

Male Sandwiched Boomers: A New Trend in Caregiving

With 2008 in full swing, perhaps you've already had your fill of economic and political predictions by experts and clairvoyants. However, if you happen to be a Sandwiched Boomer, the following quietly growing trend may surprise you. The results of recent studies indicate that nearly 40% of close to 44 million unpaid caregivers for the elderly are male. The call to honor loved ones is becoming an emerging pattern of male behavior. Traditionally, the bulk of these caretaking responsibilities have been carried out by daughters. Women have left jobs or subjugated their work life in order to fulfill the duties associated with the 'daughter track.' But male caregivers are different than their sisters - they don't cut back on work as often and they have a louder voice in the workplace. Some experts think that men are powerful enough to catapult this beyond what is perceived as a woman's issue to a societal need, similar to Social Security and Medicare. Although there are far more existing data on the experiences and needs of female caregivers, Metlife has recently completed a study called 'Sons at Work.' It found that, while 62% of women spoke with their co-workers about their caregiving responsibilities, only 48% of men did. Despite core values of filial devotion, sons often don't know how to go about finding help nor do they feel comfortable asking for it. Recognizing this resistance, here are some ideas that can affect a shift in attitude toward seeking assistance and support.

1. Men have special needs in this arena, often feeling embarrassed or guilty. Greater awareness and education can break down attitudinal restraints and emotional barriers - practical seminars, newsletters and health fairs are excellent venues by which to accomplish this.
2. Besides seeing groups as only for women, men don't think these provide enough structure and focus on problem solving. It is important to reduce their perception that support is only for women. Reframe the concept by redefining the actual group process or by using an alternative definition such as a workshop.
3. Advocate for more appropriate and useful accommodations in the workplace: the availability of geriatric care managers, resources for work/home balance and extended paid leave.
4. Work on expanding the Lifespan Respite Care Act, passed by Congress in 2006. Although \$300 million in grants was earmarked to help provide relief to those giving long-term care to family members, the cost of these needs is closer to \$300 billion.
5. Through networking, introduce the caregiver to options like community resources and local services. This can reduce stress while enhancing their ability to maintain control over the care-giving role.
6. For those who want loved ones to remain at home longer, provide detailed information about homemaker services or meal delivery. And for assistance to the caregiver himself, help with respite care so he can take care of his own needs.

Americans today are living longer and are developing or dying from more chronic conditions. A greater number of parents now need care at the end of their lives. Many continue to live at home with their children as unpaid caregivers or move in with family, instead of into nursing homes. Male caregivers are already living their own version of the numbers. Nearly half of them have symptoms of depression. Time is a main resource in short supply and that issue takes a heavy emotional toll. How can they take time for themselves when that is the resource they're already borrowing? We all have to put our heads together as the groundswell of Baby Boomers faces these dilemmas and discovers there's simply not enough to go around. (C)2008, Her Mentor Center

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