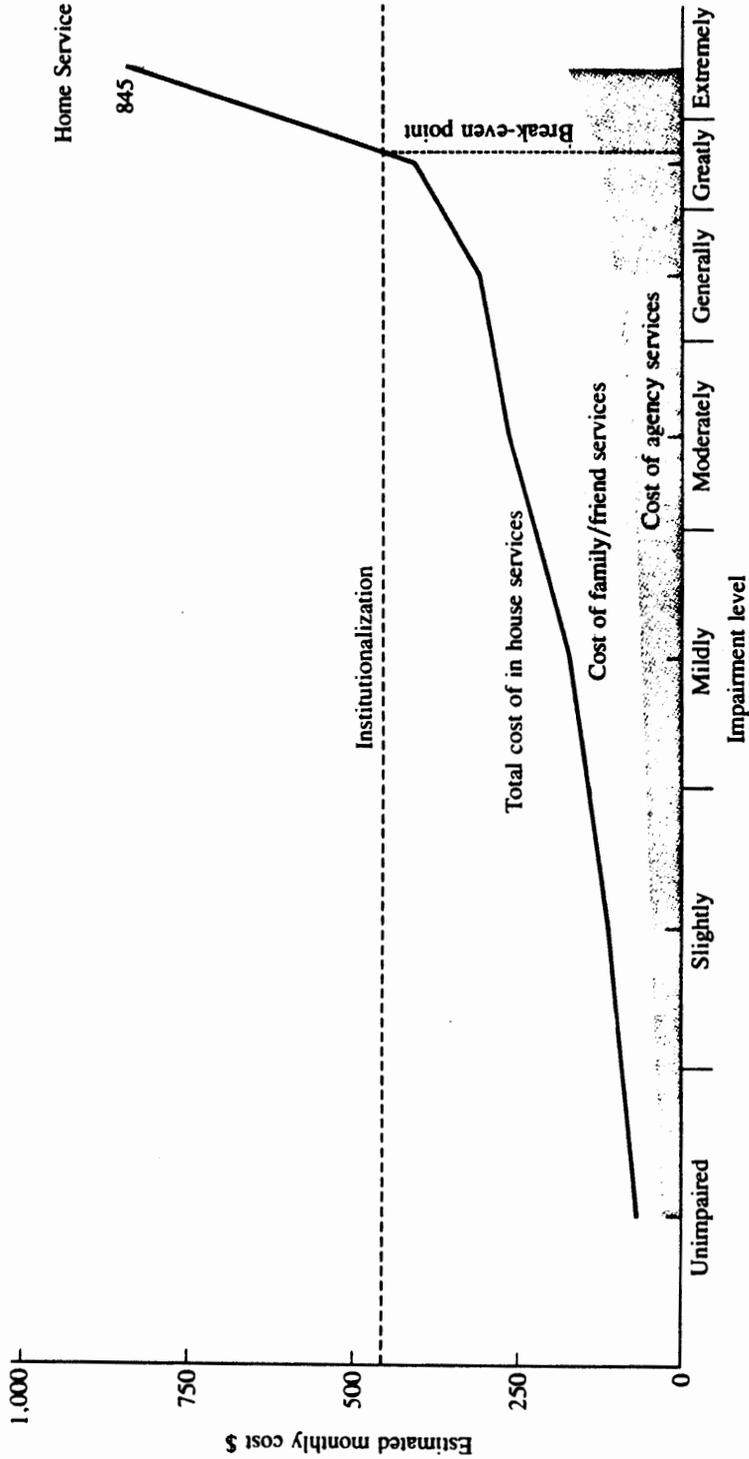


FIGURE II. Estimated monthly cost of home services and institutionalization at each impairment level, per person.

Source: U.S. General Accounting Office. Home health—the need for a national policy to better provide for the elderly. Washington, D.C.: Author, 1977.