

## Discourses of Elder Care

### *How Midlife Canadian Women Act and Feel in Caring for their Parents*

*As the Canadian population ages, the demand for elder care increases. Yet little is known about the process or practice of elder care. Who provides care to whom and in what manner? In this paper, we examine ways a sample of Canadian midlife women interpret and enact one form of elder care, namely parental care. The analysis is based on interviews with women in their fifties conducted in 2002 in Southern Ontario. Many of the 110 women interviewed had cared for older parents; others anticipated such care in the future. In this paper we address a gap in the literature by drawing attention to ways midlife women voice their experiences in positive terms. An extensive literature exists detailing ways parental care is time consuming and stressful. Far less is written about the positive caregiver experience. Framed within a gendered, materialist life course perspective, we see midlife women's caring practices as embedded in a discourse of caring. Three aspects of this discourse—reciprocity, acting out of love, and finding meaning—are examined as the basis of both feelings and practices associated with the elder carework undertaken by midlife women. We conclude that parental care of elders is both a more nuanced and materially-based practice than previous studies imply.*

#### **Midlife women's elder care: Emphasizing the positive**

As the Canadian population ages, the demand for elder care increases. Yet little is known about the process or practice of elder care. Who provides care to whom and in what manner? In this paper, we examine ways a sample of Canadian midlife women interpret and enact one form of elder care, namely parental care. Recognizing that there are feelings of ambivalence (Connidis and McMullin, 2002) associated with caregiving, we have addressed a gap in the literature by drawing attention to ways midlife women voice their experiences in positive terms. An extensive literature exists detailing ways parental care is

time consuming and stressful. Far less is written about the positive caregivers experience. Framed within a gendered, materialist life course perspective, we see midlife women's caring practices as embedded in a discourse of caring. Three aspects of this discourse—reciprocity, acting out of love, and finding meaning—are examined as the basis of both feelings and practices associated with the elder carework undertaken by midlife women. We conclude that parental care of elders is both a more nuanced and materially-based practice than previous studies imply.

Data are drawn from a sample of 110 midlife women living in Southern Ontario who were interviewed in 2002. Participants were in their 50s at the time of interviews. Approximately half were married, four percent were widowed and 20 percent were separated or divorced. Eighteen percent were childless and another 18 percent were grandmothers. The interviews asked about family relationships, paid and unpaid work, health concerns, and caregiving. Involvement in parental caregiving for 50-something women reflects their varied life trajectories. Some anticipated parent care, some were currently caring for parents, and others had experienced the death of one or more parents, so their interviews referred to caregiving experiences in the past.

We focus on the positive aspects of parent care as an under-explored thread in the caregiving literature (Grant and Nolan, 1993; Cohen, Colantino and Vernich, 2002, Lopez, Lopez-Arrieta and Crespo, 2005). This emphasis is not to underplay the considerable emotional, physical and financial demands that parent care entails (Cranswick, 1997). All of our midlife women point out the burdensome aspects of parental care and the many ways in which it has robbed them of family time, energy, leisure, and work opportunities (Mandell, Wilson and Duffy, 2008). But our participants also talk about intrinsic rewards and interpersonal advantages they had not anticipated receiving when they first entered intense, often long-term, caregiving relationships. This finding reinforces Lopez, Lopez-Arrieta and Crespo (2005: 82) assumption that positive caregiving is more than the absence of burden.

Canadian survey data suggests positive experiences of parental caregiving. When Canadians were asked to evaluate their experiences in the 2002 General Social Survey, both middle-aged elder caregivers and senior caregivers rated their elder care positively. Defined as caregiving satisfaction, positive elder carework refers to the perceived subjective gains and rewards and the experience of personal growth that occur as a result of providing care (Lopez, Lopez-Arrieta and Crespo, 2005: 82). Caregiving can provide benefits not only for the receiver but also for those providing care. The vast majority of care providers say they get positive intrinsic rewards associated with their duties. Between 80 percent and 90 percent feel that helping others strengthens their relationships with the care receiver and repays some of what they themselves have received from others and from life (Stobert and Cranswick, 2004). In fact, 20.6 percent of men and 22.2 percent of women felt they should be doing more (Habu and Popovic, 2006). Cohen, Colantino and Vernich (2002) and

Lopez, Lopez-Arrieta and Crespo (2005) argue that we do not know enough about the specific nature of positive feelings surrounding parental care.

Carework takes places within a dominant discourse of caring that has historical, contemporary, material, gendered and embodied elements. Our analysis of three types of positive parental care—reciprocity, acting out of love, and finding meaning—is framed within our understanding of what dominant discourse suggests midlife women ought to feel and experience when providing care. As well, we point out the ways in which midlife women's interpretations stretch and challenge prevailing norms.

### **Caring as discursively produced**

The dominant discourse on caring sees it as an individual activity that incorporates both instrumental and affective dimensions. Instrumental duties include those taking place within the home such as preparing meals, doing housework, financial management and personal care (bathing, dressing, toileting) as well as tasks that take place outside the home including yard work, house repairs, transportation and financial maintenance.

Emotional duties include the performance or supervision of concrete tasks as well as the assumption of psychological responsibility for others by checking up on them, visiting or telephoning them, and providing emotional support such as keeping up their spirits and offering reassurance and encouragement (Cranswick, 1997; Hooyman and Gonyea, 1999: 151).

Contemporary Canadian caring makes the following assumptions. First, caring as a practice is gendered. Women on average spend 35 years of their lives devoted to caring for children, grandchildren and older people (Calsanti and Slevin, 2006). Women provide 70 to 80 percent of in-home care to family members at every stage of the life course (Marshall, 2006). While both men and women provide care to parents, there are gender differences in the forms of assistance provided. Men are more likely than women to support aging family members financially and women are more likely to support their parents emotionally and in daily tasks such as household chores, shopping and basic hygiene. (Chisholm, 1999). Women take on the direct, hands-on, personal care duties while men generally assist in tasks such as home maintenance and financial management. (Habtu and Popovic, 2006). Male and female subjectivities are thus constituted in and through gendered practices of caring (Twigg, 2004).

Second, carework varies across the life course. Caregiving increases as one ages but peaks between the ages of 55–64 years. Over 1.7 million Canadian middle-aged men and women—16 percent of this age group—provide informal care to almost 2.3 million seniors with a long-term disability or physical limitation (Stobert and Cranswick, 2004). As expected, most (67 percent) are providing care for their own parents while a significant minority are looking after their spouse's parents (24 percent), or close friends and neighbours (24 percent) (Stobert and Cranswick, 2004). In 2002, informal caregivers 45 years of age and over provided over 40 percent of elder care (Habtu and Popovic,

2006). Increased longevity increases the length of caring relationships, suggesting that middle-aged women face longer periods of caring work than previous generations.

Third, carework is related to family structure. A spouse is likely to be the primary caretaker; however, because women marry older men, they are often the providers and less the recipients of care. Without a spouse, daughters are more likely to provide care than sons. Elderly women provide more carework for elderly male spouses than elderly men provide for them (Hunsley, 2006). Two-thirds of non-institutionalized senior men and one-third of women live in a two-person household with a spouse, meaning more senior men than senior women are likely to have access to spousal care (Cranswick and Thomas, 2005).

Fourth, carework is raced and classed. While all social classes and ethnic groups provide instrumental, emotional and financial care, they differ in amounts, intensity and feelings of obligation. Women of colour are more likely to be involved in paid carework. Asian men perform almost as much carework as Asian women. More highly educated women perform less carework. Higher earning men perform very little carework. Many minority groups have more sources of care support available than do white groups. Our interviews with midlife women drew on a variety of social classes and ethnic groups displaying the wide range of ways in which carework is taken up.

Fifth, carework is associated with ill health. Care is provided at some cost to individuals. Caregivers experience both objective burden (the actual demands they experience as caregivers) and subjective burden (feelings of worry, sadness, resentment, anger or guilt) (Hooyman and Gonyea, 1999). Statistical evidence indicates that for both men and women, caring eats away at their time, energy and money. On a day-to-day basis, 55 percent of employed women and 45 percent of employed men stated that caregiving duties affected their work, citing instances of coming to work late or leaving early, having to miss at least one day of work (34 percent of women and 24 percent of men), 44 percent said they had incurred extra expenses because of their responsibilities (Cranswick, 1997). Feeling alone, isolated, worrying about the care recipient and without time for oneself appear to be greater negative outcomes of elder care than the physical or financial demands (Baines, Evans and Neysmith, 1998).

## **Findings**

Dominant discourses of carework shape the ways in which midlife women interpret their elder care experiences as both acts of affection and enactments of obligation. Three themes emerge from our analysis of the positive themes regarding parental care in midlife women's interviews: caring as reciprocity, caring as an act of love, and caring in the final stages of a parent's life as contributing to the caregiver's search for meaning in her own life and relationships.

### *Reciprocity*

Families are sites on ongoing labour as well as being sites of ongoing care.

Midlife women care for their children and their parents. Grandparents provide childcare for grandchildren and for great-grandchildren. Elderly spouses provide care for one another. Carework is layered and typically reciprocal. Children and adults, of all ages both receive and provide care. Indeed there may be times when these are simultaneous processes. Reciprocity including financial contributions, on the part of parents receiving care from their children or grandchildren allows the older adult to retain feelings of independence. Not surprisingly, Lewinter (2003) found that when *caregivers* felt appreciated, they felt more positively about the experience, so parental expressions of gratitude prove very important. In this way, reciprocity in caregiving is like reciprocity in any relationship. According to Lewinter (2003: 375) “caregiving relationships resemble other types of social relationships in that reciprocities form an important mediating factor in the relationships’ stability, continuity, and quality.”

Reciprocity can be understood in the broader context of family relationships over the life course in that intergenerational exchanges may be delayed by years, or involve several people. Adult children are motivated to engage in parental care in return for the care they received as children, or they may care for a third party because they feel blessed by their own life circumstances. Both Barbara’s (#78) and Ruby’s (#6) comments suggest their caregiving is motivated by reciprocity.

Barbara who is married, and has a busy career, and no children, has undertaken considerable care-giving responsibilities for her parents (one of whom has died). Her comments appear dispassionate, yet her sense of reciprocity is clear. “It didn’t bother me [caring for my parents] because I felt it was my duty to look after my parents because they raised me.”

Ruby’s comments have a different tone. They reflect the care she received from her grandmother as a child, and the reciprocity she experienced in the day-to-day care she in turn provided to her grandmother. Now, as she begins to become more involved in her parents’ lives, she draws on what she learned from her grandmother. The final sentence in the quote shows how Ruby’s grandmother’s treats were a way that she could reciprocate for the care she received.

*I’ve been involved in caring relationships with my grandparents, parents and children. My relationship with my grandmother was important. She cared for us all, my sisters and my parents. After my grandfather died it was a relationship of mutual care-giving. My husband and I would check on her and do any errands or shopping for her and she would make us treats.*

Reciprocity is an important dimension underpinning the individualist orientation of caring discourse because if individuals feel they are engaged in reciprocal caring relationships (emotional, financial, instrumental), than they are less likely to feel like burden.

*Acting out of love*

Caregiving is associated with feeling rules. The dominant discourse positions caring as both an act of family obligation and an act of love. There are thus “rules” about the appropriate emotions an individual should experience when performing care. “Caring as affection” implies individuals have a choice whereas “caring as duty,” articulates certain religious and cultural ideologies that reinforce the notion that children should care for parents and that siblings should support each other. Not surprisingly, children who are close to their parents are more likely to find the experience of caregiving positive. The link between a positive relationship and a positive experience of caregiving is a consistent finding in the literature (Stobert and Cranswick, 2004; Lopez, Lopez-Arrieta and Crespo, 2005; Perrig-Chiello and Hopflinger, 2005). While parental love might be assumed in the parental caring behavior of adult children, some midlife women voice strong expressions of parental love in their interviews.

Lynette (#27) has struggled financially all of her life and at the time of the interview was living in a rooming house. She had cared for her dying mother, and in turn received support and care, including housing, from her daughter. Lynette speaks emphatically about the love she continues to feel for her mother and how she misses her still. For Lynette spending long days at her mother’s hospital bedside was an act of love.

*I spent about ten hours a day at the hospital, ... not even wanting to go home, just wanting to be with her as much as I could. And after she died, I still miss her. I miss her more than I ever thought was possible. . . . I don't have that dear woman to take care of any more.*

Mary (#24) too is motivated by love to care first for her father and then for her mother. She struggles to find balance in her busy life juggling the demands of a career, adolescent children, caring for her mother and leaving time to spend with her husband, and describes herself as sandwiched. Despite such extensive demands, she feels overwhelming love for her parents. Her father died three years ago and her mother was eighty at the time of the interviews. “I love my parents dearly. I just look at my mother now and I know I’m going to lose her someday and that’s very hard.”

Ruby (#23) cares for her father who had been in a coma for four years at the time of the interview.

*All the time I visit, I have to make sure that he is comfortable, so I can take care of him. I always wash his face, tidy him up. And when my mom was sick I had to do the same thing. Then she passed off, so now it's my dad.... Even though he doesn't know I'm there. He can hear me, but he can't respond to me, but I still need to be there....*

Later in the interview Ruby talks first about her inherent desire to ‘help’, and about her hope that the care she gave her father would be given in turn

to her. We assume that the ‘them’ Ruby refers to means people in her family, although she does not say so.

*People need each other and if I can be there to help in any way, then that is what I want to do... I hope when my time comes, I can rely on them when I do need the help from them. Basically that's it.*

Ruby's devotion to her mother until her mother's death, and now her tireless devotion to her father's care, despite his inability to reciprocate in any way, may reflect a combination of love and loyalty. She is hopeful—but perhaps not completely confident that she will receive support and care in turn. The inevitable clash of “love versus duty” gives rise to feelings of ambivalence (Mandell, Wilson and Duffy, 2008). In Ruby's case this is not evident in her comments about her father, but is revealed when she considers her own future.

### *Finding meaning*

When viewed within a life course perspective, a turning point “is a disruption in the trajectory, a deflection in the path” (Wheaton and Gotlib, 1997: 1). The death of a parent, especially the second parent, is a major turning point for most people—a time to confront their own mortality (Aldwin and Levenson, 2001: 195). Not surprisingly, by this age many women have already experienced the death of one or both parents, and for some this initiated an existential search to try to find meaning in their own and their parents' lives.

A number of women in our study talk about significant changes in attitude as they confront the death of a friend or family member. Finding meaning in a crisis or illness is an important part of adapting to changed circumstances, both for the person suffering illness and for the caregiver. For example, Nelms (2002) has explored ways mothers of adult sons with AIDS found meaning (both spiritual and existential) in caring for their sons. Midlife women reflecting on caring for a parent through illness and death also talk about how this experience was a turning point prompting a rethinking of life decisions.

Anita (#12), who describes herself as “a very independent cuss” had a stormy relationship with her mother when she was an adolescent and young adult. They did however become close as Anita moved from her thirties to her forties. Anita described her mother's death as a major turning point in that it initiated a time of rethinking her own life choices.

*I was devastated when my mother died. And it made me really try to rethink what I thought about how I wanted to live the rest of my life. So I think it took me a ten-year period to figure that out.*

For Anita, whose husband is an alcoholic and had been “sleeping drunk” while she tried to care for her mother and three children aged five to fourteen, rethinking her life included finally standing up to her husband's behavior.



For some, the search for meaning is a spiritual search. Ruth (#6) has experienced the death of both parents, and had been close to two women friends who died of cancer. Ruth describes the impact as follows.

*I think that what that does, depending on the individual, is make one more conscious of the inevitability of death or disease ... of what is most important in life ... it's how one lives one's life that is important, and one's relationships.*

She went on to tell the interviewer how the experience of death leads to a desire

*...to understand what one can never understand, regarding mortality, regarding what is beyond death, regarding the importance of life . . . or, indeed, if there is something outside of oneself—the Divine. (Ruth, #6)*

The fundamental uncertainty surrounding illness and death provoke a search for meaning for some people and an accompanying desire to 'rethink' life decisions as they try to make sense of the experience. "As baby boomers age and grapple with their own mortality and the death of loved ones, there is a growing impetus to explore the meaning of life and the mystery of a spiritual afterlife" (Walsh and Pryce, 2003: 338)

## Conclusion

In this paper, we look for the positive aspects of elder care of parents as voiced by a sample of midlife women. Three themes emerged: reciprocity, acting out of love, and finding meaning.

Central to the discourse of caring is its engenderment. Women are responsible for care at every stage of the life cycle and care of aging parents is no exception. However, women's caring varies across the life course. One of the busiest times for women as caregivers is age 54-65 years old when they are potentially caring for both elderly parents, young adult children, possibly grandchildren and still very active in the labour force. Granted, when no women (wives, sisters, in-laws) are available in families to do carework, men step forward, and men are more involved in parental and spousal care than in child care (Calasanti and Slevin, 2006). Often their result lies in the commodification of carework by, for example, hiring help. Carework varies across ethnic groups and social classes. Discourses of love seem to facilitate positive feelings about carework but overwhelmingly, duty motivates caregivers more than affection. The commingling of love with obligation engenders feelings of ambivalence about carework. Midlife women feel more conflicted, diffident, hesitant and uncertain about how carework feels that we came to define their overwhelming attitude as ambivalent. However the point we address here is that midlife women are not *only* negative in their assessments of parental care.



While they are clear about the negative personal and structural impacts, as well as the lack of choice around caring that befalls women, the parental caregiving landscape also includes important positive feelings.

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