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Title: The Association Among Care Given, Perceived Reciprocity, and Frustration with Caregiving for Daughters.

Abstract approved:

Alexis J. Walker

Decreasing mortality rates and increasing life expectancy are contributing factors in a trend currently referred to as the "graying" of America. Some members of this aging population will require caregiving support from their families. Because women tend to outlive men, adult daughters generally assume this important role for their widowed mothers.

As the health of the care recipient declines, the caregiver often suffers from stress or frustration. Some current research links health declines with decreases in elders' abilities to reciprocate instrumentally for care received. Other research suggests elders compensate for their inabilities to give instrumental aid such as advice and money by continuing to give socioemotional aid such as support and love. It is not known how caregiver stress levels relate to the exchange of socioemotional aid.

Thus, this study examined the association among care given, perceived reciprocity, and frustration with daughters' caregiving. The question asked was: Does
perceived socioemotional aid moderate the impact of the level of caregiving on frustration with caregiving for daughters? Social exchange theory was the perspective utilized for this research. This theory posits that an individual's desire to reciprocate is due to a general moral norm of obligation and that when people can/do reciprocate, the relationship costs decline.

The sample for this study consisted of 164 dependent-mother/caregiving-daughter pairs. Frequencies, means, and standard deviations of background characteristics of all study participants were reported. A correlation matrix showed the relationships among variables. A series of multiple regressions were performed to examine the relationships among the variables as well as the predicted interaction.

Results indicated that increased care given to mothers was a significant predictor of increased frustration with caregiving for daughters, and increased perceived socioemotional aid to daughters was a significant predictor of decreased frustration with caregiving for daughters. There was no interaction effect, however. That is, the effect of the amount of care given on frustration was not moderated by socioemotional aid from care recipients. Limitations, implications, and recommendations for further research are discussed. These recommendations include the
need for additional research in the area of lifespan or generalized reciprocity and intergenerational relationships.
The Association Among Care Given, Perceived Reciprocity, and Frustration with Caregiving for Daughters

by

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APPROVED:

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Dean of Graduate School

I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

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Georgina Alger, Author
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This thesis is dedicated to the loving memory of my husband, Ray.
The Association Among Care Given, Perceived Reciprocity, and Frustration with Caregiving for Daughters

INTRODUCTION

Americans are living longer. This increased longevity is contributing to a trend referred to as the "graying" of America. By the year 2030, there will be more persons in the United States age 65 and above than under the age of 18, and U.S. citizens over 85 will more than triple. By 2050, the "over 85" group is projected to be 7 times larger than it was in 1980 (Neal, Schafer, & Sharkova, 1993).

Decreasing mortality rates and increasing life expectancy are contributing factors in our rapidly growing "oldest old" population (Bould, Sanborn, & Reif, 1989). This is of special concern because this population is likely to need both formal and informal help from a wide range of sources. Not only do the percentages of persons with one or more limitations in functional mobility increase with age, more elderly women than men report one or more of these limitations (Spitze & Logan, 1989). Examples of functional mobility include reaching overhead, lifting, bending and stooping, walking up stairs, and distance walking (Pratt, Sasser-Coen, Acock, & Hafner-Eaton, 1993).

More elderly women than elderly men report difficulties performing Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). Examples of IADLs...
include shopping, meal preparation, and housekeeping. Bathing, dressing, eating, and personal care are some ADL tasks. Performing these tasks may be particularly problematic for older women due to their higher incidence of chronic illnesses and physical limitations (Pratt et al., 1993; Spitze & Logan, 1989).

Within the elderly population women outlive men. Worldwide, women over 60 outnumber similarly aged men. In the U.S. there were 81 men for every 100 women in the 65 to 69 age group, 42 men per 100 women in the 85 to 89 group, and 27 men per 100 women in the 95 to 99 age group (Neal et al., 1993). These gender differences in longevity are attributable to women having lower mortality rates (Mercer & Garner, 1989). Given the age differential of men and women, it is important to ask: Who provides care for the older woman in need? Most often one member of the family, usually the spouse, assumes this role of caregiver. When a spouse is absent, however, an adult child is next in line (Johnson & Catalano, 1983). Of the adult children, daughters generally assume this important role (Stueve & O'Donnell, 1984). In fact, 29% of caregivers to the elderly are daughters, assisting with both ADLs and IADLs (Pratt, Sasser-Coen, & Acock, 1993).

Are the elderly really as dependent as current literature presumes? Wenger (1987) found that the dependent elderly are in the minority, and those in poor health may be
dependent only temporarily. Some research links health declines with increases in the elder's inability to reciprocate instrumentally (Dowd, 1975), which may in turn lead to lowered morale of the care recipient (Stoller, 1985; Walker, Pratt, & Oppy, 1992). As the health of the care recipient declines, the caregiver often suffers from stress or frustration (Brubaker, 1991; Mancini & Blieszner, 1991). Could socioemotional reciprocal exchanges such as love or support moderate the care provider's frustration?

We must examine reciprocity before attempting to answer this question. Social exchange theory is the theoretical perspective utilized for the present research. Social exchange theory is based on a system of costs and rewards. Relationships involving interactions that are more costly are less likely to continue (Goodman, 1984). A person contributes to a relationship either in anticipation of rewards or to repay a debt (Froland, Pancoast, Chapman, & Kimboko, 1981). Maximizing rewards and minimizing costs should lead to positive feelings (Mutran & Reitzes, 1984). Theorists believe an individual's desire to reciprocate is due to a general moral norm of obligation (Gouldner, 1960). The elderly are no exception, and conform to this social norm of reciprocity.

Research reveals the importance of reciprocal exchanges to the elderly (Dowd, 1975; Ingersoll-Dayton & Antonucci, 1988; Rook, 1987; Stoller, 1985). Elders compensate for
their inabilities to give instrumental aid by continuing to give socioemotional aid such as support and love. In spite of a decrease of power resources (Dowd, 1975), elders continue to give tangible support such as money and emotional support in return for caregiving (Walker, Pratt, et al., 1992).

The purpose of this study is to examine the relationships among care given, perceived reciprocity, and caregiver frustration. A caregiver who is able to recognize socioemotional as well as instrumental returns from the care recipient may experience the positive aspects of caregiving, thus helping her cope with a long-term caregiving situation (Walker, Pratt, et al., 1992). A care recipient may also benefit from this awareness and maintain self-esteem even in the event of declining health (Stoller, 1985; Wentowski, 1981).
Social Exchange Theory

Social exchange theorists assume that social interactions are motivated by a system of costs and rewards. When an interaction is more rewarding than costly for the participants, the relationship will continue (Goodman, 1984). According to social exchange theory, a person contributes to a relationship either in anticipation of future rewards or to repay a previous debt (Froland, Pancoast, Chapman, & Kimboko, 1981). Furthermore, receiving rewards, such as support, should lead to positive feelings (Mutran & Reitzes, 1984).

Social exchange theory is utilized as the theoretical framework for much of the current family caregiving literature. Social exchange theorists bring attention to the fact that outcomes may be influenced by the connection between relationship participants. What may appear to be a costly action may be perceived to be rewarding when performed for a loved one (Walker, Martin, & Jones, 1992).

Reciprocity. The concept of reciprocity specifies "an exchange relationship in which the expectation is that a favor must be repaid in equal value to the donor by the recipient" (Froland et al., 1981, p. 42). Wentowski (1981) described the basic cultural rule governing reciprocity—something received requires something returned. This
cultural rule serves as a basis for constructing exchange strategies in support networks.

The reason people may conform to a social norm of reciprocity (such as helping those from whom they receive help) is due to a general moral norm of obligation (Gouldner, 1960). Most individuals receive some gratification from giving aid to others. Dowd (1975) suggested that older parents receiving aid from adult children find it rewarding, but being able to reciprocate can foster these elders' independence. Stoller (1985) found that an elders' inability to reciprocate immediately had a negative effect on morale. Wentowski (1982) commented that familial relationships often balance out over time. Furthermore, elderly mothers receiving care from daughters may continue to reciprocate with socioemotional support such as love, and tangible support such as information, advice, or money (Walker, Pratt, & Oppy, 1992).

A reciprocal exchange is considered to be balanced if the equivalence of that received is returned within a finite time period (Wentowski, 1981). Wentowski further defined specific balanced reciprocity exchange strategies of immediate reciprocity or deferred reciprocity.

Immediate reciprocity is an exchange that is strictly balanced. This strategy is usually utilized by those individuals who wish to minimize their obligations. The expectations of immediate reciprocity are often verbalized.
An example of this would be, "Take me shopping and I'll buy lunch." This type of exchange signals to others the desire for social distance (Wentowski, 1981).

Deferred reciprocity is an exchange strategy that does not require immediate compensation. Further, under deferred reciprocity, repayment occurs when the need arises. The amount of time until full repayment is of little consequence. Until repayment, the recipient remains obligated. This type of exchange implies a willingness to trust and assume greater obligation (Wentowski, 1981).

Generalized reciprocity is yet another strategy based on the assumption that relationships will become balanced over time. Generalized reciprocity is believed to be the norm among close kin. In these instances, repayment is not expected to be in exact proportion. In fact, repayment may not be expected at all (O'Connell, 1984; Wentowski, 1981).

Reciprocity is of utmost importance in human relationships, those among the elderly being no exception. Much of the literature points to reciprocity figuring prominently in successful aging (Dowd, 1975; Ingersoll-Dayton & Antonucci, 1988; Rook, 1987; Stoller, 1985). Yet Dowd (1975) argued that decreasing power sources can be particularly problematic to the aged. With little to exchange that is of instrumental value, such as money or social position, the older individual often uses esteem or compliance as social currency.
Circumstances surrounding the participants must also be considered when evaluating the exchange process. For example, income level or dependence level can have a tremendous impact on outcomes. Ill health may restrict the physical mobility of the elder, thus limiting opportunities for giving aid. Money, however, can still be exchanged despite physical limitations (Mutran & Reitzes, 1984).

Wentowski (1981, p. 606) described how the elderly maintain an "appearance of reciprocity" with token repayments to nonrelatives. An example of this would be giving an occasional jar of preserves in exchange for rides to doctor appointments. Without such "token returns," these elderly would be placed in the position of accepting charity, which may lead to refusal of assistance in order to preserve self-esteem. According to Wentowski, this clever exchange strategy builds and maintains interpersonal relationships in spite of declining health and/or economic resources. Health and financial declines are key factors in aid exchanges. When health declines, older individuals often require more support, yet these declines may inhibit them from reciprocating, which could in turn lower the self-concept and morale of the care recipient (Stoller, 1985; Walker, Martin, et al., 1992).

Exchange theory may also be applied to an expected over-85 role reversal wherein the oldest old (i.e., persons aged 85 and older) who have given more support than they
received all of their adult lives are now receiving more support than they give (Morgan, Schuster, & Butler, 1991). Such a reversal is consistent with generalized reciprocity. Alternatively, the drive to maintain balance in exchanges may lead the oldest old to refuse support they cannot reciprocate.

Most literature on reciprocity focuses on material (sometimes referred to as instrumental) rather than psychological exchanges. Psychological or socioemotional exchanges are of extreme importance, however. Considering socioemotional as well as material exchanges, the literature confirms that the elderly make significant contributions to their adult children (Cheal, 1983; Depner & Ingersoll-Dayton, 1988; Greenberg & Becker, 1988; Krause, Herzog, & Baker, 1992; Lee & Ellithorpe, 1982; Levitt, Weber, & Guacci, 1993; Walker, Pratt, et al., 1992).

Reciprocity in later life. In a 1988 national study by Ingersoll-Dayton and Antonucci, 718 respondents were questioned regarding the amount of perceived reciprocity within their support networks of families and friends. All respondents described their social networks using three concentric circles, with those in the center closest and most important to the respondent in accordance with the convoy model of social support (Kahn & Antonucci, 1980). Respondents were specifically asked to list people who confided in them or people to whom they confided (emotional
support), and to whom they provided care or who provided care to them (instrumental support). A simple equation (amount of perceived reciprocity equals number from whom they received support minus number to whom they provided support) determined who received more (positive), who provided more (negative), and who had truly reciprocal (zero) relationships with the members of their social networks. Network demand was measured by asking, "About how often do you feel that people in your network make too many demands on you?" Results indicated that balanced reciprocity prevailed in most categories of relationships (i.e., spouses, children, friends).

In the above study, older adults who anticipated the receipt of instrumental support from children felt more comfortable overbenefiting from their children's support and underbenefiting from support from spouses and friends. The authors suggested that these differences may be attributed to a consideration of reciprocity over the lifespan, such as a "support bank," which was also described by Beckman (1981). Beckman described a history of giving more earlier in life, such that now the older person is owed. Over time, exchanges would balance out, but they are not immediately reciprocated when there is a support bank. The notion of a support bank is much like that of generalized reciprocity.

A support bank holds an individual's lifetime investment in a particular relationship. One can make
deposits and withdrawals from one's support bank over the course of the lifespan. Therefore, an elder may actually be content receiving aid from an adult child if that child was well provided for by the elder in the past.

Rook (1987) investigated the exchanges of companionship, instrumental support, and emotional support between 120 elderly widowed women and their social network members. Control variables were age, education, and health. Linear and curvilinear associations between reciprocity and social satisfaction were examined. A hierarchical multiple regression analysis depicted an association between social exchange patterns and loneliness. Specifically, women who were either overbenefited or underbenefited reported greater loneliness than women with reciprocal patterns.

Further, Rook (1987) found a significant positive association between average number of reciprocal exchanges with friends and satisfaction with friendships. The average number of reciprocal exchanges with adult children was not related to satisfaction with ties with children. Companionship and emotional exchanges with children were less equitable than instrumental exchanges. The author acknowledged that the respondents could have overestimated their provision of emotional support and companionship. Yet, in their relationships with their children, women receiving more instrumental support than they provided were more
satisfied, and those providing more instrumental support than they received were less satisfied.

These reports of lower satisfaction may have resulted from the elders' embarrassment at the children's lack of self-sufficiency, not the elders' desire to be in balanced or overbenefited relationships. Therefore, Rook (1987) concluded that, although reciprocity is an important factor in elderly women's feelings of social satisfaction, the importance of reciprocity is contingent upon type of relationship and type of exchange.

Stoller's (1985) study of exchange patterns in informal support networks of the elderly found an association between receiving help and symptoms of depression. In her sample of 753 noninstitutionalized elders, most of the respondents were involved in some type of exchange. Categories of services provided by the elder were babysitting, running errands, household repairs, transportation, housework or yardwork, food preparation, advice on problems with children or household management, and advice on financial decisions. Categories measuring help received were food preparation, shopping, light chores, heavy chores, laundry, bathing, using the toilet, dressing and grooming, transportation, serving as a confidant, or assisting with finances. Although most older persons receiving help reciprocated, unreciprocated assistance to elders was greater in relationships with family members than in those with friends.
or neighbors. There was some evidence that receiving help was related to depressive symptoms while those who provided help to children exhibited more positive emotional well-being.

**Reciprocity in intergenerational relationships.** Lee and Ellithorpe (1982) examined possible relationships between intergenerational exchange of aid and morale of the elderly. Their results suggested that reciprocity in the exchange of aid with kin had no noticeable consequences on the elderly's emotional well-being. Older persons who gave more help to children than they received, however, tended to be in good health, married, highly educated, young, and female. Similarly, Thompson and Walker (1984) examined aid patterns and attachment in mother and adult daughter pairs. They concluded that many of the mothers and daughters maintain attachment despite imbalanced exchanges.

McCulloch's (1990) study of 302 rural elders supported Lee and Ellithorpe's (1982) finding of nonsignificant relationships between intergenerational aid and morale. It is possible that rural elders' expectations of aid exchange may be such that well-being is not affected by imbalances. Another explanation could be that generalized reciprocity is the exchange strategy utilized in the intergenerational relationships of rural elderly.

The above research supports the notion that intergenerational exchange systems in the elderly population
follow the norm of generalized reciprocity (Wentowski, 1981) in which immediate, balanced exchanges are not expected.

Immediate reciprocity may not be expected in the older parent/adult child relationship because this relationship continues throughout the lifespan. There is an implication that, when needed, help will be forthcoming (Kulis, 1992). Antonucci and Akiyama (1987) also suggested this lifespan or generalized reciprocity approach. Beckman (1981) concluded that older women may not be troubled by overbenefiting from their children because they have given much more to their children than they have received over the years. Other research indicated imbalanced exchanges are common with elders and adult children and that these are unrelated to morale (Rook, 1987; Stoller, 1985).

Reciprocity in caregiving relationships. Reciprocity may be complicated in caregiving, as the care recipient is increasingly unable to reciprocate in any way. Morgan et al. (1991) found that respondents gave more than they received until the age of 85, when they become less likely to give support and more likely to receive it. This role reversal reflects a decrease in affective as well as instrumental support. In addition, this study indicated declines in both support-sending as well as support-receiving. These declines among the oldest old are believed to occur because of decreases in social network size and increases in dependence.
A 1992 exploratory study by Walker, Pratt, and Oppy examined the perceptions of aid given to caregiving daughters by care-receiving mothers in return for help received. Both mothers and daughters were respondents. The purpose of the study was to determine whether care recipients are actively involved in social exchanges. The relationship between perceptions of aid and health status of the care recipient was examined and the giving and receiving of love, information, advice, and money were assessed. The study found that care-receiving mothers were actively engaged in socioemotional exchanges with their caregiving daughters. The results also clearly revealed that caregiving daughters value the support received from their mothers. Mothers who were in better health reported giving more advice and money than mothers who were in poorer health. Interestingly, mothers with higher levels of dependence reportedly gave more information. The researchers speculated that mothers at higher dependence levels may spend more time in activities that provide more access to information, such as watching television or reading magazines. Perceptions of the giving of love were unrelated to demographic variables.

Data from the 1982 National Long-Term Care Survey (NLTCS) and the National Survey of Informal Caregivers (NSIC) were utilized in a study by Dwyer, Lee, and Jankowski (1994). This was an exploratory study of the effects of reciprocity on the psychological well-being of older, infirm
mothers and their caregiving daughters. The sample consisted of 135 mother/daughter dyads. Variables for the impaired mothers included satisfaction, reciprocity, ADLs, IADLs, and coresidence with daughters. The ADLs assessed were eating, getting in and out of bed, moving about in the home, dressing, bathing, and toilet use. The IADLs included housework, laundry, meals, shopping, moving about outside, walking, managing money, and telephoning. Stress, burden, ADL help, and IADL help were the caregiver variables. The primary caregiver was asked if the care receiver provided babysitting, money, household chores, or keeping the caregiver company. Positive responses to these four tasks were summed to measure reciprocity. The range of the measure was from 0 - 4, with the average mother's reciprocity score 1.50.

Dwyer et al., (1994) found that correlations between reciprocity and stress or burden were not significant and concluded that there was no association between reciprocity and level of satisfaction for care receivers. It was suggested, however, that the elderly participants may have applied generalized rather than immediate reciprocity, especially if they perceived themselves to have provided adequately for their children over the lifecourse. Also, the reciprocity indicator may have failed to include important contributions such as running errands, free rent (if coresiding in mother's home), food preparation, or yard
work. The authors suggested that future research should include multiple-item reciprocity indices with tasks even impaired elders could provide in exchange for services. Socioemotional variables as well as material ones should also be included.

In summary, although some empirical research does not point to significant relationships between intergenerational aid and morale (Dwyer et al., 1994; Lee & Ellithorpe, 1982; McCulloch, 1990), other research (Stoller, 1985) has found that providing help could promote emotional well-being. Further, although some researchers (Ingersoll-Dayton & Antonucci, 1988) have found that balanced reciprocity prevailed in most relationships, others have found that elders and adult children maintained attachment despite imbalances (Walker, Pratt, et al., 1992). Some of these differences in findings may be attributed to the failure to measure important contributions made by the elders such as babysitting and financial help, as well as socioemotional support (Dwyer et al., 1994).

**Reciprocity and caregiver stress.** As the elderly population continues to live longer and health difficulties increase, family relationships can be affected by the changes in health of care recipients. Relationships between family members in caregiving situations may become stronger or they may experience stress (Brubaker, 1991).
As an elder's health declines, the caregiver experiences disruptions in daily routines, and may find herself confined to the home. Stress or frustration can be the result of providing continuous care for the dependent elder. Caregiver frustration may be affected by the nature of the parent-child bond, however (Mancini & Blieszner, 1991). Wenger (1987) suggested that adult daughters caring for their elderly mothers is the culmination of a long-term reciprocal relationship.

Conclusion

As a person ages and frailty increases, instrumental help giving may decline (Dowd, 1975; Morgan et al., 1991; Mutran & Reitzes, 1984; Stoller, 1985; Walker, Pratt, et al., 1992; Wentowski, 1981). Not only do frail elders experience physical limitations that inhibit them from reciprocating instrumentally, they may also experience declines in power resources such as money (Dowd, 1975). Lowered morale of the care recipient may be the result of this inability to reciprocate (Stoller, 1985; Walker, Pratt, et al., 1992). Further, a caregiver may experience stress or frustration as health of the care recipient declines (Brubaker, 1991; Mancini & Blieszner, 1991).

According to social exchange theory, the desire to reciprocate is based on a general moral norm of obligation (Gouldner, 1960). Most social exchange theorists argue that elderly parents' ability to reciprocate fosters independence
and higher morale (Dowd, 1975; Stoller, 1985). Although
generalized reciprocity appears to be the norm among close
kin (O'Connell, 1984; Wentowski, 1981), reciprocal exchanges
continue to be important to the elderly (Dowd, 1975;
Ingersoll-Dayton & Antonucci, 1988; Rook, 1987; Stoller,
1985). This drive to maintain balance may lead dependent
elders to compensate for their losses in the ability to give
instrumental aid by maintaining socioemotional aid to adult
children. Because the literature focuses disproportionately
on material exchanges, significant socioemotional
contributions made by the elderly may have been overlooked.
Recognition of the continuation of aid exchanges among the
frail elderly may be beneficial to the morale of the
caregiver as well as that of the care recipient. Finally,
aid given by the elder, even though diminished, may be
valued more highly, precisely because it is given despite
the limitations of the elder.

Research Questions and Hypotheses

A decline in an elder's physical health may lead to
dependence and increased caregiving. How do socioemotional
reciprocity and care given relate to caregiver frustration?
If mothers give socioemotional support to their daughters in
exchange for increased caregiving, is daughters' stress or
frustration moderated by perceived socioemotional support?
Does coresidence affect level of frustration for caregiving
daughters?
Hypothesis I: Increased care given to mothers will lead to increased frustration with caregiving for daughters.

Hypothesis II: When mothers are perceived to give more socioemotional aid to daughters, daughters will be less frustrated with caregiving.

Hypothesis III: If level of caregiving is positively related to caregiver frustration, the strength of the relationship weakens as the level of socioemotional aid given to the caregiving daughter increases. (Perceived socioemotional aid moderates the effect of the level of caregiving on the level of frustration with caregiving for daughters.)

Hypothesis IV: Mothers who coreside with daughters will have daughters who are more frustrated with caregiving.

Rationale

Research is needed to determine how care given is related to perceived reciprocity and caregiver frustration. Both caregivers and care recipients will benefit from this information. Being aware of socioemotional reciprocity in a mother/daughter caregiving dyad may enable a caregiver to focus on the positive aspects of her role, thus helping her
to cope when instrumental reciprocity declines (Walker, Pratt, et al., 1992), and enabling care receivers to maintain their self-esteem in spite of increased care needs (Stoller, 1985; Wentowski, 1981).
METHODOLOGY

This study is part of a larger study on parent caring and mother-daughter relationships. The larger study consisted of 222 mother-daughter pairs recruited from the Willamette Valley of Western Oregon through newspaper articles.

Criteria for participating in the original study were that the mothers be unmarried, aged 65 or older, live within 45 miles of their daughters, and show no signs of cognitive impairment. In 164 pairs, the daughters were primary caregivers to their mothers, providing more than half of any required assistance. Mothers in these pairs required help in one or more of the following categories: shopping/errands, housekeeping, financial management, personal care, financial contributions, and bureaucratic mediation. In the remaining pairs (not included in this study), mothers were self-sufficient.

Sample

The sample for this study consisted of 164 dependent-mother/caregiving-daughter pairs. A description of the study sample includes frequencies, means, and standard deviations of relevant background characteristics of all study respondents. Descriptive statistics for age, marital status, health, education, employment, income, number of dependent children, and coresidence are reported (see Table 1).
Mothers in the sample ranged from age 64 to 101, with a mean age of 81. Most mothers were perceived to be in fairly good health. Mothers' income ranged from $2,000 to $40,000 per year, with a mean of $9,483. Two-fifths of the mothers had never completed high school, 27% had high school diplomas, and 32.5% had education beyond high school. Only 19.5% of mothers coresided with daughters.

Daughters' age ranged from 21 to 73 years, with a mean of 53 years. Most (65%) daughters were married, employed (59.8%), and experiencing good (51.2%) to excellent (39.6%) health. Two-thirds were educated beyond high school, with 26.2% having high school diplomas, and only 6.1% having never completed high school. Most daughters had no dependent children (76.8%). Daughters' incomes ranged from $0 to $95,000 per year, with a mean income of $28,217 (see Table 1).
Table 1

Background Characteristics of the Study Sample (Mothers)

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<th>M</th>
<th>SD</th>
<th>Range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>81.38</td>
<td>8.66</td>
<td>64-101</td>
<td></td>
</tr>
<tr>
<td>Health (perception)(^a)</td>
<td>2.76</td>
<td>0.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
<td>12.2</td>
</tr>
<tr>
<td>Fair</td>
<td></td>
<td></td>
<td></td>
<td>19.5</td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td>48.8</td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td>19.5</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; high school</td>
<td></td>
<td></td>
<td></td>
<td>40.5</td>
</tr>
<tr>
<td>High school</td>
<td></td>
<td></td>
<td></td>
<td>27.0</td>
</tr>
<tr>
<td>1-4 years &gt; h.s.</td>
<td></td>
<td></td>
<td></td>
<td>29.5</td>
</tr>
<tr>
<td>5 or &gt; h.s.</td>
<td></td>
<td></td>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td>Income</td>
<td>$9,483</td>
<td>$5,962</td>
<td>$2,000-$40,000</td>
<td></td>
</tr>
<tr>
<td>Coresidence</td>
<td></td>
<td></td>
<td></td>
<td>19.5</td>
</tr>
</tbody>
</table>

\(^a\) Measured on a 4-point scale with 1 = poor and 4 = excellent.
Table 1 (Continued)

Background Characteristics of the Study Sample (Daughters)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>52.68</td>
<td>10.36</td>
<td>21 - 73</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Married</td>
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<td></td>
<td></td>
<td>65.0</td>
</tr>
<tr>
<td>Unmarried</td>
<td></td>
<td></td>
<td></td>
<td>35.0</td>
</tr>
<tr>
<td>Health&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4.3</td>
<td>0.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; high school</td>
<td></td>
<td></td>
<td></td>
<td>6.1</td>
</tr>
<tr>
<td>High school</td>
<td></td>
<td></td>
<td></td>
<td>26.2</td>
</tr>
<tr>
<td>1-4 years &gt; h.s.</td>
<td></td>
<td></td>
<td></td>
<td>55.5</td>
</tr>
<tr>
<td>5 or &gt; h.s.</td>
<td></td>
<td></td>
<td></td>
<td>12.2</td>
</tr>
<tr>
<td>Employed</td>
<td></td>
<td></td>
<td></td>
<td>59.8</td>
</tr>
<tr>
<td>Income</td>
<td>$28,217</td>
<td>$17,302</td>
<td>0 - $95,000</td>
<td></td>
</tr>
<tr>
<td>Children &lt; 18</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
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<td></td>
<td></td>
<td>76.8</td>
</tr>
<tr>
<td>One</td>
<td></td>
<td></td>
<td></td>
<td>12.2</td>
</tr>
<tr>
<td>Two</td>
<td></td>
<td></td>
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<td>6.7</td>
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<tr>
<td>Three</td>
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<td>3.0</td>
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<tr>
<td>Four</td>
<td></td>
<td></td>
<td></td>
<td>0.6</td>
</tr>
<tr>
<td>&gt; Four</td>
<td></td>
<td></td>
<td></td>
<td>0.6</td>
</tr>
</tbody>
</table>

<sup>a</sup> Measured on a 5-point scale with 1 = severely ill and 5 = healthy.
Procedures

Each mother and daughter participated in an initial face-to-face interview. A second face-to-face interview was completed approximately two months after the initial assessment. These interviews were spread out across two times to help build rapport and to keep from tiring the mothers. Most interviews took place in the respondents' homes. Participation was voluntary. Daughters (whose interviews were longer) were paid $20 and mothers $10 for their participation. Daughters' interviews assessed the activities in which daughters provided assistance to their dependent mothers, perceived socioemotional aid from mothers to daughters, and daughters' frustration relating to caregiving.

Categories of aid given to mothers included shopping/errands, indoor maintenance, financial tasks, personal care, financial contributions, and bureaucratic mediation. Reciprocity measures of socioemotional support given to daughters were support and love (Walker, Pratt, & Oppy, 1992).

Measures and Operational Definitions

Care given to mothers. Stueve and O'Donnell (1984) found that some parents required a great deal of help only part of the time. They explained that although the aged, on the average, suffer more chronic disease and disabilities than do younger people, the majority of elderly persons are
in good health and do not require a great deal of care. Wenger (1987) suggested that many of the oldest-old continue to enjoy good health and require little caregiving. Maddox (1987) also described the tremendous heterogeneity in the older population in terms of the need for care.

Interview questions to assess the amount of care given to mothers began with, "Now, I am going to ask about the kinds of help your mother needs." The responses for each category were: 1 (no help with any of the activities in the category), 2 (help with fewer than half of the activities in the category), 3 (help with half or more of the activities in the category), and 4 (help with all of the activities in the category). A fifth response option (not applicable) pertained to situations such as mothers living in apartments where outdoor maintenance was not needed, or mothers receiving home delivered meals/congregate meals, so meal preparation may not apply). Categories included one ADL (personal care), and five IADLs (shopping/errands, indoor maintenance, financial tasks, financial contributions, and bureaucratic mediation). Two IADL categories were eliminated due to missing data (food preparation/clean-up and outdoor maintenance). Care given was measured by the mean response of all categories for which scores of 1 to 4 were obtained.

Perceived Socioemotional aid to daughters. Mutran and Reitzes (1984) suggested that although the over-65-year-old cohort suffers more limitations from increasing dependence
than those 65 and under, many elderly who receive services do return assistance to caregivers. Wenger (1987) defined the person more impaired as "the dependent" in a caregiving relationship. Spitze and Logan (1989) referred to dependence as the need for assistance. Goodman (1984) described dependents as those "who take more than they can give" (p. 138). If the dependence is only physical, the elder may have other resources to draw upon such as support and love.

Questions used to assess perceived socioemotional aid given to daughters asked, "How much (support, love), if any, do you feel your mother gives you in return for your assisting her: None, not much, some, a great deal?". Socioemotional aid to daughters was measured on interval scales of 1 (none) to 4 (great deal). Correlation analyses showed love and support to be highly correlated (r = 0.61), so a mean item score was used in the analyses.

Daughters' frustration with caregiving. Primary caregivers may suffer from stress or frustration when providing continuous support to the care recipient. Level of frustration also can be affected by the nature of the parent-child bond (Mancini & Blieszner, 1991; Wenger, 1987). Daughters' stress was measured by a 5-item frustration scale (alpha = .82). Interpersonal costs represented in this scale included, "Feel a sense of daily irritation," "Feel frustrated," "Can't satisfy mother," "Impatient," "Resentful," and "Angry" (Walker, Martin, & Jones, 1992).
Response categories were 1 (never), 2 (rarely), 3 (sometimes), 4 (mostly), and 5 (always). A mean score was tabulated.

**Coresidence.** Because of its potential association with caregiver frustration (Mancini & Blieszner, 1991), coresidence was added as a control variable to the model (see Conceptual Model). Coresidence was measured 1 (yes), and 0 (no).

**Identification of Dependent and Independent Variables**

Daughters' frustration with caregiving was the dependent variable in all regression analyses. The independent variables were care given to mothers, perceived socioemotional aid to daughters, and coresidence.

**Data Analysis**

It was predicted that perceived socioemotional aid to daughters would moderate the relationship between care given to mothers and daughters' frustration with caregiving. It was predicted that if the level of care given is positively related to daughters' frustration with caregiving, the strength of this relationship would weaken as the level of perceived socioemotional aid increased (see Conceptual Model). Note that all three variables (care given, perceived socioemotional aid, and daughters' frustration) are continuous.
Conceptual Model

Perceived Socioemotional Aid to Daughters

Care Given to Mothers → Daughters Frustration with Caregiving

Coresidence
A method of regression analysis with an interaction term for two continuous variables was adapted from Aiken and West (1991). Regression lines from a statistically significant interaction between care given to mothers and perceived socioemotional aid to daughters were to be generated from the following five case scenarios:

1. Two standard deviations below the mean of perceived socioemotional aid to daughters (no socioemotional aid).
2. One standard deviation below the mean of perceived socioemotional aid to daughters (less than average socioemotional aid).
3. Mean of perceived socioemotional aid to daughters.
4. One standard deviation above the mean of perceived socioemotional aid to daughters (more than average socioemotional aid).
5. Two standard deviations above the mean of perceived socioemotional aid to daughters (all socioemotional aid).

The regressions of daughters' frustration with caregiving at specific values of the moderator perceived socioemotional aid to daughters were to form a group of regression lines.

A series of multiple regressions were performed to examine the relations among the variables and the predicted interaction of perceived socioemotional aid to daughters and care given to mothers. Prior to performing the regressions,
a correlation matrix was obtained to show the relationships among the variables. Regression results were analyzed and outcomes reported. The level for determining statistical significance was set at $p < .05$. The SAS program was used for all statistical analyses.
RESULTS

This study examined the relationships among care given to mothers, perceived socioemotional reciprocity to daughters, and daughters' frustration with caregiving. This chapter includes reports of data analyses with reference tables and an overview of research questions and hypotheses.

Correlations of the Variables

Pearson correlation coefficients were calculated for care given to mothers, perceived socioemotional aid to daughters, daughters' frustration with caregiving, and coresidence. Table 2 shows that both care given to mothers ($r = .27$) and perceived socioemotional aid to daughters ($r = -.48$) significantly correlated with daughters' frustration with caregiving. More care given was associated with higher levels of frustration, and more perceived socioemotional aid was associated with lower levels of frustration for daughters. Although coresidence showed a positive relationship with daughters' frustration ($r = .13$), this relationship was not significant.
Table 2

Correlation Matrix of the Variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Care Given</td>
<td>-.10</td>
<td>.27***</td>
<td>.25**</td>
<td></td>
</tr>
<tr>
<td>2. Socioemotional aid</td>
<td></td>
<td>-.48****</td>
<td>-.04</td>
<td></td>
</tr>
<tr>
<td>3. Frustration</td>
<td></td>
<td></td>
<td>.13</td>
<td></td>
</tr>
<tr>
<td>4. Coresidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>2.16</td>
<td>3.55</td>
<td>2.21</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>.69</td>
<td>.66</td>
<td>.76</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001. ****p < .0001.

Regression Analyses

Multiple regression analysis was used to explore research questions and hypotheses. Results from these analyses in the order that the regressions were performed are discussed next. Tables 3 through 5 depict the results.

Coresidence and daughters' frustration. The first regression examined the impact of coresidence on daughters' frustration with caregiving (see Table 3). The regression was in the predicted direction (positive), but not statistically significant (F = 2.622, p = .1073). Only a minute amount of the variance in daughters' frustration could be explained by coresidence.
Table 3

**Impact of Coresidence on Daughters' Frustration with Caregiving**

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coresidence</td>
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<td>.126</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.0159</td>
<td></td>
</tr>
<tr>
<td>$R^2$ adj.</td>
<td>.0099</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001. ****p < .0001.

Perceived socioemotional aid, care given to mothers, and daughters' frustration. The next regression assessed the contribution of perceived socioemotional aid to daughters and care given to mothers to daughters' frustration with caregiving (see Table 4, Model 1). The evaluation was significant ($F = 30.838, p < .0001$). Perceived socioemotional aid was a significant, negative predictor, and care given to mothers was a significant, positive predictor. A significant portion of the variance in daughters' frustration was explained by the model.

Perceived socioemotional aid, care given to mothers, their interaction, and daughters' frustration. Another regression assessed the impact of perceived socioemotional aid to daughters, care given to mothers, and their interaction on daughters' frustration with caregiving (see Table 4, Model 2). The equation was significant ($F = 20.499, p < .0001$), but the results were virtually identical to the
equation without the interaction term. Socioemotional aid was a negative and care given a positive predictor of frustration. Contrary to the prediction, there was no interaction effect of socioemotional aid and care given on frustration.

Table 4

Impact of Perceived Socioemotional Aid and Care Given on Daughters' Frustration with Caregiving

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model 1</th>
<th></th>
<th>Model 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Beta</td>
<td>B</td>
<td>Beta</td>
</tr>
<tr>
<td>Socioemotional aid</td>
<td>-.525***</td>
<td>-.455</td>
<td>-.531***</td>
<td>-.460</td>
</tr>
<tr>
<td>Care given</td>
<td>.244**</td>
<td>.222</td>
<td>.245**</td>
<td>.223</td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
<td>.044</td>
<td>.026</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.2770</td>
<td></td>
<td>.2776</td>
<td></td>
</tr>
<tr>
<td>$R^2$ adj.</td>
<td>.2680</td>
<td></td>
<td>.2641</td>
<td></td>
</tr>
</tbody>
</table>

* $p < .05$. ** $p < .01$. *** $p < .001$. **** $p < .0001$.

Perceived socioemotional aid, care given to mothers, coresidence, and daughters' frustration. The next regression equation examined the effect of perceived socioemotional aid to daughters, care given to mothers, and coresidence on daughters' frustration with caregiving (see Table 5, Model 1). The equation was significant ($F = 20.730, p < .0001$). As predicted, socioemotional aid was negatively related, and care given was positively related to frustration. Coresidence was in the predicted direction (positive), but
not statistically significant. A significant percentage of the variance in daughters' frustration was explained by the model.

Perceived socioemotional aid, care given to mothers, their interaction, coresidence, and daughters' frustration. The last regression added coresidence to the model containing the interaction term (see Table 5, Model 2). The equation was significant ($F = 15.491, p < .0001$). Again, the result was virtually identical to the model without the interaction term. Socioemotional aid was negatively related, and care given was positively related to frustration. Neither the interaction term nor coresidence was significant.

Table 5

<table>
<thead>
<tr>
<th>Variable</th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Beta</td>
</tr>
<tr>
<td>Socioemotional aid</td>
<td>-.524****</td>
<td>-.454</td>
</tr>
<tr>
<td>Care given</td>
<td>.229**</td>
<td>.208</td>
</tr>
<tr>
<td>Coresidence</td>
<td>.106</td>
<td>.056</td>
</tr>
<tr>
<td>Interaction</td>
<td>.039</td>
<td></td>
</tr>
<tr>
<td>$R^2$</td>
<td>.2799</td>
<td></td>
</tr>
<tr>
<td>$R^2$ adj.</td>
<td>.2664</td>
<td></td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001. ****p < .0001.
In summary, daughters who give more care are more frustrated with caregiving, but daughters who receive more socioemotional aid in return for the care they give are less frustrated with caregiving. These relationships are unaffected by whether or not the daughter lives with the mother. Furthermore, the effects of amount of care given and socioemotional aid perceived are independent. That is, perceived socioemotional aid does not moderate the effect of amount of care given on frustration with caregiving.
DISCUSSION

The purpose of this study was to examine the relationships among care given to mothers, perceived socioemotional aid (reciprocity) to daughters, and daughters' frustration with caregiving. The literature indicated that little research has been conducted that examined socioemotional returns for caregiving. As a person ages, care needs may increase, which makes instrumental reciprocity more difficult for the aging person. A caregiver who recognizes socioemotional returns from the care recipient may experience the positive aspects of caregiving, thus helping her cope with the frustrations of a long-term caregiving situation (Walker, Pratt, & Oppy, 1992). A care recipient may also benefit from this knowledge and maintain self-esteem even in the event of declining health and resources (Stoller, 1985; Wentowski, 1981).

The findings support current research that increased care given is associated with increased stress or frustration for the caregiver, and that awareness of socioemotional aid exchanges (love, support) is associated with declines in frustration with caregiving. Social exchange theory proved to be a valuable theoretical framework for this study.

Multiple regression analysis including an interaction term between two continuous variables (Aiken & West, 1991) was utilized to analyze these data. Although there was no
statistically significant interaction effect, other significant findings were reported.

Summary

How do perceived socioemotional aid from mothers and care given by daughters relate to daughters' frustration with caregiving? If mothers who receive care give socioemotional support to their daughters in exchange for care given, is daughters' frustration moderated by this perceived socioemotional support? Does coresidence affect the level of frustration for caregiving daughters?

The first hypothesis predicted that the more care given to mothers, the more caregiver frustration for daughters. The results clearly indicated that care given to mothers was a significant predictor of frustration with caregiving for daughters.

Hypothesis II predicted that mothers who are perceived to give more socioemotional aid to daughters have daughters who are less frustrated with caregiving. The results supported the hypothesis.

Hypothesis III predicted that if level of caregiving is positively related to caregiver frustration, the strength of the relationship would weaken as the level of perceived socioemotional aid given to the caregiving daughter increased. In other words, perceived socioemotional aid would moderate the relation between level of caregiving and
level of caregiver frustration for daughters. There was no interaction effect.

Hypothesis IV predicted that mothers who coreside with daughters would have daughters who are more frustrated with caregiving. Hypothesis IV was not supported.

Overall, this study supported the hypotheses that care given to mothers is a significant positive predictor of frustration with caregiving for daughters, and that perceived socioemotional aid to daughters is a significant negative predictor of frustration with caregiving for daughters.

The results are consistent with social exchange theory, which is based on a system of costs and rewards. According to social exchange theory, receiving rewards, such as support and love, should lead to more positive and reduced negative feelings, as they do in this study (Mutran & Reitzes, 1984).

In accordance with social exchange theory, this study affirmed the hypothesis that perceived socioemotional aid to daughters was a significant predictor of decreased frustration with caregiving. Recognition of socioemotional support is especially important to harried providers as instrumental support may decline due to the care recipient's increasing care needs.

The results also are consistent with data and social exchange perspectives on reciprocity. Reciprocity is
important in human relationships throughout the lifespan (Gouldner, 1960).

Literature suggests that reciprocity is figured prominently in successful aging (Dowd, 1975; Ingersoll-Dayton & Antonucci, 1988; Rook, 1987; Stoller, 1985). Yet, decreasing power sources can be problematic to the elderly (Dowd, 1975). These data show that elderly mothers receiving care from daughters may continue to reciprocate with socioemotional aid such as love and support (Walker, Pratt, et al., 1992). Recognition of this socioemotional exchange can be comforting to the care recipient. The findings of this study demonstrate its value to caregiving daughters.

Limitations

One major limitation to this study is that the results are not generalizable to all caregiving pairs. For example, studies of spouses providing care, sons caring for elderly mothers, or daughters caring for fathers may produce results that are different from those for daughters and their care-receiving mothers.

Another limitation is that the participants volunteered for this study. The findings may apply to a select group of mother/daughter pairs consisting of intergenerational relationships that are "healthier" or less dysfunctional than others (Walker, Pratt, et al., 1992). Also, because most mothers in this study were perceived to be in fairly good health, the findings may not be applicable to
mother/daughter pairs when the mother's health is extremely poor.

Other limitations include a decrease in sample size (from \( n = 173 \) to \( n = 164 \)) due to a component item in the socioemotional variable where participants who answered, "Don't know" or "Does not apply" were eliminated. Furthermore, two (food preparation/clean-up, outdoor maintenance) of the seven IADL categories for the index variable care given were omitted due to large amounts of missing data. Lastly, the model did not include potentially important control variables such as mothers' age or socioeconomic status, which may be related to daughters' ability to give aid, or daughters' marital status or dependent children, both of which may be associated with the dependent variable daughters' frustration with caregiving.

Implications

As a result of this research, professionals in the field such as health care practitioners and social workers may be able to predict outcomes of potentially troublesome caregiving situations, and devise appropriate interventions. For example, if a daughter providing a high level of care for her mother perceives the socioemotional aid given by her mother to be low, the daughter will probably be highly frustrated with her caregiving role. Occasional words of appreciation from the care-receiving mother may help alleviate the daughter's feelings of frustration.
Conversely, a daughter who perceives a high level of socioemotional aid in exchange for providing a moderate amount of care to her mother probably will report lower levels of frustration with caregiving. The former is a more appropriate target for intervention than the latter.

Although high levels of socioemotional support in exchange for high levels of care may not entirely diminish a daughter's frustration with the caregiving role, recognition of this support may result in reduced levels of frustration. According to social exchange theory, a daughter is apt to experience higher levels of frustration when she perceives the costs of caregiving to outweigh the benefits she receives. Reducing a daughter's frustration may improve the quality of the mother/daughter relationship. Furthermore, research has shown that reducing a daughter's frustration may also improve a care receiving mother's psychological well-being (Scharlach, 1987).

Recommendations for Further Research

Research is needed in the area of lifespan or generalized reciprocity and intergenerational relationships. Immediate reciprocity may not be the norm in the elderly parent/adult child bond because this relationship continues throughout the lifespan (Antonucci & Akiyama, 1992). Research indicates that unreciprocated aid is common for care-receiving elders with adult children and that this is
unrelated to the morale of the care recipient (Rook, 1987; Stoller, 1985).

The elderly-mother/adult-daughter caregiving relationship may be seen as the culmination of a mother's lifetime investment of care to her daughter. Therefore, it is recommended that the association between lifetime investment to daughters and daughters' frustration with caregiving be researched in the future.
REFERENCES


