

BOOMERS

as primary caregivers
to elderly parents

By Barbara E. Friesner

Fear... **dread**
apprehension...

this is not just the diagnosis of cancer, but also the reaction of many Baby Boomer children faced with the prospect of becoming intimately involved with their parents' care.

Ideally, these individuals have been working with—and supporting—their parent from the moment the cancer was diagnosed, and have had some

time to absorb the magnitude of the diagnosis. Often, however, the Baby Boomer as caregiver becomes involved only as treatment begins. Suddenly they must jump in and try to do what they believe is in their parent's best interest in a strange and sometimes frightening world full of doctors, hospitals, drug regimens, appointments, treatment options, health insurance, and financial uncertainty. They need answers to questions they don't even know to ask, and they seek access to resources they don't even know exist.

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New caregivers are about to undergo dramatic life changes as they take on responsibilities they hoped to never face, all the while dealing with their own life issues—family, work, finances, and relationships. This balancing act brings even more elements of the unknown into play, as the Baby Boomer as caregiver is confronted with some hard-hitting questions, including:

- How is this going to affect me emotionally?
- How much time will I have to take off from work?
- Will I lose my job?
- What will I do with my children and what do I tell them?
- How will this impact my marriage?
- What will my parent need? For how long and how often will he/she need it?
- How will I organize all the appointments?
- How hard is it going to be to navigate through the health care system?
- How will we pay for this?

Before even knowing the answers to these questions, the Baby Boomer as caregiver will have to start working closely with their aging loved one. Unfortunately, caregiving for a sick family member can put a tremendous strain on even the closest of relationships, and sadly, not all relationships between Baby Boomers and their parents are close enough or strong enough to withstand the trials and stresses that lie ahead. Perhaps the caregiver wants a closer relationship but has always felt


there would be more time to get started. Perhaps they have a poor relationship and don't want to help, but feel obligated because the parent has nowhere else to look for support. Perhaps they are the only ones their parent will allow to help. Whatever the situation, they need to get their parent to communicate, cooperate, and accept their help.

Two factors can make this process extremely difficult. The first is generational—the experiences which make Baby Boomers and their parents fundamental and temperamental opposites.

When referring to seniors collectively, a commonly-used term is the “Depression-Era Generation,” reflecting the deep and profound impact the Great Depression had on them. But seniors who are today as young as early- to mid-80s were actually born at the end of the Victorian Era. When the Great Depression hit, it didn't replace their Victorian attitudes, it only added to them—creating what I call “Vicky-Ds”. Thus, it is actually the Victorian values with which most Baby Boomers struggle as they try to provide care for their aging loved ones.

Privacy

- Vicky-Ds were raised never to talk about personal issues, particularly health or finances, with anyone, not even professionals or their own children. As a result, they may be reluctant to provide “personal” information—particularly to specialists they see only a few times—and may be embarrassed by their children who tend to talk openly and freely about personal matters.



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Respect authority

- Vicky-Ds respect authority—especially that which is inherently associated with doctors. They believe in working within the system and are reluctant to challenge it. In fact, many see asking questions as opposing authority. This can make it difficult for their Baby Boomer children who are comfortable asking direct questions. Not only can the questioning be overwhelming for Vicky-Ds, but if the questions are perceived as challenging, they may turn on their own children!

Pride

- Vicky-Ds may not ask for help or admit they need it, assuming they have to put on a brave front, and they may not be gracious about accepting help—even from their children. Instead, if something confuses, scares, or embarrasses them, they simply won't do it.

Strictly defined roles

- The Victorian Era was a time of very strictly defined, traditional female/male roles. The women were homemakers, mothers, and care providers, and the men were the breadwinners. Therefore, when caregiving is needed, older adults may expect their daughters (and daughters-in-law) to take care of them. Problems arise not because daughters aren't willing to help but because they are rarely asked for their help and their efforts are seldom acknowledged. This often creates resentment between parents and daughters, and between siblings. This can also make it difficult for Baby Boomer sons because Vicky-Ds may not allow them to be caregivers.

The second factor that comes into play is emotions. The diagnosis of cancer is obviously an intensely emotional experience. In addition, the elderly patient may have been struggling with tremendously emotional issues long before receiving the diagnosis of cancer.



Major life issues such as old age, declining health, death of their spouse and/or friends, loss of independence and control, fear of dependency, or not having anyone on which to depend can all add to the emotional factor.

This is also an extremely emotional time for their Baby Boomer children. Most have never had to deal with the reality of the death of a parent. Now, suddenly, they are facing the fear of the unknown and the helplessness that comes with it. They are fearful of a long, disabling illness and the costs associated with it. They are worried about getting their parent the care they need, and find themselves overwhelmed by the prospect of providing the care themselves. They are also confronted with major life issues of their own. As members of the sandwich generation, many are already weighed down trying to balance the care of an elderly parent and their children with work and financial responsibilities.

The more emotional we are, the more we go back to what is safe and familiar.

Emotions reinforce and amplify our core values and generational attitudes—who each of us is on a basic, fundamental level. While we can learn to be different, when in an emotional situation our reactions become visceral. We stop thinking logically and our generational attitudes and values are our fall-back position. For example, a Vicky-D may become more private and more reluctant to talk, ask questions, or spend money even for their own care. Conversely, Baby Boomers may become more direct, ask more questions, and be more impatient.

Emotions also feed our fears. For some, this can elevate even to the point of being controlled or consumed by them. And during an emotional time, it is difficult for most people to make any decisions—let alone

good ones. All understandable, but with so many decisions to be made, it can be very frustrating for the care team.

How then can you help to bridge the generational and emotional divide and help them to help each other? The fundamental answer is to provide the tools that will help both the Vicky-D and their Baby Boomer children transition from reacting emotionally to thinking logically and rationally, coupled with positive, focused communication. Essential to this are the tools that will:

- Make it easier and more “acceptable” to ask questions.
- Help them ask more focused and pertinent questions.
- Keep them on track, one step at a time.
- Provide a very direct way for the health care professional to answer questions.
- Help them feel more in control, especially Vicky-Ds who already feel they are losing command of their lives.
- Help them remember the answers, thus reducing the chances of misunderstandings or the need for additional phone calls or appointments.
- Facilitate communication between Baby Boomers and Vicky-Ds and between Baby Boomers, Vicky-Ds, and health professionals.

These tools, gathered in a “care packet”, may include:

- Information sheets which can be filled out during an appointment, with spaces for such things as the

diagnosis, treatment options, advantages/disadvantages of each, and so forth.

- Blank calendar pages to track appointments.
- Drug regimen forms.
- A glossary of terms for the lay person.
- A list of members of the health care team—who they are and what they do.
- Reputable Web sites for additional information.
- Local support groups.
- Resource options (eg: visiting nurses).
- Health care proxy and living will forms.
- A bibliography (e.g.: *It's Always Something* by Gilda Radner; *Lifestrong*, *The Lance Armstrong Foundation*; *Anatomy of an Illness* by Dr. Norman Cousins).

These tools will generate more productive appointments as well as a clearer treatment and recovery plan, and will serve as catalysts for Vicky-D patients working together with their Baby Boomer children to make logical, rational, and informed decisions. Ultimately, the result will be patients who will get better faster.

And finally, once Vicky-Ds and their Baby Boomer children are communicating on a rational level, they will be much more likely to communicate on a productively emotional level. This will enable them to have better quality of life for the time they have together. 🌟



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