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"It'll Work Out:" Older Mothers' and Adult Daughters' Perspectives on Future Plans

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Abstract

This qualitative study focused on types of support, relationship quality, and future care plans among 10 older mother-adult daughter dyads ($N = 20$). Guided by the lifecourse perspective, the authors examined how mother-daughter relationships were renegotiated across the life course; focusing on the later stages of the life course when support exchanges and future care plans may be needed for older mothers. Emotional and instrumental supports were exchanged between all dyads regardless of relationship quality, with only emotionally close dyads exchanging financial support. The flow of support was predominantly downward, although it was more reciprocal in dyads with mothers in poor health. Most dyads had emotionally close relationships and had assumptions for future care, most often informal care; only 1 dyad had concrete plans. Results indicate that mothers may be reluctant to discuss future health constraints and daughters may be less inclined to consider future caregiving responsibilities. One potential outcome that may emerge is that the care that gets put into place is not the care that older mothers may have preferred. More resources are needed to help families discuss future support needs. Older women who are most likely to need care from adult children, typically daughters, may especially benefit from educational programs that include their family members.

Keywords

Intergenerational relationships, mothers, daughters, caregiving, future care plans, support exchanges

Cover Page Footnote

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This qualitative study focused on types of support, relationship quality, and future care plans among 10 older mother-adult daughter dyads ($N = 20$). Guided by the life course perspective, the authors examined how mother-daughter relationships were renegotiated across the life course; focusing on the later stages of the life course when support exchanges and future care plans may be needed for older mothers. Emotional and instrumental supports were exchanged between all dyads regardless of relationship quality, with only emotionally close dyads exchanging financial support. The flow of support was predominantly downward, although it was more reciprocal in dyads with mothers in poor health. Most dyads had emotionally close relationships and had assumptions for future care, most often informal care; only 1 dyad had concrete plans. Results indicate that mothers may be reluctant to discuss future health constraints and daughters may be less inclined to consider future caregiving responsibilities. One potential outcome that may emerge is that the care that gets put into place is not the care that older mothers may have preferred. More resources are needed to help families discuss future support needs. Older women who are most likely to need care from adult children, typically daughters, may especially benefit from educational programs that include their family members.

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Anticipated future support of aging parents, when changes in their health may create a need for care, is a concern for many families. This care, typically provided by family members, is defined as informal support. Informal support within families may be emotional, such as providing a compassionate ear; instrumental, such as extending hands-on help (i.e., transportation and home maintenance); and financial, such as helping to pay for professional services (Connidis, 2010). These types of informal supports are individually negotiated in families, are bidirectional emanating from both adult children and older parents, and often are heightened when family members require assistance (Connidis, 2010; Sechrist, et al., 2012). Today, family members experience "shared lives" as intergenerational relationships now last longer than in previous times and intergenerational support can be more readily accessed in times of need (Bengtson, 2001, p. 5). Generally, older adults tend to live independently and offer a variety of support to their adult children, highlighting the typical flow of support that is offered from parents to children across the life course.

However, once an older parent reaches a certain age, approximately 70 years, flow of support may change with adult children providing more to their aging parents (Sechrist, et al., 2012).

When older parents begin to experience health constraints in later life, families may choose to discuss formal care plans, deciding what types of supports may be needed if an older family member's health is constrained or if end-of-life decisions are needed. The relationship between older mothers and their adult daughters are a critical context for exploration as to how formal care is discussed, negotiated, and operationalized in families. Older mothers and adult daughters consistently express strong emotional bonds and demonstrate higher dependence on the other for emotional and instrumental supports when compared to other family dyads, including fathers and sons (Connidis, 2010). Adult daughters are often the preferred source of support by both mothers and fathers (Sechrist, et al., 2012). Older mothers also are an important population to address when discussing future care needs. With increased marital disruptions and longer

lifespans than men, older women often are single, have adult children, and cope with chronic illnesses (Fingerman, et al., 2007). Simply, they depend more on the care of adult children while fathers are more likely to have spouses in place to provide care when and if needed (Connidis, 2010).

The purpose of this qualitative study was to explore how aging mothers and their adult daughters perceive and exchange support, as well as plan for future care needs of mothers. The life course perspective provides a framework for understanding the change and stability exhibited in mother-daughter relationships over time (Bengtson & Allen, 1993). This perspective links the experiences of earlier life to later life stages and of younger family members to older ones (Connidis, 2010). The life course perspective offers a dynamic view of how the family unit is shaped and relationships within the unit are negotiated through transitions and turning points (Luescher & Pillemer, 1998). Specifically, this model suggests that addressing the early and ongoing relationships between mothers and daughters and their patterns of support exchanges over time may illuminate future outcomes when typical patterns of support flows may change due to mothers' health status.

In this study, we focused on this particular dyad, older mothers and daughters, because the gender of both parent and child influences support exchanges across the life course (Rossi & Rossi, 1990). We utilize the life course perspective as a pertinent framework for understanding how adult daughters and their mothers perceive and exchange support as a context for future care decisions for aging mothers. We also focused our study on dyadic perspectives as research suggests that these perspectives may differ in the context of family relationships (Sechrist, et al., 2012). The research questions for this study were as follows: (a) how do adult daughters and their older mothers perceive, offer, and receive support from each other?; (b) how does the quality and context of relationships influence current exchanges of support between adult daughters and their older mothers?; and c) how does the quality and context of relationships influence future care plans?

Exploring Formal Care Plans among Older Mothers and Adult Daughters

This study focuses on how older mothers and their adult daughters exchange support and plan for the potential future care of aging mothers. Outlined below are the areas of research that are of importance to understand these dyadic perspectives including: social support exchanges, relationship quality, gender, and future care plans.

Support exchanges between adult children and older parents. Informal support for older adults frequently is provided by family members, friends, neighbors, or other

people that are known by the individual; however, it is most frequently offered by daughters (Pillemer & Sutor, 2006). Such support ranges from emotional support to instrumental support (i.e., hands-on nursing care), yet is often the performance of light housework and errands (Connidis, 2010; Shapiro, 2004).

Intergenerational support flows from both older and younger generations with simultaneous and reciprocal exchanges occurring throughout the life course (Rossi & Rossi, 1990). These supports often are exchanged during normative transitions for both parents and children. Negative outcomes may occur when adult children need more support due to non-normative transitions such as divorce, loss of job, and return to school or when older parents experience non-normative transitions due to divorce (Sechrist, et al., 2012). Typically, support flows downward from parents to children, but changes do occur when parents experience health declines after 70 years of age (Sechrist, et al., 2012). It can be difficult to distinguish when parents need assistance because of variability in the areas of health, mobility, age, autonomy, and income (Stuifbergen, et al., 2010). Within the context of families, general feelings of filial responsibility, when an adult child provides care for parents because of the care provided to them as children (Connidis, 2010), often guides adult children to care for their aging parents (Swartz, 2009). A high correlation exists between the help given by parents and help given by children, thus implying a context of reciprocity (Rossi & Rossi, 1990).

Relationship quality. Relationship quality and emotional closeness influence the offer of support to older parents (Pillemer & Sutor, 2006; Stuifbergen, et al., 2010). Informal support is shaped by relationship quality, which is fueled by how one feels for another family member. There are themes related to more positive relationships such as generational continuity (identification with the mother-daughter relationship independent of societal change), closeness, emotional support, as well as family norms and values (Connidis, 2010).

The quality of intergenerational relationships between older parents and adult children exhibit diversity in levels of closeness, although most mother-daughter relationships are identified as close (Rossi & Rossi, 1990). These relationships, however, are dynamic across the life course and hold the potential for a myriad of feelings, including those that are considered ambivalent or more negative in nature. Ambivalence is defined as having subjective, simultaneous contradictory and opposing feelings and cognitions about a social situation or a personal relationship (Connidis & McMullin, 2002). For example, mothers and daughters may experience on-going tension and have conflicting views on a variety of issues (i.e. on parenting, marriage, dating, and childrearing) yet, may

also experience close feelings at the same time (i.e. sharing personal information and relying on each other) (Pillemer & Suito, 2002). The presence of some ambivalence can be indicative of balanced realistic assessment about a given situation (Luescher & Pillemer, 1998). Regardless of whether or not a family member reports feelings of ambivalence, it has been shown that the occurrence is common (Sechrist, et al., 2012).

Gender influences on intergenerational relationships. Parents report that they are emotionally closer with adult daughters than with sons (Rossi & Rossi, 1990). Older parents suggest that daughters are more likely to hear disclosures of parental problems and provide care when parents are ill or disabled (Suito & Pillemer, 2006). Support exchanges appear to be influenced by the gender of the older parent and the adult child (Lye, 1996; Marks & McLanahan, 1993; Rossi & Rossi, 1990). Similarity of gender is highly associated with caregiver preference in older parents (Pillemer & Suito, 2006). As most single older adults are women, most caregivers are also women, regardless of choice. Women are expected to give care and enjoy doing so, even if they do not identify as a caregiving type, and social pressure limits individual agency regarding the choice to provide care (Connidis & McMullin, 2002).

Mothers and daughters are more likely to both provide, as well as receive support from each other, than fathers and sons (Sechrist, et al., 2012; Silverstein, et al., 2006). Mothers are more influenced by relationships, emotional closeness, and relationship history (Pillemer & Suito, 2006). They may choose daughters to offer support to them if necessary because mothers and daughters have similar gendered life experiences and may better identify with each other (Suito & Pillemer, 2006). Daughters also are more reactive to the needs of their parents than sons (Silverstein, et al., 2006). Conversely, daughters are more likely to rely on their mothers than their fathers for emotional support and advice, continuing the notion of reciprocity (Sechrist, et al., 2012).

Future care plans. Commonly, people discuss future care without making formal plans, due primarily to the notion that the older parent is not in need of care (Sorenson & Zarit, 1996). As Black et al. (2008) found in their study of family care plans for later life, many older adults claim to have plans (52.2%), yet only 1% have made formal plans. Formal care plans may not occur as older parents typically refrain from asking for support so as not to strain the relationship or burden their children, even if a need is present (Stuifbergen, et al., 2010). For older parents, this could occur in order to avoid marginalization of personal agency and free will (Funk, 2010; O'Connor, 2007).

Relationship quality appears to influence the choice of which adult child will provide care in the future. According to Pillemer & Suito (2006), older mothers tend to prefer children with whom they have had a history of positive social support exchanges to be their caregivers. Additionally, when dyads experience "predictability and harmonious relations" (Suito, Gilligan, & Pillemer, 2012, p. 395), older mothers experience more positive outcomes in the choice of who will provide care to them when needed.

Family members need to better prepare for potential health issues of aging parents. When formal care plans are not in place, negative consequences can occur. For instance, older adults who live alone and have greater disability tend to plan less for end-of-life care (Black, et al., 2008). Families that exhibit ineffective decision-making processes and communication patterns are less likely to engage in advanced care plans, which compound the potential of relational strain between older parents and adult children (Boerner, Carr, & Moorman, 2013). When no planning takes place, older parents tend to be dissatisfied with the amount of discussion they experience. Older parents want to talk about care when health constraints emerge, but these conversations seldom occur (Sorenson & Zarit, 1996). Not having plans in place also may have implications for not receiving the type of care that is desired or appropriate (Boerner, Carr, & Moorman, 2013).

Method

Data for this qualitative study were collected by undergraduate students in a class that focused on social ties and aging. Under the supervision of their professor, a family gerontologist and qualitative researcher, Institutional Review Board (IRB) approval was secured. Student researchers worked in pairs to conduct the interviews from February to March, 2013. A total of 10 adult daughter-older mother dyads ($N = 20$) were interviewed. Inclusion criteria for this study included: (a) older mothers who were minimum age of 60 years; (b) adult daughters who were minimum age of 40 years; (c) willingness to participate; (d) current residence in Oregon; and (e) available for in-person interviews.

Sample

The family dyads in this study were comprised of mothers ($n = 10$) who averaged 75.4 years of age ($SD = 9.96$) and daughters ($n = 10$) who averaged 46.75 years of age ($SD = 9.22$). Mothers were married ($n = 5$), divorced ($n = 2$), or widowed ($n = 3$); and reported an average annual income of \$28,000. The number of adult children reported by older mothers ranged from 2 to 7, with an average of 3.4. Adult daughters were married ($n = 4$), divorced ($n = 2$) separated ($n = 1$) or single ($n = 3$); averaged 1.6 children; and reported an average annual

income of \$33,250. All older mothers completed high school; 2 attended college and 1 had a graduate degree. All adult daughters completed high school; 6 attended college and 1 had an undergraduate degree.

Procedure

Using a convenience sample, the student research team recruited participants through social service providers and student social networks. Interviews were conducted either at homes or in mutually agreed upon sites. In order to ensure that participants were able to share their unique perspectives, interviews were conducted separately with adult daughters and their mothers. In the case of 1 dyad, an older mother was present during part of her adult daughter's interview. The semi-structured protocol for the interviews focused on intergenerational relationship quality, intergenerational family transfers, perceptions of support, intergenerational family legacies, and anticipation of future care needs. Participants were not compensated for their time but were offered a copy of the completed study. Each interview was audiotaped and transcribed verbatim.

Data Analysis and Coding

A team of students who participated in the research process and their professor continued to meet and analyzed all interviews in this study. Research team members reviewed recordings and transcripts to ensure accuracy; subsequently, they read and discussed all transcripts. Pseudonyms were used for each dyad member.

At research meetings, the team developed a major coding scheme for this study as outlined by Berg (2008) that included social support, future plans, early and current relationship quality, proximity, and gender. Subsequently, 28 subcodes were identified within the 6 major coded areas. Identical subcodes were developed for mothers and daughters. Social support subcodes included: general, instrumental, financial, emotional, communication, and perceptions. Future plans subcodes included: future support exchanges and other references to the future. Early life and current relationship subcodes included: change of relationships over time, quality of relationships with other family members, and quality of relationships between older mothers and their daughters. Relationship quality between older mothers and their daughters were further coded into three categories: emotionally close, emotionally ambivalent, and emotionally distant. Mothers and daughters who described their relationships as "close," "like best friends," and/or other positive reports were determined as emotionally close. When mixed emotions were described within a dyad, the relationship quality was determined to be emotionally ambivalent. When limited emotional supports were exchanged within a

dyad and participants described their relationships as "not close," "distant," and/or other negative descriptions were used, the relationship quality was coded as emotionally distant. Proximity was subcoded according to mothers' and daughters' geographic location relative to other family members. Finally, gender was subcoded according to mothers' and daughters' expectations and behaviors.

To increase interrater reliability, transcripts from two sets of interviews were coded by two student researchers. Any discrepancies were discussed by the larger research team and decisions were made as to distinct coding categories. After the interviews were coded, MAXqda qualitative software (<http://www.maxqda.com>) was used to assist in organizing the data by sorting codes across all interviews.

Results

Adult daughters and their mothers shared rich descriptions of their family experiences related to social support, relationship quality, and future care needs. The definitions as well as perceptions of the flow of support varied among mothers and their daughters but generally fell within emotional, instrumental, and financial categories. Mothers and adult daughters also described support exchanges that largely flowed from older mothers to adult daughters in relationships that typically were characterized as positive and close. In all the relationships represented in this study, mothers and daughters typically indicated that few conversations regarding future care needs had occurred.

Perceptions of Support among Mother-Daughter Dyads

Quite frequently, financial, emotional, and instrumental support were offered and received among dyads. It was uncommon for a participant to define support in only one of these domains. More commonly, a variety of supports flowed among these intergenerational pairs.

Financial support. When asked about the support that flowed between adult daughters and mothers, participants often referred to the receipt of financial assistance. Financial support was common with 7 adult daughters receiving financial assistance at some point in their adult lives. Of the adult daughters who received this financial support, only 2 were married; all others were single, divorced, or separated. Financial support typically flowed from the older to the younger generation, with most mothers either not needing or wanting financial help. Referring to her adult children, Phyllis explained, "I don't want them to have to pay my bills. You know? I want to be able to take care of myself. I should be able to, since we have been living on social security now." There was some tension evident among the majority of daughters who received financial support from their mothers, and it was

clear that daughters were only able to accept financial assistance with the understanding that they would repay it. Meg, an adult daughter, described her feelings:

I feel okay about it, as long as I can pay that help back, and usually that's borrowing money (laughs). And she's never, ever said no... she may grouse and grumble but she never says no. And I do always pay her back.

There also was a common belief that while the daughters might currently be receiving financial support, they would be able to reciprocate that support when it was needed. Diana described this reciprocity with her parents:

I don't feel bad about it because I know I'm gonna be able to turn around and just pay em' back. . . I know that when I get back... on my feet that I'd be able to do the same thing for them.

Emotional support. Emotional support was the most common type of support identified by our participants. To many participants, emotional support was defined as having another person to both listen to them and participate in shared activities. As Leslie shared, "It's always nice to be able to, you know, bounce up here and see her and, you know, do stuff." Another daughter, Heather, described her relationship with her mother as having "a shoulder to cry on" and having "somebody that's there for me." One mother, Betty, remarked, "I enjoy being able to talk to them [adult children] about certain things that, you know, they would understand and get their input on. I enjoy that."

Every dyad described some form of emotional support being reciprocated; in some cases, emotional support was the only support dyads had to offer and in others, emotional support was barely visible. Heather shared, "I'd like to do more, but there's not a lot to do for her because she's pretty independent still. So, I mean she's not that old." She added that she and her mother contributed to their mutual happiness: "I think we all do that for each other a lot."

Emotional support was perceived by many participants as far more important than any other type of support. Kris commented:

It seems kind of strange that, ya know, that's how she helps me out, emotionally, and just knowing that she cares that much, that's more than her coming over and doing any kind of manual labor, making dinner or whatever... that's what means the most.

Instrumental support. Adult daughters and older mothers commonly exchanged instrumental support, with all dyads describing some form being offered and received. As defined by the participants, this support included direct assistance such as running errands, cooking, and cleaning. For instance, Meg said:

Well, my mother, she is legally blind. She doesn't have to worry about how she's gonna get to different places. She knows that I'm always gonna be here to do that for her. She doesn't have to worry about cooking; I pretty much do all of that.

Health status was an important factor in who gave and received instrumental support. Phyllis acknowledged the potential shift in support that may take place in the future due to her health needs. She stated, referring to her adult children, "Oh, if I have it [resources] and they need it, there's no problem. Nowadays, it's probably going to work the other way around." Betty described the influence of poor health on her ability to help her daughter.

Well, I love helping em' [daughter's family]. I mean that's something I do enjoy doing... but my body has been so messed up lately that I haven't really done a lot of them, and I go and babysit and that kind of thing and I take them out to dinner and stuff, so it isn't like I'm doing their chores but... you know.

Another mother, Gladys, talked about how her daughter and other adult children helped her now that her health limited her ability to complete housework and other tasks. She explained:

Well, the one [adult daughter] who lives here helps me a lot in all kinds of ways. She's decided to take over most of the cooking and does that. And actually most of the housework, what gets done. I'm just not physically able to do it anymore. And so she does most of that. The others, if I need help, they provide it. But I don't ask for help very often.

For 2 mothers, health status appeared to be the primary deterrent to offers of instrumental support. In these cases, mothers received instrumental support from their daughters but were constrained in their ability to offer help to their daughters and their families.

Among the 10 dyads interviewed, we found that mothers and daughters overwhelmingly had congruent perceptions of both the support they offered and the support they received. While these perceptions were

similar, they were not always positive perceptions. Some dyads expressed that support was lacking or insufficient, but were in agreement that support was exchanged. Some felt that support in some areas was sufficient but that they would like other forms of support. Most commonly, dyads were in agreement about the type of support received and how it met their needs.

Relationship Quality and Exchange of Support

The quality of the adult daughter-older mother relationship shaped the type of support exchanged as well as how it was offered and received. Both adult daughters and older mothers generally spoke positively about the exchange of social support. Only 2 daughters in emotionally distant relationships shared less positive views about these support exchanges. One mother expressed dissatisfaction and wished to provide less support to her daughter. In general, however, it appeared that the expectations about how support should be exchanged at their respective ages, as well as the quality of the relationship over time shaped participants' feelings about support.

Daughters with emotionally close relationships with their mothers spoke positively about the support they offered. Those with ambivalent or distant relationships were far more likely to provide support out of a sense of filial responsibility, the norm that adult children should help parents, and to feel negatively about these support exchanges. For instance, Jennifer explained:

When my dad died and she needed wood, my boyfriend and I went and got her a load of wood. We've told her we're there but she is, again... very much a person that will take advantage of any handouts offered. She's pretty selfish and doesn't really think through things, so I've told her that I would be there if something came up but at the same time, I know better than to put myself in a situation because I know she would take advantage of that.

Typically, mothers felt positively about the support they offered and received. Elizabeth offered a detailed explanation of the support given and received in her family:

I don't think anybody thinks about how it [support] makes you feel. You just do it because it needs doing and you're just glad to help if you can, and if somebody couldn't because they have some kind of conflict it's like, okay, it's not a big deal. It feels good to just know that you have the support. And anybody who's ever really in a jam, you know if it was really, really serious, you just know that they've got your back. They're going to drop

whatever they're doing and be there. So you feel good.

The quality of the adult daughter-older mother relationship was an important factor in the provision and receipt of financial support, with only dyads who described their relationships as emotionally close giving or receiving financial support. Dyads with ambivalent or distant relationships did not engage in financial support exchanges. Older mothers' income levels were not as important a factor as the quality of their relationships with their daughters. As long as they had emotionally close relationships with their daughters, older mothers appeared willing to help financially as much as they could, even if their annual income was low.

Motivations. Generally, the motivations for providing support varied based on the relationship quality of individual dyads; motivations appeared to be congruent within each dyad. Both mothers and daughters acknowledged their emotionally close relationships as the context from which social support flowed. When a mother expressed that she was motivated to provide support due to her emotionally close relationship with her daughter, this was invariably what we found with her daughter as well. In dyads with emotionally ambivalent or distant relationships, filial responsibility was noted as the primary motivation for providing support by daughters. These dyads were also far more likely to provide primarily instrumental support, with limited emotional support and no financial support.

Dyads with emotionally close relationships were motivated to exchange a variety of supports, partly due to a long history of care and support offered by mothers. The emotional closeness these dyads shared allowed them to discern what type of support was currently needed and enabled them to provide necessary supports, as long as there was no health or financial constraints. Kris, a daughter, shared:

We do have a really good relationship with our mom and... spend time with her, and vice versa. I am glad to do it for her. Like I said I'll take a day off work, if you know, that works out best... I just see how much she does for me and what I do for her is minute.

In addition to emotional closeness, reciprocity was identified as a motivation for providing support. This was true for both mothers and daughters, although generational differences were evident in the description of reciprocal exchanges. From daughters' descriptions, it was apparent that they wanted to reciprocate the care that had been, and continued to be, provided to them over their life course. Melissa shared, "I have no problem with it

[providing support]. I mean, they have done so much for me, to help me over the years, that it's my turn." Mothers also described a desire to reciprocate the support daughters currently provided them, but this reciprocation appeared to stem from their generational position in the dyad and a long history of providing care to their daughters. Daughters were more likely to identify reciprocity as an important feature for the support they now offered mothers; however, it was very commonly identified among mothers as well. When mothers identified reciprocity as a motivator, they also described their relationship with their daughters as a friendship, as illustrated by Elizabeth when speaking of her adult children:

They are very good about help. If I needed something, they would be here. And I'd be there for them... Right now, because we're both real adults, not like young adults or super-duper old adults, you know it feels like we're almost peers in a way. It's a mother-daughter relationship that is like a friend also.

As described previously, dyads with emotionally distant or ambivalent relationships were also motivated to exchange supports. In the absence of close emotional bonds, the support provided among these dyads was generally limited to instrumental tasks. Sometimes even this limited support was not exchanged. In the case of 1 dyad, both parties expressed that they were willing to provide instrumental support when needed and requested, but their strained relationship prevented offers of support.

Dyads with emotionally ambivalent or distant relationships were far more likely to identify a sense of filial responsibility as their primary motivation for providing support. In addition, some dyads expressed that receiving instrumental support helped to improve strained relationships. Mary, an older mother, shared, "I appreciate it [getting instrumental help] very much. Because that seems like that helps us get along better."

Future Care Plans for Older Mothers

Interviews with both mothers and their adult daughters indicated a lack of conversations and planning for potential long-term care needs. Regardless of relationship quality, older mothers and adult daughters were not in communication with each other regarding future care. Past and current support exchanges were indicative of mothers' and daughters' confidence in future care being provided informally. Mothers from dyads with a history of reliable support exchanges over the life course were confident that care would be provided when needed. One mother from our sample with a history of poor support

exchanges, however, lacked that confidence in her offspring and desired formal care when needed.

Mothers and adult daughters were asked if they had plans in place for when an older mother had an increased need for help with activities of daily living due to declining health. Most mothers did not have anything to report, although 8 mothers suggested that some type of discussion had occurred with their daughters and other family members. The majority of mothers believed that care would be provided informally by either the adult daughter or other children when they were unable to care for themselves. Three mothers said that they had been told by their children "not to worry," that care would be provided to them. For each of these cases, there was not a consensus as to who would be providing the care, how care would be provided, or even at what point care would be provided. One mother, Gladys, illustrated the indirect assumptions made by families as to her future care:

My daughter and her husband had taken me out to lunch and coming back, we saw someone sleeping up under a bridge and I said I hope I never have to do that. And they both said you'll never have to worry about that. The others have said things to the same effect, you know at different times. I never have had to worry about ever having a place to go or someone to take care of me if I needed it.

Two mothers reported that they would prefer formal support when support was needed. However, only 1 mother, Janet, the oldest mother in the study, had specific plans that she had shared with her daughter. Janet's daughter, Leslie, explained:

She told me, you know, that if, if she couldn't do stuff on her own that she wanted me... not for me to bring her into my own house and care for her. She wanted to go up to the health care center, and, or assisted living and live up there, and I said "Okay, we can do that." You know, I mean, that's her wishes and I'm gonna go with her wishes.

The overwhelming response from daughters was that future care plans had not been discussed with their mothers. However, they were certain that care would be provided by themselves, another sibling or, in some instances, multiple siblings. Again, a lack of discussion was evident among mothers and daughters as little was communicated about when that transition would take place, how care would be provided, and in most cases, who would be providing care. Only 2 daughters expressed that they would not want to be caregivers, although they did not state whether or not they would be willing to

provide other forms of support. In 1 dyad, Diana shared: "I don't want to be a caregiver... In all honesty, I don't see myself as even being able to do that." When her mother, Phyllis, was asked if there were conversations about potential long-term care, her answer was "no." A number of daughters stated that the topic was not allowed or was discouraged by their mothers.

Overall, only 1 dyad had intentionally discussed future care plans where both mother and daughter were knowledgeable of these plans, which included formal care. The majority had not had any intentional discussion of future care plans; some dyads had differing perceptions based on assumptions or remarks made by the other. Mary claimed that her daughter said she would build a mother-in-law apartment for her, while the daughter claimed future plans had not been discussed. Another mother, Suzanne, said that her children had expressed to her that she would receive care when needed, whereas her daughter said her mother "wouldn't allow" talk of future care plans. Most often, there was an assumption within dyads that care would be provided by either the adult daughter or another sibling and sometimes these ideas were communicated in a light fashion or reflected a sense of shared humor. Denise, whose mother was present during part of the interview, glanced at her mother and stated, "Well, we always said we are not going to put you in a nursing home, we'll shoot you beforehand...or duct tape or something, you know...we always said, we'll take care of you."

The decision about who would provide care was usually based on practicalities such as proximity. Adult children who lived nearby were viewed as more viable caregivers than those who lived far from mothers. One adult daughter assumed she would care for her mother when the need arises because she already lived with her and provided some care.

In 1 dyad, there had been a discussion between siblings about obligation for care and who would accept the responsibility when in fact the mother was planning on entering a long-term care facility when she required care. Jennifer shared:

My brother is very attached to that house and he had commented that he would do whatever he can to take care of her, as long as he's getting the house, but realistically he's not a care provider personality. I am very familiar with the caregiver responsibilities and... it's rough, it's rough when you absolutely love and respect the person that you're taking care of, when you don't... I don't know. I'm really struggling with that because I have that obligation... and I know how important it is to my brother, but I don't feel the desire to do

that for my mom so it's kind of a struggle. Because I feel like I would do it to help my brother, but not necessarily to help my mother. I feel like she made her bed and she started the relationship on the path that it comes on and it's not really fixed.

When interviewed, Ann stated that her plan was "not to have either one of them... so I will take care of myself until need be, and then I'll put myself into a nursing facility. Whatever comes first."

Many families were just confident that someone would step up in a time of need. As Elizabeth stated, "When the time comes, we'll figure it out." She elaborated:

I don't really have any expectation for... I know that somebody, if I really needed the help, one of them is going to be there. I don't know which kid it is, because it depends on circumstance. I'm not worried about it yet. And I don't think any of them are overly worried about it or thinking about it yet either.

Meg, an adult daughter, illustrated her confidence in future care plans for her mother. She underscored, "No. She will stay home. She will always stay home."

In general, few examples arose as to the identification of conversations regarding future care for mothers. While many older mothers were confident that their needs would be met, this was based on comments made in passing as opposed to conversations with the purpose of looking ahead at potential long-term care needs. As stated earlier, a history of reliable and positive support exchanges was found to be related to the degree of confidence mothers expressed in their future care.

Discussion

In our study, we identified three types of social support that were commonly exchanged among the adult daughters and their mothers: financial, emotional, and instrumental. Daughters were more likely to receive financial support than mothers, but instrumental and emotional supports were more reciprocal. Typically, perceptions of support offered and received among adult daughters and their mothers were similar. The quality of the relationship between mothers and their daughters influenced both the type of and motivation for social support exchanges. Projecting into the future, mothers and daughters were less likely to discuss any future care needs for mothers. Emotionally close dyads had the expectations that future care would be provided by their

family members but specific plans typically were not discussed.

Social Support and Relationship Quality

As expected, support flowed from older mothers to their daughters in this study as is often experienced between older parents and adult children across the life course except when parents have great need for financial resources and/or care (Sechrist, et al., 2012). Daughters often received financial assistance from the mothers in this study, reflective of daughters' marital status and income level. Financial support, while appreciated by daughters, created both gratitude toward mothers but ambivalence in their feelings toward their situations and consequently the provider of the financial support (Connidis & McMullin, 2002). As outlined earlier, Melissa felt both frustrated and uncomfortable about receiving financial support during her divorce. Those daughters who received this off-time support often highlighted the desire to repay their mothers and clearly were uncomfortable when personal expectations were to be financially independent from mothers (Bengtson & Allen, 1993; Connidis, 2010). Mothers may continue to offer financial support even when their personal resources are limited because of their identity as a parent and possibly to ensure that care will be in place when their health declines. These issues need further exploration in future studies.

Emotional support was seen as the most important type of support and was the most frequently provided and received between dyads, suggesting emotional closeness among mothers and daughters across the life course (Pillemer & Suitor, 2006; Rossi & Rossi, 1990). Most of the dyads interviewed reported emotionally close relationships. Providing emotional support is often less time-consuming than providing instrumental support, usually less costly than providing financial support, and frequently offered with little effort in everyday interactions. For most dyads, it was simply the result of having a good relationship over the life course. A factor that influenced the emotional support offered and received was proximity: those that lived further apart communicated less often (Pillemer & Suitor, 2006).

Most older mothers and adult daughters identified ways that they exchanged instrumental support to each other. The specific needs of mothers and daughters reflected the type of instrumental supports that were exchanged. Some daughters offered little instrumental support to mothers, due to mothers' independence and ability to provide self-care. Proximity also was an important factor in the provision of instrumental support. Some mothers expressed that they wished they lived closer so they could do more; some daughters expressed that they purposely remained nearby in order to provide support to their mothers (Silverstein, et al., 2006). One

dyad lived together, facilitating smooth and frequent support exchanges between them.

Motivations for providing support were largely dependent on relationship quality among dyads. Adult daughters and older mothers who had emotionally close relationships were most often motivated by affection and reciprocity (Connidis, 2010; Stuifbergen, et al., 2010). Dyads with emotionally ambivalent or emotionally distant relationships were motivated by filial responsibility. The relationship quality of dyads also was a determining factor in how mothers and daughters felt about providing support: those with emotionally ambivalent or emotionally distant relationships had more negative feelings associated with support, whereas those with emotionally close relationships felt it was natural and regarded support positively. Health status and age influenced the social support offered and received in these dyads, with some mothers unable to offer instrumental support much or at all (Sechrist, et al., 2012). In these cases, mothers offered other types of support, adjusting to their aging process and health constraints.

Future Care Plans

Relationship quality also influenced the establishment of future care plans. When asked about future plans for support exchanges if mothers need care due to health constraints, a number of issues emerged: (a) future care plans largely were not discussed in long-term relationships marked by closeness and emotional support; (b) mothers and daughters were not always in agreement as to how future care would occur when mothers needed help; and (c) assumptions that future care would be provided were based on casual comments and relationship quality.

Mothers and daughters affirmed their intentions to continue to offer support in the future as a continued feature of their relationships up to this point in time. The life course perspective draws attention to the notion of linked lives over time (Bengtson & Allen, 1993) and these dyads were clear in their expectations to continue these exchanges as long as they had the ability. As these exchanges typically were offered within emotionally close relationships, there appeared to be no question that future care would be provided, even when those plans were not specifically discussed or negotiated. In fact, having an emotionally close relationship appeared to deter dyads from having distinct conversations about future care plans as there were assumptions made by mothers and daughters that care would be provided when needed.

Relationship quality between mothers and daughters may also influence the decision to seek formal care over informal care. One of the 2 dyads that preferred formal care had a very close, reciprocal relationship. The motivation for the mother to desire a future assisted living residence was that she had lived her life and felt her

daughter should be able to do the same without the burden of caregiving (Cahill, et al., 2009). Stemming from her identity as a mother, this mother's comment suggested that her future choice of formal care in part allowed for her to express care and support regarding her daughter's future. Dyads with emotionally ambivalent or emotionally distant relationships also may prefer formal care as opposed to depending on family members. This was the case with 1 dyad that had an emotionally distant relationship in which the older mother preferred formal care. This mother expressed her concerns about depending on her adult children when the relationship history between them had been strained.

Mothers and daughters in emotionally close dyads were not as likely to be in agreement regarding future care of mothers. This was illustrated by Mary, the older mother who assumed she would be living in a mother-in-law apartment on her daughter's property, but her daughter reported no knowledge of future plans made with her mother. A common strategy emerged for older mothers and their daughters which translated into putting off discussions of future plans until mothers needed help with activities of daily living (Carr, et al., 2013). Most mothers voiced that they felt confident that one of their children would provide care when needed. It appeared that many mothers felt confident of this at least in part because of comments made in casual conversation with adult children, such as when Meg told her mother she would never have to worry about living under a bridge.

The lack of discussion of future care plans in these dyads may be related to mothers' ages and their current health statuses. One exception, Janet, the oldest mother in this study, and her daughter, Leslie, were the only dyad to have a formal plan in place. This may reflect the increased risk for comorbidity of chronic diseases as mothers age. None of the dyads in which the mother was under 70 years of age had discussed future plans, which might indicate that future plans are not considered until mothers' functionality begins to decline (Silverstein, et al., 2006).

Implications for Future Research

Our study of older mothers and their adult daughters had limitations. This study was conducted by students with varying levels of experience and expertise, who were learning how to probe for participant information. This being said, our qualitative study, although not generalizable to the general population, highlights some interesting avenues for future investigations. As suggested in other research (Carr, et al., 2013; Sorenson & Zarit, 1996), few discussions occur regarding formal care plans and end-of-life needs of older parents. This lack of formal care plans may have consequences for individual and family well-being. For instance, when future

care plans are not verbalized, older mothers may be more vulnerable to poorer health outcomes by not having appropriate care when crises do occur.

The lack of clarity regarding future care plans between older mothers and their daughters as evidenced in this study may create tensions for mothers over time, even when they experience an emotionally close relationship with their adult daughters. From a life course perspective, both older mothers and their daughters may be reluctant to look at their future circumstances. Mothers may be hesitant to discuss future health constraints and daughters may be less inclined to consider future caregiving responsibilities (Pope, 2013). One potential outcome that may emerge is that the care that gets put into place is not the care that older mothers may have preferred. The results of this study suggest the importance of extending help to intergenerational pairs in order to help them specifically discuss their future care needs. This would be especially important for older mothers and their daughters as future care is most likely to be provided in the context of this relationship.

One interesting avenue for future qualitative and quantitative studies is the role of limited financial resources as a context for conversations regarding future care plans. As many dyads in this study had fewer financial resources, there may be a tendency to put off more formalized discussions about future care needs. Formal care may simply not be an option. Discussing the limits of family resources also may make these conversations more difficult.

Conclusion

This exploratory qualitative study was designed to gain a greater understanding of how older mothers and adult daughters perceive and exchange support and how relationship quality influences future care plans for mothers. The dyadic interviewing process was necessary in order to understand how future care may be understood and implemented from two different perspectives within the same family constellation. As the mother-daughter relationship typically is recognized as the strongest of family ties and is often relied upon for family care, our study underscored how future care plans are not discussed even among these dyads. Simply, older mothers are at risk for not receiving the care they desire or need when health declines. Our findings highlight a need within families and communities to make future care planning more of a priority to avoid negative outcomes for older women.

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