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The importance of developmental stages as well as cohort experiences has not been considered in family caregiving literature although both caregiving daughters and care-receiving mothers represent different age groups. The conceptual bases of the age stratification model and the life course perspective suggest that mothers in different age groups, as well as daughters in different age groups, might perceive the experience of care-receiving and caregiving differently.

The current study compared caregiving motives, caregiving outcomes, and the association between caregiving motives and its outcomes between 85 middle-aged (age range 35-54) and 73 young-old (age range 55-74) daughters. Further, care-receiving mothers' perceptions of their daughters' caregiving motives, their own care-receiving outcomes, and the association between mothers' perceptions

of daughters' caregiving motives and care-receiving outcomes were compared between 37 young-old (age range 55-74) and 121 old-old (age range 75 or older) mothers.

The results indicated that middle-aged daughters reported lower obligatory motives than did young-old daughters while young-old mothers perceived higher discretionary motives than did old-old mothers. No significant differences were found between middle-aged and young-old daughters or between young-old and old-old mothers in their perceived costs and benefits of caregiving. No significant differences were found between middle-aged and young-old daughters or between young-old and old-old mothers, in the association of caregiving motives and outcomes. This study supported the possible shift in caregiving motives from obligation to discretion. Also, this study showed that caregiving leads to rewards as well as to costs.

The Influence of Age Stratification on Motives for and  
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THE INFLUENCE OF AGE STRATIFICATION ON MOTIVES FOR AND  
OUTCOMES OF CAREGIVING IN MOTHERS AND DAUGHTERS

INTRODUCTION

Contrary to the "social myth" of abandoned and isolated elderly (Shanas, 1979), adult children typically care for their elderly parents if a spouse is unavailable (Brody, 1981 & 1985; Horowitz, 1985b; Lang & Brody, 1983; Stoller, 1983). A significant body of research focuses on parental caregiving. This research, however, reflects a number of limitations.

There is a lack of attention to the various age ranges among caregiving offspring and care-receiving parents. Caregiving offspring reflect a variety of developmental stages (Brody, 1985). Because of their different developmental stages, they have different perceptions and needs (Bengtson & Kuypers, 1971). In addition, they were born in different times and experienced different sets of historical events at different points in their lives. Their accumulated experiences and developmental stages could have an impact on why they give care as well as how they evaluate the caregiving situation.

Developmental stages among care-receiving elderly parents have also been neglected. The population over age 65 is not an homogeneous group. Health and socio-economic statuses of the elderly are quite different among members of



different age groups (Soldo, 1980). Neugarten's (1974) distinctions of the "young-old" and the "old-old" are now acknowledged and broadly shared. Both the age stratification model (Riley, 1985; Riley et al., 1972) and the life course perspective (Elder, 1978; Hareven, 1974, 1977, 1978a) suggest that different cohorts grow up and grow old in a unique way. These differences could lead mothers of different age groups to perceive their daughters' caregiving motives differently. Also, because of their differences in needs, resources, capacities, and cumulative life experiences, mothers of different groups could evaluate the care-receiving situation differently in terms of its costs and benefits.

The following cases clearly show how caregivers and care-receivers in different age groups are not the same in their developmental stages, lifelong historical experiences, and therefore, in their evaluations and perceptions of the caregiving (care-receiving) situation. Mary is a 41 year old, college-educated woman who is attending graduate school as a part-time student. She is married, has two children (one is 4 years old and the other is 7 years old), and is manager of the local bank. She is taking care of her 66 year old, divorced mother, Anne. Although Anne worked for pay most of her adult life prior to her retirement, her financial status is not good as she receives only social security and does not receive pension benefits. Anne

experienced the Depression as an adolescent girl and learned to value family and domesticity. Mary is helping Anne with shopping, errands, and bureaucratic mediation. Sometimes Mary also helps her mother financially. Mary wants to help and enjoys helping her mother. Although she is often physically tired and experiences time constraints caused by the demands of multiple roles, she does not feel that caregiving is burdensome to her. As a result, she experiences considerable benefits of caregiving. Anne is unhappy receiving care, however, because she feels she is too young to be dependent on her daughter. She perceives herself to be a very unlucky woman because most of her friends are relatively healthy and financially well off. Anne's view of her situation makes care-receiving very difficult for her. Anne knows that her daughter wants to help her, though, and that helps make the situation a little better.

Joan is 64 years old. She has completed two years of college and was employed by the state until her retirement. She is a widow with four grown children. She receives pension benefits and has other income sources besides social security. She is financially well off. Joan is taking care of her 88 year old mother, Alice. They have lived in the same household for 3 years since the death of Joan's husband. Alice's health declined dramatically in the last year. Alice now receives assistance to meet most of her

personal care needs (i.e., bathing, dressing, etc.). Joan has herself been experiencing declining health recently and feels that caregiving for her mother is more than she can handle. As an only child, however, Joan feels that she has no choice but to provide care for her mother herself. As a result, she experiences many costs in the caregiving situation but few benefits. Alice, on the other hand, is pleased that her only daughter is able and willing to help her. Although Alice is concerned about her daughter's health, in her view, the situation is as positive as it could be.

As the above examples indicate, both caregivers and care-receivers in different age groups are in different developmental stages with unique lifelong experiences. Therefore, their experiences as caregivers or care-receivers are not the same. This study investigates the caregiving motives of middle-aged versus young-old daughters. It also investigates young-old versus old-old mothers' perceptions of their daughters' caregiving motives. Thus, the influences of developmental stage and cohort experiences are addressed. In addition, this study examines whether developmental stages as well as different cohort experiences influence the perceived costs and benefits of caregiving in middle-aged versus young-old daughters and the perceived costs and benefits of care-receiving in young-old versus old-old mothers. Finally, the study investigates whether

caregiving motives are associated with the costs and benefits of caregiving for middle-aged versus young-old daughters, and whether mothers' perceptions of their daughters' caregiving motives are associated with the costs and benefits of care-receiving for young-old versus old-old mothers.

## REVIEW OF THE LITERATURE

### Theoretical Framework

Both the age stratification model and the life course perspective are used as conceptual bases for this study.

#### Age Stratification Model

The age stratification model focuses on three interrelated concepts: individual aging, age as a structural characteristic of society, and a changing society. Age is a basic structural factor by which a society is ordered. The membership of individuals in each age group is constantly changing because people grow older. Thus, there is a relationship between individual aging and the structural grouping of people by age (Riley, 1985; Riley, Johnson, & Foner, 1972).

Each cohort experiences a unique social history. According to Ryder (1965), "cohort" refers to a group of individuals who were born at approximately the same time and, therefore, are influenced by a similar sequence of historical events (Bengtson, Cutler, Mangen, & Marshall, 1985; Hareven, 1978a, 1981; Lachman, 1985; Riley, 1985; Ryder, 1965). As a consequence, cohorts differ from each other (Bengtson et al., 1985; Hareven, 1978a, 1981; Lachman, 1985; Riley, 1985; Riley et al., 1972; Ryder, 1965).

The age stratification model has the following five

major themes (Riley, 1985).

1. Aging is a biological, psychological, and social process.

2. Cohorts differ from each other in both size and makeup. For example, the cohort of people born from 1946 to 1966 (the babyboom cohort) is distinguished from other cohorts because of its large size.

3. The cultural conventions, values, and norms of society dictate what roles are appropriate for particular age-groups. For example, retirement is considered to be a normal transition for people who are in their late 50s or early 60s, whereas retirement in one's 30s might be considered strange and abnormal.

4. The changes and development of individual cohort members combined with their changing individual roles as well as historical events (i.e., the Great Depression) lead to a constantly changing society.

5. Individual aging influences and is influenced by social change (Riley, 1985).

These five major theses argue that today's elderly, as well as the middle-aged, are very different from those who lived in the past and those who will live in the future. The members of a particular cohort are similar to each other but differ from the members of other cohorts (Riley, 1985; Riley et al., 1972; Ryder, 1965). Within any one stratum, an age-based influential group or even collective movement

may develop because of these similar experiences and values. Because all age strata within society are interconnected, changes in one stratum influence changes in others. In this way, a single cohort has an impact on the larger society (Riley, 1985).

### Life Course Perspective

According to the life course perspective, both individuals and families change over time. The life course perspective has three basic concerns: (a) changes in individuals' lives are connected with changes in the lives of families; (b) an individual's life changes are also related to historical change; and (c) earlier life course transitions will influence later life course transitions (Hareven, 1978a).

The experience of life change for any particular cohort is influenced by the broader social and historical context (Elder, 1978; Hareven, 1978a; Ryder, 1965). The life course perspective fosters the study of development in its individual, familial, and historical contexts (Hareven, 1977). It leads to a focus on development as a process rather than a state (Elder, 1984; Hareven, 1974; Hill & Mattessich, 1979) and permits us to see the constant interconnections between and among individual, family, and historical transitions (Hareven, 1978a).

Similar to the age stratification model, the life course perspective views each cohort as uniquely influenced by the life stages at which transitions are experienced, as well as by its distinctive sequences of historical experiences (Hareven, 1978a & 1981; Lachman, 1985). The life course perspective differs from the age stratification model, however, in that it recognizes that historical events influence each cohort member differently. An individual's personality, family environment, social structural characteristics (e.g., social class; gender), and resources affect the impact of historical events (Bengtson et al., 1985; Elder, 1974). For example, in his study, Children of the Great Depression, Elder (1974) found that girls and boys were affected differently by the Depression. While only one quarter of the girls held paid jobs, over half of the boys did. In addition, girls also had responsibility for domestic work while that was not the case for boys.

#### Summary of the Theoretical Framework

Both the age stratification model and the life course perspective predict that cohorts will grow up and grow old in unique ways because of their distinctive life experiences. Both models indicate that today's elderly, as well as today's middle-aged, are different from those who lived in the past or those who will come in the future. In the context of the current study, both perspectives suggest



that, even among the elderly (65 years of age or older), mothers in different age groups might perceive receiving assistance from their offspring differently. Also, daughters in different age groups might perceive the experience of caregiving differently.

### Cohort

#### Cohorts and Social Change

The age stratification model (Riley, 1985) views society as constantly changing because of the changes in individual cohort members, their roles, and historical events. Bengtson and Black (1973) and Riley and Riley (1986) explained the process of how social change occurs and influences individuals' lives.

Through experiences in the life course (MacInver, 1963), members of a younger cohort provide new beliefs and thoughts and are likely to be more critical of the existing customs and rules than their elders (Hyman & Sheatsley, 1964). Each cohort has a set of "forerunners" who become aware of problems and want changes in society (Bengtson & Troll, 1978) as well as their followers and other members. According to Bengtson and Black (1973), forerunners influence society through a three-step feedback process. In the first step, they develop cultural alternatives with new ideas that have resulted from "fresh contact" with the modern society (Mannheim, 1952). In the second step, they

test these cultural alternatives and ideas as they grow into adulthood and take adult roles. In the third step, they choose from available cultural alternatives (Bengtson & Black, 1973).

According to Riley and Riley (1986), people begin to behave according to these alternatives. As these behaviors become common, they come to be considered proper for a certain age and therefore become age norms. At this point, they are institutionalized. Such changes in age norms and roles lead to further changes in other behaviors related to age (Riley & Riley, 1986).

#### Distinctions between Cohort and Generation

Whereas the term "cohort" refers to a group of individuals who were born at approximately the same time (Ryder, 1965), the term "generation" has several meanings. The term "generation" has been used to describe individuals living at a certain historical time, a specific subgroup of people, or ranked positions within a family (Dunham & Bengtson, 1986). In this study the term "generation" is used to describe ranked positions within a family.

#### Parent-Child Relationships in Adulthood

The lives of children and their parents are related (Hagestad, 1984; Plath, 1980). Because early transitions influence later ones, the life experiences of the elderly

influence their own and their family members' adaptation processes to old age (Hareven, 1978a, 1981; Riley et al., 1972).

Individual members' ranked positions within a family, their social positions through cohorts, and the social and cultural environment of the time, together influence family members' interactions and obligation within families (Dunham & Bengtson, 1986; Hagestad, 1981). As a result, elderly parents and their adult offspring have different expectations about how certain family roles should be performed, as well as different needs from and purposes for their intrafamilial relationships (Bengtson, Olander, & Haddad, 1976; Hess & Waring, 1978; Dunham & Bengtson, 1986). The concept of "developmental stakes" (Bengtson & Kuypers, 1971) explains these different values and needs between the middle-aged and their elderly parents (Bengtson et al., 1976). The elderly are more likely to seek continuity of the generations. Therefore, they tend to overestimate similarity and underestimate differences in values between themselves and their children. Their offspring, on the other hand, with vast concerns for their future, are more likely to stress difference and their distinctiveness (Troll, 1982).

In later life, women's family relations typically are centered around their offspring. Mothers, compared to fathers, are more attached to their children (Troll, 1988).

Mothers provide important role models for their daughters; at the same time, daughters provide reflections of their mothers' past lives (Neugarten, 1968). In particular, the parent-child relationship is very important for elderly women (Stueve & O'Donnel, 1984). One example of the importance of intergenerational ties for elderly women is found in retirement communities. The very existence of offspring was more important than the presence of a husband in explaining women's perceived emotional support (Lipman & Longino, 1981).

According to previous studies (cf, Adams, 1968; Brody, 1981, 1985; Cicirelli, 1981; Shanas, 1979; Shanas et al., 1968), the American elderly are closely linked with their family members, especially their children. In Hareven's view, today's elderly are able to depend on their relatives since they are still heavily influenced by their past historical experiences. When the aged of today were growing up, mutual dependency among relatives was prevalent (Hareven, 1981).

Today, caregiving daughters are accommodating to the needs of aging parents while aging parents are allowing themselves to be dependent on their offspring. Parent caring is now considered to be a "normative stress" (Brody, 1985). For example, in Shanas' national study (1980), 70% of the elderly reported that they received aid from their children. The primary forms of assistance were emotional

support, financial aid, instrumental activities inside and outside the home (e.g., transportation, meal preparation, shopping, housework), personal care (e.g., bathing, feeding, dressing), and mediating with agencies to obtain services.

In the future, however, because of smaller number of children in family and the high rates of employment of women, we are not sure who will provide needed care to the elderly (Hanson, Sauer, & Seelbach, 1983; Stueve & O'Donnel, 1984). The elderly in the future may not have a strong sense of affiliation with their relatives, and thus may not allow themselves to be dependent on their offspring. Also, there may not be an adequate number of offspring who are able and willing to provide care to their elderly family members (Hareven, 1978b).

Phases of Life: Middle-aged, Young-old, and Old-old

#### Middle Aged

Middle age is a unique life period with qualitatively distinct characteristics from other life stages (Neugarten, 1968). In this study, middle-aged daughters are defined as those between 35 and 54 years of age, although several researchers have identified the period of middle age differently (i.e., Gould, 1978; Levinson, 1978; Sheehy, 1976; Vaillant, 1977). Since most midlife studies, except for Sheehy's (1976) and Livson's (1976), were conducted using male samples, there are limitations in applying the

findings to females. In addition, most studies have gathered information from specific groups of people, notably those who were born during the early 1920s and the early 1930s (Rossi, 1980).

Two bodies of literature on middle age exist. One is based on the normative-crisis model; the other is based on the timing-of-events model (Rossi, 1980). The normative-crisis model views crisis as a normal part of adult development. This model assumes that the middle years are characterized by a period of crisis and reevaluation of self. When the crisis is over, the individual experiences a new life with a significantly differentiated self-perception (Rossi, 1980). The common finding of these studies is that, for many respondents, a midlife transition occurred around the age of 40. Issues related to one's own mortality, the search for meaning in life, and an examination of one's goals for the future are the most common themes of this transition (Gould, 1978; Levinson, 1978; Sheehy, 1978; Vaillant, 1977).

The timing-of-events model views adult development as an expectable life course process rather than a series of crises (Butler & Lewis, 1977). According to Neugarten (1968), people do not experience crises in mid life. Rather, gradual change occurs. Increased self-evaluation, the awareness that time is limited, a sense of increased freedom, and optimum ability to handle complexity all

characterize middle age (Neugarten, 1968). Increased emphasis on "generativity" also has been noticed (Ryff & Migdal, 1984).

In the caregiving literature, middle-aged women are typically described as "women in the middle" (Brody, 1981) or as experiencing the "intergenerational squeeze" (Hess & Waring, 1978). These women are believed to experience role strain because of the combination of responsibilities associated with marriage, employment, and supporting one's parents and children.

Currently middle-aged women have many commonalities. They were raised in traditional households with wage-earning fathers and homemaking mothers. They have higher educational attainments compared to women of their older age groups and a high proportion of them are employed outside of the home. Because of their closeness in birth year, the middle-aged are likely to have had similar experiences and therefore, values and attitudes. Thus, as a group, they are very different from the young-old. Because of limitations in the available information, however, this discussion of the middle-aged is split into two groups, early babyboomers and their previous cohort. The early babyboomers, however, represent only a small portion of the middle-aged in this study.

As children, the middle-aged women had feminine role models who identified themselves primarily as wives and

mothers (Gerson, 1985). Information on the employment history of the cohort born from 1936 and 1945 shows that a higher proportion of this cohort of women have worked for pay throughout their adult lives when compared to those born earlier, but their participation in paid work decreased during their twenties and early thirties. In their middle years, many of these women returned to paid work, thus showing an employment pattern different from all previous cohorts of women (Waite, 1981). Currently, 66.4% of those women between 45-54 years of age are in the paid labor force (U.S. Department of Labor, 1987). The mean years of education for white females 45-54 years of age is 12.7 (U. S. Bureau of the Census, 1988). (See Table 1).

The women of the early babyboom cohort also were raised in households with wage-earning fathers and homemaking mothers. The mothers of these women quit their jobs to provide better care to their children and other family members (Gerson, 1985). Yet a very high proportion of women born between 1946 and 1955 (part of the babyboom cohort) started paid work at a young age. Although they entered a shrinking labor market (Rossi, 1980), they continued to work without interruption even in their twenties and thirties. Thus, they demonstrated a remarkable change from the employment pattern of all previous cohorts of women (Waite, 1981). Currently, 73% of women who are between 35-44 years of age are in the paid labor force (U.S. Department of



Labor, 1987). (See Table 1).

Women in the babyboom cohort have been the major contributors to the increased level of female employment and the decreased birthrate. Also, of all cohorts, they include the highest proportion of women who are without children in their later reproductive years (Jones, 1980). They enrolled in higher education in unprecedented numbers. The mean years of education for white females 35-44 years of age is 12.9 (U.S. Bureau of the Census, 1988). (See Table 1). In the 1960s and 1970s, when they were adolescents and young adults, many of them participated in social movements (e.g., civil rights; anti-Vietnam war) (Rossi, 1980). As members of a cohort raised in prosperity, they value self-development (Stewart & Healy, 1989).

#### Young-Old

A considerable number of families have two generations of old people now (Soldo, 1980). Thus, this age group contains both care-receiving mothers and caregiving daughters. People are not necessarily categorized into generations by their ages (Troll, 1970; Troll & Bengtson, 1979). Thus, individuals from different families who are grouped into the same generational categories may represent quite different age groups. For example, in one family, the care-receiving elderly mother is in her late 60s and her caregiving daughter is in her early 40s; in another family,

the care-receiving mother is in her 90s and her caregiving daughter is in her early 70s. Although both care-receivers and caregivers reflect a variety of developmental stages (Brody, 1985) with unique historical experiences, caregiving research has not given significant attention to this fact.

The young-old (55-75 years of age, Neugarten, 1974) resemble late middle-aged persons in many ways. They are very different from the negative stereotypes of the sick and poor elderly. They have fairly good health and do not experience many limitations in their activities. They usually have few family responsibilities, fairly good financial status, and are actively involved in politics (Neugarten, 1975). Information on the employment history of the cohort born from 1916 to 1925 shows that this cohort followed a "two-peaked" employment pattern. While they were young, a high proportion of these women were employed. Their employment rate decreased during the childbearing years, then increased again during middle age. The rapid increase in the demand for female workers during World War II and the economic boom that followed partially contributed to this pattern (Waite, 1981).

Currently, 42.5% of women between the ages of 55 and 64 and 11% of those between 65 and 74 are in the labor force (U.S. Department of Labor, 1987). The mean years of education for white females 55-64 years of age is 12.5, whereas that of the group 65-74 years of age is 12.3 (U.S.

Bureau of the Census, 1988). (See Table 1).

The "young-old" differ from the "old-old" (Neugarten, 1974) in their capacities, needs, and resources. For example, those born in the 1920s, the "young-old" of today, experienced many advantages compared to previous cohorts, such as those born in the 1900s: (a) more benefits from the economic boom following World War II including paid work during good economic circumstances; (b) access to better health care; and (c) more children (Hess & Waring, 1978).

As children or young adolescents, this 1920s group experienced the Great Depression. In his study of children from this era, Elder (1979) found that experiences of economic deprivation affected parent-child relationships differently according to gender. Whereas mother-daughter relationships became stronger, relationships between father and son became weaker. In another study, Bennett & Elder (1979) found that women from economically deprived families held certain values, such as viewing paid work as part of their family responsibility; supporting women's economic independence; maintaining high material expectations; and valuing domesticity as adults.

#### Old-Old

The "old-old" group (those 75 years of age or older) has a greater proportion of widowed than the "young-old." They tend also to have lower education and economic status

than the "young-old" (Neugarten, 1974). The mean years of education for white females over 75 years of age is 11.1 (U.S. Bureau of the Census, 1988). (See Table 1). The mean per person income of white females 70 years of age or older is \$9,330, with a median of \$6,639 (U.S. Bureau of the Census, 1987b). These women typically worked for pay before their marriage in places such as textile mills and shoe factories. They left their jobs when they married and returned to paid work only when it was necessary for their survival and that of their family members (Waite, 1981). Currently, only 2.3% of women who are older than 75 years of age are in the labor force (U.S. Department of Labor, 1987). (See Table 1).

Yet, their health status is better than negative stereotypes would suggest and a high proportion of people in this age group live independently (Neugarten, 1974). Among elderly females, 34.6% of the young-old (65-74 years of age) and 51% of the old-old (75 years of age or older) live alone whereas 14.4% of the young-old and 23.8% of the old-old live with other relatives (U.S. Bureau of the Census, 1987a). Thus, among unmarried elderly women, a slightly higher portion of old-old than young-old (30.8% versus 28.3%) live with other relatives.

Among the women in the old-old group now, the cohort born between 1900 and 1910 experienced the Depression during their childbearing years. As a result, they have a smaller

Table 1

Educational Attainment and Employment Status of Women by Age Groups

Age group	Age	Mean years of education <sup>a</sup>	Employment rate <sup>b</sup> %
Middle-aged	35-44	12.9	73.0
	45-54	12.7	66.4
Young-old	55-64	12.5	42.5
	65-74	12.3	11.0
Old-old	75 or older	11.3	2.3

Note. <sup>a</sup>U.S. Bureau of the Census (1988). Educational Attainment in the United States: March 1987 and 1986. Current Population Reports, Population Characteristics. Series P-20, No. 428. Washington, DC: U.S. Government Printing Office.

<sup>b</sup>U.S. Department of Labor, Bureau of Labor Statistics (1987). Employment and Earnings, 34(9). Washington, DC: U.S. Government Printing Office.

number of children than those who were born 10 to 20 years earlier or later (Soldo, 1980; Uhlenberg, 1979).

### Age Groups and Filial Maturity

Some scholars (e.g., Blenkner, 1965) feel that adult offspring reach a stage of "filial maturity" while others (e.g., Brody, 1985) question this. According to Brody (1985, p. 22), the term "filial maturity" denotes "the need for the adult child to have the capacity to be depended on by the aging parents."

### Age Groups and Attitudes toward Filial Maturity

The literature shows contradictions concerning attitudes toward filial maturity (filial responsibility). Some studies (Brody, Johnsen, & Fulcomer, 1984; Brody, Johnsen, Fulcomer, & Lang, 1983) found that values related to family care of the elderly received strong support whereas others (Blieszner & Mancini, 1987; Hanson et al., 1983; Waring, 1979) found that they did not. All of these studies, however, suggest that different generations and age groups have different attitudes toward family care of the elderly.

In a three-generation study, Brody and associates (1983) found that a majority of each generation (grandmothers, middle-aged daughters, and granddaughters) believed that adult children should help their parents

financially and provide assistance in daily activities and household tasks. Grandmothers, compared to their younger relatives, however, were less willing to receive assistance from those to whom they were not able to reciprocate. Grandmothers were also most willing to receive formal services whereas granddaughters had a higher preference for family services. Three quarters of all three generations agreed with the statement: "Nowadays, adult children do not take as much care of their elderly parents as they did in past generations" (Brody et al., 1983, p. 431).

Using the same data, Brody et al. (1984) found several other generational differences in attitudes toward family care of the elderly. The majority of all three generations, but especially granddaughters, believed that adult children should adjust their family schedules to provide care to elderly family members. In regard to the adjustment of work schedules, significantly more grandmothers than middle-aged daughters and granddaughters believed that adult children should adjust their work schedules to provide care to their elderly family members. In regard to the sharing of a household, middle-aged daughters supported the idea the least, whereas granddaughters supported the idea the most. About half of the grandmothers preferred their adult offspring's help with instrumental tasks (i.e., meal preparation, housework, personal care), whereas a larger proportion of the middle-aged daughters preferred formal

services.

Other studies (Blieszner & Mancini, 1987; Hanson et al., 1983; Waring, 1979) with more diverse samples indicated that care of the elderly by family members was not strongly supported. In studies by Hanson et al. (1983) and Waring (1979), representative samples of both men and women in various age groups were used while Blieszner and Mancini (1987) used a volunteer sample of both male and female elderly. According to Hanson and associates (1983), the elderly's lower approval of filial responsibility for their children suggested their desire to be independent. In one study, elderly parents did not expect to receive instrumental help from their adult offspring; rather, they wanted emotional closeness and understanding (Blieszner & Mancini, 1987).

In regard to the fact that the middle-aged had a lower sense of filial responsibility than did younger persons, Hanson and associates (1983) suggested that the needs of the middle-aged to deal with the issues of filial responsibility and their own responsibility to their own children at the same time might cause weak support for filial responsibility. In many cases, the views of the middle-aged as caregivers are inconsistent with their views as future care-receivers. Whereas they have been shown to provide help to their mothers, they have not wanted to depend on their children in their old age (Brody, 1985).



People have different norms about what adult children should do for their elderly parents and these norms seem to have undergone change in the United States. According to Hess and Waring (1978), voluntary norms are replacing norms of obligation in parent-child relationships in later life. Several studies support Hess and Waring's (1978) position. A study of a representative sample of American adults (Yankelovich, 1981) indicated that today's elderly expect less from their children than their parents might have expected of them. Sixty-seven percent of the sample in the study agreed with the statement: "Children do not have an obligation to their parents regardless of what their parents have done for them" (Yankelovich, 1981, p. 104). Similarly, a study of a national sample (Waring, 1979) found that almost all respondents did not want to take "a great deal" of responsibility for the care of their elderly parents.

These studies reflect general attitudes toward filial responsibility rather than actual behavior. Thus, the findings could be related to social expectations or pressures. In addition, the answers from the elderly and the middle-aged could be based on their actual life situations, whereas the youngest group's responses could be influenced by idealism (Hanson et al., 1983). So far, few studies have investigated actual caregiving motives as perceived by both caregivers and care-receivers, especially when both caregivers and care-receivers are composed of

several different age groups.

### Age Groups and Caregiving Motives

In the United States, family relationships are commonly viewed as personal relationships. Thus, people believe that family conflicts are caused by individual rather than structural problems. This idea has influenced the study of family relationships in later life and has resulted in a de-emphasis of the obligatory aspects of family relationships (Nydegger, 1983). One study (Walker, Shin, Jones, & Pratt, 1987a), however, indicated that caregivers, especially adult daughters, provide care to their elderly mothers out of both obligation and desire.

Caregiving Motives as Perceived by Caregiving Daughters. Caregiving daughters provide care out of a sense of obligation. Many times, barriers to caregiving caused by a poor past relationship can be overcome by these obligatory feelings (Horowitz, 1982b). Adult daughters have obligatory motives for care to their elderly mothers because of such factors as social context, the socialization process, and interpersonal attributes.

Females are differentiated from males in their caring ability (Graham, 1983) such that women are believed to be "natural caregivers" (Finch & Groves, 1983; Graham, 1983). Women have been socialized into nurturing roles (Gilligan, 1977; Graham, 1983; Hess & Waring, 1978) and thus are often

better able to recognize others' needs than men, and to try to meet those needs (Graham, 1983; Miller, 1976). Women's status in the labor market (e.g., low-paid and/or part-time) leads to lower "opportunity costs" of caregiving compared to those of men. Thus, women are more likely to provide needed care to their family members (Abel, 1986; Graham, 1983). Interpersonal attributes such as the similarities in the lives of mothers and daughters (Hess & Waring, 1978) add to a woman's feelings of duty to provide care especially to her elderly mother. Women's strong beliefs about their responsibility for the comfort of other family members also contribute to obligatory motives for caregiving (Ungerson, 1983). One study (Walker et al., 1987a) found that only one-third of the daughters reported that they were assisting their mothers due totally to discretionary motives for caregiving.

On the other hand, such factors as caregiving daughters' affection for their mothers, a socialized set of values, and a positive relationship history between mothers and daughters influence daughters' desire to give care. Feelings of compassion and connectedness motivate women to give care (Graham, 1983). Affection and enjoyment of the relationship influence adult children's contact and aid (Finley, Roberts, & Banahan, 1988). Further, affection influences the extent of supportive activities provided by offspring, encourages higher levels of care, and mediates

the perceived stress of caregiving (Horowitz, 1982b).

Women value caregiving as a rewarding activity because of cultural expectations and because individual women internalize this cultural norm (Abel, 1986). The importance of the mother-daughter relationship in the lives of adult women fosters adult daughters' discretionary motives for caregiving (Abel, 1986).

Caregiving Motives as Perceived by Care-receiving Mothers. Very little data exist concerning old people's perceptions of their children's motives for caregiving. One study by Walker et al. (1987a) found that obligatory motives for caregiving were not reported by many care-receiving mothers. Almost three-quarters of the mothers reported that the daughters were assisting the mothers due totally to discretionary motives for caregiving. Further, mothers' general attitudes toward caregiving were not correlated with their perceptions of their daughters' caregiving motives. Thus, mothers believed that their daughters provided care for discretionary reasons but that the caregiving of other elderly may be motivated by obligatory reasons.

#### Limitations in the Research on Age Groups and Filial Maturity

One major shortcoming of research on filial responsibility is that no significant attention has been paid to the possible influence of developmental stages and

cohort experiences on actual motives for caregiving. In addition, the current literature reveals contradictions concerning support for filial maturity. There are several reasons for these discrepancies. First, the samples across the studies are not comparable. In both of the Brody et al. (1983, 1984) studies, three generations of a nonrepresentative, volunteer sample of women were used, whereas in others, either representative samples of both men and women (Hanson et al., 1983; Waring, 1979) or only elderly respondents were studied (Blieszner & Mancini, 1987). Second, the studies used different operationalizations of filial maturity. With the exception of Blieszner and Mancini (1987) and Hanson et al. (1983), researchers have operationalized the term "filial maturity" differently.

Both developmental stage and cohort experiences are confounded in most of the caregiving research. Currently existing information on attitudes toward filial maturity and actual caregiving motives show age group and generational differences. These differences, however, might be caused by different family roles. For example, some respondents are in their early 20s and do not have major care responsibility for others whereas some middle-aged respondents do have responsibility for their elderly parents. Also, caregiving daughters' perceptions of their caregiving motives can not be the same as those of care-receiving mothers because of

their different role positions. No study so far has investigated actual motives for caregiving as perceived by caregiving daughters in different age groups and care-receiving mothers in different age groups.

According to the age stratification model and the life course perspective, members of different cohorts differ in their values, attitudes, needs, capacities, and resources because of earlier experiences (Hareven, 1978a, 1981; Lachman, 1985; Riley, 1985; Ryder, 1965). Members of cohorts differ in their opinions about what family relationships should be like, the nature and extent of preferred assistance from relatives, and willingness and competence to interact with local and federal institutions (Hareven, 1981). These conceptual models lead us to predict that middle-aged and young-old caregiving daughters and young-old and old-old care-receiving mothers will differ from each other in their perceptions of daughters' caregiving motives. It is predicted that middle-aged daughters as compared to young-old daughters will report higher discretionary motives for providing care to their mothers. Work by Hess and Waring (1978), Yankelovich (1979), and Waring (1979) supports this prediction, since younger people are believed to be more likely to provide care only when they want to do it.

It is difficult to predict from available information whether young-old mothers will report stronger discretionary

motives for daughters' caregiving than old-old mothers. If mothers are able to perceive daughters' caregiving motives correctly, then young-old mothers are expected to report stronger discretionary motives for daughters' caregiving.

### Age Groups and Caregiving Outcomes

Caregiving has been viewed as a strain on adult offspring regardless of the quality of the relationships between parents and adult children. The emotional benefits derived from parental caregiving have not been widely acknowledged (Hooyman & Lustbader, 1986).

#### Caregiving Outcomes of Daughters

The existing literature on family caregiving shows that both caregivers and care-receivers experience negative consequences (Treas & Bengtson, 1987). Female caregivers especially report higher levels of stress even when the amount of care provided to and/or level of impairment of the care-receivers is controlled (Cantor, 1983; Horowitz, 1982a & 1985b; Robinson & Thurnher, 1979). The more negative subjective experiences of adult daughters as compared to sons have been attributed to the stronger emotional ties daughters usually have with their mothers (Robinson & Thurnher, 1979). Another possible explanation could be that women tend to be influenced by the stresses on other family members (Wilkins, 1974).

Numerous studies have found that emotional strain is the most serious problem experienced by caregivers (Brody, 1985). Mental health concerns such as depression, anxiety, frustration, helplessness, sleeplessness, lowered morale, negative feelings, guilt, irritation, and emotional exhaustion also have been identified as negative caregiving outcomes (Archbold, 1978; Archbold, 1983; Cantor, 1983; Cicirelli, 1981; Horowitz, 1982a; Robinson & Thurnher, 1979). In addition, caregivers may bring into the caregiving situation such negative emotions as the fear of the unknown, loss of freedom, isolation, and grief (Brubaker & Brubaker, 1981).

Competing demands, such as caring for elderly parents while meeting the needs of a spouse and/or children and working for pay, can cause stress (Brody, 1981; Silverstone & Hyman, 1982; Stoller, 1983). The strain of competing demands also may cause marital tension (Archbold, 1983; McGreeham & Warburton, 1978). It has been shown that daughters with the multiple demands of employment and filial care provided the same amount of care as non-employed daughters did for their elderly parents (Brody & Schoonover, 1986; Stoller, 1983). Goode (1960, p. 483) defined role strain as "the felt difficulty in performing role obligations." According to Goode (1960), when one pays full attention to a particular role, it is less likely that one pays the same attention to other roles. Individuals in



multiple roles may feel that they have too many demands, and as a consequence, role strain may result.

Caregiving reduces women's labor force participation. Brody (1985) found that 28% of the nonemployed caregiving daughters left their jobs to provide care for their elderly mothers. In another study, Horowitz (1982c) reported that 21% of the nonemployed caregivers quit their jobs to provide care for their elderly parents. In those instances when women caregivers have been gainfully employed, they have reported that their job performance declined or that they missed many working hours (Archbold, 1983; Brody, 1985; Horowitz, 1982a).

Restrictions on the caregiver's personal time and social life (Dilworth-Anderson, 1987), changed family routines (Robinson & Thurnher, 1979), and unclear roles or role ambiguity (Dilworth-Anderson, 1987) create stress for caregivers. According to Robinson and Thurnher (1979), it is the routines and constraints caused by caregiving, rather than the actual instrumental activity performed for parents, that create feelings of burden.

Caregivers frequently wonder what is the most effective way of caring for their older relatives. They also have felt physically and emotionally exhausted (Dilworth-Anderson, 1987). In Archbold's study (1983), care-providers experienced much physical strain and tiredness. Personal care tasks (e.g., bathing, toileting) tend to cause both

physical and emotional stress for caregivers (Horowitz, 1985).

Little data exist in regard to the relationship between caregivers' age and caregiving experiences. Lang and Brody (1983) found that older daughters (those who are 50 years of age or older) provided more assistance and a higher portion of them lived with their mothers than their counterparts in their 40s. Montgomery et al. (1985) reported greater emotional costs among diverse types (i.e., son, daughter, siblings, nieces, etc.) of younger caregivers whereas Robinson (1983) reported greater strain among older caregivers. Fitting, Robins, Lucas, & Eastham (1986) found that younger wife caregivers (50-66 years of age) showed a higher burden score than their older counterparts (those between 67-90 years of age) with increasing levels of husbands' impairment.

Scant information exists on the benefits of caregiving since research has given very little attention to documenting the positive aspects of caregiving experiences (Horowitz, 1985a; Shin, Walker, & Bird, 1988). Two positive aspects of caregiving may be the feelings of self-satisfaction and self-respect derived from performing one's filial responsibility (Horowitz, 1982a). Under certain caregiving circumstances, the relationship between a mother and her adult daughter, which has been shown to be an important source of rewards for both (Baruch & Barnett,

1983), may actually improve (Abel, 1986). Archbold (1983) reported that daughters who managed the care of their elderly mothers reported improved relationships with their mothers. They also derived contentment, increased understanding of self and aging, and a sense of meaning from the experience.

A recent study by Shin et al. (1988) found that the majority of caregiving daughters either experienced no change or positive change in their relationships with their mothers as a result of the caregiving experience. The small number of women who felt that their relationships with their mothers were negatively affected by caregiving reported lower intimacy. They were also less satisfied as caregivers.

#### Care-receiving Outcomes of Mothers

Scant information is available regarding care recipients' feelings about the care-receiving situation. Since the norm of reciprocity governs social relationships for contemporary Americans (Blau, 1964; Gouldner, 1960), dependency is a problem for persons in unreciprocal social relationships (Jonas & Wellin, 1980). Receiving care can undermine the elderly person's self-esteem or increase feelings of helplessness. Care-receiving parents may feel guilty or burdensome to their offspring since they may not be able to reciprocate the care and assistance they receive.

If conflicts about how to be cared for or how to compromise the caregiver's and care-receiver's needs are not resolved satisfactorily, then the care-receiver could feel angry and resentful toward the caregiver. The caregiver's frustration, feelings of constraint, resentment, and anger can lead to similar reactions on the part of the care receiver.

Family caregiving may have negative effects on the elderly under certain circumstances. By taking excessive responsibility for the care of the elderly, family members may deprive them of the chance to act on their own or to have some sense of control over their daily lives (Arling, Parham, & Teitleman, 1978). Noelker and Poulshock (1982) found that more than one-half of the elderly complained that their caregivers tried to do too much for them.

By receiving help from adult children, care-receiving parents are able to lead independent (interdependent) lives in their community. Thus, they are able to maintain some sense of control and self-esteem. Emotional benefits, such as feelings of being loved or being cared for, can be gained from the care-receiving experience (Walker, Jones, & Martin, 1989). According to Mutran and Reitzes (1984), help received from offspring was viewed as a reward and resulted in reduction of negative self-feelings among widowed parents. Similar results were found by Johnson and Catalano (1983). Over one-third of the elderly, at eight months

posthospitalization, reported lowered morale and increased feelings of loneliness. According to the authors, these changes were attributed to the decreased frequency of contact with family members since the time immediately after discharge.

#### Limitations in the Research on Age Groups and Caregiving Outcomes

The caregiving research has failed to examine influences of developmental stages (Brody, 1985) and unique lifelong historical experiences on outcomes of caregiving and care-receiving experiences. Caregiving daughters (middle-aged versus young-old) and care-receiving mothers (young-old versus old-old) have different developmental needs and capacities. Both the age stratification model and the life course perspective clearly state that cohorts differ from each other in values and attitudes. Within any given social class, the members of different age groups differ in: (a) their ideas about what family relationships should be like; (b) the nature and extent of preferred assistance from relatives; (c) the willingness to receive formal services; (d) their social and familial roles; and (e) their developmental needs and resources. Thus, there might be differences between middle-aged and young-old daughters in the costs and benefits of caregiving. For example, the costs and benefits experienced by middle-aged

daughters are not necessarily the same as the ones experienced by young-old daughters. Usually, middle-aged daughters, who are relatively healthy, are involved in multiple roles (e.g., paid work, marriage, parenting minor children) as well as their own personal development, whereas young-old daughters, who may be experiencing declining health status, may have few roles and may feel less time strain.

On the one hand, it is predicted that middle-aged daughters as compared to young-old daughters will experience more costs because of role strain. On the other hand, young-old daughters are expected to experience more costs than middle-aged daughters because of greater care needs of mothers and their own declining health status. In regard to the benefits of caregiving, it is expected that there will be no differences between middle-aged and young-old daughters.

Also, differences might exist between young-old and old-old mothers in the costs and benefits of care-receiving. Young-old mothers are expected to experience more costs than old-old mothers. Generally, the young-old are better off than the old-old in health, financial status, and resources. The young-old usually do not experience many limitations in their daily activities. Thus, the care-receiving mothers in this age group are an exceptional population and may see themselves as disadvantaged relative to their same aged

peers. The fact that their care needs are essentially "off-time" might also make care-receiving more costly. Further, they tend to have younger daughters, most likely middle-aged ones with multiple roles. This fact will influence young-old mothers' perceptions of care-receiving costs. In regard to the benefits of care-receiving, it is expected that there will be no differences between young-old and old-old mothers.

#### Caregiving Motives and Caregiving Outcomes

No study so far has investigated the possible association between obligatory and discretionary motives for caregiving and caregiving outcomes among daughters in different age groups. Also, no attention has been given to the possible relationship between mothers' perceptions of their daughters' caregiving motives and the costs and benefits of care-receiving among mothers in different age groups. Although our examination of this connection is exploratory, it is expected that daughters' obligatory and discretionary motives for caregiving will mediate daughters' caregiving costs and benefits as well as mothers' care-receiving costs and benefits.

In accordance with social exchange theory (Thibaut & Kelley, 1959), daughters' discretionary motives for caregiving would be expected to increase caregiving benefits and/or to reduce caregiving costs while daughters'

obligatory motives would be anticipated to raise caregiving costs and/or to reduce caregiving benefits. Also, mothers' care-receiving costs could be reduced by daughters' high discretionary motives and/or by low obligatory motives for care while mothers' care-receiving benefits could be increased by daughters' high discretionary motives and/or daughters' low obligatory motives. A relevant study (Horowitz, 1982b) supported this prediction of a connection between caregiving motives and its outcomes. Horowitz (1982b) reported that affection, one of the discretionary motives for care, mediated the perceived stress of caregiving and increased the supportive activities provided by offspring to their aging parents.

#### Summary of the Literature and Its Limitations

##### Summary of the literature

Both the age stratification model and the life-course perspective predict that, because of social change, members of different cohorts will grow up and grow old in a unique manner. Both conceptual bases indicate that the cohorts of today's elderly and middle-aged are different from those who lived in the past or who will live in the future. Both conceptual models argue that members of different age groups, who are also in different developmental stages, differ in their cumulative lifelong experiences. As a result, they differ in needs, resources, capacities, values,



attitudes, and cohesiveness.

In regard to attitudes toward filial maturity, the current literature indicates that there are age group and generational differences, although results showed contradictions concerning support for filial maturity. Some studies have found strong support for filial maturity whereas others have found weak support. Further, several studies (e.g., Brody et al., 1983; Brody et al., 1984; Hanson et al., 1983) found that the youngest group is most likely to support filial maturity, whereas studies by Yankelovich (1981) and Waring (1979) found that today's young adults might not be as willing to provide care for their elderly parents as today's middle-aged or young-old.

Concerning actual caregiving motives, little attention has been given to possible differences among caregivers and care-receivers in different age groups. Available information shows that caregiving daughters provide care out of both discretion and obligation whereas care-receiving mothers are more likely to report that their daughters have discretionary motives for care. No information is available concerning possible differences in actual caregiving motives among caregiving daughters in different age groups and care-receiving mothers in different age groups.

Similar to the research on caregiving motives, little concern has been paid to the possible influences of age group on caregiving and care-receiving outcomes. Emotional

strain, restrictions on caregivers' time, changed family routines, and physical exhaustion are well documented as caregiving costs for caregivers in various age groups. The current literature focuses on the perspective of caregivers and emphasizes the negative aspects of caregiving. Limited findings from various samples provide contradictory information concerning the relationship between caregivers' age and perceived caregiving costs. No information is available on differences in the costs and benefits of caregiving among caregiving daughters in different age groups. Little information is available on both the positive and negative aspects of care-receiving, as well as differences in the costs and benefits of care-receiving among care-receiving mothers in different age groups.

#### Limitations in the Research

A review of the caregiving literature reveals several major limitations. First, there is a lack of attention to the various ages among caregiving offspring and care-receiving parents. Both caregiving offspring and care-receiving parents reflect a variety of developmental stages with different sets of lifelong experiences. Thus, caregiving daughters in different age groups and care-receiving mothers in different age groups may perceive caregiving motives and caregiving outcomes differently, even if they share the same role of caregiver or care-receiver.

Conceptual underpinnings of both the age stratification model and the life course perspective strongly support this prediction.

Another problem is that the perspectives of care-receiving parents is typically not included in caregiving studies (Silverstone, 1978; Smith & Bengtson, 1979; Troll, 1981, 1988). Finally, no study so far has investigated the possible influences of obligatory and discretionary motives for caregiving on the costs and benefits of caregiving in middle-aged and young-old daughters. Further, no study has examined the possible impact of daughters' caregiving motives on the costs and benefits of care-receiving in young-old and old-old mothers.

#### Purpose of the Present Study

Caregiving daughters and care-receiving mothers represent several different age groups; that is, middle-aged versus young-old daughters and young-old versus old-old mothers. The present study aims to compare the obligatory and discretionary motives for caregiving of middle-aged daughters with those of young-old daughters. In addition, young-old and old-old mothers' perceptions of their daughters' obligatory and discretionary motives for caregiving are compared. Secondly, the costs and benefits of caregiving as perceived by middle-aged and young-old daughters are compared. Also, the costs and benefits of

care-receiving as perceived by young-old and old-old mothers are compared. Finally, the possible association between motives for caregiving and the costs and benefits of caregiving is assessed for middle-aged versus young-old daughters and the possible association between mothers' perceptions of daughters' motives for caregiving and the costs and benefits of care-receiving is investigated for young-old versus old-old mothers.

The present study compensates for the limitations of previous studies by differentiating within caregiving daughters and care-receiving mothers according to their developmental stages as well as by their cohort experiences. This study also contributes to the caregiving literature by examining the potential association between caregiving motives and the costs and benefits of caregiving and care-receiving in middle-aged and young-old caregiving daughters and young-old and old-old care-receiving mothers.

### Hypotheses

Based on the review of the literature, the following hypotheses are tested in this study.

Hypothesis 1. There will be a significant difference between middle-aged and young-old daughters in their perceptions of obligatory and discretionary motives for caregiving. Middle-aged daughters are expected to report higher discretionary motives than young-old daughters.

Hypothesis 2. There will be a significant difference between young-old and old-old mothers in their perceptions of daughters' obligatory and discretionary motives for caregiving. Young-old mothers are expected to report higher discretionary motives for their daughters than old-old mothers.

Hypothesis 3. There will be a significant difference between middle-aged and young-old daughters in the perceived costs of caregiving. Middle-aged daughters are expected to perceive higher costs than young-old daughters.

Hypothesis 4. There will be a significant difference between young-old and old-old mothers in the perceived costs of care-receiving. Young-old mothers are expected to perceive higher costs than old-old mothers.

Hypothesis 5. There will be no differences between middle-aged and young-old daughters in the perceived benefits of caregiving.

Hypothesis 6. There will be no differences between young-old and old-old mothers in the perceived benefits of care-receiving.

Hypothesis 7. There will be no differences between middle-aged and young-old daughters in the association between caregiving motives and its outcomes. It is expected that, for both age groups, obligatory motives will decrease caregiving benefits and/or increase caregiving costs while discretionary motives will raise caregiving benefits and/or

decrease caregiving costs.

Hypothesis 8. There will be no differences between young-old and old-old mothers in the association between their perceptions of daughters' caregiving motives and their care-receiving outcomes. It is anticipated that, for both age groups, daughters' obligatory motives will decrease care-receiving benefits and/or increase care-receiving costs while daughters' discretionary motives will elevate mothers' caregiving benefits and/or reduce care-receiving costs.

## METHODS

### Sample

The sample consisted of 158 elderly mother-adult daughter dyads. The data were collected in 1986 and 1987 as part of a larger study on parent-caring and mother-daughter relationships in later life. Volunteer mother/daughter dyads were recruited from Western Oregon primarily through newspaper articles. All daughters lived within 45 miles of their mothers and were primary caregivers. Mothers were at least 65 years of age, unmarried, without cognitive impairment, and were dependent on their daughters for at least one of the following forms of assistance: laundry, transportation, meal preparation, housekeeping, personal care, or financial aid. None of the mothers was dependent only on financial aid. Only daughters who were at least 35 years of age and their mothers were included in this study.

Middle-aged daughters. There were 85 middle-aged (age range = 35-54) daughters whose mean age was 45.7. Nearly half of the middle-aged daughters (49.4%) were in their first marriage although one-quarter (25.9%) were divorced. The mean educational level of middle-aged daughters was 14.0 years and the mean annual household income was \$31,039 (with a median of \$30,000). About three-quarter (73%) were employed outside the home at the time of data collection. These women averaged 2.3 children of whom .71 were minors

(those who are under age 18) and .98 were financially dependent. These daughters' estimates of how long they had been providing care to their mothers ranged from 0 months to 31.5 years with a mean of 6.5 years. (One daughter did not feel as if she was giving care to her mother. This accounts for the occurrence of the 0 months estimate). About one-seventh (14.1%) lived with their mothers.

Young-old daughters. There were 73 young-old (age range = 55-74) daughters. The mean age of the young-old daughters was 62.2. Slightly over half (50.7%) were in their first marriage while over one-tenth (13.7%) were divorced and one-fifth (20.5%) were widowed. The mean educational level of these daughters was 14.4 years and the mean annual household income was \$28,946 (with a median of \$25,020). Less than half (42.5%) were employed outside the home at the time of data collection. These women averaged 3.1 children of whom .01 were minors and .26 were financially dependent. These daughters' estimates of how long they had been providing care to their mothers varied from 6 months to 39 years with a mean of 8.8 years. About one-quarter (23.3%) lived with their mothers. (See Table 2).

Young-old mothers. There were 37 young-old (age range = 55-74) mothers whose mean age was 69.8. Most (83.8%) were widowed although one-tenth (10.8%) were divorced. The mean educational level of these mothers was 11.08 years and the



Table 2

Demographic Characteristics of Daughters

Variables	Middle-aged <sup>a</sup> % (n = 85)	Young-old <sup>b</sup> % (n = 73)
<b>Marital status</b>		
widowed	1.2 ( 1)	20.5 (15)
deserted	1.2 ( 1)	
divorced	25.9 (22)	13.7 (10)
never married	4.7 ( 4)	2.7 ( 2)
first marriage	49.4 (42)	50.7 (37)
second marriage	14.1 (12)	6.8 ( 5)
other	3.5 ( 3)	5.5 ( 4)
<b>Age</b>		
35 to 44	40.0 (34)	
45 to 54	60.0 (51)	
55 to 64		72.6 (53)
65 to 74		27.4 (20)
<b>Education</b>		
some high school	3.5 ( 3)	8.2 ( 6)
h.s. diploma	25.9 (22)	26.0 (19)
some college	42.4 (36)	30.2 (22)
college degree	18.9 (16)	19.2 (14)
post bachelor's	9.4 ( 8)	16.4 (12)
<b>Income (in dollars)</b>		
less than 5,000	4.8 ( 4)	2.9 ( 2)
5,000 to 9,999	6.0 ( 5)	4.3 ( 3)
10,000 to 19,999	19.5 (16)	23.2 (16)
20,000 to 29,999	17.1 (14)	24.7 (17)
30,000 to 39,999	26.8 (22)	17.4 (12)
40,000 to 49,999	14.6 (12)	11.6 ( 8)
50,000 to 59,999	3.7 ( 3)	10.1 ( 7)
60,000 to 69,999	2.4 ( 2)	2.9 ( 2)
70,000 or more	4.8 ( 4)	2.9 ( 2)

Note. Totals of less than 100% reflect missing data.

<sup>a</sup>Age range = 35-54. <sup>b</sup>Age Range = 55-74.

mean annual income was \$9,690 (with a median of \$7,730). Mothers' estimates of how long their daughters had been providing care to them ranged from 0 months to 48 years with a mean of 6.6 years. A majority (70.3%) lived alone while one-quarter (24.3%) lived with their daughters. These mothers averaged 3.8 of a possible 14 health problems. Mothers needed minimal assistance with most caregiving tasks except for errands/shopping and bureaucratic mediation with which they received extensive help.

Old-old mothers. There were 121 old-old (age range = 75 and over) mothers. The mean age of the old-old mothers was 85.6. Most (90.9%) were widowed; few (6.6%) were divorced. The mean educational level of these mothers was 11.63 years and the mean annual income was \$9,331 (with a median of \$7,188). Mothers' estimates of how long their daughters had been providing care to them ranged from 2 months to 40 years with a mean of 6.9 years. A majority (66.9%) lived alone while slightly less than one-fifth (18.2%) lived with their daughters. The mothers averaged 3.30 of a possible 14 health problems. Mothers needed minimal assistance with most caregiving tasks although they received extensive help with errands/shopping and bureaucratic mediation. (See Table 3).

#### Procedures

Data were collected during two face-to-face interviews conducted separately with mothers and daughters, primarily

Table 3

Demographic Characteristics of Mothers

Variables	Young-old <sup>a</sup> % ( <u>n</u> = 37)	Old-old <sup>b</sup> % ( <u>n</u> = 121)
Marital status		
widowed	83.8 (31)	90.9 (110)
deserted	2.7 ( 1)	1.7 ( 2)
separated		
divorced	10.8 ( 4)	6.6 ( 8)
others	2.7 ( 1)	0.8 ( 1)
Age		
55 to 64		
65 to 74	100.0 (37)	
75 to 84		38.8 ( 47)
85 or over		61.2 ( 74)
Education		
8th grade or less	13.5 ( 5)	20.7 ( 25)
some high school	37.9 (14)	15.7 ( 19)
h.s. diploma	32.4 (12)	25.6 ( 31)
some college	10.8 ( 4)	19.8 ( 24)
college degree	5.4 ( 2)	14.0 ( 17)
post bachelor's		3.3 ( 4)
Income (in dollars)		
less than 5,000	13.5 ( 5)	17.0 ( 19)
5,000 to 9,999	48.7 (18)	49.1 ( 55)
10,000 to 19,999	32.4 (12)	26.8 ( 30)
20,000 to 29,999	2.7 ( 1)	6.2 ( 7)
30,000 to 39,999	2.7 ( 1)	
40,000 to 49,000		.9 ( 1)

Note. Totals of less than 100% reflect missing data.

<sup>a</sup>Age range = 55-74. <sup>b</sup>Age range = 75 or over.

in the respondents' homes. Daughters (who completed 9 additional telephone interviews) were paid \$20 and mothers \$10 for their participation. During the first face-to-face interview, mothers and daughters were asked about the mothers' health and care needs as well as demographic information.

Second face-to-face interviews were conducted approximately two months later. During this later interview, each woman responded to questions about the daughters' motives for caregiving in the current situation. In addition, mothers rated the costs and benefits of care-receiving while daughters rated the costs and benefits of caregiving.

#### Measurement

The major independent variable of this study was age-group of mothers (young-old versus old-old) and daughters (middle-aged versus young-old). The major dependent variables were perceived motives for caregiving, daughters' perceptions of the costs and benefits of caregiving, and mothers' perceptions of the costs and benefits of care-receiving. In addition, variables regarding mothers' health and care needs, and demographic characteristics of both mothers and daughters were included.

Middle-aged and young-old daughters. Daughters who were between 35 and 54 years of age were defined as middle-

aged while those between 55 and 74 years of age were categorized as young-old (Neugarten, 1974).

Young-old and old-old mothers. Mothers who were between 55 and 74 years of age were categorized as young-old while those 75 years of age or older were categorized as old-old (Neugarten, 1974).

Perceived motives for caregiving. Daughters were asked "To what extent do you think you assist your mother because you feel that it is your duty to do so? Would you say you do so totally out of duty, mostly out of duty, somewhat out of duty, or that you don't feel any duty at all?" The question was rephrased so that it was appropriate for mothers. Possible answers ranged from totally out of obligation (1) to not at all obligated (4). Daughters were also asked "To what extent do you think you assist your mother because you want to do so? Would you say you do so totally from a desire to, mostly because you want to, somewhat from a desire to, or that you don't want to help her out at all?" The question was rephrased so that it was appropriate for mothers. Response categories ranged from totally because they want to (1) to does not want to at all (4).

Daughters' perceptions of the costs and benefits of caregiving. Four caregiving cost factors and one caregiving benefit factor developed by Walker, Jones, and Martin (1989) were used to assess the costs and benefits of caregiving.

These five factors included interpersonal costs, time costs, exhaustion, life changes, and caregiving benefits.

Interpersonal costs, comprised of seven items, included feeling impatient, irritated, angry, resentful, frustrated, tied down, and that one cannot satisfy one's mother. One illustrative statement concerning interpersonal costs is "How often have you felt angry at your mother (or anyone else) because you are helping your mother: Always, most of the time, sometimes, rarely, or never?"

Time costs, comprised of five items, included less time for family than one needs and wants, less time for friends than one needs and wants, and less time for work and/or housework. An example of a question regarding time costs is "How often have you felt you had less time to devote your work/housework since you've been assisting your mother: Always, most of the time, sometimes, rarely, or never?"

Exhaustion, comprised of three items, included feeling tired, feeling worn out, and losing sleep. One illustrative statement concerning exhaustion is "How often do you feel tired because you help your mother: Always, most of the time, sometimes, rarely, or never?"

Life changes, comprised of six items, represented changes necessary due to caregiving such as plans to move, vacation plans, work schedule, the slowing of progress at work, the slowing of a husband's and/or child's progress at work, and financial problems. An example of a question

regarding life changes is "How often have you had to change your plans for vacation since you've been helping your mother: Never, once or twice, three to five times, or more than five times?"

Finally, caregiving benefits, consisting of four items, represented the benefits derived from caregiving including learning about old people and one's own aging, deriving a sense of meaning from caregiving, and experiencing a feeling that one has helped one's mother. An example of a statement regarding caregiving benefits is "How much do you think you've learned about your own aging as a result of helping your mother: A great deal, some, not very much, or nothing at all?"

Reliability scores (Cronbach's alpha) for these five measures were .85, .85, .86, .70, and .71 respectively. Response choices for three caregiving cost factors (interpersonal costs, time costs, and exhaustion) ranged from always (1) to never (5) while those for life changes ranged from never (1) to greater than five times (4). Response choices for caregiving benefits ranged from a great deal (1) to none (4). The mean scale of each factor was used in the data analyses.

Mothers' perceptions of the costs and benefits of care-receiving. In a previous study, three factors, interpersonal costs, emotional costs, and care-receiving benefits were identified as mothers' costs and benefits of

care-receiving (Walker et al., 1989). The interpersonal costs of care-receiving, consisting of two items, included feeling resentful toward and angry at the daughter. An example of a question regarding interpersonal costs is "Since your daughter has been helping you, how often have you been angry at her: Very often, often, sometimes, rarely, or never?" The emotional costs of care-receiving, consisting of four items, included feelings of guilt, burden, helplessness, and confinement. An example of a statement regarding emotional costs is "How often have you felt that you were a burden to others since receiving assistance from your daughter: Very often, often, sometimes, rarely, or never?"

The benefits of care-receiving, consisting of two items, included feeling more loved and more cared for. One illustrative statement concerning benefits of care-receiving is "How often have you felt more loved by your daughter since she has been helping you: Very often, often, sometimes, rarely, or never?"

Reliability scores (Cronbach's alpha) for the three factors were .61, .73, and .81 respectively. For all three factors, response choices ranged from very often (1) to never (5). The mean scale of each factor was used in the data analyses.



## Data Analyses

Sociodemographic variables. To identify differences between middle-aged and young-old daughters, a series of one-way Analyses of Variance (ANOVAs) were performed for the following variables: years of education, self-reported health, income, years of caregiving, number of minor children (those under age 18), number of financially dependent children, number of children, mothers' care needs, mothers' health, and number of mothers' health problems. Differences in daughters' current employment and marital statuses were examined using chi-square. Among middle-aged daughters, number of minor children was compared between those 35-44 and 45-54 using a one-way ANOVA. Also, among young-old daughters, current employment status was compared between those 55-64 and 65-74 using a chi-square.

Differences between young-old and old-old mothers in years of education, income, years of receiving care, care needs, health status, and number of health problems also were examined using ANOVAs. Differences in residence (whether or not they live with the daughter) and marital status between young-old and old-old mothers were examined using chi-square. For all data analyses,  $p < .05$  was used as a criterion level for statistical significance.

Motives for caregiving. To test for differences between middle-aged and young-old daughters in obligatory and discretionary motives for caregiving, two one-way

analyses of variance (ANOVAs) were performed using obligatory and discretionary motives for caregiving as the separate dependent variables and daughters' age group (middle-aged/young-old) as the grouping variable.

To test for differences between young-old and old-old mothers in the perceptions of their daughters' obligatory and discretionary motives for caregiving, two one-way ANOVAs were performed using mothers' perceptions of their daughters' obligatory and discretionary motives for caregiving as the separate dependent variables and mothers' age group (young-old/old-old) as the independent variable.

Caregiving outcomes. To test for differences between middle-aged and young-old daughters in costs of caregiving, a one-way MANOVA was performed using daughters' interpersonal costs, time costs, and exhaustion as multiple dependent variables and daughters' age group (middle-aged/young-old) as the independent variable. A one-way ANOVA was performed for daughters' life changes to avoid a significant decrease in sample size since, due to missing data this variable had a smaller number of cases than did the three other caregiving costs. To test for differences between middle-aged and young-old daughters in benefits of caregiving, a one-way ANOVA was performed using daughters' caregiving benefits as the dependent variable and the daughters' age group (middle-aged/young-old) as the independent variable. Further, a two-way MANOVA for

interpersonal costs, time costs, and exhaustion and two ANOVAs for life changes and caregiving benefits were performed using daughters' age group and employment status (employed/not employed) as the independent variables.

Whenever differences were found between middle-aged and young-old daughters in their mothers' need for assistance with financial management and their perceptions of their mothers' health, one multivariate analysis of covariance (MANCOVA) was performed for interpersonal costs, time costs, and exhaustion and two analyses of covariance (ANCOVAs) were performed for life changes and benefits. For both the MANCOVA and the ANCOVAs, mothers' needs for assistance with financial management, daughters' perceptions of mothers' health, and mothers' age were used as covariates.

Further, whenever differences were found between middle-aged and young-old daughters in the number of minor children, number of financially dependent children, and daughters' years of caregiving, these variables were added to the covariates. Thus, one more MANCOVA for interpersonal costs, time costs, and exhaustion and two more ANCOVAs for life changes and benefits were performed.

Care-receiving outcomes. To test for differences between young-old and old-old mothers in the costs of care-receiving, a one-way MANOVA was performed using mothers' interpersonal and emotional costs as multiple dependent variables and mothers' age group (young-old/old-old) as the

independent variable. To test for differences between young-old and old-old mothers in the benefits of care-receiving, a one-way ANOVA was performed using mothers' care-receiving benefits as the dependent variable and mothers' age group (young-old/old-old) as the independent variable.

Whenever differences were found between young-old and old-old mothers in the need for assistance with financial management and in financial dependency, a MANCOVA was performed for the costs of care-receiving while an ANCOVA was performed for the benefits. For both the MANCOVA and the ANCOVA, mothers' need for assistance with financial management and financial dependency were used as covariates.

Further, whenever differences were found between daughters of young-old and old-old mothers in the number of minor children and number of financially dependent children, these two variables and daughters' age were added to the covariates. Thus, one more MANCOVA for the costs of care-receiving and an ANCOVA for the benefits of care-receiving were performed.

Caregiving motives and caregiving outcomes. To measure the association among caregiving motives and the costs and benefits of caregiving, a series of Multiple Linear Regression Analyses were performed using daughters' interpersonal costs, time costs, exhaustion, life changes, and caregiving benefits as separate dependent variables and

daughters' obligatory and discretionary motives as the independent variables. For interpersonal costs, time costs, exhaustion, life changes, and caregiving benefits, regression analyses were performed first for all daughters. Then, separate regression analyses were performed for middle-aged versus young-old daughters. Finally, two regression models for middle-aged versus young-old daughters were compared to examine whether they were different from each other.

To measure the association among mothers' perceptions of daughters' caregiving motives and the costs and benefits of care-receiving, a series of Multiple Linear Regression Analyses were performed with interpersonal costs, emotional costs, and benefits of care-receiving as separate dependent variables and mothers' perceptions of daughters' obligatory and discretionary motives as the independent variables. For interpersonal costs, emotional cost, and care-receiving benefits, regression analyses were performed first for all mothers. Then, separate regression analyses were performed for young-old versus old-old mothers. Finally, two regression models for young-old versus old-old mothers were compared to test whether they differed from each other. (See tables 4, 5, 6, and 7 which summarize the data analyses).

Table 4

Daughters' Data Analyses with Daughters' Age Group as the  
Independent Variable

Dependent variables	Data analyses
Sociodemographic Variables years of education, D's health, income, years of caregiving, # of minor children, M's care- needs, # of financially depen- dent children, M's health, M's # of health problems	one-way ANOVAs
current employment status and marital status	chi-square
D's obligatory and discretionary caregiving motives	one-way ANOVAs
D's caregiving costs (3 factors) interpersonal costs time costs exhaustion life changes	one-way MANOVA and MANCOVA  one-way ANOVA and ANCOVA
D's caregiving benefits (1 factor)	one-way ANOVA and ANCOVA

Note. M = mothers, D = daughters.

Table 5

Daughters' Regression Analyses


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Independent variables	Dependent variables
D's obligatory motives	Interpersonal costs
D's discretionary motives	Time costs
	Exhaustion
	Life changes
	Caregiving benefits

---

- 
- a. regression analyses for each dependent variable for all daughters.
  - b. separate regression analyses for middle-aged daughters versus young-old daughters.
  - c. comparison of two models to test for significant differences
  - d. the same procedure was repeated for all five dependent variables.
- 

Note. M = mothers, D = daughters.

Table 6

Mothers' Data Analyses with Mothers' Age Group as the  
Independent Variable

Dependent variables	Data analyses
Sociodemographic Variables years of education, income, years of care-receiving, M's care-needs, health, # of health problems	one-way ANOVAs
----- marital status	----- chi-square
----- M's perceptions of D's obligatory and discretionary caregiving motives	----- one-way ANOVAs
----- M's care-receiving costs (2 factors)	----- one-way MANOVA and MANCOVAs
----- M's care-receiving benefits (1 factor)	----- one-way ANOVA and ANCOVAs

Note. M = mothers, D = daughters.



Table 7

Mothers' Regression Analyses

Independent variables	Dependent variables
M's perceptions of D's obligatory caregiving motives	Interpersonal costs
M's perceptions of D's discretionary caregiving motives	Emotional costs
	Benefits of care-receiving
<p>a. regression analyses for each dependent variable for all mothers.</p> <p>b. separate regression analyses for young-old versus old-old mothers.</p> <p>c. comparison of two models to test for a difference.</p> <p>d. the same procedure was repeated for all three dependent variables.</p>	

Note. M = mothers, D = daughters.

## RESULTS

## Sociodemographic Variables

Daughters. There were no differences between middle-aged daughters and young-old daughters in educational attainment, income, self-reported health, marital status, whether they lived with their mothers, number of mothers' health problems, and in most areas of mothers' care needs. Significant differences were found between middle-aged daughters and young-old daughters, however, in their perceptions of mothers' health ( $F(1,156) = 4.45, p < .05$ ), mothers' need for assistance with financial management ( $F(1,156) = 6.79, p < .01$ ), number of children ( $F(1,156) = 6.91, p < .01$ ), number of minor children ( $F(1,156) = 30.38, p < .0001$ ), number of financially dependent children ( $F(1,156) = 26.19, p < .0001$ ), current employment status ( $\chi^2(1) = 15.06, p < .001$ ), and years of providing care to their mothers ( $F(1,156) = 3.95, p < .05$ ).

Middle-aged daughters ( $M = 2.62$ ) perceived their mothers' health to be poorer than their young-old counterparts ( $M = 2.93$ ) although there was no difference between middle-aged daughters and young-old daughters in their report of mothers' number of health problems. Young-old daughters ( $M = 2.33$ ) reported that their mothers needed more assistance with financial management than did middle-aged daughters ( $M = 1.82$ ).

Young-old daughters ( $\bar{m} = 3.11$ ) had more children than middle-aged daughters ( $\bar{m} = 2.33$ ) and fewer minor children ( $\bar{m} = .14$ ) than middle-aged daughters ( $\bar{m} = .71$ ). The middle-aged also had more children ( $\bar{m} = .98$ ) who were financially dependent than their young-old counterparts ( $\bar{m} = .26$ ). Among middle-aged daughters, those between 35-44 ( $\bar{m} = 1.24$ ) had more minors than those between 45-54 ( $\bar{m} = .35$ ,  $F(1,83) = 16.53$ ,  $p < .001$ ). A significantly higher portion of middle-aged daughters (72.9%) compared to that of young-old daughters (42.5%) was employed outside of the home. Among young-old daughters, there was no difference between those aged 55-64 and those aged 65-74 in current employment status ( $\text{chi-square}(1) = 3.43$ ,  $p < .06$ ). Young-old daughters ( $\bar{m} = 8.8$ ) had been providing care for their mothers significantly longer period of time than their middle-aged counterparts ( $\bar{m} = 6.5$ ).

Mothers. There were no differences between young-old and old-old mothers in years of care-receiving, educational attainment, income, marital status, number of mothers' health problems reported by daughters, mothers' health status as perceived by daughters, and whether they lived with their daughters. Significant differences were found between young-old and old-old mothers, however, in need for assistance with financial management ( $F(1,158) = 4.03$ ,  $p < .05$ ) and in financial dependency ( $F(1,153) = 4.15$ ,  $p < .05$ ). Old-old mothers ( $\bar{m} = 2.17$ ) compared to young-old

mothers ( $\bar{m} = 1.70$ ) reported a greater need for assistance with financial management and ( $\bar{m} = 1.30$ ) less financial dependency than young-old mothers ( $\bar{m} = 1.60$ ). Daughters of young-old mothers had more minor children ( $\bar{m} = .97$ ) and more financially dependent children ( $\bar{m} = 1.11$ ) than daughters of old-old mothers ( $\bar{m} = .21$  and  $.50$  respectively;  $F(1,156) = 26.27, p < .001$ ;  $F(1,156) = 12.42, p < .001$ ).

#### Motives for Caregiving

Daughters. Hypothesis (1): There will be a significant difference between middle-aged and young-old daughters in their perceptions of obligatory and discretionary motives for caregiving. Middle-aged daughters ( $\bar{m} = 3.04, F(1,156) = 4.04, p < .05$ ) reported lower obligatory motives than did young-old daughters ( $\bar{m} = 2.75$ ) but there was no difference between middle-aged daughters ( $\bar{m} = 1.78$ ) and young-old daughters ( $\bar{m} = 1.86$ ) in discretionary motives ( $F(1,156) = .46, p < .50$ ).

Mothers. Hypothesis (2): There will be a significant difference between young-old and old-old mothers in their perceptions of daughters' obligatory and discretionary motives for caregiving. Young-old mothers ( $\bar{m} = 1.26$ ) perceived that their daughters had higher discretionary motives than did old-old mothers ( $\bar{m} = 1.52, F(1,155) = 3.69, p < .05$ ). There was no difference between young-old ( $\bar{m} = 3.49$ ) and old-old mothers ( $\bar{m} = 3.28$ ), however, in their

perceptions of their daughters' obligatory caregiving motives ( $F(1,155) = 1.54, p < .22$ ).

#### Caregiving Outcomes

Hypothesis (3): There will be a significant difference between middle-aged and young-old daughters in the perceived costs of caregiving. The MANOVA revealed no differences between middle-aged and young-old daughters ( $F(3,130) = .30, p < .82$ ) in their perceptions of interpersonal costs ( $\bar{m} = 3.71$  versus  $3.61$ ), time costs ( $\bar{m} = 3.98$  versus  $3.88$ ), and exhaustion ( $\bar{m} = 4.18$  versus  $4.17$ ). There was no difference between middle-aged ( $\bar{m} = 1.77$ ) and young-old daughters ( $\bar{m} = 1.87, F(1,106) = .66, p < .42$ ) in life changes.

Hypothesis (5): There will be no difference between middle-aged and young-old daughters in the perceived benefits of caregiving. There was no difference between middle-aged daughters ( $\bar{m} = 1.63$ ) and young-old daughters ( $\bar{m} = 1.52$ ) in their perceptions of caregiving benefits ( $F(1,154) = 1.62, p < .21$ ).

A two-way MANOVA and the ANOVAs revealed no differences between currently employed versus non-employed daughters in interpersonal costs, time costs, exhaustion ( $F(3,128) = .48, p < .70$ ), life changes ( $F(1,104) = .00, p < .98$ ), and caregiving benefits ( $F(1,152) = .01, p < .92$ ). Also, there were no interaction effects in interpersonal costs, time costs, exhaustion, and caregiving benefits. Although a

significant interaction effect was found in life changes ( $F(1,104) = 6.05, p < .05$ ), post-hoc multiple comparison test (Tukey's multiple range test) indicated that no cell is significantly different from any other at  $p < .05$ .

When mothers' need for assistance with financial management, daughters' perceptions of mothers' health, and mothers' age were used as covariates, there were no differences between the two groups of daughters in their perceptions of interpersonal costs, time costs, and exhaustion ( $F(1,127) = .08, p < .97$ ). Similarly, with these same covariates, no significant differences were found between the two groups of daughters in life changes ( $F(1,103) = .36, p < .55$ ) and caregiving benefits ( $F(1,151) = .30, p < .21$ ).

When number of minor children, number of financially dependent children, and daughters' report of years of caregiving were added to the covariates, no significant differences were found between the two groups of daughters in their perceptions of interpersonal costs, time costs, exhaustion ( $F(3,124) = .67, p < .57$ ), life changes ( $F(1,100) = .62, p < .43$ ), and caregiving benefits ( $F(1,148) = .39, p < .53$ ).

#### Care-receiving Outcomes

Hypothesis (4): There will be a significant difference between young-old and old-old mothers in the perceived costs

of care-receiving. The MANOVA revealed no differences between young-old and old-old mothers ( $F(2,150) = 26, p < .80$ ) in their perceptions of interpersonal costs ( $\bar{m} = 4.65$  versus 4.70) and emotional costs ( $\bar{m} = 3.72$  versus 3.82).

Hypothesis (6): There will be no differences between young-old and old-old mothers in the perceived benefits of care-receiving. No difference was found between young-old ( $\bar{m} = 2.85$ ) and old-old mothers ( $\bar{m} = 2.89$ ) in their perceptions of care-receiving benefits ( $F(1,150) = .02, p < .89$ ).

When mothers' need for assistance with financial management and their financial dependency were used as covariates, the MANCOVA and the ANCOVA revealed no differences between young-old and old-old mothers in their perceptions of interpersonal costs, emotional costs ( $F(2,148) = .20, p < .82$ ) and care-receiving benefits ( $F(1,148) = .01, p < .92$ ).

When three more variables related to the daughters of these mothers (number of minor children, number of financially dependent children, and daughters' age) were added to the covariates, the MANCOVA and the ANCOVA revealed no differences between the two groups of mothers in interpersonal costs, emotional costs ( $F(2,145) = .23, p < .79$ ), and care-receiving benefits ( $F(1,145) = .55, p < .46$ ).

## Caregiving Motives and Caregiving Outcomes

Daughters. Hypothesis (7): There will be no differences between middle-aged and young-old daughters in the association between caregiving motives and its outcomes. Daughters' obligatory and discretionary caregiving motives explained 30% of the variance in daughters' interpersonal costs. Daughters' low obligation and high discretion were associated with daughters' low interpersonal costs. Obligatory and discretionary caregiving motives explained 49% of the variance of interpersonal costs for middle-aged daughters while both motives explained 16% of the variance of interpersonal costs for young-old daughters. The comparison of two regression models for middle-aged versus young-old daughters revealed no significant difference between the two models ( $F(3,148) = 1.13, p < .34$ ). (See Table 8).

Obligatory and discretionary motives explained 8% of the variance in daughters' time costs. Daughters' low obligation and high discretion were associated with low time costs. The motives explained 10% of the variance for middle-aged daughters and 7% of the variance for young-old daughters in time costs. Model testing between the two groups revealed that the two regression models did not differ from each other ( $F(3,144) = .19, p < .91$ ). (See Table 9).

Obligatory and discretionary caregiving motives



Table 8

Daughters' Interpersonal Costs Regressed onto Daughters' Caregiving Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ds	.55	.30	32.68	2, 151	.001***
Middle-aged	.70	.49	38.46	2, 80	.001***
Young-old	.40	.16	6.50	2, 68	.01**

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Group	Caregiving Motives	Reg. Coef.	Beta	t	p
All Ds	Obligatory	.26	.30	4.07	.001***
	Discretionary	-.36	-.37	-5.05	.001***
Middle-aged	Obligatory	.35	.38	4.04	.001***
	Discretionary	-.39	-.42	-4.51	.001***
Young-old	Obligatory	.20	.24	2.09	.04*
	Discretionary	-.28	-.28	-2.45	.02*

Note. D = daughters, Reg. Coef. = Regression Coefficient.

\*  $P < .05$ ; \*\*  $P < .01$ ; \*\*\*  $P < .001$ .

Table 9

Daughters' Time Costs Regressed onto Daughters' Caregiving  
Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ds	.28	.08	6.42	2,147	.01**
Middle-aged	.31	.10	4.21	2, 78	.02*
Young-old	.27	.07	2.55	2, 66	.09
=====					
Group	Caregiving Motives	Reg. Coef.	Beta	t	p
All Ds	Obligatory	.18	.17	2.02	.05*
	Discretionary	-.19	-.17	-1.98	.05*
Middle-aged	Obligatory	.25	.23	1.81	.07
	Discretionary	-.14	-.13	-1.03	.31
Young-old	Obligatory	.15	.15	1.22	.23
	Discretionary	-.22	-.19	-1.53	.13

Note. D = daughters, Reg. Coef. = Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.

explained 8% of the variance in daughters' exhaustion. Only daughters' low obligatory motives were associated with daughters' low exhaustion. These two motives explained 6% of the variance for middle-aged daughters and 12% of the variance for young-old daughters in exhaustion. Comparison of the two regression models indicated that they did not differ from each other ( $F(3,151) = .56, p < .64$ ). (See Table 10).

Obligatory and discretionary motives explained 5% of the variance in daughters' life changes and this was not statistically significant. Both motives explained 7% of the variance in middle-aged daughters' exhaustion and 5% of the variance in young-old daughters' exhaustion. Comparison of the two regression models indicated that they did not differ from each other ( $F(3,130) = .59, p < .62$ ). (See Table 11).

Obligatory and discretionary motives explained 8% of the variance in daughters' caregiving benefits. Daughters' high discretion was the only mediator associated with high caregiving benefits. Both motives explained 5% of the variance in middle-aged daughters' caregiving benefits and 14% of the variance of young-old daughters' caregiving benefits. Comparison of the two regression models for the middle-aged versus young-old daughters showed that they did not differ from each other ( $F(3,150) = .69, p < .56$ ). (See Table 12).

Mothers. Hypothesis (8): There will be no differences

Table 10

Daughters' Exhaustion Regressed onto Daughters' Caregiving  
Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ds	.28	.08	6.65	2,154	.01**
Middle-aged	.25	.06	2.77	2, 82	.07
Young-old	.34	.12	4.59	2, 69	.01**

=====

Group	Caregiving Motives	Reg. Coef.	Beta	t	p
All Ds	Obligatory	.24	.26	3.17	.001***
	Discretionary	-.04	-.04	-.49	.63
Middle-aged	Obligatory	.20	.19	1.49	.14
	Discretionary	-.10	-.10	-.76	.45
Young-old	Obligatory	.28	.34	2.94	.001***
	Discretionary	.00	.00	-.01	.99

Note. D = daughters, Reg. Coef. = Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.

Table 11

Daughters' Life Changes Regressed onto Daughters' Caregiving Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ds	.22	.05	2.59	2,105	.08
Middle-aged	.26	.07	2.21	2, 60	.12
Young-old	.22	.05	1.05	2, 42	.36

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Group	Caregiving Motives	Reg. Coef.	Beta	t	p
All Ds	Obligatory	-.09	-.13	-1.32	.19
	Discretionary	.11	.14	1.36	.18
Middle-aged	Obligatory	-.17	-.24	-1.71	.09
	Discretionary	.03	.04	.29	.77
Young-old	Obligatory	-.03	-.05	-.31	.75
	Discretionary	.19	.21	1.35	.18

Note. D = daughters, M = mothers, Reg. Coef. = Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.

Table 12

Daughters' Caregiving Benefits Regressed onto Daughters'  
Caregiving Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ds	.29	.08	6.77	2,153	.01**
Middle-aged	.23	.05	2.26	2, 81	.11
Young-old	.38	.14	5.73	2, 69	.01*

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Group	Caregiving Motives	Reg. Coef.	Beta	t	p
All Ds	Obligatory	.04	.07	.85	.40
	Discretionary	.21	.30	3.64	.001***
Middle-aged	Obligatory	.04	.05	.42	.68
	Discretionary	.19	.25	2.00	.05*
Young-old	Obligatory	.03	.05	.48	.64
	Discretionary	.23	.39	3.37	.001***

Note. D = daughters, Reg. Coef.= Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.

between young-old and old-old mothers in the association between their perceptions of daughters' caregiving motives and their care-receiving outcomes. Mothers' perceptions of their daughters' obligatory and discretionary caregiving motives explained 14% of the variance in mothers' interpersonal costs. Mothers' perceptions of daughters' high discretion was the only predictor associated with mothers' low interpersonal costs. Mothers' perceptions of daughters' caregiving motives explained 24% of the variance in young-old mothers' interpersonal costs and 13% of the variance in old-old mothers' interpersonal costs. Comparison of the two regression models revealed that they did not differ from each other ( $F = 1.23(3, 148)$ ,  $p < .30$ ). (See Table 13).

Mothers' perceptions of their daughters' obligatory and discretionary caregiving motives explained only 3% of the variance in mothers' emotional costs; this was not statistically significant. (See Table 14).

Mothers' perceptions of their daughters' obligatory and discretionary caregiving motives explained 3% of the variance in mothers' care-receiving benefits; this was not statistically significant. (See Table 15).

Table 13

Mothers' Interpersonal Costs Regressed onto Mothers'  
Perceptions of Daughters' Caregiving Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ms	.37	.14	12.12	2, 151	.001***
Young-old	.49	.24	5.45	2, 34	.01**
Old-old	.36	.13	8.59	2, 114	.001***

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Group	M's perceptions of D's Caregiving Motives	Reg. Coef.	Beta	t	p
All Ms	Obligatory	.05	.07	.81	.42
	Discretionary	-.31	-.34	-4.10	.001***
Young-old	Obligatory	.03	.05	.28	.78
	Discretionary	-.56	-.47	-2.72	.01**
Old-old	Obligatory	.04	.06	.67	.50
	Discretionary	-.29	-.33	-3.52	.001***

Note. D = daughters, M = mothers, Reg. Coef. = Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.



Table 14

Mothers' Emotional Costs Regressed onto Mothers' Perceptions  
of Daughters' Caregiving Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ms	.18	.03	2.56	2,149	.08
Young-old	.36	.13	2.45	2, 34	.10
Old-old	.15	.02	1.23	2,112	.30

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Group	M's perceptions of D's Caregiving Motives	Reg. Coef.	Beta	t	p
All Ms	Obligatory	.14	.12	1.40	.16
	Discretionary	-.14	-.09	-1.06	.29
Young-old	Obligatory	.46	.32	1.75	.09
	Discretionary	-.14	-.06	-.31	.76
Old-old	Obligatory	.05	.05	.47	.64
	Discretionary	-.16	-.12	-1.21	.23

Note. D = daughters, M = mothers, Reg. Coef. = Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.

Table 15

Mothers' Care-receiving Benefits Regressed onto Mothers' Perceptions of Daughters' Caregiving Motives

Group	Multiple R	Multiple R <sup>2</sup>	F	df	p
All Ms	.16	.03	1.89	2,148	.15
Young-old	.24	.06	.99	2, 33	.38
Old-old	.17	.03	1.61	2,112	.20

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Group	M's Perceptions of D's Caregiving Motives	Reg. Coef.	Beta	t	p
All Ms	Obligatory	.25	.14	1.62	.11
	Discretionary	.33	.15	1.64	.10
Young-old	Obligatory	.45	.24	1.23	.23
	Discretionary	-.001	.00	.00	1.00
Old-old	Obligatory	.17	.10	1.02	.31
	Discretionary	.37	.18	1.75	.08

Note. D = daughters, M = mothers, Reg. Coef. = Regression Coefficient.

\*P < .05; \*\*P < .01; \*\*\*P < .001.

## DISCUSSION, SUMMARY, AND CONCLUSIONS

### Discussion of Findings

The conceptual bases of the age stratification model and the life course perspective suggest that different cohorts grow up and grow old in unique ways. By implication, mothers in different age groups may be expected to perceive their daughters' caregiving motives differently as well as to evaluate their care-receiving costs and benefits differently. Both conceptual underpinnings also suggest that daughters in different age groups provide care to their mothers from different caregiving motives. Further, daughters in different age groups may be expected to evaluate their caregiving costs and benefits differently. Some of the findings in this study, such as differences in sociodemographic variables and caregiving motives, support the conceptual bases of the age stratification model and the life course perspective.

#### Sociodemographic Variables

Daughters. Caregiving daughters in this study tend to overrepresent highly educated women. Both middle-aged daughters (14.0 versus 12.8 years) and young-old daughters (14.4 versus 12.4 years) had higher educational attainment than the national average for their age group (U.S. Bureau of the Census, 1988). In comparison to the national average

(70%, U.S. Department of Labor, 1987), a similar proportion of middle-aged daughters (73%) and a higher portion of young-old daughters (42.4%) worked for pay (28.1%, U.S. Department of Labor, 1987).

It is noteworthy that middle-aged daughters perceived their mothers' health to be poorer than their young-old counterparts even though there was no difference between middle-aged daughters and young-old daughters in their reported number of mothers' health problems. It is suggested that daughters evaluate their mothers' health relative to other similar-aged elderly people. The fact that young-old mothers' health problems and care needs are essentially "off-time" may influence daughters to evaluate their mothers' health as much "poorer" than that of other similar-aged elderly.

As expected, middle-aged daughters had more minor children and more financially dependent children than did their young-old counterparts. Young-old daughters had more children than middle-aged daughters. Also, a significantly higher proportion of middle-aged daughters compared to young-old daughters were employed outside of the home. These differences represent life course and cohort variance between the two groups of daughters. Over the past 40 years, we have witnessed a significant decline in fertility as well as a significant increase in the number of women in the paid labor force (Hess & Waring, 1983; Uhlenberg, 1974;

Waite, 1981).

Lang and Brody (1983) found that a higher portion of old daughters lived with their mothers in comparison to daughters in their 40s. Although it was not significant, a similar trend was found in this study. A slightly higher portion of young-old daughters (23.3%) lived with their mothers than their middle-aged counterparts (14.1%). In Lang and Brody's study (1983), mothers were quite frail. The mothers in the present study appear to have been in better health and required minimal care needs. Perhaps these differences in mothers' health and care needs account for the different residential patterns in the two studies.

Mothers. The finding that old-old mothers needed more assistance with financial management may reflect cohort differences. Old-old mothers might have been more dependent on their husbands throughout their adult lives for financial management than young-old mothers. More women in the young-old group in comparison with those in the old-old group have been employed outside of the home. The experience of paid employment might have encouraged women to handle financial matters by themselves or provided them with the experience of doing so.

Care-receiving young-old mothers are disadvantaged in several ways. They are disadvantaged in health. Young-old mothers needed their daughters' assistance at a much earlier age than did their old-old counterparts. There was no

difference between young-old and old-old mothers in their report of years of care-receiving although there was, on the average, almost 16 years difference in age between the two groups. In addition, young-old mothers had greater financial dependency than old-old mothers. The educational attainment of young-old mothers (11.08 years) is lower than that of the national average for this age group (12.3 years, U.S. Bureau of the Census, 1988). Further, a higher portion of young-old than old-old mothers lived with their daughters. Previous studies have found that elderly parents tend to live with their offspring when their health status is very poor or when they have financial problems (Horowitz, 1982b, 1985; Lang & Brody, 1983; Stoller, 1985).

#### Motives for Caregiving

The finding that middle-aged daughters reported lower obligatory motives than their young-old counterparts is consistent with previous work by Hess and Waring (1978). Hess and Waring (1978) suggested that voluntary norms are replacing norms of obligation in parent-child relationships in later life. Obligation seems to play a less salient role for middle-aged daughters than for young-old daughters providing care to their elderly mothers. Based on these findings, hypothesis (1) was accepted. That is, there was a significant difference between middle-aged and young-old daughters in their perceptions of obligatory and

discretionary motives for caregiving, and that middle-aged daughters perceived more discretionary motives.

As predicted, young-old mothers perceived their daughters' discretionary motives for care to be higher than did old-old mothers. Thus, hypothesis (2) was accepted. There was a significant difference between young-old and old-old mothers in their perceptions of daughters' obligatory and discretionary motives for caregiving. Young-old mothers perceived more discretionary motives. These findings also support Hess and Waring's (1978) position that voluntary norms are replacing norms of obligation in parent-child relationships in later life. Thus, not only did middle-aged daughters reported lower obligatory caregiving motives than young-old daughters but also young-old mothers perceived their daughters' discretionary caregiving motives to be higher than did old-old mothers.

#### Caregiving Outcomes

Contrary to predictions, no significant differences were found between middle-aged daughters and young-old daughters in interpersonal costs, time costs, exhaustion, and life changes. Further, caregiving daughters in both groups did not report high interpersonal or time costs, nor did they report high exhaustion and life changes. Based on these findings, hypothesis (3), that there will be a significant difference between middle-aged and young-old

daughters in the perceived costs of caregiving, and that middle-aged will perceive higher caregiving costs, was rejected.

These findings are inconsistent with previous studies (Archbold, 1978, 1983; Brody, 1981, 1985; Cantor, 1983; Cicirelli, 1981; Dilworth-Anderson, 1987; Horowitz, 1982a; Robinson & Thurnher, 1979; Silverstone & Hyman, 1982; Stoller, 1983). Cantor (1983) found that different types of caregivers (i.e., spouse, children, other relatives, etc) reported differing amounts of stress and disruption of their daily lives as a result of caregiving. Indeed, when the bond between the caregiver and the care-receiver was closer, the caregiver felt more stress. These findings differ from the current study. Here, caregiving daughters in both groups reported very low levels of caregiving costs in general. This may be explained by the fact that mothers in this study were in fairly good health and needed minimal assistance while most other studies rely on elderly parents in much poorer health. In addition, the exclusive focus on mothers and daughters in this study may account for the inconsistencies with previous findings. Both mothers and daughters may perceive caregiving to and from the other as part of their lifelong, emotionally-connected relationship (Abel, 1986; Hess & Waring, 1978). These findings support the position of Shin et al. (1988) that the overemphasis in the literature on the costs of caregiving at the expense of



caregiving benefits may not reflect all family caregiving experiences.

As predicted, there was no difference between middle-aged daughters and young-old daughters in their perceptions of caregiving benefits. Thus, hypothesis (5), that there will be no differences between middle-aged and young-old daughters in the perceived benefits of caregiving, was accepted. Daughters in both groups reported higher than "some" caregiving benefits. Thus, benefits were salient for both groups. The significance of this finding is unclear as the literature has not focused much attention on caregiving benefits (Horowitz, 1985a; Shin et al., 1988).

Similar to daughters, no significant differences were found between young-old and old-old mothers in interpersonal and emotional costs. In general, mothers' reports of care-receiving costs were very minimal. Both young-old and old-old mothers reported that they almost never perceived any interpersonal costs while they rarely perceived emotional costs. Thus, hypothesis (4), that there would be a significant difference between young-old and old-old mothers in the perceived costs of care-receiving, and that young-old mothers would perceive higher care-receiving costs, was rejected. This finding contradicts the idea that dependency is a problem for persons in unreciprocal social relationships (Blau, 1964; Gouldner, 1960; Jonas & Wellin, 1980). Perhaps the mothers in both groups perceived that

they are as dependent on their daughters as their daughters are on them. The observations of interviewers throughout data collection were consistent with the idea that mothers were doing a great deal for their daughters in providing both instrumental and psychological aid. Thus, these mothers may have felt that their lives are interdependent with those of their daughters. Another explanation could be that mothers perceived "reciprocity" from a long-term rather than a short-term perspective. Beckman (1981) found that mothers who believed they had provided well for their children in the past felt that they deserved concern and care from them. Similarly, mothers in this study might feel that daughters are providing care in response to the earlier help and assistance provided by them. Thus, these mothers did not perceive high care-receiving costs.

As predicted, there was no difference between young-old and old-old mothers in care-receiving benefits. Mothers in both age groups reported that "sometimes" they perceived care-receiving benefits. Contrary to previous research (Hooyman & Lustbader, 1986; Treas & Bengtson, 1987), neither caregiving daughters nor care-receiving mothers perceived high negative consequences of caregiving. Thus, hypothesis (6), that there will be no difference between young-old and old-old mothers in the perceived benefits of care-receiving, was accepted. Again, this may be explained by the fact that mothers in this study were healthier than is common in other

studies and that these mothers and daughters may have been more interdependent than pairs in other studies.

#### Caregiving Motives and Caregiving Outcomes

As predicted, there was no difference between middle-aged and young-old daughters in the connection between caregiving motives and caregiving outcomes. Thus, regardless of age group, daughters' obligatory and discretionary caregiving motives influence caregiving outcomes in the same way. Although young-old daughters reported higher obligatory motives than did middle-aged daughters, the extent to which obligatory and discretionary motives influenced daughters' costs and benefits of caregiving was similar for daughters in both groups. Based on these findings, hypothesis (7), that there will be no difference between middle-aged and young-old daughters in the association between caregiving motives and its outcomes, was accepted.

Daughters' obligatory and discretionary motives explained 30% of the variance in daughters' interpersonal costs and 8% of the variance in time costs, exhaustion, and caregiving benefits. Consistent with social exchange theory (Thibaut & Kelley, 1959), daughters' low obligation was associated with daughters' low interpersonal and time costs and low exhaustion while daughters' high discretion was associated with low interpersonal and time costs as well as

high caregiving benefits. When daughters reported high discretionary or low obligatory motives, they were less impatient, irritated, angry, resentful, frustrated, and tied down, and felt they were better able to satisfy their mothers.

In a previous study, Horowitz (1982b) found that affection, one of the discretionary motives for care, mediated the perceived stress of caregiving and increased the supportive activities provided by offspring to their elderly parents. The present study provides indirect support of Horowitz's findings. Here, high discretionary caregiving motives mediated daughters' caregiving costs (an index of caregiving stress), especially interpersonal costs, time costs, and exhaustion. Further, high discretionary caregiving motives increased daughters' caregiving benefits.

Similar to daughters, there was no difference between young-old and old-old mothers in the association between their perceptions of daughters' caregiving motives and their own care-receiving outcomes. Thus, hypothesis (8), that there will be no difference between young-old and old-old mothers in the association between their perceptions of daughters' caregiving motives and their own care-receiving outcomes, was accepted. Mothers' perceptions of daughters' high discretionary motives were associated with low interpersonal costs. When mothers perceived their daughters' discretionary caregiving motives to be high, the

mothers felt less angry at or resentful toward their daughters.

The findings that no cohort differences existed in the costs and benefits of caregiving or the association of caregiving motives and outcomes, may be explained by the similarities between both groups of daughters in demographic characteristics, such as marital status, educational level, and annual household income. Also, the similarities in the demographic characteristics of mothers in both age groups, such as number of health problems, care needs, educational attainment, income, and living arrangement might account for the lack of cohort differences in mothers' perceptions of the costs and benefits of care-receiving as well as for the lack of cohort differences in the association of caregiving motives and outcomes. In fact, except for age group membership, young-old daughters were similar to middle-aged daughters while young-old mothers were similar to old-old mothers. Further, mothers were in fairly good health and needed minimal assistance.

Another interpretation could be that the mother-daughter relationship is stable and quite resistant to influences such as caregiving. Previous research has shown that this relationship is unrelated to specific roles and role combinations (Walker, Thompson, & Morgan, 1987b). Thus, both daughters and mothers in each group did not differ from the other in their perceptions of caregiving and

care-receiving outcomes.

#### Summary

The purposes of this study were: (a) to investigate the obligatory and discretionary caregiving motives in middle-aged versus young-old daughters; (b) to compare young-old versus old-old mothers' perceptions of their daughters' obligatory and discretionary motives for caregiving; (c) to compare middle-aged versus young-old daughters' perceptions of the costs and benefits of caregiving; (d) to compare young-old versus old-old mothers' perceptions of the costs and benefits of care-receiving; (e) to investigate the possible association between daughters' motives for caregiving and the costs and benefits of caregiving for middle-aged versus young-old daughters; and (f) to examine the possible association between mothers' perceptions of daughters' caregiving motives and the costs and benefits of care-receiving for young-old versus old-old mothers.

It was found that middle-aged daughters reported lower obligatory motives than young-old daughters while there was no difference between middle-aged versus young-old daughters in discretionary caregiving motives. Young-old mothers' perceptions of their daughters' discretionary motives was higher than that of old-old mothers while there was no difference between young-old and old-old mothers in their

perceptions of daughters' obligatory caregiving motives.

No differences were found between middle-aged and young-old daughters in their perceptions of interpersonal costs, time costs, exhaustion, life changes, and caregiving benefits. Also, no differences were found between young-old and old-old mothers in their perceptions of care-receiving costs and benefits.

No differences were found between middle-aged and young-old daughters in the association of daughters' caregiving motives and the costs and benefits of caregiving. Caregiving motives explained 30%, 8%, 8%, and 8% of the variance in daughters' interpersonal costs, time costs, exhaustion, and caregiving benefits, respectively. Daughters' low obligation was associated with low interpersonal and time costs and low exhaustion while daughters' high discretion was associated with daughters' low interpersonal costs, time costs, and high caregiving benefits.

Similarly, no differences were found between young-old and old-old mothers in the association of mothers' perceptions of daughters' caregiving motives and the costs and benefits of care-receiving. Mothers' perceptions of daughters' caregiving motives explained 14% of the variance in mothers' interpersonal costs. Mothers' perceptions of daughters' high discretion was associated with mothers' low interpersonal costs.

### Limitations and Suggestions for Future Research

The major limitation in this study was the volunteer sample. This limits the extent to which the findings can be generalized to the larger population of caregiving daughters and care-receiving mothers. Another limitation was the cross-sectional design. Thus, the nature of the data permitted investigation of only the combined effects of developmental stage and cohort experiences. A cross-sequential design would be required to examine the separate influences of developmental stages and cohort experiences.

Although it was not a limitation, the mothers in this study had a variety of care-receiving needs. Much of the current literature on caregiving has relied heavily on the segment of the elderly population who need extensive care either due to cognitive deficiencies such as Alzheimer's disease or to serious, disabling physical conditions (Pratt, Walker, & Jones, 1989). Also, this study specifically dealt with adult daughters and their care-receiving mothers. Therefore, the findings from this study should not be generalized to women in different caregiving situations (i.e., spouse, siblings, etc) or to male caregivers.

An interaction approach might be beneficial in future investigations of the costs and benefits of caregiving and care-receiving (Scharlach, 1983, 1987a, 1987b). Scharlach (1987a) found that daughters' feelings of burden were



associated with mothers' loneliness. Perhaps mothers' perceptions of daughters' caregiving motives would help explain daughters' caregiving costs and benefits. Also, mothers' perceptions of daughters' caregiving motives may influence caregiving outcomes differently for middle-aged and young-old daughters. Similarly, daughters' caregiving motives might help explain mothers' costs and benefits of care-receiving. Also, daughters' caregiving motives may influence care-receiving outcomes differently for young-old and old-old mothers. Examination of these relations would provide information about how daughters and mothers in different age groups influence their intergenerational partners. In addition, cohort differences in all of the above interactional relationships could be examined.

Whether middle-aged versus young-old daughters' caregiving motives remain stable regardless of the health status of mothers and the length of caregiving should be investigated using longitudinal data. Perhaps caregiving motives mediate or are mediated by certain variables differently in the two groups of daughters and the two groups of mothers. Thus, variables such as mothers' health, mothers' care needs, daughters' employment status, daughters' marital status, and number of daughters' minor children could be included as independent variables in any analyses. Then, path analyses could be performed separately for middle-aged versus young-old daughters to predict the

costs and benefits of caregiving. Similarly, separate path analyses could be performed for young-old versus old-old mothers to predict the costs and benefits of care-receiving.

Finally, caregiving motives and caregiving outcomes could be assessed in other sub-population of caregivers (i.e., sons, daughters-in-law, spouses, etc) and care-receivers (i.e., fathers, spouses, etc.). Then, the findings from different sub-populations could be compared to examine differences or similarities in (a) why they give care; (b) the outcomes of caregiving and care-receiving; and (c) the role of caregiving motives. This could help to determine if there is something unique in mother-daughter relationships as Chodorow (1978) would argue, or if obligatory and discretionary caregiving motives work in the same way for other populations.

This study showed several apparent similarities between middle-aged and young-old caregiving daughters, as well as between young-old and old-old care-receiving mothers. Some possible cohort differences were found in caregiving motives between middle-aged and young-old daughters, as well as in young-old and old-old mothers. Middle-aged daughters reported lower obligatory motives than did young-old daughters while young-old mothers perceived higher discretionary motives than did old-old mothers. Both patterns support a possible shift in caregiving motives to greater discretion (Hess & Waring, 1978). Also, daughters'

caregiving motives explained a significant amount of variance in daughters' interpersonal costs, time costs, exhaustion, caregiving benefits, and mothers' interpersonal costs. Finally, this study showed that caregiving does not necessarily lead to terrible costs without rewards. When daughters help mothers with slight dependency, daughters do not seem to perceive as many costs as found in previous studies with more highly dependent elderly. Care for the less dependent and the minimally disabled is an important area of study because most elders are not highly dependent or disabled (Pratt et al., 1989).

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