ON PARENT-CHILD RELATIONS: TOWARD THE CONSTRUCTION OF
A THEORY OF FILIAL EXCHANGE

DISSERTATION

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Andrew Scott Ziner, M.A.
Denton, Texas
December, 1986

This investigation represents an initial attempt toward the construction of a general life cycle theory of parent-child relations. Emphasis was placed on the parent-adult child relationship with the onset of a filial crisis, e.g., due to illness. After the theory was described, two of the five propositions comprising this orientation (i.e., propositions four and five) were analyzed through a series of twenty-five hypotheses. The objectives of these hypotheses were (a) to analyze the relationship between the length of time involved in various patterns of filial responsibility and the likelihood that these patterns will become institutionalized as obligatory roles and (b) to determine how factors associated with these emergent role obligations contribute to the cost of caregiving.

A probability sample of 180 caregivers was obtained from within the Dallas/Ft. Worth area. Multiple and partial correlation analyses and the use of Student's t revealed that the length of time involved as a caregiver was significantly related to the number of informal caregiving roles performed by adult children. In addition, results indicated that the length of involvement in each caregiving role examined (i.e., household care, transportation service,
personal care, medical attention, meal preparation, financial management and mobility assistance) was significantly related to (a) the frequency of providing these services to an aged parent and (b) the level of responsibility in each service area except financial management (which tended to remain constant over time). An adult child's level of obligation to ensure that caregiving services were provided was also significantly associated with the length of caregiving involvement. Furthermore, this study found tentative support for the contention that the social-psychological cost of providing care for a dependent parent was associated with (a) the frequency of providing transportation services and medical attention, (b) the number of informal caregiving activities performed and (c) the length of caregiver involvement. A set of three control variables (i.e., the household living arrangements and both the aged parent's and adult child's physical health status) were identified as significant contributors to the cost of caregiving.

Based on the empirical results of this investigation, propositions four and five of the theoretical perspective presented in this dissertation were supported.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>vi</th>
</tr>
</thead>
</table>

## Chapter

### I. LITERATURE REVIEW

- Family Life and Old Age in Modern Society
- Exploring Conceptions of the Family
- Intergenerational Relationships
- The Emergence of Filial Responsibility
- Race and Ethnicity as Correlates of Filial Relations
- Ethnic Minorities
- White Ethnic Minorities
- Nonwhite Ethnic Minorities

### II. THEORETICAL ORIENTATION OF THE STUDY

- Social Exchange in Perspective
- Blau's (1964) Theoretical Strategy
- A Synopsis of Blau's Orientation
- Blau's Basic Exchange Perspective
- Blau's Exchange Processes, Principles, and the Area of Filial Relations
- Traditional Conceptions of Role in Society
- Role Theory and Social Interaction: The Perspective of Ralph Turner
- The Process of Role-Making
- Turner's Folk Norm of Consistency
- Tentative Social Interaction and Role Verification
- Toward The Construction of a Theory of Filial Exchange
- Exchange Principles, Role Dynamics and Filial Relations: An Application
- A Causal Model Examined
- A Theory of Filial Exchange
- Research Hypotheses and Their Rationale
III. METHODOLOGY .......................... 92

The Sample
The Interviewing Technique
Instrument Design
Variables in the Study
Dependent Variables
Independent Variables
Control Variables
Statistical Analyses

IV. STATISTICAL RESULTS ..................... 110

Sample Description
Examination of this Investigation's Hypotheses
Hypothesis One
Hypotheses Two Through Eight
Hypotheses Nine Through Fifteen
Hypothesis Sixteen
Hypotheses Seventeen Through Twenty-Three
Hypothesis Twenty-Four
Hypothesis Twenty-Five
Summary of Hypotheses

V. INTEGRATING RESEARCH AND THEORY: AN ANALYSIS OF FILIAL RESPONSIBILITY ...... 178

Examining Filial Responsibility Through Proposition's Four and Five
The Applied Implications of this Research
Concluding Comments: Investigative Pro's and Con's

APPENDIX .............................................. 201

LIST OF REFERENCES .............................. 217
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Cultural Differences on Filial Duty in the United States</td>
<td>30</td>
</tr>
<tr>
<td>II.</td>
<td>Study Control Variables and Their Location in the Survey Instrument</td>
<td>107</td>
</tr>
<tr>
<td>III.</td>
<td>Descriptive Account of the Study's Control Variables</td>
<td>112</td>
</tr>
<tr>
<td>IV.</td>
<td>Hypothesis One</td>
<td>118</td>
</tr>
<tr>
<td>V.</td>
<td>Hypothesis Two</td>
<td>121</td>
</tr>
<tr>
<td>VI.</td>
<td>Hypothesis Three</td>
<td>123</td>
</tr>
<tr>
<td>VII.</td>
<td>Hypothesis Four</td>
<td>126</td>
</tr>
<tr>
<td>VIII.</td>
<td>Hypothesis Five</td>
<td>128</td>
</tr>
<tr>
<td>IX.</td>
<td>Hypothesis Six</td>
<td>130</td>
</tr>
<tr>
<td>X.</td>
<td>Hypothesis Seven</td>
<td>133</td>
</tr>
<tr>
<td>XI.</td>
<td>Hypothesis Eight</td>
<td>136</td>
</tr>
<tr>
<td>XII.</td>
<td>Hypothesis Nine</td>
<td>138</td>
</tr>
<tr>
<td>XIII.</td>
<td>T-Test for Two Time Periods Associated With the Responsibility Level for Each Caregiving Service</td>
<td>139</td>
</tr>
<tr>
<td>XIV.</td>
<td>Hypothesis Ten</td>
<td>141</td>
</tr>
<tr>
<td>XV.</td>
<td>Hypothesis Eleven</td>
<td>144</td>
</tr>
<tr>
<td>XVI.</td>
<td>Hypothesis Twelve</td>
<td>146</td>
</tr>
<tr>
<td>XVII.</td>
<td>Hypothesis Thirteen</td>
<td>148</td>
</tr>
<tr>
<td>XVIII.</td>
<td>Hypothesis Fourteen</td>
<td>150</td>
</tr>
<tr>
<td>XIX.</td>
<td>Hypothesis Fifteen</td>
<td>153</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>XX. Hypothesis Sixteen</td>
<td>155</td>
<td></td>
</tr>
<tr>
<td>XXI. Hypotheses Seventeen Through Twenty-Three</td>
<td>158</td>
<td></td>
</tr>
<tr>
<td>XXII. Hypothesis Twenty-Four</td>
<td>165</td>
<td></td>
</tr>
<tr>
<td>XXIII. Hypothesis Twenty-Five</td>
<td>168</td>
<td></td>
</tr>
<tr>
<td>XXIV. T-Test For Two Time Periods Associated With the Cost of Caregiving</td>
<td>169</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

For most of our nation's elderly, particularly those who are single, their most important relationships are with their children. In response, adult children maintain close ties by expressing their interpersonal commitment to aged parents. What issues are central to an examination of the dynamic nature of the filial bond? Are there developmental regularities (e.g., a role reversal) within these relationships that can be predicted? What impact might they have on the perception of each family member toward the other? These are important and pervasive issues which require both basic and applied research.

In this dissertation, an attempt will be made first to suggest and then develop a general life cycle theory of parent-child relations. Particular emphasis will be placed on the parent-adult child relationship with the onset of a filial crisis, e.g., due to illness. After a general theory has been described, two specific propositions incorporated within the theory will be analyzed. Hypotheses derived from these propositions will be empirically tested utilizing a unique data set consisting of instruments stemming from the theoretical bases of this investigation. The overall objectives of these hypotheses are twofold.
First, to analyze the relationship between the length of time involved in various patterns of filial responsibility and the likelihood that these patterns will become institutionalized as obligatory roles. As a basis for assessing patterns of filial responsibility within this study, factors associated with seven caregiving activities will be investigated. These areas are household care and assistance, transportation services, personal care and grooming, medical attention, meal preparation, financial management and mobility assistance. Second, an attempt will be made to determine how factors associated with emergent institutionalized role obligations contribute to the cost of care.

It is hoped that this study will contribute to an understanding of the institution of the family by (a) examining the general processes that govern intergenerational relations between adult children and their elderly parents, (b) applying specific concepts and principles of exchange theory and role dynamics to filial relations and their temporal changes, and (c) integrating specific concepts derived from these orientations within a causal model to lay the foundation of a theory of filial exchange.

Family Life and Old Age in Modern Society

The magnitude of the changes in the structure of family networks created by the longevity of our aged population is difficult to fully comprehend. Unlike agricultural
societies in which relatively few people lived to witness the birth of their first grandchild, in contemporary industrial societies it is very common to have parents, children, grandchildren, and even great-grandchildren, all living at the same time. Research (Troll, 1970) indicates that nine out of ten older persons in industrialized societies today have been married at least once, and nearly all those who have married have living children and grand-children. What impact do these structural changes have on the interplay between the intimate, informal institution of the family and formal bureaucratic institutions? In modern societies, as the needs of its members increase and are individually defined, roles which may have been functions of traditional family structures are now shared with both the family and the bureaucracy - whether the latter be part of government, industry, or the educational system. In considering the strata of Americans that have been most affected by the accelerated changes in social structure over the last several decades, perhaps the most salient group is our nation's elderly population. Where the family once had both recognized and predominant responsibility for taking care of its sick and indigent elderly, a proliferation of chronic disease hospitals, nursing home facilities, and mental health institutes have been established to better treat those aged who warrant this type of attention. Even within the area of emotional support, the family, which has long been
considered the primary and vital social support system, has been partly replaced by government agencies which now provide social workers who are supposed to possess those skills necessary... "to assuage the desires of the elderly for meaningful human relationships" (Shanas, 1979:169).

In spite of the shifts in the function of the family, an important finding of social research in aging in Western nations has been the identification and empirical verification of the still persistent role of the family in old age. In order to understand the family in reference to the elderly in industrial society, we will begin by exploring the concept of family and then consider the extent to which Americans adopt an intergenerational structure. In an attempt to account for this form of family organization, a social network analysis of several racial and ethnic groups will be presented. With a specific focus on parent-child interrelations, the last section of this chapter will introduce a new perspective on filial (i.e., parent-child) relations.

Exploring Conceptions of the Family

For most of us, the term "family" denotes the separate nuclear family of a married couple with their children, which may be extended to include the parents of the couple. However, the task of describing and defining the family as it is used in social science research is not easy. Sussman
(1976) states "the most salient conclusion is that there is a lack of consensus" on adequately defining family (p. 222). On the one hand, variations can be attributed to the distinct ways academicians perceive and conceptualize "family." Within introductory undergraduate and graduate level textbooks on the family as well as journal articles describing the family, there is little, if any, conceptual unity surrounding this issue. On the other hand, definitions may be determined by bureaucracies, with reference to both the canons of statutory and common law and established bureaucratic norms (i.e., those stemming from an idealization of what the family is or should be). Furthermore, because of an organization's or institution's rigid adherence to the definitions that fit their mandate, it may have unanticipated negative consequences for those so labeled (Sussman, 1976). Finally, consideration of an individual's own definition of family is essential. This is because an individual's response to the question, "whom do you consider to be family?," is far more critical in evaluating the "meaning, significance, and probabilities of family relationships of older persons" than those defined by social scientists or bureaucracies (Sussman, 1976:225).

Family, more broadly defined as a kinship system, provides the individual with a feeling of interpersonal belonging in the sense of having been born into, or acquired through marriage, a network of relatives. Radcliffe-Brown
(1965), on the subject of defining family, states:

Every kinship system provides each person in a society with a set of dyadic (i.e., paired person-to-person) relationships so that he stands, as it were, in a narrower or wider circle of relatives. During his life, the body of his relatives is constantly changing by deaths and births and by marriages, his own marriage and the marriages of his relatives (p.39).

The basic unit of the kin system is the nuclear unit (subsystem) found usually in a separate household apart from relatives. The kin system, composed of numerous subsystems, has an unlimited amount of combinations that are possible in this multilineal descent system.

In these settings, the typical nuclear family may not be the independent unit which is typically considered. Often such nuclear units are firmly embedded in the local kin group and their autonomy is quite limited. Autonomy varies with several factors, including the type of economy, control of resources, residential arrangements, and marriage patterns, but it is far less than we generally take for granted (Gordon, 1978).

The nuclear family does not adequately describe the family form most likely to be found in contemporary industrial societies. More typical is a kinship network referred to as a "modified extended" family (Goode, 1963). It differs from what is usually considered an extended family in two respects. First, there is a greater emphasis on the marriage bond than on lineage. Individuals "choose" to
marry because emotional support from family ties is needed—not to serve the requirements of the kinship line. It is also the preferred pattern of newlywed couples to establish their own residences, rather than living with their parents. As a consequence, the continuity and stability of the kinship system may be weakened, as there is no built-in protection for old age as in multigenerational households.

Nyedegger (1983) argues that the once strong kinship system, not the nuclear family unit, has reduced its level of functioning and influence due to modernization. In those circumstances where the state can be depended on to perform many of the kin group's functions, an increase in the nuclear family's autonomy and control over its own members is quite likely.

Within this context, research supports the social expectation that family members should free themselves from parental ties in adulthood so that they can deal with various societal institutions on their own. Baum and Baum (1980) contend that this emphasis on self-reliance and independence for the nuclear family unit seems to dominate contemporary familial structures despite minor variations. This "preference" seems to apply to the old as well as the younger generations (Baum and Baum, 1980).

This should not be interpreted to mean that family ties are severed in the extended-kin system. The incessant parent-child bond is a widespread extended-kin phenomenon.
Aptly characterized as "intimacy at a distance," it indicates a continuous flow of contact and mutual aid between separate households. As a consequence of deteriorating capacities in old age, however, elders often find themselves receiving more than is desired by intimacy at a distance (Dowd, 1980). This imbalance has been shown to have unfortunate repercussions for both older people and their families (Baum and Baum, 1980). Issues surrounding intergenerational relationships will be examined in the next section in order to further our analysis of the family.

Intergenerational Relationships

Until recently, sociologists and social gerontologists have generally believed that the family in American society has been an isolated nuclear family. They believed that, in essence, the extended or multi-generational family rarely existed. It had commonly been asserted that the modern, highly mobile nuclear family was becoming indifferent to the needs of its older parents and grandparents. It was frequently charged that adult children were violating Judeo-Christian values and social norms by rescinding responsibility for older family members. This theory (or myth) claimed that with industrialization many extended families were disbanded because of occupational-geographical mobility (Tibbitts, 1977).

Over the last thirty years, however, studies began to
appear that contradicted this perspective. Contrary to popular belief, old people do not, for the most part, live their lives in isolation from their families. Although it is true that multigenerational households in the United State are not very common, cross-generational familial contact is far from rare. A number of studies indicate that parent-child interaction is a routinized characteristic of everyday life in old age (Sussman, 1965; Seelbach, 1977; Seelbach and Sauer, 1977; Johnson and Bursk, 1977; Treas, 1977; Shanas, 1979; Dowd, 1980; and Dowd and LaRossa, 1981). Contemporary social scientists have documented generational solidarity in shared values and beliefs (Bengtson, et al., 1976) and have described the affection, attention, and assistance which adult children routinely provide to elderly family members (Shanas, 1968; 1979; Sussman, 1962; 1965; and Streib, 1968). The isolated nuclear family perspective was also discredited when studies began to appear on the amount of contact that aged parents had with their adult children. It was found that of the aged who had adult children, 52 percent generally saw at least one of their children daily (Tibbitts, 1977). An additional 26 percent reported seeing at least one of their children minimally once a week. Only 13 percent said they never or only occasionally saw their children. Harris and Associates (1975) reported that the frequency of interaction with adult children did not vary whether the aged parents were married, widowed or divorced.
Still other studies on the amount of intergenerational exchange have negated the theory of the isolated nuclear family. Johnson and Bursk (1977) found that reciprocal patterns of exchange existed in 93 percent of the aged who had adult children. As would be expected, help and aid to children and grandchildren is dependent on the income level of the aged (Harris and Associates, 1975).

About 82 percent of the aged have living children (Brody, 1978). Of those with children, about 30 percent live in the same household with their adult children. Elderly women are almost twice as likely to live with their children than older men (Johnson and Bursk, 1977). Generally, a widowed older woman in poor health is most likely to live with an adult child. Older married couples are seldom found living with their adult children. Most of the aged who reside with an adult child do so in a two-generation family. Kaplan (1975) reported that only three percent of the aged who lived with an adult child also lived in a household with grandchildren.

In 1980, only 11.3 percent of the United States population was 65 years or older compared with only 4.1 percent in 1900 (Developments in Aging, 1981). This proportionate growth owes less to improved health and survival than to the historical trend toward smaller families. Because successive cohorts of women bore fewer children than did their mothers and grandmothers, the ratio of older "dependents" to
younger "producers" has risen (Treas, 1977). Despite the improved survival chances of offspring, Treas states "the aging parent, having raised fewer children, will have fewer descendents to call upon for assistance than did his own parent" (1977:487). Soldo and Meyers (1976) found that childless or low fertility women have a 15 percent higher chance of institutionalization before age 75 than do women who bore three or more children. The older population has experienced not only growth but also changes in composition. Presently, an older relative is more likely to be a woman, a widow, and very old (> 75 years of age).

Sussman and Burchinal (1965) contend that people, as they age, become more involved with their families than with non-kin or other types of activities. They state that the family's extended kin network is an extensive link between elderly parents and adult children and functions in indirect economic and social ways. Puner (1974) suggests that the importance of the family is further demonstrated by the fact that the 10-12 percent of the aged who have no family or close relationships with kin are those individuals who constitute the caseloads of social agencies.

Research conducted over the past twenty-five years has resulted in a moderate accumulation of knowledge regarding the family relationships of older people. It has been consistently documented that the elderly are very much involved in kinship networks. When assistance is required,
the family, rather than the formal service system, is the major provider of needed health care and social supports (Brody, 1966; Shanas, et al., 1968; and Shanas, 1979). In addition, data from the 1975 national survey of noninstitutionalized aged confirm that the primary caregiver in times of need is a spouse, if there is one, and an adult child when there is no spouse. Given the incidence of widowhood in old age, adult children clearly emerge as the primary family supports to the frail elderly. Research (Horowitz, 1980; and Stoller, 1983) has pointed to the importance of adult daughters as caregivers for the impaired noninstitutionalized elderly. The amount of assistance provided by adult children varies in response to the older parent's level of need, with the highest levels of involvement associated with those elders exhibiting high activity limitations (Stoller, 1983). A review of literature focusing on parental caregiving by adult children has demonstrated a bias toward the female-linked kinship network (Seelbach, 1977; Troll, 1979; Horowitz, 1980; Stoller, 1983; and Cicirelli, 1983). This extends to every dimension of parent-child (i.e., filial) interactions. Some studies have suggested that daughters are perceived to be, as well as perceive themselves, as emotionally closer to their parents than are sons (Adams, 1968; Jackson, 1972; and Johnson and Bursk, 1977). Although the 'visiting linkage' is generally strongest along the female line, married women are less
involved in kinship networks than are women of non-marital status (Atchley, Pignatiello, and Shaw, 1975). Contemporary social research (Seelbach, 1977; Horowitz, 1980; and Stoller, 1983) supports the contention that the sex of the adult child is one of the most important and consistent predictors of caregiving involvement, when an elderly parent's needs increase. When it comes to financial assistance or decision making, sons have been found to play more of a substantive role ( Levav and Minami, 1974; and Nye, 1976); whereas daughters have predominated as direct service providers (Troll, 1979; and Brody, 1980).

In a review of factors pertaining to the consequences of caregiving, when the caregiver's nuclear family was supportive of the role, regardless of whether it provided actual assistance, the impact of caregiving was perceived as less stressful ( Horowitz, 1980). In addition, support was found for the hypothesis that impact was more severe in joint rather than separate households ( Horowitz, 1980). In this context, when older parents were found to be in poor health, they tended to be dissatisfied with their lives (Johnson and Bursk, 1977). Consequently, this dissatisfaction had a negative effect on their relationships with their adult children.

The Emergence of Filial Responsibility
Research indicates that about 80 percent of the frail
aged receive in-home assistance from their families (Hooyman and Lustbader, 1986). In many cases, assistance takes the form of financial contributions, generally in a reversal of the roles of earlier life. This reversal takes place because of the reduced income of the aged parents and the increased income of the adult children (Johnson and Bursk, 1977; Sussman, 1970; and Tibbitts, 1977). Blenkner (1965) referred to this role reversal as a "filial crisis" that could be resolved by the adult children achieving "filial maturity." It is in this context that expressions of "filial responsibility" may emerge. The conception of filial responsibility, first introduced by Schorr (1960), refers to adult children who are willing to assume supportive or caretaking roles for their aged parents. As the aged experience an increased need for assistance in personal maintenance activities and in the activities of daily living, in many cases, a concomitant increase in physical, economic, social, and psychological dependencies arise (Seelbach, 1977). It is through an adult child's awareness of these needs that expressions of filial responsibility emerge. With an emphasis on protection, duty, and care, filial responsibility is an attitude of personal responsibility toward the maintenance of parental well-being (Blenkner, 1965; and Seelbach, 1977). Specific varieties of filial responsibility include shared households, financial management, personal care and grooming, and other forms of
assistance to meet the daily needs of aged parents. In this type of relationship, the elderly parents realize that they can count on their children when needed and they do not have to feel as if they (the aged parents) are a burden (Sussman, 1976).

Up to the point of failing health in old age, the parent has gone through stages in which the child moved from the complete dependency of infancy to an independent lifestyle barring parental support of any kind. Then the tide begins to turn as the younger generation may take on more responsibility for the care of the aging parent. This process is often referred to as role reversal. As poor health becomes pronounced, the family circle becomes closer either through pull (affection and esteem for one's elder), through push (a realization that one's elder has limited options and/or resources and that kin must help) or both. Children may tend to increase contacts, make residential changes and take on supportive or caretaking roles. Even those who live far away will contribute what they can (Sussman, 1976). Litman (1971) found that children seem to accept filial responsibility for indigent parents verbally and actually. But when children do come to the rescue, research has found the response to be a lack of gratitude (Blau, 1964; and Sussman, 1976). Older parents who are in poor health tend to express dissatisfaction with their children, despite the adult child's efforts. In this
situation, the older parents suspect that their children feel as though they (their parents) are burdens.

The fate of all individuals who undergo slow, debilitating, and irreparable illnesses may be to feel deviant or socially unacceptable. But such an experience can be especially poignant when the caretakers are one's own children. Baum and Baum aptly state that "the very persons for whom the parent modeled independence and to whom they taught the value of standing on one's own feet in life, now directly witness the failure of the parents themselves in this regard" (1980:167).

Maintaining a viable, extended-kin network and managing successful intergenerational relations present difficulties in our society. One attempt to alleviate this problem stems from working out a mutually satisfying arrangement of perceived "intimacy at a distance." But the degree of independence of households makes the network connections loose and much too weak to provide long-term care for the disabled elderly. Sussman (1976) suggested that, through inheritance, elderly individuals could attenuate some of the burden associated with the caregiving role by rewarding these caring children. Unfortunately, most elderly individuals have little to will to their offspring. Furthermore, a prolonged illness is likely to deplete whatever assets they had accrued. Thus, in the end, the parent-child relationship is likely to become taxed if a lengthy illness
marks the end of life. Although hospitals, long-term care facilities, and other components of the health care system take on the responsibility of caring for a frail, dependent elderly family member, many children render their services even to the point of considerably disturbing their own lives (Baum and Baum, 1980).

The familial circumstances that are a part of intergenerational relationships of America's senior citizens are of continuing interest to social planners, practitioners, researchers, and, naturally, to the countless number of individuals who are personally involved (Tibbitts, 1977). There are two main reasons why both the academician and the layperson are genuinely concerned with the nature of this interrelationship. First, the family is the basic social institution to which individuals are traditionally oriented over the course of the life cycle. Second, it has been consistently documented that the family, rather than the formal service system, is the major provider of needed health care and social supports for older people in meeting the needs of later life (Sussman, 1965; Tibbitts, 1977; Shanas, 1979; and Horowitz, 1980). Indeed, the family is the "last stronghold" to which the elderly turn as the vicissitudes of aging make an independent lifestyle more difficult to maintain (Tibbitts, 1977).

In light of the fact that cultures and subcultures within our society define both the needs of its members and
the ways in which its needs are met, family theorists (Johnson and Bursk, 1977; and Hooyman and Lustbader, 1986) point out that in today's society there are no uniform cultural guidelines and no specific behavioral norms and models for caring for older family members. "Our society does little to prepare families for this nearly universal role of caregiver to older relatives (Hooyman and Lustbader, 1986:5)." Therefore, it can be expected that increasing numbers of contemporary parents and offspring will be encountering the realities of filial responsibility due to demographic changes which have accompanied industrialization and urbanization (Seelbach and Sauer, 1977).

Race and Ethnicity as Correlates of Filial Relations

This section explores the role of race and ethnicity as macro-level correlates of filial responsibility, by selectively examining the contributions of race and ethnicity to patterns of familial interaction. As the family has been consistently documented as the most important source of aid and support for older people in the United States, particularly in times of need, a major concern is to bring to light the fact that there are considerable differences in the social networks of older people according to racial and ethnic background. Weeks and Cuellar (1981) state that "varying cultural patterns place different emphases on the obligations of children toward parents and on the nature of
the parent-child relationship itself”. The implications of an analysis in this area are both theoretical and methodological in scope.

The current body of literature in the area of parent-child relations tends to avoid analyzing the filial interchange from a macro-analytical level. That is, the influence of social structure (e.g., particular cultural determinants such as normative orientations) on decision-making and interactive patterns in the family have not been consistently documented. All levels of social structure need to be taken into consideration. Hays and Mindel (1973) provide support for this contention in the following passage:

"From a pluralistic perspective the family structures of any particular group can be analyzed only in terms of the particular culture which serves as a boundary for the types of behavior that are appropriate and meaningful. Since individuals from different subcultures operate in different social situations, the salient structures that they finally use in the formation of their families are likely to also be different. The differences ... of family structure for differing ethnic and minority groups, then, can be analyzed and understood best from this perspective (p.51)."

Ethnic Minorities

Currently, ethnic minorities comprise nearly half of the population of Americans aged sixty-five or older (Developments in Aging, 1981). Approximately 78 percent of these ethnic elders are members of first-generation descendants of white European families who arrived in America
either before World War II ("old immigrants") or afterward ("new immigrants"). The remaining 22 percent includes ethnic groups whose ancestors lived in America before the advent of white settlers or were transported from other parts of the world to work as slaves or servants. There are also members of groups that, like many white ethnics, migrated to the United States to escape oppression in their homelands and to seek opportunities for improved quality of life in this country.

White Ethnic Minorities

The proportion of white ethnic elders is substantial, due to the massive influx of immigrants from Europe over the past century. White ethnics represent a wide variety of national origins and cultures. Group and individual differences distinguish elderly white ethnics with respect to the length of time they have lived in the United States (old vs. new immigrant status), the physical, social, emotional, and economic environments in which they live, and the degree to which they have become assimilated and incorporated into the mainstream of American life. According to Kastenbaum (1979), their representation will likely decrease within the ranks of older minority members in the future, as a result of (1) the declining flow of persons emigrating from Europe to the United States in recent years; (2) the "generational shift in ethnic saturation" through which
successive generations of foreign-born persons who live and grow old in America identify themselves (and are identified) less in terms of their ethnic roots and more as "Americans;" and (3) the expected rise in the numbers of aged Hispanics, Asian-Americans, and other minorities "of color" over the next several decades. It should be apparent that those older minority members who live within their own ethnic enclaves are more likely to find support and reinforcement for the preservation of their culture than are elders who live in more culturally or ethnically heterogeneous environments. Those living in essentially ethnic communities have greater opportunities for passing along artifacts and the history of their ethnic group(s) to successive generations.

In contrast to the notion of the "melting pot," in which all ethnic groups are subsumed without clear distinction into one large American family, it appears that the model which better describes the family patterns of many white ethnic elders is that of "integrated pluralism" (Trela and Sokolovsky, 1979). This model suggests that the ethnic identity of minority members is reinforced by social ties and activities that exist against the backdrop of American life. The response of white ethnic elders to the pressures of social conformity in this country has been tolerant and compliant to a degree. Yet these individuals are still dedicated to the preservation of their unique cultural
identity, often becoming more involved and immersed in ethnic group activities and family life in their later years. In this context, Hoyt and Babchuk (1981) found that aged individuals are more likely to identify with an ethnic group than younger individuals and that such identification is closely related to increased levels of participation in familial and social groups. This is consistent with an existing body of literature which reports that there continues to be important differences in normative orientations between persons who identify with various ethnic groups. Hoyt and Babchuk's (1981) results indicated that the aged are both more likely to identify with an ethnic origin, and to report that it is important, moreso than those who are younger. With an additional relationship demonstrated between ethnicity and age on self-concept and affiliation, this study suggested the importance of considering ethnic identity when analyzing activity levels of the aged. Furthermore, as this study reported variation in ethnic identity between older and younger age cohorts, one implication relevant to this dissertation is the extent to which notions of filial responsibility are congruent between the ethnic aged and their "Americanized" adult children.

In her study of "emotional needs of elderly Americans of Central and Eastern European background," Mostwin (1979) found that, not unlike elderly from the majority, the respondents surveyed preferred to express their love for
family members in the context of "intimacy at a distance." While few ethnic elders were found to live with their adult children, many enjoyed frequent contact with their children and grandchildren. In many cases, these elders eschewed government or any other support in favor of maintaining ties of dependency with family members.

Gutmann (1979) analyzed the kinds of ethnic support systems which best met the needs of white ethnic elderly from eight different groups (Estonians, Greeks, Jews, Hungarians, Italians, Latvians, Lithuanians, and Poles) living in Washington, D.C., and in Baltimore, M.D. Despite the availability of a variety of formal support systems to these individuals, Gutmann discovered that approximately three-fourths of the elders sampled did not take advantage of such services. Gutmann's contention is that the services were not utilized because the needs of the ethnic elderly were being met in other informal ways by family members. Additionally, adherence to traditional values also reduced the likelihood of ethnic elders sampled to employ such services. According to Gutmann (1979), those elders born in the United States as well as those who had migrated to this country following World War II tended to rely on formal support services to a greater extent than those who came to America before the war. The finding was attributed to the fact that the "new immigrant" groups were better educated and more aware of the existence and nature of such services.
It was also contended was that it may be the result of differences in the levels of incorporation into American society and willingness to participate in social institutions. The elderly in Gutmann's sample generally expressed greater confidence in members of their families and ethnic friendship networks for social support in potential times of need.

Gelfand and Fandetti (1980) analyzed 113 Italian American men in Columbia, MD. to assess their attitudes toward care for the aged. Results of this middle-aged sample indicate that over one-half favored the elderly living outside their households, regardless of the older person's physical health status. The authors conclude that attitudinal changes which reflect a deviation from traditional structures of the family (e.g., an extended family orientation) will increase the pressure on formal, community-based service systems to either supplement or supplant necessary health care and social support delivery systems.

Based on the studies presented above, it would seem that as individuals become more "Americanized" through the process of cultural absorption or assimilation, they tend to deviate from traditional family patterns of self-reliance for needed social and health care support and become tolerant of or even encourage the use of formal service delivery systems.
In a study on "the Mexican-American extended family as an emotional support system," Keefe, et al., (1979) compared Anglo American with Mexican-American family structures. The Mexican-American family was characterized as a large and cohesive kin group embracing both lineal and collateral relatives. Ties beyond the nuclear family were very strong and extensive, and reciprocal rights and duties were connected with all relatives including grandparents, aunts, uncles, and cousins (Keefe, et al., 1979). Accordingly, in the Mexican-American family, one can always find cooperation and assistance in times of need.

In contrast with Mexican-Americans, Anglo Americans were described as having a limited amount of familial resources. The authors quoted Madsen (1969), "the Anglo family is unclear, and relatives frequently are not known." The most enduring bond is between the parent and child but the child is socialized for the time in which (s)he will be removed from parental authority and confront society alone. Interestingly, the authors hypothesized that as Anglos experience stress in isolation (falling squarely on the shoulders of the individual who has only himself to blame), they are more susceptible to mental illness. Results of their study indicated that Anglos tended to live apart from their extended family or have only a few related households nearby. Conversely, as suggested above, Mexican-American families tended to be well-integrated and encompass three or
more generations. This difference didn't appear to have much of an effect on the likelihood to seek emotional support from relatives. Anglos were, in many cases, at a disadvantage in having to go out of town for this form of support. However, this did not appear to greatly dissuade them.

When focusing on the same ethnic group, Woehrer (1978) found that it is common for Mexican-American families to care for their aged parents in their own homes. In addition, with roles largely confined to the home, mother-daughter relationships (forming the most pervasive of all filial interactive bonds) remained close throughout the lifetime of the individuals. It should be emphasized that the above cited research offers only a rather cursory glance at a wide range of behavior exhibited by white ethnic elders. Nonetheless, these works do suggest the continuing importance of ethnicity in the lives of older people and its influence in patterns of familial interaction.

Nonwhite Ethnic Minorities

The history of nonwhite ethnic minorities in the United States is rather distinct from that of their white ethnic counterparts. While white ethnics are generally rated "low" in terms of their ethnic distinctiveness, nonwhite minority members usually range from moderately to highly distinctive in comparison with majority groups (reflecting both racial
and cultural differences). Nonwhite ethnic groups have been described as members of "quasicastes" (Blau, 1974) due to the pervasive limitations on their social and economic mobility perpetrated and maintained by the dominant group.

Despite the inclusion of black subsamples within social scientific analyses, a review of the literature indicated that relatively little attention has been given to potential black-white differences in family interaction and support. Shanas (1979) found the family to be important in the social support of the elderly but she used gender, not race, as a control variable. Seelbach and Sauer (1977) included racial comparisons in their study of morale among aged parents but their analysis was limited to urban, low-income persons. Dowd and Bengtson (1978), using a probability sample of Los Angeles County residents from 45 to 74 years of age, found minority respondents (Mexican-American and black) interacted more frequently with family members than whites.

Hays and Mindel (1973) examined the "extended kinship relations in black and white families" by comparing the differences in extended family cohesion. The authors contend that the black family should not be considered pathological or deviant (as illustrated by the well-known "Moynihan Report" (1965)), but as a separate subculture within a pluralistic society. Some of the findings that stem from Hays and Mindel's (1973) research include support for the contention that black families interacted with
extended kin more than whites and also perceived them to be more significant. In this context, the authors state that extended family cohesion is more important for black than for white families. Extended kin played a much greater role in the socialization of the child in black families than in white families. A high degree of sibling solidarity was also present in the black sample. In relation to family reliance, black families rely far more heavily on the family as a source of material, social and emotional support in times of crises than white families.

Additional support for the supposition that blacks have a much greater cohesive bond between members of their extended kinship system than between whites is provided by Woehrer (1978). Citing the 1970 Census as his data source, it is pointed out that 48 percent of elderly black, female-headed families include relatives under 18 years of age. This is then compared with 10 percent for whites with the same family structure. It should be emphasized, however, that comparisons of this type (i.e., the generic "white" versus "black" dichotomy) hide enormous variation in kin relations for specific white ethnic families and for social class differences.

In summary, there are considerable differences in the social networks of older people according to their ethnic or racial background. After an overview of research in the area of social networks and familial interaction, a
literature review was presented describing both white and nonwhite ethnic minority patterns of family involvement. The major problem up to this point is that no studies have focused on the issue of ethnicity and filial network interaction, per se. The final study to be presented in this section will focus on this specific issue.

Weeks and Cuellar (1981) suggest that Western societies value highly independence and self-reliance, whereas non-western societies (e.g., Asia) extoll a non-negotiable stance on filial duty that is absolute. The authors state that these kinds of cultural differences continue to exist (perhaps in modified form) even when people migrate. Based on their contention, one would expect to find that even in the United States some of these cultural differences will remain between ethnic groups. Specifically, one should expect to find older members of Asian-American groups to be more interwoven in a network of kin relationships than people from Western ethnic backgrounds.

Direct support of this hypothesis came from data on 1,139 interviewees representing 10 different ethnic groups collected by Weeks and Cuellar in 1980. The discussion to follow is based on Table I presented below. The first and most fundamental question addressed in this study is whether or not parents share a household with their children. It can be seen that the percentage of elders 65-74 who live with children is higher for all Asian groups than for any
group of Western background. Furthermore, the percentage seems to be higher for more recent immigrants (Guamanian, Samoan, Pilipino, and Korean) than for the longer term immigrant groups (Chinese and Japanese).

The next question is whether the elderly are following their preferences for living patterns. Based on the data presented in Table I, it would seem that they are. In fact, there is a slight tendency for fewer old people to prefer living with their children than are actually doing so. These data suggest that variation in family networks that one may expect to find cross-culturally, do show up as expected in the ethnic backgrounds of people living in the United States.

Within this dissertation, the bases for employing the conception of race/ethnicity within an analysis of filial relationships are: (1) to help to contribute to an understanding of the institution of the family by addressing the
normative role of culture within both the structure of the family and within family relations; and (2) to serve as a basis for identifying potential problem areas within family systems. It is in this context that the contributions of race and ethnicity to the family care systems of the aged will be analyzed.

On Parent-Child Relations: An Overview of the Theory of Filial Exchange

The realization that some form of family care system exists for most older people has raised new questions regarding the consequences for the family inherent in providing long-term care to an elderly parent. Empirical investigations have only begun to focus on the difficulties of caregiving from the perspective of the caregiver. It is in response to this reality that this study will focus on the nature of the role(s) of an adult child who is a care provider to a dependent elderly parent. Attention will be directed toward changing perceptions of this role, based on variation in sociodemographic and situational factors measured for two points in time.

Specifically, this research will identify and examine factors associated with the emergence of a series of caregiving activities. With a particular focus on several dimensions of each role (e.g., changes in frequency of performance, length of involvement and level of
responsibility), this investigation will examine how these roles affect the social and psychological cost of an adult child.

The perspective assumed within this dissertation suggests that parent-child relations involve three temporal stages, each exhibiting a distinct form of exchange. In the first stage, characterized by a filial interactive network, parents are able to make considerable demands on their children, because of the variety of resources that they possess. The nature of exchange within this network is mainly differentiated in favor of the parents. There tends to be a considerable degree of role consistency within this stage as lines of conduct are based on a general framework provided by community and cultural definitions.

In the second stage, characterized by a filial exchange network, differentiation tends to be less pronounced. As young adults enter the work force, relocate and establish their own residence patterns, the amount of resources that both the parent(s) and their adult children have become more balanced with respect to each other. With the onset of this second stage, the statuses of parent and child undergo change. Consequently, individuals perform specific favors for one another, but they themselves do not feel as though they are obligated to do so. Over time, activities and services that were once marked by non-obligatory involvement emerge as reciprocal obligations.
In time, as reciprocal obligations become routinized, a crucial crisis will, in many cases, confront adult children. The onset of this crisis marks the beginning of the third and final stage in filial relationships. The two major characteristics distinguishing stage two with this emerging stage are an increase in the differentiation between parents and their adult children and an unprecedented filial role reversal. In recognition of needs associated with age-related changes, expressions of *filial responsibility* may emerge on the part of adult children. Over time, specific patterns of responsibility associated with these expressions become institutionalized. As *institutionalized obligations* become a reality, there is an increased probability that an adult child will experience difficulty (i.e., social-psychological costs) associated with the caregiving role of an adult child.

The following five propositions, which stem from the theoretical analysis to be presented in Chapter II, form the foundation of a theory of filial exchange. Qualitative analyses of these propositions and an empirical investigation of hypotheses derived from propositions four and five

1. An obligation that, over time, becomes institutionalized will be quantitatively analyzed within this study. As there are seven caregiving activities (i.e., role obligations) to potentially perform, these quantitative indicators will provide the bases for supporting/rejecting the theoretical construct "institutionalized obligation" found within the fourth proposition of this investigation.
A THEORY OF FILIAL EXCHANGE

Proposition One

The longer the amount of time involved within a Filial Interactive Network, the greater the probability that a Filial Exchange Network will occur.

Proposition Two

The longer the period that a Filial Exchange Network ensues, the greater the probability that Reciprocal Obligations will emerge and guide subsequent behavior.

Proposition Three

The longer the period that Reciprocal Obligations had been established, the greater the probability that an adult child's perception of Filial Responsibility will emerge.

Proposition Four

The longer the amount of time involved in patterns of Filial Responsibility, the greater the probability that Institutionalized Obligations will emerge and guide subsequent behavior.

Proposition Five

The more often within a given period of time the emission of a particular Institutionalized Obligation has been forthcoming, the less valuable is the activity, and the greater the probability that the adult child will incur costs.
CHAPTER II

THEORETICAL ORIENTATION OF THE STUDY

The theme of this dissertation will reflect a concern for developing axiomatic theory. An important issue to address, in light of this emphasis, is the advantage of conceptually organizing (i.e., constructing) such a reality. There are several reasons for this approach. First, it calls for a careful description of a specific phenomenon (e.g., filial relations), theoretically, by emphasizing concepts and propositions used within this theory. Second, each concept has to be clearly defined, using both conceptual and operational definitions. Third, axiomatic theory can provide a parsimonious summary of actual and anticipated investigative findings. Rather than suggest a series of independent propositions, axiomatic theory discriminatively presents only the essential ones. Zetterberg (1965) suggests the fourth advantage of axiomatic theorizing; "to coordinate research so that many separate findings support each other giving the highest plausibility to the theory per finding (p.163)." This implies that verification of any one proposition contained within a set of interrelated propositions tends to provide support for the entire theory. Fifth, the form of axiomatic propositions enable a researcher to investigate all consequences of the stated
axioms. This helps to determine what features of the theory are supported or call for additional research. Finally, the axiomatic form is compatible with causal analyses (Nachmias, D. and Nachmias, C., 1981). Therefore, the axiomatic form is suitable for ordering and simplifying the view of parent-adult child relations presented in this dissertation.

The theoretical bases of this study stem from two sources. An attempt will be made to integrate specific exchange principles of Peter Blau with select role-theoretic assumptions developed by Ralph Turner to better account for the emergent conditions and temporal dynamics associated with parent-child relations. The application of both of these theoretical perspectives to this area will provide a platform from which a general life cycle theory of parent-child relations will be presented. Based on such conceptions and principles, the theory to be developed will suggest the temporal sequence of a series of emergent issues associated with the filial interrelationship.

This chapter is divided into five sections. In the first section, a relatively recent theoretical orientation in the field of sociology will be presented. Over the last three decades, exchange theory has become one of the most prominent theoretical paradigms in sociology (Turner, 1982). After a general theoretical overview of social exchange has been examined, in section two, an analysis of Peter Blau's (1964) exchange perspective will be presented and applied to
the area of parent-child relations. In order to move away from a purely micro-analytic view of filial interaction and attempt to address how socialization in the structure of society shapes individual conduct (and vice versa), the third section will selectively explore Ralph Turner's theoretical assumptions of role from both an emergent and interactive framework. Based on the presentation and integration of these two perspectives, section four will introduce a general life cycle theory of filial relations. After the general theory has been described, in the fifth and final section of this chapter, hypotheses derived from two of the five propositions incorporated within the theory will be examined.

Social Exchange in Perspective

In our daily lives, we continually encounter situations where we are giving some form of aid and assistance in exchange for something else received in the past, or in anticipation of receiving something in the future. This may take the form of a smile in return for a smile or it may be a dinner invitation for a favor done. The exchange concept is so pervasive in our daily interactions that we generally assume its utility without even realizing it. In fact, according to Befu (1980), in all societies, some principle of exchange is operating, and for each individual some form of behavior is governed by some such principle.
In this context, a basic assumption of a social exchange perspective is that dyadic interaction will most probably be continued and positively evaluated if the individuals involved in that interaction "profit" from it; that is, if the participants view the interaction as being more rewarding than costly (Shaw and Costanzo, 1970). Becker's designation of a man as Homo reciprocus (1956) is quite apt, pointing to the presumption that, in an interactive context, the reciprocal exchange of rewards and punishments is as old as human history.

Much of social life is

an intricate exchange in which every participant in interaction approaches and withdraws in patterns that add to or subtract from his store of power and prestige. Everyone accumulates, by the judicious use of favors and services, a credit of power which he then invests in subsequent transaction (Bierstedt, 1965:169).

To speak of social life is to speak of the associations between people. All social interaction may be viewed as an exchange of rewarding behaviors between two social actors -- whether these actors are individuals or larger units (i.e., organizations, nationstates, and so on) (Dowd, 1980). From the viewpoint of behavioral psychology, exchange is "an interactive relation between two parties ... based upon reciprocal reinforcement" (Stolte and Emerson, 1977:19). As people interact with one another, they set precedents. Each interaction serves as a basis for performing and assessing prospective encounters of the same or similar
type. Collins (1975) stated that men live by anticipating future encounters and recalling past ones. When continued instances of social interaction occur with the same or similar individuals exchanging the same or similar behaviors, the interaction may be considered institutionalized. Individuals expect a certain reward for specific behavior which has been sufficiently established. This is what is meant when the term "social structure" is used, i.e., the routinization or regularization of social interaction. Thus, social exchange supports existing systems of stratification by creating superordinate and subordinate relationships through the differentiation of power and dependence (Mitchell, 1978; and Dowd, 1980).

When social actors occupy different positions in a particular stratification hierarchy (e.g., the positions of middle-aged child and aged parent), the effect of social structure on social exchange can be theoretically examined. As the resources of these actors are unequal, the rules for the exchange are determined by the actor(s) with the greatest power and resources. Several problems may emerge for the subordinate party with the routinization of this type of exchange. Dowd contends that, "the main problem is that, over time, 'unfair' exchange rates become 'fair'"

1 The conception of "institutionalized" patterns of behavior plays an important theoretical role within this study and will be discussed at a later point in this chapter.
exchange rates" (1980:49). In terms of parent-adult child interchange, once the terms of the exchange have been established by the adult child, there is little that can be done to readjust this institutionalized and unbalanced exchange rate.

Generally, the concept of social exchange directs attention to the emergent properties in interpersonal relations and social interaction. A person for whom another has performed a service is expected to express his gratification and return a service when the occasion arises. Failure to express his appreciation and to reciprocate tends to label him as an ungrateful individual who does not deserve to be helped. In applying this to parent-adult child interchange, at least two outcomes can arise. As an adult child provides some needed service to his/her elder, an immediate payoff may or may not be exchanged. If an activity or service performed by the adult child has become institutionalized, where an exchange rate has been established, in time, a reduction in the value that the adult child presently feels toward the service (i.e., reinforcer) may cause a renegotiation of the one-time established "fair" exchange rate. If an exchange rate had never been established, it would be expected that the adult child would either keep a mental tab of his/her provision of services (in anticipation of receiving a payoff to balance the interrelationship) or discontinue the provision of services
entirely (based on a perception of unfair exchange).

Social relationships are the joint product of the actions of both individuals, with the actions of each being dependent on those of the other. When the dyad forms an intimate relationship of intrinsic significance, such as the one characterized by a parent-child bond, individuals often do favors for one another. This occurs not with the expectation of receiving repayments but to express their commitment to the interpersonal relation and sustain it by encouraging an increasing commitment on the part of the other (Blau, 1964).

In this context, an attempt will now be made to contribute to an understanding of a significant and pervasive dimension of family life, i.e., filial responsibility, by examining the exchange processes that influence and guide parent-child relationships.

Blau's Theoretical Strategy

This section will examine a portion of Peter Blau's (1964) earlier work that focuses on the processes of exchange which, in his view, directs much of human behavior and underlies relationships among individuals and groups (Blau, 1964). As Blau had been heavily influenced by the theoretical perspective of George Caspar Homans (1950; and 1961), an analysis of Blau's early work would not be complete without entering this prominent exchange theorist
42

into the context of the discussion. A brief description of Blau's theoretical approach will now be presented.

A Synopsis of Blau's Theoretical Orientation

Blau advances what he terms a theoretical "prolegomenon" — a preliminary attempt at theory construction which can serve as an exemplar to more mature forms of theorizing. His concern is with developing a set of concepts and propositions which then can provide the basis for identifying and apprehending the processes involved within a wide range of sociological phenomena. These processes range from the behavior of individuals in small-group contexts to the complex interactive networks of entire societies. Incorporated within Blau's major theoretical work are two underlying dimensions. The first involves a conceptualization of basic, face-to-face, exchange processes that govern the relations between individuals which occur in relatively small interactive networks. The enumeration of this fundamental task will then lay the foundation for the second dimension of Blau's work. Here he attempts to expound his "simple exchange" conceptualization to include more complex and indirect exchange processes that are inherent in larger social systems. Blau's goal was to gain a greater "understanding of social structure on the basis of an analysis of the social processes that govern the relations between individuals and groups (Blau, 1964:2)."
In this way, his exchange perspective attempts to bridge the gap between the micro processes of interaction among individuals and the emergent structural units (e.g., groups, organizations, and institutions) at the macro-analytic level.

Blau's Basic Exchange Perspective

Whereas Homans (1961) defines all activity as exchange, regardless of whether rewards have been forthcoming or not, Blau defines exchange as a particular type of association. According to Blau, exchange involves "actions that are contingent on rewarding reactions from others and that cease when these expected reactions are not forthcoming (Blau, 1964:6)." Blau limits as exchange only those activities which are goal or reward oriented. This involves a process whereby actors choose from among various alternatives, or costs, a specific course of action which has the greatest probability of yielding an expected reward. In this exchange process, actors are conceptualized as seeking a profit (rewards minus costs) in their interactions with others. Thus, Blau limits the application of the basic concepts of all exchange theories (i.e., reward, cost, and profit) to those relationships in which rewards are anticipated and received from designated others. Clearly, it can be seen that Blau's definition of exchange is more circumscribed than Homans'. Both theorists limit the
behavior they consider meaningful (i.e., within their exchange analyses) to the following criteria:

(1) It must be social; thus when a person acts, (s)he must be directly reacted to positively or negatively by another.

(2) When a person acts, he must be rewarded or punished by the person toward whom his action is directed and not by a third party.

(3) The behavior examined must be actual and not merely a norm or societal expectation of appropriate behavior (Shaw and Costanzo, 1970).

In addition, both recognize that an elementary economic model is being employed (Blau, 1964). Furthermore, both Homans and Blau perceive that,

"unlike the simple economic man of classical economics (and of more recent rationalistic models of human behavior), humans (1) rarely pursue one specific goal to the exclusion of all others, (2) are frequently inconsistent in their preferences, (3) virtually never have complete information of alternatives, and (4) are never free from social commitments limiting the available alternatives (Turner, 1982:245)."

An important contrast with a purely economic model of human transactions shall be made. As people enter into social relationships which involve the exchange of rewards, the value of these exchanges (i.e., the actual rewards) vary from one transaction to the next. Without a fixed market value in social relations, rewards are not expressed by a single, accepted medium of exchange (e.g., money). A
methodological issue then arises — if social life is conceived to be a marketplace, how does one determine what constitutes a 'valuable' exchange, let alone a profit? The vagueness of this issue in social life is, according to Blau, not only a methodological problem, but a substantive fact (Blau, 1964).

In contrast to Homans, Blau does not state a formal set of exchange propositions as he was not concerned with developing higher order axioms of a deductive theoretical system. Instead, in a less explicit fashion, he employs a series of exchange principles (see Appendix A) which he views as guiding the dynamics of the exchange process (Turner, 1982). A subset of these principles will be applied to the area of parent-child relations in the following section, in an attempt to account for the temporal dynamics that are inherent within this special type of interrelationship.

Blau's Exchange Processes, Principles, and the Area of Filial Relations

Blau states that people enter into social exchange because they perceive the possibility of deriving rewards from designated others. He labels this "social attraction" and postulates that if relationships do not involve this perception, then they are not exchange relationships. Specifically, the following is proposed:
Principle One: "The more profit people expect from one another in emitting a particular activity, the more likely they are to emit that activity (Turner, 1982:245)."

According to Blau, as two individuals enter into an exchange relationship, each will assume the perspective of the other. This role taking capability results in an ability to derive some perception of the other's needs. Within the context of filial relations, where the child is a young adult, this conceptualization is applicable. Research (Johnson and Bursk, 1977; Tibbitts, 1977; and Bengston, et al., 1976) indicates that reciprocal patterns of exchange dominate each of the samples of elderly who have adult children. Contemporary social scientists have documented generational solidarity in shared values and beliefs and have described the affection, attention, and assistance which each member of the filial dyad provides to one another (Shanas, 1968; 1979; and Sussman, 1962; and 1965). Again, the issue of defining exactly how a "profit" is perceived becomes salient. As Blau points out, the values that people hold are inherently diffuse and differentially defined (Blau, 1964). But, unlike Homans, Blau does address this issue analytically. He conceptualizes four general types or classes of rewards that individuals can "extract" from one another.

The two perspectives assumed within this study (i.e., exchange theory and role theory) consider the role-taking capacity to be a key process in social interaction, as we tend to shape our world into roles.
another in exchange relations. These classes of rewards are money, social approval, esteem or respect, and compliance. Although Blau applies this conceptualization to situations in which these are the types of rewards that individuals with greater resources expect to receive from the other member(s) of an exchange relationship (i.e., once differentiation emerges), the application of this scheme need not be so limited. In the period of young adulthood, the adult child and his/her parent(s) may exchange all the general types of rewards listed above, at one time or another. Since the above cited principle is based on Homans' first, second, and third Axioms of his Human Exchange Theory (1961), further analysis of this principle is warranted to illustrate its relationship within the area of filial relations.

Blau's principle is concerned with the likelihood that an individual will continue to emit a particular activity. Accordingly, where previous stimulus situations have consistently been found to be rewarding, a person will derive variable degrees of profit from these prior exchanges. This increases the probability that the same person will currently perform the same or similar behavior, as (s)he anticipates that the outcome of the exchange will be the same (Homans, 1961). In this context, both the young adult-child and his/her parent(s) are, at this stage in their lives, involved in bilateral exchange. Both enter
into a specific exchange agreement anticipating a particular outcome. For example, in exchange for babysitting the grandchildren, an adult child may extend a dinner invitation. In this instance, neither member has a distinct power (i.e., resource) advantage over the other. This can be considered a bilateral exchange of compliance. Here, compliance would be a function of the perceived potential for deriving profit. The more profit one expects from emitting a particular activity (e.g., as a result of compliance), the more likely a person is to emit that form of activity again. This is congruent with Blau's first exchange principle.

Blau's second exchange principle is based on the assumption that, inherent within the exchange process, per se, is a principle of reciprocity. That is, as exchange relations ensue over time, a "fundamental" norm of reciprocity emerges and guides subsequent exchanges. The following exchange principle is proposed:

Principle Two: "The more people have exchanged rewards with one another, the more likely are reciprocal obligations to emerge and guide subsequent exchange among these persons (Turner, 1982:246)."

Implicit in this exchange principle is Blau's assumption that "the need to reciprocate for benefits received in order to continue receiving them serves as a 'starting mechanism' of social interaction (Blau, 1964:92)." This conceptualization flows smoothly into the area of filial relations.
In this context, a temporal relationship involving the bilateral exchange of particular activities may be seen. In the first principle, described above, the issue was solely on determining the probability of a particular activity's emission. Over time, individuals involved in a filial relationship tend to routinize specific patterns of behavior. They expect a certain reward for a specific pattern of behavior which has been sufficiently established. Emerging out of this, in the context of a temporal filial relationship, are patterns of bilateral, reciprocal obligations. In the past, the occurrence of particular exchange activities were non-obligatory in nature. According to Blau's second exchange principle, the likelihood that these patterns of exchange will develop into obligatory actions, over time, increases. As one example, suppose an unmarried son, year after year, invites his parents over for the Thanksgiving holiday weekend and his parents have always cooked the big meal. According to this principle, the likelihood that this son will continue to invite his parents over on Thanksgiving and have them cook the meal, even if he marries, is considerably strong. Thus, over time, as the conditions for principle one are met, this principle of reciprocity becomes codified into an obligatory norm. Violation of a codified, obligatory norm brings about disapproval and the potential for negative sanctions. Stated as a separate principle:
Principle Three: "The more the reciprocal obligations of an exchange relationship are violated, the more are deprived parties disposed to sanction negatively those violating the norm of reciprocity (Turner, 1982:246)."

Blau's first three exchange principles suggest that (1) continued social interaction is likely when both parties perceive a "profit" from their association, (2) the longer the period of time involved in this exchange relationship, the more likely are negotiated patterns of behavior to be normatively regulated by one another, and (3) violation of these norms of reciprocity are likely to disrupt the relationship. The applicability of these three principles to the dynamics of one form of parent-child interaction (i.e., bilateral exchange based on reciprocal obligations) was suggested. An integration of Blau's fourth exchange principle (Turner, 1982) within another area of parent-child relations (i.e., filial responsibility) provides an additional dimension to the utility of Blau's work.

Mutual aid and interaction frequency between parents and their adult children is considered the crucial intergenerational dimension by many social scientists (Troll, et al., 1979). As a general rule, parents tend to provide various forms of aid and assistance for as long as they are able. When a filial crisis occurs (e.g., due to an illness), the resulting shift from this pattern may require a response from an adult child. In recognition of the needs of a dependent parent, adult children often assume various
caregiving roles with little or no prior experience. Consequently, patterns of filial responsibility develop and shape the lives of those involved. According to Blau's (1964) fourth principle, as an individual continually provides an activity (or activities) for another in exchange for "expected rewards," over time, a decrease in the emission of that activity is likely to occur. That is, the emission of a continually rewarded activity should result, in time, in a satiation of the form of reinforcement provided by another. In the context of filial responsibility, it is contended that the probability of an adult child experiencing difficulties associated with the caregiving role as a consequence of routinely providing high levels of assistance is considerable. The following exchange principle is presented:

Principle Four: "The more expected rewards have been forthcoming from the emission of a particular activity, the less valuable is the activity, and the less likely is its emission (Turner, 1982:247)."

It should be emphasized that Blau's goal of enumerating concepts that capture (in loosely phrased and related propositions) the fundamental processes occurring at various levels of social organization can, at the level of filial relations, become a reality. The purpose of this section has been to apply Blau's conceptualization to the area of filial relations. Social exchange, then, forms one of the bases by which an analysis of parent-child relationships can be made possible. In order to address the legitimate claim
that an exchange approach, per se, to the study of social relations does not adequately recognize the effects of larger social structure, the application of theoretical principles which attempt to account for societal influences on role perception and performance will be necessary. In the following section, an overview of the nature of the relationship between role and society will be presented. This discussion is to be followed by a selective examination of Ralph Turner's role-theoretic assumptions (cited in Turner, 1982) which aid in our understanding (1) the complex interrelations among the expectations derived from social structure, (2) the mediation of these expectations through self-conceptions and role-playing capacities of actors in statuses, and (3) the resulting enactment of role behaviors.

Traditional Conceptions of Role in Society

Perhaps nowhere else in the area of group behavior is there as clear a synthesis of individual and group variables as in the concept of role. The functioning of any group, from the most informal face-to-face relationship to large-scale social groupings such as cities and states, takes place through a set of interrelated roles. While the concept is used extensively, in both theoretical and empirical investigations, there is no intersubjective consensus regarding its definition among anthropologists, psychologists and sociologists (Bonner, 1959). A role
refers to the action performed by an individual who holds a certain status. As Linton (1936) has pointed out, status and role are inseparable; they are a set of rights and duties which determine the individual's "place" or position in the group or community. This conception is intimately associated with the growth of the self as well as with the development of group behavior (Mead, 1934). Reciprocal and cooperative social interaction are direct functions of role-playing. When an individual plays a role, he acts in accordance with the culturally- or societally-based norms of his group. In cooperative activities, an individual learns to take the attitude of another person and respond to it in more or less prescribed ways. The individual learns to act in terms of the standards and values of his group. Outside of group influences, individual dispositions would not develop into attitudes, and acts based upon them would be meaningless. That is, the acts could not be anchored, for there would be no standards by which the individual could judge their relevance to his own and others' behavior (Biddle and Thomas, 1966).

An actor's role performance may have positive or negative implications for the group to which (s)he belongs. A role can be considered detrimental or nonproductive, not when it is played by an individual - for every role is performed as such - but when it is "individual-centered," or when it is "nonoriented or negatively oriented to group
building and maintenance (Bonner, 1959:374)." Role performance can become harmful to group functioning not because it is played in a group setting but against it. The deviant or "abnormal" person, for example, is anyone who rejects the group-expected roles and enacts roles which have no acceptable place in the group. Conversely, the "well-adjusted" person displays attitudes that are congruent with those of the group and who behaves in accordance with its definitions. In this context, we do not speak of the group's role, but of the member's role in the group.

The upshot of the foregoing discussion is that individual attitudes and behavior are markedly influenced by one's role in the group structure. By knowing the status and roles of an individual, as well as the group(s) in which the individual is affiliated, social scientists can predict with some degree of certainty how this individual will behave. For role theorists, society is viewed as a network of interrelated positions, or statuses, within which individuals enact roles. For each position, as well as for groups and classes of positions, role performance is determined by social norms and demands, by the performances of others, by those who observe and react to the performance, and by the individual's capabilities and personality (Biddle and Thomas, 1966). In each status, then, expectations about how incumbents are to behave can be discerned. Ultimately, social organization is composed of various networks of
statuses and expectations. Roles are regarded as the key linkages of individuals and society. The self is generally regarded either as a sense of identity that comes from playing one's roles or as "the set of all standards, descriptions, and concepts held by an actor for himself (Biddle and Thomas, 1966:10)." In either case, the self has no meaning or substance outside of the roles performed by the actor.

The purpose of the section to follow is to build on the preceding discussion by presenting a series of role-theoretic assumptions, developed by Ralph Turner (Turner, 1982), which trace the expectations derived from social structure through self-conceptions and role-playing capacities to subsequent role behaviors.

Role Theory and Social Interaction: The Perspective of Ralph Turner

Ralph Turner contends that, in general, role theorists present a "conformity model" of role. In this context, actors occupying a particular status perceive the normative expectations of their status, behave according to these expectations, and are socially sanctioned for their conforming behavior. Turner argues that, while not incorrect, this model is limited to select empirical situations. He emphasizes that a large amount of action and interaction involves the "active construction of reciprocal lines of
conduct among actors who seek to come to terms with each other in less structured situations (Turner, 1982:366)." His emphasis is on capturing the interactive processes underlying the creation, maintenance, and change of patterns of social organization. A selective analysis of Turner's basic assumptions regarding the nature of the social world will now be presented.

The Process of Role-Making

Turner contends that it is natural for individuals to shape their phenomenal world into roles. This process provides the basis for role-taking which is an essential feature of social interaction. Accordingly, as actors interact, they emit gestures or cues (e.g., facial expressions, words, bodily contenance, voice inflections, and so on) which are used to "put themselves in the other's role (Turner, 1982:367)". This phenomenon involves a potentially constant state of adjustment, as individuals attempt to facilitate cooperation. This process was first presented, at length, in the work of George Herbert Mead (1934) in terms of his conceptualization of "taking the role of the other". Turner then extends this line of thought by arguing that cultural definitions of roles are often vague and may even be contradictory. At best, actors develop and employ a line of conduct based on a general framework provided by cultural definitions. Turner emphasizes that
actors create their roles and, as an emergent interactive process, they must communicate to others what role they are performing. Operating within a "folk assumption," people interact as if everyone is playing identifiable roles and this assumption is what gives interaction a common basis. People then "read" gestures and cues in an effort to identify what role(s) others are performing and to determine the extent to which actors assume and assert the role(s) they are attempting to play. Turner argues, then, that role-taking is role-making. Societal members make roles in three senses:

"(1) They are often faced with only a loose cultural framework in which they must make a role to play; (2) they assume others are playing "a role" and thus must make an effort to discover the underlying role behind a person's acts; and (3) humans seek to make a role for themselves in all social situations by emitting cues to others that give them claim on a particular role (Turner, 1982:367)."

It is the transformation from a role-taking process to a role-making process which underlies all human interaction and ultimately facilitates cooperation with one another.

Turner's "Folk Norm of Consistency"

Turner contends that when individuals interact they assess behavior not in terms of its conformity to imputed norms, but rather, its consistency (Turner, 1982). If a member of a dyad's responses are inconsistent and are seen as being separate from an underlying role, then interaction
with that person will prove difficult. This is because people tend to group behavior into coherent units in order to make sense of one another's actions, anticipate each other's responses, and make necessary adjustments. An implicit "norm of consistency" develops within social relationships to aid group members in discerning the underlying role performed and the extent to which this role is consistently enacted.

After emphasizing the concepts of role-making and the norm of consistency as basic assumptions within his theoretical orientation, Turner then incorporates a conception that tends to lean more toward the position of Herbert Blumer's symbolic interactionism. The third assumption which Turner employs within the analysis of roles is that interaction is a process that is always tentative.

Tentative Social Interaction and Role Verification

As a tentative process, Turner suggests that individuals continually examine the conception they have of another's role. This is done by constantly interpreting the additional cues emitted by others. These cues are then evaluated for consistency with respect to those previously emitted in the context of the imputed roles of others (Turner, 1982). When inconsistent cues or gestures are emitted, an individual's perception of the other's role will undergo revision. Turner emphasizes that a given perception
of a specific role of another will only persist as long as it provides a stable framework for interaction.

According to Turner, individuals then attempt to verify that the variety of actions (i.e., gestures and cues) emitted by others in a social setting do, in fact, constitute a role. This can be achieved through the application of "internal" and "external" criteria. An example of a frequently used internal criterion is the extent to which an individual perceives a role as facilitating interaction. Although external criteria vary, they generally involve verification or validation of a role by significant others, groups, or commonly agreed upon standards (Turner, 1982). In this way, when an imputed role becomes verified, the conditions for stable, consistent and predictable interaction are maximized.

The discussion presented emphasizes the processual nature of roles. As individuals develop self-perceptions, attitudes and feelings out of interaction with others, they reveal self-conceptions of themselves as certain kinds of objects. As Turner and all role theorists stress, attempts are made to present themselves in ways that will reinforce their self-conceptions. Since interaction is contingent upon a constant process of determining the role(s) of another, "it becomes necessary for an actor to inform others, through cues and gestures, about the degree to which self is anchored in a role (Turner, 1982:369)." Thus, a
dynamic process occurs whereby interacting participants implicitly inform one another about their self-identity and the extent to which their role is consistent with their self-conception. In considering the potential range of role behavior in any given social situation, it should be clear that a continuum is possible. On the one hand, roles which are not consistent with the self-conceptions of an individual may be performed with a considerable degree of distance and disdain. On the other hand, those roles which are perceived as being central to an individual's self-concept will likely be played much differently.

Turner contends that the assumptions described above incorporate all of the various definitions of role presented in sociological literature, since all points central to any conception of role is included. In support of this statement, Turner (1982) asserts the following:

"... the emphasis on the behavioral aspect of role is retained, since it is through behavioral cues that actors impute roles. The notion that roles are conceptions of expected behaviors is preserved, for the assignment of a role to a person invokes an expectation that a certain type and range of responses will ensue. The view that roles are the norms attendant on status positions is not ignored, since norms and positions are often the basis for assigning and verifying roles. And the conception of roles as parts that people learn to play is preserved, for people are able to denote each other's roles by virtue of their prior socialization into a common role repertoire (p.369)."

Not only do Turner's assumptions point to the normal processes of social interaction, they also are sufficiently
general to address conflictual and stressful interactions. It is in this context that the utility and applicability of Turner's role-theoretic assumptions, within this study of parent-child relations, will be demonstrated.

The theoretical bases of this study stem from two sources. In the fourth section of this chapter, an attempt will be made to integrate specific exchange principles of Peter Blau with select role-theoretic assumptions developed by Ralph Turner to better account for the emergent conditions and temporal dynamics associated with parent-child relations. The application of both of these theoretical perspectives to this area will provide a platform from which a general life cycle theory of parent-child relations will be presented. Based on such conceptions and principles, the theory to be developed will suggest the temporal sequence of a series of emergent issues associated with the filial interrelationship.

Toward the Construction of a Theory of Filial Exchange

The discussion to follow examines the temporal dynamics that are characteristic of, and inherent within, filial relationships. The conceptualization to be presented stems from both literature reviews as well as from innovative means. The purpose of this section is (1) to integrate select components of Peter Blau's (1964) and Ralph Turner's theoretical perspectives (presented in the foregoing
sections of this chapter) within a seminal orientation representing a developmental analysis of parent-child relations, (2) to present, diagrammatically, a causal model that indicates the conceptualization that is based on this integration, and (3) to present a set of innovative propositions that form the theoretical foundation of this dissertation. This conceptual model suggests the temporal sequence of a series of emergent issues associated with the parent-child interrelationship in contemporary Western social structure: Filial Interactive Network (FIN), Filial Exchange Network (FEN), Reciprocal Obligations, Filial Responsibility, Institutionalized Obligations, and the Cost of Caregiving (COCG). At present, it represents an initial attempt toward the construction of a theory of filial exchange.

Exchange Principles, Role Dynamics and Filial Relations: An Application

Individuals are born into, and are socialized within, filial interactive networks (FIN's). A FIN characterizes the first of three distinct stages in parent-child relations. Within each family system, a FIN provides the basis for internalizing both familial and societal norms, values and expectations. Filial interactive networks consist of one's siblings and parents and are a viable part of the process of socialization until (approximately) one's
twenty-fifth year. These networks are characterized by a system of unequal statuses (e.g., adults over children and older siblings over younger siblings). Yet, conventionally, this "system" does not give rise to conflict, nor is it even recognized as such by the family members. For in living up to their prescribed roles, family members within a FIN are presumed to be carrying out their natural functions. Thus, in role-playing the series of rights and duties associated with occupying the status of male or female and parent or child, each family member acts out his or her own biological and psychological predestination. Furthermore, both parents are acting out the cultural rules learned in their own families, i.e., they are replacing their own parents. As pointed out by Turner in a discussion presented earlier in this chapter, cultural definitions of roles are often vague. Yet, in the stage characterized by a FIN, there tends to be a considerable degree of role consistency. The need for role-making (i.e., to communicate to others what role is being played) tends to occur when a family member's responses are inconsistent with imputed norms and are seen as being separate from an underlying role (thereby violating Turner's "folk norm of consistency). In this context, where

1 This age is chosen for an analytical distinction only. However, the U.S. Bureau of the Census (1980) had demonstrated that 95 percent of men between the ages of 25 and 34 participated in the labor force. Percentages decreased considerably prior to this age group.
a family member's role performance is recognized as "non-oriented or negatively oriented to group building and maintenance (Bonner, 1959:374)," interaction within the FIN will prove to be difficult and tentative. Consequently, an individual's perception of the other's role will undergo revision. This process, involving an evaluation of cues and gestures associated with the "nonoriented" member, will continue until a stable framework for interaction emerges and persists.

In examining the parent-child relationship from an exchange perspective, it should be stressed that the nature of the exchange within this network is mainly differentiated in favor of the parent. Because of the variety of resources that parents possess, they are able to make considerable demands on their children. In this context, the major type of reward that parents can extract from their children, in return for various resources allocated or for favors done, is compliance. By extracting compliance from a child, a parent has power, since the parent has the capacity to withhold rewarding services and, thereby, punish or inflict considerable cost(s). It should also be pointed out that through this differentiation of power and dependence, FIN's are stratified, as they create superordinate and subordinate relations.

As the young adult enters the work force and establishes his/her own residence (i.e., at about the age of
twenty-five), the nature of the FIN undergoes changes. Whereas, in previous years, differentiation was a pervasive fact that was dealt with by the child in various ways (e.g., compliance or respect and esteem), in the second stage of parent-child relations, the association becomes one that is characterized by a **filial exchange network** (FEN). The major differences between these two types of networks will now be examined. Differentiation within a FEN tends to be less pronounced than that which occurs within a FIN as the amount of resources that both the parent(s) and the adult child has becomes more balanced with respect to each other. It is at this stage in one's life, when an adult child is between 25 - 45 years of age, where Blau's first three principles (see section two) are applicable. As parent-child relations within FEN's become less differentiated than they were in the prior stage, individuals have comparatively more freedom to choose alternative means of acquiring valued resources. In fact, in some cases, the only reason why patterns of filial exchange may persist is to maintain a sense of interpersonal commitment to the parent-adult child relationship. Consequently, as one assesses these patterns, it should become evident that this stage is marked by non-obligatory involvement. That is, "patterned obligations" have yet to emerge. But, as pointed out in research cited

1 Recognizing that there will be variation in the onset of FEN by education, race, ethnicity and other factors.
earlier, this should not imply that a considerable degree of filial exchange does not exist in our society. What this does mean is that individuals do tend to perform specific types of activities for one another, but they themselves do not feel as though they are required to do so. Consequently, a large amount of filial action and interaction stems from the active construction of reciprocal lines of conduct (i.e., through the role-theoretic processes presented above) occurring in relatively unstructured situations. Within FEN's, over time, comes another change in the nature of the relationship. Whereas, in the past, the occurrence of particular exchange activities were non-obligatory, with time, the likelihood that these patterns of exchange will emerge as reciprocal obligations will increase. That is, non-obligatory role behavior assumes a new character. The dynamics associated with this transition effect both the parent(s) and child. It is out of the context of Blau's (1964) second and third exchange principles and Turner's role-theoretic assumptions that the concept of reciprocal obligations emerge. The conceptualization of both FEN and reciprocal obligations should be thought of as one temporal sequence, beginning with the former and incorporating the latter with time.
As reciprocal obligations become routinized toward the latter half of the stage characterized by filial exchange, a crucial crisis will, in many cases, confront an adult child. The onset of this crisis marks the beginning of a new and potentially traumatic stage in an adult child's life, characterized by filial responsibility. The major issue dividing the stage of FEN with this emerging stage is an increase in the differentiation between the parent(s) and the adult child, resulting in changes in role behavior associated with the statuses of both parent(s) and child (distinct from stages one and two). As the aged experience an increased need for assistance in personal maintenance activities and in the activities of daily living, in many cases, a concomitant increase in physical, economic, social, and psychological dependencies arise (Seelbach, 1977). As pointed out at the outset, it is through an adult child's awareness of these needs that expressions of filial responsibility emerge. But, why is this stage not characterized by a network (i.e., involving siblings and both parents) and the first two are? Research has demonstrated that when the issue of filial responsibility arises, and there is no spouse present, an adult child emerges as a primary

Routinized role performances occur when both the parent and the adult child perceive an obligation to behave according to learned expectations of one another in specific social settings. Violation of a codified, obligatory norm brings about disapproval and the potential for negative sanctions.
caregiver (Horowitz, 1980; and Brody, 1980). That is, very rarely is the role of the primary caregiver split among the members of a family. Given the incidence of widowhood in old age, an adult child -- mainly an adult daughter (Horowitz, 1980) -- clearly emerges as the primary family support to the frail elderly.

What is the basis for assuming the caregiving role, once the onset of a filial crisis begins? From an exchange perspective, can "profit" even be an issue? Definitions of profit as a basis for continued interaction are likely to be outweighed by the intrinsic significance of the intimate relationship. Thus, rather than emphasize explicit repayment by expecting extrinsic rewards for services provided, as most elderly have little in the way of financial assets (e.g., property, money and other material possessions) to offer to their offspring (Sussman, 1976), adult children provide caregiving assistance through the affection and esteem experienced for a parent, through a realization that one's elder has limited options and/or resources and that family must help, or both. Implicit in the concept of filial responsibility are certain obligations to one's aged parents. For example, research (Horowitz, 1980; and Ziner, 1983) has suggested that there are at least four dimensions of specific interactions that are an integral part of caregiving. These divisions include providing personal care, transportation services, household assistance, and emotional
support.

Over time, an adult child's status as a care provider for a dependent parent will undergo a series of changes. Adaptation and adjustment associated with the changing needs of an aged parent are integral dimensions of caregiving. The process of responding to the social-psychological needs of a dependent parent through expressions of filial responsibility will result, over time, in a configuration of care that develops around the specific needs of both parent and adult child. In this context, for every adult child, a set of institutionalized obligations emerge specific to the needs of the dyad. Institutionalized obligations are a consequence of the long-term care needs of an elderly parent. This phenomenon results in a relatively stable cluster of norms, values, and behaviors specific to each filial relationship. Institutionalized obligations have four distinct features. First, the frequency of providing a specific caregiving activity (i.e., the number of times per week a particular form of assistance is provided) increases from the time when care began. Second, the level of caregiving responsibility in a specific role (i.e., the percentage of involvement in a specific caregiving area relative to other providers) increases from the time when care was first provided. Third, the extent to which an adult child perceives an overall level of obligation to ensure that caregiving services are provided intensifies
from the outset of care (i.e., from the beginning of stage three). The fourth criterion of institutionalized obligations is an increase in the total number of informal caregiving roles provided by an adult child from the time care began. It should be apparent that the role dynamics inherent within these changes take place over a period of time and, in many cases, involve interaction and negotiation with other kin and members of the formal (e.g., mental health professionals and government bureaucracies) and informal (e.g., friends and neighbors) community. In this context, not only do adult children perceive and demonstrate responsibility for the well-being of their aged parent(s), but as institutionalized obligations become a reality, there is an increased probability of incurring considerable social and psychological cost. The bases for hypothesizing social-psychological cost as a potential consequence of institutionalized obligations stem from an integration of Blau's (1964) first four exchange principles (examined in section two of this chapter) in this area. As differentiation is now more pronounced than at any other point in time, resource allocations become decidedly unilateral. Again, this increases the likelihood of experiencing a high degree of social-psychological cost (e.g., family stress and burden). Why is the issue of "experiencing cost" so important in the area of filial relations? The implications of perceiving difficulty associated with providing care to
an aged parent may be devastating for all members of an affected family -- given the fact that the most predominant precipitating factor leading to the institutionalization of our nation's elderly is not the physical or psychological decline of an aged parent, nor the depletion of financial resources, but the perceived burden (i.e., social and psychological cost) placed on family members who are responsible for their well-being (Horowitz, 1980).

In the context of stage three, there are two significant issues central to this dissertation. First, analysis is directed, both qualitatively and quantitatively, to the relationship between the length of time involved in various patterns of filial responsibility and the likelihood that these patterns will become institutionalized as obligatory roles. As a basis for assessing patterns of filial responsibility within this study, factors associated with seven caregiving activity areas will be investigated. These areas are household care and assistance, transportation services, personal care and grooming, medical attention, meal preparation, financial management and mobility assistance. As stated above, four dimensions of institutionalized obligations are represented by the empirical indicators "frequency of providing a given activity," "level of responsibility," "level of obligation" and "total number of informal services provided." Second, an attempt will be made to determine how factors associated with
institutionalized obligations influence an adult child's perceived level of social-psychological cost.

A Causal Model Examined

Based on the above discussion, a causal model and a succinct analysis of this model is presented below. This conceptualization stems from an integration of the two perspectives presented earlier in this chapter into the area parent-child relations. This model constitutes key factors inherent within the set of five propositions representing a theory of filial exchange.

Causal Model Inherent Within the Theory of Filial Exchange

Filial Interactive Network $\rightarrow$

[Filial Exchange Network $\rightarrow$ Reciprocal Obligations] $\rightarrow$

[Filial Responsibility $\rightarrow$ Institutionalized Obligations] $\rightarrow$

Cost of Caregiving

The perspective assumed within this dissertation suggests that parent-child relations involve three temporal stages, each exhibiting a distinct form of social exchange and role performance. In the first stage, characterized by a filial interactive network (FIN), parents are able to make considerable demands on their children, because of the variety of resources that they possess. The nature of exchange within this network is mainly differentiated in favor of the parents. There tends to be a considerable
degree of role consistency within this stage as lines of conduct are based on a general framework provided by community and cultural definitions.

In the second stage, characterized by a filial exchange network (FEN), differentiation tends to be less pronounced. As young adults enter the work force, relocate and establish their own residence patterns, the amount of resources that both the parent(s) and their adult children have become more balanced with respect to each other. With the onset of this second stage, the statuses of parent and child undergo change. Consequently, individuals perform specific favors for one another, but they themselves do not feel as though they are obligated to do so. Over time, activities and services that were once marked by non-obligatory role involvement emerge as reciprocal obligations. In time, as reciprocal obligations become routinized, a crucial crisis will, in many cases, confront adult children. The onset of this crisis marks the beginning of the third and final stage in filial relationships. The two major characteristics distinguishing the stage of FEN with this emerging stage are an increase in the differentiation between parents and their adult children and an unprecedented filial role reversal. In recognition of needs associated with age-related changes, expressions of filial responsibility may emerge on the part of adult children. Over time, specific patterns of responsibility
associated with these expressions become institutionalized. As institutionalized obligations become a reality (i.e., as an increase in the frequency and responsibility level of providing a specific role occurs, coupled with an increase in caregiving obligation and in the number of informal services provided), there is a greater probability of incurring considerable social and psychological cost.

The following five propositions, stemming from the theoretical analysis presented in this chapter, form the foundation of a theory of filial exchange.

A Theory of Filial Exchange

Proposition One

The longer the amount of time involved within a Filial Interactive Network, the greater the probability that a Filial Exchange Network will occur.

Proposition Two

The longer the period that a Filial Exchange Network ensues, the greater the probability that Reciprocal Obligations will emerge and guide subsequent behavior.

Proposition Three

The longer the period that Reciprocal Obligations had been established, the greater the probability that an adult child’s perception of Filial Responsibility will emerge.

Proposition Four

The longer the amount of time involved in patterns of Filial Responsibility, the greater the probability that Institutionalized Obligations will emerge and guide subsequent behavior.
Proposition Five

The more often within a given period of time the emission of a particular Institutionalized Obligation has been forthcoming, the less valuable is the activity, and the greater the probability that the adult child will incur costs.

An empirical investigation of the hypotheses derived from propositions four and five (presented in Chapter Four) and qualitative analyses of these propositions (presented in Chapter Five) are the ends to which this dissertation is directed.

The fifth and final section of this chapter will focus on the rationale behind this investigation's hypotheses. In light of the intended fusion between the theoretical orientation presented in this study and existing social gerontological literature in this area, each hypothesis will be examined.

Research Hypotheses and Their Rationale

As stated from the outset, this research emphasizes dimension's associated with filial responsibility by focusing on parent-adult child relations once the onset of a filial crisis (e.g., an illness or disability) occurs. The hypotheses developed and tested within this dissertation represent a series of variable relations which focus on the filial relationship when an adult child is a caregiver for a dependent parent. These hypotheses are designed to provide the groundwork sufficient for an empirical examination of
propositions four and five of the conceptualization presented in section four of this chapter. The problem of adequately addressing all potential factors which contribute to a systematic understanding of propositions four and five will be approached in this section. The following questions will be explored within this investigation:

1. How does the length of time as caregiver affect the likelihood of incurring a greater number of informal caregiving activities?

2. How does the length of time spent in a particular caregiving activity affect the likelihood of increasing the frequency of providing that activity?

3. Once an adult child assumes some level of responsibility for providing a specific form of care to a dependent parent, how does time affect this responsibility level? That is, does a care provider become more or less involved in that specific caregiving role?

4. Once an adult child perceives an overall level of obligation toward ensuring that caregiving assistance is provided for a dependent parent, how does time affect this perceived obligation level? That is, does an adult child feel more or less obligated to ensure that caregiving services are provided?

5. How does the frequency of performing a particular activity affect the level of social-psychological cost?

6. How does the number of informal caregiving activities performed affect the level of social-psychological cost?

7. How does the length of time as caregiver affect the level of social-psychological cost?

For each issue presented above, there corresponds specific empirical indicators (i.e., hypotheses) for quantitative analysis. For the proposed issues representing simple bivariate relationships (i.e., questions 1, 4, 6 and
then one hypothesis will be tested and examined for each question. When the issue involves examining bivariate relationships in each of seven caregiving activity areas (i.e., questions 2, 3, and 5), then a series of seven hypotheses will be tested and assessed for each question. In total, there are twenty-five hypotheses to be addressed in the seven problem areas presented above. As previously stated, these hypotheses are derived from propositions four and five of the conceptualization presented in section four of this chapter. Questions one through four, above, represent the issues central to examining proposition four and questions five through seven constitute the bases for examining proposition five.

Fourteen control variables are foreseen to influence the bivariate relationships of this study. It is expected that the nature of these hypothesized relationships will vary when controlling for the caregiver's and elderly parent's age, the caregiver's sex, the parental relationship (i.e., mother, father, mother-in-law, and father-in-law), race, religion, caregiver's level of education, caregiver's income level, parent-adult child housing arrangements (i.e., joint or separate), caregiver's marital status, caregiver's employment status, level of family support for the caregiving role and both the caregiver's and elderly parent's physical health status. Given the nature of the issues addressed, it should be emphasized that this is a one-shot,
retrospective investigation requiring information to be recorded from two distinct time periods. A complete examination of the methodology of this dissertation is presented in Chapter Three.

Hypothesis One

The first hypothesis of this study addresses the following question: How does the length of time as caregiver affect the likelihood of incurring a greater number of informal caregiving activities? Factors central to an analysis of this issue are the length of time as a caregiver for a dependent parent and the total number of informal services provided by an adult child. The rationale for including hypothesis one in this investigation stems from its derivation from proposition four (examined in section four of this chapter), indirect support in social science literature, and innovation. Proposition four suggests a positive relationship between time involved in patterns of caregiving and the number of emergent institutionalized obligations. Support for this contention can be found by combining and integrating Blau's first three exchange principles (Turner, 1982) into the area of filial relations (see section two in this chapter). Furthermore, social research (Dowd and LaRossa, 1981; Sussman, 1965; and Seelbach, 1977) has consistently demonstrated that age-related changes foster an increase in physical, economic, social, and
psychological dependencies. When assistance is required, the family rather than the formal service system, is the major provider of needed health care and social supports (Brody, 1966; Shanas, et al., 1968; and Shanas, 1979).

Hypothesis one will represent the first quantitative indicator for testing proposition four. Based on Blau's first two exchange principles and the probability that the social, economic and physical status of dependent aged parents will worsen over time, the following hypothesis will be tested in this study:

Hypothesis One: As the length of caregiving involvement increases, the number of caregiving activities incurred will increase.

Hypotheses Two Through Eight

The next seven hypotheses of this investigation center on the following question: How does the length of time spent in a particular caregiving activity affect the likelihood of increasing the frequency of providing that activity? Factors central to an examination of this issue are the length of time involved in each specific caregiving role (i.e., providing household assistance, transportation services, personal care and grooming, medical attention, meal preparation, financial management and mobility assistance) and the frequency levels of each form of care when they were first provided and at the time of this study. The rationale for including hypotheses two through eight in
this investigation stems from their association with proposition four, the application of contemporary research findings, and innovation. Section four of this chapter describes four dimensions of institutionalized obligations (the empirical indicators "frequency of providing a given caregiving activity," "level of responsibility toward that activity," "an overall level of obligation to ensure that caregiver's assistance is provided," and "total number of informal services provided"). Hypotheses two through eight will represent the second phase of quantitatively determining the acceptance or rejection of the conceptualization "institutionalized obligation" incorporated within proposition four. Theoretical support for hypotheses two through eight can be identified in the work of Blau (1964). In his first principle, the issue was solely on determining the probability of a particular activity's emission. Blau's second and third exchange principles are based on the assumptions that, inherent within the exchange process, per se, is a principle of reciprocity. In this context, as filial relations ensue over time, a "fundamental" norm of reciprocity emerges and guides subsequent behavior. Violation of a codified, obligatory norm (e.g., rescinding an established caregiving role) brings about disapproval and the potential for negative sanctions and family disruption. Thus, based on (1) Blau's first three exchange principles (Turner, 1982), (2) empirical support for the contention
that family members, particularly adult daughters (Horowitz, 1980), become more involved with their aged parents over time (Sussman and Burchinal, 1962; and Troll, 1979), and (3) research indicating that the social, economic and physical status of older family members are likely to worsen with time (National Center for Health Statistics, 1975; and Hooyman and Lustbader, 1986), the following hypotheses will be tested in this study:

Hypothesis Two: As the length of time providing household assistance increases, the frequency of providing household assistance (per week) will increase.

Hypothesis Three: As the length of time providing transportation services increases, the frequency of providing transportation services (per week) will increase.

Hypothesis Four: As the length of time providing personal care increases, the frequency of providing personal care (per week) will increase.

Hypothesis Five: As the length of time providing medical assistance increases, the frequency of providing medical assistance (per week) will increase.

Hypothesis Six: As the length of time providing meals increases, the frequency of providing meals (per week) will increase.

Hypothesis Seven: As the length of time providing financial management increases, the frequency of providing financial management (per week) will increase.

Hypothesis Eight: As the length of time providing mobility assistance increases, the frequency of providing mobility assistance (per week) will increase.

Hypotheses Nine Through Fifteen

The next set of seven hypotheses center on the following issue: Once an adult child assumes some level of
responsibility for providing a specific form of care to a
dependent parent, how does time affect this responsibility
level? That is, does a care provider become more or less
involved in that specific caregiving role? Factors central
to an analysis of this issue are the length of time involved
in each specific caregiving role (i.e., providing household
assistance, transportation services, personal care and
grooming, medical attention, meal preparation, financial
management and mobility assistance) and the responsibility
level reported for each activity when care first began and
at the time of this study.

The rationale for including hypotheses nine through
fifteen in this investigation is congruent with the
rationale presented for hypotheses two through eight. As
previously stated, the fourth section of this chapter
describes four dimensions of institutionalized obligations
as "the frequency of providing a given caregiving activity,"
"the level of responsibility toward that activity," "the
level of obligation to ensure that caregiver's assistance is
provided" and "the total number of informal services pro-
vided." Hypotheses nine through fifteen will form an addi-
tional set of quantitative indicators for determining the
acceptance or rejection of the conceptualization "institu-
tionalized obligation" incorporated within proposition four.
Theoretical support for hypotheses nine through fifteen can
also be found in the work of Blau (1964) and, indirectly, in
contemporary social science literature. Based on the first three exchange principles of Blau (Turner, 1982) and support for the contention that with the onset of filial crises, adult children become more involved with their families over time by increasing contacts, making residential changes and taking on supportive and caretaking roles (Litman, 1971; Sussman and Burchinal, 1962; Sussman, 1976; and Troll, 1979), a positive relationship is anticipated between length of time involved in a specific caregiving activity and the level of responsibility reported for each caregiving role.

The following hypotheses will be tested in this study:

Hypothesis Nine: As the length of time providing household assistance increases, the level of responsibility for providing household assistance will increase.

Hypothesis Ten: As the length of time providing transportation services increases, the level of responsibility for providing transportation services will increase.

Hypothesis Eleven: As the length of time providing personal care increases, the level of responsibility for providing personal care will increase.

Hypothesis Twelve: As the length of time providing medical attention increases, the level of responsibility for providing medical attention will increase.

Hypothesis Thirteen: As the length of time providing meals increases, the level of responsibility for providing meals will increase.

Hypothesis Fourteen: As the length of time providing financial management increases, the level of responsibility for providing financial management will increase.

Hypothesis Fifteen: As the length of time providing mobility assistance increases, the level of responsibility for providing mobility assistance will increase.
Hypotheses Sixteen

Hypothesis sixteen focuses attention on the following issue: Once an adult child perceives an overall level of obligation toward ensuring that caregiving assistance is provided for a dependent parent, how does time affect this perceived obligation level? That is, does a care provider feel more or less obligated to ensure that necessary caregiving services are performed? Factors specific to an analysis of this issue are the length of time involved as caregiver to a dependent elderly parent and an overall level of obligation toward ensuring that caregiving activities were performed when care began and at the time of the study. The rationale for including hypothesis sixteen in this investigation is also congruent with the rationale presented for hypotheses one through fifteen. Hypothesis sixteen will represent the final quantitative indicator for determining the acceptance or rejection of the conceptualization "institutionalized obligation" incorporated within proposition four. Theoretical support for hypothesis sixteen can be found in the work of Blau (1964) and, indirectly, in contemporary social science literature. Based on the first three exchange principles of Blau (Turner, 1982) and empirical support for the contention that adult children, in times of filial crises, become more involved with their parents by increasing contacts, making residential changes and taking on supportive and caretaking roles (Litman, 1971; Sussman
and Burchinal, 1962; Sussman, 1976; and Troll et al., 1979), a positive relationship is anticipated between length of time involved as a caregiver for a dependent elderly parent and the perceived level of obligation toward ensuring that necessary caregiving services are performed. The following hypothesis will be tested and analyzed in this investigation:

Hypothesis Sixteen: As the length of caregiving involvement increases, an adult child's level of obligation toward ensuring that caregiving services are performed will increase.

Hypotheses Seventeen Through Twenty-Three

The next set of seven hypotheses address the following issue: How does the frequency of performing a particular activity (per week) contribute to the perception of difficulty associated with providing care for a dependent elderly parent? That is, does the frequency of providing a particular caregiving activity, per week, affect the experienced level of social-psychological cost? Factors central to an analysis of this issue are the frequency levels of each caregiving role (i.e., household assistance, transportation services, personal care and grooming, medical attention, meal preparation, financial management and mobility assistance) performed by an adult child, per week, and the reported levels of social-psychological cost when care first began and at the time of this study. The bases for including hypotheses seventeen through twenty-three in this
study stem from their derivation from proposition five (presented in section four of this chapter) and from similar use in the area of adult child-elderly parent relations (Ziner, 1983). Theoretical support for proposition five can be found in Blau's (1964) first four exchange principles (Turner, 1982) described and examined in section two of this chapter. Accordingly, as an individual continually provides an activity (or activities) for another in exchange for "expected rewards," over time, a decrease in the emission of that activity is likely to occur. That is, the emission of a continually rewarded activity should result, in time, in a satiation of the form of reinforcement provided by another. In the context of filial responsibility, it is contended that the probability of an adult child experiencing difficulties associated with the caregiving role as a consequence of routinely providing high levels of assistance is considerable. Based on an integration of Blau's orientation within proposition five, and prior research (Ziner, 1983) revealing that the social-psychological cost associated with the caregiving role was significantly related to the provision of instrumental assistance (i.e., transportation services and personal care), a positive relationship is anticipated between the frequency of providing specific caregiving roles (per week) and the level of cost associated with caregiving. The following hypotheses will be tested and evaluated in this study:
Hypothesis Seventeen: As the frequency of providing household assistance (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Eighteen: As the frequency of providing transportation services (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Nineteen: As the frequency of providing personal care (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Twenty: As the frequency of providing medical attention (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Twenty-One: As the frequency of providing meals (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Twenty-Two: As the frequency of providing financial management (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Twenty-Three: As the frequency of providing mobility assistance (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Hypothesis Twenty-Four

The twenty-fourth hypothesis of this investigation addresses the following issue: How does the number of informal caregiving activities performed affect the level of social-psychological cost experienced by an adult child? Factors central to an analysis of this relationship are the total number of informal caregiving activities performed by an adult child and the reported levels of social-psychological cost when care began and at the time of this study. As this association also centers on the level of caregiving involvement to a dependent elderly parent (i.e., similar to
hypotheses seventeen through twenty-three), the rationale for incorporating hypothesis twenty-four within this study is analogous to that presented above. According to Blau's first three exchange principles (Turner, 1982), (1) continued social interaction is likely when both parties perceive a "profit" from their association, (2) the longer the period of time involved in this exchange relationship, the more likely are negotiated patterns of behavior to be normatively regulated by one another, and (3) violation of these norms of reciprocity are likely to disrupt the relationship. In applying these three principles to Blau's fourth principle, the following interpretation is made. As an increase in the number of informal caregiving activities develop and shape the lives of those involved, in time, a satiation of the form of reinforcement provided by these activities is likely to occur. In this context, it is contended that the probability of an adult child experiencing difficulties associated with caregiving as a consequence of providing an increased number of informal services, over time, is considerable. On this basis, a positive relationship is anticipated between the total number of informal caregiving activities performed for a dependent parent and the level of cost associated with the caregiving role. The following hypothesis will be tested and evaluated in this study:
Hypothesis Twenty-Four: As the total number of informal caregiving activities increase, the cost incurred from providing care for a dependent parent will increase.

Hypothesis Twenty-Five

The final hypothesis to be tested in this study centers on the following issue: How does the length of time as a care provider for a dependent elderly parent affect the experienced level of social-psychological cost? Two factors specific to an examination of this issue are the length of time involved in the caregiving role (overall) and the level of social-psychological cost reported when care began and at the time of the study. The rationale for including this final hypothesis in this investigation stems from its relationship to Blau's (1964) first four exchange principles (see section two and the examination above) and its association with propositions four and five examined in Section Four of this chapter. These propositions suggest that the concept "time" plays an important role within the theory presented. First, the length of time involved in patterns of filial responsibility is hypothesized to increase the likelihood that institutionalized obligations will emerge and influence subsequent behavior. Second, the advent of institutionalized caregiving suggest that a greater amount of time and energy are expended as caregiver to a dependent parent. As it has been hypothesized that high levels of caregiving involvement are associated with an increase in
social-psychological cost, and that the length of time involved in patterns of responsibility increase the probability that institutionalized obligations will emerge, hypothesis twenty-five will represent an attempt to bridge propositions four and five. It is anticipated that a positive relationship will exist between the length of time as a caregiver for a dependent parent and the level of cost associated with the caregiving role. The following hypothesis will be tested and evaluated in this study:

Hypothesis Twenty-Five: As the length of caregiving involvement increases, the cost incurred from providing care for an elderly parent will increase.

Previous literature in the area of parent-adult child relationships has suggested that physically limited (Johnson and Bursk, 1977), white, young (Ryder and Goodrich, 1966), highly educated, married (Atchley, et al., 1975) women (Horowitz, 1980) are most likely to experience the greatest difficulty associated with the caregiving role. Conversely, widowed or divorced women (Troll, 1979), who have low incomes and who were in poor health (Atchley, 1985; and Seelbach, 1977) are most likely to be on the receiving end of aid and assistance. This situation is held true for both blacks and whites.

As stated at the outset of section five, fourteen control variables are foreseen to influence the bivariate relationships of this study. It is expected that the nature of the hypothesized relationships will vary when controlling
for the caregiver's and elderly parent's age, the caregiver's sex, the parental relationship (i.e., mother, father, mother-in-law, and father-in-law), race, religion, caregiver's level of education, caregiver's income level, parent-adult child housing arrangements (i.e., joint or separate), caregiver's marital status, caregiver's employment status, level of family support for the caregiving role and both the caregiver's and elderly parent's physical health status. In the next chapter, an examination of the methodology of this investigation will be presented.
CHAPTER III

METHODOLOGY

This dissertation emphasizes dimensions associated with filial responsibility by focusing on parent-adult child relations once the onset of a filial crisis (e.g., an illness or disability) occurs. The hypotheses developed and tested in this study are designed to provide the groundwork sufficient for an assessment of propositions four and five presented in Chapter II. Methodological issues relevant to such an empirical and inferential study include the choice of a sample, the source of data, the utilization of an instrument for data collection and the statistical analyses of the data. In this chapter, the sample, the data source (telephone interviews), the questionnaire, and the statistical techniques employed to analyze the data will be examined.

The Sample

In order to facilitate the testing of this study's hypotheses, a probability sample was obtained. Since the majority of gerontological research focusing on the social-psychological cost associated with caregiving has been based on non-probability samples (Kosberg and Cairl, 1986), this study may overcome the limitation of non-generalizable
findings. A probability sample of caregivers from a general population of adult children is very costly to obtain. The facilities available at the Southwest Long Term Care Gerontology Center of the University of Texas Health Science Center at Dallas reduced the cost of surveying by telephone and provided a base of operations for trained telephone interviewers.

The sampling frame consisted of 3000, four digit random numbers that were computer-generated from STATPAC (a statistical software package). The Dallas/Ft. Worth telephone directory provided the necessary three digit prefixes for random assignment to the four digit numbers described above. In this way, each geographic area represented by a three digit prefix had an equal chance of being assigned to a computer-generated four digit number.

In order to obtain a probability sample of 180 caregivers (i.e., adult children identifying themselves as providing partial or full care for their elderly parent(s)), telephone calls were made during a two-month period (April-May, 1986). Once a caregiver was identified and interviewed, the respondent was placed in the study's sample. The author recognizes the potential limitations of survey research conducted by telephone interviews (Frey, 1983), including the possible non-representativeness of the sampling frame and the final sample, the problems associated with "no-response" numbers, the potential for interviewer
error in recording information and the degree of reliability of the caregiver's responses (to name just a few). In this investigation, interviewers dialed each random telephone number from a computer-generated list (described above) sequentially. If the number resulted in a busy signal, a number not in service, a business, or no answer, the interviewer dialed the next number on the list. A sample obtained in this manner is justified by considering the time-cost constraints, the representativeness of the sample and the detailed period of interviewer training prior to the data collection stage of this study.

This dissertation employs a cross-sectional, "one-shot" sampling design, although information was obtained from caregivers for two points in time (i.e., when care was first provided by adult children and at the time of the interview). The limitations associated with this type of "retrospective analysis" will be discussed at a later point in this chapter. Every effort was made to ensure that this study did, indeed, utilize a probability sample.

The Interviewing Technique

As mentioned above, data were obtained from telephone interviews. All of the interviewers were trained in interviewing techniques and in the use of the questionnaire developed for this study. Training included the recognition of accuracy of responses, the necessity for following the
directions in the questionnaire (e.g., to emphasize all words in boldface), to complete the interview, and other dimensions. All of the interviews were conducted during weekday evenings (except Fridays) and on weekend mornings and afternoons so as to maximize the inclusion of appropriate respondents in the sample. Every effort was made to obtain a completed interview. It should be pointed out that once an interview began, very few respondents (n=8) terminated the interview before completion. These individuals were then recontacted at a time specified by them as being convenient for the interview's completion.

In regard to the study's questionnaire, respondents were urged not to answer too quickly, particularly for questions requiring retrospection. Generally, there were no complaints about the length of time of the interview, despite its range of 15 to 30 minutes. It was of interest that the majority of respondents seemed pleased to have been contacted and eager to describe their experiences. Most (92 percent) indicated that they would like to have the results of the study sent to their home addresses. In addition to the required closed-ended responses, some adult children expressed the difficulties of caregiving in a very vivid manner, eliciting empathy from the interviewers. The recording of such open-ended responses, however, was not required of interviewers as it was beyond the scope of this study.
Instrument Design

In order to both describe and measure the impact of caring for an elderly parent, various dimensions of this issue are included in the structured questionnaire (see Appendix B) of this study. This questionnaire has the following components: (1) a sociodemographic and situational profile of the caregiver and his/her family at the time of the interview; (2) a profile of the adult child when some form of caregiving assistance was initially required, including the type, frequency, length and number of formal and informal services utilized to provide care; and (3) a profile of the adult child at the time of the interview, including the type, frequency, length and number of formal and informal services employed to provide care. The latter two profiles include the use of the Cost of Care Index (Kosberg, 1983). This index is utilized as the operational definition of one of the dependent variables of this study, which will be discussed in the next section of this chapter.

One obvious disadvantage of the questionnaire is the requirement that respondents recall information about their experienced feelings and activities at the initial time of care. Although such a requirement might be questioned, it may be retorted that providing care for an elderly parent is a salient issue in the life of a middle-aged child who may, in fact, vividly remember past events. Although such questions may elicit inaccurate responses, they reflect
social-psychological perceptions which represent reality to the respondents.

One additional disadvantage of the questionnaire may appear to be its length. Although the interview seems lengthy, the average time interval was approximately twenty-five minutes, including expressive commentaries from the respondents. The format may be more time consuming than it appears, because several caregiving activities and their associated levels of involvement did not apply to all respondents.

The time period between the initial provision of care and the interview was obtained by subtracting the age of the parent at the onset of care from his/her present age. In this respect, dimensions associated with the period of time that an adult child performed the care provider role were obtained and measured through this study's one-shot design. A longitudinal follow-up study would have been too costly and would have required too much time, in addition to other limitations. The questions addressed in the interview elicited information about the adult child, related to the perception, impact and performance of the caregiving role at two points in time; the format, therefore, utilized parallel sets of questions (e.g., items related to the cost of care index are identical for both time one and time two).
Variables in the Study

Central to this investigation are analyses of propositions four and five, presented in Chapter II. Hypotheses derived from these propositions (see section five in Chapter Two) will be empirically tested utilizing a unique data set consisting of instruments stemming from the theoretical bases of this dissertation. The principal objective of the hypotheses are to identify sociodemographic and situational factors (i.e., control variables and independent variables, respectively) contributing to the development of institutionalized obligations and to the social-psychological cost.

Dependent Variables

There are five dependent variables in this dissertation. Four are associated with the conceptual issue of institutionalized obligations and the fifth represents the social-psychological cost of caregiving. These two conceptions (i.e., institutionalized obligations and cost of caregiving) represent emergent dimensions of the parent-adult child relationship which develop after the onset of a filial crisis. Empirical indicators of both of these concepts will now be examined.

The theoretical structure of "institutionalized obligations," incorporated within the fourth proposition of this study, was examined in section four of Chapter II. The four major dimensions associated with this phenomena include an
increase in the patterns of filial responsibility, an
increase in the frequency of providing that activity, an
increase in the level of responsibility for providing that
specific activity, and an increase in an adult child's
perceived level of obligation. Each indicator will now be
discussed.

The first dependent variable is employed to address one
dimension of the emergence of institutionalized obligations.
The first hypothesis of this study (see section five of
Chapter II) asks, "how do the effects of time influence the
likelihood of an adult child incurring a greater number of
informal caregiving roles?" In order to identify changes in
the number of caregiving activities performed for a depen-
dent parent, the following information will be obtained.
Interviewers are to record the total number of informal
caregiving activities provided by an adult child when they
first began to provide care and at the time of the study
(see Appendix B, pages 3 and 9 of the survey, "RECORD TOTAL
NUMBER OF CG ACTIVITIES REPORTED ABOVE"). Hypothesis one
presents the rationale for including this dependent variable
in this investigation.

The first dependent variable addresses the probability
that an increase in the number of informal caregiving activ-
ities will occur over time. As caregiving activities are
incorporated (i.e., voluntarily or involuntarily) into the
lifestyles of adult children, each new role may elicit
unique responses from an adult child. It is in this context that the next three dimensions of filial responsibility emerge. For each caregiving activity that an adult child performs, an interviewer is to obtain a "Time 1 Caregiving Activity Sheet" and a "Time 2 Caregiving Activity Sheet" (see Appendix C), check the appropriate caregiving activity, and record information corresponding to the questioned items. The following caregiving dimensions will form an additional set of quantitative indicators for determining whether or not patterns of responsibility become institutionalized over time:

1. the frequency of providing a given caregiving activity;
2. the level of responsibility (i.e., involvement) in that caregiving activity; and
3. the caregiver's perceived level of obligation to ensure that caregiving services are provided.

For each of these indicators, information is to be obtained for two time periods; when adult children first responded to their parent's needs (time one) and at the time of this study (time two). In responding to the first issue above, adult children were to provide estimates (on the average) of how many times, per week, they performed a given 1 caregiving activity. There are seven caregiving activities examined in this study that an adult child may potentially provide to a dependent parent. These areas include household assistance, transportation services, personal care, medical attention, meal preparation, financial management and mobility assistance.
service when they initially began providing care to their parent and at the time of the study. For the second issue, caregivers were to indicate how responsible they were for providing a given service to their parents at the outset of care and at the time of the study. Appendix C shows the level of involvement in a particular caregiving activity to range from "somewhat responsible" (i.e., the caregiver occasionally helps another who is mainly responsible for providing that service) to "fully responsible" (i.e., no one else assists the adult child in that service area - 100 percent involved). In responding to the third issue above, caregivers were to indicate how obligated they were to ensure that a specific caregiving activity was provided when they first began to provide care and at the time of this study. Adult children were to indicate whether they were "very obligated," "moderately obligated," "somewhat obligated," or "not obligated at all" to ensure that the caregiving activities they performed were provided. For each adult child, an obligation index was developed which combined the scores from each caregiving activity reported into a measure representing an overall average level of obligation. This procedure was performed to utilize the dependent variable, level of obligation, within multiple regression analysis.

Hypotheses two through eight, nine through fifteen, and sixteen (presented in Chapter II) correspond with these
three empirical indicators, respectively. It is through the first sixteen hypotheses that the four dependent variables, described above, are to be tested.

The fifth and final dependent variable, identified as the social-psychological cost of caregiving, is the primary focus of proposition five. In attempting to measure this dimension of caregiving, it is necessary to either develop an index of such cost dimensions or utilize an existing instrument which may tap into this phenomenon. Fortunately, such an instrument has been developed and reported in gerontological literature. In 1983, Kosberg developed an index that measures the experienced impact of providing care to a dependent elderly parent. The Cost of Care Index (Kosberg and Cairl, 1986) has recently been developed as a case management tool used by professionals in family assessments. As a case management tool, this index is designed to identify actual or perceived problem areas of families in the care of elderly relatives, i.e., to screen informal care providers. As shown in Appendix B (i.e., Section III, 1-25, and Section V, 1-25), adult children are to indicate whether they "strongly agree," "agree," "disagree" or "strongly disagree" with twenty-five questions representing five dimensions of caregiving. This index, designed to obtain information on the caregiver and his/her dependent relative, purportedly measures the following dimensions: personal and social restrictions, physical and emotional
health, value/worthiness, care recipient as provocateur, and economic costs (Kosberg and Cairl, 1986). Single item scores ranged from 1 (indicating high costs) to 4 (indicating low or minimal costs) with total scores ranging from 25 to 100. For analytic purposes, total index scores are examined.

Previous use of this index has suggested great promise in its ability to detect the social and psychological costs that may be incurred from providing various forms of care to an elderly parent. The Cost of Care Index is currently utilized in Florida's Tampa Bay area to assist in decision-making, family screening, peer group interaction, and counseling strategies.

Through statistical analyses, the Cost of Care Index was found to have high reliability (Kosberg et al., 1984). Alpha coefficients of internal consistency for this index were reported as .88 and .89 for caregivers with sample sizes of 54 and 72, respectively (Suncoast Gerontology Center, 1983). The index is currently being tested to further demonstrate its validity and reliability. As stated throughout this study, it is expected that increasing numbers of adult children are encountering the realities of filial responsibility due to demographic changes which have occurred over the past several decades (Seelbach and Sauer, 1977). Consequently, the realization that some form of family care system exists for the majority of our aged
population has raised new questions regarding the consequences for the family inherent in providing long term care to an elderly parent.

In this context, the rationale for employing the Cost of Care Index as the fourth dependent variable in this study stems from its association with the proposition five. That is, the conception of cost incorporated within this proposition will be operationalized through the Cost of Care Index (Kosberg, 1983). Thus, based on the concerns of this dissertation and the discussion presented above, this instrument does, indeed, seem to be appropriate for this investigation.

Independent Variables

Based on the hypotheses presented in section five of Chapter II, it can be seen that this study identifies sixteen factors as influencing the nature of five dependent variables presented above. The sixteen independent variables of this study become more manageable when they are divided into four analytical areas; the length of caregiving involvement; the length of time providing a specific caregiving activity (in seven areas); the frequency of providing a specific caregiving activity (in seven areas); and the total number of informal caregiving activities performed for an elderly parent (also employed as a dependent variable in hypothesis one).
The length of caregiving involvement is obtained by subtracting the age of the dependent parent when care had first been provided (time one) from the parent's age at the time of the study (time two). Hypotheses one and twenty-five both employ this factor as an independent variable.

The length of time providing a specific caregiving activity is obtained for the seven distinct service areas described earlier in this chapter. For time periods one and two, adult children were to indicate whether or not they provided any form of household care and assistance, transportation services, personal care and grooming, personal medical attention, meal preparation, financial management and mobility assistance (see Appendix B, Sections II and IV). For each area of caregiving assistance reported at time two, a "Time 2 Caregiving Activity Sheet" was obtained (see Appendix C) and adult children were asked how long (in months or years) they assisted in that particular service area. Hypotheses two through fifteen employ the length of time providing care in a specific area as an independent variable.

The frequency of providing a particular caregiving activity is also obtained for seven distinct service areas described earlier in this chapter. For time periods one and two, adult children were to indicate whether or not they provided any form of household care and assistance, transportation services, personal care and grooming, personal
medical attention, meal preparation, financial management and mobility assistance (see Appendix B, Sections II and IV). For each area of caregiving assistance reported at times one and two, a "Time 1 Caregiving Activity Sheet" and a "Time 2 Caregiving Activity Sheet" was obtained (see Appendix C) and adult children were how often they provided that particular service for each point in time. In addition to hypotheses two through eight employing this set of factors as dependent variables, hypotheses seventeen through twenty-two will use this information as independent variables.

The total number of informal caregiving activities performed for an elderly parent is the last of sixteen independent variables utilized in this study. For time periods one and two, interviewers were to record the total number of informal caregiving activities provided by an adult child when they first began to provide care and at the time of the study (see Appendix B, pages 3 and 9 "RECORD TOTAL NUMBER OF CG ACTIVITIES REPORTED ABOVE"). In addition to this factor being represented as the dependent variable in hypothesis one, hypothesis twenty-four will utilize this information as an independent variable for analysis.

Control Variables

In any study involving an analyses of relationships between two variables, it is important to choose control
factors in order to identify if an association is spurious. Fourteen control variables are foreseen to influence the bivariate relationships posited in this study. In Table II below, each of the investigation's control variables are

<table>
<thead>
<tr>
<th>STUDY CONTROL VARIABLE</th>
<th>LOCATION (APPENDIX B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caregiver's Sex</td>
<td>Section I - 1</td>
</tr>
<tr>
<td>2. Caregiver's Age</td>
<td>Section I - 2</td>
</tr>
<tr>
<td>3. Racial/Ethnic Group</td>
<td>Section I - 3</td>
</tr>
<tr>
<td>4. Caregiver's Religion</td>
<td>Section I - 4</td>
</tr>
<tr>
<td>5. Caregiver's Education Level</td>
<td>Section I - 5</td>
</tr>
<tr>
<td>6. Caregiver's Employment Status</td>
<td>Section I - 6</td>
</tr>
<tr>
<td>7. Caregiver's Marital Status</td>
<td>Section I - 7</td>
</tr>
<tr>
<td>(at the time of the study)</td>
<td></td>
</tr>
<tr>
<td>8. Caregiver's Income Level</td>
<td>Section I - 8</td>
</tr>
<tr>
<td>(at the time of the study)</td>
<td></td>
</tr>
<tr>
<td>9. Parent-Adult Child Relations</td>
<td>Section I - 9</td>
</tr>
<tr>
<td>10. Elderly Parent's Age</td>
<td>Section I - 10</td>
</tr>
<tr>
<td>11. Level of Family Support</td>
<td>Sections II - 10</td>
</tr>
<tr>
<td>(at two points in time)</td>
<td>and IV - 10</td>
</tr>
<tr>
<td>12. Household Arrangements</td>
<td>Sections II - 11</td>
</tr>
<tr>
<td>(at two points in time)</td>
<td>and IV - 11</td>
</tr>
<tr>
<td>13. Caregiver's Physical Health Status</td>
<td>Sections II - 12</td>
</tr>
<tr>
<td>(at two points in time)</td>
<td>and IV - 12</td>
</tr>
<tr>
<td>14. Elderly Parent's Physical Health Status</td>
<td>Sections II - 13</td>
</tr>
<tr>
<td>(at two points in time)</td>
<td>and IV - 13</td>
</tr>
</tbody>
</table>

presented along with their associated location in the study's survey questionnaire (see Appendix B). It is expected that the nature of the hypothesized relationships will vary when controlling for the caregiver's and elderly parent's age, the caregiver's sex, the type of filial
relationship (i.e., mother, father, mother-in-law, and father-in-law), race, religion, caregiver's level of education, caregiver's income level, parent-adult child housing arrangements (i.e., joint or separate), caregiver's marital status, caregiver's employment status, level of family support for the caregiving role and both the caregiver's and elderly parent's physical health status.

Previous literature in the area of parent-adult child relationships has suggested that physically limited (Johnson and Bursk, 1977), white, young (Ryder and Goodrich, 1966), highly educated, married (Atchley, et al., 1975) women who live with their dependent parent(s) and who do not experience family support for the caregiving role (Horowitz, 1980), are most likely to experience the greatest difficulty associated with the caregiving role. Conversely, widowed or divorced women (Troll, 1979), who have low incomes and who were in poor health (Atchley, 1985; and Seelbach, 1977) are most likely to be on the receiving end of aid and assistance. This situation is held true for both blacks and whites. The inclusion of all the variables presented in this chapter within this study will have implications for both basic and applied research.

Statistical Analyses

There are two stages of statistical analyses to be performed in this study. Each stage will correspond to a
section of the results of this research, presented in Chapter IV. The first section will present a univariate analysis of this investigation's variables through the application of measures of central tendency (e.g., the mode, median and mean) and dispersion (e.g., the range and standard deviation). The second section will present a bivariate and multivariate examination of each hypothesis in this study. The determination of the significance of the association between variables will be made by using Pearson's Product-Moment Coefficient of Correlation (r). An examination of the difference between means of select variables will be made by calculating the Student's t statistic. The final phase of statistical analyses will present a series of multivariate equations examining the effects of combinations of independent and control variables on each hypothetical relationship. Partial correlation analyses will be performed to identify the magnitude and direction of each independent and dependent variable constituting this study's hypotheses, when removing the statistical effects of all control variables. Multiple regression analysis will be employed to identify and reduce the number of significant independent and control variables that are linearly related to the dependent variable of each equation. These statistical techniques are to be applied to the conceptual issues of this study in order to determine the applicability of this theoretical orientation in the area of filial relations.
CHAPTER IV

STATISTICAL RESULTS

There are two stages of statistical analyses to be performed in this chapter. The first section presents a univariate analysis of sociodemographic characteristics and situational factors that surround the parent-adult child relationship. Measures of central tendency (e.g., the mode, median and mean) and dispersion (e.g., the range and standard deviation) appropriate to the level of measurement will be employed to facilitate this analysis. The second stage of statistical analyses in this chapter presents a bivariate and multivariate examination of each hypothesis in this study. The determination of the significance of the association between variables will be made by using Pearson's Product-Moment Coefficient of Correlation (r). An examination of the difference between means of select variables (i.e., variables measured at time one and time two) will be made by calculating the Student's t statistic. This process will be performed to identify and assess the effect(s) of time relative to the analyses of this study's hypotheses. The final phase of analysis in this chapter presents a series of multivariate equations examining the effects of combinations of independent and controls variables on each hypothetical relationship. Partial correlation
analyses is performed to identify the magnitude and direction of each independent and dependent variable constituting this study's hypotheses, when removing the statistical effects of all control variables. Multiple regression analysis will be employed to identify and reduce the number of significant independent and control variables that are linearly related to the dependent variable of each equation. Computation of the data of this dissertation was made possible through the application of the Statistical Package for the Social Sciences/Personal Computer Plus (i.e., SPSS/PC+).

Sample Description

A probability sample of 180 adult children, who identified themselves as being either partly or fully responsible for their aged parent(s), was obtained for this study. Of this sample, one hundred thirty-seven (76.1 percent) were daughters or daughters-in-law. The age of the caregivers in this study ranged from 23 to 79 with a mode of 50 and a mean of 51.1 (standard deviation = 10.6). The age of elderly parents in this sample ranged from 47 to 99 with a mode of 80 and a mean of 79.3 (standard deviation = 8.8).

Table III presents a univariate display of the fourteen control variables of this investigation. Results reveal that twenty-one (11.7 percent) of the adult children were under 40 years of age. The age category of "40 to 49"
### TABLE III

**STUDY CONTROL VARIABLES**

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>N</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver's Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 40</td>
<td>21</td>
<td>11.7</td>
</tr>
<tr>
<td>40 to 49</td>
<td>52</td>
<td>28.9</td>
</tr>
<tr>
<td>50 to 59</td>
<td>71</td>
<td>39.4</td>
</tr>
<tr>
<td>60 to 69</td>
<td>28</td>
<td>15.6</td>
</tr>
<tr>
<td>70 or older</td>
<td>08</td>
<td>4.4</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Older Parent's Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 60</td>
<td>04</td>
<td>2.2</td>
</tr>
<tr>
<td>60 to 69</td>
<td>21</td>
<td>11.7</td>
</tr>
<tr>
<td>70 to 79</td>
<td>59</td>
<td>32.8</td>
</tr>
<tr>
<td>80 to 89</td>
<td>77</td>
<td>42.7</td>
</tr>
<tr>
<td>90 or older</td>
<td>19</td>
<td>10.6</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Caregiver's Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>23.9</td>
</tr>
<tr>
<td>Female</td>
<td>137</td>
<td>76.1</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Parent Provided Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>116</td>
<td>64.4</td>
</tr>
<tr>
<td>Father</td>
<td>33</td>
<td>18.3</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>21</td>
<td>11.7</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>10</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Race/Ethnic Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>146</td>
<td>81.1</td>
</tr>
<tr>
<td>Black</td>
<td>30</td>
<td>16.7</td>
</tr>
<tr>
<td>Spanish American</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Caregiver's Religious Preference</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>122</td>
<td>67.8</td>
</tr>
<tr>
<td>Catholic</td>
<td>13</td>
<td>7.2</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
<td>23.9</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Caregiver's Family Income (Yearly)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 - $999</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>$1,000 - $1,999</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>$2,000 - $2,999</td>
<td>6</td>
<td>3.3</td>
</tr>
<tr>
<td>$3,000 - $4,999</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>$5,000 - $6,999</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>$7,000 - $9,999</td>
<td>5</td>
<td>2.8</td>
</tr>
<tr>
<td>$10,000 - $14,999</td>
<td>6</td>
<td>3.3</td>
</tr>
<tr>
<td>$15,000 - $19,999</td>
<td>12</td>
<td>6.7</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>32</td>
<td>17.8</td>
</tr>
<tr>
<td>$30,000 or more</td>
<td>71</td>
<td>39.4</td>
</tr>
<tr>
<td>Refused/Don't know</td>
<td>43</td>
<td>23.9</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Time One</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Housing</td>
<td>80</td>
<td>44.4</td>
</tr>
<tr>
<td>Separate Housing</td>
<td>100</td>
<td>55.6</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Time Two</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Housing</td>
<td>78</td>
<td>43.3</td>
</tr>
<tr>
<td>Separate Housing</td>
<td>102</td>
<td>56.7</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-4 years</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>5-8 years</td>
<td>6</td>
<td>3.3</td>
</tr>
<tr>
<td>High school incomp.</td>
<td>14</td>
<td>7.8</td>
</tr>
<tr>
<td>High school complete</td>
<td>42</td>
<td>23.3</td>
</tr>
<tr>
<td>Post high school, business/trade school</td>
<td>15</td>
<td>8.3</td>
</tr>
<tr>
<td>1-3 years college</td>
<td>34</td>
<td>18.9</td>
</tr>
<tr>
<td>4 years college comp.</td>
<td>33</td>
<td>18.3</td>
</tr>
<tr>
<td>Post graduate college</td>
<td>33</td>
<td>18.3</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>100.0</td>
</tr>
</tbody>
</table>
characterized fifty-two (28.9 percent) of the caregivers and the age category "50 to 59" comprised seventy-one (39.4 percent) caregivers in this sample. Thirty-six adult children, representing the remaining 20.0 percent, fall into the age categories "60 to 69" and "70 and older" (i.e., twenty-eight and eight, respectively). When adult children were asked "which member of your family do you provide some form of care for?", data indicate that one hundred sixteen (64.4 percent) assisted their mothers, thirty-three (18.3 percent) assisted their fathers, twenty-one (11.7 percent) provided care for their mothers-in-law and ten (5.6 percent) were caregivers for their fathers-in-law. As shown in Table III, one hundred forty-six (81.1 percent) of the caregivers were white and thirty (16.7 percent) were black. Only four participants (2.2 percent) in the sample were Spanish American. Educational attainment was markedly varied for adult children in this sample, with a mode (n=42) of twelve years of schooling completed. Data on the caregiver's religious preference demonstrates that this sample is composed of one hundred twenty-two (67.8 percent) Protestants, thirteen (7.2 percent) Catholics and two (1.1 percent) members of the Jewish faith. An additional forty-three (23.9 percent) participants were categorized as belonging to "other" religious denominations (write-ins for this category on the survey instrument were divided mainly between Baptist and Methodist). The full range of
socioeconomic status (SES) was achieved with family income ranging from less than $3,000.00 annually to more than $30,000.00, with a mode (n=71) of $30,000.00 or more.

Data describing the housing arrangements when caregiving assistance first began, and at the time of the study, indicate only a slight change toward living in separate environments over time. One hundred caregivers (55.6 percent) lived in the same household as their aged parents, when they first provided assistance. At the time of the study, this number increased to one hundred two (56.7 percent) caregivers. At the time of the study, one hundred eighteen (65.6 percent) caregivers were married, sixteen (8.9 percent) were widowed, twenty-two (12.2 percent) were divorced, twenty-one (11.7 percent) were separated and two (1.1 percent) had never married.

The employment status of caregivers at the time of the study indicated that ninety-seven (53.9 percent) were working fulltime and thirteen (7.2 percent) were working part-time. Of the unemployed in this sample, thirty-two (17.8 percent) were not looking for work and thirteen (7.2 percent) were looking for work. Twenty-four care providers in this study were retired.

Data examining the level of emotional support received from family (i.e., spouse, children and relatives) for those things caregivers did for their parents reveal a small change toward greater support over time. One hundred
forty-six caregivers (81.1 percent) experienced "moderate" to "a great deal" of support from their families, when they began providing assistance to their parents. At the time of the study, this number increased to one hundred fifty-four (85.6 percent) caregivers with a 7.2 percent increase in the "a great deal" category.

Data describing the physical health of adult children at the time of the study and when care first began signify that the health status of caregivers had worsened between these two periods. When adult children first provided assistance to their older parents, the majority of the sample (n=88, i.e., 48.9 percent) were in "excellent" physical health. Only four (2.2 percent) caregivers were "moderately physically impaired." At the time of the study, forty-seven (26.1 percent) adult children were in "excellent" physical health, while one hundred eight (60.0 percent) reported their physical health status as "good." The number of "moderately physically impaired" adult children increased three times, representing 6.7 percent of the sample. As anticipated, data describing the health status of aged parents also suggest a decline in physical health over time. When the provision of care first began, thirty-four (18.9 percent) of the aged receiving assistance were "moderately physically impaired" and fifteen (8.3 percent) were "totally physically impaired" (i.e., bedridden). At the time of the study, these figures increased to
fifty-six (31.1 percent) and thirty-nine (21.7 percent), respectively.

Data describing the length of time that adult children provided care, overall, show that there is great variability in this area. Caregiving involvement ranged from 1 to 44 years with a mode of 4 (n=24, 13.3 percent) and a mean of 9.73 (standard deviation=8.53).

The number of informal services provided to older parents by their adult children increased from the time assistance had first been provided to the inception of this study. When the provision of support had been initiated, forty-two (23.3 percent) caregivers provided 5 or more informal services for their dependent parents (mode=3, mean=3.31 and standard deviation=1.79). At the time of the study, sixty (33.3 percent) caregivers provided 5 or more informal services to their aged parents (two modes=1 and 6, mean=3.60 and standard deviation=1.99).

Data describing the social-psychological costs associated with the caregiving role indicate that the group mean at the time of the study (58.24) was greater than when care began (54.77). The Cost of Care Index (Kosberg, 1983) at the time of the study ranged from 25 to 86 (mode=64); when care began, the range was 26 to 80 (mode=51).
Examination Of This Investigation's Hypotheses

The following section of this chapter presents a bivariate and multivariate examination of each hypothesis in this study. The determination of the significance of the association between variables will be made by using Pearson's Product-Moment Coefficient of Correlation (r). An examination of the difference between means of select variables (i.e., variables measured at time one and time two) will be made by calculating the Student's t statistic. The final phase of analysis in this section presents a series of multivariate equations examining the effects of combinations of independent and controls variables on each hypothetical relationship. Partial correlation analyses is performed to identify the magnitude and direction of each independent and dependent variable constituting this study's hypotheses, when removing the statistical effects of all control variables. Multiple regression analysis will be employed to identify and reduce the number of significant independent and control variables that are linearly related to the dependent variable of each equation.

Hypothesis One

Results of the influence of the length of caregiving involvement (LCGI) on the total number of informal services provided by adult children at the time of the study (TOTALIS2) can be seen in Table IV below. Using the square
of Pearson's r (r = .119) as an initial account of the bi-
2
variate relationship between LCGI and TOTALIS2 (i.e., r =
.014), it is found that less than 2 percent of the variation
in TOTALIS2 can be explained by LCGI. The results of the

| TABLE IV |
| HYPOTHESES ONE |
| TOTAL NUMBER OF INFORMAL SERVICES PROVIDED TO AN ELDERLY PARENT (TOTALIS2) |
| | r | R² | Change in R² | beta | Partial Corr. | p | sign. |
| LCGI | .119 | .475 | .461 | .094 | .110 | 2.01, p (NS) |
consistent with the resulting beta (.094) found in the overall regression equation. Partial support for the first hypothesis can be found by calculating the Student's t on the relationship between the number of informal services provided by adult children when caregiving assistance first began and at the time of the study. Results of the Student's t-test on the group means of TOTALIS1 and TOTALIS2 (t=-2.08, p<.04) indicate that a statistically significant association is found between these two variables. Four control variables were found to be significant predictors of TOTALIS2. They are the parent's physical health status at time two (PPHY2, beta=.33, F=28.4, p<.000), the household living arrangements at time two (HSAR2, beta=-.529, F=71.0, p<.000), the caregiver's level of income (INCOME, beta=-.151, F=4.99, p<.026) and the type of parent-child relationship (PARENT, beta=-.169, F=7.42, p<.007). In assessing these statistical findings, the following interpretations can be made. An increase in the number of informal services provided to an aged parent has been found to be associated with poor physical health on the part of the older parent, living within the same household, lower levels of income experienced by an adult child, and care provided to one's own parent (particularly a mother) - not to in-laws.

Overall, this can be interpreted to suggest that, independent of other factors, LCGI does exhibit a weak positive association with TOTALIS2. When the control
variables are entered into the regression equation along with LCGI, results demonstrate that as the length of time that adult children provide care for their parents increases, the number of informal services provided to their parents tend to increase ($F=2.01, p<.15$).

In light of these findings, it is contended that as the length of caregiver involvement increases over time, adult children tend to incur a greater number of informal caregiving responsibilities. Although multiple and partial correlation analyses reveal this direction, these findings should be interpreted cautiously as the resulting significance level of $F$ for LCGI does not fall into the critical region (i.e., $p<.157$). However, hypothesis one is supported through the use of Student's $t$ ($t=-2.08, p<.04$).

**Hypothesis Two**

Results indicating how the length of time involved in household care and assistance (HAYRS) influences the frequency of providing this activity at the time of the study (FRQHA2) can be seen in Table V below. Using the square of Pearson's $r$ ($r=.403$) as an initial account of the bivariate relationship between HAYRS and FRQHA2, it was found that 16.2 percent of the variation in FRQHA2 can be explained by $\text{HAYRS}^2$ (i.e., $r^2 = .162$). The results of the multiple regression analysis indicate that when HAYRS is included in the regression equation, along with the remaining control
variables (using a block variable "forced entry" procedure) the amount of additional explained variation in FRQHA2 increased by 36.9 percent (i.e., .532 - .162 = .369). These findings indicate that 53.2 percent of the variation in

| HAYRS | .403 | .532 | .369 | .284 | .36 | 24.8, p < .000 |

FRQHA2 can be accounted for by including HAYRS and all the study's control variables in the equation. One attempt to identify the effect of HAYRS on FRQHA2 when removing the statistical effects of the controls stems from a partial correlation analysis. Results of the partial correlation equation indicate that there is a moderately strong positive relationship between HAYRS and FRQHA2 (.362) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.284) found in the overall regression equation. Results of calculating the Student's t on the group means of FRQHA1 and FRQHA2 indicate that no significant association was found (t = .00, p (NS)). Therefore, additional support for this hypothesis cannot be found by calculating the Student's t on the relationship between the frequency of providing
household assistance when care first began and at the time of the study. Three control variables were found to be significant predictors of FRQHA2. They are the parent's physical health status at time two (PPHY2, beta=.156, F=7.34, p<.007), the caregiver's physical health status at time two (CGPHY2, beta=-.127, F=4.88, p<.028) and the household living arrangements at time two (HSAR2, beta=-.57, F=91.4, p<.000). In addition, the level of family support experienced by caregivers at the time of the study approached significance (FAMEM02, beta=-.11, F=3.6, p<.059).

In assessing these statistical findings, the following interpretations can be made. An increase in the frequency of providing household care and assistance to an aged parent has been found to be associated with poor physical health on the part of the older parent, good physical health on the part of the adult child, living within the same household and, to a smaller degree, high levels of family support. These findings can be interpreted to suggest that, independent of other factors, HAYRS does exhibit a moderately strong positive association with FRQHA2. When all of the control variables are entered into the regression equation along with HAYRS, results reveal that as the length of time that adult children provide household assistance for their parents increases, the frequency of providing this form of
care increases \((F=24.8, \ p<.000)\). Based on the preceding discussion, statistical support for hypothesis two, stemming from multiple and partial correlation analyses, was found.

**Hypothesis Three**

Results indicating how the length of time involved in transportation services (TSYRS) influences the frequency of providing this service at the time of the study (FRQTS2) can be seen in Table VI below. Using the square of Pearson's \(r \) \((r= .36)\) as an initial account of the bivariate relationship between TSYRS and FRQTS2, it was found that 13.1%

<table>
<thead>
<tr>
<th> </th>
<th> </th>
<th> </th>
<th> </th>
<th> </th>
<th> </th>
<th> </th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TABLE VI</strong></td>
<td><strong>HYPOTHESIS THREE</strong></td>
<td><strong>FREQUENCY OF PROVIDING TRANSPORTATION SERVICES AT TIME TWO (FRQTS2)</strong></td>
<td> </td>
<td> </td>
<td> </td>
<td><strong>F</strong></td>
</tr>
<tr>
<td> </td>
<td> </td>
<td> </td>
<td><strong>r</strong></td>
<td><strong>R²</strong></td>
<td><strong>% Change in R²</strong></td>
<td><strong>beta</strong></td>
</tr>
<tr>
<td>TSYRS</td>
<td>.360</td>
<td>.307</td>
<td>.177</td>
<td>.298</td>
<td>.320</td>
<td>18.7</td>
</tr>
</tbody>
</table>

percent of the variation in FRQTS2 can be explained by TSYRS \(^2\) \((i.e., r = .131)\). The results of the multiple regression analysis indicate that when TSYRS is included in the regression equation, along with the remaining control variables (using a block variable "forced entry" procedure) the amount of additional explained variation in FRQTS2 increased by 17.6 percent \((i.e., .307 - .131 = .176)\). These findings
indicate that 30.7 percent of the variation in FRQTS2 can be accounted for by including TSYRS and all the study's control variables in the equation. One attempt to identify the effect of TSYRS on FRQTS2 when removing the statistical effects of the controls stems from a partial correlation analysis. Results of the partial correlation equation indicate that there is a moderately strong positive relationship between TSYRS and FRQTS2 (.320) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.298) found in the overall regression equation. Results of the Student's t-test on the group means for FRQTS1 and FRQTS2 indicate that no significant association was found (t=-.17, p (NS)). Therefore, additional support for this hypothesis cannot be found by calculating the Student's t on the relationship between the frequency of providing transportation assistance when care first began and at the time of the study. Three control variables were found to be significant predictors of FRQTS2. They are the caregiver's physical health status at time two (CGPHY2, beta=-.21, F=8.94, p<.003), the household living arrangements at time two (HSAR2, beta= -.276, F=14.8, p<.000) and the type of parent-child relationship (PARENT, beta=-.144, F=4.2, p<.04).

In assessing these statistical findings, the following interpretations can be made. An increase in the frequency of providing transportation services to an aged parent has
been found to be associated with good to excellent physical health on the part of the adult child, living within the same household and providing care to one's own parent—rather than to in-laws. These findings can be interpreted to suggest that, independent of other factors, TSYRS does exhibit a moderately strong positive association with FRQTS2. When all of the control variables are entered into the regression equation along with TSYRS, results reveal that as the length of time that adult children provide transportation services for their parents increases, the frequency of providing this form of care increases (F=18.7, p<.000). Based on the preceding discussion, statistical support for hypothesis three, stemming from multiple and partial correlation analyses, was found.

**Hypothesis Four**

Results indicating how the length of time providing personal care to an aged parent (PCYRS) influences the frequency of providing this service at the time of the study (FRQPC2) can be seen in Table VII below. Using the square of Pearson's r (r = .62) as an initial account of the bivariate relationship between PCYRS and FRQPC2, it was found that 38.6 percent of the variation in FRQPC2 can be explained by PCYRS (i.e., r^2 = .386). The results of the multiple regression analysis indicate that when PCYRS is included in the regression equation, along with the
remaining control variables, the amount of additional explained variation in FRQPC2 increased by 18.2 percent (i.e., .568 - .386 = .182). These findings indicate that 56.8 percent of the variation in FRQPC2 can be accounted for by including PCYRS and all the study's control variables in the equation. One attempt to identify the effect of PCYRS on FRQPC2 when removing the statistical effects of the controls stems from a partial correlation analysis. Results of the partial correlation equation indicate that there is a strong positive relationship between PCYRS and FRQPC2 (.546) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.496) found in the overall regression equation.

Results of calculating the Student's t on the group means of FRQPC1 and FRQPC2 indicate that a significant association was found (t = -3.08, p < .01). Therefore, additional support for this hypothesis can be identified by calculating the Student's t on the relationship between the frequency of providing personal care when care began and at the time of

<table>
<thead>
<tr>
<th>PCYRS</th>
<th>r</th>
<th>R2</th>
<th>% Change in R2</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>F</th>
<th>sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>.62</td>
<td>.568</td>
<td>.182</td>
<td>.496</td>
<td>.546</td>
<td></td>
<td>69.7</td>
<td>p &lt; .000</td>
</tr>
</tbody>
</table>
the study. Three control variables were found to be significant predictors of FRQPC2. They are the aged parent's physical health status at time two (PPHY2, beta=.195, F=12.2, p<.000), the household living arrangements at time two (HSAR2, beta=-.31, F=28.8, p<.000) and the type of parent-child relationship (PARENT, beta=-.142, F=6.65, p<.01). In assessing these statistical findings, the following interpretations can be made. An increase in the frequency of providing personal care to an aged parent has been found to be associated with poor physical health on the part of the elderly parent, living within the same household and providing care to one's own parent—rather than to in-laws. These findings can be interpreted to suggest that, independent of other factors, PCYRS does exhibit a strong positive association with FRQPC2. When all of the control variables are entered into the regression equation along with PCYRS, results reveal that as the length of time that adult children provide personal care for their parents increases, the frequency of providing this form of care increases (F=69.7, p<.000). Based on the preceding discussion, statistical support for hypothesis four, stemming from multiple and partial correlation analyses, was found.

**Hypothesis Five**

Results indicating how the length of time providing medical attention (MEDYRS) influences the frequency of
providing this service at the time of the study (FRQMED2) can be seen in Table VIII below. Using the square of Pearson's $r (r = .51)$ as an initial account of the bivariate relationship between MEDYRS and FRQMED2, it was found that

<table>
<thead>
<tr>
<th>TABLE VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYPOTHESIS FIVE</td>
</tr>
<tr>
<td>FREQUENCY OF PROVIDING MEDICAL ATTENTION AT TIME TWO (FRQMED2)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
| MEDYRS | .51 | .463 | .197 | .420 | .459 | 43.7, $p < .00$ | 26.5 percent of the variation in FRQMED2 can be explained by MEDYRS (i.e., $r = .265$). The results of the multiple regression analysis indicate that when MEDYRS is included in the regression equation, along with the remaining control variables, the amount of additional explained variation in FRQMED2 increased by 19.7 percent (i.e., $.463 - .265 = .197$). These findings indicate that 46.3 percent of the variation in FRQMED2 can be accounted for by including MEDYRS and all the study's control variables in the equation. One attempt to identify the effect of MEDYRS on FRQMED2 when removing the statistical effects of the controls stems from a partial correlation analysis. Results of the partial correlation equation indicate that there is a strong positive relationship between MEDYRS and FRQMED2 ($r = .459$) when removing the statistical effects of the
remaining factors. This association is consistent with the resulting beta (.420) found in the overall regression equation. Results of calculating the Student's t-test on the group means of FRQMED1 and FRQMED2 indicate that a statistically significant association was found (t=-2.43, p<.02). Therefore, additional support for this hypothesis can be found by calculating the Student's t on the relationship between the frequency of providing medical attention when care first began and at the time of the study. Four control variables were found to be significant predictors of FRQMED2. They are the elderly parent's physical health status at time two (PPHY2, beta=.25, F=16.1, p<.000), the household living arrangements at time two (HSAR2, beta=-.365, F=33.0, p<.000), the type of parent-child relationship (PARENT, beta=-.122, F=3.9, p<.05) and the educational level of the caregiver (EDU, beta=-.176, F=5.7, p<.02). In assessing these statistical findings, the following interpretations can be made. An increase in the frequency of providing medical assistance to an aged parent has been found to be associated with poor physical health on the part of the aged parent, living within the same household, providing care to one's own parent -- rather than to in-laws, and adult children with low levels of education. These findings can be interpreted to suggest that, independent of other factors, MEDYRS does exhibit a strong positive association with FRQMED2. When all of the control variables are
entered into the regression equation along with MELYRS, results reveal that as the length of time that adult children provide medical attention for their parents increases, the frequency of providing this form of care increases ($F=43.7, p<.000$). Based on the preceding discussion, statistical support for hypothesis five, stemming from an examination of Student's $t$ and multiple and partial correlation analyses, was found.

**Hypothesis Six**

Results indicating how the length of time providing meals to a dependent parent (MEALYRS) influences the frequency of providing this service at the time of the study (FRQMEAL2) can be seen in Table IX below. Using the square of Pearson's $r (r=.51)$ as an initial account of the bi-

<table>
<thead>
<tr>
<th></th>
<th>$r$</th>
<th>$R^2$</th>
<th>% Change in $R^2$</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>$F$ sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEALYRS</td>
<td>.51</td>
<td>.671</td>
<td>.41</td>
<td>.27</td>
<td>.375</td>
<td>26.8, $p&lt;.000$</td>
</tr>
</tbody>
</table>

variate relationship between MEALYRS and FRQMEAL2, it was found that 26.1 percent of the variation in FRQMEAL2 can be explained by MEALYRS (i.e., $r^2 = .261$). The results of the multiple regression analysis indicate that when MEALYRS is
included in the regression equation, along with the re-
remaining control variables, the amount of additional
explained variation in FRQMEAL2 increased by 41 percent
(i.e., .671 - .261 = .410). These findings indicate that
67.1 percent of the variation in FRQMEAL2 can be accounted
for by including MEALYRS and all the study's control vari-
ables in the equation. One attempt to identify the effect
of MEALYRS on FRQMEAL2 when removing the statistical
effects of the controls stems from a partial correlation
analysis. Results of the partial correlation equation
indicate that there is a moderately strong positive rela-
tionship between MEALYRS and FRQMEAL2 (.375) when removing
the statistical effects of the remaining factors. In com-
paring this statistic to the resulting beta (.27) found in
the overall regression equation, it is found that the magni-
tude of the influence of MEALYRS on FRQMEAL2 is supressed
within the multiple regression equation. In either case, it
is demonstrated that MEALYRS has a significant impact on
FRQMEAL2. Despite this finding, results of calculating the
Student's t on the group means of FRQMEAL1 and FRQMEAL2
indicate that no significant association was found (t=-.50,
p (NS)). Therefore, additional support for this hypothesis
cannot be found by calculating the Student's t on the rela-
tionship between the frequency of providing meals to an aged
parent when care began and at the time of the study.
Three control variables were found to be significant predictors of FRQMEAL2. They are the parent's physical health status at time two (PPHY2, beta=.27, F=32.6, p<.000), the caregiver's physical health status at time two (CGPHY2, beta=-.098, F=4.08, p<.045) and the household living arrangements at time two (HSAR2, beta=-.646, F=149.8, p<.000). The caregiver's employment status at the time of the study (EMPSTAT, beta=.10, F=3.23, p<.07) approached significance.

In assessing these statistical findings, the following interpretations can be made. An increase in the frequency of providing meals to an aged parent has been found to be associated with poor physical health on the part of the older parent, good physical health on the part of the adult child, living within the same household and, to a smaller degree, adult children being employed either full or part-time at the time of the study. These findings can be interpreted to suggest that, independent of other factors, MEALYRS does exhibit a moderately strong positive association with FRQMEAL2. When all of the control variables are entered into the regression equation along with MEALYRS, results reveal that as the length of time that adult children provide meals for their aged parents increases, the frequency of providing this form of care increases (F=26.8, p<.000). Based on the preceding discussion, statistical support for hypothesis six, stemming from multiple and
partial correlation analyses, was found.

Hypothesis Seven

Results indicating how the length of time providing financial management for an elderly parent (FMYRS) influences the frequency of providing this service at the time of the study (FRQFM2) can be seen in Table X below. Using the square of Pearson's $r (r = 0.305)$ as an initial account of the bivariate relationship between FMYRS and FRQFM2, it was found that 9.3 percent of the variation in $\hat{2}$ FRQFM2 can be explained by FMYRS (i.e., $r = 0.093$). The results of the multiple regression analysis indicate that when FMYRS is included in the regression equation, along with the remaining control variables, the amount of additional explained variation in FRQFM2 increased by 21.5 percent (i.e., $0.308 - 0.093 = 0.215$). These findings indicate that 21.5 percent of the variation in FRQFM2 can be accounted for by including FMYRS and all the study's control variables in the equation. One attempt to identify the
effect of FMYRS on FRQFM2 when removing the statistical
effects of the controls stems from a partial correlation
analysis. Results of the partial correlation equation indi-
cate that there is a moderate positive relationship between
FMYRS and FRQFM2 (.263) when removing the statistical
effects of the remaining factors. This association is con-
sistent with the resulting beta (.260) found in the overall
regression equation. Results of calculating the Student's t
on the group means of FRQFM1 and FRQFM2 indicate that no
significant association was found (t=1.52, p (NS)).
Therefore, additional support for this hypothesis cannot be
found by calculating the Student's t on the relationship
between the frequency of providing financial management when
care began and at the time of the study. Three control
variables were found to be significant predictors of
FRQFM2. They are the caregiver's level of income (INCOME,
beta=-.259, F=11.2, p<.001), the caregiver's employment
status (EMPSTAT, beta =-.259, F=10.0, p<.001) and the
religious preference of adult children (REL, beta=.224,
F=9.66, p<.000). In addition, the elderly parent's physical
health status (PPHY2, beta=.124, F=3.13, p<.07) approached
significance. In assessing these statistical findings, the
following interpretations can be made. An increase in the
frequency of providing financial management to an aged
parent has been found to be associated with caregivers who
are employed either full- or part-time and who are
Protestant. Further examination of the control variable caregiver's income level reveals that the differences between the frequencies of financial management may reflect variations in the patterns of financial management so that caregivers with higher levels of income provide assistance fewer times per month than those with lower income levels. That is, with the most often appearing FRQFM1 level and FRQFM2 level being "1-2 times per week" (a mean difference of .148, t=1.52, p (NS)), results indicate that lower levels of involvement in this area are associated with higher income levels.

These findings can be interpreted to suggest that, independent of other factors, FMYRS does exhibit a moderate positive association with FRQFM2. When all of the control variables are entered into the regression equation along with FMYRS, results reveal that as the length of time that adult children provide financial assistance for their parents increases, the frequency of providing this form of care increases (F=12.2, p<.000). Based on the preceding discussion, statistical support for hypothesis seven was found.

Hypothesis Eight
Results indicating how the length of time involved in the provision of mobility assistance (MOBYRS) influences the frequency of providing this service at the time of the study
(FRQMOB2) can be seen in Table XI below. Using the square of Pearson's $r (r = .50)$ as an initial account of the bi-variate relationship between MOBYRS and FRQMOB2, it was found that 25.1 percent of the variation in FRQMOB2 can be explained by MOBYRS (i.e., $r = .251$). The results of the multiple regression analysis indicate that when MOBYRS is included in the regression equation, along with the remaining control variables, the amount of additional explained variation in FRQMOB2 increased by 16.9 percent (i.e., $0.420 - 0.251 = 0.169$). These findings indicate that 42.0 percent of the variation in FRQMOB2 can be accounted for by including MOBYRS and all the study's control variables in the equation. One attempt to identify the effect of MOBYRS on FRQMOB2 when removing the statistical effects of the controls stems from a partial correlation analysis. Results of the partial correlation equation indicate that there is a strong positive relationship between MOBYRS and FRQMOB2 ($0.458$) when removing the statistical effects of the

<table>
<thead>
<tr>
<th>$r$</th>
<th>$R^2$</th>
<th>% Change in $R^2$</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>$F$ sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOBYRS</td>
<td>.50</td>
<td>.420</td>
<td>.169</td>
<td>.436</td>
<td>.458</td>
</tr>
</tbody>
</table>

TABLE XI
HYPOTHESIS EIGHT
FREQUENCY OF PROVIDING MOBILITY ASSISTANCE AT TIME TWO (FRQMOB2)
remaining factors. This association is consistent with the resulting beta (.436) found in the overall regression equation. Results of calculating the Student's t on the group means of FRQM0B1 and FRQM0B2 indicate that a statistically significant association was found (t=-2.60, p<.01). Therefore, additional support for this hypothesis can be found by calculating the Student's t on the relationship between the frequency of providing mobility assistance when care first began and at the time of the study. Four control variables were found to be significant predictors of FRQM0B2. They are the elderly parent's physical health status at time two (PPHY2, beta=.262, F=16.6, p<.000), the household living arrangements at time two (HSAR2, beta=-.230, F=12.0, p<.000), the type of parent-child relationship (PARENT, beta=-.133, F=4.4, p<.04) and the caregiver's employment status (EMPSTAT, beta=.154, F=3.95, p<.04). In assessing these statistical findings, the following interpretations can be made. An increase in the frequency of providing mobility assistance has been found to be associated with aged parents in poor physical health, care provided within the same household, assisting one's own parent -- rather than in-laws and caregivers who are either unemployed and not looking for work or are retired.

These findings can be interpreted to suggest that, independent of other factors, MOBYRS does exhibit a strong positive relationship with FRQM0B2. When all of the control
variables are entered into the regression equation along with MOBYRS, results reveal that as the length of time that adult children provide mobility assistance increases, the frequency of providing this form of care increases \((F=43.6, p<.000)\). Based on the preceding discussion, statistical support for hypothesis eight was found. This decision stems from an interpretation of multiple and partial correlation equations and an examination of Student's t in this area.

**Hypothesis Nine**

Results indicating how the length of time involved in household care and assistance \((HAYRS)\) influences the level of responsibility for providing this activity at the time of the study \((HARES2)\) can be seen in Table XII below. Using the square of Pearson's \(r (r = .268)\) as an initial account of the bivariate relationship between HAYRS and HARES2, it was found that 7.2 percent of the variation in HARES2 can be explained by HAYRS \((i.e., r^2 = .072)\). The results of the multiple regression analysis indicate that when HAYRS was

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HAYRS</td>
<td>.268</td>
<td>.212</td>
<td>.140</td>
<td>.238</td>
<td>.244</td>
<td>10.4, p &lt; .001</td>
</tr>
</tbody>
</table>

**TABLE XII**

HYPOTHESIS NINE

RESPONSIBILITY LEVEL FOR PROVIDING HOUSEHOLD ASSISTANCE \((HARES2)\)
included in the regression equation, along with the remaining control variables, the amount of additional explained variation in HARES2 increased by 14.0 percent (i.e., \(0.212 - 0.072 = 0.140\)). These findings indicate that 21.2 percent of the variation in HARES2 can be accounted for by including HAYRS and all the study's control variables in the equation. Results of the partial correlation equation indicated that there was a moderate positive relationship between HAYRS and HARES2 (\(0.244\)) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (\(0.238\)) found in the overall regression equation. As seen in Table XIII below, which displays a series of t-tests for two time periods.

<table>
<thead>
<tr>
<th>TIME ONE VARIABLE</th>
<th>TIME TWO VARIABLE</th>
<th>STUDENT'S t VALUE</th>
<th>2-TAILED PROB.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARES1</td>
<td>HARES2</td>
<td>1.80</td>
<td>p &lt; .07</td>
</tr>
<tr>
<td>TSPRES1</td>
<td>TSPRES2</td>
<td>-0.45</td>
<td>p (NS)</td>
</tr>
<tr>
<td>PCRES1</td>
<td>PCRES2</td>
<td>0.33</td>
<td>p (NS)</td>
</tr>
<tr>
<td>MEDRES1</td>
<td>MEDRES2</td>
<td>-1.28</td>
<td>p (NS)</td>
</tr>
<tr>
<td>MEALRES1</td>
<td>MEALRES2</td>
<td>2.34</td>
<td>p &lt; .02</td>
</tr>
<tr>
<td>FMRES1</td>
<td>FMRES2</td>
<td>4.10</td>
<td>p &lt; .00</td>
</tr>
<tr>
<td>MOBRES1</td>
<td>MOBRES2</td>
<td>0.18</td>
<td>p (NS)</td>
</tr>
</tbody>
</table>

associated with the responsibility levels for each caregiving service performed, the association found between HARES1 and HARES2 approached significance (\(t=2.84, p < .07\)). Therefore, additional support for this hypothesis can be
tentatively identified by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) in providing household assistance when care first began and at the time of the study. Three control variables were found to be significant predictors of HARES2. They are the caregiver's educational level (EDU, beta=-.243, \(F=7.5, p<.006\)), the level of family support (FAMEMO2, beta=-.187, \(F=6.0, p<.01\)) and the racial group of adult children (RACE, beta=-.224, \(F=7.0, p<.01\)). In addition, the caregiver's physical health status at time two (CGPHY2, beta=-.142, \(F=3.6, p<.058\)) and the household living arrangements at time two (HSAR2, beta=-.148, \(F=3.6, p<.06\)) approached statistical significance.

In assessing these statistical findings, the following interpretations can be made. An increase in the level of responsibility toward providing household care and assistance to an aged parent has been found to be significantly associated with higher levels of education exhibited by adult children, low levels of family support experienced by caregivers for the things they do for their aged parents and adult children who are black. To a smaller extent, high levels of involvement in providing household care and assistance are also associated with caregivers who are experience poor physical health and live with their parents. These findings can be interpreted to suggest that, independent of other factors, HAYRS does exhibit a moderate positive
association with HARES2. When all of the control variables are entered into the regression equation along with HAYRS, results reveal that as the length of time that adult children provide household assistance for their parents increases, the level of responsibility for providing this form of care increases (F=10.4, p < .001). Based on the preceding discussion, statistical support for hypothesis nine was found.

**Hypothesis Ten**

Results indicating how the length of time involved in transportation services (TSYRS) influences the level of responsibility for providing this service at the time of the study (TSRES2) can be seen in Table XIV below. Using the square of Pearson's r ($r = .330$) as an initial account of the bivariate relationship between TSYRS and TSRES2, it was found that 10.9 percent of the variation in TSRES2 can be explained by TSYRS (i.e., $r^2 = .109$). The results of the multiple regression analysis indicated that when TSYRS was

<table>
<thead>
<tr>
<th></th>
<th>r</th>
<th>r^2</th>
<th>% Change in R^2</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>F</th>
<th>sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSYRS</td>
<td>.330</td>
<td>.191</td>
<td>.082</td>
<td>.332</td>
<td>.329</td>
<td>19.9</td>
<td>p &lt; .000</td>
</tr>
</tbody>
</table>

TABLE XIV

**HYPOTHESIS TEN**

RESPONSIBILITY LEVEL FOR PROVIDING TRANSPORTATION SERVICES (TSRES2)
included in the regression equation, along with the remaining control variables, the amount of additional explained variation in TSRES2 increased by 8.2 percent (i.e., .191 - .109 = .082). These findings indicate that 19.1 percent of the variation in TSRES2 can be accounted for by including TSYRS and all the study's control variables in the equation. Results of the partial correlation equation indicated that there was a moderately strong positive relationship between TSYRS and TSRES2 (.329) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.332) found in the overall regression equation. As seen in Table XIII, no statistically significant association was found between TSRES1 and TSRES2 (t=-.45, p (NS)). Therefore, additional support for this hypothesis cannot be identified by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) in providing transportation services when care first began and at the time of the study. Only one control variable, the caregiver's physical health status at time two (CGPHY2, beta=-.235, F=9.65, p <.002), was found to be a significant predictor of TSRES2.

In assessing these statistical findings, the following interpretations can be made. An increase in the level of responsibility toward providing transportation services to an aged parent has been found to be significantly associated
with adult children who are mildly to moderately physically impaired. These findings suggest that, independent of other factors, TSYRS does exhibit a moderately strong positive association with TSRES2. When all of the control variables were entered into the regression equation along with TSYRS, results revealed that as the length of time that adult children provide transportation services for their parents increased, the level of responsibility for providing this form of assistance increased \( (F=19.9, p < .000) \). Based on the preceding discussion, statistical support for hypothesis ten was found.

_Hypothesis Eleven_

Results indicating how the length of time involved in providing personal care and grooming to an aged parent \( (PCYRS) \) influences the level of responsibility for providing this activity at the time of the study \( (PCRES2) \) can be seen in Table XV below. Using the square of Pearson's \( r \) \( (r = .431) \) as an initial account of the bivariate relationship between PCYRS and PCRES2, it was found that 18.6 percent of the variation in PCRES2 can be explained by PCYRS \( (i.e., r^2 = .186) \). The results of the multiple regression analysis indicated that when PCYRS was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in PCRES2 increased by 12.0 percent \( (i.e., .306 - .186 = .120) \). These findings
indicated that 30.6 percent of the variation in PCRES2 can be accounted for by including PCYRS and all the study's control variables in the equation. Results of the partial correlation equation indicated that there was a moderately strong positive relationship between PCYRS and PCRES2 (.378) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.394) found in the overall regression equation. As seen in Table XIII, no statistically significant association was found between PCRES1 and PCRES2 (t=.33, p (NS)). Therefore, additional support for this hypothesis cannot be demonstrated by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) in providing personal care and grooming when assistance began and at the time of the study. Two control variables were found to be significant predictors of PCRES2. They are the parent's physical health status (PPHY2, beta=.146, F=4.25, p <.04) and the caregiver's level of income (INCOME, beta=.217, F=7.39, p <.007).
In assessing these statistical findings, the following interpretations can be made. An increase in the level of responsibility toward providing personal care to an aged parent has been found to be significantly associated with elderly parents who in good to excellent physical health and adult children with low levels of income. Overall, these findings can be interpreted to suggest that, independent of other factors, PCYRS does exhibit a moderately strong positive association with PCRES2. When all of the control variables were entered into the regression equation along with PCYRS, results revealed that as the length of time that adult children provide personal care for their parents increased, the level of responsibility for providing this informal service increased (F=27.3, p < .000). Based on the preceding discussion, statistical support for hypothesis eleven was found.

**Hypothesis Twelve**

Results indicating how the length of time involved with the provision of medical attention and assistance (MEDYRS) influences the level of responsibility for providing this informal service at the time of the study (MEDRES2) can be seen in Table XVI below. Using the square of Pearson's r (r = .495) as an initial account of the bivariate relationship between MEDYRS and MEDRES2, it was found that 24.5 percent of the variation in MEDRES2 can be
explained by MEDYRS alone. The results of the multiple regression analysis indicated that when MEDYRS was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in MEDRES2 increased by 10.7 percent (i.e., \(0.352 - 0.245 = 0.107\)). These findings indicate that 35.2 percent of the variation in MEDRES2 can be accounted for by including MEDYRS and all the study's control variables in the equation. Results of the partial correlation equation indicated that there was a strong positive relationship between MEDYRS and MEDRES2 (0.446) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (0.445) found in the overall regression equation. As seen in Table XIII, no statistically significant association was found between MEDRES1 and MEDRES2 (\(t=-1.28, p (NS)\)). Therefore, additional support for this hypothesis cannot be demonstrated by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) with the
provision of medical attention and assistance when care first began and at the time of the study. Three control variables were found to be significant predictors of MEDRES2. They are the level of family support (FAMEMO2, beta= -.146, F=4.46, p <.04), the elderly parent's physical health status at time two (PPHY2, beta= .201, F=8.6, p<.003) and the caregiver's marital status (MARSTAT, beta=.146, F=3.80, p <.05). In addition, the caregiver's race (RACE, beta=-.138, F=3.29, p <.07) and the type of parent-adult child relationship (PARENT, beta=-.125, F=3.4, p <.05) approached statistical significance.

In assessing these statistical findings, the following interpretations can be made. An increase in the level of responsibility toward providing medical attention to an aged parent has been found to be significantly associated with moderate to low levels of family support experienced by caregivers for the things they do for their aged parents, good to mild physical health experienced by aged parents and being married. To a smaller extent, high levels of involvement in providing medical attention are also associated with adult children who are black and who provide care for their in-laws - not their own parents. These findings can be interpreted to suggest that, independent of other factors, MEDYRS does exhibit a strong positive association with MEDRES2. When all of the control variables are entered into the regression equation along with MEDYRS,
the results revealed that as the length of time that adult children provide medical attention for their parents increased, the level of responsibility for providing this informal service increased ($F=40.7, p < .000$). Based on the preceding discussion, statistical support for hypothesis twelve was found.

**Hypothesis Thirteen**

Results indicating how the length of time involved in providing meals (MEALYRS) influences the level of responsibility for providing this informal service at the time of the study (MEALRES2) can be seen in Table XVII below. Using the square of Pearson's $r$ ($r = .471$) as an initial account of the bivariate relationship between MEALYRS and MEALRES2, it was found that 22.2 percent of the variation in MEALRES2 can be explained by MEALYRS. The results of the multiple regression analysis indicated that when MEALYRS was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in

<table>
<thead>
<tr>
<th></th>
<th>r</th>
<th>$R^2$</th>
<th>% Change in $R^2$</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>F sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEALYRS</td>
<td>.471</td>
<td>.328</td>
<td>.106</td>
<td>.447</td>
<td>.423</td>
<td>35.7, $p &lt; .000$</td>
</tr>
</tbody>
</table>
MEALRES2 increased by 10.6 percent (i.e., .328 - .222 = .106). These findings indicated that 32.8 percent of the variation in MEALRES2 can be accounted for by including MEALYRS and all the study's control variables in the equation. Results of the partial correlation equation indicated that there was a strong positive relationship between MEALYRS and MEALRES2 (.423) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.447) found in the overall regression equation. As seen in Table XIII, a statistically significant association was found between MEALRES1 and MEALRES2 (t=2.34, p <.02). Therefore, additional support for this hypothesis can be demonstrated by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) in providing meals to an aged parent when care first began and at the time of the study. Only one control variable, the household living arrangements at time two (HSAR2, beta=-.152, F=4.1, p <.04) was found to be a significant predictor of MEALRES2.

In assessing these statistical findings, it appears that an increase in the level of responsibility toward providing meals has been found to be significantly associated with joint parent-adult child living arrangements. These findings can be interpreted to suggest that, independent of other factors, MEALYRS does exhibit a strong
positive association with MEALRES2. When all of the control variables were entered into the regression equation along with MEALYRS, the results revealed that as the length of time that adult children provide meals for their parents increased, the level of responsibility for providing this form of care increased (F=35.7, p < .000). Based on the preceding discussion, statistical support for hypothesis thirteen was found.

**Hypothesis Fourteen**

Results indicating how the length of time providing financial management assistance (FMYRS) influences the level of responsibility for providing this informal service at the time of the study (FMRES2) can be seen in Table XVIII below. Using the square of Pearson's r (r= .206) as an initial account of the bivariate relationship between FMYRS and FMRES2, it was found that 4.2 percent of the variation in FMRES2 can be explained by FMYRS. The results of the multiple regression analysis indicated that when FMYRS was

<table>
<thead>
<tr>
<th>FMYRS</th>
<th>.206</th>
<th>.267</th>
<th>.224</th>
<th>.086</th>
<th>.087</th>
<th>1.26, p (NS)</th>
</tr>
</thead>
</table>

**TABLE XVIII**

**HYPOTHESIS FOURTEEN**

RESPONSIBILITY LEVEL FOR PROVIDING FINANCIAL MANAGEMENT (FMRES2)

<table>
<thead>
<tr>
<th>r</th>
<th>R2</th>
<th>% Change in R2</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>F</th>
<th>sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>.206</td>
<td>.267</td>
<td>.224</td>
<td>.086</td>
<td>.087</td>
<td>1.26, p (NS)</td>
<td></td>
</tr>
</tbody>
</table>
included in the regression equation, along with the remaining control variables, the amount of additional explained variation in FMRES2 increased by 22.5 percent (i.e., .267 - .042 = .225). These findings indicate that 26.7 percent of the variation in FMRES2 can be accounted for by including FMYRS and all the study's control variables in the equation. Results of the partial correlation equation indicate that there is a weak positive relationship between FMYRS and FMRES2 (.087) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.086) found in the overall regression equation. As seen in Table XIII, a statistically significant association is found between FMRES1 and FMRES2 (t=4.10, p <.000). Therefore, partial support for this hypothesis can be provided by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) in providing financial management to an aged parent when care first began and at the time of the study. Six control variables were found to be significant predictors of FMRES2. They are the caregiver's sex (CGSEX, beta=-.234, F=10.52, p <.001), the caregiver's physical health status at time two (CGPHY2, beta=.221, F=8.62, p <.004), the elderly parent's physical health status at time two (PPHY2, beta=.146, F=4.1, p <.04), the caregiver's income status (INCOME, beta=-.172, F=4.67, p <.03), the marital status of adult children (MARSTAT, beta=.152,
F=3.70, p <.05), and the household living arrangements at time two (HSAR2, beta=.220, F=8.9, p <.003).

In assessing these statistical findings, the following interpretations can be made. An increase in the level of responsibility toward providing financial management for an aged parent has been found to be significantly associated with having aged parents in good to excellent physical health, caregivers who are in good to excellent physical health, being female, having high income levels, being either married or widowed and living together with an older dependent parent. These findings can be interpreted to suggest that, independent of other factors, FMYRS does exhibit a weak positive association with FMRES2. When all of the control variables are entered into the regression equation along with FMYRS, the results revealed that as the length of time that adult children provide financial management assistance for their parents increased, the level of responsibility for providing this form of care did increase, but not significantly (F=1.2, p (NS)). Based on the preceding discussion, only partial statistical support (t=4.10, p <.000) for hypothesis fourteen was found.

Hypothesis Fifteen

Results indicating how the length of time involved with the provision of mobility assistance (MOBYRS) influences the level of responsibility for providing this
service at the time of the study (MOBRES2) can be seen in Table XIX below. Using the square of Pearson's $r$ ($r = .390$) as an initial account of the bivariate relationship between MOBYRS and MOBRES2, it was found that 15.2 percent of the variation in MOBRES2 can be explained by MOBYRS. The results of the multiple regression analysis indicated that when MOBYRS was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in MOBRES2 increased by 10.6 percent (i.e., $.258 - .152 = .106$). These findings indicate that 25.8 percent of the variation in MOBRES2 was accounted for by including MOBYRS and all the study's control variables in the equation. Results of the partial correlation equation indicate that there was a moderately strong positive relationship between MOBYRS and MOBRES2 (.358) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.368) found in the overall regression equation. As seen in Table XIII above, no statistically

<table>
<thead>
<tr>
<th>HYPOTHESIS FIFTEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBILITY LEVEL FOR PROVIDING MOBILITY ASSISTANCE (MOBRES2)</td>
</tr>
<tr>
<td>$r$</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>MOBYRS</td>
</tr>
</tbody>
</table>
significant association is found between MOBRES1 and MOBRES2 (t=0.18, p (NS)). Therefore, additional support for this hypothesis cannot be by calculating the Student's t on the relationship between the level of involvement (i.e., responsibility) in the provision of mobility assistance when care first began and at the time of the study. One control variable, the physical health status of aged parents (PPHY2, beta=.272, F=13.98, p <.000), was found to be a significant predictor of MOBRES2. In addition, the type of parent-adult child relationship (PARENT, beta=-.129, F=3.23, p <.07) approached statistical significance.

In assessing these statistical findings, the following interpretations can be made. An increase in the level of responsibility toward providing mobility assistance to an aged parent has been found to be significantly associated with older parents in good to mildly impaired physical health and, to a smaller degree, providing assistance to one's own parent(s) -- not to in-laws. These findings can be interpreted to suggest that, independent of other factors, MOBYRS does exhibit a moderately strong positive association with MOBRES2. When all of the control variables are entered into the regression equation along with MOBYRS, results revealed that as the length of time that adult children provide mobility assistance for their parents increased, the level of responsibility for providing this form of care increased (F=24.25, p <.000). Based on the preceding discussion,
statistical support for hypothesis fifteen was found.

**Hypothesis Sixteen**

Results of the influence of the length of caregiving involvement (LCGI) on the level of obligation to ensure that caregiving responsibilities are provided (i.e., OBLINDEX) can be seen in Table XX below. Using the square of Pearson's $r (r = .166)$ as an initial account of the bivariate relationship between LCGI and OBLINDEX (i.e., $r = .027$), it was found that less than 3 percent of the variation in OBLINDEX can be explained by LCGI. The results of the multiple regression analysis indicated that when LCGI was included in the regression equation, along with the remaining control variables the amount of additional explained variation in OBLINDEX increased by 27.7 percent (i.e., $.305 - .027 = .277$). These findings indicate that 30.5 percent of the variation in OBLINDEX was accounted for by including LCGI in the regression equation, along with the study's control variables. Results of the partial

<table>
<thead>
<tr>
<th>LCGI</th>
<th>$r$</th>
<th>$R^2$</th>
<th>% Change in $R^2$</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>$F$ sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>.166</td>
<td>.305</td>
<td>.277</td>
<td>.205</td>
<td>.206</td>
<td>7.23, $p &lt; .008$</td>
<td></td>
</tr>
</tbody>
</table>
correlation equation indicate that there is a moderate positive relationship between LCGI and OBLINDEX (.206) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.205) found in the overall regression equation. Two control variables were found to be significant predictors of OBLINDEX. They are the parent's physical health status (PPHY2, beta=.244, F=11.8, p < .000) and the household living arrangements at the time of the study (HSAR2, beta=-.45, F=38.65, p < .000).

In assessing these statistical findings, the following interpretations can be made. An increase in the level of obligation adult children experience toward their caregiving role(s) has been found to be associated with good to mildly impaired physical health on the part of the older parent and living in separate households. Overall, this can be interpreted to suggest that, independent of other factors, LCGI does exhibit a moderate positive association with OBLINDEX. When all of the study's control variables were entered into the regression equation along with LCGI, the results demonstrated that as the length of time that adult children provide care for their parents increased, the level of obligation adult children experience toward their caregiving role(s) increased (F=7.23, p < .008). In light of these findings, it is contended that as the length of caregiver involvement increases over time, adult children perceive
greater levels of obligation toward ensuring that necessary caregiving services are provided. Based on the preceding discussion, hypothesis sixteen was supported.

**Hypotheses Seventeen Through Twenty-Three**

An examination of how the frequency of performing a specific service for an elderly parent (assessed in seven areas) influences the social-psychological cost of caregiving will be conducted in this section. As hypotheses seventeen through twenty-three employ the same dependent variable (i.e., CCINDEX2), a complete display of the effects of each independent variable on CCINDEX2 within the study's regression equations can be found in Table XXI below. Using the square of Pearson's r ($r = .108$) as an initial account of the bivariate relationship between FRQHA2 and CCINDEX2 (i.e., $r = .012$) in hypothesis seventeen, it was found that less than 2 percent of the variation in CCINDEX2 can be explained by FRQHA2. The results of the multiple regression analysis indicated that when FRQHA2 was included in the regression equation, along with the remaining control variables (using a block variable "forced entry" procedure) the amount of additional explained variation in CCINDEX2 increased by 21.8 percent (i.e., $.230 - .012 = .218$). These findings indicate that 23.0 percent of the variation in CCINDEX2 was accounted for by including FRQHA2 in the regression equation, along with the study's
control variables. Results of the partial correlation equation indicate that there was no relationship between FRQHA2 and CCINDEX2 (.01) when removing the statistical

<table>
<thead>
<tr>
<th>Table XXI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HYPOTHESES SEVENTEEN THROUGH TWENTY-THREE</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THE COST OF CAREGIVING AT THE TIME OF THE STUDY (CCINDEX2)</th>
<th>( r )</th>
<th>( R^2 )</th>
<th>Change in ( R^2 )</th>
<th>beta</th>
<th>Partial Corr.</th>
<th>( F ), sign.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRQHA2</td>
<td>.108</td>
<td>.230</td>
<td>.219</td>
<td>.00</td>
<td>.01</td>
<td>0.0, p (NS)</td>
</tr>
<tr>
<td>FRQTS2</td>
<td>.157</td>
<td>.267</td>
<td>.242</td>
<td>.22</td>
<td>.22</td>
<td>8.16, p &lt; .004</td>
</tr>
<tr>
<td>FRQPC2</td>
<td>.200</td>
<td>.230</td>
<td>.190</td>
<td>.00</td>
<td>.00</td>
<td>0.0, p (NS)</td>
</tr>
<tr>
<td>FRQMED2</td>
<td>.296</td>
<td>.252</td>
<td>.165</td>
<td>.18</td>
<td>.17</td>
<td>4.8, p &lt; .02</td>
</tr>
<tr>
<td>FRQMEAL2</td>
<td>.181</td>
<td>.230</td>
<td>.198</td>
<td>-.02</td>
<td>-.02</td>
<td>0.04, p (NS)</td>
</tr>
<tr>
<td>FRQPH2</td>
<td>.022</td>
<td>.234</td>
<td>.233</td>
<td>-.07</td>
<td>-.07</td>
<td>0.76, p (NS)</td>
</tr>
<tr>
<td>FRQMOB2</td>
<td>.211</td>
<td>.231</td>
<td>.186</td>
<td>.03</td>
<td>.03</td>
<td>0.12, p (NS)</td>
</tr>
</tbody>
</table>

effects of the remaining factors. This association is consistent with the resulting beta (.00) found in the overall regression equation. Three control variables were found to be significant predictors of CCINDEX2. They are the parent's physical health status at time two (PPHY2, beta=.336, \( F=20.1, p<.000 \)), the caregiver's physical health status (CGPHY2, beta=.153, \( F=4.16, p<.05 \)) and the household living arrangements (HSAR2, beta=-.187, \( F=3.79, p<.05 \)). In assessing these statistical findings, the following interpretations can be made. An increase in the social-psychological costs associated with providing care to an
aged parent has been found to be significantly related to poor physical health on the part of older parent(s) and their adult children and living within the same household as their parents. Overall, this can be interpreted to suggest that, independent of or in combination with other factors in this investigation, FRQHA2 does not exhibit a significant association with CCINDEX2. In light of these findings, it is contended that as the frequency of providing household care and assistance increases, the costs associated with the caregiving role do not increase. Therefore, based on the preceding discussion, hypothesis seventeen was not supported.

Using the square of Pearson's r (r = .157) as an initial account of the bivariate relationship between FRQTS2 and CCINDEX2 (i.e., $r^2 = .025$) in hypothesis eighteen, it was found that 2.5 percent of the variation in CCINDEX2 can be explained by FRQTS2. The results of the multiple regression analysis indicated that when FRQTS2 was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in CCINDEX2 increased by 24.2 percent (i.e., $.267 - .025 = .242$). These findings indicate that 26.7 percent of the variation in CCINDEX2 was accounted for by including FRQTS2 in the regression equation, along with the study's control variables. Results of the partial correlation equation indicated that there was a moderate positive relationship
between FRQTS2 and CCINDEX2 (.217) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.217) found in the overall regression equation. Two control variables were found to be significant predictors of CCINDEX2. They are the parent's physical health status (PPHY2, beta=.347, F=23.1, p<.000) and the caregiver's physical health status (CGPHY2, beta=.199, F=7.23, p<.007). In addition, the racial group of the caregiver (RACE, beta=-.146, F=3.27, p<.07) approached significance.

In assessing these statistical findings, the following interpretations can be made. An increase in the social-psychological costs associated with providing care to an aged parent has been found to be significantly related to poor physical health on the part of older parent(s) and their adult children and, to a smaller extent, to adult children who are white. Overall, this can be interpreted to suggest that, independent of other factors, FRQTS2 does exhibit a moderate positive association with CCINDEX2. When the control variables were entered into the regression equation along with FRQTS2, the results demonstrated that as the frequency of providing transportation services to an aged parent increased, the social-psychological costs associated with the caregiving role increased (F=8.16, p<.004). Therefore, based on the preceding discussion, hypothesis eighteen was supported.
Using the square of Pearson's $r (r = .20)$ as an initial account of the bivariate relationship between FRQPC2 and $\text{CCINDEX}^2$ (i.e., $r = .040$) in hypothesis nineteen, it was found that 4 percent of the variation in CCINDEX2 can be explained by FRQPC2. The results of the multiple regression analysis indicated that when FRQPC2 was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in CCINDEX2 increased by 19.0 percent (i.e., $0.230 - 0.040 = 0.190$). These findings indicate that 23.0 percent of the variation in CCINDEX2 was accounted for by including FRQPC2 in the regression equation, along with the study's control variables. Results of the partial correlation equation indicate that there is no relationship between FRQPC2 and CCINDEX2 ($0.00$) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta ($0.00$) found in the overall regression equation. Three control variables were found to be significant predictors of CCINDEX2. They are the parent's physical health status at time two (PPHY2, $\text{beta} = .337$, $F = 19.0$, $p < .000$), the caregiver's physical health status (CGPHY2, $\text{beta} = .152$, $F = 4.13$, $p < .04$) and the household living arrangements (HSAR2, $\text{beta} = -.192$, $F = 5.42$, $p < .02$).

In assessing these statistical findings, the following interpretations can be made. An increase in the social-psychological costs associated with providing care to an
aged parent has been found to be significantly related to poor physical health on the part of older parent(s) and adult children who are their care providers and living within the same household. Overall, this can be interpreted to suggest that, independent of or in combination with other factors in this investigation, FRQPC2 does not exhibit a significant association with CCINDEX2. In light of these findings, it is contended that as the frequency of providing personal care and grooming to an elderly parent increases, the costs associated with the caregiving role do not increase. Therefore, based on the preceding discussion, hypothesis nineteen was not supported.

The results of hypothesis twenty indicated that 8.7 percent of the variation in CCINDEX2 was explained by FRQMED2, when using the square of Pearson's $r$ ($r = .296$) as an initial account of the bivariate relationship between $^2$FRQMED2 and CCINDEX2 (i.e., $r = .087$). The results of the multiple regression analysis indicated that when FRQMED2 was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in CCINDEX2 increased by 16.5 percent (i.e., $.252 - .087 = .165$). These findings indicate that 25.2 percent of the variation in CCINDEX2 was accounted for by including FRQMED2 in the regression equation, along with the study's control variables. Results of the partial correlation equation indicated that there was a moderate
positive relationship between FRQMED2 and CCINDEX2 (.170) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.180) found in the overall regression equation. Two control variables were found to be significant predictors of CCINDEX2. They are the parent's physical health status (PPHY2, beta=.282, F=13.4, p<.000) and the caregiver's physical health status (CGPHY2, beta=.145, F=3.98, p<.05).

In assessing these statistical findings, the following interpretations can be made. An increase in the social-psychological costs associated with providing care to an aged parent has been found to be significantly related to poor physical health on the part of older parent(s) and adult children who provide care for their elderly parents. Overall, this can be interpreted to suggest that, independent of other factors, FRQMED2 does exhibit a moderate positive association with CCINDEX2. When the control variables were entered into the regression equation along with FRQMED2, the results indicated that as the frequency of providing medical attention to an aged parent increased, the social-psychological costs associated with the caregiving role increased (F=4.87, p<.02). Therefore, based on the preceding discussion, hypothesis twenty was supported.

As Table XXI demonstrates, hypotheses twenty-one through twenty-three all contribute non-significantly to CCINDEX2. Of interest to this examination are a set of
three control variables (PPHY2, CGPHY2 and HSAR2) which account for approximately 23.0 percent of the variation in CCINDEX2 within each of these hypotheses. Inspection of hypotheses seventeen through twenty also reveal a similar influence on CCINDEX2 by this set of controls.

In assessing these statistical findings, the following interpretations can be made. An increase in the social-psychological costs associated with providing care to an aged parent has been found to be significantly related to poor physical health on the part of older parent(s) and adult children who are their care providers and living within the same household as parents. The independent variables "frequency of providing meals (FRQMEAL2)," "frequency of providing financial management (FRQFM2)" and "frequency of providing mobility assistance (FRQMOB2)" had little effect on the social-psychological costs associated with the caregiving role. Overall, this can be interpreted to suggest that, independent of or in combination with other factors in this investigation, FRQMEAL2, FRQFM2 and FRQMOB2 do not exhibit statistically significant associations with CCINDEX2. In light of these findings, it is contended that as the frequency of providing these three caregiving services to an elderly parent increase, the costs associated with the caregiving role do not increase. Therefore, based on the preceding discussion, hypotheses twenty-one through twenty-three were not supported.
Hypothesis Twenty-Four

Results of how the number of informal caregiving activities performed by adult children influence the level of social-psychological cost at the time of the study (i.e., TOTALIS2 on CCINDEX2) and when caregiving assistance began (i.e., TOTALIS1 on CCINDEX1) are shown in Table XXII below. Using the square of Pearson's r ($r = .326$) as an initial account of the bivariate relationship between the total number of informal services provided to an aged parent and the cost of care when caregiving assistance began ($r = .106$), it was found that 10.6 percent of the variation in CCINDEX1 was explained by TOTALIS1. The results of the multiple regression analysis indicated that when TOTALIS1 was included in the regression equation, along with the remaining control variables (using a block variable "forced entry" procedure) the amount of additional explained variance in CCINDEX1 increased by 7.3 percent (i.e., .179 - .106

<table>
<thead>
<tr>
<th>TABLE XXII</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST OF CAREGIVING WHEN CARE FIRST BEGAN (CCINDEX1)</td>
</tr>
<tr>
<td>$r$</td>
</tr>
<tr>
<td>TOTALIS1</td>
</tr>
</tbody>
</table>

| COSTS OF CAREGIVING AT THE TIME OF THE STUDY (CCINDEX2) |
| $r$ | $R^2$ | % Change in $R^2$ | beta | Partial Corr. | $F$ | sign. |
| TOTALIS2 | .272 | .241 | .167 | .145 | .121 | 2.43, p (NS) |
Results of a partial correlation analysis for time period one indicated that there was a moderate positive relationship between TOTALIS1 and CCINDEX1 (.265) when removing the statistical effects of the remaining factors. This moderate positive relationship is consistent with the resulting beta (.284) found in the overall regression equation. Two of the control variables entered into the regression equation approached significance. They are the age of the caregiver (CGAGE, beta=-.142, F=3.14, p<.07) and the physical health status of the aged parent(s) (PPHY1, beta=.144, F=3.46, p<.06). This can be interpreted to suggest that an increase in the social-psychological costs of caregiving are associated with young caregivers who provide assistance to elders with mild to total physical impairments. Overall, independent of other factors, TOTALIS1 does exhibit a moderate positive association with CCINDEX1. When the control variables were entered into the regression equation along with TOTALIS1, the results indicated that as the number of informal caregiving activities performed for an elderly parent increased, the costs incurred from providing care increased (F=12.6, p < .000).

In comparing the above stated results, based on time period one, with data examining caregiver experiences at the time of the study, the following analysis can be made. In contrast with 10.6 percent of the variation in CCINDEX1 accounted for by TOTALIS1, 7.4 percent of the variation in
CCINDEX2 can be accounted for by TOTALIS2 ($r = .074$) alone. Results of the multiple regression analysis indicated that when TOTALIS2 was included in the regression equation, along with the remaining control variables, the amount of explained variance in CCINDEX2 increased by 16.7 percent (i.e., $0.241 - 0.074 = 0.167$). Despite this increase in explained variation in CCINDEX2, the influence of TOTALIS2 on CCINDEX2 decreased to nonsignificance (i.e., beta = 0.145, $F=2.4$, $p$ (NS)). The most significant predictors of CCINDEX2 identified through regression analysis were the two control variables caregiver's physical health status (CGPHY2, beta = 0.156, $F=4.5$, $p < 0.03$) and elderly parent's physical health status (PPHY2, beta = 0.288, $F=13.0$, $p < 0.000$).

These findings can be interpreted to suggest that, independent of and in combination with other factors, TOTALIS1 does exhibit a moderate positive association with CCINDEX1 ($F=12.6$, $p<.000$). Conversely, TOTALIS2 does significantly influence the CCINDEX2 only in isolation from the study's control variables ($r = 0.074$, $F=14.2$, $p < .000$). Based on the preceding discussion, it is contended that as the number of informal caregiving activities performed for an elderly parent increase, the social-psychological costs incurred from providing care tend to increase. Hypothesis twenty-four, therefore, was tentatively supported.
Hypothesis Twenty-Five

Results of the influence of the length of caregiving involvement (LCGI) on the social psychological costs associated with providing care for an aged parent can be seen in Table XXIII below. Using the square of Pearson's $r$ ($r^2 = .079$) as an initial account of the bivariate relationship between LCGI and CCINDEX2 (i.e., $r = .01$), it was found that less than 1 percent of the variation in CCINDEX2 can be explained by LCGI. The results of the multiple regression analysis indicated that when LCGI was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in TOTALIS2 increased by 22.5 percent (i.e., $.235 - .010 = .225$). These findings indicate that 23.5 percent of the variation in CCINDEX2 was accounted for by including LCGI in the regression equation, along with the study's control variables. One attempt to identify the effect of LCGI on CCINDEX2 when removing the statistical effects of the study's controls stems from a partial correlation analysis.

<table>
<thead>
<tr>
<th>Hypothesis Twenty-Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results of the influence of the length of caregiving involvement (LCGI) on the social psychological costs associated with providing care for an aged parent can be seen in Table XXIII below. Using the square of Pearson's $r$ ($r^2 = .079$) as an initial account of the bivariate relationship between LCGI and CCINDEX2 (i.e., $r = .01$), it was found that less than 1 percent of the variation in CCINDEX2 can be explained by LCGI. The results of the multiple regression analysis indicated that when LCGI was included in the regression equation, along with the remaining control variables, the amount of additional explained variation in TOTALIS2 increased by 22.5 percent (i.e., $.235 - .010 = .225$). These findings indicate that 23.5 percent of the variation in CCINDEX2 was accounted for by including LCGI in the regression equation, along with the study's control variables. One attempt to identify the effect of LCGI on CCINDEX2 when removing the statistical effects of the study's controls stems from a partial correlation analysis.</td>
</tr>
</tbody>
</table>
Results of the partial correlation equation indicated that there was a weak positive relationship between LCGI and CCINDEX2 (.077) when removing the statistical effects of the remaining factors. This association is consistent with the resulting beta (.079) found in the overall regression equation. By calculating the Student's t-test on group means for CCINDEX1 and CCINDEX2, the significance of the difference between group means for this dependent variable can be identified. As shown in Table XXIV below, a statistically significant association is found between CCINDEX1 and CCINDEX2 (t=-4.96, p<.000). In light of this result and

<table>
<thead>
<tr>
<th>TIME ONE VARIABLE</th>
<th>TIME TWO VARIABLE</th>
<th>STUDENT'S t VALUE</th>
<th>2-TAILED PROB</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCINDEX1</td>
<td>CCINDEX2</td>
<td>-4.96</td>
<td>p &lt; .000</td>
</tr>
</tbody>
</table>

in the absence of a significant association between LCGI and CCINDEX2, the following observations are made. It has been determined that the level of cost had increased between the time that caregiving assistance began and the present. Yet, the variable LCGI (i.e., the length of time involved in the caregiving role), per se, was not responsible for this increase. Three control variables were found to be significant predictors of CCINDEX2. They are the parent's physical health status (PPHY2, beta=.328, F=19.5, p < .000), the caregiver's physical health status (CGPHY2, beta=.144, F=3.82, p < .05) and the household living arrangements
(HSAR2, beta=-.200, F=6.98, p < .01).

In assessing these statistical findings, it was found that an increase in the social-psychological costs associated with providing care for an aged parent was significantly associated with poor physical health on the part of dependent older parents and adult children who are their caregivers, in addition to living within the same household. Overall, this can be interpreted to suggest that, independent of other factors, LCGI does exhibit a weak positive association with CCINDEX2. When all of the control variables were entered into the regression equation along with LCGI, the results indicated that as the length of time that adult children provide care for their parents increased, the social-psychological costs associated with caregiving do tend to increase. This increase, however, is not a direct result of the variable LCGI, but a consequence of declining health of both parent and adult child and the type of established living arrangements. Therefore, based on the significance of the t-test calculated on CCINDEX1 and CCINDEX2 (t = -4.96, p < .000), hypothesis twenty-five was tentatively supported.

Summary Of Hypotheses

The final section of this chapter will present a succinct review of the consequences of this study's hypotheses. As stated in Chapter Two, there are seven
caregiving issues addressed in this dissertation. Each issue corresponds to either the fourth or fifth proposition examined in the second chapter. Hypotheses tested in this study were derived from these seven issues. Empirical results of this investigation will then be used as bases for evaluating propositions four and five of the theory of filial exchange (presented in Chapter V). In the section to follow, seven caregiving issues addressed in this investigation will be stated along with the directional hypothesis or hypotheses associated with each question. This will be accompanied by the conclusion (i.e., support or rejection) of each hypothesis, based on the analyses presented earlier in this chapter. In addition to each hypothesis and conclusion, a list of the control variables found to be significant predictors of the dependent variable in each equation will be displayed.

**Caregiving Issue One**

How does the length of time as caregiver affect the likelihood of incurring a greater number of informal caregiving activities?

**Hypothesis One**

As the length of caregiving involvement increases, the number of caregiving activities incurred will increase.

**Conclusion**

Supported

**Significant Control Variables**

PPHY2, HSAR2, INCOME, PARENT
Caregiving Issue Two

How does the length of time spent in a particular caregiving activity affect the likelihood of increasing the frequency of providing that activity?

Hypothesis Two

As the length of time providing household assistance increases, the frequency of providing household assistance (per week) will increase.

Conclusion Significant Control Variables Supported

Hypothesis Three

As the length of time providing transportation services increases, the frequency of providing transportation services (per week) will increase.

Conclusion Significant Control Variables Supported

Hypothesis Four

As the length of time providing personal care increases, the frequency of providing personal care (per week) will increase.

Conclusion Significant Control Variables Supported

Hypothesis Five

As the length of time providing medical assistance increases, the frequency of providing medical assistance (per week) will increase.

Conclusion Significant Control Variables Supported
Hypothesis Six

As the length of time providing meals increases, the frequency of providing meals (per week) will increase.

Conclusion Significant Control Variables
Supported PPHY2, CGPHY2, HSAR2

Hypothesis Seven

As the length of time providing financial management increases, the frequency of providing financial management (per week) will increase.

Conclusion Significant Control Variables
Supported INCOME, EMPSTAT, REL

Hypothesis Eight

As the length of time providing mobility assistance increases, the frequency of providing mobility assistance (per week) will increase.

Conclusion Significant Control Variables
Supported PPHY2, HSAR2, PARENT, EMPSTAT

Caregiving Issue Three

Once an adult child assumes some level of responsibility for providing a specific form of care to a dependent parent, how does time affect this responsibility level? That is, does a care provider become more or less involved in that specific caregiving role?

Hypothesis Nine

As the length of time providing household assistance increases, the level of responsibility for providing household assistance will increase.

Conclusion Significant Control Variables
Supported EDU, FAMEMO2, RACE
Hypothesis Ten

As the length of time providing transportation services increases, the level of responsibility for providing transportation services will increase.

Conclusion Significant Control Variables
Supported CGPHY2

Hypothesis Eleven

As the length of time providing personal care increases, the level of responsibility for providing personal care will increase.

Conclusion Significant Control Variables
Supported PPHY2, INCOME

Hypothesis Twelve

As the length of time providing medical attention increases, the level of responsibility for providing medical attention will increase.

Conclusion Significant Control Variables
Supported FAMEMO2, PPHY2, MARSTAT

Hypothesis Thirteen

As the length of time providing meals increases, the level of responsibility for providing meals will increase.

Conclusion Significant Control Variables
Supported HSAR2

Hypothesis Fourteen

As the length of time providing financial management increases, the level of responsibility for providing financial management will increase.

Conclusion Significant Control Variables
Partially Supported CGSEX, CGPHY2, PPHY2, INCOME, MARSTAT, HSAR2
Hypothesis Fifteen

As the length of time providing mobility assistance increases, the level of responsibility for providing mobility assistance will increase.

Conclusion Significant Control Variables Supported PPHY2

Caregiving Issue Four

Once an adult child perceives an overall level of obligation toward ensuring that caregiving assistance is provided for a dependent parent, how does time affect this perceived obligation level? That is, does an adult child feel more or less obligated to ensure that caregiving services are provided?

Hypothesis Sixteen

As the length of caregiving involvement increases, an adult child's level of obligation toward ensuring that caregiving services are performed will increase.

Conclusion Significant Control Variables Supported PPHY2, HSAR2

Caregiving Issue Five

How does the frequency of performing a particular activity affect the level of social-psychological cost?

Hypothesis Seventeen

As the frequency of providing household assistance (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion Significant Control Variables Not Supported PPHY2, CGPHY2, HSAR2
Hypothesis Eighteen

As the frequency of providing transportation services (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion Significant Control Variables PPHY2, CGPHY2

Hypothesis Nineteen

As the frequency of providing personal care (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion Significant Control Variables PPHY2, CGPHY2, HSAR2

Hypothesis Twenty

As the frequency of providing medical attention (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion Significant Control Variables PPHY2, CGPHY2

Hypothesis Twenty-One

As the frequency of providing meals (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion Significant Control Variables PPHY2, CGPHY2, HSAR2

Hypothesis Twenty-Two

As the frequency of providing financial management (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion Significant Control Variables PPHY2, CGPHY2, HSAR2
Hypothesis Twenty-Three

As the frequency of providing mobility assistance (per week) increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion

Significant Control Variables

Not Supported

PPHY2, CGPHY2, HSAR2

Caregiving Issue Six

How does the number of informal caregiving activities performed affect the level of social-psychological cost?

Hypothesis Twenty-Four

As the total number of informal caregiving activities increase, the cost incurred from providing care for a dependent parent will increase.

Conclusion

Significant Control Variables

Tentatively Supported

PPHY2, CGPHY2

Caregiving Issue Seven

How does the length of time as caregiver affect the level of social-psychological cost?

Hypothesis Twenty-Five

As the length of caregiving involvement increases, the cost incurred from providing care for an elderly parent will increase.

Conclusion

Significant Control Variables

Tentatively Supported

PPHY2, CGPHY2, HSAR2
In this dissertation, an attempt was made first to suggest and then develop a general life cycle theory of parent-child relations. The theoretical bases of this exposition, presented in Chapter II, stem from an integration of specific exchange principles of Peter Blau (1964) with select role-theoretic assumptions of Ralph Turner (cited in Turner, 1982) to better account for the emergent conditions and temporal dynamics associated with parent-child relations. Five propositions constitute this initial attempt at theory construction. Proposition's four and five emphasize the parent-adult child relationship with the onset of a filial crisis (e.g., due to illness). Hypotheses derived from these two propositions were empirically tested in Chapter IV. The overall objectives of these hypotheses were twofold. First, to analyze the relationship between the length of time involved in various patterns of filial responsibility and the likelihood that these patterns will emerge as institutionalized obligations. As a basis for assessing patterns of filial responsibility within this study, factors associated with seven caregiving activity areas are investigated. These areas included household care
and assistance, transportation services, personal care and grooming, medical attention, meal preparation, financial management and mobility assistance. The second objective of this study's hypotheses were to determine how factors associated with the emergence of institutionalized obligations contribute to the social-psychological cost of caregiving.

This fifth and final chapter is divided into three sections. First, an attempt is made to assess proposition's four and five through an analysis of the statistical findings of this research (i.e., via the study's hypotheses). An overview of the theory of filial exchange will then be presented, in light of this evaluation. Section two will present an examination of the "applied" implications of this research for the layman and for professionals and paraprofessionals associated with community mental health and social service organizations. This chapter will conclude with comments about the nature of the dissertation, including its limitations and potential for further research in the field of aging.

Examining Filial Responsibility Through Proposition's Four and Five

There are two significant issues central to this dissertation. First, an analysis is directed, both qualitatively and quantitatively, to the relationship between the length of time involved in various patterns of filial
responsibility and the likelihood that these patterns will become institutionalized as obligatory roles. As stated above, four dimensions of institutionalized obligations were represented by the empirical indicators "total number of informal services provided," "frequency of providing a specific activity," "level of responsibility for providing a specific form of care," and "level of obligation toward ensuring that caregiving services are provided." Second, research was undertaken to determine how factors associated with institutionalized obligations influence an adult child's perceived level of social-psychological cost. Specifically, the following caregiving issues are addressed:

1. How does the length of time as caregiver affect the likelihood of incurring a greater number of informal caregiving activities?

2. How does the length of time spent in a particular caregiving activity affect the likelihood of increasing the frequency of providing that activity?

3. Once an adult child assumes a level of responsibility for providing a specific form of care to a dependent parent, how does time affect this responsibility level? That is, do care providers become more or less involved in each of their caregiving roles?

4. Once an adult child perceives an overall level of obligation toward ensuring that caregiving services are provided, how does time affect this perceived obligation
level? That is, do adult children feel more or less obligated to ensure that their caregiving roles are performed?

5. How does the frequency of performing a particular activity affect the level of social-psychological cost?

6. How does the number of informal caregiving activities performed affect the level of social-psychological cost?

7. How does the length of time as caregiver affect the level of social-psychological cost?

Questions one through four represent the issues central to examining proposition four and questions five through seven constitute the bases for examining proposition five. An examination of these issues based on this investigation's findings will now be made.

The presence of family members who assume the caregiving role to their impaired elders is so widespread that there are more homebound than institutionalized elderly (Tobin and Kuly, 1981). Families provide the majority of in-home services to the older generation, resorting to institutionalization only after exhausting their resources (Hooyman and Lustbader, 1986). Nearly 10 percent of older people who are community-based would require nursing home placement if family support were withdrawn (United States General Accounting Office, 1977). Consequently, the burden placed on adult children who provide support can be enormous, but will vary, depending on the amount of involvement
and the specific role(s) that these family members play in the care of their dependent parents (Brody, et al., 1978). In support for this contention, the results of this study pointed out that adult children responded to the needs expressed by their aged parents through a variety of means. These expressions of filial responsibility, in turn, were found to influence the social-psychological costs (i.e., burden) associated with the provision of care to a dependent parent.

Research indicated that the length of time involved as a care provider was significantly related to the number of informal caregiving role(s) performed by adult children (hypothesis one). This suggests that as the aged experienced an increased need for assistance in personal maintenance activities and in the activities of daily living, their needs were fulfilled through expressions of filial responsibility. The four control variables, parent's physical health, household living arrangements, caregiver's level of income and type of parent, had also significantly influenced the total number of informal services provided. In addition, results indicated that the length of time involved in each of the caregiving roles examined in this study (i.e., household care, transportation assistance, personal care, medical attention, meal preparation, financial management and mobility assistance) were significantly related to the frequency of providing these activities.
Research demonstrates that the longer the amount of time involved in these seven caregiving areas, the greater the probability that adult children will increase the number of times, per week, they provide these services (hypotheses two through eight). The most significant set of controls influencing the frequency of care, per week, were the parent's and adult child's physical health, the household living arrangements, and the relationship of the parent provided care. The results of this research suggest that the length of time involved in each of the caregiving roles was also significantly related to the level of responsibility for providing these services (hypotheses nine through fifteen). In six of the seven caregiving areas, adult children were found to increase their percentage of involvement from the time care began. The provision of financial management was not affected by the length of involvement in this area, as the responsibility level tended to remain constant over time. Significant controls influencing the level of responsibility were varied, but included the level of family support, caregiver's level of education, household living arrangements, caregiver's marital status and both the parent's and the adult child's physical health status. In examining the results of the relationship between the length of time as a care provider and an adult child's level of obligation, a significant association was found (hypothesis sixteen). In this context, research suggests that adult
children perceived a greater level of obligation toward ensuring that caregiving services are provided than when the provision of care began. Two control variables, parent's physical health and household living arrangements, were found to be significantly related to this perceived level of obligation.

Based on these findings, this investigation provides support for the contention that the length of time involved as a care provider for a dependent parent significantly impacts each of the first four caregiving issues presented above. In the context of proposition four, it was stated that the longer the period of time involved as a caregiver, the greater the probability that institutionalized obligations will emerge and influence subsequent behavior. The four dimensions of institutionalized obligations were derived from Blau's first three exchange principles (Turner, 1982) presented in Chapter II. As stated, these exchange principles suggest that (1) continued social interaction is likely when both parties perceive a "profit" from their association, (2) the longer the period of time involved in this exchange relationship, the more likely are negotiated patterns of behavior to be normatively regulated by one another, and (3) violation of these norms of reciprocity are likely to disrupt the relationship. The applicability of these three principles to the dynamics of parent-adult child
relations was first suggested and then incorporated within proposition four in Chapter II. Empirical support for each of the caregiving issues derived from this proposition (i.e., hypotheses one through sixteen) were presented in Chapter IV and are described above. The results of this study lend support to the concomitant relationship between Blau's first three exchange principles (Turner, 1982) and proposition four of the theory of filial exchange.

Research indicates that mutual aid and interaction frequency between parents and their adult children is considered the crucial intergenerational dimension by many social scientists (Troll, et al., 1979). As a general rule, parents tend to provide various forms of aid and assistance for as long as they are able. When a filial crisis occurs (e.g., due to an illness), the resulting shift from this pattern may require a response from an adult child. In recognition of the needs of a dependent parent, adult children often assume various caregiving roles with little or no prior experience. Not knowing the length of the caregiving situation compounds the difficulties of making a long term commitment to assist an older family member. Consequently, as patterns of filial responsibility develop and shape the lives of those involved, considerable personal sacrifices are incurred (Hooyman and Lustbader, 1986). The results of this study lend support to this contention by
pointing out that the costs associated with the provision of care are significantly related to the three caregiving issues presented above.

The results of this research suggest that the costs associated with providing care for a dependent parent are significantly related to the frequency of providing both transportation services and medical attention (hypotheses eighteen and twenty, respectively). Thus, two of the seven caregiving activity areas were found to affect the cost of care score. Significant controls affecting the social-psychological cost of caregiving were the household living arrangements and both the parent's and adult child's physical health status.

The second of three caregiving dimensions derived from proposition five (i.e., caregiving issue six above) focuses on the relationship between the number of informal caregiving activities provided by adult children and the level of social-psychological cost. Results of this study provided tentative support for the contention that the number of caregiving activities performed significantly influences the costs associated with caregiving (hypothesis twenty-four). The two significant control variables which affected the level of cost were both the parent's and adult child's physical health status.

Research on the third and final caregiving dimension derived from proposition five (i.e., caregiving issue seven
above) provided tentative support for the supposition that the length of time as a care provider significantly influences the level of social-psychological costs associated with caregiving (hypothesis twenty-five). The fact that complete statistical support for this relationship did not exist may be explained from an exchange perspective. In a theoretical context, this can mean that adult children are not necessarily interested in immediate payoffs. They may perform favors or services for their parents for an indefinite period of time and, depending on the condition of their aged parents, they may not expect to be reciprocated. When some form of gratitude presents itself, this -- in and of itself -- may provide the incentive for continued interaction. That is, behavior may be "oriented to the pursuit of ultimate values rather than to the pursuit of immediate rewards (Blau, 1964:5)." Three control variables which were found to be significantly related to the level of social-psychological cost are the household living arrangements and both the parent's and adult child's physical health status.

In the context of the fifth proposition, it is argued that the probability of an adult child experiencing difficulties associated with the provision of care as a consequence of routinely providing high levels of assistance is 1

Statistical support for hypothesis twenty-five stems mainly from multiple regression performed on time one data and from the Student's t-test -- not from multiple regression performed on time two data.
considerable. Proposition five is stated as follows: The more often within a given period of time the emission of a particular institutionalized obligation has been forthcoming, the less valuable is the activity, and the greater the probability that the adult child will incur costs. Inherent in this proposition are Blau's four exchange principles presented in Chapter II. Accordingly, as an individual continually provides an activity (or activities) for another in exchange for "expected rewards," over time, a decrease in the emission of that activity is likely to occur. That is, the emission of a continually rewarded activity should result, in time, in a satiation of the form of reinforcement provided by another. Empirical support for each of the caregiving issues derived from this proposition (i.e., hypotheses seventeen through twenty-five) was presented in Chapter IV. The results of this study lend partial support to the concomitant relationship between Blau's first four exchange principles (Turner, 1982) and proposition five of the theory of filial exchange.

In an attempt to causally link propositions four and five, further examination of hypothesis twenty-five is warranted. As suggested in Chapter II, the rationale for including this hypothesis in this investigation stems from its relationship to Blau's (1964) first four exchange principles and propositions four and five of the theory of filial exchange. These propositions suggest that the
concept "time" plays an important role within this theoretical orientation. The length of time involved in patterns of filial responsibility was hypothesized to increase the likelihood that institutionalized obligations will emerge and influence subsequent behavior. The advent of institutionalized obligations suggest that a greater amount of time and energy are expended as a caregiver to a dependent parent. This increases the likelihood of experiencing difficulties associated with caregiving. Hypotheses one through sixteen provide support for the contention that the length of time involved in patterns of responsibility increase the probability that institutionalized obligations will emerge. Tentative support was also provided for the contention that the frequency and number of informal services provided (i.e., two indicators of emergent institutionalized obligations) are significant predictors of an increase in the social-psychological cost of caregiving.

As the results of this research provide statistical support for hypotheses derived from propositions four and five, hypothesis twenty-five was posited to causally link these two propositions. Results of this research lend tentative support to the contention that propositions four and five are causally related as significant positive relationships were found between the length of time as caregiver and (1) the number of informal services performed, (2) the frequency of performing each service, (3) the level of
responsibility (i.e., involvement) in each service, (4) an adult child's level of obligation and (5) the social-psycho-
logical cost of caregiving. In each of these cases, an increase in the cost of care was also a consequence of declining health of both parent and adult child, living in joint housing, providing care to one's own parent and, in several instances, low income levels.

A Theory of Filial Exchange: An Overview

The perspective assumed within this dissertation suggests that parent-child relations involve three temporal stages, each exhibiting a distinct form of social exchange and role performance. In the first stage, characterized by a filial interactive network (FIN), parents are able to make considerable demands on their children, because of the variety of resources that they possess. The nature of exchange within this network is mainly differentiated in favor of the parents. There tends to be a considerable degree of role consistency within this stage as lines of conduct are based on a general framework provided by community and cultural definitions.

In the second stage, characterized by a filial exchange network (FEN), differentiation tends to be less pronounced. As young adults enter the work force, relocate and establish their own residence patterns, the amount of resources that both the parent(s) and their adult children have become more
balanced with respect to each other. With the onset of this second stage, the role consistent statuses of parent and child undergo change -- interaction now becomes tentative. Consequently, individuals perform specific favors for one another, but they themselves do not feel as though they are obligated to do so. A large amount of filial interaction stems from the active construction of reciprocal lines of conduct occurring in relatively unstructured situations. Over time, activities and services that were once marked by non-obligatory role involvement emerge as reciprocal obligations. Violation of a reciprocal obligation brings about disapproval and the potential for negative sanctions, as this form of exchange is a function of a codified, obligatory norm.

In time, a crucial crisis will, in many cases, confront adult children. The onset of this crisis marks the beginning of a new and potentially traumatic stage in an adult child's life, characterized by filial responsibility. This is the third and final stage in parent-adult child relationships. The two major characteristics distinguishing the stage of FEN with this emerging stage are an increase in the differentiation between parents and their adult children and an unprecedented filial role reversal.

In recognition of needs associated with age-related changes, expressions of filial responsibility may emerge on the part of adult children. Results of this study suggest
that, over time, changes occur in the configuration of caregiving assistance provided by an adult child. These changes include an increase in (1) the total number of informal services provided, (2) six of the seven caregiving assistance areas (excluding financial management), (3) the level of responsibility (percentage of time involved) in each caregiving assistance area and (4) the level of obligation to ensure that caregiving services are performed. As each of these areas represent empirical indicators of institutionalized obligations, this research suggests that caregivers experienced these phenomena as a consequence of the provision of long term care.

For every adult child, a set of institutionalized obligations emerge specific to the needs of the dyad. This process involves a series of changes in an adult child's status as caregiver as the demands associated with a specific configuration of care shift in accordance with the needs of the dyad. At every point in this dynamic process, a tentative cluster of norms, values and behaviors emerge specific to each filial relationship. It should be apparent that the role dynamics inherent within these changes take place over a period of time and, in many cases, involve interaction and negotiation with other kin and members of the formal (e.g., mental health professionals and government bureaucracies) and informal (e.g., friends and neighbors) community. In this context, not only do adult
children perceive and demonstrate responsibility for the well-being of their aged parent(s), but as institutionalized obligations become a reality, there is an increased probability of incurring considerable social and psychological cost.

Support for the contention that the frequency of performing specific caregiving services influence the social-psychological cost was found. An increase in the frequencies of providing both transportation services and medical attention and assistance are identified as significant predictors of the cost of caregiving. In addition, the number of informal services provided and the length of time as caregiver were found to be associated with an increase in social-psychological cost of caregiving. In each of these cases, an increase in the cost associated with caregiving was also a consequence of declining health of both parent and adult child, living in joint housing, providing care to one's own parent and, in several instances, low income levels. In this context, results of this research lend support to the contention that propositions four and five are causally related as the length of caregiver involvement was found to be a significant predictor of the emergence of institutionalized obligations which, in turn, affected the level of social-psychological cost.

The following five propositions, stemming from the theoretical analysis presented in this dissertation, form
the foundation of a theory of filial exchange.

A Theory of Filial Exchange

Proposition One

The longer the amount of time involved within a Filial Interactive Network, the greater the probability that a Filial Exchange Network will occur.

Proposition Two

The longer the period that a Filial Exchange Network ensues, the greater the probability that Reciprocal Obligations will emerge and guide subsequent behavior.

Proposition Three

The longer the period that Reciprocal Obligations had been established, the greater the probability that an adult child's perception of Filial Responsibility will emerge.

Proposition Four

The longer the amount of time involved in patterns of Filial Responsibility, the greater the probability that Institutionalized Obligations will emerge and guide subsequent behavior.

Proposition Five

The more often within a given period of time the emission of a particular Institutionalized Obligation has been forthcoming, the less valuable is the activity, and the greater the probability that the adult child will incur costs.

The Applied Implications of This Research

Research in the area of family caregiving reports that the number of caregivers providing long term care to older relatives is expected to increase substantially over the next few decades, as a result of demographic changes and social trends. While less than 6 percent of all those aged
65 and over reside in institutions, 7 to 8 percent of the elderly in American communities are home bound (Tobin and Kulys, 1981). Research indicates that an equal percentage are quickly becoming homebound (Shanas, et al., 1968). Fortunately, some form of family care system does exist for the majority of these frail elderly. Currently, it is estimated that families provide 80 percent of in-home care for the frail elderly (U.S. Accounting Office, 1977). Unfortunately, current medical and social work practices, government policies, and available literature are only beginning to recognize the crucial role which family caregivers play.

Results of this study have implications for mental health professionals. As this research provides a general framework to better understand and anticipate temporal changes in the parent-adult child relationship, one implication may be in the area of clinical counseling. Currently, the mental health fields (e.g., clinical psychology, social work and sociology) have expanded to include clinicians who specialize in counseling only troubled parent-adult child relationships. Disseminating the theoretical orientation and empirical research presented in this study to mental health professionals and paraprofessionals can have beneficial effects for therapists and their clientele.

Families who provide care for their infirm aged parents make considerable sacrifices which cannot be sustained
indefinitely. In recognition of this problem, various programs have been implemented to facilitate family coping with impaired elders. Home delivered services for meals, congregate organized services such as day care, and congregate resident services such as respite care have been developed to minimize the cost of caring before "family burnout" occurs. In this context, this study has implications for community-based mental health and social service organizations. This research, coupled with further analyses in this area, can provide direction to the kinds of supplemental caregiving services that would benefit caregivers and their dependent parents. By developing a profile of adult children who are "at risk" of incurring considerable social-psychological costs, community mental health centers, local area agencies on aging and other direct service providers may be able to furnish the types of assistance (e.g., in-home chore, home health care, home delivered meals, and so on) necessary to minimize difficulties associated with caregiving. As a consequence, this may have a long term effect of reducing unnecessary or premature institutionalization associated with caregiver burden. This is an important implication of this dissertation, given the fact that the most predominant precipitating factor leading to the institutionalization of our nation's elderly is not the physical or psychological decline of an aged parent, nor the depletion of financial resources, but the perceived burden
placed on family members who are responsible for their well-being (Horowitz, 1980).

Concluding Comments: Investigative Pro's and Con's

In recognition of the scope of this dissertation, it is imperative to discuss the limitations of this research. First, as this is an initial attempt at constructing a life cycle theory of parent-child relations, only the fourth and fifth propositions were empirically tested. Therefore, the utility of this theoretical model of filial exchange relations cannot be completely addressed through this research. Second, as was discussed in Chapter I, an important correlate of filial responsibility is race and ethnicity. Although the racial distribution of blacks and whites in this study's sample was representative of the population, an examination was not made of the ethnic composition of this group of caregivers. Thus, the results of this study are to be generalized to the generic "white" and "black" racial categories and not to the ethnic groups which comprise these categories. Finally, any potential limitation associated with this study's methodology (e.g., the sample, interviewing technique, instrument design and so on) was identified and discussed, in detail, in Chapter III.

In concluding this dissertation, it is also important to point to the contributions of this research. This study has contributed to an understanding of the institution of
the family by (a) examining the general processes that govern intergenerational relations between adult children and their elderly parents, (b) applying specific concepts and principles of exchange theory and role dynamics to filial relations and their temporal changes, and (c) integrating specific concepts derived from these orientations within a causal model to lay the foundation of an axiomatic theory of filial exchange. As a consequence, the theoretical and methodological bases of this dissertation can be utilized in the fields of sociology and social gerontology as a model to better understand parent-child relations. For example, the discipline of sociology has experienced a divergence of theoretical orientations over the past several decades which has resulted in a relative absence of testable theories. The perspective presented in this research represents a convergence of role- and exchange-theoretic conceptions into a seminal framework which demonstrates theoretical and empirical promise. The field of social gerontology is also undeveloped in the realm of testable theories on aging. This trend will, in many cases, not abate given the current "applied" emphasis in times of fiscal constraints. Contributions to both theoretical and applied social gerontology can be identified within this dissertation.

As suggested above, this dissertation demonstrates methodological promise in the study of filial relations.
The application of a one-shot, retrospective design to an analysis of parent-adult child relations was made. Previous use of retrospection as a methodological tool in the social sciences has been met with discouragement, due to potential problems associated with memory loss and reliability of data. In the context of this research, which is based on information obtained from caregivers, it was found that providing care for an elderly parent is a salient issue in the life of a middle-aged child. Respondents reported that they vividly remembered past events associated with their caregiving roles. Although inaccurate responses may be elicited, they reflect social-psychological perceptions which represent reality to the respondents. The utility of employing this methodological design may, therefore, be particularly appropriate in the study of filial responsibility.

Finally, the results of this dissertation can be helpful to all who are interested in understanding (1) developmental issues that are central to filial exchange relations, (2) how time effects the emergence of filial responsibilities and (3) how these patterns of responsibility, in turn, influence the social-psychological costs associated with caregiving.

It is hoped that studies examining the problems inherent in providing long term care to elderly parents will continue to emanate from social research. This emphasis
should be made not only to increase our understanding of the family life of older people in our society, but to aid the countless numbers of family caregivers who want to do the best for their parents without undue sacrifice of themselves and their families.
APPENDIX A

BLAU'S BASIC EXCHANGE PRINCIPLES

(1) The more profit people expect from one another in emitting a particular activity, the more likely they are to emit that activity.

(2) The more people have exchanged rewards with one another, the more likely are reciprocal obligations to emerge and guide subsequent exchanges among these persons.

(3) The more the reciprocal obligations of an exchange relationship are violated, the more are deprived parties disposed to sanction negatively those violating the norm of reciprocity.

(4) The more expected rewards have been forthcoming from the emission of a particular activity, the less valuable is the activity, and the less likely is its emission.

(5) The more exchange relations have been established, the more likely they are to be governed by norms of "fair exchange."

(6) The less norms of fairness are realized in an exchange, the more are deprived parties disposed to sanction negatively those violating the norms.

(7) The more stabilized and balanced are some exchange relations among social units, the more likely are other exchange relations to become imbalanced and unstable.
APPENDIX B

CAREGIVER ELIGIBILITY SHEET

RECORD AREA CODE AND PHONE NUMBER OF HOUSEHOLD: ________________________________

Hello, my name is __________________________. I am helping the University of Texas Health Science Center at Dallas to conduct a study focusing on the role of an adult child who is a care provider for his/her dependent elderly parent. We are trying to better understand the nature of this relationship once an adult child assumes this very important, supportive role as a caregiver. Are you or any other member of your household partly or fully responsible for an older family member?

--- NO ---> [GO TO (1) BELOW]

--- YES ASK: Can I speak to this person? IF SPEAKING TO CAREGIVER ---> [GO TO (2) BELOW] IF NOT, WHEN CAREGIVER COMES TO THE PHONE, REREAD INTRODUCTION AND ---> [GO TO (2) BELOW]

--- YES, BUT CAREGIVER IS NOT AT HOME ASK: When would it be possible to reach him/her? [Date: ___/___/86 Time: ___:___a.m./p.m.] ADD: Could we possibly have his/her name for when we call back? ____________________ Thank you very much and we will try to contact him/her at this time. HANG UP

(1) IF NO ONE IN THE HOUSEHOLD IS ELIGIBLE FOR THIS STUDY, ASK:

Can you help us to identify a relative or friend who is a caregiver for his/her dependent parent? We need only a phone number so we could call and ask their permission to participate in this study. They may refuse if they do not wish to talk with us and we will not contact them again.

--- NO ---> THANK THEM AND HANG UP

--- YES ---> RECORD AREA CODE AND PHONE NUMBER OF NO MORE THAN THREE CAREGIVERS IN THE SPACE BELOW.

(____)_________________ (____)_________________ (____)_________________

AFTER THIS INFORMATION IS RECORDED, THANK THEM, HAND IN THIS SHEET, OBTAIN A NEW "CAREGIVER ELIGIBILITY SHEET" AND BEGIN A NEW INTERVIEW.

(2) IF THE RESPONDENT IS ELIGIBLE AND IS ON THE PHONE, ADD:

Your telephone number has been randomly selected by a computer for participation in our study. All of your answers are strictly confidential. Do you have a few minutes to answer some questions? (15-20 minutes - if they ask)

--- NO ---> THANK THEM AND HANG UP

--- YES ---> [GO TO "DEMOGRAPHIC INFORMATION SHEET"], ASK EACH QUESTION AND CODE EACH RESPONSE AT THE END OF THE QUESTION'S CORRESPONDING ROW (ON PAGE 1 OF THE SURVEY). THEN CONTINUE THE SURVEY AS STATED.

--- YES, BUT NEED TO RESCHEDULE TIME ---> ASK: When would it be more convenient for us to call back? [Date: ___/___/86 Time: ___:___a.m./p.m.] THANK THEM AND HANG UP. HAND IN ANY "CAREGIVER ELIGIBILITY SHEET" THAT HAS A CALL BACK APPOINTMENT RECORDED IN EITHER (1) OR (2) ABOVE.
CAREGIVER STUDY

BEGIN QUESTIONING FROM DEMOGRAPHIC INFORMATION SHEET AND CODE RESPONSES BELOW

I. DEMOGRAPHIC AND SITUATIONAL PROFILE OF CAREGIVER

RECORD AREA CODE AND PHONE # (_____)

---

DEMOGRAPHIC GRID

---------------------------------------------------
1. SEX
---------------------------------------------------
2. AGE
---------------------------------------------------
3. RACE
---------------------------------------------------
4. RELIGIOUS PREFERENCE
---------------------------------------------------
5. EDUCATIONAL LEVEL
---------------------------------------------------
6. EMPLOYMENT STATUS
---------------------------------------------------
7. MARITAL STATUS
---------------------------------------------------
8. CURRENT INCOME LEVEL
---------------------------------------------------

9. Which older member of your family do you provide some form of care for?
   (1) mother (3) mother-in-law
   (2) father (4) father-in-law

10. Currently, how old is this person?
   (1) age of mother
   (2) age of father
   (3) age of mother-in-law
   (4) age of father-in-law

II. PROFILE OF CAREGIVER AT TIME 1

Now we are going to ask you to go back to the time when you first responded to your parent's need for some form of caregiving assistance. The questions that you are going to be asked require you to answer them as you would at that point in time. Please take your time in responding to these questions and remember that there are no right or wrong answers - only honest ones.

1. How old was your parent when some form of family-related or formal assistance FIRST began? (RECORD AGE)
   (1) age of mother
   (2) age of father
   (3) age of mother-in-law
   (4) age of father-in-law
2. When assistance first began, what type(s) of FORMAL services were used to aid in caring for your parent?

(READ THE LIST, CHECK ALL THAT APPLY, RECORD TOTAL NUMBER USED, ASK "HOW OFTEN WAS THIS PARTICULAR SERVICE USED?" AND RECORD APPROPRIATE NUMBER TO THE RIGHT OF FORMAL SERVICE USED)

<table>
<thead>
<tr>
<th>TYPE OF FORMAL SERVICE USED</th>
<th>HOW OFTEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. adult day care</td>
<td></td>
</tr>
<tr>
<td>2. respite care</td>
<td></td>
</tr>
<tr>
<td>3. home health care</td>
<td></td>
</tr>
<tr>
<td>4. community mental health center services</td>
<td></td>
</tr>
<tr>
<td>5. meals on wheels</td>
<td></td>
</tr>
<tr>
<td>6. other (please specify)</td>
<td></td>
</tr>
<tr>
<td>7. NONE (GO TO Q.3)</td>
<td></td>
</tr>
</tbody>
</table>

RECORD TOTAL NUMBER OF FORMAL SERVICES REPORTED ABOVE [#FSS1]

How often was this particular service used?

<table>
<thead>
<tr>
<th>Code</th>
<th>Less than weekly</th>
<th>1-2 times per week</th>
<th>3-4 times per week</th>
<th>5-6 times per week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At this time, did you provide any form of:

CHECK ALL THAT APPLY. IF ADULT CHILD DIDN'T ASSIST IN THAT SPECIFIC AREA, ASK "Who did provide this service?" AND CODE THE APPROPRIATE RESPONSE. IF ADULT CHILD DID ASSIST IN THAT SPECIFIC AREA, OBTAIN A "TIME 1 CAREGIVING ACTIVITY SHEET," CODE TOP LINE OF THE SHEET, AND ASK ALL QUESTIONS.

3. Household care and assistance? (CG HA)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance

4. Transportation services? (CG TS)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance
5. Personal care (such as bathing)? (CG PC)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance

6. Personal medical attention? (CG MED)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance

7. Meal preparation? (CG MEAL)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance

8. Financial management? (CG FM)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance

9. Mobility assistance? (CG MOB)
   a. Who did provide this service?
      (1) No one provided this service, parent manages alone.
      (2) Formal Service Agency
      (3) Informal Assistance

RECORD TOTAL NUMBER OF CG ACTIVITIES REPORTED ABOVE [#CGA1]

REMEMBER:
FOR EACH ACTIVITY REPORTED, OBTAIN A "TIME 1 CAREGIVING ACTIVITY SHEET," CODE TOP LINE WITH APPROPRIATE CODE AND ASK ALL QUESTIONS. BE SURE TO FILL OUT A "TIME 1 CAREGIVING ACTIVITY SHEET" FOR EACH ACTIVITY REPORTED. WHEN COMPLETED, ATTACH SHEET(S) TO THE BACK OF THE SURVEY AND CONTINUE THE INTERVIEW AT QUESTION 10 BELOW.
10. When you first began to provide care, how much emotional support did you receive from your spouse, children and relatives for those things you did for your parent?
   (1) A Great Deal
   (2) Moderate Support
   (3) Little Support
   (4) No Support At All

11. During this time, did your parent live with you or did (s)he live in a separate home?
   (1) Lived within the same household
   (2) Lived in a separate household

12. When you first began to provide care, how would you rate your physical health? (READ LIST AND CHECK APPROPRIATE NUMBER)
   (1) Excellent Physical Health
   (2) Good Physical Health
   (3) Mildly Physically Impaired
   (4) Moderately Physically Impaired
   (5) Totally Physically Impaired

13. When you first began to provide care, how would you rate your elderly parent's physical health? (READ LIST AND CHECK APPROPRIATE NUMBER)
   (1) Excellent Physical Health
   (2) Good Physical Health
   (3) Mildly Physically Impaired
   (4) Moderately Physically Impaired
   (5) Totally Physically Impaired

III. The following questions permit you to indicate the experienced impact of providing care for your elderly parent when you first began providing assistance. We all realize that though we may wish to meet the needs of our elderly parents, often providing care and assistance presents difficulties to family members. This is only normal.

For each question below, state whether you Strongly Agree, Agree, Disagree, or Strongly Disagree. It is important that you respond to all the questions. Remember, you are responding to these items as you would have when you first began to provide assistance for your parent.

1. When I first began to provide care for my elderly parent, I felt that my freedom to come and go was restricted.
   (1) Strongly Disagree (3) Agree
   (2) Disagree (4) Strongly Agree

2. When I first began to provide care, I felt that caring for my elderly parent was expensive.
   (1) Strongly Disagree (3) Agree
   (2) Disagree (4) Strongly Agree

3. When I first began to provide care, I felt that my elderly parent was an overly demanding person to care for.
   (1) Strongly Disagree (3) Agree
   (2) Disagree (4) Strongly Agree
4. When I first began providing care, I felt that caring for my elderly parent had not caused me to become depressed.
   (1) Strongly Agree   (2) Agree
   (3) Disagree  (4) Strongly Disagree

5. When I first began to provide care, I felt that caring for my elderly parent had not interfered with my or my family's social relationships.
   (1) Strongly Agree   (2) Agree
   (3) Disagree  (4) Strongly Disagree

6. When I first began to provide care, I felt that caring for my elderly parent had not caused me to become moody.
   (1) Strongly Agree   (2) Agree
   (3) Disagree  (4) Strongly Disagree

7. When I first began to provide care, I felt that caring for my elderly parent disrupted my routine in my home.
   (1) Strongly Disagree   (2) Disagree
   (3) Agree  (4) Strongly Agree

8. When I first began to provide care, I felt that caring for my elderly parent put a strain on family relationships.
   (1) Strongly Disagree   (2) Disagree
   (3) Agree  (4) Strongly Agree

9. When I first began to provide care, I felt that meeting the health needs of my elderly parent was worth the effort.
   (1) Strongly Agree   (2) Agree
   (3) Disagree  (4) Strongly Disagree

10. When I first began to provide care, I felt that my elderly parent tried to manipulate me.
    (1) Strongly Disagree   (2) Disagree
    (3) Agree  (4) Strongly Agree

11. When I first began to provide care, I felt that caring for my elderly parent had not affected my sleep.
    (1) Strongly Agree   (2) Agree
    (3) Disagree  (4) Strongly Disagree

12. When I first began to provide care, I felt that as a result of caring for my elderly parent I did not have enough time for myself.
    (1) Strongly Disagree   (2) Disagree
    (3) Agree  (4) Strongly Agree

13. When I first began to provide care, I felt that I and my family had to forgo necessities because of the expense to care for my elderly parent.
    (1) Strongly Disagree   (2) Disagree
    (3) Agree  (4) Strongly Agree
14. When I first began to provide care, I felt that meeting the social needs of my elderly parent for companionship was worth the effort.

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

15. When I first began to provide care, I felt that caring for my elderly parent interfered with my having friends of mine or of my family coming to my home.

(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

16. When I first began to provide care, I felt that caring for my elderly parent had not interfered with my or my family's ability to seek needed employment.

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

17. When I first began to provide care, I felt that caring for my elderly parent had negatively affected my or my family's physical health.

(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

18. When I first began to provide care, I felt that caring for my elderly parent did not affect my ability to pursue recreational activities.

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

19. When I first began to provide care, I felt that meeting the daily needs of my elderly parent was worth the effort.

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

20. When I first began to provide care, I felt that caring for my elderly parent had caused me and my family much aggravation.

(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

21. When I first began to provide care, I felt that meeting the psychological needs of my elderly parent for feeling wanted and important was not worth the effort.

(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

22. When I first began to provide care, I felt that my elderly parent did not make unnecessary requests of me.

(1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

23. When I first began to provide care, I felt that caring for my elderly parent had caused me to become anxious.

(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree
24. When I first began to provide care, I felt that caring for my elderly parent had negatively affected my relationship with my friends.

(1) Strongly Disagree  (2) Disagree  (3) Agree  (4) Strongly Agree

25. When I first began to provide care, I felt that caring for my elderly parent had negatively affected my appetite.

(1) Strongly Disagree  (2) Disagree  (3) Agree  (4) Strongly Agree

IV. PROFILE OF CAREGIVER AT TIME 2

Now, the questions that you are going to be asked require you to answer them at this point in time. Please take your time in responding to these questions and, again, remember that there are no right or wrong answers.

1. Currently, what type(s) of FORMAL services are used to aid in caring for your parent?

(READ THE LIST, CHECK ALL THAT APPLY, RECORD TOTAL NUMBER USED, ASK "HOW OFTEN DO YOU PRESENTLY USE THIS SERVICE?" AND RECORD APPROPRIATE NUMBER TO THE RIGHT OF FORMAL SERVICE USED)

<table>
<thead>
<tr>
<th>TYPE OF FORMAL SERVICE USED</th>
<th>HOW OFTEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. adult day care</td>
<td></td>
</tr>
<tr>
<td>2. respite care</td>
<td></td>
</tr>
<tr>
<td>3. home health care</td>
<td></td>
</tr>
<tr>
<td>4. community mental health center services</td>
<td></td>
</tr>
<tr>
<td>5. meals on wheels</td>
<td></td>
</tr>
<tr>
<td>6. other (please specify)</td>
<td></td>
</tr>
<tr>
<td>7. NONE (GO TO Q.3)</td>
<td></td>
</tr>
</tbody>
</table>

RECORD TOTAL NUMBER OF FORMAL SERVICES REPORTED ABOVE [$$FSS2$$]

How often do you presently use this service?

<table>
<thead>
<tr>
<th>Less than weekly</th>
<th>1-2 times</th>
<th>3-4 times</th>
<th>5-6 times</th>
<th>more than once monthly</th>
<th>per week</th>
<th>per week</th>
<th>per week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE:</td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. FOR EACH FORMAL SERVICE USED ASK:

In total, how long have you used this service? (CIRCLE MONTHS OR YEARS)

<table>
<thead>
<tr>
<th>(months/years)</th>
<th>1. adult day care</th>
</tr>
</thead>
<tbody>
<tr>
<td>(months/years)</td>
<td>2. respite care</td>
</tr>
<tr>
<td>(months/years)</td>
<td>3. home health care</td>
</tr>
<tr>
<td>(months/years)</td>
<td>4. community mental health services</td>
</tr>
<tr>
<td>(months/years)</td>
<td>5. meals on wheels</td>
</tr>
<tr>
<td>(months/years)</td>
<td>6. other</td>
</tr>
</tbody>
</table>

TOTAL INDEX SCORE
Currently, do you provide any form of:

CHECK ALL THAT APPLY. IF ADULT CHILD DOESN'T ASSIST IN THAT SPECIFIC AREA, ASK "Who does provide this service?" AND CODE THE APPROPRIATE RESPONSE. IF ADULT CHILD DOES ASSIST IN THAT SPECIFIC AREA, OBTAIN A "TIME 2 CAREGIVING ACTIVITY SHEET," CODE TOP LINE OF THE SHEET, AND ASK ALL QUESTIONS.

CAREGIVING SHEET CODE(S):

(CG HA)

3. ______ Household care and assistance?
   a. Who does provide this service?
      --- (1) No one provides this service, parent manages alone.
      --- (2) Formal Service Agency
          Please Specify ________________________________
      --- (3) Informal Assistance
          Please Specify ________________________________

(CG TS)

4. ______ Transportation services?
   a. Who does provide this service?
      --- (1) No one provides this service, parent manages alone.
      --- (2) Formal Service Agency
          Please Specify ________________________________
      --- (3) Informal Assistance
          Please Specify ________________________________

(CG PC)

5. ______ Personal care (such as bathing)?
   a. Who does provide this service?
      --- (1) No one provides this service, parent manages alone.
      --- (2) Formal Service Agency
          Please Specify ________________________________
      --- (3) Informal Assistance
          Please Specify ________________________________

(CG MED)

6. ______ Personal medical attention?
   a. Who does provide this service?
      --- (1) No one provides this service, parent manages alone.
      --- (2) Formal Service Agency
          Please Specify ________________________________
      --- (3) Informal Assistance
          Please Specify ________________________________

(CG MEAL)

7. ______ Meal preparation?
   a. Who does provide this service?
      --- (1) No one provides this service, parent manages alone.
      --- (2) Formal Service Agency
          Please Specify ________________________________
      --- (3) Informal Assistance
          Please Specify ________________________________
8. Financial management? (CG FM)
   a. Who does provide this service?
      (1) No one provides this service, parent manages alone.
      (2) Formal Service Agency
          Please Specify
      (3) Informal Assistance
          Please Specify

9. Mobility assistance? (CG MOB)
   a. Who does provide this service?
      (1) No one provides this service, parent manages alone.
      (2) Formal Service Agency
          Please Specify
      (3) Informal Assistance
          Please Specify

RECORD TOTAL NUMBER OF CG ACTIVITIES REPORTED ABOVE [CGA2]

REMEMBER:
IF ADULT CHILD DOESN'T ASSIST IN THAT SPECIFIC AREA, ASK "Who does provide this service?" AND CODE THE APPROPRIATE RESPONSE. FOR EACH ACTIVITY REPORTED, OBTAIN A "TIME 2 CAREGIVING ACTIVITY SHEET," CODE TOP LINE WITH APPROPRIATE CODE AND ASK ALL QUESTIONS. BE SURE TO FILL OUT A "TIME 2 CAREGIVING ACTIVITY SHEET" FOR EACH ACTIVITY REPORTED. WHEN COMPLETED, ATTACH SHEET(S) TO THE BACK OF THE SURVEY AND CONTINUE THE INTERVIEW AT QUESTION 10 BELOW.

10. Currently, how much emotional support do you receive from your spouse, children and relatives for those things you do for your parent?
    (1) A Great Deal
    (2) Moderate Support
    (3) Little Support
    (4) No Support At All

11. At present, does your parent live with you or does (s)he live in a separate home?
    (1) Lives within the same household
    (2) Lives in a separate household

12. Presently, how would you rate your physical health?
    (1) Excellent Physical Health
    (2) Good Physical Health
    (3) Mildly Physically Impaired
    (4) Moderately Physically Impaired
    (5) Totally Physically Impaired
13. Presently, how would you rate your elderly parent's physical health?

(READ LIST AND CHECK APPROPRIATE NUMBER)

(1) Excellent Physical Health
(2) Good Physical Health
(3) Mildly Physically Impaired
(4) Moderately Physically Impaired
(5) Totally Physically Impaired

V. The following questions permit you to indicate the experienced impact of providing care for your elderly parent at this point in time. For each question below, state whether you Strongly agree, Agree, Disagree, or Strongly Disagree. It is important that you respond to all the questions. Remember, you are responding to these items at this point in time.

1. I feel that caring for my elderly parent restricts my freedom to come and go.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

2. I feel that caring for my elderly parent is expensive.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

3. I feel that my elderly parent is an overly demanding person to care for.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

4. I feel that caring for my elderly parent has not caused me to become depressed.
   (1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

5. I feel that caring for my elderly parent has not interfered with my or my family's social relationships.
   (1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

6. I feel that caring for my elderly parent has not caused me to become moody.
   (1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

7. I feel that caring for my elderly parent disrupts my routine in my home.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

8. I feel that caring for my elderly parent puts a strain on family relationships.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree
9. I feel that meeting the health needs of my elderly parent is worth the effort.
   (1) Strongly Agree   (3) Disagree
   (2) Agree           (4) Strongly Disagree

10. I feel that my elderly parent tries to manipulate me.
    (1) Strongly Disagree  (3) Agree
    (2) Disagree          (4) Strongly Agree

11. I feel that caring for my elderly parent has not affected my sleep.
    (1) Strongly Agree  (3) Disagree
    (2) Agree          (4) Strongly Disagree

12. I feel that as a result of caring for my elderly parent I do not have enough time for myself.
    (1) Strongly Disagree  (3) Agree
    (2) Disagree          (4) Strongly Agree

13. I feel that I and my family must forgo necessities because of the expense to care for my elderly parent.
    (1) Strongly Disagree  (3) Agree
    (2) Disagree          (4) Strongly Agree

14. I feel that meeting the social needs of my elderly parent for companionship is worth the effort.
    (1) Strongly Agree  (3) Disagree
    (2) Agree          (4) Strongly Disagree

15. I feel that caring for my elderly parent interferes with my having friends of mine or of my family coming to my home.
    (1) Strongly Disagree  (3) Agree
    (2) Disagree          (4) Strongly Agree

16. I feel that caring for my elderly parent has not interfered with my or my family's ability to seek needed employment.
    (1) Strongly Agree  (3) Disagree
    (2) Agree          (4) Strongly Disagree

17. I feel that caring for my elderly parent has negatively affected my or my family's physical health.
    (1) Strongly Disagree  (3) Agree
    (2) Disagree          (4) Strongly Agree

18. I feel that caring for my elderly parent does not affect my ability to pursue recreational activities.
    (1) Strongly Agree  (3) Disagree
    (2) Agree          (4) Strongly Disagree

19. I feel that meeting the daily needs of my elderly parent is worth the effort.
    (1) Strongly Agree  (3) Disagree
    (2) Agree          (4) Strongly Disagree
20. I feel that caring for my elderly parent has caused me and my family much aggravation.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

21. I feel that meeting the psychological needs of my elderly parent for feeling wanted and important is not worth the effort.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

22. I feel that my elderly parent does not make unnecessary requests of me.
   (1) Strongly Agree (2) Agree (3) Disagree (4) Strongly Disagree

23. I feel that caring for my elderly parent has caused me to become anxious.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

24. I feel that caring for my elderly parent has negatively affected my relationship with my friends.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

25. I feel that caring for my elderly parent has negatively affected my appetite.
   (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree

TOTAL INDEX SCORE

STATE: Thank you for your time and cooperation. Results of this study should become available this summer. Would you like for us to mail you the research findings?

IF NO, STATE: Thank you again and have a nice day.

IF YES, (1) ASK FOR THEIR MAILING ADDRESS:

THEN STATE: Thank you again and have a nice day.
APPENDIX C

TIME 1 CAREGIVING ACTIVITY SHEET

CODE    CAREGIVING ACTIVITY
---
CG HA = Household care and assistance
CG TS = Transportation services
CG MED = Personal medical attention
CG MEAL = Meal preparation
CG FM = Financial management
CG MOB = Mobility assistance
CG PC = Personal care and grooming

REMEMBER: (1) CHECK APPROPRIATE CG CODE ABOVE;
(2) IN BLANK (BELOW), STATE ACTUAL CG ACTIVITY; AND
(3) WHEN COMPLETED, GO TO THE NEXT REPORTED CG ACTIVITY AND
REPEAT UNTIL ALL TIME 1 CG ACTIVITIES HAVE BEEN RECORDED.

You indicated that you provided _____ for your parent.

A. When you first began assisting in this area, how often did you perform this service?
   (1) 1-2 times per week
   (2) 3-4 times per week
   (3) 5-6 times per week
   (4) daily
   (5) twice daily
   (6) three or more times daily

B. How responsible were you for providing this service?
   (1) Fully Responsible (no one else assisted in this area - 100 percent involved)
   (2) Mainly Responsible (another helped, but I was the major caregiver in this area - about 75 percent involved)
   (3) Moderately Responsible (I shared the responsibility in this area equally with another - 50/50)
   (4) Somewhat responsible (I occasionally helped another who was mainly responsible for providing this service - about 25 percent involved)

C. How obligated were you to ensure that this service was provided?
   (1) Very Obligated
   (2) Moderately Obligated
   (3) Somewhat Obligated
   (4) Not Obligated At All
**TIME 2 CAREGIVING ACTIVITY SHEET**

<table>
<thead>
<tr>
<th>CODE</th>
<th>CAREGIVING ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG HA</td>
<td>Household care and assistance</td>
</tr>
<tr>
<td>CG TS</td>
<td>Transportation services</td>
</tr>
<tr>
<td>CG MED</td>
<td>Personal medical attention</td>
</tr>
<tr>
<td>CG MEAL</td>
<td>Meal preparation</td>
</tr>
<tr>
<td>CG FM</td>
<td>Financial management</td>
</tr>
<tr>
<td>CG MOB</td>
<td>Mobility assistance</td>
</tr>
<tr>
<td>CG PC</td>
<td>Personal care and grooming</td>
</tr>
</tbody>
</table>

**REMEMBER:** (1) CHECK APPROPRIATE CG CODE ABOVE; (2) IN BLANK BELOW, STATE ACTUAL CG ACTIVITY; AND (3) WHEN COMPLETED, GO TO THE NEXT REPORTED CG ACTIVITY AND REPEAT UNTIL ALL TIME 2 CG ACTIVITIES HAVE BEEN RECORDED.

You indicated that you currently provide **[enter activity]** for your parent.

**A.** Overall, how long have you provided assistance in this area? *(Months/Years: Circle One)*

**B.** How often do you presently provide this service? 
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- Daily
- Twice daily
- Three or more times daily

**C.** How responsible are you for providing this service? 
- (1) Fully Responsible (no one else assists in this area - 100 percent involved)
- (2) Mainly Responsible (another helps, but I'm the major caregiver in this area - about 75 percent involved)
- (3) Moderately Responsible (I share the responsibility in this area equally with another - 50/50)
- (4) Somewhat Responsible (I occasionally help another who is mainly responsible for providing this service - about 25 percent involved)

**D.** How obligated are you to ensure that this service is provided? 
- (1) Very Obligated
- (2) Moderately Obligated
- (3) Somewhat Obligated
- (4) Not Obligated At All
LIST OF REFERENCES


