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Book Review

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In *Family Caregiving in Aging Populations*, sociologist Twyla Hill carefully reviews the existing literature on the contemporary “caringscapes” (Bowlby, 2012) for adults 50 and over who are providing family caregiving. She depicts the complexity and multiplicity of ‘family’ within these diverse terrains, and the impact of the particularities of these relations on the burden, the cost and the emotional aspects of caregiving. Hill’s focus on family caregiving (or informal care), rather than on institutional care (or formal care), very well encapsulates today’s situation for older adults facing one or more health problems. She reminds us that 75% of all help needed by the elderly is rendered by family members and friends, and that the kinds of relationships in which care is delivered are very diverse and deserve more specific, bottom-up research. As is common in the field, Hill uses a broad definition of ‘informal caregiving’, which includes unpaid caregiving assistance to provide direct services, physical care, care services coordination, emotional support, and/or financial support.

The book mainly aims to meticulously and systematically review existing aging research on informal caregiving. Hill rightly diagnosis both the persistent lack of adequate numbers of minority groups and of an accurate representation of diversity within ethnic and racial categories within this body of literature. In a similar vein there is an all too easy assumption of a nuclear family structure. Where possible, she includes discussions of what is known about these diverse groups, including nontraditional families such as lesbians and gays, but clearly more research needs to be done in these areas.

Chapter 1 provides sociological and historical contexts of U.S. caregiving in later life. Here the author reminds us how and why the need for caregiving in later life has significantly altered, both in degree and in kind: with an increase in life expectancy from 60 years old at the beginning of the 20th century, to 70 to 80 at present, a concomitant rise in disabilities and chronic diseases is only natural. Hill launches a wake-up call, by reminding us that the percentages of Americans in long-term residential care facilities is quite low at only 4% for those 65 years old and older and 15% for those 85 years and older. The remaining older adults live in the community and for elders who require assistance, most help comes from unpaid informal caregivers. This means many of us will provide caregiving for a spouse, parent, or other loved one in our lifetimes, especially with the greater need for caregiving as the baby boom cohort ages. Many of us will also receive care from a loved one, peer, or friend in the not so distant future.

The bulk of the book is organized conveniently by the relationships of the caregiver to the care recipient. This relational perspective complicates more generalizing conceptualizations of ‘care relationships’ and ‘family’, highlighting the existential difference it makes in *which* kind of relation care is articulated (spouses, children, same sex partners, ...). In Chapter 2, Hill finds, in her focus on spousal and intimate partner caregivers, that husbands and wives typically provide care differently: with different costs, effects, rewards, and consequences, along with differing amounts and types of

support from others. For example, men tend to report more than women that they perform household chores such as laundry, housework, and shopping as part of their caregiving role. This suggests that taking on a new task outside of conventional gender roles highlights the caregiving aspect of the work. Hill briefly surveys the sparse caregiving research about older same sex and cohabiting partners, contrasts it with research on married couples, and then concludes that in general married couples have a privileged status, with married older persons being healthier and having more resources. While marriage laws are changing for same sex couples, these older couples have endured challenges over the years of their relationship that heterosexual couples have not, such as not having access to their partner's health insurance.

In Chapter 3 Hill focuses on variations among adult children caregivers. Sons and daughters generally offer different amounts and types of care, with 75% of adult children caregivers being daughters. Sons tend to wait to be asked for help, to enable their parent to maintain some self-sufficiency, whereas, daughters typically step in to fill the existing needs. Variations in adult children caregiving occur by ethnicity, race, socioeconomic status, and other factors. Children experience different caregiving consequences and rewards than spousal caregivers and more factors affect the provision of care by children than by spouses.

Chapter 4 reviews the more limited research on caregiving by siblings, grandchildren, in-laws, ex-spouses, other relatives, or fictive kin, and discusses team caregiving and secondary caregiving. The percentage of secondary caregivers, is higher for minority groups than for non-Hispanic Whites. This may mean they can more easily call upon other relatives for assistance, but not necessarily that more caregivers are available. While fewer than half of primary caregivers receive help from a secondary caregiver, some families have formed caregiving teams which usually consist of at least three people coordinating their schedules to provide care for the family member. In this chapter, Hill includes kin care within sexual and ethnic minority groups. Most research for sexual minority groups tends to focus on gay men providing care for someone with AIDS, although the relationship of the caregiver to the ill person is not typically specified, nor are racial or ethnic differences within these groups discussed. Lesbians take on more caregiving burden and traditionally female tasks than gays, similar to trends of females doing so more than males in the general population.

Chapter 5 concludes with an excellent overview of current policies and policy implications regarding caregiving. Two policies concentrating on informal, unpaid caregiving are described which can assist a person once they decide to become a caregiver: the Family and Medical Leave Act (FMLA) of 1993 and the National Family and Caregivers Support Program (NFCSP). About 60% of US employees are covered by the FMLA which offers up to 12 weeks off work per year. However, many informal caregivers are unaware of this program, or don't know that the policy applies to them if they are caring for a relative related by blood, adoption, or marriage. Instead, they view the policy as a benefit only for new parents. The NFCSP in turn, offers a variety of support for caregivers, including LGBT family members,, with respite care being the most commonly used assistance.

While few federal or state laws *directly* address informal caregiving by family members, several policies can *indirectly* influence whether people choose to become caregivers at all. Hill explains how Social Security, Medicare, and Medicaid affect some people's willingness and ability to become caregivers. While adult children become caregivers for aged parents for a variety of reasons, such as affection, a sense of obligation, or an interest in reciprocating, for those who include expectations of an inheritance in their reasoning, Social Security and Medicare can help to maintain their parent's assets and can positively influence their choice to provide care. However, older

caregivers must also weigh how working fewer hours or retiring earlier than planned because of caregiving will reduce their own Social Security income in the future, since benefits are calculated based on paid participation in the labor market. Hill concludes that most US policies reward participation in the work force, whereas more recognition and support is needed for this large group of unpaid familycaregivers, , such as allowing Social Security credit for time they provide in unpaid care.

Hill conscientiously and deliberately integrates the multiplicity of ‘families’ in caregiving, with a particular focus on ethnic, racial, and sexual minority groups and the way they are differently embedded in existing caregiving infrastructures. This of course also implies discussing the way societal gender expectations entangle with hegemonic perceptions of ‘normal’ caregiving. The writing is purposely descriptive of the caregiving literature, by which the reader comes away with a solid factual analysis. *Family Caregiving in Aging Populations* however, contains ample suggestions for future research, such as analytical attention for differences in caregiving among and within diverse ethnic groups; research focusing on caregiving in later life among gays and lesbians or equivalent representation of “fictive kin” (friends), grandchildren, and other nontraditional caregivers. This research would represent a more progressive, realist configuration of contemporary caregivers.

The book will be especially valuable for upper-division and graduate classes in gerontology and aging studies across disciplines. It provides an overview of existing literature, diagnoses a lack in this research with regard to the multiplicity of family caregiving relations and the implications for everyday affective practice, and contains suggestions for improving services for patients and clients and their closest (care) ecologies.

References

Bowlby, Sophie. 2012. “Recognising the time—space dimensions of care: Caringscapes and carescapes.” *Environment and Planning A: Economy and Space* 44(9): 2101–2118.