

Chapter VFamily Relationships in the later years of life

The phase of human existence with which this chapter is concerned between, approximately, 60 and 80 years - poses an immediate problem of emotional identification for the writer and for most other readers.

We have not reached this age - how do we know what it feels like?

This increases a tendency to depersonalise, and to speak of "the aged"

without the proper differentiation, due to all human beings. In writing of the phases of childhood, we are safe in the knowledge of

our own, and everyone else's, uniqueness and sense of self: not so

with old age:

"We need to see old age as part of the whole: social system" There has been an unfortunate tendency for research on old age to become fragmented into personality, family income, retirement, health, leisure, pensions, etc. etc. We need a broad theoretical approach to such typical crises of old age as retirement, widowhood and illness" ... (Tunstall)5.

Before making any generalisations, therefore, the following should be borne in mind.

First, the chronological age span of 20 years, or more, is considerable and we are therefore considering individuals along a continuum, from the fit energetic late middle aged, to the frail and easily fatigued octogenarian.

Secondly, the speed of aging, mental and physical, varies greatly as between individuals. "What constitutes the normal social development of a child in a given society and time is comparatively clear cut. But social development in old age conforms

to no such clear cut norms". (Bromley) External events such as the age of retirement and widowhood, and physical health combine with temperament and attitudes to make for dramatic differences in the processes of aging.

Thirdly; unless certain specific degenerative mental processes take place, people do not change fundamentally in old age. But the psychological controls of the middle years weaken the characteristics and feelings, especially those rooted in fear and anxiety, become more marked. Problems arising from childhood deprivation, masked in the middle years, sometimes show dramatically - as for example in greediness over food.

In our society, the care of the elderly constitutes a major social problem. Proportionately, very little time has been given to it by social workers and researchers until recently. This is partly due to the fear and depression which the subject arouses; partly because time spent on the elderly is not a social insurance policy, as in childhood, against delinquency, mental illness and so on. It is the mark of a civilised society, however, that it cares for those from whom there are no obvious returns.

The implications of dissolution and deterioration inherent in old age are bound to be depressing to younger people, who will see life in terms of effort, achievement and growth. It is therefore difficult to discuss this phase meaningfully without some reference

to its philosophical or religious aspects which touch on the

question - "what is the purpose of this phase of life?" Of the

psycho-analytic writers, only Jung () has shown interest in it.

"A human being would certainly not grow to be 70 or 80 years old if this longevity had no meaning for the species to which he belongs" (Jung)2.

"For many people in the 2nd half of life it becomes imperative to understand those aspects of themselves which in the struggle for existence and the pursuit of ambition and pleasure they have ruthlessly repressed The problem of the 2nd half of life is to find a new meaning and purpose for living" (Fordham)3.

Writing in the 1920's Jung pointed out the over-determination of sexual roles in the family-rearing phase and that, biologically speaking, "The other sex" in the individual appears more in the second half of life. (He cites as an example the frequent appearance of facial hair in elderly women.) The increased flexibility of sexual roles in our contemporary society may weaken this argument but the idea of a quest for wholeness remains as fundamental as ever, perhaps most significantly in the idea of making peace with oneself, once the urgent needs and efforts of the earlier years die down. The common stereotype of rosy-cheeked Grannie is relevant to this since her virtue consists as much in being as in doing. Perhaps in a culture which extols effort, there is an unconscious awareness of a dimension which is missing and the hope that in old age it will be experienced.

Yet against all this must be weighed the aspects of loss, both in function and in relationship - which are inevitable. "Ageing is the only phase of human development in the process of growing old

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that is characteristically, generally and regularly resisted"

(Kochlin). How true, and how inevitable, is this? Sociologists postulate "the theory of disengagement" - a gradual surrendering of social roles as a preparation for death. The idea of "surrender" is more peaceful than that of "resistance". Both attitudes may be seen in the elderly and much seems to depend on the degree of satisfaction in working and loving which has been experienced in the earlier years. It is impossible to give up that which you have never had.

In the processes of aging there are six areas of major significance which affect the individual profoundly in his relationships to others. These are: retirement; grand parenthood; "living with the children"; sexual relationships; loss of function; bereavement and death.

Retirement

Tunstall () has pointed out that, although primitive cultures vary greatly in the respect which they accord to the elders as "cultive transmitters", retirement is a phenomenon unknown to primitive, illiterate societies. It has become much more rigid through the introduction of pension schemes and takes little account of wide variations in the capacities of the elderly. Occupational and educational factors affect the emotional impact of retirement which is in any case far greater for men than for women; women's continuing

household functions provide a focus for activity for as long as she is able to perform them. For men, such status and satisfaction has been sought in roles outside the family, and with retirement, they are often thrown back on the family in an abrupt, even traumatic fashion, for these satisfactions. How difficult this is for man and wife (and children remaining at home) will depend on the nature of the marital relationship which has evolved over the years and its practical manifestations. The idea of "companionship" has, until recently, been more common amongst the middle classes than the working class perhaps especially the more 'intellectual' middle classes. Companionship, built on a basis of shared household tasks, child rearing and entertainment, obviously offers an easier transition to retirement than the relationship, however secure and loving, in which the partners activities are sharply distinguished and where men and women met only "in bed or at table". A vivid picture of the plight of old men in Bethnal Green was drawn by Townsend (). who described a society in which female dominance was characteristic and in which the men felt useless on retirement.

On the other hand, Willmott and Youngs study of a London suburb showed that the plight of the old men was not so desperate in a different social structure. In any class or setting, however, the retirement necessitates a major adjustment for both parties. It will have a symbolic significance for many - "the beginning of the end" the loss of a purpose to life. (Statistics show that suicide rates are

high for men of this age). It throws the partners into a close daily promimity, which they may never have experienced before and demands, if this is to be successful, some reallocation of tasks as well as demanding a new kind of intimacy. For some men who are not gregarious, contacts at work constitute all or the major part of their masculine relationships which are then abruptly terminated. Problems of retirement are not as yet a reason for in themselves referral to social workers; yet in the understanding of family relationships, its significance should not be underestimated.

Grandparenthood

By restricting discussion of family interaction to two generations, an important dimension has so far been omitted. There is usually a three generational interaction which is of profound importance to all concerned. The "East End" London studies showed the reciprocal nature of the benefits between generations when there is geographical proximity. In the early phase of aging, benefits are equally shared or even greater for the younger generations. For example, the study showed many "Grans" giving midday meals to children whose mothers were at work. "Many women in Bethnal Green played a major role in the caring of young children for as many as 40 or 50 years of their life". The Woodford study, however, shows how middle class people are often at a distance from their parents until increasing infirmity makes it necessary to bring them to the

area: this often necessitates living with, rather than near to, the children, although the latter is what most old people say they would prefer.

For some old people, then, the physical distances between them and their children and grandchildren make the "giving" phase impossible or difficult. Their links with their relations are tightened as their own dependence increases. They may do some knitting at a distance but somehow the balance is wrong and this increases their guilt about 'being a burden'. Furthermore, the tensions between the generations may be increased when the elderly person is introduced into the household artificially at a late stage.

The Newsom's study shows that the value placed upon grandparents as experts in child-rearing varies and that in our society their know-how may be weighed against that of the "professionals" - doctors, teachers and so on by their children.

But of the emotional value of grandparents in the family system there can be no doubt. They - along with uncles and aunts - make it possible to spread the emotional load and offer children alternative outlets for feeling and opportunities for attention. It is widely recognised that grandparents are often less tense and anxious than they were with their own children. The usual explanation is that they can love without assuming the moral responsibility for "upbringing" which is a parents' obligation. In some cases, the grandparents'

attitude to the children may reflect a general lessening of tension now that some of their personal striving is over. It is a matter of common observation that children respond to the "quiet" quality of some old people and that the mere fact that the elderly "stay put" can introduce an element of security so far as children are concerned.

"Living with the children"

Reference has already been made to the problem of integrating the elderly person into the family when there has been a physical and psychological separation over the years. However, although Townsend and Tunstall have highlighted the problems of the elderly who are isolated from relatives, there is overwhelming evidence that this is a very small percentage. Those who do not have any contact are nearly all single, or childless, or have had earlier disturbed family relations. A large number of elderly people in all European countries have daily or weekly contact with their children. It is fairly clear that, if housing and health permit "separate but near" is the arrangement that most families would favour and it seems that the intimacy of the nuclear family makes it harder to absorb the elderly person into the household. Nevertheless, for many families there is no alternative but for "Gran to come and live with us". The introduction of a new element into the system affects the total interaction of the members in just the same way as a new baby, or a fosterchild, or even a lodger. There are three

aspects which commonly give rise to difficulties:-

(i) The age-old jokes about "in-laws" acknowledge the tensions which derive ultimately from Oedipal situations in the family of origin. The ways in which these are re-enacted in the current family situation are legion.

(ii) There are natural clashes between the needs of the oldest and youngest generations - needs for peace and noise, for slowness and for speed. These are likely to be felt more intensely where the generations have not grown up together: and the middle generation is often trapped uneasily between the two.

(iii) The middle-aged bear the physical and emotional stress of a double dependency on them of the children and the aged.

It is extremely important for social workers to use their knowledge about family interaction to include relation to the elderly person in the home. Theories about group process in families give a frame of reference for all family situations - "Granny" can be as much a vehicle for the projections of the family as the delinquent adolescent and can, by her behaviour, act out aggression for the rest of the family. One of the common complications in understanding such family processes is doubt about the extent of the elderly person's mental deterioration. For example, it can be difficult to distinguish between genuine confusion arising from senility and an apparent confusion which is used to deceive or to attack. Of course, this may be in itself indicative of a breakdown of the

controls of earlier life over "unacceptable" impulses, such as greed or aggression. But it is also desirable to probe the dynamics of the family situation rather than to accept uncritically the senility of one family member.

The Marital Relationship

This is an uncharted area with few hard facts. It has been pointed out that the younger generation tend to ignore the existence of a continuing sexual drive in old age but that in fact many old people enjoy sexual relations although less frequently. This attitude of younger people may create difficulties for older people, especially where questions of re-marriage arise. Widows, for example, may have difficulty in admitting to sexual desire and feel it will be assumed they are "past all that". There will, of course, be wide variations as between couples in the liveliness of their sexual responses. The important thing is to acknowledge and respect the possibility of such desires; for not to do so is to diminish the stature of the old person and to contribute to his "infantilisation".

What evidence there is suggests that the fires of anger do not burn out in old age, any more than do the sexual fires; where marital disharmony was present in the earlier years, it continues into old age. Couples go on fighting it out; it may even give continued purpose to life.

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Frequently, physical infirmity in one partner affects the balance of the relationship. Illness or infirmity enforces physical dependence, which may distress or gratify either partner, according to their feelings about being dependent or being depended upon.

Thus, the marital relationship in old age may be put under a unique strain because the parties are compelled to play 'parent' or 'child' roles which are not natural to the balance of the marriage which they have worked out in earlier years. In general, it is probably easier for the physically healthier partner to develop the caring, stronger parts of his personality than for a previously strong person to endure the frustrations and limitations of physical dependency. Even harder for a partner is the intellectual deterioration of the other, as in cases of senile dementia or after severe strokes. This demands of the well partner a kind of total adaptation as to an infant, without the compensations of companionship. Yet in countless marriages, these situations arise and the psychological adjustments are made: which is evidence of the power of love.

Loss of function

"Loss and damage to self esteem remain bound throughout life from early childhood onwards". (Rochlin)

The loss to some degree of various powers, physical and intellectual, is an inevitable part of aging. The degree of anxiety it creates in the person (and in those around them) will

vary greatly according to the individuals. One common response is an increased self-preoccupation, behind which lies an attempt to preserve the self which is felt to be in danger. This is of course a normal response to the threat or actuality of any kind of loss. Elderly people frequently make remarks about "looking after themselves". Part of this is just common sense. Yet it has also its underlying significance. It is not uncommon for their anxiety to be displaced onto other relations, about whose health, warmth and nutrition there is unnecessary concern. This is one of the sources of irritation between the generations. In addition to this generalised sense of loss, as for example ^{when} physical mobility decreases, there are reactions to loss which carry a specific unconscious significance to the individual. This occurs at all ages but the frequency of its occurrence in old age justified its inclusion here. Amputation of a limb which might arouse unconscious anxiety about castration is an obvious example: but the less dramatic forms of loss - waning sight for example - will all have their meaning to the individual and to those who care for him.

Example:

Death and Bereavement

The elderly must come to terms with the inevitability of their own death and with bereavement. Their feelings about it are intimately connected with the earliest childhood phantasies of a benign or punishing parent. For even if there is no conscious religious belief in a life hereafter, there are unconscious preoccupations with meeting the parents again - it is noticeable how elderly people begin to speak more of their parents as the years go by and how vivid the early relationships are by comparison with the middle years. The symbolism of many religions suggests this to be a universal human experience and such common phrases as "returning to mother earth" tend to confirm that at some level of the mind a reunion is expected. It is a reunion which may be feared - a day of judgement for childhood - or may be desired - a return to the security of the parental arms - "going home". The way death is viewed is also much affected by the degree of fulfillment in the life of the elderly person; to give up life which has never been lived to the full is bitter.

It is, of course, evident that for many elderly people, the prospect is so frightening that it must be totally ignored or denied.

Glaser and Strauss studied the attitudes of families to impending

death of a member and suggested that there were four common patterns:

- (1) Closed awareness; it is a total secret from the patient.

(ii) Suspicious awareness; the patient suspects but it is never faced.

(iii) Mutual Pretence; everyone knows but they do not talk about it.

(iv) Open awareness; it is freely discussed.

The difficulty for those who live with the aged is to decide who is protecting whom. If the elderly person needs to protect himself from the anxiety which is intolerable and therefore puts the idea of death from his mind, that must be respected. Many elderly people ruminate on these matters but feel unable to discuss them. It may be that to bring it out in the open is too definite and final and it must be left as a topic to be alluded to in passing. It may be, on the other hand, that the old are protecting the young. Whatever the reason, it is interesting to reflect on the fact that this final experience is so often banned from family communication, especially between parents and children.

The experience of bereavement brings home to many elderly people the reality of their own death. The loss of old friends and relations creates a sense of loneliness and may in some cases move the elderly to an acceptance, or wish for, their own death. It may increase fear or depression, even when the links with the person who had died were not strong. Sometimes the elderly person feels like one of the "ten green bottles hanging on the wall" and, as he scans the obituary column, he wonders if he will be next.

The loss of a loved one, however, activates, at any age, certain specific grief reactions. For the elderly, therefore, bereavement may have a double impact - it has a more direct implication for their own precarious existence as well as the shock of loss.

Freud () laid the foundations of our understanding of reactions to bereavement in the classic paper in which he linked the behaviour of the bereaved with the depressed ("melancholic") person.

He showed that certain behavioural disturbances are common to both and used this fact to construct brilliantly a theory about the etiology of depression as being based on a sense of internal loss.

The focus of the paper is on depression but in making the analogy with bereavement, Freud drew attention to the normal reactions to this experience and in particular to the anger against the person who dies and in so doing "rejects" the other. This has been carried further by Lindemann () whose paper "Symptomatology and Management of Acute Grief" is of importance to all social work students.

Lindemann shows that:

(i) "Acute grief is a definite syndrome with psychological and somatic symptomatology".

(ii) "This syndrome may appear immediately after a crisis; it may be delayed; it may be exaggerated or apparently absent".

(iii) "In place of the typical syndrome, there may appear distorted pictures, each of which represents one special aspect of the grief syndrome".

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Amongst the common reactions which he describes are the following:

(i) Symptoms of somatic distress: - choking, sighing, a feeling of tightness in the throat, loss of inclination to eat, general fatigue.

(ii) Preoccupation with the image of the deceased: - combined with "a slight sense of unreality".

(iii) Feelings of Guilt about the deceased.

(iv) Hostile or withdrawn reactions to others. (This may be particularly upsetting to sympathetic relatives.)

(v) Change in normal patterns of conduct - restlessness, lack of zest, etc.

(vi) (Sometimes): developing traits of deceased.

Lindemann suggests that the duration of the grief reaction depends on the success of "grief work" - that is "emancipation from the bondage to the deceased". This, he suggests, involves readjustment to the environment from which the deceased is missing and the formation of new relationships.

In considering the elderly, it is obvious that such an adjustment is usually only partially attainable but this idea of "grief work" is very important for the large numbers of women who are widowed in their sixties and who may have 20 or even 30 years of life ahead of them. Where this 'work' is not carried out at the time of bereavement, there may well be delayed 'morbid' reactions; for

example, depression may be reactivated by a less intimate bereavement; there may be an acquisition of symptoms belonging to the last illness of the deceased; hostility may be directed against persons other than the deceased - such as the doctor. For those who are left, an important reallocation of rôles takes place within the family system when a parent - most particularly perhaps the mother - dies. Sometimes imitation of a parent is delayed until after the parents' death. "Sometimes complete fulfillment of a parents rôle has been prevented by the very presence of a parent, which has a filial role as a limiting factor". (Walter). In the process of grief work, therefore, the next generation, sons or daughters, has to find a balance between the rôle imitation which is a fruitless attempt to keep the person alive, and is untrue to the real self, and the taking on of rôles which keep the image of the person alive in a healthy way and which restructure the family system to fill the gap. A simple example would be - who now remembers the important birthday dates?

There is a very real sense in which the generation of grandparents continues to exist after death. For to their children always, and to their grandchildren after, they are vivid internal figures - for good and ill.
figures - for good and ill.