

Sharing the Responsibilities of Parent Care:



Sibling Relationships in Later Life

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Research on sibling relationships has focused mostly on childhood and adolescence. What we currently know about siblings in later life is limited, but our knowledge is growing. Although the number of living siblings an individual has declines with age, contact among siblings increases with age.

Most older people have brothers and sisters. Even those over 80 years old have an average of one living sibling. Approximately 75 percent of older adults consider at least one of their siblings to be a close friend.

Sibling relationships are unique in that they're the only close family relationships with the potential to last a lifetime. Siblings share biological and cultural heritage and many memories. Their lifelong bonds seem to be based primarily upon their shared history.

The strength and quality of sibling relationships varies by socioeconomic class and gender. Close companionship with siblings is more common in lower- and middle-class families than in upper middle-class families. Women are more likely than men

to maintain frequent contact with their siblings. It seems that ties of affection are stronger between sisters than between brothers or between brothers and sisters. Sisters, in fact, report feeling closer in adulthood than when they were growing up. Compared to middle-aged people, older people generally rate their emotional closeness with siblings higher and conflict lower.

After young adult siblings leave home to establish their own lives, it isn't unusual for their relationship to lapse during the early and middle years of adulthood. Very often what brings them together again is the need to provide care for their ailing parents. Brothers and sisters who may have had infrequent contact for many years suddenly find themselves working together to coordinate care for one or both of their parents.

Caregiving for Parents

Helping a frail aging parent is one of the major tasks facing middle-aged siblings. The way in which they accomplish this task can be important to their relationship. Adult children may



undergo several phases of change in dealing with a dependent elderly parent. Most experience at least some denial of a parent's aging process until a critical event forces them to reconsider the parent's health and functioning. In the beginning of that phase, the siblings tend to move closer to one another emotionally as they communicate more frequently about what is happening to their parent.

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In the second phase, the parent's needs increase to the point that the children need to provide some care. It begins to be clear which of the siblings will provide most of that care. In the third phase, the parent's needs increase such that one of the children may need to take the parent into her or his own home. In the final phase, the parent's needs become so great that a decision must be made about nursing home placement or increased in-home care.

How adult siblings handle these changes depends on the history of their relationship. If there is a history of closeness, the tasks tend to be divided more equally among the siblings. In other cases, siblings tend to distance themselves emotionally from one another under the stress of caregiving. Sometimes, old patterns of sibling rivalry are revived, with active conflict arising among siblings.

When conflict is related to caregiving responsibilities, it is often about an unequal division of care tasks. Research has found that these conflicts are more common between sisters who assume the major portion of care responsibilities.

A particularly troublesome situation arises when two siblings have different perceptions of the parent's needs. These differences of opinion commonly revolve around two conflicting beliefs: 1) that the older person should be placed in a nursing home for rea-

sons of "health and safety," and 2) that the older person should be kept at home "no matter how much the family has to do."

When opinions are this divided, each sibling may try to recruit the support of health care professionals involved in the older person's care. Sometimes social workers, doctors, and nurses hear two separate versions of the home situation, making it difficult for them to make informed recommendations.

In this case, it may be helpful to keep the parent at home for a short trial period. Without excluding the option of nursing home placement, the trial period can be a chance to assess the older person's feelings and health, and the family's caregiving capacity. During such a trial period, family members in favor of nursing home placement should be assured of an end point if the situation does not improve.

Nursing home placement also can be done on a trial basis. Families may benefit from relief of their care responsibilities, and then reevaluate their decision after 2 to 3 months. Throughout these decision-making processes, families need to realize that decisions are reversible, and that frequent evaluation of decisions is desirable.

Five types of sibling participation in parent care have been identified in families with several adult children.

1. *Routine help*. In this style, an adult child provides care for the parent on a daily basis.
2. *Backup help*. In this style, an adult child is not routinely involved in parent care, but can be counted on for special emotional support or tangible

aid when asked by the sibling who gives routine help.

3. *Limited help*. In this style, the help provided to the parent is carefully limited by the adult child. For example, a brother may leave most of the parent care to his sister while he takes responsibility for managing his parent's finances.
4. *Sporadic help*. In this instance, occasional assistance to the parent is provided by the adult child when it's convenient. For example, a daughter who lives in another state may maintain little contact with the frail parent except occasionally to provide help during a holiday visit.
5. *Dissociation*. In this style, the adult child chooses not to participate in any care for the parent. Such cases often result from a long history of a troubled relationship between the parent and child.

Styles of caregiving participation among siblings tend to be related to gender. Sisters are more likely to use routine or backup styles of participation, while brothers' help tends to be sporadic or limited. Help provided by male siblings usually is limited to typically male areas of expertise, such as financial management or home repairs.

Yet, research shows that when families consist only of male children, brothers appear willing to cooperate with one another to meet their parent's need for care. Perhaps brothers can and do take over traditionally female caregiving tasks when there are no sisters in the family.

Siblings' expectations of one another's caregiving responsibilities often follow traditional sex roles. A brother may resist his

sister's efforts to involve him with the physical aspects of care because he views it as "women's work." A brother may willingly handle tasks such as paying bills or home repair, but expect a sister to assume the daily housekeeping tasks.

An unfair burden also may fall to the siblings who live closest to the older parent. Unfairness in caregiving also can stem from occupational differences among siblings. Adult children who are unemployed, employed part time, or engaged in homemaking often are expected to shoulder the bulk of the care.

If families are alert to these tendencies, they can attempt to distribute tasks on the basis of fairness and family strengths. Here are some examples.

Building on Strengths for Sharing Caregiving Tasks

Skills and preferences

A handy person in the family may prefer to be responsible for the upkeep of the parent's home. A person with financial expertise may find paying the parent's bills a comfortable task to do.

Location

Tasks involving the delivery of necessary items to the parent's home, such as groceries and medicines, may be easiest for the person who lives the closest. Those who live further away may prepare meals to freeze or pay someone else to prepare meals. Making phone calls is also helpful.

Physical health

Those with poor physical health may need to do non-physical tasks, such as telephone checkups or scheduling professionals who are involved in the older person's care.

Motivations and emotions

An adult child who has had a close, warm relationship with a parent may be able to do those tasks requiring intimate contact, such as dressing and bathing. Those who feel less emotional closeness may need to contribute in ways that don't require close physical contact.

Other dependents

Those who have young children or other dependents may be already overloaded. They may need to take on special projects that fit in with their other responsibilities. For example, a sibling with young children may find it easier to prepare meals to freeze rather than assuming daily care.

Blocks of time versus intermittent time

Some find it easier to provide help in blocks of time on a regular schedule than doing it sporadically. Yardwork and laundry, for example, require blocks of time, while providing transportation requires intermittent time periods.

Caregiving efforts often are complicated by geographic distance. Local siblings often resent out-of-town siblings for not doing more. The following are suggestions for out-of-town relatives to share in caregiving. *(Adapted from Hooyman, N. and W. Lustbader. 1986. Taking care: Supporting older people and their families. The Free Press,

New York.) Such contacts not only provide the adult child with ongoing links to their parent and siblings, but also relieve pressure on the local caregivers.

1. *Establish routines for long-distance phone calls.* Regular phone calls are an emotional lifeline for the older person.
2. *Obtain an extension phone for an older couple.* An extension phone saves time by allowing both older parents to participate in long-distance calls at the same time. It also eliminates the need to repeat stories and gives equal time to each.
3. *Exchange phone numbers with neighbors of the parent.* Having occasional phone contact with your parent's neighbors can serve as reassurance of your parent's well-being.
4. *Send brief, newsy letters.* Letters are very helpful to older people who may forget the content of a phone conversation. An older person with memory loss can enjoy letters repeatedly. Even just seeing them sitting on the kitchen table can be a pleasure.
5. *Provide the older person with preaddressed, stamped envelopes.* Many older people fear that their handwriting is not legible enough for the postal service. A stack of envelopes ready for mailing is an encour-



agement to write to distant family members.

6. *Send clippings, photographs, books.* These can be easier to send for family members who are not letter writers. Receiving small gifts in the mail can help an older person feel remembered and appreciated.
7. *Record and send tapes back and forth.* Tapes are very useful for low-vision people, as well as those with memory loss. Both family members and older people can express thoughts verbally through audio or video tapes without the expense of long-distance phone calls.

Ties of Affection among Siblings

The older adult years can provide siblings who have been out of touch with each other with a rich opportunity to become closer. Even older adult siblings who have had superficially close relationships often find that the later years can be a time of increased closeness and sharing. For many older adults, brothers and sisters are the only surviving support system. This is particularly true among widows and widowers. It's at this time that many older adult siblings rediscover each other as travel companions, as close friends, and as partners in memory looking back on family memories with nostalgia.

For More Information

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- Grandparenting Today*, EC 1459-E. Available only online.
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