

Problematic Intergenerational Communication AND Caregiving IN THE Family

Elder Abuse and Neglect

MEI-CHEN LIN
Kent State University

HOWARD GILES
University of California, Santa Barbara

JORDAN SOLIZ
University of Nebraska – Lincoln

The study of communication and aging is a thriving, multimethod research field that has theoretical and pragmatic implications for personal and family health (e.g., Fisher & Canzona, 2014; Harwood, Rittenour, & Lin, 2012). Scholars of this genre contend that while psychological and physical health mutually influence each other, intergenerational relationships are constituted in the quality of intergenerational communication to and from the old and the young (Giles, Davis, Gasiorek, & Giles, 2013). Putting it another way, intergenerational communication researchers, in the main, conceive of communication playing a central role in the social construction of age and aging, and in ways that can assist in our understanding of successful and unsuccessful aging. One aspect of later-life aging is the health-related changes that necessitate caregiving—a responsibility often carried out by family members.

A constructive caregiving environment is key to successful aging when health issues arise as it is central to physical, psychological, and relational well-being.

Although a majority of caregiving experiences are characterized by a balance of the stressors and rewards associated with this role, issues of elder abuse and neglect in the context of caregiving in the family occur frequently enough to warrant attention by scholars and family practitioners. Our contention is that problematic aspects of caregiving are best understood and, more importantly, ameliorated by attending to the communicative environment that may foster these negative behaviors. Thus, we first turn our attention to the broader landscape of research on problematic intergenerational communication prior to a focused discussion on elder abuse and neglect in the family.

PROBLEMATIC INTERGENERATIONAL COMMUNICATION

Studies have shown that young adults in North America live in an age-segregated society (Hagestad & Uhlenberg, 2005) and have infrequent contact with older adults (see Fox & Giles, 1993; Giles, Ryan, & Anas, 2008). In fact, one of us (HG) found in his communication and aging class that young adults consistently estimate that only 8% of their interactions involve unfamiliar older people, with the number increasing to 12% if family members (or family-like elders) are specified; in other words, intergenerational contact is quite minimal. When evaluating the quality of such infrequent encounters, young adults report that talking to older people is very dissatisfying and problematic, blaming older people for this communicative state of affairs (Williams & Giles, 1996). In addition, many younger people will openly acknowledge that they try and avoid conversations with older adults (Ryan, Kwong See, Meneer, & Trovato, 1992). Such a dismaying communicative landscape is evident even though respect and deference are conveyed (sometimes reluctantly via “biting one’s tongue,” which is another problematic intergenerational communication by itself).

Studies that have explored the communicative ingredients of these intergenerational conversations—when they do occur—indicate that younger people overaccommodate their elders who, in turn, underaccommodate the younger person (see Williams & Nussbaum, 2001). Overaccommodation (variously termed ‘elder-speak’ or ‘infantilizing’ or ‘patronizing’ talk) is evident in younger people often talking to older people in grammatically simpler ways and more slowly than they would to their same-aged peers (Giles & Gasiorek, 2011); this focus has occupied considerable attention in the domain of intergenerational communication and aging. For cognitively and socially active elders, this, together with overhelping (Ryan, Anas, & Gruneir, 2006), can be interpreted by them as condescending and demeaning, and this speech style is also enacted by older peers (Giles, Fox, & Smith, 1993).

Typically, older folks respond passively to such patronizing approaches, but even when they react assertively—and gain in attributed competence for

so doing—they are, then, construed as less respectful and difficult to manage (Harwood & Giles, 1996). Underaccommodative talk is a speech pattern where elders are perceived as failing to attune their message to their conversation partner's needs or wants. Underaccommodative talk is often manifested through verbosity and/or excessive disclosures about hard and painful times they have endured (see Coupland, Coupland, & Giles, 1991). Often, young people respond rather negatively to this kind of talk with discomfort (Bonneson & Hummert, 2002) and attribute negative stereotypes of older adults to these older interlocutors. (Hummert, Garstka, Ryan, & Bonneson, 2004). Indeed, these communicative acts have been labeled painful self-disclosure (PSD) because of the focus on painful experiences regardless of whether or not they are still emotionally “painful” for the older interactant. PSDs have been likened to a “communicative grenade” (Giles, 2014) in that it often comes “out of the blue” in ways that younger people are uncertain how to manage and, as stated, creates or amplifies discomfort and negative affects toward the intergenerational interactions.

Hence, both age groups can be nonaccommodative and, in fact, “miss each other” communicatively (Giles & Gasiorek, 2011), and sometimes in ways that can lead to intergenerational conflict (Zhang & Lin, 2009). The above becomes all the more poignant from studies documenting a relationship between accommodative phenomena; on the other hand, and subjective well-being on the other. The more that older people report feeling that they have not been accommodated to by young people, the lower their self-esteem and life satisfaction, and higher depression may be (Ota, Giles, & Somera, 2007).

The first robust attempt at theorizing about the interfaces of communication, aging, and health was the “communication predicament of aging” model (CPA) (Ryan, Giles, Bartolucci, & Henwood, 1986). This framework, which was inspired by communication accommodation theory, proposes vital relationships between intergenerational communication and subjective well-being. It attends to how negative stereotypes of older people may induce young people to adopt overaccommodative messages that are ideationally simple and exaggerated in intonation (Hummert, 2010). Continued encounters of this nature could lead some older people to wonder if and become anxious about whether they are as truly incompetent as messages to them would indicate. As a result, and in self-stereotypical fashion (e.g., Levy, 2003), older people may assume the very ageist communication characteristics (such as a slowed gait and voice perturbations) implied by a younger person's stance toward them, despite the fact that they may well be quite competent and have independent spirits. The CPA model proposed that poor self-perceptions may cumulatively lead to social withdrawal, a lessened sense of self-worth, and even somatic changes accelerating physical demise.

Much of the research couched in the CPA framework, in general, has focused on institutional settings and/or contexts in which intergenerational encounters are

between nonintimates. Yet intergenerational relationships are obviously evident in the family (Dickson & Hughes, 2014). Unfortunately, they are often plagued with some of the same age-based communicative issues in nonintimate intergenerational encounters; at times, with more relational consequences given the expectations and implications associated with familial bonds and identity. For instance, in the context of grandparent–grandchild interactions (Soliz & Lin, 2013), painful self-disclosures engender interactional dissatisfaction, make age overly salient, and detract from family solidarity and a healthy shared family identity (e.g., Harwood, 2000; Soliz & Harwood, 2006), and these effects seem exacerbated in families that do not practice open communication styles (Fowler & Soliz, 2013). Armed with this backdrop, we now move to issues of care of older adults in the family, recognizing that the age stereotypes, negative attitudes toward aging, and problematic aspects of intergenerational communication are central to understanding and, ultimately, avoiding more extreme issues associated with family elder care.

As family members age and begin to experience health issues that drastically alter their lifestyle and independence, younger generations and spouses often assume the informal caregiving role. Building off the seminal works on caregiving burden (Montgomery, Gonyea, & Hooyma, 1985), scholars and practitioners have devoted considerable attention to stressors associated with caregiving (e.g., parent-child role negotiations, financial and time constraints). With appropriate support networks and resources, caregiving can certainly be a rewarding experience for family members (Savundranayagam, 2013), and even with the common burdens associated with caregiving, it is a role that family members willingly accept and uphold in a constructive and functional manner. With that being said, we also recognize that there is a potential very dark-side aspect associated with the responsibility of caring for older family members that is often marginalized in our discourses of problematic family behavior: elder abuse and neglect.

ELDER ABUSE AND NEGLECT: FORMS, PREVALENCE, AND PROFILES

Elder abuse and mistreatment are usually manifested in forms such as physical abuse, emotional/verbal abuse, sexual abuse, financial exploitation, and neglect. Sorenson (2006) introduced *communication neglect*, a form of abuse that is rarely included in the elder abuse research and documents but should be of interest to communication scholars. It is a subtype of neglect in that an elderly victim may be provided with assistance to meet his/her daily needs, but “communicatively” neglected by the caregiver, such as avoiding making social or physical contact with the victim or showing little interest in personable conversations. This, in turn, leads to experiences of emotional abandonment and social isolation and, thus, can

be equally detrimental as other forms of abuse. Elder abuse was officially recognized as an offence in the United States in the early 1970s (Stannard, 1973). However, it was not until the 1980s that Congressman Claude Pepper began to label elder abuse as a “hidden problem” and advocated for immediate federal action and funding. To gain attention from Congress, Pepper framed the problem of elder maltreatment as an “aging” issue and in the context of caregiving in order to cast a wider network with interested parties.

The National Center of Elder Abuse estimates that between 1 and 2 million, or 9.5%, of the older adult population, have been victims of abuse in the United States (National Research Council, 2003) although estimates do vary (Laumann, Leitsch, & Waite, 2008), from 7.6% to 11% (Pillemer, Connolly, Breckman, Spreng, & Lachs, 2015). A vast majority (nearly 90% in some estimates) of perpetrators of elder abuse are family members (National Council of Elder Abuse, 2015). The variation in estimates of elder abuse is likely due to the fact that more than half of the cases were not reported, or as other studies suggest, only 1 in 14 cases is ever exposed (National Research Council, 2003). It is possible that the low reporting rate could be due to a lack of training of medical professionals to detect signs of abuse. In many cases, however, the elder victims may choose not to report it to maintain family reputation, protect self from escalating further abuse, and/or fear of being removed from their current home. Further, some victims may be concerned with the social stigma associated with aging and elder abuse, as they may internalize age stereotypes and fear that people may not believe their allegations. In other cases, elderly victims may not be able to recognize the occurrence of abuse when they have mental decline such as dementia or Alzheimer’s disease. Like other victims of domestic abuse, it may be that elderly victims are convinced by the abuser that they deserve such mistreatment and, therefore, should endure it (Giles & Helmle, 2011). Whereas victims of elder abuse are typically female, perpetrators are predominantly male spouses or sons. Victims often display signs of depression, agitation, fear, and reticence, whereas a history of behavioral issues often characterizes abusers (Anthony, Lehning, Austin, & Peck, 2009). An overwhelming number of cases of elder abuse take place at home (Teaster et al., 2006), justifying elder abuse and neglect as a pressing concern for family scholars and practitioners.

Even with this evident prevalence of elder abuse and neglect in the U.S. and similar phenomena that have been documented in other countries, such as the UK (Cooper, Selwood, & Livingston, 2008) and China (Dong, Simon, & Gorbien, 2007), this issue has received relatively scant attention from scholars, advocates, and government leadership compared to other family domestic abuse contexts (e.g., child, partner). In 2009, for instance, federal agencies in the USA spent only 11.9 million dollars for all the programs and activities related to elder abuse, while 649 million dollars went into programs on violence against women (Dong, 2014).

We speculate that many of the negative stereotypes toward older adults and aging, to some degree, minimize or ignore the significance of elder abuse and neglect for many.

Another reason for little research in our field is a lack of understanding of the role of communication surrounding the occurrence and continuity of the mistreatment. For instance, in a recent overview of research on elder abuse, and in line with other gerontological and criminological treatises, Dong (2014) affords communicative phenomena, processes, and theories (including a discussion of reporting issues) virtually no attention. Suggestions put forward at the 2015 White House Conference on Aging urged comprehensive research to advance knowledge on elder abuse and neglect but, again, afford no attention to communication (Pillemer et al., 2015). It is with the hopes of addressing this gap that we turn to the role of communication as both a causal and empowering agent for victims and perpetrators of elder abuse and neglect.

COMMUNICATIVE PERSPECTIVE ON ELDER ABUSE AND NEGLECT

Whereas there are various antecedents to elder abuse (e.g., mental health, substance abuse, retribution for childhood neglect), the dominant narrative of elder abuse usually is a “caregiver stress” frame where a caregiver is unable to manage the stress as a result of excessive burdens and, ultimately, “snaps” at the elder person, resulting in violent behavior and/or neglect. This caregiver stress theory and related perspectives focuses solely on the abuser without recognition of the agency of the elder care receiver as well as the general relational and communicative context. Given that the caregiving environment is a reciprocal and communicative process, we should look at the communicative interdependence of both individuals to assess how dysfunctional family communication can escalate conflict and eventually trigger abuse and neglect. One example of this reciprocal caregiving process is captured by Lin and Giles (2013) proposed power-based model of elder abuse and neglect. Based on Bugental and her colleagues’ (e.g., 2002) work, this model suggests that the abuser is the one who feels powerless, or a lack of control over the caregiving situation when interpreting the elderly care receiver’s behaviors as problematic (e.g., nonresponsive or noncomplying). The caregiver tends to attribute the power to the care receiver and experiences negative emotions such as anxiety, anger or apprehension.

Thus, the caregiver may adopt coercion or abusive behaviors (e.g., physical abuse, verbal abuse, communication neglect) to regain control. In this case, the emerging harm to the elder is a joint effect of nonaccommodation from the elder victim and coercion from the abuser within a power-based schema. Given the

limited space available here, we will not review the entire model (see Lin & Giles, 2013). Rather, our goal for the remainder of the chapter is to focus on communicative processes and contexts presented in the Lin and Giles' model and elsewhere that are at the heart of elder abuse and neglect: (a) verbal aggressiveness, (b) the family communication environment, (c) perceived caregiving stress and problematic communication, and (d) the elderly care receiver's communication.

Verbal Aggressiveness

A major dysfunctional family communication pattern is verbal aggression (VA), which Infante and Rancer (1982) conceptualized as a "communication behavior that individuals use to attack another person's self-concept or self-worth in lieu of, or in addition to, arguing against the person's opinions or ideas" (Lin & Giles, 2013, p. 1284). VA is considered a predisposition often triggered by situational stimuli (Rudd, Vogl-Bauer, Dobos, Beatty, & Valencic, 1998) where feelings of frustration and/or anger are elicited. For instance, Wilson and his colleagues (2006, 2008) found that mothers who scored high on verbal aggressiveness also scored high on child abuse potential and were more directive when interacting with their children. They were more likely to view their children as uncooperative, had a rigid expectation of home life and children's behaviors, felt stressed, and attributed problems in life to others. Further, the children whose mothers were verbally aggressive also tended to resist those controlling behaviors (Wilson et al., 2008), which can escalate more verbal aggressiveness from the mother and, hence, an interaction pattern is formed. Repeated exposure to an abusive or violent environment in childhood can have detrimental effects on a child's emotional and psychological development into adolescence (Morimoto & Sharma, 2004). When fathers engage in verbal punishment, this is a strong predictor of the child's verbal and physical aggression toward the father in adolescence (Pagani et al., 2009). Teenagers who displayed verbal and physical aggressiveness toward their mothers had a greater likelihood of having abusive parents growing up (Pagani et al., 2004). Whether the children's aggressiveness toward parents is a result of retaliation or is fostered by drug use, the influence of family violence over time may hinder their communication skills to manage conflicts and, hence, they are likely to resort to aggression later in other intimate relationships when conflicts arise (Theobald & Farrington, 2012).

VA has not been positioned as a central causal factor for elder abuse and neglect. However, the extant research clearly demonstrates a likely connection between VA and potential to engage in abuse toward older family members. First, family caregivers who have a predisposition toward VA could be at risk of mistreating their elderly care receiver, because caregiving is a stressful and/or frustrating situation, particularly when the elderly care receiver is noncooperative or

nonaccommodating (see above). Second, VA is likely a joint product of the caregiver's VA trait and the long-term abusive family environment in which the caregiver was raised. Thus, an older family member who was a perpetrator of physical or emotional abuse may now find him- or herself in a victim role. In short, VA, as it relates to the rise of elder abuse and neglect, may be a temporal reciprocal cycle—and this possibility warrants further consideration.

Family Communication Environment

Families typically operate as a collective identity and, as such, develop shared ideologies including perceptions, expectations, and norms of family communication (Koerner & Fitzpatrick, 2002). This is most evident in the theorizing on family communication patterns (FCP), which centers on two salient communication dimensions in the family: conversation orientation and conformity orientation (Schrodt, Witt, & Messersmith, 2008). Briefly, conversation orientation reflects “a concern with open discussion of ideas between parents and children,” whereas conformity orientation reflects “the degree to which the family communication climate stresses homogeneity of attitudes, beliefs, and values among all family members.” These orientations work in tandem to create the communication environment in the family (i.e., consensual, pluralistic, protective, and laissez-faire families). Ample evidence already supported the utility of FCP in explaining parent-child interactions about different issues, such as politics and advertising, and the FCP is found to be associated with children and/or young adults' levels of aggression and self-disclosure (see Koerner & Schrodt, 2014, for a review).

Potentially harmful effects of a conformity orientation are already suggested in the research such as children's depression, mental health, and maladjustment into adulthood (Koerner & Schrodt, 2014). High-conformity families are more likely to manage conflict in a confrontational manner that normally escalates into further conflict or engage in a demand/withdraw pattern (Sillars et al. 2014). Accordingly, we can reasonably speculate that although not framed explicitly within the family communication patterns framework, research supports the idea that the family environment is associated with abusive behaviors. For instance, Pelcovitz et al. (2000) identified the rigidity of the family (i.e., unwillingness to adapt) as a characteristic of abusive family environments—and this had clear links to conformity orientation. Further, one of the fundamental issues of domestic abuse—including elder abuse—is that victims do not always communicate openly to others in and outside of the family.

Clearly, a family schema that marginalizes the voices of family members, especially when considering protecting family reputation and perceptions of family members, provides a more fertile ground for seeds of abuse. As discussed earlier, the caregiver's level of verbal aggressiveness and a conformity family communication

environment could increase the risk of elder abuse in later-life relationships. Putting it differently, caregivers may acquire dysfunctional communication styles or fail to develop healthy communication styles growing up in a high-conformity family environment, and therefore may respond to challenging caregiving situations negatively. Moreover, when role reversal is experienced in the caregiving process, the decades-long parental power can be dismissed or challenged.

Perceived Caregiving Stress and Problematic Communication

As alluded to previously, caregiving can be a satisfying and yet stressful experience. Caregiver stress has been linked to physical pain, as well as depression or anxiety (Cooper, Selwood, Blanchard, & Livingston, 2010; Papastavrou et al., 2011). When caregivers fail to properly manage their stress or, in worse cases, direct their stress outward against others, it could result in elder mistreatment. We should note that caregiving stress is multidimensional, and there are different problems linked with various dimensions of caregiver burden (see Savundranayagam, Montgomery, & Kosloski, 2010). Which communication factors, then, may contribute to perceived caregiving stress? One salient factor is conflict with other family members (Etters, Goodall, & Harrison, 2008), as it often arises during the process of caregiving when a caregiver does not receive support from other family members. Moreover, the burdens associated with caregiving can amplify a long-standing family feud. Obviously, poor family functioning prior to caregiving negatively affects the caregiver-care receiver's relationship and interaction patterns and caregivers' interpretations of the care receivers' behaviors (Steadman, Tremont, & Davis, 2007). Thus, family relationships before and after the caregiving roles emerge should be considered to better understand their potential role as a contextual, enabling factor for elder abuse.

Quality and frequency of communication have also been found to be associated with felt caregiving burden; caregivers who can find positive aspects of caregiving experienced less caregiving burden (Papastavrou et al., 2011). A common misperception is that it is the caregiving recipient who desires more communication when, in fact, some evidence points to older adults preferring less communication. The researchers speculated that older adults prefer less communication because they gradually lose the ability to communicate as their illness progresses. It could also be that older adults prefer less conversation about the illness to avoid having negative emotions (Fried, Bradley, O'Leary, & Byers, 2005). This is potentially problematic, because those caregivers who desire more communication with their older family members may feel more emotionally burdened when this need is not met than those who do not have such a need (Fried et al., 2005).

Communication issues are particularly prevalent for illnesses such as dementia or Alzheimer's disease (Wiglesworth et al., 2010). Elderly care receivers may not be able to comprehend or use words correctly, or they may shift from topic to topic

or repeat the same utterance. Diminished communication skills in the elderly care receiver may increase the difficulties of caregiving and, consequently, lead to caregiving burdens. Savundranayagam, Hummert, and Montgomery (2005) found support for communication breakdowns, which can lead to problem behaviors by the caregiving recipient (e.g., agitation, wandering, or irritation). Thus, communication problems may play a role in relationships between the status of the illness and caregiver stress. Communication issues surrounding problematic caregiving interaction are prevalent, in particular, when the path is linked to a demand burden (i.e., perceptions that the elderly care receiver's requests are unreasonable or demanding). The caregiver may feel as though he or she is being taken advantage of or manipulated by the elderly care receiver. As outlined in Lin and Giles' (2013) power-based model, perceived demand burden may be the type of caregiving stress that is likely to prompt the process of elder abuse when the caregiver interprets the elderly care receiver's behavior as ill-intentioned and manipulative.

Elderly Care Receiver's Problematic Communicative Acts

Research on family abuse recognizes an "interactional" approach in that both parties respond to each other's communicative behaviors and contribute to the communicative or relational outcomes (e.g., Bugental et al., 2002). This is not to suggest blame toward the victim of abuse. Rather, it emphasizes the interdependence of family members and the notion that the family environment—which may lead to abuse—is constituted in the communication among and between family members. What may be problematic communicative acts exhibited by the elderly care receiver that may elicit negative caregiving schema, age stereotypes, and in some cases, elder abuse? We borrow from research into intergenerational communication on nonaccommodative behaviors that result (see above) in dissatisfying relationships or conversations and highlight three behaviors from old to young: patronizing talk, painful self-disclosure, and off-target verbosity (see Lin & Giles, 2013) to demonstrate the role of elderly care recipients in creating potentially problematic environments.

Patronizing talk. Older people could be underaccommodative by failing to adjust their speech style or choosing conversation topics that are unfamiliar, inappropriate, or even offensive to the younger person. Giles and Williams (1994) identified three types of patronizing talk from the elderly, *disapproving/disrespecting youth*, *nonlistening* and *overprotective/parental*. They all evoked varying degrees of negative emotions in the younger person. Patronizing talk from the family elderly care receiver can affect caregiving interaction and contribute to caregivers' sense of powerlessness and irritation, particularly in the forms of the disapproving/disrespecting youth and nonlistening.

Painful self-disclosure (PSD). As briefly discussed earlier, older people's painful self-disclosures (PSD) focus on "negative intimate topics" (Bonnesen & Hummert, 2002, p. 276) and emphasizes the discomfort or painfulness incurred for the recipient of such disclosure (Fowler & Soliz, 2010). Research on PSD has placed greater emphasis on the negative influence they have on intergenerational communication than the actual emotions experienced by the elderly person when the disclosure takes place. For instance, younger recipients may find the negative intimate topics such as death, bereavement, or health inappropriate or anxiety provoking and, therefore, find difficulty responding to it. Older interactants may or may not relieve the negative emotions when disclosing these experiences, and they may choose to disclose them for various motives (Bonnesen & Hummert, 2002). Older people's PSD is likely to activate a schema of helping or pity in younger people (Harwood, McKee, & Lin, 2000) and may constrain subsequent conversation. In the elder abuse context, it is possible that the caregiver may lose sympathy for or empathy with the elderly person after repeatedly hearing about past painful or unpleasant experiences, such that they are no longer interested in responding to PSD when it occurs. Communication neglect (Sorenson, 2006), as we discussed earlier, may be a likely form of response to discourage PSDs.

Off-target verbosity (OTV). Younger interlocutors may find it difficult to converse with an older person engaging in OTV and may attribute negative stereotypes of aging, such as incompetence and slow thinking, to the older person (Ruscher & Hurley, 2000). It is likely that caregivers may feel frustrated about the communication breakdown when they are unable to obtain information from the elderly care receiver (Fried et al., 2005) and lose the patience to repeat the same questions in conversations seemingly every few seconds.

These underaccommodative communication behaviors incur negative age stereotypes and negative age schema. Limited or unpleasant interaction experiences follow, like a downward spiral. These negative interactions may occur repeatedly on a daily basis and, for some caregivers, they may be exposed to such a climate almost the entire duration in the later stages of their caregiving process. Caregivers may become extremely negative and unable to choose positive coping strategies to alleviate stress, thus opening the door for verbal aggressiveness or other types of abuse. These possible caregiving outcomes, obviously, present challenges for caregivers' family identities. Unlike institutional caregivers, family caregivers have a long relational history with the elderly care receiver. Feelings of anger and agitation may come as strongly as feelings of guilt with caregiving. Caregivers may need to redefine their family identities as a result of these unpleasant interactions. Moreover, they may renegotiate the nature of their multiple roles as a spouse, a child or a family member, in addition to being a caregiver as the elderly care receiver ages and his or her health needs change. Whereas research has recognized

the implications of these problematic communication styles for intergenerational relationships, especially for young adults (e.g., negative age stereotypes, dissatisfying intergenerational communication, unwillingness to communicate with older adults), little attention has been paid to consider long-term impacts of these speech styles within the family caregiving context as a potential underlying factor in elder abuse.

CONCLUSION AND FUTURE CONSIDERATIONS

Issues and types of family caregiving vary substantially. Some families have plenty of time and resources to plan for caregiving, and others have to assume caregiver roles rather suddenly (e.g., a stroke or a severe fall) or with constrained resources. As such, a caregiver could be unprepared or unwilling to partake in this role. Miller, Shoemaker, Willyard, and Addison (2008) refer to this scenario as the “unexpected career” (p. 22). The surprising onset of this new responsibility coupled, at times, with an amplified strain on financial, relational, and work responsibilities often increases the stress for the caregiver. The lack of necessary skills and knowledge, whether it be at the beginning stage of the caregiving due to the “new-ness” to this role or later due to the complication of the caregiving needs, places great demands on the caregiver in terms of physical, emotional, financial, and relational resources. While a majority of caregivers manage this stress without a dark turn to elder neglect and abuse, this stress can serve as the seed for this problematic and disheartening behavior. Thus, for family scholars and those interested in later-life relationships and care, understanding factors that allow the stress and burden associated with caregiving to escalate into this dysfunctional and abusive environment is instrumental in reducing the prevalence of this behavior.

Throughout this chapter, we have introduced some of these factors including those that reflect problematic relational histories (e.g., enduring parent-child conflict), dysfunctional or less-than-ideal family communication environments, and individual dispositions (e.g., verbal aggressiveness) that are salient in all contexts of family domestic abuse (e.g., partner and child abuse). We position elder abuse and neglect within a larger intergenerational context, as it is a framework crucial to understanding and potentially minimizing the occurrence of elder abuse and neglect. In the following, we suggest relevant theoretical frameworks and constructs emerging from research on family relations and interactions, coupled with the intergenerational framework, to offer nuanced insight into this dark side of family communication.

Attachment theory. Attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988) posits that particular attachment styles individuals formed in early childhood become the working model of their intimate relationship in

terms of perceptions of others (e.g., trust, dependability) and overall self-concept. Attachment theory has a long history of research on individual and relational development including implications for the caregiving context. For instance, Chen and colleagues (2013) found that a higher score on a secure script of relationships (i.e., a secure attachment style) is associated with less criticism and hostility toward caregiving tasks. This association was significant for the medium- and high-stress-level conditions. The implication, according to Chen et al., is that the ability to access secure-based scripts is important for caregivers when the caregiving tasks are challenging (e.g., dementia). Caregivers will be able to manage their stress better by interpreting problematic behaviors such as agitation and communication difficulties with a more positive frame. Thus, we would benefit from further examination of the relationship between other attachment styles (avoidant, anxious, dismissive) and the occurrence of elder abuse and neglect, especially in cases where caregiving demands are high.

Attribution theory. Another cognitive theory, attribution theory, focuses on the way people assign meanings to their own and others' behaviors. Relevant to the caregiving context, one situation in which we afford meanings is in the attribution of responsibility (Stamp, 2004). Jackson and Hafemeister (2013) interviewed elderly abuse victims and identified a discrepancy between their attributions of the occurrence of the abuse and those of the Adult Protection Services caseworkers. Elderly abuse victims were more likely to find reasons to excuse or dismiss the abuse (e.g., mental health, unemployment of the abuser) rather than placing blame on the personality of the family caregiver. Conversely, caseworkers tended to attribute the abuse to elderly victims' vulnerability and dependency. Attributions both make up and reflect the communication and nature of relationships (Manusov & Spitzberg, 2008) and, as such, may be part of the process linking the intergenerational communicative and relational dynamics discussed in this chapter with the occurrence of elder abuse and neglect. Relatedly, we see opportunities and connection with communication privacy management theory (Petronio, 2002; Petronio & Durham, 2008) to explain elderly abuse victims' attribution of responsibility and decisions to disclose the abuse to others.

Intergenerational ambivalence. A construct used to examine intergenerational relationships within the family, especially applicable to adult children and elderly parents, is intergenerational ambivalence (Lowenstein, 2007; Lüscher, 2004). Simply put, complementary to the intergenerational solidary-conflict model, an intergenerational ambivalence perspective argues that parents and children have inherently contradictory and mixed feelings of this relationship. Lüscher and Pillemmer (1998) discussed the ambivalent feelings that may be generated between dependence and autonomy, reciprocity and solidarity, and solidarity and mutual

dependency. Intergenerational ambivalence can be manifested by the typical experience described by adult child caregivers. That is, they feel a sense of satisfaction by providing needs for their elderly parent and yet they also express negative emotions towards the parent due to the multiple strains as a result of caregiving. Lowenstein (2010) contends that an elderly care receiver's chronic illness and/or the adult child's competing obligations and roles may intensify the imbalance of the ambivalent feelings. Such conflicts may arise and result in elder abuse and neglect. As family life in our society today is more pluralistic (e.g., blended families and remarriage), intergenerational relationships within the family may have even higher degrees of mixed feelings of what constitutes shared family norms and expectations. Learning about the subjective feelings and perceptions of the caregiver and elderly care receiver in the context of long-term caregiving, familial resources available, and existing parent-child relationship may help us understand the rise in incidents of elder abuse and neglect.

In conclusion, given that elder abuse is a sensitive family, as well as societal, issue and could be particularly a taboo topic in the family, the severity of the issue can be masked or hidden. The potential implications for family communication research are evident and require further elaboration. Hence, we make an urgent call for family communication scholars to expand family conflict and violence research into the realm of elder mistreatment on the one hand, and on the other, for intergenerational communication scholars to connect with medical practitioners and policy makers to be an integral part of elder abuse detection and prevention endeavors.

REFERENCES

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Anthony, E. K., Lehning, A. J., Austin, M. J., & Peck, M. D. (2009). Assessing elder mistreatment: Instrument development and implications for adult protective services. *Journal of Gerontological Social Work, 52*, 815–836. doi: 10.1080/016343700902918597
- Bonnesen, J. L., & Hummert, M. L. (2002). Painful self-disclosure of older adults in relation to aging stereotypes and perceived motivations. *Journal of Language and Social Psychology, 21*, 275–301. doi: 10.1177/0261927X02021003004. ISSN: 0261-927X
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Bugental, D. B., Ellerson, P. C., Lin, E. K., Rainey, B., & Kokotovic, A. (2002). A cognitive approach to child abuse prevention. *Journal of Family Psychology, 16*, 243–258. doi: 10.1037/0893-3200.16.3.243
- Chen, C. K., Waters, H. S., Hartman, M., Zimmerman, S., Miklowitz, D. J., & Waters, E. (2013). The secure base script and the task of caring for elderly parents: Implications for attachment theory and clinical practice. *Attachment and Human Development, 15*, 332–348. doi: 10.1080/14616734.2013.782658

- Cooper, C., Selwood, A., Blanchard, M., & Livingston, G. (2010). Abusive behavior experienced by family carers from people with dementia: The CARD (Caring for Relatives with Dementia) study. *Journal of Neurology, Neurosurgery and Psychiatry, 81*, 592–596. doi: 10.1136/jnnp.2009.190934
- Cooper, C., Selwood, A., & Livingston, G. (2008). The prevalence of elder abuse and neglect: A systematic review. *Age and Ageing, 37*, 151–160. doi: 10.1093/ageing/afm194
- Coupland, N., Coupland, J., & Giles, H. (1991). *Language, society and the elderly: Discourse, identity, and aging*. Oxford, UK: Blackwell.
- Dickson, F. C., & Hughes, P. (2014). Aging families and family communication. In L. H. Turner & R. West (Eds.), *The SAGE handbook of family communication* (pp. 263–275). Thousand Oaks, CA: Sage.
- Dong, X. (2014). Elder abuse: Research, practice, and health policy: The 2012 GSA Maxwell Pollack Award Lecture. *The Gerontologist, 54*, 153–162. doi: 10.1093/geront/gnt139
- Dong, X., Simon, M. A., & Gorbien, M. (2007). Elder abuse and neglect in an urban Chinese population. *Journal of Elder Abuse and Neglect, 19*, 79–96. doi: 10.1300/J084v19n03_05
- Etters, L., Goodall, D., & Harrison, B. E. (2008). Caregiver burden among dementia patient caregivers: A review of the literature. *Journal of the American Academy of Nurse Practitioners, 20*, 423–428. doi: 10.1111/j.1745-7599.2008.00342.x
- Fisher, C. L., & Canzona, M. R. (2014). Health care interactions in older adults. In J. F. Nussbaum (Ed.), *Handbook of lifespan communication* (pp. 387–404). New York: Peter Lang.
- Fowler, C., & Soliz, J. (2010). Responses of young adult grandchildren to grandparents' painful self-disclosure. *Journal of Language and Social Psychology, 29*, 75–100. doi: 10.1177/0261927X09351680
- Fowler, C., & Soliz, J. (2013). Communicative responses to the painful self-disclosures of familial and non-familial older adults. *International Journal of Aging and Human Development, 77*, 163–188. doi: <http://dx.doi.org/10.2190/AG.77.3.a>
- Fox, S., & Giles, H. (1993). Accommodating intergenerational contact: A critique and theoretical model. *Journal of Aging Studies, 7*, 423–451. doi: 10.1016/0890-4065(93)90009-9
- Fried, T. R., Bradley, E. H., O'Leary, J. R., & Byers, A. (2005). Unmet desire for caregiver-patient communication and increased caregiver burden. *Journal of American Geriatrics Society, 53*, 59–65. doi: 10.1111/j.1532-5415.2005.53011.x
- Giles, H. (2014). Cross-generational health communication. In T. L. Thompson (Ed.), *SAGE Encyclopedia of health communication* (pp. 273–275). Thousand Oaks, CA: Sage.
- Giles, H., Davis, S., Gasiorek, J., & Giles, J. (2013). *Successful aging: A communication guide to empowerment*. Barcelona: Editorial Aresta.
- Giles, H., Fox, S., & Smith, E. (1993). Patronizing the elderly: Intergenerational evaluations. *Research in Language and Social Interaction, 26*, 129–149.
- Giles, H., & Gasiorek, J. (2011). Intergenerational communication practices. In K. W. Schaie & S. Willis (Eds.), *Handbook of the psychology of aging* (7th ed., pp. 231–245). New York: Elsevier.
- Giles, H., & Helmlé, J. (2011). Elder abuse and neglect: A communication framework. In A. Duzak & U. Okulska (Eds.), *Language, culture and the dynamics of age* (pp. 223–252). Berlin, Germany: Mouton de Gruyter.
- Giles, H., Ryan, E. B., & Anas, A. P. (2008). Perceptions of intergenerational communication by young, middle-aged, and older Canadian adults. *Canadian Journal of Behavioral Science, 40*, 121–130. doi: 10.1037/0008-400x.40.1.21
- Giles, H., & Williams, A. (1994). Patronizing the young: Forms and evaluations. *International Journal of Aging and Human Development, 39*, 33–53. doi: 10.2190/0LUC-NWMA-K5LX-NUVW
- Hagestad, G. O., & Uhlenberg, P. (2005). The social separation of old and young: A root of ageism. *Journal of Social Issues, 61*, 343–360. doi: 10.1111/j.1540-4560.2005.00409.x

- Harwood, J. (2000). Communicative predictors of solidarity in the grandparent-grandchild relationship. *Journal of Social and Personal Relationships*, *17*, 743–766. doi: 10.1177/0265407500176003
- Harwood, J., & Giles, H. (1996). Reactions to older people being patronized: The roles of response strategies and attributed thoughts. *Journal of Language and Social Psychology*, *15*, 395–422. doi: 10.1177/0261927X960154001
- Harwood, J., McKee, J., & Lin, M.-C. (2000). Younger and older adults' schematic representations of intergenerational communication. *Communication Monographs*, *67*, 20–41. doi: 10.1080/03637750009376493
- Harwood, J., Rittenour, C. E., & Lin, M.-C. (2012). Family communication in later life. In A. Vangelisti (Ed.), *Handbook of family communication* (2nd ed., pp. 112–126). London: Routledge.
- Hummert, M. L. (2010). Age group identity, age stereotypes, and communication in a life span context. In H. Giles, S. A. Reid, & J. Harwood (Eds.), *The dynamics of intergroup communication* (pp. 41–52). New York: Peter Lang.
- Hummert, M. L., Garstka, T. L., Ryan, E. B., & Bonnesen, J. (2004). The role of age stereotypes in interpersonal communication. In J. F. Nussbaum & J. Coupland (Eds.), *Handbook of communication and aging research* (pp. 91–115). Mahwah, NJ: Lawrence Erlbaum.
- Infante, D. A., & Rancer, A. S. (1982). A conceptualization and measure of argumentativeness. *Journal of Personality Assessment*, *46*, 72–80. doi: 10.1207/s15327752jpa4601_13
- Jackson, S. L., & Hafemeister, T. (2013). Differences in causal attributions of caseworkers and elderly clients in the USA: Impact on case resolution and cessation of abuse. *The Journal of Adult Protection*, *15*, 246–257. doi: 10.1108/JAP-12-2012-0029
- Koerner, A. F., & Fitzpatrick, M. A. (2002). Toward a theory of family communication. *Communication Theory*, *12*, 70–91. doi: 10.1111/j.1468-2885.2002.tb00260.x
- Koerner, A. F., & Schrodt, P. (2014). An introduction to the special issue on family communication patterns theory. *Journal of Family Communication*, *14*, 1–15. doi: 10.1080/15267431.2013.857328
- Laumann, E. O., Leitsch, S. A., & Waite, L. J. (2008). Elder mistreatment in the United States: Prevalence estimates from a nationally representative study. *Journal of Gerontology: Psychological Science*, *63B*, 248–254.
- Levy, B. R. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. *Journals of Gerontology: Psychological Sciences*, *58B*, 203–211. doi: 10.1093/geronb/58.4.P203
- Lin, M.-C., & Giles, H. (2013). The dark side of family communication: A communication model of elder abuse and neglect. *International Psychogeriatrics*, *25*, 1275–1290. doi: 10.1017/S1041610212002347
- Lowenstein, A. (2007). Solidarity-conflict and ambivalence: Testing two conceptual frameworks and their impact on quality of life for older family members. *Journal of Gerontology Series B: Psychological Sciences and Social Sciences*, *62*, S100–S107.
- Lowenstein, A. (2010). Caregiving and elder abuse and neglect: Developing a new conceptual perspective. *Aging International*, *35*, 215–227. doi: 10.1007/s12126-010-9068-x
- Lüscher, K. (2004). Conceptualizing and uncovering intergenerational ambivalence. In K. Pillemer & K. Lüscher (Eds.), *Intergenerational ambivalence: Perspectives on parent-child relations in later life* (pp. 23–62). New York: Elsevier.
- Lüscher, K., & Pillemer, K. (1998). Intergenerational ambivalence: A new approach to the study of parent-child relations in later life. *Journal of Marriage and the Family to Journal of Marriage and Family in 2000*, *60*, 413–425. doi: 10.2307/353858
- Manusov, V., & Spitzberg, B. (2008). Attribution theory. In D. O. Braithwaite & L. A. Baxter (Eds.), *Engaging theories in interpersonal communication* (pp. 37–50). Thousand Oaks, CA: Sage.

- Miller, K. I., Shemaker, M. M., Willyard, J., & Addison, P. (2008). Providing care for elderly parents: A structural approach to family caregiver identity. *Journal of Family Communication, 8*, 19–43. doi: 10.1080/15267430701389947
- Montgomery, R. J. V., Gonyea, J. G., & Hooyman, N. R. (1985). Caregiving and the experience of subjective and objective burden. *Family Relations, 34*, 19–26. doi: 10.2307/583753
- Morimoto, Y., & Sharma, A. (2004). Long-term outcomes of verbal aggression: The role of protective factors. *Journal of Emotional Abuse, 4*, 71–99. doi: 10.1300/J135v04n02_04
- National Council of Elder Abuse. (2015). *Statistics/Data*. Retrieved from National Center on Elder Abuse, Administration on Aging. <http://http://www.ncea.aoa.gov/Library/Data/>
- National Research Council. (2003). *Elder mistreatment: Abuse, neglect, and exploitation in an Aging America*. Washington, DC: National Academies Press.
- Ota, H., Giles, H., & Somera, L. (2007). Beliefs about intra- and intergenerational communication in Japan, the Philippines, and the United States: Implications for older adults' subjective well-being. *Communication Studies, 58*, 173–188. doi: 10.1080/10510970701341139
- Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2004). Risk factor models for adolescent verbal and physical aggression toward mothers. *International Journal of Behavioral Development, 28*, 528–537. doi: 10.1080/01650250250444000243
- Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2009). Risk factor model for adolescent verbal and physical aggression toward fathers. *Journal of Family Violence, 24*, 173–182. doi: 10.1007/s10896-008-9216-1
- Papastavrou, E., Tsangari, H., Karayiannis, G., Papacostas, S., Efstathiou, G., & Sourtzi, P. (2011). Caring and coping: The dementia caregivers. *Aging and Mental Health, 15*, 702–711. doi: 10.1080/13607863.2011.562178
- Pelcovitz, D., Kaplan, S. J., Ellenberg, A., Labruna, V., Salzinger, S., Mandel, F., & Weiner, M. (2000). Adolescent physical abuse: Age at time of abuse and adolescent perception of family functioning. *Journal of Family Violence, 15*, 375–389. doi: 10.1023/A:10075063136630.1023/A:1007506313663
- Petronio, S. (2002). *Boundaries of privacy: Dialectics of disclosure*. Albany, NY: SUNY Press.
- Petronio, S., & Durham, W. (2008). Communication privacy management theory. In D. O. Braithwaite & L. A. Baxter (Eds.), *Engaging theories in interpersonal communication* (pp. 309–322). Thousand Oaks, CA: Sage.
- Pillemer, K., Connolly, M.-T., Breckman, R., Spreng, N., & Lachs, M. S. (2015). Elder mistreatment: Priorities for consideration by the White House Conference on Aging. *The Gerontologist, 55*, 320–327. doi: 10.1093/geront/gnu180
- Rudd, J. E., Vogl-Bauer, S., Dobos, J. A., Beatty, M. J., & Valencic, K. M. (1998). Interactive effects of parents' trait verbal aggressiveness and situational frustration on parents reported anger. *Communication Quarterly, 46*, 1–11. doi: 10.1080/0146379809370080
- Ruscher, J. B., & Hurley, M. M. (2000). Off-target verbosity evokes negative stereotypes of older adults. *Journal of Language and Social Psychology, 19*, 141–149. doi: 10.1177/0261927X00019001007
- Ryan, E. B., Anas, A. P., & Gruneir, A. J. S. (2006). Evaluations of overhelping and underhelping communication: Do old age and physical disability matter? *Journal of Language and Social Psychology, 25*, 97–107. doi: 10.1177/0261927X05284485
- Ryan, E. B., Giles, H., Bartolucci, G., & Henwood, K. (1986). Psycholinguistic and social psychological components of communication by and with older adults. *Language and Communication, 6*, 1–24. doi: 10.1016/0271-5309(86)90002-9
- Ryan, E. B., Kwong See, S., Meneer, W. B., & Trovato, D. (1992). Age-based perceptions of language performance among young and older adults. *Communication Research, 19*, 423–443. doi: 10.1177/009365092019004002

- Savundranayagam, M. Y. (2013). Receiving while giving: The differential roles of receiving help and satisfaction with help on caregiver rewards among spouses and adult-children. *International Journal of Geriatric Psychiatry, 29*, 41–48. doi: 10.1002/gps.3967
- Savundranayagam, M. Y., Hummert, M. L., & Montgomery, R. J. V. (2005). Investigating the effects of communication problems on caregiver burden. *Journal of Gerontology: Social Sciences, 60B*, s48–s55. doi: 10.1093/geronb/60.1.S48
- Savundranayagam, M. Y., Montgomery, R. J. V., & Kosloski, K. (2010). A dimensional analysis of caregiver burden among spouses and adult children. *The Gerontologist, 51*, 321–331. doi: 10.1093/geront/gnq102
- Schrodt, P., Witt, P. L., & Messersmith, A. (2008). A meta-analytical review of family communication patterns and their associations with information processing, behavioral, and psychosocial outcomes. *Communication Monographs, 75*, 248–269. doi: 10.1080/03637750802256318
- Sillars, A., Holman, A. J., Richards, A., Jacobs, K. A., Koerner, A., & Reynolds-Dyk, A. (2014). Conversation and conformity orientations as predictors of observed conflict tactics in parent-adolescent discussions. *Journal of Family Communication, 14*, 16–31. doi: 10.1080/15267431.2013.857327
- Soliz, J., & Harwood, J. (2006). Shared family identity, age salience, and intergroup contact: Investigation of the grandparent-grandchild relationship. *Communication Monographs, 73*, 87–107. doi: 10.1080/03637750500534388
- Soliz, J., & Lin, M.-C. (2013). Friends and allies: Communication in grandparent-grandchild relationships. In K. Floyd & M. Mormon (Eds.), *Widening the family circle: New research on family communication* (2nd ed., pp. 35–50). Thousand Oaks, CA: Sage.
- Sorenson, H. (2006). Verbal abuse and communication neglect in the elderly. In R. W. Summers & A. M. Hoffman (Eds.), *Elder abuse: A public health perspective* (pp. 117–129). Washington, DC: American Public Health Association.
- Stamp, G. H. (2004). Theories of family relationships and a family relationship theoretical model. In A. L. Vangelisti (Ed.), *Handbook of family communication* (pp. 1–30). Mahwah, NJ: Erlbaum.
- Stannard, C. I. (1973). Old folks and dirty work: The social conditions for patient abuse in a nursing home. *Social Problems, 20*, 329–342.
- Steadman, P. L., Tremont, G., & Davis, J. D. (2007). Premorbid relationship satisfaction and caregiver burden in dementia caregivers. *Journal of Geriatric Psychiatry and Neurology, 20*, 115–119. doi: 10.1177/0891988706298624
- Teaster, P. B., Otto, J. M., Dugar, T. D., Mendiondo, M. S., Abner, E. L., & Cecil, K. A. (2006). The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older. *Report to the National Center on Elder Abuse*, Administration on Aging, Washington, DC.
- Theobald, D., & Farrington, D. P. (2012). Child and adolescent predictors of male intimate partner violence. *Journal of Child Psychology and Psychiatry, 53*, 1242–1249. doi: 10.1111/j.1469-7610.2012.02577.x
- Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W. (2010). Screening for abuse and neglect of people with dementia. *Journal of the American Geriatrics Society, 58*, 493–500. doi: 10.1111/j.1532-5415.2010.02737x
- Williams, A., & Giles, H. (1996). Retrospecting intergenerational conversations: The perspective of young adults. *Human Communication Research, 23*, 220–250.
- Williams, A., & Nussbaum, J. F. (2001). *Intergenerational communication across the lifespan*. Mahwah, NJ: Erlbaum.

- Wilson, S. R., Hayes, J., Bylund, C. E., Rack, J. J., & Herman, A. P. (2006). Mother's trait verbal aggressiveness and child abuse potential. *Journal of Family Communication, 6*, 279–296. doi: 10.1207/s15327698jfc0604
- Wilson, S. R., Roberts, F., Rack, J. J., & Delaney, J. E. (2008). Mother's trait verbal aggressiveness as a predictor of maternal and child behavior during playtime interactions. *Human Communication Research, 34*, 392–422. doi: 10.1111/j.1468-2958.2008.00326.x
- Zhang, Y. B., & Lin, M.-C. (2009). Conflict initiating factors in intergenerational relationships. *Journal of Language and Social Psychology, 28*, 343–363. doi: 10.1177/0261927X09341836