

# Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series/ Un Réseau stratégique de connaissances Changements de population et parcours de vie Document de travail

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Volume 3 | Issue 1

Article 2

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February 2015

## A Review of Research on Aging Families: Emerging Issues

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### Recommended Citation

Wu, Zheng and Browning, Sean (2015) "A Review of Research on Aging Families: Emerging Issues," *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series/ Un Réseau stratégique de connaissances Changements de population et parcours de vie Document de travail*: Vol. 3 : Iss. 1 , Article 2.

Available at: <https://ir.lib.uwo.ca/pclc/vol3/iss1/2>

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A REVIEW OF RESEARCH ON AGING FAMILIES:  
EMERGING ISSUES\*

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May 2015

\*The authors gratefully acknowledge the SSHRC Strategic Knowledge Cluster on Population Change and Lifecourse for financial support and Christoph M. Schimmele for research assistance.

## **ABSTRACT**

Against the background of the demographic shifts of population aging, increased immigration, and growing ethno-cultural diversity in Canada, it is important that we gain a better understanding of the needs of aging families. To date, family gerontologists have begun producing research on aging families to better understand how their needs can be met. In order to assess the state of the literature on aging families, we conducted a literature search (2009-2014) of eleven top, peer-reviewed journals. This literature was then assessed, revealing five prevalent themes: (1) structural diversity in aging families, (2) family relationships in later life, (3) caregiving and intergenerational transfers, (4) living arrangements of aging families, and (5) partnerships in later life. This article synthesizes the research of each theme and each of their subsequent sub-themes. Lastly, the article concludes with some suggestions for future directions in research which were revealed through the literature review.

## AGING FAMILIES: EMERGING ISSUES

### Introduction

Several demographic shifts are taking place in Canada, including the aging of the population coupled with high levels of immigration and growing ethno-cultural diversity. In this context, it is increasingly necessary to gain a better understanding of the needs of aging families and their service providers, including policy makers, administrators, staff, families, care-givers and care-recipients. In order to achieve these ends, a deeper understanding of aging families is needed. To date, researchers in family gerontology have begun producing research on aging families to meet these needs.

In order to assess the state of the literature on aging families we conducted a literature search (2009-2014), over the course of September 2014 through November 2014 of top peer-reviewed journals. The literature search was restricted to the following journals: American Sociological Review, American Journal of Sociology, Social Forces, Journal of Marriage and Family, Journal of Family Issues, Journals of Gerontology: Psychological and Social Sciences, The Gerontologist, Gerontology, Research on Aging, Ageing and Society, and the Canadian Journal on Aging.

The literature search revealed five prevalent themes on the topic of aging families, to which each contained its own sub-themes:

- First, the **theme of structural diversity** in aging families focused on family composition, step-families, childlessness, and number of children.
- Second, the **theme of family relationships** in later life focused on relationship typologies, relationship quality, relationships and well-being, and grandparent-grandchild relationships.
- Third, the **theme of caregiving (CG)** and intergenerational transfers focused on CG burden, buffers of CG burden, couple CG's, sibling CG's, spousal CG's, grandparent/grandchild CG's, cross-cultural CG's, and intergenerational transfers.
- Fourth, the **theme of living arrangements** of aging families focused on independent living and intergenerational co-residence, non-marital cohabitation, and living-apart-together.
- Fifth, the **theme of partnerships in later life** focused on singlehood and dating, re-partnering, marital happiness, and divorce and widowhood.

Below we summarize the state of the literature on each of these themes. This is not an exhaustive list of topics, but represents the predominant concerns in the recent literature.

### Structural Diversity in Aging Families

The idealized model of the nuclear family no longer serves as the standard given the structural diversity of aging families (van der Pas & van Tilburg, 2010). In the context of current

and projected growth in the population aged 75 and older, understanding diverse and dynamic family structures is important to policy makers and researchers (Gaymu et al., 2010). Our review of the literature revealed that interest in the structural diversity of aging families falls under four areas: (1) family composition; (2) step-families; (3) childlessness; and (4) number of children.

It has become increasingly important to understand the role family composition plays among aging families (Gaymu et al., 2010). Recently, researchers (e.g., Antonucci, Birditt, Sherman, & Trinh, 2011; Suanet, van der Pas & van Tilburg, 2013; van der Pas & van Tilburg, 2010) have been attentive to family composition changes resulting from changing life expectancy, fertility rates, divorce, single parenthood, remarriages, and blended families. The literature focused its attention on the role family composition has on social network, social support, social isolation, and well-being outcomes. For instance, Gaymu et al. (2010) compared France (using LIPRO) and Canada (using Lifepaths) on population projections between samples of 75 and older to the year 2030, showing that changes in the age structure, sex ratio, marital status, and proportion of people who do not have a surviving child will transform the family network of older people in both structure and number, and that these changes will increase the pool of potential family caregivers. As well, Antonucci et al. (2011) assessed changing structure (size of family, number of generations, geographical proximity, marital status, contact frequency) of the intergenerational family and how this changing structure interacts with personal characteristics (gender, race, age) to influence support exchanges, including caregiving, emotional and instrumental support, quality of support received, and the well-being of family members, finding that intergenerational family members continued to exchange support and provide care for elders despite compositional differences.

Non-traditional family structures have become increasingly common in industrialized countries, including the prevalence of stepfamilies (Becker, Salzburger, Lois & Nauck, 2013; van der Pas, van Tilburg & Silverstein, 2013). Van der Pas et al. (2013) noted that current research has focused on the consequences of these non-traditional structures, specifically family disruption and reformation for the well-being of parents and children. For instance, van der Pas and van Tilburg (2010) examined the effect that family structure had on the contact between older adults and their adult children by drawing a sample of 55 and older in The Netherlands from the “Living Arrangements and Social Networks of Older Adults in The Netherlands” survey (1992), finding that parents have less contact with their biological children in stepfamilies compared with parents with their children in purely biological families, and that contact with biological children is perceived as more important in biological families and complex stepfamilies compared with simple stepfamilies.

Additionally, Becker et al. (2013) examined whether biological parent-child ties are stronger than non-biological, using 11,746 randomly sampled pairs (1971-1973, 1981-1983, and 1991-1993 cohorts) from the “German Family Panel” survey (2009-2010), finding that non-biological – including stepchildren, adoptive children, and foster children – fared worse, but that this was moderated by shared closeness to children with their current partner, and duration of the current partner relationship. Pezzin, Pollak, and Schone (2013) assessed the effects of both marital status and family structure on disability, institutionalization, and longevity for elderly persons, through a nationally representative sample of three cohorts of community dwelling elderly born in the United States before 1924 (Health and Retirement Study, 1993-2009) finding that persons with only stepchildren had worse health outcomes than biological parents. Lastly, through drawing a nationally representative stratified (age and gender) sample of Dutch 54-91

year olds from the “Living Arrangements and Social Networks of Older Adults Study” (1992) and the “Longitudinal Aging Study Amsterdam” (1992-2009), Suanet et al. (2013) found that stepparents increasingly perceive their stepchildren as part of their network, and within group variation was explained in terms of family commitment.

Childlessness is an increasing phenomenon in European countries (Albetini & Kohli, 2009) and the United States (Plotnick, 2009). Current research is attentive to the effects childlessness has on well-being, social support, social isolation, and social networks. For instance, Bures, Koropecjy, and Loree (2009) examined the links between parental status and well-being, through a cross-sectional, representative sample of community-dwelling older adults in the United States aged 70 and older from the “Assets and Health Dynamics of Elderly Survey” (1998 wave), finding that the lowest level of depression was among social parents (no biological children but with stepchildren), while the highest levels of depression was among the childless and those with biological children. Kohli and Albertini (2009) found that although the childless tend to have weaker support networks, they create relations with next-of-kin, civic participation, and friendship networks, which prevent social isolation and delay need for formal care.

As well, using a representative sample of people aged 50 and older in European countries through the “Survey of Health Ageing and Retirement in Europe” (SHARE, 2004), Albetini and Kohli (2009) found that networks of childless older people tend to be weaker than those of parents, yet the childless have more diverse networks, that are characterized by stronger links with ascendants, lateral relatives, nonrelatives, charities, and other forms of civic participation. As well, in Italy, Albertini and Mencarini (2012) used a nationally representative sample of adults aged 30 and older from the “Italian Gender and Generation Survey” (2003) for their study, finding that childless older adults did not face large support deficits generally, but were the most likely to miss those forms of support most needed in the case of bad health (e.g., personal care and help with household tasks and paperwork). Additionally, they also found that the childless were more likely to be helped by non-relatives, not-for-profit organizations, and the welfare system. Lastly, through a nationally representative United States sub-sample of those who were never a parent drawn from the “Health and Retirement” survey (2002 wave), Plotnick (2009) assessed the relationship between childlessness and income and wealth, finding that the childless have more of both compared to their married parent counterparts, with the exception of the wealth of unmarried childless men.

Researchers have also focused on the role of multiple children for aging families. For instance, by using a representative sample of parents aged 60 and older in Hong Kong through the “General Household Survey” (2004), Chou (2010) assessed whether financial transfers from adult children to elderly parents in Hong Kong were a function of the number of adults children in the family, finding that having more children resulted in more financial transfers to aging parents up until three children where the relationship formed a ceiling effect. Also, in England, Grundy and Read (2012) assessed whether number of children was associated with older people’s social contact and receipt of help through the use of a nationally representative sample of English 50 years and older from the first and second waves of the “English Longitudinal Study of Ageing” (1998, 1999, 2001), finding that more children only had a small effect, but similar to aforementioned research the difference between having at least one child and being childless was important.

What the reviewed literature has shown about structural diversity in aging families is that: (1) the effect of family composition on the well-being (Antonucci et al., 2011), social support (Antonucci et al., 2011), social network (Gaymu et al., 2010; Suanet, van der Pas & van Tilburg, 2013), and social isolation (Gaymu et al., 2010; van der Pas & van Tilburg, 2010) of older adults may be negligible as support continues and is projected to continue; (2) the effect of being in a step-family structure may be generally worse for the health of the older adult (Pezzin, Pollak, & Schone, 2013), but that this is moderated by partner closeness with children, relationship duration, and family commitment (Becker et al., 2013); (3) the effect of being childless is worse for social support and social networks, especially in their role in improving health (Albertini & Mencarini, 2012; Bures, Koropec, & Loree, 2009), but the childless have more income and wealth (Plotnick, 2009), more diverse social networks (Albertini & Kohli, 2009), create other forms of social participation (Albertini & Mencarini, 2012; Kohli & Albertini, 2009), and use formal services (not-for profit, welfare state) for assistance (Albertini & Mencarini, 2012); and (4) the effect of having more children may be better for financial transfers (up until three children) (Chou, 2010), and having one rather than none may be better for social contact and support (but not two or more) (Grundy & Read, 2012).

### **Family Relationships in Later Life**

In addition to structural diversity among aging families, family relationships in later life are dynamic and comprise many facets. To date, family researchers in aging have been interested in understanding the complexity of these relationships in later life (Guo, Chi, & Silverstein, 2012). Our review of the literature revealed that research interest in family relationships in later life falls under four areas: (1) relationship typologies; (2) relationship quality; (3) relationships and well-being; and (4) grandparent-grandchild relationships.

Some researchers (Dykstra & Fokkema, 2011; Guo, Chi, & Silverstein, 2012) have focused on parent and adult-child relationships in terms of developing their relationship typologies. For instance, Dykstra and Fokkema (2011) found a four-type typology (descending familism, ascending familism, supportive-at-distance, autonomous) of aging families across Europe, using a sample of individuals aged 50 and over in 11 countries through the first wave of the “Survey of Health, Ageing and Retirement in Europe” (2004). They concluded that while the types of family relationships were similar across countries, their distributions were different.

Similarly, Guo, Chi, and Silverstein (2012) assessed whether similar family relationship typologies could be found using a sample of Chinese rural elders as previously found in the United States. They found five types of intergenerational relations (tight-knit, nearby but discordant, distant discordant, distant reciprocal, distant ascending), concluding that similar family relations are found in rural China as the United States, however, their distribution varied due to differing structural and cultural contexts – e.g., the strong filial obligations that Chinese adult children have toward their parents and that distant reciprocal ties reflect collaborative and mutually beneficial parent-child relations in rural China in the context of massive rural-to-urban migration. Other researchers (Birditt, Tighe, Fingerhut, & Zarit, 2012; Guo, Chi & Silverstein, 2013; Sechrist, Sui, Vargas, & Pillemer, 2011; Silverstein, Gans, Lowenstein, Giarrusso & Bengtson, 2010) have assessed predictors of relationship quality among these intergenerational relationships. For instance, Guo et al. (2013) investigated the sources of intergenerational ambivalence in rural China using a multistage cluster sample (2001) of adults aged 60 and older from 72 randomly selected villages, finding that ambivalence among the Chinese elderly was

greater toward sons than daughters, towards adult children with low SES and low job prestige, and greater when it came to monetary support and assistance with childcare. As well, they found that adult-children's socio-economic status was associated with reduced ambivalence among parents, while monetary support to children was associated with higher levels of ambivalence.

At the country level, Silverstein et al. (2010) used representative samples of adults 65 and older from the "Old Age and Autonomy: The Role of Service Systems and Intergenerational Family Solidarity (OASIS)" survey and the "Longitudinal Study of Generations (LSOG)" survey, finding evidence of four types (amicable, detached, disharmonious, ambivalent) of relationship patterns represented across six developed nations, however, given between-country variation in family culture and state functions, these patterns were over-represented in particular countries: amicable (England), detached (Germany and Spain), disharmonious (United States), and ambivalent (Israel).

Using a randomly selected sub-sample from the "Family Exchange Study" survey (2001) of adults aged 40-60 with at least one child aged 18 or older residing in Pennsylvania and New Jersey, Birditt et al. (2012) assessed positive and negative aspects of family relationships across three generations, finding that the oldest generation reported greater positive and less negative quality relationships than their children and their grandchildren. However, the intergenerational differences themselves related to personality and demographic factors, leading the authors to conclude that there is greater within-family variability than similarity in how family members feel about one another. Lastly, Sechrist et al. (2011) assessed the role of value similarity in predicting parent-adult children relations, through a random sample of community-dwelling mothers aged 65-75 with at least two living adult children from the "Within Family Differences Study (WFDS 1 and 2, 2001-2009)", finding that it was an important predictor of both closeness and conflict, particularly among black families.

Another area of research has focused on the effects of family relationships on the well-being of its members (e.g., Carr, Moorman, & Boerner, 2013; Ward, Spitze, & Deane, 2009; Yunong, 2012). For instance, Yunong (2012) examined the relationship between family relations (family support network, satisfaction with family support, family harmony, filial support, filial discrepancy) and life satisfaction among two groups of older people in mainland China using a non-probability sample collected between 2008-2009. They found that while filial support was associated with life satisfaction for both groups of older people, family support and filial discrepancy was only associated with life satisfaction among older people within agricultural *hukous*, while family harmony was only among older people with non-agricultural *hukous*. As well, Ward et al. (2009) assessed the impact of collective ambivalence on older-parents well-being, through the use of a nationally representative (United States) sub-sample of individuals aged 50 years and older from the "National Survey of Families and Households" (Wave 1, 1987-1988), finding that collective ambivalence worked through having more adult children by increasing the prevalence of both positive and negative aspects of parent-child relations that affect older-parents well-being when compared to their counterparts with fewer children. Lastly, Carr et al. (2013) assessed parent-child relationships effect on older adult's end of life care decisions, through a random sample of men and women from Wisconsin, United States who were then re-interviewed 47 years later finding that parents with problematic parent-child relationships were less likely to complete advanced care planning.



Several researchers (Baker & Mutchler, 2010; Celdrán, Villar, & Triadó, 2012; Henderson, Hayslip Jr., Sangers, & Louden, 2009) have focused specifically on grandparent-grandchild relationships. It has been noted elsewhere (Baker & Mutchler, 2010) that it is increasingly important that we understand grandparent-grandchild relationships given that as of 2004 nearly 4.6 million children were living in a grandparent-headed household in the United States, marking a two-fold increase since 1970. Baker and Mutchler (2010) examined the economic security of children in the United States— in terms of poverty and material hardship — among three-generation, skipped generation, single parent and two-parent households through a random sub-sample of individuals under the age of 18 in the “Survey of Income and Program Participation” (2001). They found that children living in grandparent-headed household experienced elevated risk of health insecurity and poverty. However, the difference between grandparent-headed and two-parent households was moderated by characteristics of the household and caregivers.

Celdrán, Villar and Triadó (2012) assessed relationship changes in families where a family member has dementia, and where that grandparent moves into the grandchild’s household on grandchild well-being through a non-probability sample of 145 adolescents aged 14 through 21 years of age in Barcelona, Spain. They found that adolescents underwent changes in their daily activities and their experience of caring, including mostly positive changes in their relationships with their parents. Another study, conducted by Henderson, Hayslip Jr., Sangers, and Louden (2009) assessed grandmother-grandchild relationship quality as a predictor of psychological adjustment among youth from divorced families, through a non-probability sample of 17 through 20 year olds whose maternal grandmothers were living at the time of the study conducted in Texas, United States. They found that the association between relationship quality and adjustment outcomes were stronger for the youth from divorced families.

What the reviewed literature has shown about family relationships in later life is that: (1) family relationship typologies in later life are similar across European countries and between the United States and rural China, however, these countries vary in their distributions among these types (e.g., descending familialism, ascending familialism, supportive-at-a-distance, and autonomous were not culturally specific types of family relationships) (Dykstra & Fokkema, 2011; Guo, Chi, & Silverstein, 2012); (2) relationship quality with adult-children in later life is – at the individual level – associated with adult-children’s socio-economic status and parent to adult-child financial support (Guo et al., 2013), values (Sechrist et al., 2011) and personality and demographic variation (Birditt et al., 2012), and at the country level family culture and state functions (Silverstein et al., 2010); (3) the effect of family relations on the well-being of older family members can be both positive and negative for well-being (Ward et al., 2009), these negative aspects are detrimental to their well-being (Carr et al., 2013; Ward et al., 2009) , but this depends on context (Yunong, 2012); and (4) grandparent-grandchild relationships are increasing (Baker & Mutchler, 2010), grandparent households are worse off in terms of grandchild poverty but that this is moderated by household characteristics and caregivers (Baker & Mutchler, 2010), and grandchildren are better off in terms of their relationships with parents, caring attitudes, and their adjustment to parental divorce (Celdrán et al., 2012; Henderson et al., 2009).

### **Caregiving and Intergenerational Transfers**

It is estimated that roughly half (46%) of Canadians will at some point in their lives be informal caregivers (CG’s) (Statistics Canada, 2012). Furthermore, these CG’s provide the

majority of long-term care (Robison, Fortinsky, Kleppinger, Shugrue, & Porter, 2009). Hence, gerontologists have increasingly turned their attention to caregiving research. In this section, recent caregiving studies are divided into eight sub-themes: (1) CG burden, (2) buffers of CG burden, (3) couple CG's, (4) sibling CG's, (5) spousal CG's, (6) grandparent/grandchild CG's, (7) cross-cultural caregiving, and lastly, (8) intergenerational transfers.

Several researchers have focused on CG burden in terms of: (i) the construct; (ii) its predictors; and (iii) its effect on CG health and well-being. First, researchers have assessed the construct of burden, including its dimensions and factors. For instance, using a non-probability sample of 280 spouses/partners and 243 adult children caregivers from the League of Experienced Caregivers (LEFC) in Wisconsin, United States, Savundranayagam, Montgomery, and Kosloski (2011) found that burden among CG's was a multidimensional construct including stress, relationship, and objective burden. Similarly, using a non-probability web-survey of eligible caregivers, Leggett, Zarit, Taylor, and Galvin (2010) found three burden factors: role strain, personal strain, and worry about performance. Others have focused on the predictors of CG burden. For instance, there is evidence that CG burden is higher among females, those who had a history of home care during previous year, lower education and subjective socio-economic status (SES), poor ADL/IADL function (Kim et al., 2009), anticipatory grief (Holley & Mast, 2009), disability, isolation, CG age, and patient gender (Leggett, Zarit, Taylor, & Galvin, 2010). Others have focused on the effects of CG burden on the health and well-being of CG's. For instance, using a nationally representative (United States) sample of adults 45 years and older from the "The Reasons for Geographic and Racial Differences in Stroke (REGARDS) (2003-2007), Perkins et al. (2013) found high mortality rates among CG's with burden.

Another focus has been on the buffers of CG burden, including: (i) formal care; (ii) CG's social networks; and (iii) coping strategies. First, using a sample of 621 caregivers in the United States through data from the "Reach II project", Harris, Durkin, Allen, DeCoster and Burgio (2011) found that exemplary care partially mediated the relationship between subjective burden and care outcomes. As well, Ostbye, Malhotra, Malhotra, Arambepola, and Chan (2013) assessed whether instrumental support from a foreign domestic worker (FDW) moderated the associations between impairment among older persons and caregiving outcomes among their informal CG's, using a nationally representative sample of community-dwelling older Singaporeans aged 75 and older and receiving assistance for at least one ADL limitation from a primary caregiver through "The Singapore Survey on Informal Caregiving" (SSIC, 2010-2011), finding that FDW's buffered the negative association of memory impairment with CG esteem, while also buffering the positive association of mood impairment with esteem. Additionally, Nakagawa, Yamada, and Nasu (2014) found that the use of paid services alleviated two (social and emotional burden) out of five dimensions of CG burden in Japan. There has also been research interest in understanding the role CG social networks play in reducing CG burden, through a sample of Dutch adults aged 55 to 85 from the "Family Caregivers of Older Adults" (2000-2001) study one study found that a larger social network, with more types of tasks being shared and care shared for a longer period (Tolkacheva, van Groenou, de Boer, & van Tilburg, 2011), and more family support, greater family agreements, and greater care management self-efficacy (Casado & Sacco, 2012) were all associated with lower burden among a cross-sectional survey sample of 18 years and older caregivers in the mid-Atlantic region of the United States who cared for an elderly Korean relative. Additionally, coping strategies may also reduce the negative effects of CG burden. For instance, Cheng, Lam, Kwok, Ng, and Fung (2013) assessed the effects of self-efficacy beliefs on caregiving appraisals and depressive symptoms, among a

sample of 99 family caregivers in Hong Kong through Wave 2 of an ongoing longitudinal study, finding that CG's with higher self-efficacy had more positive gains and fewer burdens.

Recent studies have also assessed couple CG's, in terms of: (i) work, (ii) gender, and (iii) upward/downward caregiving. For instance, Henz (2010) found that time availability was strongly associated with couples division of parent care among a sample of British caregivers in the "British General Household Survey (GHS, 1985-2000). In terms of being gendered, Chesley and Poppie (2009) found persistent gender differences in levels of emotional support to parents and in-laws, with women providing more care among a sample of 25-74 year olds from the National Survey of Midlife Development in the United States (MIDUS, 1995). Henz (2009) also found that adult daughters-in-law provided more care when they did provide care, but that sons-in-law were more likely to provide care. Others have focused on the relationship between upward and downward caregiving. For instance, using a sample of adults aged 40-60 who resided in Philadelphia, United States, and had at least one child over the age of 18 and at least one living parent (The Family Exchange Study, 2001), Fingerman et al. (2010) found that most participants provided more support to the average grown child than to the average parent, yet a portion did the opposite, with these latter parents perceiving their children as both more important and having greater everyday needs.

Caregiving research has also focused on siblings, including: (i) typologies; (ii) predictors of caregiving; and (iii) predictors of conflict. For instance, in their research on understanding the decisions sibling CG's make as to whether they take on care-giving roles, Leinonen (2014) identified three participation patterns (absence, backup, togetherness) of sibling CG's, noting that we cannot assume that siblings will take on caregiver roles. There is evidence that cost, geographical distance, demands in employment and child caregiving, presence or absence of a partner and or children, gender (Leopold, Raab, & Engelhardt, 2014), sibling similarities (Tolkacheva, van Groenou, & van Tilburg, 2014), and mother's previous preference (Pillemer & Suito, 2014) predicting sibling caregiving. As well, Fingerman, Pillemer, Silverstein, and Suito (2014) found that aging parents choose caregiving favorites. Furthermore, using a sample of Dutch adults aged 55 to 85 drawn from the "Longitudinal Aging Study Amsterdam" (LASA), Tolkacheva, van Groenou, and van Tilburg (2010) found evidence for a sibling joint effect, finding that the more care a sibling provides the more care other sibling's give, with having a sister being indicative of giving less care. Others have assessed the predictors of sibling CG conflict. For instance, Suito, Gilligan, Johnson, and Pillemer (2014) found that perceived favoritism regarding future caregiving was associated with sibling tension.

Others have focused on CG burden among spouses, including: (i) their health and well-being; and its (ii) gendered aspect. To date, studies have found that spousal CG's were more distressed, exhibiting deficits in learning, recall of episodic information, and working memory using a non-probability sample of 16 spousal caregivers of older adults (Mackenzie, Wiprzycka, Hasher, & Goldstein, 2009), had more objective burden, stress burden, and reported poorer self-reported health (SRH) (Savundranayagam, Montgomery, & Kosloski, 2011). Furthermore, Savundranayagam and Montgomery (2010) found that role discrepancies completely mediated the relationships between ADLs and stress and relationship burden among spouses among a convenience sample of 358 spousal caregivers in the United States. There is also evidence that spousal CG burden is gendered as wives caring for husbands have reported having higher depression than husbands caring for wives among a sample of 308 spousal caregivers in Osaka, Japan (Sugiura, Ito, Kutsumi, & Mikami, 2009), have more burden and compromised self-esteem among a sample of 873 caregivers in British Columbia, Canada. (Chappell, Dujela, & Smith,

2014), and have higher ten year role strain with faster increases in strain over those ten years among 255 spousal caregivers in North America (Lyons, Stewart, Archbold, & Carter, 2009). Furthermore, through a sample of Americans 50 years and older and their spouses drawn from the Health and Retirement Study (HRS, 2000-2006), Dunkle (2014) investigated whether transitioning into the role of ADL spousal CG was associated with increased depressive symptoms for wives and husbands, finding that both have more depressive symptoms than non-CG's in general. However, wives continuing as caregivers have more depressive symptoms than those remaining as non-caregivers while depressive symptoms of husbands did not differ between the two groups.

Researchers have also focused on caregiving between grandparents and grandchildren, including: (i) grandchild CG's; (ii) grandparent CG's; and (iii) grandparent health and well-being. For instance, Hamill (2012) assessed adolescent grandchildren's care of grandparents with Alzheimer's disease, through a non-probability sample of 35 caregiving families in the United States, finding that they provided more care when parent's provided more care and when grandchildren had greater affection for grandparents. Conversely, others have focused their research on grandchild care from grandparents. These studies have shown that a greater CG role was predictive of more regular contact, stronger closeness with grandchildren, greater parental encouragement, better grandparent health (Tan, Buchanan, Flouri, Attar-Schwartz, & Griggs (2010), fewer functional limitations, and more economic resources (Luo, Lapierre, Huges, & Waite, 2012). Lastly, others have assessed grandparent CG's health and well-being. For instance, Ku (2013) found that Taiwanese grandparent CG's were more likely to report better SRH, higher life satisfaction and fewer depressive symptoms among a sample of 60 years and older Taiwanese drawn from the "Survey of Health and Living Status of the Elderly" (1989-1996). However, Musil et al. (2011) assessed the well-being of grandmothers who provided care to grandchildren, finding that they reported the most stress, strain, depression, and the worst physical health among a convenience sample of 485 grandmothers in Ohio, United States.

Others have focused on cross-cultural differences in caregiving, and specifically on filial responsibility/obligation, including its (i) prevalence and (ii) its effects on CG burden and well-being. For instance, Kobayashi and Funk (2010) found that the majority of parent-child dyads in second and third generation Japanese-Canadian families indicated congruence in the prevalence of filial obligation among a sample of 100 older parents (55 years and older) and 100 adult children residing in British Columbia, Canada. Lai (2010) examined the effects of filial piety on the appraisal of CG burden by Chinese-Canadian family CG's of their older adult parents of 65 years and older, finding that filial piety indirectly affected burden by altering appraisals of the CG role. However, both Bryant and Lim (2013) and Chappell and Funk (2012) found limited support for an association between caregiving attitudes and caregiving behaviors, with the latter study noting that those strongest predictors of behaviors being cultural group, parental ill-health, living arrangements, and relationship quality among samples of Hong Kong and Victoria and Vancouver, British Columbia residents. Lastly, using the same sample, Funk, Chappell, and Liu (2013) examined associations between filial responsibility and SRH and well-being within three cultural groups, finding that filial responsibility was negatively related with SRH and well-being in all groups, however, more so for CG's of Caucasian Canadian backgrounds.

The last theme revealed in the literature review was research on intergenerational transfers, including: (i) upward transfers and (ii) downward transfers. For instance, Xie and Zhu (2009) found that married daughters provided more financial support to parents than married

sons do among a sample of Chinese caregivers drawn from the “Study of Family Life in Urban China” (1999). Others have focused on upward transfers, from adult children to older parents. Brandt and Deindl (2013) found that parents were more likely to support their adult children financially and practically in countries with more public assistance among a sample of adults 50 years and older across 13 countries drawn from the “Survey of Health, Ageing and Retirement in Europe” (SHARE, 2004-2005, 2006-2007). Lastly, Lennartsson, Silverstein, and Fritzell (2010) found that parents provided economic transfers to adult children if they had more frequent contact, and if time investments paid off for children among a sample of 69-99 year olds in Sweden drawn from the “Swedish Panel Study of Living Conditions of the Oldest Old” (SWEOLD, 2004).

What the reviewed literature has shown about caregiving and intergenerational transfers among aging families is that: (1) CG burden is a multi-dimensional construct (Montgomery & Kosloski, 2011), predicted by care-recipients’ ADL/IADL status, isolation, disability, and gender, as well as, CG’s anticipatory grief, gender, SES, and age, and that this burden effects CG health and well-being negatively (Holley & Mast, 2009; Kim et al., 2009; Leggett et al., 2010; Perkins et al., 2013); (2) CG burden may be buffered by formal care, CG social networks, and coping strategies (Casado & Sacco, 2012; Cheng et al., 2013; Harris et al., 2011; Nakagawa et al., 2014; Ostbye et al., 2013; Tolkacheva et al., 2011); (3) couple caregiving is predicted by non-work time, gender, and whether dependent children are present (Fingerman et al., 2010; Henz, 2009; 2010); (4) sibling caregiving takes several roles (absence, back-up, togetherness) (Leinonen, 2014), and is predicted by cost, geographical distance, work demands, presence of dependent children, gender, sibling similarities, mother’s expected CG, and parental favoritism, with parental favoritism in care becoming a potential source of sibling conflict (Fingerman et al., 2014; Leopold et al., 2014; Pillemer & Suitor, 2014; Suitor et al., 2014; Tolkacheva et al., 2014); (5) spousal CG’s health and well-being is at greater risk than their non-caregiving counterparts, and this risk is greater for women (Chappell et al., 2014; Dunkle, 2014; Lyons et al., 2009; Mackenzie et al., 2009; Savundranayagam et al., 2011; Sugiura et al., 2009); (6) grandchildren are more likely to provide care to their grandparents when parents contribute and they have an affectionate relationship (Hamill, 2012), whereas grandparents are more likely to provide care to their grandchildren when they have regular contact, a close relationship, parental encouragement is present, better health and fewer activity limitations, and more economic resources, with grandparent caregivers having better health, life satisfaction, and less depression than their non-caregiving counterparts (however, this may be the opposite for grandmothers) (Ku, 2013; Luo et al., 2012; Musil et al., 2011; Tan et al., 2010); (7) filial responsibility/obligation is congruent across generations, however, contradictory results were reported on whether it reduced or contributed to caregiving burden (Bryant & Lim, 2013; Chappell & Funk, 2012; Funk et al., 2013; Kobayashi & Funk, 2010); and, lastly, (8) married daughters are more likely than married sons to provide upward intergenerational transfers to their parents (Xie & Zhu, 2009), and parents are more likely to provide downward intergenerational transfers to their adult-children when public assistance, more contact, and a perception that such investments will be advantageous, are present (Brandt & Deindl, 2013; Lennartsson et al., 2010).

### **Living Arrangements of Aging Families**

In her literature review on living arrangements in later life, Bures (2009) suggested that by examining living arrangements over the life course – studying who lives with whom, and the

determinants of living arrangements – we are better equipped to understand family transitions and their consequences for the needs and well-being of individuals. As such, living arrangements are linked to broader social changes, including changes in social norms related to marriage, childbearing, educational attainment, and women’s employment (Bures, 2009). Recent studies on the living arrangements of aging families have focused predominately on: (1) independent living and intergenerational co-residence; (2) non-marital cohabitation; and (3) living-apart-together (LAT).

Co-residence with adult children is both on the decline and relatively less common in the global North; however, adult children and their parents still continue to co-reside (Moustgaard & Martikainen, 2009). Recently, researchers have focused their studies primarily on: (i) predictors of independent living; (ii) predictors of intergenerational co-residence; and (iii) the effects of living arrangements on well-being outcomes. Some older adults desire to maintain their independence and not co-reside with their adult children. For instance, Sereny (2011) found that non-minority ethnicity, lower age, higher socio-economic status, and greater family care resources were all predictors of the desire to live independently among a sample of adults 80 years and older in China drawn from the Chinese Longitudinal Healthy Longevity Survey (2005 Wave).

Other researchers have sought to understand the predictors of intergenerational co-residence. For instance, Isengard and Szydlik (2012) assessed why adult children and their parents live together in Europe, finding that economic insecurities for both adult children and parents, family structure, and macro-level forces, including welfare state policies (or lack thereof) were all predictors of intergenerational co-residence among a sample of adults aged 50 years and older from 11 countries drawn from the “Survey of Health, Ageing and Retirement in Europe” (SHARE, 2004). In particular, they found that the higher public expenditure in general and for families in particular, the less likely is co-residence, and the greater the degree of poverty and inequality, the higher were the co-residence rates (Isengard & Szydlik, 2012).

In her review on living arrangements of aging families, Bures (2009) noted that there is evidence that living arrangements may be related to both migration and immigration of family members. For instance, Clark, Glick, and Bures (2009) found that immigrants arriving to the United States from non-European countries were more likely to live with their extended family members than United States-born residents. As well, Kim (2012) examined immigrant co-residence with adult children among Koreans in Singapore, finding that in the absence of “actual co-residence” many families met obligations from a distance (“virtual co-residence”), developing adaptive, practically negotiated, two-way, and innovative arrangements for care and support between the countries. Korinek, Zimmer, and Gu (2011) found that widows were more likely to move into intergenerational co-residence, and this was especially the case for those with declining functional health and absence of a grandchild among a sample of Chinese adults aged 80 and older drawn from the “Chinese Longitudinal Health Longevity Surveys” (1998-2005). Lastly, Mutchler and Baker (2009) assessed the effects of co-residence on the economic well-being of grandchildren, finding that in mother-only families, grandchildren were less likely to live below or near poverty than mother-only families without a grandparent among an American sample drawn from the “Panel of the Survey of Income and Program Participation (SIPP, 2001). They suggested that such two-generation, single-parent families benefited from the economic contributions (cash transfers, social security) of the grandparents.

The recent demographic decline in intergenerational co-residence has been accompanied by an increase in non-marital cohabitation. Indeed, demographic change in marital status and living arrangements reflect changing social norms, one of which being an increase (almost doubling in Finland from 1990 to 2003) in non-marital cohabitation among older adults (Moustgaard & Martikainen, 2009). As well, in the United States, cohabitation among adults over the age of 50 has also risen (more than doubling from 2000 to 2010) (Brown, Bulanda, & Lee, 2012). Recently, research on non-marital cohabitation has focused on: (i) its prevalence; (ii) its predictors; and (iii) the risk of relationship dissolution. First, Brown, Bulanda, and Lee (2012) found that older individuals were just as likely to form a cohabiting union that was non-marital as a union that was marital among a sample of Americans aged 50 years and older (in 1998) drawn from five waves of the “Health and Retirement Study” (1998-2006). Second, Moustgaard and Martikainen (2009) sought to assess the predictors of non-marital cohabitation, finding that low educational attainment, low occupational social class, and living in rented housing were all associated with non-marital cohabitation among a sample of Finnish adults aged 65 and older drawn from the “Statistics Finland Labour Market Data File” (1990–2003). In addition, they found that gender and income interacted, as women with high income, and men with low income, were more likely to be in a non-marital cohabiting living arrangement. Recently, researchers have also focused on the dissolution of non-marital cohabitation relationships. To date, however, the evidence appears to be contradictory, with Brown, Bulanda, and Lee (2012) finding a similar level of stability between married and non-married cohabitators in their United States sample, whereas Moustgaard and Martikainen (2009) found that non-marital cohabiting living arrangements were more likely to be dissolved in their Finnish sample. Lastly, Vespa (2013) assessed whether health, wealth and family ties shape older cohabitators’ chances of marrying or separating, finding that for women in cohabiting-couple unions, large families and higher income lowered their risk of marrying, whereas close social networks raised their risk of separating.

Another prevalent and increasing (Funk & Kobayashi, 2014) living arrangement among aging families is living-apart-together (LAT), where individuals living alone are in long-term committed, intimate relationships, but live in separate households. Gierveld (2004) assessed the determinants that led widowed or divorced individuals to enter into old and new types of partner relationships, including LAT relationships among a sample of adults aged 55 to 89 years old residing in the Netherlands through the “Living Arrangements and Social Networks Survey” (1992). They found that beginning in the 1980s more older adults have been opting into LAT relationships out of bereavement or divorce, and that LAT relationships were more prevalent among middle aged and older adults than among young adults. Furthermore, in order to understand the reasons for these increasing LAT relationships, Funk and Kobayashi (2014) interviewed mid- and later-life couples in these relationships, finding that LAT relationships were constituted to maintain personal independence, counter ageist stereotypes, resist traditional gender norms and inequalities, and mitigate relationship risks associated with cohabitation among a non-probability sample of 28 LAT couples aged 25 and older residing in Vancouver or Victoria, British Columbia.

This section reviewed recent research on the living arrangements of aging families. First, intergenerational co-residence is on the decline and is less prevalent in the global North than in the Global South (Moustgaard & Martikainen, 2009), is predicted by economic insecurities, family structure, welfare state policies, immigration status, lack of ‘virtual co-residence’, widowhood (especially for widows with declining functional health and absence of

grandchildren) (Bures, 2009; Clark, Glick, and Bures (2009); Isengard & Szydlik, 2012; Kim (2012); Korinek, Zimmer & Gu, 2011; Mutchler & Baker, 2009), and may positively affect the economic well-being of grandchildren in mother only families, meanwhile independent living is increasing and predicted by non-minority ethnicity, lower age, higher SES, and greater family care resources (Sereny, 2011). Second, non-marital cohabitation has doubled over the past decade in both the United States and (Brown, Bulanda, & Lee, 2012) Finland (Moustgaard & Martikainen, 2009), individuals are just as likely to enter into it in later life as marriage (Brown, Bulanda, & Lee, 2012), and it is predicted by low education, low occupational social class, living in a rental, low income among men and high income among women, whether non-marital cohabitation is more at risk of relationship dissolution than marriage may depend on country, and women in large families and with higher income have lower risk of marriage out of divorce or widowhood (Moustgaard & Martikainen, 2009). Third, living-apart-together arrangements are also increasing with more older adults since the 1980's entering into LAT relationships out of divorce or widowhood, are more prevalent when compared to younger age groups (Funk & Kobayashi, 2014; Gierveld, 2004), and are entered into by individuals who desire to maintain their personal independence, counter ageist stereotypes, resist traditional gender norms, and mitigate the relationship risks associated with cohabitation (Funk & Kobayashi, 2014).

### **Partnerships in Later Life**

Understanding the diversity and complexity of partnerships in later life has become an important area of research for family gerontologists as these partnerships have implications for aging families. To date, studies on the theme of partnerships in later life have primarily focused on: (1) singlehood and dating; (2) repartnering; (3) marital happiness; (4) divorce; and (5) widowhood.

The first area of research on partnerships in later life was on singlehood and dating. To date, studies have focused on understanding the predictors of singlehood in later life. For instance, Timonen and Doyle (2014) identified two pathways into singlehood among both men and women: (i) choosing singlehood associated with independence, self-fulfillment, and autonomy, and (ii) constraint in their choice due to poverty, care work, family roles, and cultural norms. They also found that the latter group felt alone when unable to actualize the roles of spouse, parent, and grandparent. As well, studies have focused on specifying the predictors of dating behavior among single older adults. For instance, Brown and Shinohara (2013) found that dating was more common among single men than women in later life, dating declined with age, daters were more socially advantaged than non-daters, and were more likely to be college educated, have more assets, be in better health, and report more social contacts among a sample of American adults aged 57 to 85 drawn from the "National Social Life, Health, and Aging Project" (2005-2006).

Another area of research on partnerships in later life was on repartnering, particularly in terms of its effects on relationships between repartnered older adults and their adult children from previous relationships. Shapiro and Remle (2011) assessed whether marital transitions influenced financial transfers to adult children, finding that parental marriage transitions were indicative of less financial transfers to their adult children among a sample of American households with adult children drawn from the "Health and Retirement Survey" (1992-1998 Waves). Additionally, Kalmijn (2013) found that repartnered fathers have less contact with their adult children, the quality of their relationship is poorer, and they exchange less support than



fathers divorced and living alone among a sample of Netherlands residents drawn from the “Longitudinal Internet Studies for the Social Sciences”. Similarly, Noel-Miller (2013) examined the implications of repartnerships with new children for older fathers on relationships with adult children born from a prior relationship, finding that divorced fathers who went on to a new union had weaker relationships with adult children than their post-divorce counterparts.

The third area of research on partnerships in later life was on marital happiness. This research has focused on: (i) its profiles, (ii) its predictors, and (iii) its outcomes. First, Boerner, Jopp, Carr, Sosinsky and Kim (2014) assessed marital assessment profiles, first finding three profiles (positive, positive-negative, and negative), with men offering more positive assessments than women, and these profiles explaining more of the variance in marital satisfaction among women than men among a sample of married couples where the husband was aged 65 and older residing in Detroit, United States with the sample drawn from the “Changing Lives of Older Couples Study” (1987-1988). Second, Iveniuk, Waite, Laumann, McClintock and Tiedt (2014) examined the implications of health and personality characteristics on marital conflict, finding that husbands and wives in fair or poor physical health were more likely to report high levels of marital conflict among a nationally representative (United States) sample of older adults drawn from the “National Social Life, Health and Aging Project” (NSHAP, Wave 2, 2010-2011). Third, Gierveld, van Groenou, Hoogendoorn, and Smit (2009) examined whether marital factors play a role in emotional and social loneliness, finding that stronger emotional and social loneliness was observed in older adults whose spouse had health problems, who did not receive emotional support from their spouse, who had non-frequent conversations or were in disagreement, or who evaluated their current sex life as not very pleasant among a sample of adults aged 64 to 92 residing in Amsterdam drawn from the “Longitudinal Aging Study Amsterdam” (Wave 2001-2002). As well, Carr, Freedman, Cornman, and Schwarz (2014) examined associations between marital quality and both life satisfaction and well-being among older husbands and wives, finding that spouses’ appraisals moderated the relationships between their own marital appraisals and well-being.

The fourth area of research on partnerships in later life was on divorce, including (i) its pattern, (ii) its predictors, and (ii) its outcomes. First, Brown and Lin (2012) documented divorce rate changes among older adults in the United States over a decade using the “U.S. Vital Statistics Report” (1990) and the “American Community Survey” (ACS, 2010), noting its doubling from 1990 to 2010, and secondly, noted its predictors being demographic characteristics, economic resources, and the marital biographies of the individuals. Thirdly, Gray, De Vaus, Qu, and Stanton (2011) assessed the impact of divorce on the well-being of older Australians, finding that divorce had a long-lasting, negative impact on well-being that persisted into later life for both men and women. As well, Addo and Lichter (2013) found that women who married and stayed married accumulated more wealth, and that there were black-white differences in wealth accumulation, but that these differences would be significantly reduced if the individuals had the same marital and relationship histories among a nationally representative (United States) sample of 51 to 61 year olds drawn from the “Health and Retirement Survey” (HRS, 1992-2004).

Finally, the fifth area of research on partnerships in later life focused on widowhood, including: (i) as a predictor of social participation and depression and (ii) on particular variable relationships among widowed individuals only. First, Donnelly and Hinterlong (2010) found that widowhood was positively related to informal social participation, but not formal social

participation among a sample of American adults aged 60 years and older drawn from the “American’s Changing Lives Study” (ACL, Waves 1986, 1989, 1994). As well, Jeon, Jang, Kim and Cho (2013) examined the impact of social ties on the relationship between widowhood and depressive symptoms, finding that social ties with children partially mediated and also moderated the relationship among widows among a sample of Korean adults 60 years and older drawn from the “Korean Longitudinal Study of Aging”. Others have focused specifically on understanding relationships between variables only. For instance, Utz, Caserta, and Lund (2012) explored the relationship between physical health and psychological well-being among recently bereaved spouses, finding that those in poor health had higher levels of grief and depressive symptoms. As well, Carr and Sharp (2013) explored whether beliefs about existence and the nature of an afterlife affect five psychological symptoms (anxiety, anger, depression, intrusive thoughts, and yearning), finding that uncertainty was related with elevated intrusive thoughts.

Additionally, Utz, Swenson, Caserta, Lund and de Vries (2014) found that both loneliness and social support declined over the first year and a half of bereavement, and greater social support was associated with lower loneliness among bereaved adults aged 50 and older drawn from the “Living After Loss Longitudinal Study” (2005-2009). De Vries, Utz, Caserta, and Lund (2014) found that social support and social interaction, including the role of friendship support, were associated with more positive self-evaluative aspects of loss. Lastly, Cheng, Chan, Li, and Leung (2014) found that childlessness was a risk factor for psychological well-being among widowed older adults in Hong Kong, with this effect being stronger among women than men.

This section reviewed recent research on partnerships in later life, including on singlehood and dating, repartnering, marital happiness, divorce, and widowhood. Firstly, the research showed that singlehood was predicted by the choice of independence, self-fulfillment, and autonomy, and constrained by poverty, care work, family roles, and cultural norms, and dating was predicted by gender, age, education, assets, health status, and social contacts (Timonen & Doyle, 2014). Secondly, the research showed that repartnering after a divorce resulted in less financial assistance, contact, support, and quality in relationships between older adults and their adult children from previous relationships (Kalmijn, 2013; Noel-Miller, 2013; Shapiro & Remle, 2011). Thirdly, men generally assessed their marital profiles more positively, but these marital profiles explained more of the variation in marital satisfaction among women (Boerner et al., 2014). As well, marital satisfaction is predictive of better physical health status, low marital satisfaction increased emotional and social loneliness, and the relationship between marital appraisal and well-being was moderated by spousal appraisal (Carr et al., 2014; Gierveld et al., 2009; Iveniuk et al., 2014). Fourthly, older adult divorces doubled from 1990-2010, were predicted by demographics, economic resources, and marital biographies (Brown & Lin, 2012), and these divorces negatively impacted well-being (Addo & Lichter, 2013; Gray, De Vaus, Qu, & Stanton, 2011). Lastly, widowhood was positively associated with both informal social participation (but not formal participation), and depressive symptoms (these being mediated by support from adult child) (Donnelly & Hinterlong, 2010; Jeon et al., 2013). Additionally, among widows, poor physical health and uncertainty regarding the afterlife were associated with grief and depression, social support with declining loneliness and increased self-esteem, and childlessness with worse well-being (Cheng et al., 2014; Utz et al., 2012; 2014).

## **Conclusion**

The preceding literature review on aging families revealed five themes: structural diversity in aging families, family relationships in later life, caregiving and intergenerational transfers, living arrangements of aging families, and partnerships in later life. Although much empirical work has been done on aging families, the reviewed research revealed several gaps and recommendations for future research. First, some future directions for research on structural diversity in aging families include: (i) understanding diverse living arrangements among step-families (Becker, Salzburger, & Lois, 2013); (ii) assessing the extent to which parental status may interact with the loss of a spouse or partner in affecting well-being (Bures, Koropecj-Cox, & Loree, 2009); (iii) collecting more data on intergenerational transfers so that further hypotheses may be tested (Chou, 2010); (iv) studying the effects of family structure on the health of older adults utilizing more health measures than longevity; and (v) there is a general paucity of Canadian research on childlessness in later life. Second, some future directions for research on family relationships in later life include: (i) taking into account complexity and diversity among family forms and relationships in understanding family support in later life; (ii) assessing typologies of later life families that need to be tested for robustness in other countries (Dykstra & Fokkema, 2011); (iii) longitudinal studies are needed to assess how parent-adult child ambivalence develops (Ward, Spitze, & Deane, 2009); and (iv) while typologies have been assessed in Europe, the United States, and China, no typology of family relationships has been developed in Canada. Third, some future directions for research on caregiving and intergenerational transfers include: (i) studies employing more specific care-giver outcome measures such as life satisfaction, positive appraisal, depression, and objective health measures (Funk, Chappell & Liu, 2013); (ii) studies are needed to assess the effect of CG burden on the health and well-being of care-recipients; and (iii) research on couple CG's might want to consider differences in addition to gender, such as ethnic differences. Fourth, some future directions for research on living arrangements of aging families include: (i) studies on the effect of immigration on living arrangements in Canada; (ii) studies on whether there are differences in cohabiting stability between married and non-married in other countries besides Finland and the United States. Fifth, future directions for research on partnerships in later life include: (i) assessing the effects of singlehood on health and well-being; and (ii) assessing the impact of divorce among older adults on their well-being.

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