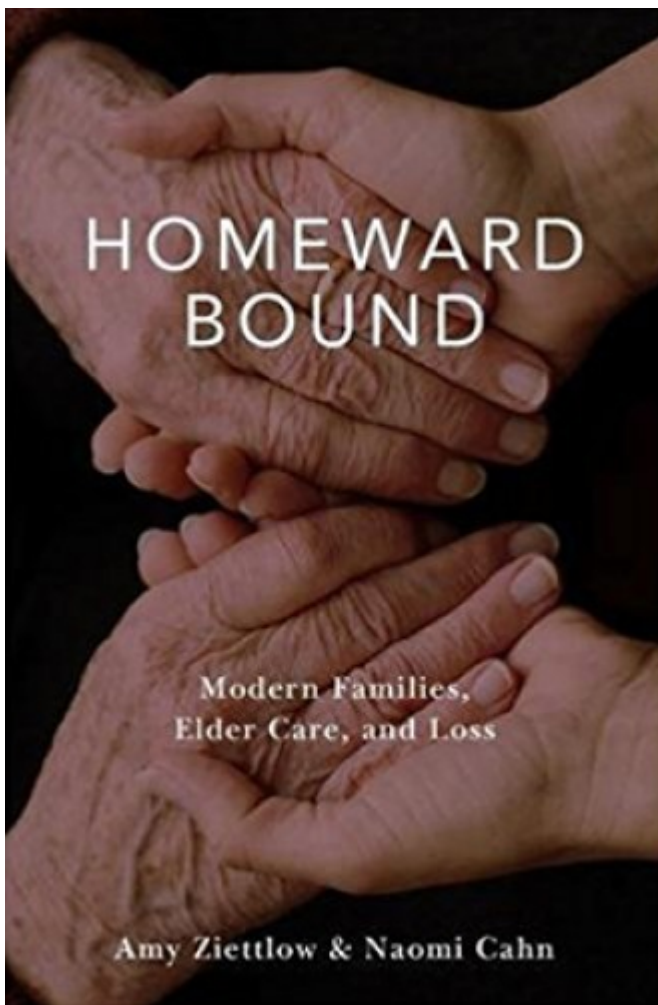


Where should the stepkids sit at the funeral?

As family configurations change, so does pastoral care.

by [Sharon G. Thornton](#) in the [September 27, 2017](#) issue

In Review



Homeward Bound

Modern Families, Elder Care, and Loss

By Amy Zietlow and Naomi Cahn
Oxford University Press

Baby boomers are retiring and will constitute about 20 percent of the population by the next decade. Coupled with impending changes in our national health-care policies, this reality raises questions for people facing their later years and those who hope to care for them.

When I was a pastor, respect for the elderly was built into the ethnic makeup of our community, and families often incorporated their aging members into their households. It all seemed to unfold smoothly. Amy Zietlow and Naomi Cahn show how this caring activity is becoming more complex and sometimes agonizingly difficult to navigate. Zietlow, a Lutheran pastor and affiliate scholar with the Institute for American Values, and Cahn, who teaches law at George Washington University Law School, conducted extensive research in Baton Rouge and New Orleans.

The authors show that how a family cares depends to a large extent on the structures that shape it. The family structures examined in this study—"married parent/single parent families" and "re-married families"—affect shared understandings about values, expectations of each family member's role in caregiving, and how the grieving process is lived out. They even determine who sits where at the funeral.

According to Zietlow and Cahn, married parent/single parent families exhibit the most cohesion as they move through the phases of caring for loved ones. The family's rules and expectations are internalized in such a way that even when they are not explicitly articulated they serve as guides. This model most closely matched the congregation I served, but it does not reflect the reality of many families.

In the remarried family structure, assumptions about how family members are to relate and value one another may not be shared. Often they conflict in ways that add stress to already fragile or strained relations. Fewer taken-for-granted ways of being "family" can lead to complicated end-of-life decisions. How to honor the loved one at the time of death can be fraught with misunderstanding and resentment.

The remarried family structure became more prominent during the second half of the 20th century, but like the married/single parent model, it does not reflect the complexity of many families in the 21st century.

New forms of family populate our landscape, as evidenced by the blossoming and legal acceptance of LGBTQ relationships and other forms of cohabiting. Intentional communities that are fluid in gender and structure are experimenting with new ways of covenanting to hold their relations. These new ways of establishing what it means to be family will bring different questions to the caregiving needs of the older and frail members of our communities. We can expect the meaning and practice of caregiving at the end of life to become even more challenging in the 21st century. The authors note the pressing need to bring formal policies and practices up to date to address new understandings of family.

Ziattlow and Cahn claim that the largest and most pressing problem facing today's caregivers is the lack of advanced planning; people neglect to plan for their later years.

I remember a single mother in my parish who had been widowed at a young age. She began early to prepare for her own death. She bought a burial plot next to her beloved, purchased life insurance to cover her funeral and burial expenses, drew up a will, made advance directives to cover health decisions, and appointed her eldest daughter as the executor of her estate. Her children knew what she wanted and coordinated in-home services to augment the care they could offer. At the end, she died at home with her family and caregivers present. Advance planning allowed this family to coordinate their care for their mother.

But this example is an exception. Many families stumble along and simply do the best they can.

Homeward Bound is not the first book to chronicle the journey of caring for the elderly. What is unique in this volume is its wealth of information about legal, medical, and religious frameworks that apply to each phase. The book includes a comprehensive bibliography as well as specific guidelines for engaging people in conversations about end-of-life planning and bereavement.

Ziattlow and Cahn's captivating stories help bring the results of their research into bold relief. Yet the book's emphasis on families left me with a haunting question: What about fractured families and the dissolute elderly who are left abandoned by such fracturing? This is a daunting challenge that our frayed and inadequate social network barely acknowledges.