



# NGO Committee on Ageing

## Sub-Committee on Multigenerational Relationships

### PROGRAM

June 3, 2004

Panel Presentation and Discussion on

#### **“CAREGIVING: A MULTIGENERATIONAL CHALLENGE – CROSS-CULTURAL AND INTERNATIONAL PERSPECTIVES”**

Welcome and Introduction of Keynote Speaker,  
Dr. Jane Barratt, (Australia) Secretary General,  
International Federation on Ageing,  
Montreal, Canada

Norma Levitt \*

Overview of Caregiving: Its Varied Aspects

Dr. Jane Barratt

Introduction of Panel Moderator Michael Doran, CSW,  
Coordinator Caregivers Service, Health Outreach,  
New York Presbyterian-The University Hospitals  
of Columbia and Cornell, New York City

Norma Levitt

#### **Panel participants:**

Karina Aguilar (Ecuador)  
Ruth Engo (Cameroon)  
Edward Juarez (Argentina/USA)  
Milagros Villanueva (Philippines)

Summary and Wrap up

Dr. Rosa Perla Resnick \*

\* NGO Committee on Ageing, Executive Committee, and Co-Chairs, Sub-Committee on Multigenerational Relationships

## **SOME ACTION SUGGESTIONS**

- Ø Promote programs in schools for grandparents and grandchildren, as well as in places of worship, recreation, health care, civic organizations and the media
- Ø Advocate legislation in governments and statements in the United Nations and its NGO Committees
- Ø Cooperate with businesses to provide products and services
- Ø Raise awareness and appreciation of the importance of multigenerational relationships in families and communities
- Ø Celebrate a Day of Multigenerational Cross-Cultural Relationships at all level of society

**Multi Generational Relationships Subcommittee NGO Committee on Ageing  
June 3, 2004**

**“Caregiving: A Multigenerational Challenge –  
Cross-Cultural and International Perspective”**

**INTRODUCTION**

Multigenerational Relationships are evident in every aspect of life. For example, when we act to care for environment, we become both trustees for the next generations and beneficiaries of older generations.

This understanding of the linking of all ages of life brings with it a responsibility and an enrichment. We have a duty to share our knowledge and our actions with as many people as possible. We gain also a realization of the richness of life on this planet earth, where we live with all generations in a *Society for all Ages*.

The Mission Statement of the Multigenerational Subcommittee follows:

*To build health and lasting bonds among people of all ages to share the world by living in the present, learning from the past and planning for the future in order to increase the understanding and visibility of the commonality of interest among generations.*

To implement this mandate the Subcommittee planned and presented a program on “Caregiving: A Multigenerational Challenge – Cross-Cultural and International Perspectives” on June 3, 2004. Panelists were from Australia, Cameroon, Ecuador, Philippines and U.S.A. Shortened versions of the widely diversified presentations are published in the Proceedings. They are filled with compassion for a fellow human being as we, as caregivers, join in the awesome journey through life.

Thanks go to the members of the Subcommittee: Helen Hamlin, Helen Roht, Mary Toumayan and Maria Grazia Zagami, who, together with Co-chairs Norma Levitt and Rosa Perla Resnick, created a program filled with information, education and inspiration. The Co-chairs prepared and edited this publication. Gratitude is extended to the keynote panelists and moderator, noted in the program. The Subcommittee is strengthened by a concerned and supportive NGO Committee on Ageing and other participating NGOs. Continuing thanks go to the World Conference of Religions for Peace (WCRP) and the International Immigrants Foundation (IIF) for their enabling support.

Knowledge was shared and commitments were enlisted on behalf of Multigenerational Relationships, with an ultimate goal which affirms the theme of the Second World Assembly on Ageing, and helps to establish “*A Society for All Ages*.”

Norma Levitt, Co-Chair  
Subcommittee on Multigenerational  
Relationships of the NGO Committee on Ageing

*Norma Levitt, NGO representative at UN, Co-Chair Subcommittee on Multigenerational Relationships, NGO Committee on Ageing; Wellesley, Phi Beta Kappa; Honorary President, Metro, UNIFEM, USA; Organizer/Chair, National Organizations Advisory Council for Children; Advisory for UN Environment Sabbath; Executive, World Conference of Religions for Peace; Honorary Life President, Women of Reform Judaism*

**Jane Barratt, PhD.\***  
**(Excerpts from a Power Point presentation)**

It is interesting to look at the research on caring and caregiving. If we look at PubMed on line, the term caregiving was first cited in 1969. In the 60's and early 70's, there were eleven articles written about caregiving groups for the mentally ill and community health systems. In the 80's the number grew to 196 and in the 90's there was a 678% increase in the literature. 1,329 articles were published with the word "caregiving" in the abstract. In the last three years nearly 1,000 articles were published. Caregiving is creating interest and concern to government, community, individuals and NGOs.

On the Internet the figures are even more staggering, some 5,500,000 million sites with the term caring and over one half a million with the word "caregiving". The web sites show the interest in the worlds of government, education and business.

The popular modern myth that families do not look after their elderly parents and other relatives is just a myth. In fact, the prevalence of family caregiving in this century is unprecedented in history, due to the fact that we can expect to have third, fourth and even fifth generations still alive. Add to this a declining birth rate and it doesn't take a rocket scientist to realize what the future trends will be.

There are very real issues that cannot be underestimated in the developed world such as retirement income being affected by caregiving demands, with particular attention paid to the impact on women caregivers. We see formal recognition in the existence of carers payments and carers allowances.

The strength of NGOs in delivering a clear and succinct message cannot be underestimated. The demands placed on caregivers can be tremendous and clearly take a physical and emotional toll. The value of family caregiving to society is estimated at \$2.57 billion annually.

In Japan about one-half of elderly people live with their families, the highest rate in the industrialized world, with a long-term insurance program by the government. In Israel, family care is regarded as a moral mandate, as it is in Japan.

The issue of caregiving is also a labour issue, a labour of love. Caring for older people remains largely a family obligation, and one that not everyone can take on. Caregivers are often referred to as invisible, hence the underestimation of family carers who are helping to maintain and improve the quality of life of their loved ones.

Families affected by HIV/AIDS may also face isolation and stigma. The financial burden of caring for children means older carers are often forced to sell their assets or borrow money.

The world is becoming a place of survival rather than one of nurturing, support and willingness to go the extra mile.

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*\*Jane Barratt, Ph.D. (Australian), Secretary General, International Federation on Ageing, Montreal, Canada*

## **Karina Aguilar \***

Good afternoon, I am here to speak to you about caregiving within an intergenerational and multicultural perspective. Although is a difficult topic to discuss I look forward to sharing this personal experience.

I was raised by grandparents, aunt and uncles when my mother moved to the United States to look for a better life which would grant us choices and opportunities. My grandparents and I had a mutual caregiving relationship. They took care of me and in turn I did my share in holding up the home.

I was born on a Saturday, three days later my grandfather's leg was amputated due to diabetes. I grew up helping him as much as my age and my abilities permitted. He was my grandfather *abuelito*. I was aware of his physical limitations, but never linked them with significant inabilities or lack of value. I was taught to respect him, to honor him, I became his personal assistant, his "little companion" like he used to call me. As a matter of fact that camaraderie my grandparents and I shared was one of those relationships that only happen in the presence of love, when true love is given and you just know that is a gift from God.

If I just made my grandfather look like a loving, tender older man, I'm sorry. Nothing can be further away from the truth. Everyone described him as hot-tempered, always angry about something; he was not shy about screaming and saying bad words to people, but to me he was the best!

I was nearly eight years old when I left Ecuador. In a nutshell I can say that it has taken me a lifetime to learn how to live in harmony between two cultures and two nationalities. My first trip back to Ecuador was a year and 2 months later. Once again, I cherish that time as a precious gift. During my first days, my grandmother whom by all definitions was my mother, spent time with me by telling me all about their days while I was away. More than once she cried and said that the only reason she was afraid of dying was because what would happen to my grandfather, who would care for him. His temper didn't help. I have always thought that she was just saying that because she didn't really want to tell me what she was crying about. A month had passed when on my ninth birthday my grandmother suffered a stroke and died 11 days later.

Caregiving for my grandfather became my family's business. My mom worked in the United States and sent money to Ecuador to help support my grandfather. This practice is widely accustomed and I have witnessed it in my profession when my own clients have a hard time because they are working here and their mind is set on sending money to support the family in their home country, especially when there are older parents. My mom also sent me every summer and Christmas break to bring happiness to my grandfather. My aunt who was a registered nurse became the primary caregiver. A few months after my grandmother died, my grandfather lost his second leg to diabetes. He never complained about losing his legs as much as losing his vision. My aunt taught me all about caring for a person who could not ambulate, needed help with toileting, bathing, eating, because he could not see his food. Some nights my grandfather would have toileting accidents and instead of calling my aunt, he would call me to help. I understood everything he needed and while I was there I knew all about his medications and how to give it to him. I then became his "little nurse".

Research has stated that people who as children participated in caregiving roles for family members tend to be more responsible and caring adults. The number one advice is that an adult should always be the primary caregiver and the one in charge.

Encouraging children to take part in caregiving is ok, as long as the child is not overwhelmed, is given tasks that can be managed, and most importantly allowed to be a child.

I find that my experience was one that I learned from. I was given the opportunity to show my love and appreciation for my grandfather and my family. Today, I know that it helps me to be a more caring and sensitive human being. I thank my family for coaching me, guiding me through that process.

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\*Karina Aguilar, MSW, Diversity and Outreach Coordinator, Alzheimer Association, New York City Chapter

## Ruth Engo \*

I am grateful to be associated with this cross-cultural event. This is a very important exercise that should be replicated in many parts of the world as we all witness two major population trends that call for operational strategies.

The **first trend** taking place in the western developed countries presents itself in a form of a world growing older, the so-called “papi boom”, at the time when States organized Social Security institutions are no longer capable of shouldering growing costs, leaving many older persons out of organized care and security.

The **second trend** taking place in developing countries, especially in Africa, presents itself in a form of an incredible accelerated pace of death, due to poverty, emerging diseases such as malaria, tuberculosis, HIV/AIDS, lack of medical infrastructure and treatment. This second trend is depriving whole communities of the majority of their adult population, leaving many orphans behind with no parents to love, nurture and guide them.

These two trends call on the creativity of all of us, either to rekindle family ties destroyed by modern life, or create alternative families beyond blood ties. It used to be common in Africa when I was growing up, that whenever one was confronted with a life problem, one would automatically consult the scientific/ technological model for solutions. Though the modern scientific perception of the reality has been useful in a certain number of aspects of our lives, it is clear today that consulting the past, mostly when it comes to social structures is the beginning of wisdom.

The experience called: LABORATORY that I was asked to present is an effort to UPSCALE OLD AFRICAN TRADITIONS to cope with challenges of modern life. We believe that our creativity and self-confidence in what we do are enhanced when we start from what we feel deep down in our souls and what we know best. The LABORATORY’s goal is to mentally prepare young African women for motherhood. It takes place just before birth, almost the same period as the Baby Shower in America.

The foundation and rationale of the LABORATORY are based on the community recognition that MOTHERHOOD is a serious business, a big responsibility. A child, according to this perception, does not belong to one person or one family. A child is a new member of a larger group. Consequently the group must prepare, support and coach the frontline worker in charge of this important task. MAXIMIZING social cohesion through solidarity, nurturing, transfer of knowledge from one generation to another, and MINIMIZING the fear of the unknown, the lack of self confidence that comes with that negative feeling are part of the main goal.

Those who perform the LABORATORY RITUAL are older women who have gone through both experiences of childbirth and motherhood. They are older women who have graduated from nucleus/smaller families, to the level of MOTHERS OF THE COMMUNITY. In this capacity, they become universal nurturers of younger generations. They usually prepare young women for marriage, childbirth and other life skills.

The LABORATORY RITUAL is divided in six phases:

**PHASE ONE:** a) The **expectant mother** is sitting inside a circle of maximum ten **mothers of community**;  
b) The background music or a song is a piece that relaxes the expectant mother, bringing out her best positive feelings: happiness, peace, absence of fear, hope, so that she is **in a state of mind that welcomes**

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\*Ruth Engo, (Cameroon), Co-founder and President, African Action on AIDS; UN Secretariat

**goodness.** The ritual reinforces her from where she stands. It is believed that her state of mind has an impact on the wellness of the baby, even while it is in her womb.

**PHASE TWO:** - The Lead Community Mother puts the Motherhood dress on the expectant mother and wraps her head. The motherhood dress is a loose and long dress that does not show body forms. The idea behind it is that the dignity of motherhood suggests a more dignified dressing code. The head wrap is more than a dress accessory, it has other important functions: to cover the baby when it is cold, to carry the baby on the back when necessary, to be used as a suitcase when traveling, to be used as a market bag when needed, to carry or cover another sick person in the community in case of emergency – sort of ambulance -, etc. The responsibility, generosity, and nurturing role of motherhood are translated in this one piece of cloth and the expectant mother must understand that sub-text.

**PHASE THREE:** - The Leading Mother washes the face of the expectant mother. The same water is used to massage her feet. The significance of face washing with flowered water is to clear the way, so that the expectant mother looks into delivery and motherhood with confidence and pride, without fear or anxiety. The massage of her feet is to give strength to the feet that will carry the weight and challenges of motherhood.

**PHASE FOUR:** - Each of the Community Mothers sits on the **wisdom seat** and shares one aspect of her experience of delivery or motherhood in general. It goes from what to do when you start feeling pains, to how to prepare the suitcase that you take to the hospital, to the kind of cloths that the baby needs at the beginning, how to wash the baby, how to reduce your tummy after birth, what to eat and drink that allows you to breastfeed for a long time, what type of exercise you need to reduce back pain when you breastfeed, etc. Two years ago, a ritual was organized for a young woman who works at the United Nations. One of the Community Mothers taught her how best to organize days off and vacations when you have a new baby without falling on the black list of your supervisor!

**PHASE FIVE:** - This phase is called prenatal treatment. The expectant mother is placed in a tight circle of all members of the community present during the ritual, as sign of commitment of each member to the well being of the new mother and the new child. At the same time, the Lead Community Mother loudly calls for the Divine Plan to manifest as follows: **Let the God in this child have perfect expression; Let the Divine Design of its mind, body and affairs manifest through out his/her life, throughout eternity.**

**PHASE SIX:** - Essential gifts for the baby are placed at the feet of the expectant mother. These gifts are essential gifts (no luxury) for health and comfort of the baby to lessen part of the burden of the expectant mother.

## **IN CONCLUSION**

The future of family lies in inter-generational circles of support. Support, love and respect to older persons, for longer happier lives; support to over burdened adults for less stressful lives in pursuit of material wealth; nurturing and love to younger generations, so that the future of our world is placed in the hands of people who would have learned to universally **MAXIMIZE HAPPINESS AND MINIMIZE VIOLENCE AND PAIN.**

Let me add in more practical terms, that the future of care giving and nurturing should be placed in hands of neighborhoods. It promotes alternatives family setting beyond blood ties. Care giving in the modern world cannot be left to government's institutions and blood families alone. The world is more global today than yesterday! Communities with these qualifications should assess, make an inventory of their different type of needs (childcare, transportation of disabled persons, care to older citizens, coaching of expectant mothers, etc.) then ensure that each generation addresses one or several aspects according to their ability. Governments could support these kinds of organized communities.

## Edward Juarez \*

As the founder of the International Immigrants Foundation (IIF) in 1973 and its President ever since, I would like to focus my presentation today on a new emerging inter-generational development of caregiving from a cross-cultural and international perspective that my organization has witnessed for the last few years in New York City. It is called “migrant remittances.”

Ever since its establishment the IIF has lived up to its mission “to guide, defend and empower” immigrants from all over the world in fulfilling their dreams of a secure new life in the U.S. IIF helps immigrants to adjust to their new land through social services, educational programs and multi-cultural activities that impact and nurture a genuine sense of belonging in the American society.

Being an immigrant involves quite a number of issues from the very beginning process of decision-making to leave one’s own country and re-settle in a new one to the final realization of making it in a new land. At first, this entails great personal sacrifice; immigrants, sadly but courageously, leave behind their families, friends, and natural surroundings to struggle with the daunting challenges of an uncertain future in a foreign land.

We hold firmly to the idea of the United States as a nation of immigrants. Immigrants are a critical asset to the strength and culture of this country. In an increasingly global economy, immigrants become the gateway to the rest of the world, as they continue to maintain strong ties to their language, culture, and homeland. By embarking on our mission, we are directly addressing the problems faced by immigrants, but simultaneously nurturing the American spirit, thereby enriching the United States in multiple dimensions.

Who are our immigrants? They come from all over the world, particularly, from Third World countries, looking for better opportunities for themselves and their families. Generally, they come escaping poor economic conditions, lack of opportunity, discrimination, political oppression, and war.

As an illustration, let’s look at the largest group we serve, the Latin Americans, who are generally young, single individuals or families, who, after years of struggle and hard work here, have been successful both in terms of economic gain, and personal and emotional satisfaction.

These people have left behind everything that was originally part of their lives but mainly, their parents and grandparents, older people, who because of their profound attachment to their environment, traditional ways of life, and, many times health problems, are not willing or able to even consider leaving their own countries. And here is where a beautiful connection emerges: the younger generation, which has flourished here, feels a great deal of responsibility towards their older relatives. In addition to keeping up with them through letters and telephone conversations, they fondly care for them, by sending them money.

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*\*Edward Juarez, Founder and President International Immigrants Foundation (IIF), New York City, and representative to the UN*



In today's new lingo in international circles, this is called "migrant remittances," which according to Bernardo Kliksberg <sup>1</sup>

*They are called "migrant remittances." They are the wires Latin American immigrants in the United States and Europe have been sending to their countries of origin in recent years. In 2003, these remittances totaled \$40 billion, becoming the major source of capital flow to the region. They were fifty percent higher than foreign investment and twice the foreign aid, including the donations and loans from international organizations. They amount to over two percent of the gross domestic product of the region. They are an enormous support in the economy given by modest workers who take on unwanted jobs in the countries to which they emigrate, including cleaning, construction, cooking and farming.*

This situation attests to the universal attitude of caring for one's family - indeed a family affair - particularly, for one's elderly, which is so prevalent in developing countries. In this case, intergenerational care is provided on a "long distance" relationship, which still provides not only financial help, but also and to a great extent a feeling of love, concern, and support across geographical boundaries for those left behind, still keeping their family ties well and alive.

To conclude let me once again quote Kliksberg:

*Why do they do it? Ethical values and, chief among them, the sense of family. Migration causes a deep fracture. These migrants suffer from it while still maintaining their basic family values. The bonds of family are the ultimate explanation of this united, simply and greatly effective behavior, which has become the principal and most stable source of income for countries in the region. Loyalty to one's parents, siblings, children, grandparents, the desire to help them is the motivation behind these efforts and behaviors that do not figure in the economics texts. The family consists thus, as Pope John Paul II recently described it, of "its stupendous mission of giving humanity a rich future of hope."*

The IIF is fully identified with this position and is proud to see the way in which it has helped so many immigrants to enhance their lives in the U.S. and to contribute to the well-being of their elder relatives abroad.

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<sup>1</sup> Kliksberg, Bernardo. La Nación, Buenos Aires, Argentina, February 2, 2004. The author is Chief, Inter-American Initiative on Social Capital, Ethics and Development (International Development Bank-Norway) and is an officer at the Bank's headquarters in Washington D.C.

## **Milagros Villanueva \***

In my capacity as coordinator and founder of an informal voluntary Caregivers Support Group at the UN, I am pleased to participate in today's meeting on Caregiving as a Multi-Generational Challenge.

I was born in the Philippines and have been an expatriate working at the United Nations for over 2 decades. I am here not as a representative of the UN but rather in my own personal capacity as coordinator of the Caregivers Support Group. I will do my best to describe the situation of caregiving in my country.

The Filipino tradition of a close knit family structure contributes to the strong bond that exists between the elderly and their children. Thus, in spite of the influx of modern culture as well as industrialization, it is gratifying to realize that the Filipino elderly continue to enjoy the respect and care accorded to them by their family and community. Likewise, the extended family provides security, emotional support and social contact giving help when needed.

As a result of the strong tradition of family in Asian cultures, family members bear the primary responsibility for the Care of elderly dependents. Children consider caring for their elders as a part of their responsibilities and the parents also expect this to be the duty of the child. This social value system is deeply engrained in Filipino families.

Although the cost of caring at home by hiring domestic helpers is cheaper in the Philippines than in the US, the vast majority of the population cannot afford this kind of service. At times there is also the possibility of a relative staying at home who takes on the role of a caregiver. Caregiving schools have recently opened and have attracted many people looking for jobs as caregivers. Again, a very small percentage of the population can afford to hire any.

Philippine society is undergoing rapid changes in both its social and economic patterns of life. The tradition of caregiving for the older persons is being threatened. Younger women, who were the traditional providers of older persons care, have been joining the labor force in greater numbers, both in the country and abroad. This points to a decreasing number of caregivers for older persons and children.

Except for a few old age homes for the poor, the Government does not have programs for the elderly. Charitable organizations and religious institutions provide some assistance to old people. Because of the low gross national product of most of the developing countries in Asia, a very small percentage of government resources are devoted to social services, especially for the elderly.

In the Philippines, as in other Asian countries, a very large percentage of the population live in rural areas where roads and transportation and services such as health care and community centers are limited. The poor have little influence on government policies. However, it is interesting to note that

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\* *Milagros Villanueva, Founder and Coordinator, Caregivers Support Group, UN, New York*

in countries like the Philippines and India, the poor are getting more mobilized in order to get their needs addressed. In the future, the resources in the poor countries will continue to be constrained. As the poor become more organized and mobilized, we can expect some strengthening of our social services directed towards this group.

As in many countries in Asia, the Philippines has not yet experienced a significant ageing of its population. Traditionally, reaching old age in the Philippines has been viewed positively. However, some recent studies show that an increase in longevity does not necessarily lead to a healthier life. The health and medical expenditures of older persons are higher compared with that of younger people. This suggests that medical and hospital costs consume a significant proportion of the limited savings of the older population.

From a recent article in Fortune Magazine (19 April 2004), "the average age of the world's citizens will advance dramatically. This aging will happen fastest not in the developed world but astonishingly in the Middle East and other under developed regions. Countries like France and Japan at least got a chance to grow rich before they grew old. Most developing countries are growing old before they get rich. Throughout much of the developing world, public pension systems have collapsed or have been seriously cut back."

Amongst the problems that the developing countries will face with the growing proportion of older citizens is already becoming evident in the case of China where the aging of the population is increasing at tremendous speed. As noted in this past New York Times (30 May 2004), the growth of the aging population is "leapfrogging the long period Western countries had to build middle-class societies. In fact, by 2040 it could have an older population than the United States, but with only one-third or one-fourth the average per capita income."

As the economist Hu Angang at Qinghua University in Beijing stated "this is the biggest challenge China faces in this century: figuring out how to deal with an aging society that is still at a low level of development. We will have the social burden of a rich country and the income of a poor country."

The United States, Japan and Europe have all experienced a decline in birth rates with a rise in their older population and have made some accommodation in assisting this age group.

There is little doubt that addressing the needs of the aging particularly caregiving is both an immediate and future challenge to societies everywhere. The elderly needs strong advocacy and the NGO's have an important if not crucial role to play in this regard.

## **Michael Doran, \***

The Caregiver's Service at Health Outreach, New York-Presbyterian Hospital, offers free confidential consultation to individuals and families, involved in the care of family members and friends age 60 and older. After making a need assessment of both caregiver and the person being cared for, services and resources are identified. Information is also provided for persons seeking assistance in other areas of the country.

Caregivers are seeking reliable information and quality medical, psychiatric, or custodial care. These matters may be discussed by phone or in person, depending on the needs and complexity of the situation. Often caregivers need time to consider what may be affordable and acceptable to all parties involved. Family conflicts are common during these stressful periods and it may take some time for a safe and viable care plan to evolve. Often caregivers are persuaded to take action only after a crisis has occurred.

The support group component of the Caregivers Service at Health Outreach is a successful and effective resource for many persons assuming caregiving responsibilities. We offer a total of three weekly ongoing caregiver groups. Our longest running group has been meeting for 5 ½ years with many of its original members.

Some caregivers find that after a few group meetings they have sufficient information and support to make important decisions. But two-thirds of the members, upon entering the group, have difficulty setting limits in their role as caregiver and are plagued with self-doubt, anxiety, anger, guilt and feelings of ineffectiveness. A study completed in 2000 by the Alzheimer's Association showed that 50% of those particular caregivers were depressed. Subsequently, The Family Caregiver Alliance found that 58% of caregivers surveyed "showed clinically significant symptoms of depression." Finally, in a 1999 survey of New York State, "52% of caregivers reported sacrificing their own health while caring for a friend or relative."

Although the information may not be widely disseminated, men now account for 39 to 44% of family caregivers in the United States. Research, most of it conducted by Peter Vitaliano, PhD. and his colleagues at the University of Washington, shows that male caregivers are diagnosed with coronary disease more often than males who are not caregivers. In addition, a correlation has been identified between male caregivers and immune-suppression as well as depression and mortality. "Male caregivers have more stress, sleep problems, less exercise and more fats and calories in their diets than their non-caregivers peers," says, Vitaliano.

As a psychotherapist I am most interested in relationships and their power to enrich as well as diminish human potential and identity. Culture, family history, ethnicity, gender, and socio-economic status all shape the nature and expression of caregiving relationships. But, in my work, and I would argue, universally, parental expectations and demands are paramount in their power to mold and compel a child to accept any identity or role assignment.

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*\*Michael Doran, MSW, CSW, Coordinator, Health Outreach Caregivers Service, New York-Presbyterian Hospital, New York City*

At least 2/3 of adult caregivers who participate in our services experience tremendous distress in fulfilling a responsibility that for most began in childhood. Upon entering group the idea of “self-care” or of “setting limits” is often equated with “selfishness and neglect” of the person being cared for. The matter of “self-neglect” is more difficult for these caregivers to acknowledge. But in the safe space of the group members are able to express their concerns about the lack of self-care and other matters in a non-threatening way.

The positive news is that caregivers who participate in group do change. Through group interaction members gain insight and the ability to examine their relationship with the parent(s) or spouse.

Caregivers in group make incremental steps toward:

- \*More effective self-care e.g. going to the doctor, taking vacation, make time to expand social network

- \*Greater autonomy – Self Actualization

- \*Healthier boundaries – limiting the nature and frequency of contact with parents

- \*Acknowledge, express and tolerate their guilt, anger, frustration, love, fear of change and loss, and ambivalence in their relationship

- \*Caregiver develops the capacity to find new ways of relating to the parents(s)/spouse and addressing their own needs.

## SUMMARY

Rosa Perla Resnick, \*

The goal of this event was to continue our Sub-Committee efforts to raise awareness of the significance and potential usefulness of Multigenerational/Intergenerational relationships in today's ageing world.

The concept of caregiving across cultures and nations was the focus of all the presentations, which were followed by an interesting and dynamic discussion with the audience and showing of slides as illustrations. (Barrat)

According to the Webster and Oxford dictionaries the concept of CARE means to: pay attention to; protect; feel concern for; look after; provide for; have worries or responsibilities; supervise; feel regard, have deference; affect; watch over; mind; safeguard; and more. The 18 "U.N. Principles for Older Persons (1991)" include CARE as one of the principal categories on its list, which has been the guiding beacon for our work ever since.

These ideas were highlighted by all the speakers emphasizing that in the field of Multigenerational/Intergenerational relationships the concepts of sharing, joining, linking, connecting, cooperating, collaborating, partnering, relating, uniting, linking, bonding, associating, doing things shoulder to shoulder are the core components of those relationships.

Let's remind ourselves that **Multigenerational Relationships** is one of the four dimensions of the "UN Conceptual Framework" for observing the **International Year of Older Persons** (1999) and a subject which has become high on the agenda of many government policy-making bodies and, indeed, the media.

The "UN Conceptual Framework" notes that the first level of **Multigenerational Relationships** is the **Family**, whose members often invest in each other and work as a unit. This is the experience that the keynote speaker and the panelists highlighted as the prevailing and most outstanding trend in both developed and less developed countries.

Since the **family** consists of members belonging to different generations with different interests, outlooks, and goals, forging unity and harmony among them is crucial for the important pursuit of older people's active agenda. Therefore, the goal of striving **Towards a Society for All Ages** envisages that the old and the young live and interact in harmony with one another. It was pointed out that in rural and traditional societies grandparents, parents and grandchildren, who generally live under one roof, pursue their lives in an atmosphere of love, affection, mutual trust, value sharing, respect and cooperation. (Aguilar & Villanueva)

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This posture of a common pattern of socialization based on central values of mutual cooperation and reciprocal obligation enables family members to develop a strong consciousness of kinship bonds, which are then transferred to community groups. These become then the best source of care, support and practical help, where an *esprit de corps* emerges as a social network of older persons, relatives, neighbors and friends, particularly in Third World Countries. (Engo)

However, it was also noted that all these processes are universally undergoing rapid change because the nuclear family, various social groups and the community, which have been the source of varied exchanges and experience, are generally on the way to decline. Important references were made to gender issues in elder caregiving pointing out that generally, across cultures and countries, women are the most active providers. However, it was also mentioned that, particularly, in developed countries (i.e. U.S.), men are assuming caregiving responsibilities more and more commonly, many of whom, deriving considerable satisfaction from the experience, albeit others feel a less pronounced sense of personal realization. (Doran)

Finally, a new trend of family caregiving was offered at the international level, where younger people, who have immigrated to the US and Europe from Latin America and other countries, send money to their older relatives left behind. These are called "migrant remittances" which "have totaled \$40 billion in 2003, becoming the major source of capital flow to the regions." [recent Inter-American Development Bank Study]

Again, even across geographical boundaries the family emerges once more as a solid source of "long distance" financial support and security coupled with emotional exchanges of correspondence, telephone calls and occasional visits back home. (Juárez)

We finally come full circle to the undeniable conclusion that the family matters as the dominant caregiving force in today's changing world. Multigenerational/Intergenerational relationships, and solidarity are now recognized as one of the best strategies to contribute Towards a Society for All Ages as the 20<sup>th</sup> Century has been the century of longevity without any parallel in human history never before in the world.