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Gender and the negotiation between older people and their carers in the prevention of falls

KHIM HORTON* and SARA ARBER†

ABSTRACT
Little is known about how negotiation between older people and their carers varies according to gender. This paper reports a study of older men and women who have had multiple falls and the actions of their key family members to prevent recurrent falls. In-depth interviews were conducted with 35 older people who had had recurrent falls, and separately with the identified key family member. The actions taken by the relatives to prevent future falls were classified as protective, coercive, negotiating, engaging and 'reflective of mutual respect'. It was found that sons caring for older mothers took only 'protective' and 'coercive' actions, resulting in mothers having passive and submissive roles. In contrast, the daughters who were caring for their fathers undertook most often 'engaging' and some 'negotiating' actions, which empowered the fathers in their decision making. Daughters had a 'peer-like' relationship with the mothers that they supported and cared for, and undertook primarily 'negotiating' as well as 'engaging' actions. The two men who cared for older men took no specific actions but maintained mutual respect for each other. The findings demonstrate several ways in which the gender of the dyad members influences the nature of the negotiation between close relatives, and throws light on the factors that influence the autonomy and dependence of older people.

KEY WORDS – falls, older people, negotiation, gender, personal dyads.

Introduction

This paper examines the negotiation between older people who have had falls and their family members in connection with the actions that are taken to try to prevent the older person from falling again. The main focus is on how the interaction between the gender of the older person and the gender of their family carer influences this negotiated relationship in terms

* European Institute of Health and Medical Sciences, University of Surrey, Guildford, UK.
† Centre for Research on Ageing and Gender, University of Surrey, Guildford, UK.

of control, autonomy and dependence. Compared with other age groups, older people are most likely to experience falls and resulting injuries (Easterbrook *et al.* 2001). In Britain, about three million falls by older people are recorded each year, and many occur in their own homes (Cryer 1998). The risk of experiencing a fall increases with age, with those aged 85 and more years at greatest risk (Dowswell *et al.* 1999). Falls by older people pose a major health problem, and often require hospital treatment or social care services at home (Ashton 1998). McIntyre (1999) maintained that even where injuries from a fall are minor, another result is that some older people lose self-confidence and reduce their activities, compromising their independence and leading to a premature requirement for support services. The fear of falling and consequent restriction of activities is common among older people (Murphy, Williams and Gill 2002), and both are sources of disempowerment, isolation and a reduced quality of life (Tinetti and Powell 1993; Bruce, Devine and Prince 2002).

Some research studies have collected and analysed older people's accounts of their falls (Borkan, Quirk and Sullivan 1991; Martin 1999; Liddle and Gilleard 1995). Using participant observation and semi-structured interviews with staff and service users, Ballinger and Payne (2002) showed how the risk of falling was constructed and managed in a day hospital for older people. The staff's role inhibited appropriate patient behaviour, thereby reinforcing a passivity that potentially undermined older people's self-esteem and confidence. Liddle and Gilleard's (1995) exploration of the emotional consequences of falls for older people and their families found that carers had great anxieties about the older person falling. The extent to which the gender of the subject and the carer influenced negotiations about falls prevention was not explored in either of these studies. Little is known of the actions taken by family members when an older person has recurrent falls. Such actions include making practical changes to the living environment, and providing support and encouragement to a person whose confidence has been undermined. In this paper, we examine how gender influences the nature of this negotiation and how the outcome can in turn constrain and control older relatives' lives.

Gender and the nature of caring

Research on the family rarely focuses on dyads, but instead usually describes relationships only through the eyes of one of the participants, with most gerontological contributions taking the adult child's rather than the older person's perspective (Troll 1988; Morgan and Kunkel 1998). Young and Kahana (1989: 660) maintained that 'simultaneous investigations of

gender and relationship are infrequent'. Moreover, many studies of caring centre on the practical everyday living of people in families, particularly assistance with instrumental activities such as housework and personal care for frail or older people (Gregory 2000; Finch 1989). Much less research attention has been focused on the associations between gender and the invisible aspects of caring, particularly the 'emotional labour' or inputs that consist of 'day-to-day responses to common situations' involving the regulation and management of feeling (James 1992: 500).

Bowers (1987), as one exception, examined the 'invisible' nature of caring work using semi-structured interviews with 31 daughters and two sons who cared for an older parent with dementia. Her study suggested that not all overt behaviour is obvious to the person being cared for, and identified five categories of caring: anticipatory, preventive, supervisory, instrumental and protective. 'Anticipatory' care-giving comprises 'behaviours or decisions that are based on anticipated [or] possible needs of a parent', while 'preventive' care-giving includes actions to prevent illness, injury, complications, and physical and mental deterioration. 'Supervisory' care refers to direct supervision and assistance from the carer. 'Instrumental' care includes 'hands-on care' while 'protective' care maintains the self-image of the person being cared for. Family carers perceive this last type, protective care, as 'the most difficult and important type of care' since it is often in conflict with other aspects of care, in particular instrumental care (Bowers 1987: 26). Bowers also found that carers were often concerned about the reversal of roles and that a primary concern was to protect the parent's identity and the parent-child relationship. Although her study provided valuable understanding of the hidden processes of inter-generational care-giving, it did not examine the extent to which gender influenced these processes.

Nolan, Grant and Keady (1996: 43) argued that protective care may be 'counter-productive, and covering up dependency is neither possible or desirable', although it may be motivated by 'high ideals', for example when 'protecting' the cancer patient from the diagnosis. They observed occasions where an older person was admitted to a care-home believing it to be a temporary measure, contrary to the reality of its permanency as understood by the carer and the professional. Such actions are 'essentially paternalistic and often not in the best interests of either the carer or cared-for person' (1996: 43). Crump (1991) highlighted the dilemma that nurses face when confronted by the need to balance 'risk' and the 'independence' of the older person which results in over-protective care regimes. The reluctance of nurses to promote maximum independence because of the risk of 'incidents' (*e.g.* falls) sometimes produces subsequent recriminations. Adult children may face the same dilemma when caring for

their older parents. They may undertake protective actions that they conceive as positive but which encourage 'de-skilling' and dependence and which, from the older person's (or a third party's) perspective, are deemed not in the person's interest.

Negotiations in care-giving

In their exploration of how kin relationships operate in practice, Finch and Mason (1993) suggested that anticipating the need for future help is characteristic of ordinary family life, and that negotiations about help happen even when not immediately needed. One value of anticipatory negotiations is that they give the other person opportunities to have a say, thus protecting their self-esteem. They also by definition facilitate preparations, in that the initiator negotiates with the other person about what might be done.

Mason (1996) suggested that care is a multi-dimensional and relational activity that involves morality, feelings and thought. Utilising the work of Stanley and Wise (1993), she introduced two inter-related concepts to describe care, 'sentient activity' and 'active sensibility'. 'Sentient activity' refers to thinking and feeling in association with the skilled activities associated with family caring, *e.g.* attending to or interpreting the needs of specific others, and organising or thinking through relationships between self and others. This concept was elucidated in a discussion of the work of Brannen and colleagues' (1994), who found that mothers (but very seldom fathers) engaged in 'worrying' about their teenage children's well-being and activities. 'Sentient activity' is analogous to James's (1992: 500) notion of emotional labour. Mason (1996) pointed out that 'caring about' is often invisible, and that the person doing it may not be aware of all that it involves. It contrasts with 'active sensibility', the conscious activity of feeling a responsibility or a commitment to someone. These commitments are actively constructed through negotiations with others, and may encourage the person being cared for to play an active role in their care.

Caring relationships within the family

It is expected that the negotiation of the prevention of future falls will vary according to whether the caring relationship is between a partnered couple or a parent and child, and according to the gender of both members of the dyad. It is therefore appropriate to review briefly research on the two

main types of caring relationship, focusing on their findings about negotiations and control.

Spousal relationships

Among older people, spousal care continues to be the predominant caring relationship (Wenger 1990; Kendig *et al.* 1999). Davidson, Arber and Ginn (2000) discussed variations in spousal care by gender, and showed that older men report more positive experiences of caring than older women. Caring in spousal relationships differs in kind and extent from that in child-parent relationships with, for example, spouses more likely than adult children to provide intimate personal care (Stone, Cafferata and Sangl 1987; Morgan and Kunkel 1998; Young and Kahana 1989). Miller (1990) used in-depth interviews to examine spousal caring relationships, and reported that wives caring for husbands with dementia found it especially hard to assert control because they were accustomed to defer to their husbands' authority. This was echoed by Rose and Bruce (1995), who found that men caring for their wives maintained greater power and control than wives caring for husbands. Even physically disabled men frequently retained power over their wives who were their carers. This contrasted with older women, whose disability tended to reinforce and validate their powerlessness (Morris 1991).

Caring relationships between frail older people and adult children

Adult children frequently provide informal care for their older parents. There have been numerous studies of adult daughters caring for their mothers, the majority with a focus on the impact of care-giving on adult daughters (McCarty 1996; Matthews 1979; Talbott 1990), and some on the relationship between mothers and daughters (Chodorow 1978; Walter 1991). This predominant focus on women care-givers makes difficult the comparison of caring relationships between mother/son and mother/daughter dyads, and excludes examination of father/daughter and father/son dyads. Several factors influence the parent-child relationship, and as Morgan and Kunkel (1998: 235) wrote:

> Research has consistently suggested that the gender of parent and child influences the relationship between them. Mother/daughter dyads are typically closer than any other combination, with more daughters acting as confidantes and fewer likely to disappoint their mothers. … The relationship most likely to experience conflict is that between a father and son, with cross-gender dyads (mother/son, father/daughter) falling in between.

Utilising exchange theory, Matthews (1979) found that the older mother had little power in the family in relation to her adult children, and described the subordinate role of older mothers in their relationship with their adult children. This was attributed largely to the older mother's scant resources (both material and social) for exchange with the children. Consequently the older mother resorted to being content with compliance and respect, or tried to reciprocate in order to obtain help and resources from her adult child.

Walter (1991) studied the dynamics of adult daughter/mother relationships using face-to-face interviews with 48 non co-resident daughter-mother dyads. All the mothers were ambulatory and had no severe cognitive or functional impairment. She identified 'a hierarchy of responsibility [in] the extent to which one member of the pair is responsible for the other' and differentiated four types of mother/daughter dyads (1991: 45). 'Responsible mother/dependent daughter' dyads feature the mother giving and supervising the daughter's life. 'Responsible daughter/dependent mother' pairs are those in which the daughter develops a 'highly protective relationship with her mother in which she is more likely to give than to receive help from her mother'. In this type, the conventional role of the daughter is reversed, and she is more likely to supervise her mother's life and unlikely to seek advice from her mother. The third type of relationship, 'mutual mothering', displayed a tendency for both parties to supervise each other's lives, thus creating a 'balance of responsibility and dependence'. Finally, 'peer-like friendships' existed when there was reciprocal regard and each member endeavoured to support each other's autonomy. Walter's study therefore identified the types of dependence that are experienced by the members of each side of a caring dyad, although the research was restricted to women and did not focus on older mothers in need of care.

The studies that have been mentioned showed the lack of negotiation that is often experienced by older women who are cared for by adult daughters, but there is no equivalent work on either care by adult sons or of the relative power of frail older men in inter-generational family relations. It is difficult to uncover the often subtle and invisible processes of negotiation between carers and frail older people. One way of identifying the nature of these processes is to focus on a specific care-related issue. By focusing on the prevention of falls, this study set out to increase the range of reported case studies with respect to the genders of the older person and the family care-giver, and thereby to extend our understanding of the association between these genders and the negotiation within the care relationship.

Methodology

For the required exploration, grounded theory informed by a symbolic interactionist perspective was the most appropriate research approach, as it allows themes and concepts to emerge from an analysis of qualitative data collected independently from each party in the dyad (Charmaz 1990; Strauss and Corbin 1990; Williams 1999). The focus was to examine the meanings that each individual ascribed to the fall.

Sample selection and study setting

The inclusion criteria for the sample people were: aged 65 and more years, had had two or more falls during the past 12 months, and lived alone in their own home (which could be sheltered housing)[1] or in an annexe to their adult child's home. A fall was defined as 'an event which results in a person coming inadvertently to rest on the ground' (Isaacs 1987: 14–15). The subjects were asked if they had had any trips, slips or falls during the past 12 months and, if so, how many. They were also asked to identify a key family member who was defined as someone related by blood, marriage or adoption to the older person, and who assumed the major responsibility for providing care in any of the following tasks: physical care, emotional labour, or organisational/managerial labour (James 1992).

The sample of older people was recruited from five day centres and four sheltered-housing units in southeast England in early 2000. In order to explore gender differences, it was intended to obtain equal numbers of older men and women. Altogether, 311 day-centre users and 127 sheltered-housing tenants were approached. One problem was to recruit enough older men who lived alone, because more older women than men used the day centre and few men lived in sheltered housing, and it was overcome by recruiting five older men from a club for the disabled, the Royal British Legion, and a retired members' branch of the Institution of Electronic Engineers. The final sample comprised 20 older men and 20 older women. However, five of the key family members declined to be interviewed, and the sample analysed in this paper therefore comprises 35 older people and their 23 female and 12 male key family members (Table 1). For each dyad, the older person and the key family member were interviewed separately, usually in their own homes.

Data analysis

The interviews were conducted after consent was obtained. They lasted up to 90 minutes, were taped-recorded and transcribed *verbatim*. Each transcript was read several times, and analysed using the qualitative data

TABLE 1. *The gender of the older person/family member dyads*

Key family members	Older person who had experienced falls		
	Women	Men	Total
Male	Sons (n = 10)	Son (n = 1) Brother (n = 1)	12
Female	Daughters (n = 5) Niece (n = 1)	Wife (n = 4) Daughters (n = 12) Niece (n = 1)	23
Total	16	19	35

analysis package, NUD*IST, which is ideal for handling large volumes of data (Searle 2000). The grounded-theory approach enabled concepts and themes to emerge through 'open coding', which has been described by Strauss and Corbin (1990: 61) as 'breaking down, examining, comparing, conceptualizing and categorizing data'. Initially each transcript document was coded according to the dyad's basic personal characteristics, including age and gender. Next, key concepts were posited as primary categories. New coding categories were then developed, either as sub-categories of the key concepts or as new dimensions arising from within the data. Similarities and differences between male and female key family members were compared, resulting in the codes being grouped into conceptually distinct actions to prevent future falls.

Five distinct categories of actions emerged from a detailed analysis of the interview transcripts: protective, coercive, negotiating, engaging and reflective of 'mutual respect'. *Protective actions* were intended to 'protect' the older person from 'harm' or 'danger'. *Coercive actions* were those considered to 'force' or 'compel' their relative to do something, with the implication of no negotiation. *Negotiating actions* involved an element of negotiation to reach a common ground between the two people. *Engaging actions* involved negotiation but also provided the older person with choice, autonomy and control. The last category, '*mutual respect*', was identified when the two parties held mutual respect for each other, but was associated with few actions. Each of these five types of actions will be examined in turn in relation to the gender of the older person and the gender of the key family member. The names used in this paper are pseudonyms.

Protective actions

Protective actions aimed to protect the individual from harm or danger and may be considered as paternalistic. There was no element of negotiation

between the parties, resulting in the older person not having a say or any control in the decision-making process. Most of the sons interviewed felt the need to 'look after', or 'to protect' their elderly mothers from 'danger' or 'risky situations', as exemplified by Mrs Hare's son:

> I have to live with my conscience, supposing I didn't stop her [mother] from doing something which might be a danger to her, then I cannot forgive myself. … Just being there for her, and taking over the situations when she's not able to do so. … When my father passed away, my mother had lived quite a sheltered life in that my father was the person who makes the final arrangement, that sort of thing, what to buy. … She sort of hasn't got to make that sort of decision, and I feel I had to take over that aspect you see. Perhaps I am just being protective of her.

In perceiving the need to 'look after' their mothers, nearly all the sons took protective actions to prevent their mother from falling again. They saw a need to 'keep an eye' on them, an activity which Matthews and Rosner (1988) characterised as a monitoring component of filial responsibility. Although this might be conceived as positive, protective actions can be seen negatively since they encourage dependence or, as Nolan, Grant and Keady (1996: 33) observed, are 'counter-productive and cover up dependency'. Statements from other sons illustrated the tendency:

> Mr Dench: She [his mother] likes to get her own meals ready, I don't think she should. I told her to have her meals in the dining room. … I've put a lock in the broom cupboard so she [mother] doesn't have to worry about it [daily cleaning]. She's tried to do some vacuuming. … I've put the key in a place we [he and his wife] know, but she knows the reason why we've done that. She knows where the key is, but I don't think she can reach it. … I try to make sure that she does as little as possible in the way of maintaining the flat … she doesn't really have to do any washing, any cleaning, her meals are catered for.

> Mr Day: Like I said she [his mother] should not try and stand on stools. I told her she should really get rid of that mat in her front room and in her bathroom as well. Have you seen it? … I did it [getting rid of mat] one day, when I heard from her that she nearly tripped up on the mat. So I said to her, 'That's it, this is going. You're not going to trip up on this again'. I took it and dumped it in the bin. … Sometimes you feel you have to do something drastic like that to make her see sense.

It is clear that these protective actions take away some aspects of the mother's independence. For example, Mrs Day's son felt he needed to take 'drastic' actions in order to make his mother 'see sense' about the hazard of mats in the house. No negotiation was undertaken about whether she could keep the mat. Similarly, Mrs Dench 'tried to do some vacuuming' but her son stopped it.

Protective actions were taken by nine of the 10 sons who were caring for older mothers but were not taken by any other family carer (Table 2).

TABLE 2. *Number of key family members undertaking different types of actions to prevent their older relative's falls*

Type of action	Male carer of older woman	Male carer of older man	Female carer of older woman	Female carer of older man
Protective	9	0	0	0
Coercive	7	0	0	0
Mutual respect	0	2	0	0
Negotiating	0	0	6	10
Engaging	0	0	5	15
Sample size	10	2	6	17

Protective actions created passivity and dependence, and had some adverse effects on the mother's gender identity. These protective actions highlight the lack of negotiation between most of the older women and their adult sons, and suggest that there was an imbalance of power. These actions differed from Bowers's (1987: 26) notion of 'protective care', which was concerned primarily with keeping the person unaware of his or her failing abilities and increasing dependency. The carers in Bowers's study were caring for parents with cognitive impairments and felt the need to protect the parents' self-image, so the strategies may have been necessary. In the present study, however, the older person 'acted upon' is aware of what the family member is doing to them. Older mothers' apparent willingness to continue to play a subordinate role, as when their husband was alive, may reflect acceptance of their son's motivation and sense of obligation to take over their father's role, as found by Silverstein, Parrott and Bengston (1995).

Coercive actions

Coercive actions are constraining – 'to coerce' means 'to forcibly constrain' or 'to impel into obedience' (*Concise Oxford English Dictionary* 1976: 194). Like protective actions, there is no negotiation between the person who coerces and the coerced. Coercive actions force someone to do something which he or she does not wish to do. Unlike protective actions, coercive actions have an element of threat by the person who coerces, which leads the other party to conform to the 'rules' set by the person who coerces. A typical example was Mrs Hare's son:

Mr Hare: Because she [mother] can't stand long enough in the kitchen, and she tends to be dizzy, I'd insisted that she doesn't do any cooking, but has her main meal in the dining room. … I bought her a microwave oven, so she hasn't got to

stand too long. … I've insisted that she uses a stick to help prop her up, and keep her balanced … bought her this stick. … I was adamant that when she's up and about, she must have her stick with her. She knows I get cross with her when I find out she hasn't been doing her exercises. … She really couldn't get in and out of her bath easily so I told her not to bother about getting in. She should try to have a good wash, and organise to have one [a bath], downstairs [in the day centre].

This extract shows a lack of negotiation and that Mrs Hare had no say in what she might have liked. Such imbalance in power in a mother–son relationship is evident in another son's account of his relationship with his mother:

Mr Palmer: I don't think she [his mother] had much choice [about moving to sleep downstairs]. Either she lives in her own home or she'll have to go somewhere to be safer, I think. … She grumbled a bit when she got home but I told her there's no way I was going to move the bed upstairs again.

Mrs Palmer's son was adamant that his mother should live downstairs in the dining room that he had converted into a bedroom. She was coerced into living downstairs, as her account indicated:

Mrs Palmer: They [son and daughter-in-law] did it, moved my wardrobe and bed downstairs, did all that while I was in hospital. I haven't been upstairs since I came home. They didn't ask me about it and he [son] just said, 'Mum, we think it's better you don't go upstairs again'. But if there's anything I want upstairs, I have to wait for someone to come and get it for me. [He was] probably thinking he was protecting me, stopping me from falling down the stairs, I suppose. … Well, my son said, 'Mum, if you have another fall, that will be *it*' [respondent's emphasis].

Interviewer: What did he mean?

Mrs Palmer: Well, that I won't be able to get about at all. I wouldn't like to be laid up for good, you know, and have to be looked after. I'd hate that.

Mrs Palmer's reluctance is implied by the statement, 'but if there's anything I want upstairs, I have to wait for someone to come and get it for me', suggesting she would have preferred not to have been dependent on others. What appeared to tip the balance, however, was her son's remark, 'Mum, if you have another fall, that will be *it*', which she interpreted as having to enter a nursing home. No choice was provided, inducing her to accept the sleeping arrangement decided by her son. This resignation symbolises submission. The lack of negotiation, coupled with an imbalance of power, as well as her perceived need to depend on her son, led her to believe that there were no other options. Such exchanges typified coercive actions, which were taken by seven of the 10 sons of older women but by no daughters of older people in the study.

Negotiating actions

There are similarities and subtle differences between *negotiating* and *engaging* types of actions. Both types are facilitative and allow the older person to have a say in the decisions. In this study, *negotiating* actions are about 'driving a bargain' or 'doing a deal' with the older person, which implies that there is some compromise. The person is encouraged to 'co-operate', that is to work together, which is unlike being 'coerced' or 'protected'. Both members of the dyad have some say in what happens. *Engaging* actions, on the other hand, acknowledge the autonomy of the other person, and ensure that 'the person continues to have or acquires control over his or her own life and all that goes with power and control – freedom, autonomy, dignity and feelings of personal self-worth' (Hughes 1995: 47). In both negotiating and engaging actions the self-esteem of the older person is maintained, and in engaging actions the older person is empowered.

Negotiating actions were taken by 16 of the 23 female key family members, but by no male key family members (Table 2). The following excerpts from Mrs Crick and her daughter illustrate the type of negotiations engaged in by the female relatives:

Mrs Crick: Valerie [daughter] is very good to me. I am very lucky really. Valerie, my eldest, she lives not far from here and would pop in every now and then. She'd ask if I need anything done, like they move the bookcase for me. I can't do it myself. I mean, they [her children] asked if I needed to have a rail put up in the bathroom.

Mrs Crick's daughter: I asked her [mother] if she would like the bookcase moved over, and she thought it was a good idea, and my brother and the others helped to move it. We try to support her as much as possible. She's on her own, you see.

These accounts clearly demonstrate the element of negotiation in the relationship: the daughter valued her mother's right to have a say and to participate in decision making. This is in stark contrast with the son of Mrs Dench, whose protective action of locking the vacuum cleaner away in the broom cupboard was without consultation or negotiation. The nature of the mother-daughter dyads accords with Matthews's (1979) observation of the sustaining and supportive character of the mother-daughter relationship. Most of the daughters and the niece in this study recognised the importance of the older woman's position in her own home. This reflects a feminine sensitivity and is analogous with Mason's (1996: 31) concept of 'active sensibility': the female key family members had not only an anticipatory sense of the needs of the older person but also empathised with them.

Such relationships resemble the peer-like relationship reported by Walter (1991) in which both members of a dyad tried to support each other and to understand how the situation looked from the other's perspective. This was not found in any of the male key family members' accounts. In the following father-daughter dyad, Mr Tuck's daughter acknowledged her father's status, and thereby maintained his power in the father–daughter relationship:

> It's like having to listen to what he's [father] got to say and not brush it aside just because he's become more disabled since he had that nasty fall. … I do anything he wants really. It's just he is now not able to do a lot of things for himself, but he's always quite sure of what he wants, and there's no way you could argue with him. … I tend to negotiate with him about what he thinks should be done round the flat. I don't tell him what to do, that's for sure [laughs].

Engaging actions

This study has shown that negotiating actions were gendered, and that engaging actions acknowledged the autonomy of the older person and enabled them to make their own decisions. Neither negotiating nor engaging actions to prevent falls were taken by any male carer but were evident by wives, daughters and the niece. It was also found, however, that the daughters of older men who had had falls undertook a greater number of engaging actions than daughters of older women, while the latter took more negotiating actions. Turning to the spousal relationship, three of the four wives in this study took actions that engaged with their husbands:

> Mrs Green: I might make suggestions but I know he's [husband] just as capable of making his decision, he knows what's best for himself. You see he knew he needed to rest after that fall while we were on holiday. I didn't say he needed to: he thought it was wise, and I supported his decision.

> Mrs Colson: We were just talking about the living room, and I said to him [son] that I didn't think the nest of tables should be there, sticking out in the way. Then I asked John [husband] what he thought. He thought about it, and suggested that perhaps they ought to be put nearer to his chair, out of the way round there, and Colin [the son] moved them.

The engaging feature of the wives' actions is that they provided their husbands with opportunities to problem-solve, 'empowering' them in decision making and helping them retain their dignity and self-esteem. Charmaz (1995: 272) has also noted that the wives of husbands with chronic diseases were perceived by their husbands as being supportive and helpful; that 'their wives had provided the essence of being there

for them'. The daughters' accounts of engaging actions, as validated by their fathers, illustrate their facilitative and supportive approach:

Mr Finn's daughter: He [father] has got a stick, actually I asked if he would find it easier to have a stick to lean on. He thought about it and said 'yes'. So my husband and I bought him one. … He's looked into ways of making the house more adaptable for himself – the garage door he found difficult to lift up and down so he got the remote control. … You see, him having falls, it doesn't mean he can't think for himself. … One day I said to him, 'what do you think we ought to do about the driveway? Look at it, the moss'. Then he said suddenly, 'I know what we can do, let's steam-clean all that, so we washed it to get all the moss off'.

Mr Finn: Debbie [daughter] and her husband are great. They try to let me be as independent as I can. … I mean, she knows I'm capable of making decisions, have done so all my life [laughs]. … She does worry about me falling again, I mean, we were out in the driveway one day and she asked what we were going to do about it. Oh you should see it, moss down one side where it's in the shade. I realised then that it needed to be steam-cleaned.

The facilitative and empowering way in which Mr Finn's daughter engaged her father in dealing with the potential risks of falling demonstrates the different impact that engaging actions have on the older parent when compared with the protective and coercive actions taken by sons. Despite the older man's increasing dependency and disability, his status in the family continued because of the sensitive approach taken by the female relatives who perceived him as the head of the family. Engaging actions empower older people in their decision making, enabling them to retain their self-esteem and identity. Among the subjects in this study, no sons took engaging actions, while the female carers perceived it as 'gender-appropriate' to empower older men in their decision making. In addition, daughters tried to empower their mothers but to less extent.

Mutual respect

Among the two male dyads, it was found that the key family member displayed mutual respect for the other party and did not initiate or discuss any actions to prevent falls, presumably for fear of potential conflict. Being respected is having a valued place in a network of people (O'Brien 1987). In the context of this study, mutual respect implied that both members of the dyad valued and showed respect for each other. The only father-son dyad in this study evinced little conflict between them, contrary to Morgan and Kunkel's (1998) suggestion that the relationship most likely

to experience conflict is a father-son dyad. No protective or coercive actions took place, and only mutual respect was exhibited:

Mr Johns: David [son] came to see me, and when he's here I generally stay in my flat and we catch up on the things. He is very thoughtful, very caring, and I appreciate his concern. He doesn't interfere, you know. Well, I've been on my own for many years now, and had to make my own decisions. … He's come to see me more frequently since he's known about my falls.

Son: It's difficult … I can understand him wanting to get up and do that sort of thing [going out to the shops]. … I think it's a good thing whilst he can remain independent obviously. Like today, when I arrived he was out watering all the plants. Then he came in and said, 'you know, the heart is going a bit, and I shouldn't have done so much'. So he knows he shouldn't be doing too much, but he just carries on and does things. … Our relationship is not particularly close, well since I went to live with my mum when they divorced, but I guess it's out of respect rather than traditional closeness.

Neither Mr Johns nor his son mentioned any specific actions aimed at preventing future falls. Both members valued independence and respected each other. Their relationship was one of mutual understanding, as described by Nydegger and Mitteness (1991) who noted that older fathers found it easier to understand their adult sons than their daughters. Mutual respect also manifested in the relationship between an older man and his younger (87 years old) brother. Both respected each other's need for independence:

Mr Tibbs: My brother lives locally, he's very good to me. He's 87 and doing very well. He's lived on his own for nine years now, and he gets about alright. He catches the bus from the village to see me. He does my shopping for me. We do get on well.

Brother: I had to go and see him otherwise I have no other means of keeping in touch with him. He won't have the phone, why I don't know but he just won't have it. I think he's just frightened of it. [laughs] Do you know he's 92? He still walks to the dining room for his meals. I personally think he is nervous about walking about in his flat but he won't give up. He thinks it's good for him to take a little walk, but I know he wouldn't put himself at risk. … He makes sure he gets up ever so slowly.

The mutual respect shown by both brothers for each other and their appreciation of each other's need for independence resulted in minimal actions to prevent Mr Tibbs having future falls. Both brothers were widowed with no children, which may have brought them closer together for mutual support.

We were initially surprised that none of the four wives displayed mutual respect in connection with preventing their husbands' falls, for it had been assumed that as marriage partners, they would respect their husbands and

not interfere. Instead, the wives undertook primarily engaging actions. Similarly, none of the sons or daughters had a relationship of mutual respect in relation to the prevention of falls by their older relative.

The gendered nature of actions by family members

The typology of actions that emerged from our data has similarities with Alaszewski and Alaszewski's (2000) exploration of the ways that nurses' definitions of risk influence their actions or decisions about client care. The protective and coercive actions by the sons in our study can be likened to the 'manager of hazards' role that they described among some mental health nurses. In contrast, the actions by the female key family members in our study were primarily concerned to maintain their older relatives' autonomy and independence, and are similar to those of nurses caring for older people who mostly wanted to 'balance the possibility of accidents, especially falls, against positive objectives, such as maintaining the older person's autonomy and independence' (2000: 43).

The characteristics of the various types of actions undertaken by key family members of older people who have had falls are summarised in Figure 1. Controlling and paternalistic protective and coercive actions were utilised by male key family members in mother-son dyads, with the result that sons took the initiative and did not negotiate with their mother in preventing future falls. In contrast, female key family members undertook negotiating and engaging actions: when caring for older men these were primarily engaging actions, and when caring for older women more negotiating actions. Thus the gender of both the older person and the key family member influenced the types of actions displayed.

These gender differences in the actions taken by key family members associated with power imbalances and control in caring relationships. This study suggests that adopting a more protective role was considered by sons as gender-appropriate. Despite their motivation and sense of obligations to support their mothers, adult sons lacked the 'feminine sensibility' of female relatives. Many of the adult sons coerced their mothers into relinquishing roles, such as cooking or vacuuming, despite the fact that these may be important for maintaining the older woman's gender identity. This contrasted with older fathers who, despite their widowhood and in some instances disability, retained their power in the family. Accounts of female key family members validate older men's identity as head of the household, as Charmaz (1995: 272) noted: 'These men received identity validation that not only confirmed positive social identifications

Protective actions Paternalistic Controlling Intended to protect the other person from 'harm' or 'danger' No negotiation	**Coercive actions** Paternalistic Controlling Forces other person into compliance No negotiation
Negotiating actions Maternalistic Facilitative as opposed to controlling Negotiation occurs but other person is not entirely autonomous, and is encouraged to agree upon actions Safeguards other person's self-esteem	**Engaging actions** Maternalistic Facilitative and empowering Negotiation is present but other person is perceived to be autonomous Other person is enabled to retain power, control and autonomy

Figure 1. A typology of actions to prevent falls by key family members.

and private self-definitions but also implicitly affirmed their gender identities as men in the household'.

Our study has highlighted the enabling skills of women as carers when they initiated actions that they considered to be gender appropriate and which let their male relatives 'have their say' and decide what 'they know best'. Such 'sentient activity', a concept used by Mason (1996) to describe the thinking and feeling activities associated with family care, was sometimes invisible because the carer was not conscious of its presence. By contrast, the sons' conscious protective and coercive actions increased their mother's passivity and dependence. Our findings suggest that the lack of negotiation in mother-son dyads reinforces the power imbalance in this relationship, and that older women knowingly 'permit' protective and coercive actions by their sons.

Conclusions

This paper has examined the negotiation between older people and their key family members to prevent the older person having another fall. The results suggest that the gender of the dyad and the power imbalance between men and women influence both the negotiations and the undertaken actions. The power imbalance in younger men/older women dyads resulted in no negotiations, the sons undertaking protective and coercive actions, and the older mother assuming a passive and submissive role. This contrasted with the greater negotiation that accompanied female carers of both older women and men. In particular, the empowerment of older people by daughters and wives enabled older men to play an active role and retain their position in the family. On the other hand, the disempowerment of older women by sons in some cases threatened their mother's

gender identity and her 'right' to make decisions about the ways to prevent future falls. In father-son and brother-brother dyads, mutual respect resulted in both members of the dyad taking minimal actions. Given the very small sample size in this study, further research is needed to elicit the pattern of negotiations when men care for older men.

The findings of this study have implications for health care practice. Health care professionals need to be aware of the dynamics of different types of caring relationships, and to recognise the potential conflict that may arise from an imbalance of power in a dyad. There is also a need to be aware of how the gender of the older person and that of their carer impacts upon the types of actions undertaken to prevent future falls. For example, it should be recognised that the ways in which sons care for older mothers could have a negative impact on their mothers. It may therefore be appropriate to advise male carers of ways in which their older mother could become an active participant in the prevention of falls. Health care professionals should reassure older people, particularly older women, that they have the 'right' to make decisions, and should enable carers to negotiate and engage with their older relatives in the prevention of falls.

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NOTE

1 In the United Kingdom, sheltered housing is independent but congregate housing in apartments or structurally separate dwellings. There is usually a 'warden' or janitor, but they are required to provide only surveillance and not care, and there may be congregate or communal facilities such as a common room or laundry.

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Address for correspondence:
Khim Horton, European Institute of Health and Medical Sciences,
Duke of Kent Building, University of Surrey,
Guildford GU2 7TE, UK.

e-mail: K.Horton@surrey.ac.uk