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Who helps in a crisis: differentiating among adult children as sources of support for their caregiving mothers

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WHO HELPS IN A CRISIS: DIFFERENTIATING AMONG ADULT CHILDREN AS
SOURCES OF SUPPORT AND STRESS FOR THEIR CAREGIVING MOTHERS

A Thesis

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
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in

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by

Michael J. Patterson

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ABSTRACT

This thesis uses a combination of quantitative and qualitative data collected from 134 mothers about their relationships with 381 adult children during the first few months after the mothers began caring for a spouse or older parent. Building on a framework that draws on theories of social structural similarity, I anticipated that adult children who shared more social statuses with their parents would be more likely to be sources of emotional and instrumental support and less likely to be sources of interpersonal stress to their caregiving mothers. Multivariate analyses revealed no effects of structural similarity and few effects of other characteristics of adult children. In fact, the only factor found to be consistently related to children's likelihood of being a source of support or stress was the number of hours mothers spent providing care. Consistent with expectations, adult children whose mothers spent more hours caregiving were more likely to provide both emotional and instrumental support. Contrary to expectations, adult children were also more likely to be a source of stress to mothers who spent long hours caregiving, apparently because adult children often resented the reduction in their mothers' availability. These findings contribute to a growing literature demonstrating that one of the costs of status transitions is often change in relationships with network members who feel that the individuals' role performance has been affected.

INTRODUCTION

Throughout the life-course, the parent-child bond is often one of mutual support, with children and parents supporting each other in both times of need and times of celebration. While many studies focus on transitions such as marriage, becoming a parent, becoming divorced, or retiring (Cox, Paley, Burchinal, and Payne 1999; Hiedemann, Suholmlinova, and O’Rand 1998; Hetherington and Kelly 2002), few have examined the effect of the transition to family caregiver on interpersonal relations (for exceptions, see Sutor and Pillemer 1992, 1993, 1994, 1996, 2000b, 2002; Sutor, Pillemer and Keeton 1995).

As with other major life events, an important factor affecting the impact of a transition is the amount of support and interpersonal stress one receives from network members. While children may serve as an important link in a caregiver’s social support chain, little attention has been directed toward understanding the role that they may play in this process (for exceptions, see Piercy and Chapman 2001, Pyke and Bengtson 1996, Sutor and Pillemer 1993,1996). Studies have shown that siblings are more likely to provide stress than support, while friends and experientially similar peers, although more likely to offer help, do so for the short term, and have a higher rate of turnover (Sutor and Pillemer 1993,1996; Sutor et al., 1995). Sutor and Pillemer’s work has also shown that children, like other kin, are a major source of both emotional support and interpersonal stress. In examining the findings from both their 1993 and 1996 studies, one can see that children, compared to other network members such as the caregiver’s spouse and friends, were named as one of the most likely sources of both instrumental and emotional support (Sutor and Pillemer 1993). The study also showed, though, that children act as substantial sources of stress to their caregiving parents as well; in fact, adult children’s likelihood of serving as a source of family-related

interpersonal stress was surpassed only by siblings (Suitor and Pillemer 1993). Suitor and Pillemer's more recent study corroborates their earlier findings and, in addition, shows how emotional support from children increases over time, while instrumental support and interpersonal stress both decrease in the two years following the caregiving transition (Suitor and Pillemer 1996).

Although Suitor and Pillemer examined characteristics of network members that differentiated between network members who were and were not sources of support and interpersonal stress, they did so in the aggregate, rather than examining the characteristics of each category of network membership (e.g., spouse, sibling, child, etc.). Thus, we do not know what characteristics of the child, the parent, and their relationship lead adult children to support or hassle his or her mother during this time of need.

The only other studies to examine the roles adult children adopt in response to their mothers' caregiving failed to examine the specific social structural characteristics of adult children, the caregivers, and the caregiving situation. Pyke and Bengtson (1996) examined different families' collectivist and individualistic attitudes and how those attitudes affected caregiving roles by everyone in the family, including adult children, while Piercy and Chapman (2001) observed the methods through which families adopt, cope with, and adjust to the situation of a member requiring care. While these studies do address the issue of adult children's supportive or hassling behavior towards their caregiving parents, they still leave open the question of what specific social structural characteristics of adult children, their caregiving parents, and the caregiving situation lead to a more stressful or supportive environment for caregiving.

In this paper, I use a combination of quantitative and qualitative data collected on 134 mothers regarding their relationships with 381 adult children to examine which children are more likely to be sources of support (both emotional and instrumental) or interpersonal stress to their caregiving mothers. The data are from a study of Alzheimer's caregivers conducted by Sutor and Pillemer in the early to mid 1990s.

CONCEPTUAL FRAMEWORK

The conceptual framework developed for this paper combines Suito and Pillemer's earlier work on sources of support and interpersonal stress to family caregivers (Suito and Pillemer 1993, 1994, 1996 and 2002 and Suito, Pillemer and Keeton 1995), with their work on the quality of parent-adult child relations (Suito 1987b, Suito and Pillemer 2000a and 2003 and Suito, Pillemer, Keeton and Robison 1995). Specifically, in the present paper, I argue that children's social structural positions, the degree of similarity between mothers' and children's social structural positions, the quality of the parent-child relationship, geographic proximity, context of caregiving, and parents' alternative sources of support are important factors in determining whether children will provide support or cause stress.

Adult Children's Social Structural Positions: Similarity Versus Time Availability

The majority of studies on parent-adult child relations have focused on parents' and children's social structural positions (cf. Putney and Bengtson 2001; Rossi and Rossi, 1990; Silverstein and Bengtson 1997; Spitze, Logan, Deane, and Zerger 1994; Vitulli and Holland 1993) without taking into consideration the issue of structural similarity (for exceptions, see Wright and Aquilino 1998; Kulis 1992; Pillemer and Suito 2000 and 2002; and Suito, 1987b); however, the importance of this issue in studying social support between role partners in other interpersonal relations makes it important to consider here as well.

Theories of status similarity propose that individuals have a tendency to associate with, and have greater empathy towards, those they find similar (cf. Feld 1982; Lin and Dumin 1986; Marsden 1988). In the case of adult children and their caregiving parents, children who come to occupy the social structural positions occupied by their parents may be

more likely to provide support than are those who are not structurally similar (Aquilino 1997, L. Fischer 1981, Marks 1996; Marks and McLanahan 1993; Sutor and Pillemer 2000a).

While some scholars focus only on social structural similarity (Aquilino 1997, Lawton, Silverstein and Bengtson 1994, Marks 1996, Marks and McLanahan 1993 and Sutor 1987b), other scholars believe that experiential similarity, while related to structural similarity, is really the underlying factor fueling the effects of structural positions (Sutor 1987a, Sutor and Pillemer 1993, 1994, 1996, 2000b and 2002 and Sutor, Pillemer, and Keeton 1995). Although studies have demonstrated the usefulness of experiential similarity in predicting social support from family and friends (Sutor and Pillemer, 1996; Sutor, Pillemer and Keeton, 1995), a caregiving mother looking to find support from her adult child is not likely to find a son or daughter with experience providing care to an elderly person with dementia. Thus, when exploring the factors affecting whether adult children are sources of support, it is important to focus on social structural issues because these dimensions of similarity may be the most fruitful.

While most studies on the effects of status similarity on interpersonal relations, including parent-adult child relations, have focused on the way in which similarity increases closeness, contact, and support, I suggest that the acquisition of statuses that produce such similarity may also limit individuals' opportunities to provide support or maintain high levels of contact. While similarity and normative transitions may increase interpersonal relationship quality, many adult statuses that adult children acquire in the process of becoming more similar to their parents are extremely time consuming. Therefore while becoming married, having children, and working may increase similarity, the effect may only be seen only in contexts that are not highly dependent upon time and energy. Thus, for example, I would

expect such similarity to increase emotional support, but not necessarily instrumental support, which requires a greater devotion of time and energy.

Such increased time constraints on adult children who acquire adult statuses may help to explain the substantial inconsistencies found in the literature regarding the effects of status similarity on parent-adult child relations. Marital status provides an example of these inconsistencies. For example, some studies have found that marriage increases closeness between parents and children (Brackbill, Kitch, and Noffsinger 1998; Kulis 1992; Spitze and Logan 1991), whereas other studies have reported no effect of adult children's entrance into marriage (Cooney and Uhlenberg 1992; Eggebeen and Hogan 1990; Lawton et al 1994). In fact, some studies have found that marriage decreased parent-child contact (Dewit, Wister, and Burch 1988). Thus, while I expect married adult children to provide more emotional and instrumental support to their mothers, the effect for instrumental support may be reduced.

The same effect may hold true for each of the other dimensions of adult status similarity that are generally examined in the literature, also with inconsistent results. These include adult children's acquisition of parental and employment.

The final status similarities I will examine are educational similarity and gender similarity. Unlike the other statuses just discussed, educational and gender similarity do not impose constraints on time and energy. Thus, for both of these factors, I expect that adult children who are more similar to their mothers will be more likely to be sources of support—a pattern consistent with the majority of the literature on educational attainment, gender, and parent-adult child relations (cf. Showers and Ryff 1996; Sutor 1987a and 1987b regarding educational similarity; Kulis 1992; Rossi & Rossi, 1990; Silverstein Parrott and Bengtson 1995; Spitze et al. 1994; Sutor and Pillemer 2000b, 2003 regarding gender similarity).

Parent-Adult Child Relationship Characteristics

Based on the broader literature on support and interpersonal stress, I anticipated that another important set of factors would be the characteristics of the parent-adult child relationship, specifically emotional closeness, frequency of contact, and proximity. Not surprisingly, emotional closeness has been found to be important in studies of support from both kin and non-kin (Wellman, 1979; Wellman and Wortley 1990); leading me to expect that adult children who are closer to their mothers would be more likely to be a source of both emotional and instrumental support, and less likely to be a source of stress.

Proximity has also been shown to be important in explaining support. Not surprisingly, friends and kin who live nearby are more likely to be a source of instrumental support (cf. Wellman and Wortley 1990). Although one might expect that proximity would be important only for instrumental support, the caregiving literature suggests that proximity may be important for emotional support and interpersonal stress as well. For example, Suitor and Pillemer (1993, 1996) found that network members who lived closer to caregivers were more likely to be a source of both emotional and instrumental support, especially in the first few months after the transition to caregiver. On these bases, I expected that adult children who lived closer to their caregiving mothers would be more likely to provide both emotional and instrumental support.

I also anticipated that the frequency of contact between mothers and their adult children would affect children's likelihood of providing emotional and instrumental support. As shown in the literature (Eggebeen 1992; Ikkink, van Tilburg, and Knipscheer 1999; and Silverstein et al 1995), frequency of contact tends to increase the likelihood and amount of support provided by network members; although most studies have found this to be the case

for both instrumental and emotional support, Wellman and Wortley's work (1990) suggests that the effect of contact is greatest for instrumental support.

Alternative Sources of Support

Alternative sources of support may also be important in understanding patterns of emotional and instrumental support to caregiving parents. While there has been little research specifically on this topic, my argument follows a classic diffusion of responsibility perspective (cf. Darley and Latane 1968; Fleishman 1980). Basically, this argument suggests that whenever there are numerous alternative sources of support, each individual is likely to feel less pressure to participate in the support effort. Thus, I anticipate that when caregivers have a larger number of other sources of support in their networks, adult children may offer less instrumental and emotional support and their parents may solicit less support from them than they would if the parents had little access to other informal sources of support.

Context of Caregiving

The final set of factors that I believed would be important in differentiating between children who were and were not sources of support was the context of caregiving. The contextual factors that I anticipated would be most predictive were the relationship between the adult child and the care recipient, the amount of time the parent devoted to caregiving tasks, and the degree to which the care recipient engaged in disruptive behaviors. The literature on caregiving suggests that caregiving is more burdensome when individuals are caring for their spouses (Montgomery 1989; Pillemer and Suito 2000), when they devote a higher number of hours to caregiving (Pillemer and Suito 1996), and when the care recipient engages in highly disruptive behaviors (Pillemer and Suito 1992, 2000; Stephens, Kinney, and Ogrocki 1991). Based on this literature, I anticipated that adult children would be most

supportive when the care recipient was the child's parent, as opposed to a grandparent, and when the caregiver was most deluged by responsibilities, as would be the case if they were providing more hours of care or dealing with disruptive behaviors.

It is important to emphasize that the conceptual framework I have drawn upon focuses on the quality of parent-adult child relationships across the life course. This is because I believe that the research question I am addressing is one of social support as part of a broader set of exchanges between parents and children, rather than one of filial piety involving dependent parents. In the later stages of parents' lives there are strong normative pressures to provide care, regardless of relationship quality (Hogan and Eggebeen 1995, Ikkink et al 1999, Silverstein et al 1995, and Stein, Wemmerus, Ward, Gaines, Freeberg, and Jewell 1998). However, in earlier stages, contemporary parent-adult child relationships have a more voluntary nature, and exchanges are affected by relationship quality more than by normative expectations (Lang and Schutze 2002). In addition, while these exchanges in the earlier stages of the parent-adult child relationship may be more voluntary in nature, the transition to becoming a caregiver—especially for an immediate family member—while normative, may also be an event that attracts support, even from more distant children (Eggebeen and Davey 1998). Thus, while issues involving filial piety are important to the study of exchanges between parents and adult children in the later years, they are beyond the scope of my investigation.

Interpersonal Stress

Up to this point, I have focused exclusively on the issue of support to parents caring for relatives with dementia. An equally compelling issue is whether adult children serve as a source of interpersonal stress for their parents. This question is particularly important because

interpersonal stress, such as criticism and unmet needs for support, has been found to be more important in explaining psychological well-being than has support (cf. Rook 1984; Schuster, Kessler, and Aseltine 1990). It is important to note that interpersonal stress is not simply the opposite of “positive support.” In the literature on support, interpersonal stress is a related but clearly conceptually and methodologically separable phenomenon. Interpersonal stress is the term used to cover a variety of means through which network members may increase individuals’ stress, including criticism, unmet needs for support, complaining, or making high demands intentionally to distract ego from her or his other role responsibilities (cf. Schuster et al. 1990; Sutor and Pillemer 1993, 1996).

Although conceptually and methodologically separable from support, it is reasonable to expect that interpersonal stress would be affected by the same set of factors affecting support. However, because it is a set of negative interactions, as opposed to positive interactions, the literature would lead to the expectation that factors that increase support would decrease interpersonal stress. In fact, studies of support and interpersonal stress during caregiving have supported this expectation, Sutor and Pillemer (Sutor and Pillemer 1993, 1996, 2000b; Sutor, Pillemer, and Keeton 1995) found that the factors that best explained which network members were sources of support also explained which members were most likely to be sources of interpersonal stress, with one exception—proximity generally increased the likelihood that network members would be sources of support, however proximity also increased the likelihood that members would be sources of interpersonal stress. This pattern appears to be because network members who are proximate have more opportunities to both provide support and form perceptions of the situation that diverge from those of the caregiver.

Hypotheses

Hypothesis 1: Adult children who are more structurally similar to their parents are more likely to be a source of support and less likely to be a source of interpersonal stress.

H1a. Daughters will be more likely to be a source of emotional and instrumental support than will sons.

H1b. Adult children who are educationally similar to their parents are more likely to be sources of emotional and instrumental support.

H1c. Adult children who are married will provide more emotional and instrumental support.

H1d. Adult children who are parents will be more likely to provide instrumental and emotional support.

Hypothesis 2: Adult children who have achieved adult statuses will be more likely to provide emotional and instrumental support to their caregiving mothers and will be less likely to be a source of stress.

H2a. Older adult children will provide more emotional and instrumental support to their mothers.

H2b. Employment will increase the likelihood that adult children will provide emotional and instrumental support.

Hypothesis 3: Adult children who have more positive relationships with their parents will be more likely to provide their mothers with instrumental and emotional support and will be less likely to hassle.

H3a. Mothers will receive more instrumental and emotional support from emotionally closer adult children.

H3b. Adult children who are in more frequent contact with their mothers will provide more emotional and instrumental support.

Hypothesis 4: Adult children who live closer to their caregiving mothers are more likely to be source of emotional support, instrumental support and interpersonal stress.

Hypothesis 5: Adult children will provide more support and less stress to mothers whose caregiving situation is likely to be more stressful.

H5a. Mothers caring for husbands (adult children's fathers) will receive more emotional and instrumental support from their adult children.

H5b. Adult children will provide their mothers with more instrumental and emotional support when their mothers spend longer hours providing care.

H5c. Mothers who are caring for a patient that engages in disruptive behavior will receive more emotional and instrumental support from their adult children.

Hypothesis 6: Caregiving mothers with large support networks (both emotional and instrumental) will receive less support from their adult children.

METHODS

Data Collection

The data were collected between January of 1989 and March of 1993 during two-hour interviews with individuals who were identified as the primary caregivers to elderly relatives with some form of irreversible dementia.¹ The caregivers completed a total of three interviews, at one-year intervals; for the present paper, we are using data from T1 only, and only female caregivers.

Physicians at major medical centers in the northeastern United States that have dementia screening programs referred the participants to the study. The T1 interviews were completed within the first four months after a relative for whom they were caring received a diagnosis of Alzheimer's disease or a related dementia; based on the information from each of the sites, we estimate that we were provided with approximately 90 percent of the appropriate cases from the medical centers.

Suitor and Pillemer completed interviews with 60 percent of the individuals who were eligible for participation, resulting in a sample of 256 caregivers. The sub sample for the present analysis includes the 134 female caregivers who completed the T1 interview and who had children 18 years of age or over. Further, we included only individuals caring for their parents, in-laws, or husbands.

Sample Characteristics

Caregivers' ages ranged from 36 to 80 with a mean age of 57 (S.D. 10.72). Approximately sixty percent had completed high school or less, approximately one-fifth had some college, and the remaining twenty percent had completed at least 4 years of college.

¹ The description of the procedures has been presented previously in Suitor and Pillemer, 1993, 1996.

Roughly two thirds were caring for their own parent(s) or parent(s)-in-law, with approximately a third caring for their husbands. More than 90% of the caregivers were married; approximately half were employed.

In approximately 50% of the cases the care receiver lived with the caregiver, in almost a fifth of the cases the parent lived elsewhere in the community, and the remaining third of the patients lived in some type of nursing home, elderly housing, or retirement community. Separate analyses showed that changes in the parents' residence did not altered neither the sources of support or interpersonal stress, nor the factors affecting support and stress (Suitor and Pillemer 1993, 1996).

Measures of Social Network Structure and Function

Suitor and Pillemer (1993, 1996) used the name-elicitation approaches developed by C. Fischer (1982) to collect information on the structure and function of the caregivers' social networks.² They asked each caregiver whether there was anyone on whom he or she relied for a variety of instrumental and emotional tasks, including tasks related to caregiving, and those not directly related to caregiving. They also asked whether anyone had been critical of her or his caregiving or made caregiving more difficult. For each item they asked the first names of the people who had served as sources of these dimensions of support and interpersonal stress.

For each of the network members named, they collected data on the individual's demographic characteristics (age, educational attainment, gender, marital status, employment status, etc.), and whether the associate had experience caring for an elderly relative. They

² This description of the network measures has been presented elsewhere in Suitor and Pillemer's work (1993, 1996, 2000b, 2002).

also collected demographic data on all adult children, siblings, and spouses, regardless of whether they were mentioned as sources of support or stress.

For the present analysis, I used Sutor and Pillemer's measures of support. They asked each respondent: a) "In the past year, has anyone done anything to try to make it easier for you to care for your parent?"; b) "Does anyone else besides you help your <relative> with [any of the activities of daily living just listed]"; and c) "Whom do you talk to about your parent?" For the first two items, each respondent who answered yes to either question was asked both who had provided that support and specifically what that individual had done to make things easier.

Sutor and Pillemer (1993,1996) categorized each network member as a source of emotional support if the caregiver's response met at least one of two criteria: a) the caregiver directly stated that a network member had provided emotional support (e.g., "she always supports me emotionally," "he tries to cheer me up when I'm upset about my mother," etc.); or b) the caregiver's response met Cobb's (1976) classic definition of emotional support--the caregiver's statement indicated that she viewed herself as loved, cared for and esteemed in terms of the caregiving context (e.g., "my friend Susan is just there for me in terms of my mother"). They considered any associate who was coded positively on either of the first two items, or was named as someone the caregiver talked to about her parent to be a source of emotional support. [Two independent coders rated the emotional support variable and had 87 percent agreement in their ratings.]

Each network member was categorized as having or not having been a source of interpersonal stress based on whether he or she was mentioned when the respondent was asked whether anyone had: a) criticized his or her caregiving; b) made it harder for him or her

to provide care to her parent; c) made him/her feel neglected; d) complained that he or she had not spent enough time with them; or e) provided less help to the caregiver than he or she thought was appropriate.³

It is important to note that the unit of analysis in this paper is the parent-adult child dyad, rather than the caregiver. Thus, the analysis is based on the 381 adult children whose mothers participated in the study at T1.

Independent Variables

Parent-Adult Child Similarity:

Because all the caregivers in my sample were women, their adult children were coded 0 if they were male and 1 if they were female for gender similarity. Due to the simple fact that this is a study of relationships between mothers and their adult children, all adult children were coded 0 if they were not parents and 1 if they were, regardless of number of children. All mothers were either married at the time of the interview or had been married, so their adult children were coded 1 if they were married and 0 if they held any other marital status for this similarity variable.

Education variables for both respondents and their adult child associates were originally coded 1 if he or she completed high school or less, 2 if some college was completed, and 3 if the responded or associate had attended four or more years of college. Three dichotomous variables were created; one for associates whose mothers had attained an educational level higher, one for associates who had surpassed their mother's educational level and one for those associates and mothers who had achieved comparable educations. The

³ This description of the coding of dependent variables has been presented elsewhere in Suito and Pillemer's work (1993, 1996).

first two variables were included in each analysis with mother-adult child with comparable educations used as the comparison.

Adult Child's Characteristics:

Age was coded continuously with adult children's ages ranging from 18 to 62 years old. If children were employed they were coded 1 and if they held any other employment status they were coded 0.

Parent-Adult Child Relationship Characteristics:

Closeness between mothers and their adult children was originally categorically coded as not very close, close, and very close, but, due to the small number of cases in the not very close and close categories, the two were combined and coded 0 while very close was coded 1. When an adult child was indicated as either a source of support or stress, caregivers were asked how often they were in contact with that child. Responses were coded 1 for less than once a month, 2 for one to two times a month, 3 for once a week, 4 for two to six times a week, and 5 for every day. Geographic distance between mothers and their adult children was originally a continuous variable of the number of miles between the two. The result was a highly skewed frequency distribution with the majority of mother-child dyads living close together. Because of its skewed distribution, the variable was logged.

Context of Caregiving:

The majority of the women with children were caring for one of their parents (49.1%) or parents-in-law (15.8%); almost all of the remainder were caring for their spouses (35.2%). For the present analysis I used data only from the sub-sample of women who were caring for a husband (coded as 0) or parent (in-law) (coded as 1).

The amount of time the women spent caregiving ranged from less than 1 hour to 24 hours a day. The index measuring the disruptive behaviors was a shortened version of George's Index of Disruptive Behaviors, developed by George and Gwyther (1986). The index consists of 9 disruptive behaviors with responses ranging from 1 = Never, 2 = Rarely, 3 = Occasionally, and 4 = Frequently. The scale scores ranged from 10 to 30 with a mean of 21.03 (s.d. 4.40). The reliability coefficient on the sub-sample used in the present study was Chronbach's Alpha = .60.

Alternative Sources of Support:

To calculate alternative sources of instrumental and emotional support I created a variable by summing the number of non-child associates whom each respondent named as sources of emotional support and instrumental support. Almost all of the women named between 0 and 6 non-child associates as sources of instrumental or emotional support. For the present analysis, the upper end of the range was collapsed to 6 or more supporters.

Data Analysis

Each network member was coded as having or not having been a source of support or stress to his or her caregiving mother. Because the analysis is conducted with the parent-child dyad as the unit of analysis, the dependent variables are dichotomous (0=not a source; 1=source of support/stress) rather than continuous (number of children who provided support). Therefore, I chose to use binomial logistic regression throughout the multivariate analysis. A correlation matrix of all of the variables in the analyses, including means and standard deviations, is shown in Table 1.

TABLE 1.
CORRELATION MATRIX, MEANS, AND STANDARD DEVIATIONS OF ALL VARIABLES INCLUDED IN LOGISTIC REGRESSIONS (n=381)

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	Mean
1. Emotional Support	1.00																		.344 (.476)
2. Instrumental Support	.26**	1.00																	.263 (.441)
3. Interpersonal Stress	-.12*	-.083	1.00																.184 (.388)
4. Child is Female	.11*	.10	-.03	1.00															1.47 (.500)
5. Parent Has More Education	-.15**	-.10	.13*	-.10*	1.00														.198 (.399)
6. Parent Has Less Education	.21**	.14**	-.10	.05	-.48**	1.00													.487 (.501)
7. Child is Married	.18**	-.01	.07	.12*	-.13*	.07	1.00												.520 (.500)
8. Child Has Children	.17**	-.02	.09	.20*	-.16**	.05	.61**	1.00											1.460 (.500)
9. Child's Age	.27**	.02	.04	.05	-.27**	.23**	.44**	.65**	1.00										31.67 (9.500)
10. Child is Employed	-.08	-.12*	.01	-.15**	-.08	.05	.06	.06	.17**	1.00									1.800 (.400)
11. Parent-Child Contact	.13*	.26**	-.03	.20**	.06	.05	-.21**	-.25**	-.31**	-.12*	1.00								3.860 (1.14)
12. Proximity	.01	-.17**	-.01	.06	-.10	.13*	.34**	.31**	.40**	.05	-.61**	1.00							2.628 (2.334)
13. Patient is Child's Grandparent	-.27**	-.05	-.02	.00	.23**	-.26**	-.27**	-.39**	.69**	-.10*	.12*	-.18**	1.00						.650 (.480)
14. Hours Spent Caregiving	.14**	.14**	.12*	.05	.09	.05	.09	.09	.25**	-.03	-.11*	.10	-.16**	1.00					5.890 (7.410)
15. Scale of Disruptive Behaviors	-.03	.03	.11*	-.05	.13*	-.10	-.01	-.16**	-.24**	.03	-.01	.01	.35**	.03	1.00				21.026 (4.404)
16. Parent-Child Closeness	.07	.07	-.06	.12*	.02	.02	.05	.09	.08	-.01	.26**	-.02	-.08	.01	-.20	1.00			.703 (.457)
17. Alternative Sources of Emotional Support	-.01	-.03	-.08	-.10	.04	-.07	-.17**	-.26**	-.39**	-.02	.01	-.13	.37**	-.18**	-.02	-.05	1.00		2.837 (1.895)
18. Alternative Sources of Instrumental Support	-.06	.11*	-.03	-.01	.05	.01	-.16**	-.30**	-.43**	-.06	.09	-.09	.38**	.04	.21**	-.05	.47**	1.00	1.714 (1.676)

*p < .05, **p < .01 (Standard deviations are reported in parentheses below the means.)

RESULTS

Emotional Support

I began the analysis by examining which factors explained children's provision of emotional support. Contrary to my hypotheses, none of the adult child-parent social structural similarity variables—child's gender, parental status, educational similarity, or marital status—helped to explain emotionally supportive behavior from adult children, as shown in Table 2. The most surprising of these non-findings was the absence of any consistent effect of child's gender. Based on the literature, I expected daughters would have been substantially more supportive than sons of their caregiving mothers. Further, separate analyses of the data revealed that mothers were more likely to have high levels of contact with daughters, were more likely to talk to daughters than sons about personal problems, and more likely to describe their relationships as very close, making the absence of an effect of gender on emotional support even more surprising. (Tables not shown.) Perhaps this is because the measure of emotional support was specific to caregiving, which may be a context in which sons and daughters receive similar levels of normative pressure to be supportive. In addition, almost all of the “positive cases” on this combined support measure were children to whom the mothers talked about the care recipient, as opposed to children who offered some other form of emotional support—since the care recipients were either fathers or grandparents of the adult children, sons and daughters may have had equal interest in these discussions.

I did, however, uncover an interesting pattern regarding the content of the emotional support that adult children provided through their interaction with their mothers. In the case of daughters, mothers often reported that they talked to them about emotional issues:

[I talk to] my daughter, Sarah, [who] is my confidante. I would discuss any

TABLE 2.
LOGISTIC REGRESSION ANALYSIS OF EMOTIONAL SUPPORT (N=381)

Variables		B (s.d.)	Odds Ratio
	Child's Sex	.091 (.272)	1.096
	Education-Parent Better	-.273 (.415)	.761
Parent-Adult Child Similarity	Education-Child Better	.448 (.292)	1.565
	Child's Marital Status	.473 (.325)	1.605
	Child's Parental Status	.089 (.387)	1.093
Adult-Child's Characteristics	Child's Age (all at least 18)	.060** (.024)	1.062
	Child's Employment Status	-.708** (.322)	.493
Parent-Child Relationship Characteristics	Parent-Child Closeness	-.105 (.302)	.900
	Parent-Child Contact	.547*** (.170)	1.728
Proximity	Parent-Child Residential Distance	.003 (.077)	1.003
	Relationship to Care Recipient	-.844** (.368)	.430
Context of Caregiving (Parent Level Data)	Hours Spent Caregiving	.036** (.018)	1.036
	B index (Disruptive Behavior)	.052* (.031)	1.053
Alternative Sources of Support	Alternative Sources of Emotional Support	.254*** (.078)	1.289
	Constant	-5.629*** (1.520)	.004
	Model χ^2 df	72.899*** 14	

* p<.10, **p<.05, *** p<.01

decision I made with her mainly because she is a woman and she's close to me and she has good judgment. ...whenever we discuss anything, it isn't that she influences me, it's just that sometimes I find discussing a problem doesn't give you an answer but puts it in perspective. (1303)

In contrast, the emotional support provided by sons was generally described more passively, most often being that the sons accompanied the mothers to doctors visits with the care recipient to provide “moral support” or that sons visited the mothers’ homes to just “be there for me.”

It's hard sometimes to be alone with [my mother] so it's easier when [my son is] there and even though I don't think [he] want[s] to go anymore. (9005)

Consistent with my expectations, adult children who were sources of emotional support were more likely to be older, in more frequent contact with their mothers, and had mothers who were caring for husbands (i.e., the child’s father), as shown in Table 2. Contrary to my hypothesis, children were most likely to provide support if they were one of many informal sources of support to their mothers. This phenomenon may be the result of a “shared burden” mentality among the network members that encourages more associates to provide support, but to a lesser degree. I also believe this may be due to some mothers’ more accessible, open, or gregarious personality characteristics which led them to both solicit and be offered more support from a variety of sources. This explanation seems especially likely given that, as noted above, most of the positive cases on this combined measure were network members with whom the mother talked about the care recipient. Thus, the mothers often directly solicited this form of support.

The findings also contradicted my hypothesis concerning the greater time constraints of adult children who fulfill normative adult positions. For example, adult children who were

employed were substantially less likely to provide emotional support to their mothers. The mothers' comments often reflected the trend shown by the quantitative analysis on this point:

They could visit more often, but it's hard for them...my daughter ... she's so busy going to school with two jobs, you know, she doesn't have the time. She's just married last year. So her life is so busy. I can't really blame [my children] for not being more involved. (6024)

Issues involving time also played a role in which contextual factors were related to emotional support. Both the number of hours the caregiver spent providing care and the degree to which the care recipient engaged in disruptive behaviors increased the likelihood that an adult child would provide emotional support. Thus, it appears that a greater investment of time required for care increased emotional supportiveness.

Contrary to expectations, the quality of parent-child relations was not related to emotional support—adult children to whom mothers were more emotionally close were no more likely to provide emotional support than were not as close children. Again, this may be because the adult children were closely related to the care recipients and may have been motivated to discuss the relative's care even if they were not especially close to the caregivers themselves.

The findings also revealed that proximity did not affect emotional support. On one hand, this is surprising, considering that emotional support does not require face-to-face contact. In fact, the literature on parent-adult child relationship quality has generally shown little effects of proximity on relationship. On the other hand, Sutor and Pillemer (1993, 1996) found proximity to be important in explaining emotional support to caregivers, suggesting perhaps that caregivers do not solicit support from network members whom they feel are not sufficiently proximate to understand the caregivers' experiences. This would be

consistent with Sutor and Pillemer's (1993) finding that network members who lived further away were more likely to criticize the individuals' caregiving.

Instrumental Support

The findings of the analysis of the factors affecting instrumental support from adult children were similar to the findings regarding emotional support, as shown in Table 3. Again, similarity variables such as gender, education, marital status, and parental status had no effect on the likelihood of an adult child providing instrumental support. Even more surprising, the analysis for instrumental support found no relationship between instrumental support and adult child characteristics such as age and employment. In fact, the only child characteristics or contextual factors that were related to instrumental support were the amount of contact between the children and their mothers and hours spent caregiving. Again, similar to the finding for emotional support, mothers who reported more alternatives for support were helped more by their children. Children who lived further away were less likely to provide instrumental support. Surprisingly, the degree to which the care recipient engaged in disruptive behaviors was not a factor in instrumental support from children, nor was parent-adult child closeness.

It is interesting to note that, as in the case of emotional support, there were generally considerable differences between mothers' reports of the content of sons' and daughters' support. The differences consistently fell among very gender-role traditional lines. For example, sons often provided care for the house or yard or transported the care recipients, while daughters often provided respite care or direct help to the care recipient.

Interpersonal Stress

Only three variables helped to explain patterns of interpersonal stress from children—

TABLE 3.
LOGISTIC REGRESSION ANALYSIS OF INSTRUMENTAL SUPPORT (N=381)

Variables		B (s.d.)	Odds Ratio
	Child's Sex	.178 (.289)	1.195
	Education-Parent Better	-.348 (.444)	.706
Parent-Adult Child Similarity	Education-Child Better	.490 (.319)	1.633
	Child's Marital Status	.079 (.355)	1.083
	Child's Parental Status	.074 (.424)	1.077
Adult-Child's Characteristics	Child's Age (all at least 18)	.037 (.026)	1.038
	Child's Employment Status	-.435 (.328)	.647
Parent-Child Relationship Characteristics	Parent-Child Closeness	.036 (.324)	1.037
	Parent-Child Contact	.676*** (.196)	1.967
Proximity	Parent-Child Residential Distance	-.159* (.089)	.853
	Relationship to Care Recipient	-.148 (.405)	.862
Context of Caregiving (Parent Level Data)	Hours Spent Caregiving	.052*** (.019)	1.054
	BIndex (Disruptive Behavior)	.039 (.033)	1.040
Alternative Sources of Support	Alternative Sources of Instrumental Support	.183** (.086)	1.200
	Constant	-5.845*** (1.612)	.003
	Model χ^2 df	63.278*** 14	

* p<.10, **p<.05, *** p<.01

one parent-child social structural similarity variable (parental status) and the two context of caregiving variables, hours spent caregiving and the degree of disruptive behavior displayed by the care-recipient. (See Table 4.) In all three cases, these relationships were positive. Adult children who were parents themselves were more likely to be a source of interpersonal stress to their caregiving mothers, and children were more likely to be a source of stress when mothers spent longer hours caregiving and when the care recipients engaged in highly disruptive behaviors.

Mothers' comments often reflected the quantitative findings regarding the effects of her long hours of caregiving on her adult children's attitudes and behaviors. In particular, mothers often explained that their adult children complained that the mothers were no longer available to them.

...my daughters want me to do things with them and go places and stuff and that's kind of...it puts a little pressure on you then... they're always, you know, like "you don't ever come anywhere with us anymore." or... and things like that. (1030)

My kids [complain] all the time, you know "You never come home Mom." They know the circumstances. (6013)

It is interesting to note that in the above quote not only did some children complain, but they complained despite being aware of their mothers' obligations.

While the interpersonal stress that mothers' were the most likely to report was adult children's complaints that the mothers were unavailable, children's negative responses covered all of the dimensions included in the measure. In some cases, adult children were directly critical:

[My daughters] will say like I'm changing her medicine or something...or maybe they don't understand where I come from, you know, or what I'm thinking. They'll say "well maybe it's too much for you" you know, like I say

TABLE 4.
LOGISTIC REGRESSION ANALYSIS OF INTERPERSONAL STRESS (N=381)

Variables	B (s.d.)	Odds Ratio
	-.171 (.325)	.843
	.421 (.404)	1.524
Parent-Adult Child Similarity	-.424 (.361)	.654
	.180 (.390)	1.198
	.793* (.452)	2.211
Adult-Child's Characteristics	-.016 (.029)	.984
	-.007 (.389)	.993
Parent-Child Relationship Characteristics	-.332 (.336)	.717
	.073 (.184)	1.076
Proximity	-.080 (.094)	.923
	-.485 (.457)	.616
Context of Caregiving (Parent Level Data)	.039** (.019)	1.039
	.112*** (.040)	1.118
	-4.208** (1.663)	.015
	Model χ^2 df	25.651** 13

* p<.10, **p<.05, *** p<.01

I'm changing her medicine. They don't know that...I'm trying to take care of her the best that I know how. I want her to get the best care being that I might suffer from it someday. (6007)

Well, my son says I lose patience with her, which I do. (6011)

In other cases, mothers reported their sons and daughters as sources of stress because they provided less support than she expected:

[My daughter] was not critical but [she] thought I should put [my mother] in a nursing home...[She] wasn't critical exactly but she wasn't understanding. [She said]..."well why don't you sit Grandma down and tell her...I was angry and I was lonely and I felt abandoned. (6038)

And finally, some mothers reported that their adult children complained that the mothers were less available while at the same time not providing the support that their mothers felt they were due.

I felt [that my children] could have done a little bit more to help me... if they couldn't give care to my mother, then at least they could have helped me with the responsibilities of running a house and been less demanding... if they wanted something done [they would] think that I could just drop everything and do it. (5002)

It is interesting to note that in Suitor and Pillemer's previous analyses using the full data set (1993, 1996), they were able to explain interpersonal stress, emotional and instrumental support equally well. However, those findings were not replicated when using only data on adult children. As can be seen in comparisons of Table 2, 3 and 4, the model R^2 for interpersonal stress is substantially smaller than for either emotional or instrumental support.⁴

⁴ It should be noted that while the analyses for emotional and instrumental support included a variable measuring alternative sources of support, a similar variable was omitted from the interpersonal stress analysis because I felt that the number of people hassling a caregiver would have little or no effect on an adult child's likelihood to hassle.

SUMMARY AND DISCUSSION

The findings presented here reveal a consistent effect of mothers' caregiving responsibilities on adult children's likelihood of serving as a source of support or interpersonal stress during the first few months after women began caring for their husbands, parents, or parents-in-law. Specifically, consistent with my hypothesis, adult children whose mothers reported spending a greater number of hours on caregiving were substantially more likely to provide emotional and instrumental support. Contrary to expectations, however, adult children whose mothers spent a larger number of hours caregiving were *more* likely to be a source of interpersonal stress, such as criticism, complaints regarding the mothers' availability, or violating the mothers' expectations for support.

The findings also indicate that several different factors were important in predicting the likelihood that adult children would be sources of emotional support, instrumental support or interpersonal hassling to their caregiving mothers, but none of these factors was important across all three dimensions of support and stress. In terms of emotional support, older children, and those in more frequent contact with mothers were more likely to give support, while employed children were less likely. In addition, mothers with many other alternative sources of support and mothers whose care recipients displayed more disruptive behaviors were more likely to receive emotional support from their adult children. Finally, adult children were more likely to provide emotional support when mothers were caring for the children's fathers than when mothers were caring for one of the children's grandparents.

Far fewer factors were related to instrumental support. Children were more likely to provide support when they had more contact with their mothers and when they lived closer to them. As already noted, children were also more likely to provide support to mothers who

spent longer hours caregiving. Unlike emotional support, proximity was negatively related to instrumental support, consistent with my hypothesis.

As in the case of emotional support, children were more likely to provide instrumental support when mothers had large support networks. Such an unexpected, yet interesting trend may be explained by an adult-child's wish to appear as a helpful and supportive child to his or her mother's other network members. If this is the case, such "forced support" might also be an underlying factor in the relatively high propensity for adult children to both help and hassle their mothers (Suitor and Pillemer 1993, 1996). On the other hand, the phenomenon might also be due to network members "sharing the burden" rather than a caregiver relying on only one or two associates to satisfy her need for support. However, it is also possible that children are more likely to provide instrumental support when there is a large network of support because mothers who spend many hours caregiving simply need more help.

The findings regarding children who were sources of interpersonal stress were the most unexpected and theoretically interesting. In particular, adult children were more likely to be a source of stress to mothers who spent more hours caregiving and were caring for a parent or husband who was engaging in highly disruptive behaviors. The mothers' statements suggested that one of the most common bases of adult children's criticism and complaints was mothers' reduced availability as the result of their caregiving responsibilities. While one might think that adult children would hassle their mothers less if the care recipient were highly disruptive, such disruptive behaviors would likely further reduce mothers' availability, exacerbating children's feelings that their mothers were unresponsive.

The findings regarding adult children's negative responses to their mothers' caregiving are important in that they contribute to a growing literature demonstrating that one

of the costs of status transitions is often changes in relationships with network members who feel that the individuals' role performance has been affected. For example, Suito and Pillemer (1994), using the same data set, found that marital quality declined when husbands felt that their caregiving wives' performance of marital roles was compromised. This pattern is consistent with several other studies exploring the effects of a variety of status transitions on interpersonal relations. Suito (1987a, 1987b and 1988) found that mothers and husbands often became resentful when married returning students began placing their schoolwork ahead of their traditional family roles, while Umberson (1995) reported that marital quality declined when the loss of a parent precipitated changes in the spouses' performance of emotional roles. Such patterns have also been revealed by studies of spouses' dissatisfaction with their partners' role performance in the face of other major life events and status transitions, such as chronic illness or injury (Broman, Riba, and Trahan 1996) and job loss (Larson 1984; Newman 1999).

Thus, while adult children may be more likely to provide help to mothers who are overwhelmed by their caregiving responsibilities, they may nevertheless express feelings of resentment, criticism, or neglect in response to their mothers' unavailability due to her decision to devote large amounts of time and energy to caregiving. Both the qualitative and quantitative data suggest that such feelings are exacerbated by the care recipients' high levels of disruptive behaviors, sometimes leading adult children to believe that the relative should be placed in some type of nursing facility, thus allowing the mothers to resume their preexisting role responsibilities as parents, rather than as caregivers.

The findings regarding interpersonal stress may also help to explain the absence of effects of parent-child similarity factors such as gender, education, marital status and parental

status. These findings are initially surprising considering they contradict the literature on the importance of similarity among network members. Further, numerous studies have shown that parents generally have more cohesive and less conflictual relationships with children who have taken the normative steps to adulthood, such as employment, marriage, parenthood. However, the uniqueness of both the mother-child relationship, which assumes a life-long commitment of mothers' emotional resources to their children, may well override the effects of other factors that generally fuel relationship quality.

In summary, the findings presented here reveal that adult children are often sources of both support and stress when their mothers become family caregivers to elderly relatives. Further, consistent with other studies of status transitions, becoming a family caregiver often brings strains into relationships when role partners feel that the new status compromises the caregivers' ability to maintain high levels of commitment to their preexisting roles.

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