

PLANNING FOR LONG-TERM CARE: FILIAL BEHAVIOR  
AND RELATIONSHIP QUALITY OF ADULT CHILDREN  
WITH INDEPENDENT PARENTS

by

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(ABSTRACT)

This study is an investigation of the long-term care planning entered into by 170 adult children who had independent parents. A decision-making process with four stages was hypothesized. Sons and daughters entered into planning activities primarily at the "consideration" and "discussion" stages. This involvement proceeds along a sequence of stages with lower stage activities being completed before entering into more advanced stages. Minimal involvement from adult children in "preliminary planning" and "making final decisions" suggests the process does not continue unless independence is threatened. Age and family stressors positively influenced the likelihood that respondents gave consideration to future needs of their parents. The likelihood that discussion occurs between the generations was influenced negatively by family stressors and positively by personal authority. No variables were

significant for the "preliminary planning" and "final decision" stages. Application is made to educational and clinical practice.

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I dedicate this work to my parents, Calvin and Betty Bromley, who are truly "caregivers in the middle".

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Many adult children are faced with the question of what they should do for their parents when a parent becomes dependent and the question may be contemplated while the parent is still healthy and independent. Because behavior varies in individuals and families, there is no sure way to determine what adult children should do (Brody, 1985). Adult children may be concerned about the appropriateness of talking with their parent about the future, of taking responsibility for making decisions, of supporting their parent's decisions, and of assisting the parent when a request for help is implied or stated clearly. There is a lack of information about the extent to which families plan for and make decisions about long-term care while the older adult is still in good health and living independently.

This study addressed the following questions: Do adult children engage in a long-term care decision-making process while their parents are independent? If so, do any of the following variables affect their participation in these concerns: the quality of the emotional relationship between the adult child and the parents, the stressors/strains in the adult child's life, the perception of parental expectations, and the age or gender of adult children?



### Theoretical Background

The Bowenian family systems theory (1978) is important in understanding the emotional functioning of adults in their intergenerational family context. Since its formal introduction as a systems theory, its concepts have provided a basis for more recent theorizing as with Williamson and his conceptualization of Personal Authority in the Family System. As a set of interpersonal skills and interactional behavior patterns in the three-generation family, three concepts of individual functioning are believed to influence the quality of relationship between the first and second generations. Individuation refers to the differentiation of self (the separation of an individual's emotional and intellectual functioning) a person experiences in the context of interpersonal relationships. Fusion and individuation are at opposite poles. Intimidation and personal authority reflect opposite ends of a continuum with intergenerational intimidation descriptive of the interpersonal power parents have over their children and personal authority reflective of a redistribution of that power toward egalitarianism (Williamson, 1978, 1981, 1982). These concepts form the basis for adult children's affective relationship with their parents and are descriptive of their ability to be emotionally close yet

have separate personal identities from their parents.

Williamson stated that "there are few experiences with as much potential therapeutic power and impact as face-to-face humanization and renegotiation of the relationship with former parents while they are still alive" (1978, p.100). Such an assertion posits the need for the second generation, the adult children, to accomplish the task of a "new" family stage during their fourth decade of living. According to Williamson (1978), the primary task of the new stage is the termination of the hierarchical boundary or state of inequitable interpersonal power between adult children and their parents. Essential to the fulfillment of this stage is a review of who possesses the most interpersonal power in the family. Intergenerational intimidation is a manifestation of a power struggle based in fears of rejection and vulnerability and is intensified by a reluctance to accept the normal process of aging and death. Adult children may deny that long-term care needs may exist or may fear the reaction of their parents if the needs are mentioned. Likewise, parents may reject their children's efforts to assist them in planning for the future or may become overly dependent on their children for care and support.

### Previous Literature

Only a few researchers have investigated the long-term care decision making of adult children that precedes the onset of dependency needs in older parents. Adult children who were older, female, or black were more likely to agree with confronting issues that acknowledged a parent's dependency needs. Those in middle-class families appear to feel that discussing dependency issues is not appropriate (Lieberman, 1978). Hansson, Nelson, Carver, NeeSmith, and Dowling (1988) found that 85% of the adult children they surveyed had begun to think about elderly parent issues and concerns. Such thinking was stimulated most often by health crises, increased awareness of the risks of aging for the parent, and disruptions to the parent's status and relationship network. They found that adult children monitored their parent's life in response to the concern they had for their parent with more than half attending to the physical health needs of the parent. Only 10% of the respondents were not monitoring their parent in some way.

Hansson and associates (1988) also obtained responses to the question: What do you feel is the "right" or "best" time to begin sharing in or "involving" yourself in the decisions of your parents? The interventionist responses (i.e., when the need arises) outnumbered the non-

interventionist responses (i.e., when the parent asks for help) 69% to 26% for the adult children questioned.

Some researchers have considered dependency needs of older adults and the family's response to those needs as a continuum of needs and responses. Hansson et al. (1988) found that adult children's consciousness about their parent's needs progressed over time from thinking about the need, to learning about aging issues, and then to monitoring the parents in specific areas of concern. Gonyea (1987) used a process approach to examine the decision making of caregivers when considering institutionalization of elderly family members. She focused on the following: recognition of the institutionalization option, discussion of the option with other people, and implementation of the option through planning activities. These stages lead to the actual outcome of the decision, the placement of the older adult in an institution. Gonyea found that the perceived affective relationship was most predictive of the caregiver considering institutionalization, whereas the level of personal care needed by the parent influenced caregivers to discuss and implement plans for placement. In addition, male caregivers were more likely to engage in the implementation stage activities than were females.

Finally, other researchers have examined what influences family members to be involved in long-term care planning as the dependency needs of an older person increase. Gonyea (1987) found that the more distantly related the family member is from the elder, the more likely institutionalization will be discussed. Similarly, Stoller (1988) found that adult daughters were more likely than other relatives and friends to consider sharing a household with an older adult. The level of personal care required by the older person is also positively related to institutional placement (Gonyea, 1987).

The involvement of adult children with their parents around the parent's dependency needs appears to be related to the age and gender of the offspring, the affective relationship between the generations, and the level of need the parent has. The motivation for this involvement will be discussed by reviewing two additional qualities that appear to influence the intergenerational experience.

#### Filial Expectations

Personal authority as conceptualized by Williamson (1981), closely parallels Blenkner's (1965) description of filial maturity. Both concepts include a sense of filial responsibility which typically refers to the adult child's obligation or sense of duty to meet a dependent parent's need (Seelbach, 1978). Filial responsibility has recently

been thought of in terms of instrumental assistance and social support (Seelbach & Sauer, 1977). Shanas (1979) found that the household and personal care needs of older adults are usually met by their adult children when spouses are not available or able to do so. Older women who make many daily decisions for themselves have been found to be influenced by their daughters in major health and financial concerns (Pratt, Jones, Shin, Ladd & Walker, 1988). Parents also want emotional support and advice from their children (Blieszner & Mancini, 1986; Hamon & Blieszner, 1990). Other researchers have found that decisions about nursing home placement of elderly parents often become the responsibility of family members (Gonyea, 1987; York & Calsyn, 1977) with the decisions about long-term care typically being made at the time of a crisis (Brody, 1977). Moreover, older and widowed parents in poor health were more likely than younger and married parents to have greater expectations of their children to perform filial tasks (Seelbach, 1978).

The interplay between the generations around expectations and responsibilities affects the quality of relationship (Houser & Berkman, 1984; Quinn & Keller, 1983). Adult children's perception of their parents' expectation appears to define a portion of the intergenerational relationship while the degree of

dependency and intimidation that exists maintains the balance of power in the relationship (Williamson, 1981). The parents' expectations are perceptible to adult children through the implicit and explicit communication between them or within the larger family group. In the event of direct communication about dependency needs, adult children know what their parents expect of them. If direct discussion has not taken place between them, adult children are guided by what they think their parent wants or expects in the future which may put the quality of their relationship at risk.

#### Life Stressors

When considering the response of adult children to the future dependency needs of their parents, existing anxiety may increase as parents anticipate changes, as the adult children consider the eventual loss of parents, and as adult children confront concerns about their own aging. The adult children's current life stressors related to career, marriage, children, and health may add to the overall anxiety level. The pursuits of middle-aged adults may not coincide with the needs of their parents or their perceptions of what kinds of assistance their parents expect. Gerontological studies examining caregiving have revealed that competing demands from the life concerns of adult children take precedence over

filial responsibility and increase caregiver stress (Cantor, 1983; Cicirelli, 1983; Johnson, 1983; Stoller, 1983). Quinn (1983) has also suggested life stressors may negatively influence relationship quality and the fulfillment of filial responsibility between the generations.

Age was considered in this study because life responsibilities are assumed to increase throughout the years and Williamson (1978) posits that personal authority is achieved in midlife. Gender was examined as women are more likely to respond to filial expectations and become susceptible to multiple and competing roles (Brody, 1985).

#### Research Hypotheses

Five research hypotheses were used in the present study and apply to any type of involvement entered into by adult children. Hypothesis one was drawn from the Bowenian theoretical framework while the remaining hypotheses were derived from previous research.

Hypothesis One. Family systems theory suggests that personal authority and intergenerational intimidation exist at opposite ends of the same continuum and that intergenerational individuation is characteristic of the behavioral patterns present with personal authority (Bray, Williamson, & Malone, 1984). Therefore, adult children with a high degree of personal authority will be more



involved in long-term decision making than those with low personal authority; adult children with high intergenerational individuation will be more involved than those with low individuation; and adult children with low intergenerational intimidation will be more involved than those with high intimidation.

Hypothesis Two. Involvement in long-term decision making will be inversely related to the amount of stressors in the family of the adult child.

Hypothesis Three. Sons or daughters who perceive a high degree of parental expectation for help and support will demonstrate lower levels of involvement than those who perceive low parental expectations.

Hypothesis Four. Female adult children will perceive more expectations for help from their parents and will be more involved than male adult children.

Hypothesis Five. Age will be positively related to involvement in planning activities.

## Methods

### Respondents

One hundred seventy adult children from the Plattsburgh area of New York participated in this exploratory study. A random and convenience sample was selected by a two-stage process that combined features from Dillman's (1978) probability design for survey

research and convenience sampling techniques to identify 25 potential respondents in each of eight groups formed by age (20-29, 30-39, 40-49, 50-59) and gender (male, female).

Potential respondents were identified in three ways: random household selection from the Plattsburgh telephone directory (44% of sample); referral contacts from telephone and personal contacts (35% of sample); and personal contacts (20% of sample). It was initially determined if the potential respondents were eligible (if they were between 20 and 59 years of age and had at least one living parent who was independent for his or her own personal care) and willing to participate in the study. This process produced 207 individuals who were willing to receive survey packets (refer to Table B-1).

In the second stage, survey packets were distributed by mail or in person to those who were willing to be involved. A reminder postcard was mailed to the participants approximately one week after the packet was mailed. The sampling, screening, and data collection began in June, 1989 and ended in November, 1989. Overall, 82.1% of the surveys distributed were returned and analyzed with 64% and 97% of the completed surveys being returned from the random and convenience subsamples respectively.

Adult-child respondents were between 20 and 59 years of age, with an overall mean age of 39 years. The parents of the respondents were between 45 and 89 years of age with a mean age of 67.5 years.

The 91 women who responded were slightly younger (38.6 years) than the 79 men (39.5 years) who returned surveys. The 20-29 and 50-59 year old groups represent 21.2% and 18.8% of the total sample, respectively, and the 30-39 and 40-49 year old respondents comprise 30.6% and 29.4% respectively.

The majority of men and women who responded to the survey were married (75.9%). The others were separated or divorced (10%), had never been married (13.5%), or were widowed (.6%). A high percentage of adult children were employed full-time with more men (87.3%) than women (74.7%) working 30 or more hours a week and more women (12.1%) than men (8.9%) employed fewer than 30 hours per week. Overall, 8.8% of the sample was not employed with more women being unemployed (13.2%) than men (3.8%). The annual household income for the respondents was less than \$10,000 for 7.3%, more than \$70,000 for 7.9%. The median income category was the \$30,00 to \$39,000 income bracket.

The average number of years of education was 15.2 with the women and men differing by less than one year of education completed. Almost 21% had 12 or less years of

education; 45.9% had attended or completed college; and 35.5% had post-graduate education. The respondent group was almost exclusively white (97.6%) but was almost equally divided between two religious categories (Catholic - 43.2% and Protestant - 42.6%). The adult children were comparable to the Plattsburgh (city and town combined) population racially but had a higher percentage of married individuals. There were more females than males in the sample which differed from the general population where there are slightly more men than women (U.S. Bureau of the Census, 1980) (refer to Table B-2).

#### Measurement

The survey booklet was constructed along Dillman's (1978) guidelines for mail survey instruments with special attention given to sequence of questions, format of answer choices, and physical characteristics and design. The measure of long-term care planning was operationalized and hypothesized to be a Guttman-like scale of a decision-making process with four stages: consideration, discussion, preliminary planning, and making a final decision (Gonyea, 1987). Dichotomous response choices (Yes=1, No=0) were summed across items to produce a score that ranged from 0 to 4. Looking at the distribution of yes/no responses over the four items, five patterns were hypothesized in the Guttman scaling (refer to Table B-3).

The response pattern of each respondent was compared to the five patterns. This revealed errors of reproducibility in 11 cases (respondent's pattern did not match any of the five theoretical/hypothesized scale patterns) or .065 of the total sample (N=169). The coefficient of reproducibility was computed at .935 and exceeded the desired coefficient of .90 that is conventionally required as evidence of an adequate fit of the scale model to the data (Upshaw, 1968). This outcome supports the conceptualization of the dependent measure as a Guttman-like scale.

The adult children's reports of the quality of relationship with their parents were obtained by using three subscales from the Personal Authority in the Family System Questionnaire (PAFS-Q) developed by Bray, Williamson, and Malone (1984). The subscale ranges and their norms based on a non-clinical group were: intergenerational individuation/fusion (8 to 40,  $\underline{M}$ =29.53,  $\underline{SD}$ =5.25), intergenerational intimidation (29 to 145,  $\underline{M}$ =98.55,  $\underline{SD}$ =24.87), and personal authority (18 to 63,  $\underline{M}$ =42.13,  $\underline{SD}$ =8.03). The scales were used after making minor modifications in wording (e.g., changed mother or father to your parent) to fit the study and make the questions less wordy.

In the present sample of adult children, the Cronbach's alphas for the scales were as follows: intergenerational fusion/individuation .67; intergenerational intimidation .91; and personal authority .72. The average scores on the emotional relationship scales for the entire sample were as follows: intergenerational individuation,  $M=30.31$ ,  $SD=5.26$  ; intergenerational intimidation,  $M=109.96$ ,  $SD=16.84$  ; personal authority,  $M=44.21$ ,  $SD=8.20$ .

The adult children's perception of their parent's filial expectations was measured with a set of filial responsibility items derived from the work of Hamon (1988), Seelbach & Sauer (1977), Brody, Johnsen, Fulcomer & Lang (1983), and Quinn (1983). The filial responsibility scale consists of 16 items that have a 4-point likert-type response format to indicate if there is agreement or disagreement with the statements. The adult child's score of "perceived filial expectations of parents" can range from 16 to 64. Adult children in Hamon's (1988) subjects endorsed the 16 filial responsibility items with individual means that ranged from 2.29 to 3.49 (higher scores indicates more agreement with items) and the standard deviations ranged from .52 to .82. Internal consistency (Cronbach's alpha) measures for the items in Hamon's study and this sample of adult

children were both .86. In this study, the average parental expectation perceived by the respondents was 46.19 (SD= 6.27).

Family stressors and strains in the lives of the adult-child respondents were assessed with two scales that record the life events and changes which can leave a family vulnerable to the impact of future crises or transitions. The stressor event (A) and the pile-up demands (AA) created by the crisis situation are derived from the T-Double ABCX Model conceptualized by McCubbin and Patterson (1983). Each scale consists of 10 dichotomous weighted items with the Family Stressors scores ranging from 0 to 50.1 and Family Strains scores ranging from 0 to 41.8 (McCubbin, 1987). Normative data across the span of family-life stages are from M=10.0 to 11.0, SD=8.0 to 9.0 (Family Stressors) and from M=4.0 to 11.0, SD=3.0 to 9.0 (Family Strains).

In the current study, the mean family stressors score was 18.01 (SD=11.22) whereas the mean family strains score was 10.22 (SD=9.13). Cronbach's alpha was .64 for the Family Stressors scale and .69 for the Family Strains scale.

## Results

Dependent Variable

Descriptive statistics provide a general picture of the activities of the adult children who participated in this study. Table 1 depicts the percentage of adult children who entered into the long-term care planning activities of thinking about, discussing, making preliminary plans, and making final decisions. The majority of respondents (81%) said that they had thought about the future dependency needs of their independent parent and 68.8% indicated they had given the subject "some" or "a lot" of thought. The percentage of adult children who entered into discussion with their parents dropped to 39.1%. Preliminary plans and final decisions were made by 13.5% and 12.5% respectively of the respondents in collaboration with their parents. A few adult children (2.8%) did preliminary planning without the parent and a small group (6.6%) of respondents made final decisions without including their loved one.

When the scale score was computed for the adult children, the average score ( $\underline{M}$ =1.46,  $\underline{SD}$ =1.10) indicated the respondents were between the consideration stage and the discussion stage. The female adult children scored slightly higher ( $\underline{M}$ =1.51) than the male offspring ( $\underline{M}$ =1.41). The highest percentage of respondents scoring



zero on the long-term care planning scale came from the 20 to 29 age group whereas the 50 to 59 year old respondents had the greatest percentage of scores at level one. The 30 to 39 year olds scored at level two and four more than any other age groups while the 40 to 49 year old respondents were the predominant group scoring at level three (see Table 2).

#### Independent Variables

Two groups of variables were hypothesized as important in predicting long-term care planning among adult children. The adult child's perception of parental expectations and the recent experience of family stressors and family strains in the adult child's life were considered dynamic relationship qualities. Emotional relationship qualities were the levels of intergenerational intimidation, individuation, and personal authority of the adult children in relationship to their parents. Age and gender were also independent variables in the study.

Dynamic relationship qualities. Descriptive statistics indicate that the 50 to 59 year old group perceived the highest amount of parental expectations with daughters slightly higher than sons. Sons in their 20's and 40's perceived higher expectations from their parents than daughters of the same age groups.

The greatest amount of family stressors was reported by daughters and sons in the 20 year old group as compared to other age groups. Daughters in their 40's reported more family stressors than sons in the same age group. Daughters in their 20's reported more family strains than other women and more than their male counterparts. Sons in their 40's reported more strains than women of the same age (see Tables 3 and 4).

Emotional relationship qualities. Intergenerational individuation was highest in the 30 to 39 year old group for sons and daughters. Sons were slightly more individuated than daughters in three of the four age groups. Intergenerational intimidation was highest among the 20 year old children and decreased with age. Sons were generally less intimidated by their parents than were daughters except in the 50 to 59 year old group. Personal authority was highest among the 30 year old daughters and the 50 year old sons. Sons scored higher than daughters in all but the 30 to 39 year old group (see Tables 3 and 4).

#### Pearson Correlations

Pearson correlations between all of the independent variables and dependent variable show several significant relationships (see Table 5). The dependent variable, long-term care planning involvement, was most highly correlated

with personal authority and age. As personal authority increases so does the amount of long-term care planning involvement increase. Increased involvement was also positively related to an increase of age of the adult children. Perceived expectations of parents and intergenerational individuation were also positively correlated with the level of long-term care planning.

Intercorrelations of the independent variables revealed significant positive correlations between family stressors and family strains, perceived parental expectations and family stressors, intergenerational individuation and personal authority, and perceived parental expectations and personal authority. The family strains variable was significantly and negatively correlated with age, intergenerational individuation, and personal authority.

Intergenerational intimidation was significantly correlated with several variables. As perceived parental expectations and family strains increase intergenerational intimidation increases. In contrast, as age and intergenerational individuation increases, intergenerational intimidation decreases. Also, gender was significantly correlated with intergenerational intimidation with males experiencing less intimidation than females.

The Pearson correlations computed for the eight independent variables indicated that they are not highly correlated with each other. These results confirm the assertion of Bray et al. (1984) that intergenerational individuation/fusion, intergenerational intimidation, and personal authority are independent scales and measure different properties of family relationships in PAFS-Q. Similarly, McCubbin (1987) included the Family Stressors and Family Strains scales in the Family Index of Regenerativity and Adaptation - General (FIRA-G) as separate indices of family functioning.

#### Analysis of Variance

Analysis of Variance was used to determine if the variables differed for age and gender (see Table 6). Only intergenerational intimidation was significant for the different age groups represented. Post-hoc analysis (Newman Keul's Test) indicated that the 20 to 29 year age group was significantly more intimidated in their relationship to their parents than the three other age groups.

#### Analyses and Tests of Hypotheses

Multiple regression analyses were conducted for two sets of long-term care planning scores in order to identify variables that are helpful in explaining this filial behavior (see Table 7). The first analysis

included scores with reproducibility errors, and the second procedure was conducted after omitting scores that contained errors. Omitting cases with errors yielded an analysis of the scores that more accurately matched the Guttman-like scale model.

The overall regression model accounted for 15.0% of the variation in long-term care planning with the reproducibility errors included. Personal Authority and age were statistically significant and positively related to long-term care planning. The overall regression model accounted for 14.2% of the variance in the outcome measure when the reproducibility errors were excluded. Only Personal Authority was significant and positive in these cases. However, Perceived Parental Expectations and Age approached significance at  $p=.068$  and  $p=.076$  respectively.

Logistic regression analyses for dichotomous data were completed to determine which independent variables from the multiple regression model contributed to the various stages of the long-term care planning process as the effects of the independent variables were not assumed to be constant across all stages of involvement. The results appear in Table 8. None of the indicators of relationship quality influenced the likelihood that respondents gave consideration to future needs of their parents. Age and family stressors were statistically

significant in the proposed model for the "consideration" stage, however. The  $\text{Coeff./SE}$  is analogous to a  $t$ -test for each variable and should not drop below 2.0 in order for the variable to be considered useful in the model (Walsh, 1987). Age and Family Stressors fit this criterion with  $R=.1133$ ,  $p<.05$  and  $R=.1928$ ,  $p<.05$  respectively. The likelihood that discussion occurs between the generations was influenced by family stressors ( $R=-.1059$ ,  $p<.05$ ) and personal authority ( $R=.2013$ ,  $p<.05$ ) as each were significant and the  $\text{Coeff./SE}$  for each was larger than 2.0.

Analysis of the model at the preliminary planning and final decision stages did not reveal any significant predictor variables. The Model Chi-Square is comparable to the  $F$ -test in multiple regression and is significant for the consideration and discussion stages only. This statistic indicates whether the coefficients for all of the terms in the model are significantly different from zero. The Goodness of Fit Chi-Square indicates whether the difference between the expected distribution of cases using the model and the actual distribution of cases is significant (Walsh, 1987). It is desirable that the difference be non-significant for all stages which is the case, although the strongest fit exists at the consideration stage. This statistic has little meaning

about the distribution of cases as there is very little variation to explain at the decision and planning stage.

Hypothesis One. Adult children with a high degree of personal authority will be more involved in long-term care decision making than those with low personal authority; adult children with high intergenerational individuation will be more involved than those with low individuation; and adult children with low intergenerational intimidation will be more involved than those with high intimidation. One part of this hypothesis was supported as personal authority was found to be significant and positively influenced the planning process and especially at the discussion stage.

Hypothesis Two. Involvement in long-term decision making will be inversely related to the amount of stressors in the family of the adult child. This was supported as the amount of family stressors was significantly and negatively related to involvement at the discussion stage. However, at the consideration stage, the influence of the variable was reversed.

Hypothesis Three. Sons or daughters who perceive a high degree of parental expectation for help and support will demonstrate lower levels of involvement than those who perceive low parental expectations. This was not supported but did approach significance for respondents

who moved sequentially from one stage to another. The contribution of the variable did not suggest an inverse relationship to involvement as expected.

Hypothesis Four. Female adult children will perceive more expectations for help from their parents and will be more involved than male adult children. This was not supported as men and women did not differ significantly on this variable and gender was not significantly related to involvement in the planning process.

Hypothesis Five. Age will be positively related to involvement in planning activities. This was supported as age was significantly related to involvement and was significant at the consideration stage.

#### Discussion

This study provided initial data about one aspect of the filial behavior of adult children who have healthy parents. Specifically, the results show that this group of adult children who each had at least one independent parent had become interested and involved in the possible future dependency needs of their parents. This involvement was primarily limited to consideration of future parental needs by the adult children with some discussion of possible options taking place. These findings are similar to those of Hansson et al. (1988) that suggest adult children are attentive to their



parent's developing health needs.

Relatively few adult children reported that they had made preliminary plans or finalized decisions about long-term care with their parent. Previous research has not identified what adult children do when they become concerned about future dependency needs and the long-term care needs of their independent parents. However, researchers and practitioners seem to agree that final preparations for long-term care are made when the needs exist and independence is lost (Brody, 1985).

This involvement was conceptualized after Gonyea's (1987) institutionalization decision-making process and was hypothesized to consist of four sequential stages with lower stage activities being completed before more advanced stages are entered into. The present results indicate that more advanced stages of involvement were entered into by progressively fewer adult children. Furthermore, this group of adult children did fulfill the sequential pattern of thinking, talking, planning, and deciding about possible future needs to a degree that supports Gonyea's conclusion that a decision-making process is followed when long-term care plans are made. This information provides a description of how adult children approach their concerns about their independent parents.

The low participation of adult children at the stages of more intense involvement (planning and deciding) suggests the process does not proceed continuously to these levels while the parent is still independent. The independent status of the parents in this study is important as it provides the overall context for interpreting the respondents' behavior. Without an apparent health crisis in the parent's life or the accumulated strain in the adult child's life from providing personal care, decisions are not precipitated. The independent status of the parent would not present the crisis or last-resort conditions researchers have commonly found to be associated with final long-term care decisions (Brody, 1985; York & Calsyn, 1977).

#### Significant Variables

The outcome of the regression analyses indicates the importance of age, family stressors, and personal authority in predicting the nature of long-term care decision-making. The influence of these variables changes at the various stages of the decision-making process.

Age. The age of adult children was hypothesized to be positively related to their involvement in long-term care decision-making. This hypothesis was supported by the present results and are consistent with Lieberman's (1978) findings which suggest older adult children are

more likely to become involved in the overall process than younger sons and daughters. More specifically, younger adult children were less inclined to think about the possible future needs of their parents than older adult children. This may be a result of their parents being younger and appearing less vulnerable to health problems that promote thinking about long-term care issues. Older adult children may think about such concerns as their parents have aged and are more likely to be encountering serious health concerns themselves or have friends that are. Both interpretations suggest that the age of the parent may be an important intervening variable to consider.

Younger adults may be so absorbed in their own personal pursuits of career or family that their parent's needs are not recognized. More generally, age may determine the adult child's recognition of such possible future events as individual (generativity vs. self-absorption) or family (launching children and moving on) life-cycle stages are fulfilled (Carter & McGoldrick, 1980; Erikson, 1980).

Family Stressors. Changes or transitions in the life of adult children or their family members during the past 12 months constitute family stressors. It was hypothesized that family stressors would be negatively

related to the involvement of adult children in long-term care decision-making. This variable did not contribute significantly to the prediction of the overall level of involvement of adult sons and daughters. However, adult children with more family stressors were more likely to give consideration to future dependency concerns, but those with fewer stressful life events occurring in their families were more likely to enter into discussion with their parent. These results support the inclusion of family stressors in a model to explain long-term care decision-making and indicate the specific effect of family stressors on different stages of involvement.

These results suggest that older adult children who are experiencing family stressors may think about changes their parent might experience. These thoughts may extend to sons and daughters considering how the changes will affect them. On the other hand, the presence of family stressors in the adult child's own life may distract a son or daughter from discussing a parent's future needs as their own more immediate needs require attention and energy. Family stressors may represent a form of competing demands (e.g., marital/employment status) that have been found to be significantly related to caregiving activities (Cicirelli, 1983; Stoller, 1983). Career and employment changes, moving to a new home, and serious

illness or injury were reported as the most commonly occurring family stressors.

Personal authority. From a Bowenian family systems theory perspective, it is consistent that age, family stressors, and personal authority combine as the most useful indicators of long-term care planning by adult children with healthy parents. It is also important to examine intergenerational individuation and intergenerational intimidation, which were not significant variables, in this discussion of personal authority.

As a measure of the quality of relationship between the younger and older generations, it was hypothesized that personal authority would be positively related to long-term care decision-making. Personal authority was the only relational quality that contributed significantly to the prediction of the respondent's involvement. As personal authority in the lives of adult children increased, their overall involvement also increased. This quality was especially important at the discussion stage and it appears that as personal authority increased the likelihood of discussion taking place also increased. Entering into discussion seems to occur when adult children have reached a point that they see themselves as an equal with their parent. The egalitarian nature of the relationship contributes to a sharing of power that was

previously held by the parent. It allows the adult child to openly negotiate issues of support and responsibility without being psychologically bound by obligation or indebtedness to an aging parent (Williamson, 1981).

Intergenerational individuation was not found to be a predictor of long-term care planning involvement by adult children, however, it was significantly and positively correlated with personal authority. This suggests that the process of differentiating one's emotional and intellectual responses in close interpersonal relationships and thereby being individuated may be related to achieving personal authority which does predict the long-term care planning involvement of adult children. The positive relationship found between intergenerational individuation and personal authority in this study supports the view that personal authority and emotional differentiation do exist together (Williamson).

Williamson (1981, 1982) posits that personal authority is achieved during the fourth and fifth decades of life or when individuals are in their 30's and 40's. The attainment of personal authority is regarded as an ending of intergenerational intimidation whereby the adult child feels a decreased fear of parental rejection, reluctance to acknowledge the normal process of aging and death, and denial of a parent's vulnerability to illness.

In the present study, age and intergenerational intimidation were significantly correlated and the 20 to 29 year olds were significantly more intimidated in their relationship with their parents than those above 30 years old. The data did not show that personal authority increased significantly with age but did indicate that intimidation decreased with age which would theoretically make an increase in personal authority more likely as people get older (Williamson, 1981).

Personal authority and intergenerational intimidation are posited by Bray et al. (1984) as being at opposite ends of a continuum thereby implying an inverse relationship should exist between them. The present data did not reveal a significant correlation which suggests they may be independent constructs. The theoretical implication is that the achievement of personal authority may not be related to the termination of intergenerational intimidation as theorized.

The relationship between intergenerational intimidation and intergenerational individuation should be mentioned as they are significantly correlated. Adult children who reported increased individuation reported decreased levels of intimidation which suggests they are conceptually related as Williamson (1981) implied. It appears from this data that individuation is related to

the process of experiencing emotional intimidation or emotional equality with others.

Personal authority and family stressors were not significantly correlated in this study although each contributed to the prediction of long-term care planning. The amount of family stressors (life events) reported in this sample approached significance for the age group variable and appeared to be highest among the youngest respondents. These results indicate that personal authority does not automatically develop with age and the experiences of life. If maturing adults who develop an increased social intimacy network outside the family, resolve vocational/financial questions of responsibility, and identify with roles their parent has lived through regard themselves as equals with their parents (Williamson, 1981), it may be a result of the person's response or adjustment to the life events they have experienced. Such an evaluation of a person's adjustment to life events was not possible with the family stressors measure used in this study as it only identified the presence of the life events.

Overall, personal authority contributes to an understanding of long-term care planning involvement by adult children. However, more conceptual work is needed to understand how intergenerational individuation and



intergenerational intimidation contribute to personal authority in the context of long-term care planning.

#### Application of Findings

Application of the these findings to long-term care planning in families may best be done in a clinical or psycho-educational setting based on the work of Williamson (1981, 1982). If adult children want to know that their parent will be provided for in the future or clarify what role they will have with their parent, they may be aided by the resolution of any relationship issues that exist with their parent. Therapists or group facilitators may provide adult children direction for increasing their feeling of personal authority and address long-term care planning in the process. The consultation may be provided in an individual or group setting. The activities would be best suited for adult children in their 30's and 40's who are likely to have met the preconditions for achieving personal authority as described above. The process described below may assist the adult child in moving toward personal authority, discussing the parent's future health needs, and empowering both generations to continue refining their discussions and decisions as needs develop.

1. Adult children describe as an informal story the present physical and emotional health of family members in all three generations with special attention to the

parent's health.

2. Adult children write an informal autobiography that highlights the development of their perception of the parent(s) over the years and the traditional patterns of relating together. Special attention should be given to the developments that coincide with transitions in the parent's life and their own life.

3. Adult children review current communication patterns with their parent by examining cards, gifts, letters, and notes of personal or phone conversations. This provides a picture of how family business between the generations is transacted. Special focus should be given to how information about loss, change, and responsibilities is communicated.

4. Adult children record audio-taped letters to their parent(s) as imaginary face-to-face conversations. They are to talk to each parent about the current status of their relationship. When the tapes are reviewed by the consulting therapist or teacher, the adult child is asked to explain what has been said to the parent and what it means. Special attention should be given to how health concerns affect the current relationship.

5. Adult children engage their parent in direct conversation (by phone or in person) to obtain information about the parent's personal life from their earliest

memories to the present time. Topics should include the parent's family of origin experience, marriage, successes and failures, significant losses, and the remaining years of life and the eventual death. This step should make the parent visibly human before their son or daughter and help solidify a peer relationship.

6. Adult children involve their parents in direct conversation (by phone or in person) informing them they are concerned about the parent's future dependency needs and long-term care planning. The parents are invited by their son or daughter to share information about their own desires, planning, and perspective of the issue. Of necessity, the adult child should be alert to grief from either generation, manipulation, implicit agreements or covert loyalties, and intimidation from the parent. Alternatives for long-term care of the man or woman who was formerly a dependable parent are considered with as much humor and playfulness as can be appreciated and tolerated by all involved.

#### Conclusion

This research focused on the long-term care planning of adult sons and daughters who have healthy parents. Their involvement was generally limited to considering and discussing long-term care needs, and the variables that predict this involvement are age, family stressors, and

personal authority. A family systems perspective was used as a basis for proposing an intervention model for professionals to guide adult children toward achieving personal authority and facilitating long-term care planning.

Future research in this area might include additional variables such as geographic proximity between the adult children and their parents, involvement of siblings, and details of the parents' lifestyle (economic level, interpersonal relationships, and emotional functioning). The age of the adult child's parent should also be considered in future studies as it is probably related to the status characteristics of the parent.

Longitudinal research designed to track the completion of various planning stages relative to the health status of the parent and development of personal authority in adult children compared with the changes in the parent's health would be useful and provide an important perspective. In addition, a sample of adult children with more diversity than this sample and providing a comparison group of adult children with unhealthy parents would be recommended.

## References

- Blenkner, M. (1965). Social work and family relationships in later life with some thoughts on filial maturity. In E. Shanas & G. F. Streib (Eds.), Social structure and the family: Generational relations (pp. 46-59). Englewood Cliffs, NJ: Prentice-Hall.
- Blieszner, R., & Mancini, J.A. (1987). Enduring ties: Older adults' parental role and responsibilities. Family Relations, 36, 176-180.
- Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson.
- Bray, J. H., Williamson, D. S., & Malone, P. E. (1984). Personal authority in the family system questionnaire manual. (Available from James H. Bray, Texas Woman's University, 1130 M.D. Anderson Blvd., Houston, TX.)
- Brody, E. M. (1977). Long-term care of older people. New York: Human Science Press.
- Brody, E. M. (1985). Parent care as a normative family stress. The Gerontologist, 25, 19-29.
- Brody, E.M., Johnsen, P.T., Fulcomer, M.C., & Lang, A.M. (1983). Women's changing roles and help to elderly parents: Attitudes of three generations of women. Journal of Gerontology, 38, 597-607.

- Cantor, M. H. (1983). Strain among caregivers: A study of experience in the United States. The Gerontologist, 23, 597-604.
- Carter, E. A., & McGoldrick, M. (1980). The family life cycle and family therapy: An overview. In E. A. Carter & M. McGoldrick (Eds.), The family life cycle: A framework for family therapy (pp. 3-20). New York: Gardner Press.
- Cicirelli, V. G. (1983). A comparison of helping behavior to elderly parents of adult children with intact and disrupted marriages. The Gerontologist, 23, 619-625.
- Dillman, D. A. (1978). Mail and telephone surveys: The total design method. New York: John Wiley & Sons.
- Erikson, E. H. (1980). Identity and the life cycle. New York: W. W. Norton and Company.
- Gonyea, J. G. (1987). The family and dependency: Factors associated with institutional decision-making. In R. Dobrof (Ed.), Gerontological Social Work with Families (pp. 61-77). New York: Haworth Press.
- Hamon, R. R., & Blieszner, R. (1990). Filial responsibility expectations among adult child - older parent pairs. Journal of Gerontology, 45, 110-112.

- Hansson, R. O., Nelson, R. E., Carver, M. D., NeeSmith, D. M., & Dowling, E. M. (1988, July). Adult children with frail elderly parents: When to intervene?. Paper presented at the fourth International Conference on Personal Relationships, Vancouver, British Columbia.
- Houser, B. B., & Berkman, S. L. (1984). Aging parent/mature child relationships. Journal of Marriage and the Family, 46, 295-299.
- Johnson, C. L. (1983). Dyadic family relations and social support. The Gerontologist, 23, 377-383.
- Lieberman, G. L. (1978). Children of the elderly as natural helpers: Some demographic differences. American Journal of Community Psychology, 6, 489-498.
- McCubbin, H. I. (1987). Family index of regenerativity and adaptation - general. In H. I. McCubbin & A. I. Thompson (Eds.), Family assessment inventories for research and practice (pp. 285-302). Madison, WI: University of Wisconsin - Madison.
- McCubbin, H. I., & Patterson, J. M. (1983). Stress: The family inventory of life events and changes. In E. E. Filsinger (Ed.), Marriage and family assessment: A sourcebook for family therapy (pp. 275-297). Beverly Hills, CA: Sage Publishing.

- Pratt, C. C., Jones, L., Shin, H., Ladd, L., & Walker, A. (1988, November). Decisionmaking among single older women and their caregiving daughters. Paper presented at the 41st Annual Scientific Meeting of the Gerontological Society of America, San Francisco, CA.
- Quinn, W. H. (1983). Personal and family adjustment in later life. Journal of Marriage and the Family, 45, 57-73.
- Quinn, W. H., & Keller, J. F. (1983). Older generations of the family: Relational dimensions and quality. The American Journal of Family Therapy, 11, 23-34.
- Seelbach, W. C. (1978). Correlates of aged parents' filial responsibility expectations and realizations. The Family Coordinator, 27, 341-349.
- Seelbach, W. C., & Sauer, W. (1977). Filial responsibility expectations and morale among aged parents. The Gerontologist, 17, 492-499.
- Shanas, E. (1979). The family as a social support system in old age. The Gerontologist, 19, 169-174.
- Stoller, E. P. (1983). Parental caregiving by adult children. Journal of Marriage and the Family, 45, 851-858.



- Stoller, E. P. (1988). Long-term care planning by informal helpers: Likelihood of shared households and institutional placement. The Journal of Applied Gerontology, 7, 5-20.
- U.S. Department of Commerce, Bureau of the Census. (1980). Census of populations, households, and housing characteristics, Plattsburgh city and town data (computer printout at Plattsburgh SUNY). Washington, DC: U. S. Government Printing Office.
- Upshaw, H. S. (1968). Attitude measurement. In H. M. Blalock & A. B. Blalock (Eds.), Methodology in social research (pp. 60-111). New York: McGraw-Hill.
- Walsh, A. (1987). Teaching understanding and interpretation of logit regression. Teaching Sociology, 15, 178-183.
- Williamson, D. S. (1978). New life at the graveyard: A method of therapy for individuation from a dead former parent. Journal of Marriage and Family Counseling, 4, 93-101.
- Williamson, D. S. (1981). Personal authority via termination of the intergenerational hierarchical boundary: A "new" stage in the family life cycle. Journal of Marital and Family Therapy, 7, 441-451.

Williamson, D. S. (1982). Personal authority via termination of the intergenerational hierarchical boundary: Part II - The consultation process and the therapeutic method. Journal of Marital and Family Therapy, 8, 23-37.

York, J. L., & Calsyn, R. J. (1977). Family involvement in nursing homes. The Gerontologist, 17, 500-505.

Table 1

## Percent Reporting Activity at Stages of Planning

Long-Term Care Planning Stage	<u>n</u> Responding to Item	% Yes
Thought About	170	81.2
A Lot		26.8
Some		58.0
Very Little		15.2
Discussed With Parent	169	39.1
Preliminary Planning		
With Parent	170	13.5
Alone	141	2.8
Made Final Decision		
With Parent	168	12.5
Alone	151	6.6

Table 2

## Long-Term Care Planning Scores for Age Groups

Score	Age Groups			
	20 to 29	30 to 39	40 to 49	50 to 59
	(n=35)	(n=52)	(n=50)	(n=32)
Zero	34.3	17.3	10.0	12.5
One	42.9	36.5	42.0	50.0
Two	20.0	26.9	26.0	15.6
Three	0.0	9.6	18.0	12.5
Four	2.9	9.6	4.9	9.4

Note. N=169. Table entries are percentages within age groups.

Table 3

## Descriptive Statistics of Independent Variables - Females

Variable	Age Groups			
	20 - 29 (n=22)	30 - 39 (n=25)	40 - 49 (n=27)	50 - 59 (n=17)
<b>Intimidation <sup>a</sup></b>				
<u>M</u> , <u>SD</u>	99.2,18.0	110.5,15.3	107.9,16.2	115.3,12.7
Range	69-135	84-133	71-136	96-138
<b>Personal Authority</b>				
<u>M</u> , <u>SD</u>	42.7,8.0	45.4,9.8	43.3,8.5	43.6,6.7
Range	26-62	20-63	25-58	30-58
<b>Individuation</b>				
<u>M</u> , <u>SD</u>	28.5,6.1	32.4,5.7	28.5,5.5	30.2,5.3
Range	19-37	17-39	16-38	19-37
<b>Parent Expectation</b>				
<u>M</u> , <u>SD</u>	45.0,5.6	45.8,6.2	46.1,6.2	48.1,6.4
Range	30-55	36-60	37-59	40-60
<b>Stressors</b>				
<u>M</u> , <u>SD</u>	21.1,9.4	16.5,10.9	18.4,14.6	19.5,9.1
Range	0-35.9	0-44.2	0-50.1	4.3-34.2
<b>Strains</b>				
<u>M</u> , <u>SD</u>	13.9,8.4	8.6,8.5	9.5,10.3	9.1,8.6
Range	0-30.3	0-28.2	0-41.8	0-23.7

Note. Total N=91.

<sup>a</sup> Low score means more intimidation

Table 4

## Descriptive Statistics of Independent Variables - Males

Variable	Age Groups			
	20 - 29 (n=14)	30 - 39 (n=27)	40 - 49 (n=23)	50 - 59 (n=15)
<b>Intimidation <sup>a</sup></b>				
<u>M, SD</u>	108.4,17.2	110.1,14.6	117.3,14.4	113.9,23.3
Range	83-139	73-134	85-141	50-139
<b>Personal Authority</b>				
<u>M, SD</u>	44.0,8.9	44.3,5.7	44.7,9.0	46.1,9.8
Range	30-61	36-57	28-61	27-58
<b>Individuation</b>				
<u>M, SD</u>	30.1,4.7	31.7,4.5	30.3,4.6	30.7,4.3
Range	23-37	21-38	21-37	21-36
<b>Parent Expectation</b>				
<u>M, SD</u>	48.6,6.4	45.1,5.4	44.9,6.1	48.0,8.4
Range	36-58	36-57	29-57	28-60
<b>Stressors</b>				
<u>M, SD</u>	22.5,8.6	15.2,10.1	14.5,11.1	19.9,12.5
Range	4.1-39.3	0-44.3	0-40.8	0-41.6
<b>Strains</b>				
<u>M, SD</u>	11.0,4.9	10.9,10.0	11.6,9.4	6.2,10.0
Range	4.5-20.7	0-33.9	0-33	0-36.5

**Note.** Total N=79.

<sup>a</sup> Low score means more intimidation.

Table 5

## Intercorrelations of Independent and Dependent Variables

Variable	1	2	3	4	5	6	7	8	9
1. Parent Expectation		-.01	<u>-.24</u>	<u>.17</u>	<u>.20</u>	-.01	.05	.01	<u>.17</u>
2. Intergen. Individuation			<u>.16</u>	<u>.31</u>	-.03	<u>-.17</u>	.00	.09	<u>.16</u>
3. Intergen. Intimidation <sup>a</sup>				.08	.01	<u>-.16</u>	<u>.24</u>	<u>.14</u>	.04
4. Personal Authority					-.05	<u>-.16</u>	.05	.05	<u>.32</u>
5. Family Stressors						<u>.32</u>	-.07	-.07	.00
6. Family Strains							<u>-.17</u>	-.00	-.09
7. Age								.04	<u>.19</u>
8. Gender									-.04
9. LTC Planning Score									

Note. Correlations significant at  $p < .05$  are underscored;  $N=170$ .

<sup>a</sup> Low score means more intimidation.

Table 6

## Analysis of Variance of Predictor Variables

Variable	Sex (S)	Age		Within
		Group (AG)	S X AG	
<b>Intimidation</b>				
MS	666.08	839.18	332.46	267.41
F	2.49	3.14*	1.24	
<b>Personal Authority</b>				
MS	41.43	21.97	22.19	69.17
F	.60	.32	.32	
<b>Individuation</b>				
MS	25.33	64.27	12.64	26.90
F	.94	2.39	.47	
<b>Parent Expectation</b>				
MS	5.75	60.49	48.13	39.13
F	.15	1.55	1.23	
<b>Stressors</b>				
MS	26.18	311.85	53.33	124.36
F	.21	2.51	.43	
<b>Strains</b>				
MS	5.40	155.94	86.29	82.73
F	.07	1.88	1.04	

Note. df(S)=1, df(AG)=3, df(SxAG)=3, df(Within)=162 except  
df(Within) Intimid.=156 and Per. Auth.=161; \*p<.05



Table 7

## Multiple Regression Analyses for Long-Term Care Planning

Variables	Scores - Errors Included			Scores - Errors Excluded		
	B-Weight	Prob.	Seq. R-Sqr	B-Weight	Prob.	Seq. R-Sqr
<b>Parent</b>						
Expectations	.1213	.1368	.0290	.1572	.0681	.0372
Individuation	.0909	.2563	.0548	.0397	.6382	.0510
Intimidation	.0030	.9710	.0582	.0372	.6695	.0550
<b>Personal</b>						
Authority	.2358	.0040	.1098	.2435	.0042	.1087
Stressors	.0100	.9023	.1099	-.0075	.9302	.1088
Strains	-.0190	.8174	.1115	-.0047	.9560	.1093
Age	.1863	.0182	.1428	.1458	.0757	.1279
Gender	.0868	.2554	.1501	.1218	.1287	.1420
			$F = 3.38, p = .001, N = 169$	$F = 2.94, p = .005, N = 158$		

Note. Cases with missing data for variables included in the regression model were omitted from the analyses.

Table 8

## Logistic Regression Analyses for Long-Term Care Planning Stages

Stage	B	SE	Coeff. SE	Model	Goodness of Fit
				Chi-Sq.,df,p	Chi-Sq.,df,p
Consider				26.41, 8, .01	147.36, 154, .64
Age	.0743*	.0265	2.804		
Stressors	.0477**	.0237	2.013		
Discuss				25.08, 8, .01	160.18, 153, .33
Personal					
Authority	.0802*	.0245	3.273		
Stressors	-.0364**	.0173	-2.104		
Plan				6.10, 8, .64	157.06, 154, .42
Decide				13.71, 8, .09	130.60, 154, .91

Note. N=163 for all stages except N=162 for Discuss; cases with missing data for variables included in the regression model were omitted from the analyses.

\*p<.01

\*\*p<.05

Appendix A  
Literature Review

## Appendix A

## Literature Review

This appendix provides in greater detail a theoretical basis for understanding the filial behavior of adult children. It also gives a description of existing studies that address future dependency needs of parents and how families respond to those needs.

Intergenerational Relationship Theory

Family systems theory (Bowen, 1978; Williamson, 1978, 1981, 1982) is a basis for understanding the filial behavior of adult children with their parents and interpreting the importance of the emotional relationship that exists between the generations. Bowen (1978) assumes that the intellectual and emotional functioning within people are distinct activities but that the two areas overlap in the human experience of "feeling". He also assumes that two life forces dominate the human experience: the desire for personal autonomy and the desire for togetherness. The dynamic process of maintaining a balance between these opposing forces registers in a person's feeling of emotional connectedness and fulfillment.

Three conceptual cornerstones of Bowenian theory are the differentiation of self, the presence of anxiety, and the function of interpersonal triangles. Bowen (1978)

defined the differentiation of self in terms of emotional and intellectual functioning. Differentiation allows the emotional and intellectual systems equal opportunity to function as a team. At this level, the intellect can overrule the emotions and proceed autonomously and with choices. At the opposite pole, the emotional and intellectual selves are fused and dominated by the emotions and are characterized by people when they seek love and approval at the expense of their personal goals. From this perspective, fusion may intensify the normal crises of families and reveal the presence of anxiety in the emotional system of the family. Such anxiety will highlight the emotional connectedness of people in close relationships as triangles begin to operate. Bowen argued that triangles exist with a close twosome and a more distant third party and are useful in maintaining the stability of the emotional system during times of stress. The involvement of a third person serves to diffuse the emotionally charged situation and provides the uncomfortable person of the dyad opportunity to gain some emotional distance. Two family members interacting with each other as a close dyad typically involve the same family member as a third party. These interactions in the emotional system are often repetitive and produce fixed roles for each person relative to the others (Bowen, 1978).

Personal Authority. Personal authority is a synthesizing construct of individuation (the process of differentiating one's self from the emotional context of one's family) and intimacy (the ability to be voluntarily close to another person with self-imposed boundaries). Personal authority and intimidation represent opposite ends of a continuum (Bray et al., 1984). Williamson (1982b) defined personal authority as the power or ability to:

1. order and direct one's own thoughts and opinions
2. choose to express or not express those thoughts
3. make and respect one's judgements and accept one's judgements as justification for one's actions
4. take responsibility for one's experience and the consequences of one's actions
5. initiate to receive or decline to receive intimacy and social connectedness voluntarily
6. experience and relate to all persons as peers in the human experience.

The achievement of personal authority in the fourth decade of an adult's life depends on the completion of other life tasks (Williamson, 1981). The adult needs to have "established an alternative social intimacy network apart from the family of origin" and "resolved the matter of the structure and use of personal time" thus being

responsible for her or his own welfare (p. 447). In addition, life experience should have produced a realistic perspective on the "romantic myths about life", led to resolution of one's gender identity, provided the ability to identify with "assuming a parental role", and evoked "a genuine compassion for the man and woman who used to be his parents" (p. 447-448).

Life Stressors. The life conditions and circumstances of adult children are important in predicting their filial behavior and specifically focus on the adult children's responsibilities to their family of procreation, career issues, marital concerns, and more generally their financial and health status (Quinn, 1983). The impact of anxiety that results from adult children's life stressors is an important concept of the Bowenian family systems theory (Bowen, 1987). From that perspective, anxiety reveals the level of emotional differentiation that exists in the intergenerational relationship. In a fused relationship the adult child and parent may use a third person to help diffuse the tension and provide more emotional distance in the overly-close relationship. Where emotional differentiation is low, responsibilities are emotionally laden and obligation dominates and may limit the choices of either the parent or the adult child.

Parental Expectations. One dimension of the adult child - older parent relationship is the adult child's perception of what a parent's expectations are for attention, help, or personal care. The perception of a parent's expectation defines a part of the hierarchical nature of the intergenerational relationship. The degree of dependency and intimidation that exists in the relationship maintains the inequities of the bond between parent and offspring (Williamson, 1981). The parents' expectations are perceptible to adult children through the implicit and explicit communication between them or within the larger family group. In the event of direct communication about dependency needs, adult children know what their parents expect of them. If direct discussion has not taken place between them, adult children are guided by what they think their parents want or expect in the future.

Parents' expectations for their adult children are potentially detrimental to the parents' psychological well-being and the quality of the relationship between the two generations. The negative impact on parents' well-being may result from the parents' realization that they are dependent on their children and may affect relationships through potential conflicts and disappointments arising from unfulfilled expectations (Quinn, 1983).



When considering the response of adult children to the future dependency needs of their parents, anxiety may increase as parents anticipate or experience health-related changes, as the adult children consider the eventual loss of parents, and as adult children confront concerns about their own aging. These personal concerns are important when planning with older parents regarding the future and may leave adult children at the mercies of their emotions. The adult children's current life stressors related to career, marriage, children, and health may add to the overall anxiety level. The pursuits of middle-aged adults may not coincide with the needs of their parents or their perceptions of what kinds of assistance their parents expect. The merger of anxiety from these distinct but overlapping sources seems vital to the dynamic quality of the adult child - older parent relationship. As future dependency needs are considered the anxiety may trigger any patterned relationships that were operative in the adult child's original family and may draw in other family members to help reduce the anxiety.

#### Future Dependency Needs

The dependency needs of individuals have been given attention across the life-span. In childhood or old age, a person seeking care from another person maintains

closeness or accessibility to the potential caregiver demonstrating a level of attachment behavior (Bowlby, 1988). Bowlby states that "the capacity to make bonds with other individuals, sometimes in the care-seeking role and sometimes in the caregiving one, is regarded as a principal feature of effective personality functioning and mental health" (1988, p.3).

The response of the potential caregiver to a dependent family member in the gerontological field has been conceptualized as filial responsibility. Simply stated, filial responsibility is the obligation of adults to meet their parents' needs (Seelbach, 1978). Gerontologists have refuted the myth that younger generations abandon their elders with consistent findings that family members of different generations are interdependent for support and care. The instrumental and personal care needs of older adults are usually met by their adult children when spouses are not available or able to do so (Shanas, 1979). Likewise, decisions about nursing home placement of elderly parents often become the responsibility of family members (Gonyea, 1987; York & Calsyn, 1977). Some researchers have examined how adult children address the future dependency needs of their parent and what circumstances prompt the involvement.

Lieberman (1978) approached the question of future

helping behavior when she presented 25 filial behaviors to adult children and asked them to indicate the appropriateness of each. Thirteen of the questions were related to dependency needs or related issues. In addition, Lieberman asked the adult children if they perceived age-related changes in their parents (or in-laws), if the changes were of concern to them, and if so, whether they sought help. No questions regarding their actual direct interaction on these subjects were posed.

The behaviors spanned a range of topics (e.g., "Borrow money from your father to help your children", "Place your mother in an old people's home because she can no longer get out of the house by herself") to elicit normative responses of what adults feel they ought to do for their parents. The findings indicated that respondents who were older, female, or black were more likely than others to agree with confronting issues that acknowledged a parent's dependency needs. Of 182 respondents, 14% agreed with "placing parent in an old people's home" with the age of the adult child significantly and directly related; 7% agreed with "persuading mother to move in with them" with social class significantly and inversely related; and 18% agreed with "insisting parents move near to where they lived" with

social class, age, and race significantly important (Lieberman, 1978). Many appear to feel that discussing dependency issues is not appropriate especially in middle-class families. These families were likely to limit parental demands, limit their own involvement, and assume that parent-caring activities would be burdensome.

Hansson, Nelson, Carver, NeeSmith, and Dowling (1988) found that 85% of the adult children they surveyed had begun to think about elderly parent issues and concerns. Such thinking was stimulated most often by health crises, increased awareness of the risks of aging for the parent, and disruptions to the parent's status and relationship network. They found that adult children monitored their parent's life in response to the concern they had for their parent with more than half attending to the physical health needs of the parent. Only 10% of the respondents were not monitoring their parent in some way.

Hansson and associates (1988) also obtained responses to the question: What do you feel is the "right" or "best" time to begin sharing in or "involving" yourself in the decisions of your parents? The interventionist responses (i.e., when the need arises) outnumbered the non-interventionist responses (i.e., when the parent asks for help) 69% to 26% for the adult children questioned.

Hamon and Blieszner (1990) examined filial

responsibility expectations among 144 elderly parent - adult children pairs. The filial expectation items that were used included instrumental aid as well as the provision of emotional support and help in understanding governmental services. She found that adult children endorsed the provision of emotional support as well as instrumental assistance for their parents. Items most highly endorsed by both adult children and their parents were concerned with giving emotional support and discussion of important matters and available resources. Specifically, Hamon found that older parents thought children should talk to them about important issues in their lives and give them advice.

Pratt, Jones, Shin, Ladd, and Walker (1988) interviewed 64 mother-daughter pairs to determine the amount of decision making elderly mothers enter into when considering six areas of their lives and what influence adult daughters have on their mothers' decisions. All of the mothers (average age of 78.5 years) were widowed or divorced and all of the daughters (average age of 49.5 years) were providing supportive care to their parent. Pratt and her associates found that the older women were involved in decisions about their lives but the mothers and daughters both perceived the daughters were most influential in major health care and housing decisions.

This influence was most often attributed to the daughter's knowledge of her mother's preferences. The "final say" on decisions was seen as the mother's but both generations reported that the elder would be less likely to have the final decision in major health and financial concerns than in more routine decisions. Nearly one third of the daughters and mothers felt the daughter's influence was important in daily and routine decisions as well.

A study of attitudes about the future choices of older adults elicited their preference for long-term care arrangements prior to a time when a decision was imminent. The researchers found that the majority preferred to remain in their own homes and receive assistance from paid helpers (70%) or relatives (66%). Moving into a nursing home was desired by 28% as compared with 15% who selected moving in with a relative (McAuley & Blieszner, 1985). Gerontologists have raised the issue of the elderly informing their families and friends of their desires for future long-term care arrangements. They suggest that such discussions would ease the burden of the decision makers, promote better adjustments, and provide the older person with opportunity for an active role in the decision.

Gonyea (1987) interviewed 80 family members (71% were adult children) of elderly adults about institutional

decision-making. She found that caregivers who provided greater amounts of personal care to the older adult and caregivers who were more distantly related to the elderly person were more likely to enter into institutional decision-making. Specifically, discussions about institutionalization by more distant family members was more likely to occur.

Hansson et al. (1988) found that adult childrens' consciousness about their parents' needs progressed over time from thinking about the need, to learning about aging issues, and then to monitoring the parents in specific areas of concern. Gonyea (1987) used a process approach to examine the decision making of caregivers when considering institutionalization of elderly family members. She focused on the following: recognition of the institutionalization option; discussion of the option with other people; and implementation of the option through planning activities. These stages lead to the actual outcome of the decision, the placement of the older adult in an institution. Gonyea found that the perceived affective relationship was most predictive of the caregiver considering institutionalization, whereas the level of personal care needed by the parent influenced caregivers to discuss and implement plans for placement. In addition, male caregivers were more likely to engage in

the implementation stage activities than were females. Stoller (1988) interviewed 255 individuals who anticipated having input into future long-term care decisions of elderly people and found daughters more likely than other relatives or friends to consider the shared household option and less likely to consider institutionalization of the elder.

The family life-cycle outlines the development of adult-to-adult relationships between grown children and their parents and confronting the disabilities and death of parents or grandparents (Carter & McGoldrick, 1980). However, there is evidence that planning for future needs is often ignored until a crisis situation exists (Brody, 1977). From a family systems perspective, which incorporates the family life cycle concept, it is possible to suggest a number of reasons why families might limit their interaction around future or even present dependency needs.

1. In ignoring expected life stage crises, families may be attempting to preserve the emotional balance or equilibrium of their relationships. This may be especially important if the older adult holds a central and emotionally important position in the family. Taken to an extreme, denial of inevitable changes may result in symptoms of family dysfunction.



2. The topic of dependency and death may be a difficult issue for an individual due to past family issues that are unresolved and laden with anger, guilt, or feelings of inadequacy.

3. Discussions about one parent's disability or death may raise the need to make decisions about the other parent that are not expected or do not seem relevant before a crisis. In effect, fears about both parents' futures may exist.

4. The family may have become closed emotionally with individuals taking a "fixed distance" from each other to decrease emotional vulnerability. Emotional openness or differentiation exists where individuals can remain nonreactive to the emotions of others.

5. The level of stress experienced may already have been too great (as in a terminal illness) or have existed too long for families to deal openly with one another about dependency and death of a member.

6. Financial considerations, fear of facing one's own death, family responsibilities, and members' attempts to reduce the anxiety of relatives are other explanations for denying or ignoring these issues in families.

(Herz, 1980; McCullough, 1980)

In the family life cycle the parent has the greatest amount of power at early stages through physical and

intellectual maturity and financial resources. At later stages, a loss of interpersonal, physical, or financial resources may diminish the power of the parent because of dependence on the younger generations. With such loss of power, parents may attempt to obtain help for themselves by coercing with legal requirements, bargaining with inheritances, obtaining non-family assistance, or going without services. The elder's choice to go without services may be viewed as a means to maintain some sense of control and personal choice (i.e., power) (Barusch, 1988) but nevertheless leaves adult children with the decision of how to respond to their parents' needs.

#### Filial Responsibility

Filial maturity was first described by Blenkner as a task faced by "middle-aged children of aging parents" (1965, p.46). The process of achieving "filial maturity" was to occur in the individual's 40's and 50's in response to a "filial crisis". The crisis is brought on when adult children recognize that their parents are in need of economic, physical, or emotional support from them. Providing filial support to a needy parent marks the fulfillment of the "filial task" and promotes "filial maturity". The "filial role" was one of being depended on by one's parent and being dependable in their behalf (Blenkner, 1965).

Personal authority, a synthesizing construct of individuation and intimacy, conceptualized by Williamson (1981), closely parallels Blenkner's (1965) description of filial maturity. Both concepts include a sense of filial responsibility which typically refers to the adult child's obligation or sense of duty to meet a dependent parent's need that they cannot fulfill alone (Seelbach, 1978). Personal authority involves the adult child's emotional connection to the parent and the sense of responsibility to the parent who is considered a peer rather than a powerful parent.

Seelbach (1978) found that older and widowed parents were more likely than younger and married parents to have greater expectations of their children to perform filial tasks. As common sense would indicate, parents in poor health also had high expectations of their offspring. Seelbach did not investigate the emotional implications of high expectations but did suggest that many feelings (e.g., guilt, resentment, anxiety, love, jealousy) may be activated when needs arise.

Quinn (1983) found that filial expectations of older parents were negatively correlated with the quality of relationship with their adult children ( $r = -.181$ ) and the older adult's psychological well-being ( $r = -.161$ ). A path analysis led Quinn to speculate that the realization of

dependence is psychologically undermining to a sense of well-being regardless of its harm on the quality of relationship with an adult child. Quinn proposed that parental expectations are a potential burden on the adult child and have a straining effect on the relationship.

Brody (1985) rejected Blenkner's model of filial maturity as a stage in the developmental process with the argument that parent care is not specific to a particular age group. Dependency needs occur with great variation in an older person's life and thereby in the adult child's life experience. However, the stress of the filial role and responsibility results from the tension of the dependence/independence issue between parent and child. Brody concluded that concern for the needs of a parent is a normative family stress.

#### Quality of Relationship

We know little about the affective characteristics of intergenerational relationships in comparison with the many descriptions of instrumental behavior between parents and adult children. Seelbach and Hansen (1980) conducted a descriptive study of 151 institutionalized and 208 non-institutionalized male and female older adults (60 to 99 years). The focus was on their perception of the quality of their family relationships. In response to three statements, no less than 81% felt satisfied with the

treatment they received, the type of family they had, or the amount of love and affection they were shown. The old-old (81 years or over), the married, and the non-institutionalized older adults were more likely than others to be satisfied with their relationships. The three statements representing negative features of relationships that received the most agreement were: desired more attention - 32%; family bosses me - 15%; and family does not really care - 16%. These responses were independent of marital status, age, living arrangement, health, or sex. The authors concluded that respondents were satisfied with their family relationships and did not feel abandoned or neglected.

Houser and Berkman (1984) used an interactionist and equity theory approach to assess what independent variables explain the level of satisfaction with filial relationships of 400 elderly women. In the analysis, 56% of the variance in satisfaction with filial relationships was explained by eight contact/role variables (53%) and the two background characteristics (number of living children and physical capacity) of the women (3%). However, 34% of the variance was explained by one variable (satisfaction with quality of contact with children). Additionally, "children's potential behavior" (10%), "satisfaction with quantity of contact" (5%), "children's

support" (3%), and "importance of contact" (0.7%) were significantly predictive. The authors concluded that an older woman's satisfaction with her relationship with her offspring is related to her perception of the quality of their contacts and her belief that the children will provide assistance in the future if needed. Less important is the child's current filial behavior.

Stoller (1985) conducted a study from an exchange theory perspective aimed at helpers' assessment of their relationships with needy older adults living in the same household. In the 88 elder-helper dyads, 64% of the helpers were children or children-in-law. It was hypothesized that factors contributing to a balanced exchange would predict a positive relationship between the elder and the helper. The mean rating by the respondents of their relationships was 8.2 on a scale of 0 to 9. The proposed model explained 46% of the variation in the elder-helper relationship. Demands for care placed on the helper had a negative effect on the relationship with the older person. The degree to which the household functioning was disrupted had a greater negative impact on the elder-helper relationship than the level of care that was required. The availability of caregivers to assist the primary helper contributed to a positive relationship while the elder's attempts to help with household tasks

had a negative effect on the elder-helper relationship. Being married had a negative indirect effect (through household impact) on the affective relationship. The elder's presence had a negative impact on the elder-helper relationship when social activity or expressiveness within the family was disturbed.

In another study, Stoller (1988) interviewed 255 individuals who anticipated having input into future long-term care decisions of elderly people. Those interviewed were named as helpers by the elderly respondents in a larger study. With all helpers, the likelihood of shared households increased as the quality of their relationship increased. Daughters, who comprised 36% of the sample, were more likely than other relatives or friends to consider the shared household option and less likely to consider institutionalization of the elder.

In a study of psychological well-being of older adults, Quinn (1983) identified health and quality of relationship with adult children as the most predictive variables. This study led to the selection of six dimensions for inclusion in a model where quality of relationship was the outcome measure (Quinn & Keller, 1983). The six dimensions were: affection, consensus about interests and views, communication, individuation of the adult child, filial expectations (parents), and filial

responsibility (adult children). Noninstitutionalized parents, age 65 and older, and adult children, 21 years or older, responded to an interview and questionnaire respectively. One global question assessed the quality of relationship: How would you rate your relationship with your child (parent)? Analyses of the data were completed by correlation and multiple regression for each separate group. All combinations of relational quality, consensus, communication, affection, filial responsibility and individuation were significantly correlated for parents and children alike with the exception of individuation and relationship quality for the parents. "Filial expectations" did not correlate with any dimensions except communication with which the correlation was negative. After the full model was analyzed, the authors concluded that affection and communication were most predictive of relational quality for parents; affection, communication, and filial responsibility were most predictive of relational quality for the adult children. Individuation was not significant in either group's model but the authors gave considerable speculative attention to it due to its high correlation to the other variables in the study.

#### Age and Gender

Age and gender have also been found important in



understanding filial behavior. As previously noted, personal authority is proposed as a new life-cycle stage for the second generation adult in a family (Williamson, 1981). The new stage begins in the fourth decade, extends into the fifth decade, and provides a bridge between the adult children's years of independence from their parents and their own old age.

Brody (1985) posited a broader view of the relationship between age and filial behavior with the recognition that dependency needs of parents may exist with great variation throughout the adult child's life span. The filial crisis created by a parent's neediness would possibly be faced by adult children at times other than middle-age. Age interacts with filial behavior as tasks and pursuits of different life stages have accompanying stressors that affect adult children and their availability to help their parents.

The gerontological research focused on the dependency needs of older adults and family caregiving supports the notion that women, especially middle-aged women, are more often involved in the filial role than men. Gender differences appear as men respond with less time commitment to caregiving and provide less "hands on" assistance than women, men depend on their spouses for support in caregiving more than women, and men regard

caring for a parent less negatively and as having less impact on other personal responsibilities (Horowitz, 1985; Troll, 1986). Adult daughters are more likely than sons to confront directly the dependency needs of their parents and to feel that assisting parents is appropriate behavior (Lieberman, 1978).

In summary, dependency needs are acknowledged by adult children and especially by older, female, and black offspring. Such attention is usually prompted by health crises of the parents. Both generations endorse the provision of emotional support along with instrumental help and advice from the younger generation. This desire exists with older parents remaining involved in making their own decisions and having clear desires about future long-term care plans. Such planning seems to be influenced by the level of personal care needed, the gender of the caregiver, and whether the caregiver is a close (adult child) or distant relative. Still, there is a lack of acknowledgement of dependency needs that may be influenced by interpersonal and family dynamics.

Overall, expectations from parents that adult children be responsible for them increase as parents grow older, are widowed, and experience health problems. These expectations may negatively affect the quality of relationships between the generations and also undermine

the older parent's own psychological well-being.

Generally, the results of this body of research indicate a high degree of positive relational quality between older adults and their families. Communication, affection, and perception of the quality of contact have a positive effect on the relationship whereas the physical capacity of the older adult and the amount of care they require have a negative effect on the quality of the relationship. For the parent, a determining factor of the quality of relationship with adult children is the assurance that future assistance would be provided if it is needed. The importance of such assurance suggests the value of mature filial behaviors and attitudes for families. Lastly, no strong empirical support exists for stating that age or gender influence the fulfillment of filial responsibilities or role performance.

## References

- Barusch, A. S. (1988). Power dynamics in the aging family: A preliminary statement. Journal of Gerontological Social Work, 11, 43-56.
- Blenkner, M. (1965). Social work and family relationships in later life with some thoughts on filial maturity. In E. Shanas & G. F. Streib (Eds.), Social structure and the family: Generational relations (pp. 46-59). Englewood Cliffs, NJ: Prentice-Hall.
- Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson.
- Bowlby, J. (1988). Developmental psychiatry comes of age. The American Journal of Psychiatry, 145, 1-10.
- Bray, J. H., Williamson, D. S., & Malone, P. E. (1984). Personal authority in the family system questionnaire manual. (Available from James H. Bray, Texas Woman's University, 1130 M.D. Anderson Blvd., Houston, TX.)
- Brody, E. M. (1977). Long-term care of older people. New York: Human Science Press.
- Brody, E. M. (1985). Parent care as a normative family stress. The Gerontologist, 25, 19-29.

- Carter, E. A., & McGoldrick, M. (1980). The family life cycle and family therapy: An overview. In E. A. Carter & M. McGoldrick (Eds.), The family life cycle: A framework for family therapy (pp. 3-20). New York: Gardner Press.
- Gonyea, J. G. (1987). The family and dependency: Factors associated with institutional decision-making. In R. Dobrof (Ed.), Gerontological Social Work with Families (pp. 61-77). New York: Haworth Press.
- Hamon, R. R., & Blieszner, R. (1990). Filial responsibility expectations among adult child - older parent pairs. *Journal of Gerontology*, 45, 110-112.
- Hansson, R. O., Nelson, R. E., Carver, M. D., NeeSmith, D. M., & Dowling, E. M. (1988, July). Adult children with frail elderly parents: When to intervene? Paper presented at the fourth International Conference on Personal Relationships, Vancouver, British Columbia.
- Herz, F. (1980). The impact of death and serious illness on the family life cycle. In E. A. Carter & M. McGoldrick (Eds.), The family life cycle: A framework for family therapy (pp. 223-240). New York: Gardner Press.
- Horowitz, A. (1985). Sons and daughters as caregivers to older parents: Differences in role performance and consequences. The Gerontologist, 25, 612-617.

- Houser, B. B., & Berkman, S. L. (1984). Aging parent/mature child relationships. Journal of Marriage and the Family, 46, 295-299.
- Lieberman, G. L. (1978). Children of the elderly as natural helpers: Some demographic differences. American Journal of Community Psychology, 6, 489-498.
- McAuley, W. J., & Blieszner, R. (1985). Selection of long-term care arrangements by older community residents. The Gerontologist, 25, 188-193.
- McCullough, P. (1980). Launching children and moving on. In E. A. Carter & M. McGoldrick (Eds.), The family life cycle: A framework for family therapy (pp. 171-195). New York: Gardner Press.
- Pratt, C. C., Jones, L., Shin, H., Ladd, L., & Walker, A. (1988, November). Decisionmaking among single older women and their caregiving daughters. Paper presented at the 41st Annual Scientific Meeting of the Gerontological Society of America, San Francisco, CA.
- Quinn, W. H. (1983). Personal and family adjustment in later life. Journal of Marriage and the Family, 45, 57-73.
- Quinn, W. H., & Keller, J. F. (1983). Older generations of the family: Relational dimensions and quality. The American Journal of Family Therapy, 11, 23-34.

- Seelbach, W. C. (1978). Correlates of aged parents' filial responsibility expectations and realizations. The Family Coordinator, 27, 341-349.
- Seelbach, W. C., & Hansen, C. J. (1980). Satisfaction with family relations among the elderly. Family Relations, 29, 91-96.
- Shanas, E. (1979). The family as a social support system in old age. The Gerontologist, 19, 169-174.
- Stoller, E. P. (1985). Elder-caregiver relationships in shared households. Research on Aging, 7, 175-193.
- Stoller, E. P. (1988). Long-term care planning by informal helpers: Likelihood of shared households and institutional placement. The Journal of Applied Gerontology, 7, 5-20.
- Troll, L. E. (Ed.). (1986). Family issues in current gerontology. New York: Springer Publishing Company.
- Williamson, D. S. (1978). New life at the graveyard: A method of therapy for individuation from a dead former parent. Journal of Marriage and Family Counseling, 4, 93-101.
- Williamson, D. S. (1981). Personal authority via termination of the intergenerational hierarchical boundary: A "new" stage in the family life cycle. Journal of Marital and Family Therapy, 7, 441-451.

- Williamson, D. S. (1982). Personal authority via termination of the intergenerational hierarchical boundary: Part II - The consultation process and the therapeutic method. Journal of Marital and Family Therapy, 8, 23-37.
- Williamson, D. S. (1982b). Personal authority in family experience via termination of the intergenerational hierarchical boundary: Part III - Personal authority defined, and the power of play in the change process. Journal of Marital and Family Therapy, 8, 309-323.
- York, J. L., & Calsyn, R. J. (1977). Family involvement in nursing homes. The Gerontologist, 17, 500-505.



Appendix B  
Methodology

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Methodology

This appendix describes the methodology used in this research. The sampling procedure, research location, sample characteristics, variable operationalization and measurement, and analyses will be described.

Sampling Procedure

The first stage of the sampling process was completed by a systematic sampling of the Plattsburgh, New York telephone directory. The telephone exchanges (identified by the prefixes 561, 562, 563) in the Town of Plattsburgh and the City of Plattsburgh areas were surveyed by a random selection process. A sampling interval was determined by dividing the total column inches of listings in the prefix areas by the number of respondents (200) desired in the study. The first listing was randomly selected from within the first alphabetical interval by using a random number table. Beginning at that listing number, potential respondents' names were identified using the determined interval standard. If a selected phone number was a business or agency listing, the caller alternated between selecting the preceding or subsequent residential number.

Each potential respondent was telephoned and the person's eligibility was determined by following the

telephone interview schedule (see Appendix C). The telephone interview was used to determine if the answering adults were between 20 and 59 years of age and had at least one living parent whom they considered independent for his or her own personal care. If both criteria were met, the individual's name was placed on a sampling chart that provided a gender/age group listing of eligible and willing participants. This listing provided for the assignment of an identification number to each potential respondent. The survey booklet was stamped with that number to insure confidentiality and to indicate if the survey was returned. If more than one adult residing in the residence met the selection criteria, the caller selected potential respondents on the basis of unfulfilled quotas for the age/gender categories.

Telephone calls were made in the early evening hours and on weekend daytime hours throughout the sampling period which extended from June 1989 to November 1989. Unanswered calls were redialed three times during the sampling period and then the listing was dropped from the calling list.

Potential respondents were asked to refer individuals whom they thought might possibly meet the criteria for inclusion in the study. Those referrals were added to the calling list and handled by the same procedure that was

used for the randomly selected listings. In addition to the random telephone listing procedure, potential respondents were identified through the researcher's personal contacts. These potential respondents were also asked to provide referrals for the study as well.

The second stage of the sampling procedure was completed by mailing questionnaire packets to eligible and willing participants. The Dillman (1978) Total Design Method was followed to maximize rewards and minimize costs to the potential respondent. Suggested parameters for booklet size, sequence of questions, wording of questions and answer choices, and format of the survey instrument were incorporated. The survey packet included the survey booklet, a personalized letter introducing the project, a self-addressed stamped envelope for return of the completed booklet (see Appendix D). A reminder postcard was mailed to potential respondents approximately one week after the packet was sent to encourage a better response rate. The telephoning stage yielded 92 eligible and willing volunteers which was 33.6% of the telephone subsample. The response rate for this group was 64% and it was 97% for the convenience subsample. Overall, the return rate from all sources was 82% (see Table B-1).

#### Research Location

The sampling area for this research project was the

Plattsburgh area in north eastern New York. Specifically, the City of Plattsburgh and the Town of Plattsburgh were targeted as they combined features of a small city (population - 21,057) and surrounding residential communities that comprise the Town of Plattsburgh (population - 16,384) (U.S. Bureau of the Census, 1980).

#### Sample

One hundred seventy adult children were the subjects of this study. The criteria for inclusion in the study were that the respondents were between 20 and 59 years of age and had at least one parent who was independent. The adult child's perception of their parent was accepted as the evaluation of the parent's status. Table B-2 provides demographic characteristics of the sample and compares them with the general population of the City and Town of Plattsburgh on three features (gender, marital status, race).

#### Dependent Variable Operationalization and Measurement

The measures used in the survey questionnaire are included in Appendix D. The dependent variable measure was developed for this project and the independent variable measures were used with the written permission of the respective authors.

The measure of long-term care planning was developed for this study to assess (a) the stage of decision-making

behavior that adult children have reached relative to their parent's possible future needs; (b) the degree to which adult children initiate and participate in decision-making activities; and (c) the attitude adult children have about becoming involved in their parent's lives (see Appendix D, Part A).

The decision-making process of adult children with or on behalf of their parents was assessed from a process orientation as outlined by Gonyea (1987). Four stages were specified: considering, discussing, planning, and deciding. A Guttman-like scale was conceptualized using the four stages as progressive steps toward a maximum score of 4 with Yes and No responses equaling 1 and 0 respectively for each stage. The validity of the scale was established by computing a coefficient of reproducibility for the sample data (Upshaw, 1968).

The degree to which the adult child initiated and participated was determined by asking who initiated the involvement and how freely was the participation entered into at each stage of the long-term care planning process. Answer choices given for the initiation question were: you, your parent, and other. Answer choices for the participation question were: very freely, somewhat freely, somewhat constrained, and very constrained.

Assessment of the adult child's attitude toward

intervening in their parent's life was through two questions: (1) Should children be involved in the future concerns of their parents' possible dependency needs? and (2) When should children become directly involved in the concerns of their parents' possible future dependency needs? Answer choices for question one were: yes; maybe; no; and "I don't know". The possible responses to question two were five non-continuous statements: "when a parent requests involvement"; "when a parent admits a need but does not ask for involvement"; "when children see a need and their offer for involvement is accepted"; "when children see a need even though their offer for involvement is rejected"; and "I don't know". These choices represent a range of non-interventionist and interventionist responses mentioned by adult children with frail elderly parents (Hansson et al., 1988).

#### Independent Variables Operationalization and Measurement

Quality of parent-child relationship. The adult children's self-reports of the quality of relationship with their parents were measured with three subscales from the Personal Authority in the Family System questionnaire (PAFS-Q) developed by Bray, Williamson, and Malone (1984). PAFS-Q consists of 132 items of Likert-type questions that are grouped into eight non-overlapping scales. The three scales included in the questionnaire

(see Appendix D, Part C) were: intergenerational fusion/individuation; intergenerational intimidation; and personal authority which are important to understanding the adult-child and older parent relationship (see Appendix A - Intergenerational Relationship Theory). The three scales were taken from the PAFS-Q version for adults with children.

Reliability (test-retest) coefficients have been reported by the scale developers as .55 for intergenerational fusion/individuation and .82 for intergenerational intimidation with a nonclinical group. Chronbach's alphas were reported as .75 for intergenerational fusion/individuation, .83 for intergenerational intimidation, and .83 for personal authority with a clinical sample. Outcome of validity tests indicate PAFS-Q, the Family Adaptability and Cohesion and Evaluation Scales-I (FACES-I), and the Dyadic Adjustment Scale (DAS) are not highly correlated which indicates the scales measure different concepts in the family. Intergenerational fusion/individuation correlated with the social desirability scale of FACES-I ( $r=.34$ ) which indicates people tend to answer the scale questions in a manner that is perceived as socially desirable (Bray et al., 1984).

The subscales were scored by summing the items as



directed in the PAFS-Q Manual (Bray et al., 1984). These scores were considered as separate aspects of the qualitative relationship that the respondents have with their parent(s).

Dynamic of parent-child relationship. The adult children's perceptions of their parent's filial expectations were considered a dynamic feature of the intergenerational relationship separate from the qualitative dimensions of individuation, intimidation and personal authority. The ongoing sense of obligation or responsibility that adult children have for their parent is in part the result of the parent's expectation for help and support from their adult children (Mancini & Simon, 1984; Seelbach, 1978). A compilation of 16 filial responsibility items derived from the work of Hamon (1988), Seelbach & Sauer (1977), Brody, Johnsen, Fulcomer & Lang (1983), and Quinn (1983) was used to elicit adult children's perceptions of their parent's expectations (see Appendix D, Part B).

Life stressors of adult children have been identified as important contributors to the instrumental and affective nature of the intergenerational relationship (Hausman, 1979; Quinn, 1983). These stressors are not the actual qualities of the adult child-older parent relationship but provide another dynamic feature of the

intergenerational relationship. Life stressors were assessed from the perspective of the family demands (factor A) and the pile-up of demands (AA) created by the crisis situation in the Double ABCX Model conceptualized by McCubbin and Patterson (1983). The normative family life changes are believed to contribute to family stress and crisis (factor X). Family stressors and strains were assessed by two separate scales (see Appendix D, Part D).

Demographic variables. Age and sex are of primary importance in this study. Additional demographic information were gathered for descriptive purposes and included the respondent's marital status, number of children, educational and employment status, number of living siblings; the respondents' geographic proximity to their parents, the geographic proximity of the respondents' siblings to their parents; and whether the respondent is of the same sex or opposite sex of the parent being referred to in answering the questions.

#### Analyses of Data

The data were analyzed using two statistical programs: Number Cruncher Statistical System (NCSS) and SPSSX. The logistic regression, intercorrelations, and reliability analyses were done on SPSSX. The remainder of computer analyses were done on NCSS. Initially, descriptive analyses such as frequencies and

crosstabulations were calculated to summarize the demographic characteristics of the sample and the independent and dependent variables. Intercorrelations for the independent variables and the dependent variable were computed.

Long-Term Care Planning Scale. The long-term care planning measure was initially analyzed to determine if it represented a Guttman Scale as hypothesized. A detailed inspection of each respondent's answer pattern to the questions representing the four stages of planning was completed and each individual's response pattern was compared to the hypothesized patterns. This inspection revealed deviations (errors of reproducibility) from the Guttman-like pattern. The number of errors were then used to compute the coefficient of reproducibility which was computed by hand using the the formula,  $\text{coefficient} = 1 - \text{errors}/N$ . The computation yielded a coefficient greater than .90 which supports the use of the four items as a Guttman measure (Upshaw, 1968).

Descriptive statistics and exploratory regression analyses were computed for the long-term care planning measure with the errors of reproducibility included and with them eliminated so a comparison of the groups could be made. Frequencies and crosstabulations were computed for the levels of initiation and participation and for the

respondent's attitude about their involvement (see Appendix E for Supplementary Results).

Regression Analyses. Multiple regression analyses were used to assess the connection between the long-term care planning scale score and the independent variables that were chosen for the model. Independent variables entered into the regression equation included: perceived parent expectations, intergenerational individuation, intergenerational intimidation, personal authority, family stressors, family strains, age, and gender.

Logistic regression procedures were used to analyze the influence of the independent variables on each of the four possible activities of long-term care planning involvement. Whether a single activity (considering, discussing, making preliminary plans, making final decisions) was entered into by a respondent was indicated with dichotomous answer choices (Yes, No) and was treated as a dependent variable in a logistic regression (Walsh, 1987). The same independent variables were used here as were used in the multiple regression model.

Additional Analyses. Analysis of Variance procedures were used to determine if the age (20-29, 30-39, 40-49, 50-59) or gender groups differed on the six independent measures: perceived parent expectations, intergenerational individuation, intergenerational

intimidation, personal authority, family stressors, and family strains. The intimidation measure was the only variable that was found to be significantly related to the age variable. A post-hoc analysis (Newman Keul's) was run to determine which age groups differed.

Reliability analyses were completed on the six independent variable scales (Cronbach's alpha) to determine the internal consistency of items within the scales.

#### Pretest of Instrument

The survey instrument was administered to three professional colleagues who were acquainted with the objectives of the research project and have knowledge of individuals and families as trained helping professionals. Four individuals that were considered potential respondents were given the survey instrument and were interviewed to gain their feedback about the questionnaire.

The first five telephone sampling interviews were considered a part of the protocol refinement process. Modifications in the interview schedule were made after minor problems were detected during these initial contacts. Nevertheless, these contacts were included in the sample pool.

#### Human Subjects Review

The proposal for this project was reviewed by an

authorized reviewer of the Department of Family and Child Development and was exempted from examination by the university Human Subjects Review Board. The rights of individuals were protected by asking respondents to voluntarily participate and providing the respondents with information on how to contact me if they required assistance. Care was taken in coding survey booklets and storing information to protect the individual's rights.

## References

- Bray, J. H., Williamson, D. S., & Malone, P. E. (1984). Personal Authority in the Family System Questionnaire Manual. (Available from James H. Bray, Texas Woman's University, 1130 M.D. Anderson Blvd., Houston, TX.)
- Brody, E.M., Johnsen, P.T., Fulcomer, M.C., & Lang, A.M. (1983). Women's changing roles and help to elderly parents: Attitudes of three generations of women. Journal of Gerontology, 38, 597-607.
- Dillman, D. A. (1978). Mail and telephone surveys: The total design method. New York: John Wiley & Sons.
- Gonyea, J. G. (1987). The family and dependency: Factors associated with institutional decision-making. In R. Dobrof (Ed.), Gerontological Social Work with Families (pp. 61-77). New York: Haworth Press.
- Hamon, R. R., & Blieszner, R. (1990). Filial responsibility expectations among adult child - older parent pairs. Journal of Gerontology, 45, 110-112.
- Hansson, R. O., Nelson, R. E., Carver, M. D., NeeSmith, D. M., & Dowling, E. M. (1988, July). Adult children with frail elderly parents: When to intervene? Paper presented at the fourth International Conference on Personal Relationships, Vancouver, British Columbia.

- Hausman, C. P. (1979). Short-term counseling groups for people with elderly parents. The Gerontologist, 19, 102-107.
- Mancini, J. A., & Simon, J. (1984). Older adults' expectations of support from family and friends. Journal of Applied Gerontology, 3, 150-160.
- McCubbin, H. I. (1987). Family index of regenerativity and adaptation - general. In H. I. McCubbin & A. I. Thompson (Eds.), Family assessment inventories for research and practice (pp. 285-302). Madison, WI: University of Wisconsin - Madison.
- McCubbin, H. I., & Patterson, J. M. (1983). Stress: The family inventory of life events and changes. In E. E. Filsinger (Ed.), Marriage and family assessment: A sourcebook for family therapy (pp. 275-297). Beverly Hills, CA: Sage Publishing.
- Quinn, W. H. (1983). Personal and family adjustment in later life. Journal of Marriage and the Family, 45, 57-73.
- Seelbach, W. C. (1978). Correlates of aged parents' filial responsibility expectations and realizations. The Family Coordinator, 27, 341-349.
- Seelbach, W. C., & Sauer, W. (1977). Filial responsibility expectations and morale among aged parents. The Gerontologist, 17, 492-499.



- U.S. Department of Commerce, Bureau of the Census.  
(1980). Census of populations, households, and housing characteristics, Plattsburgh city and town data  
(computer printout at Plattsburgh SUNY). Washington,  
DC: U. S. Government Printing Office.
- Upshaw, H. S. (1968). Attitude measurement. In H. M.  
Blalock & A. B. Blalock (Eds.), Methodology in social  
research (pp. 60-111). New York: McGraw-Hill.
- Walsh, A. (1987). Teaching understanding and  
interpretation of logit regression. Teaching  
Sociology, 15, 178-183.

Table B-1

## Outcome of Two-Stage Sampling Procedure

Telephone Screening Results	N	%
Eligible and Willing	92	33.6%
Ineligible	86	31.4%
Not interested	54	19.7%
No answer	28	10.2%
Disconnected	14	5.1%
Total	274	100.0%

  

Final Sample	Eligible		Completed	
	Participants		Surveys	
	N	%	N	%
Random Telephone Subsample	92	44.4%	59	64.1%
Convenience Subsample	115	55.6%	112	97.4%
Referred by others	73	35.3%	72	98.6%
Personal contacts	42	20.3%	40	95.2%
Total	207	100.0%	170	82.1%

Table B-2

## Demographic Characteristics of Adult Children

Sample	Female	Male	Total
Gender: <sup>a</sup>	53.6%	46.6%	100%
Age: $\bar{M}$ = 38.6		$\bar{M}$ = 39.5	$\bar{M}$ = 39.0
20-29 years	24.2%	17.7%	21.2%
30-39 years	27.5%	34.2%	30.6%
40-49 years	29.7%	29.1%	29.4%
50-59 years	18.7%	19.0%	18.8%
Education: $\bar{M}$ = 14.9		$\bar{M}$ = 15.6	$\bar{M}$ = 15.2
1-9	0 %	3.8%	1.8%
10-12	18.7%	19.0%	18.8%
13-16	54.9%	35.4%	45.9%
17-18	18.7%	21.5%	20.0%
18-20+	7.7%	20.3%	13.5%
Marital Status: <sup>b</sup>			
Married	72.5%	79.7%	75.9%
Never Married	11.0%	16.5%	13.5%
Divorced	14.3%	3.8%	9.4%
Separated	1.1%	0.0%	.6%
Widowed	1.1%	0.0%	.6%
Number of Children:			$\bar{M}$ = 1.9
None	26.4%	25.3%	25.9%
One	9.9%	6.3%	8.2%
Two	34.1%	36.7%	35.3%
Three	17.6%	15.2%	16.5%
Four	9.9%	11.4%	10.6%
Five	2.2%	2.5%	2.4%
Six	0.0%	1.3%	.6%
Seven	0.0%	1.3%	.6%
Employment Status:			
Not at all	13.2%	3.8%	8.8%
Part-time	12.1%	8.9%	10.6%
Full-time	74.7%	87.3%	80.6%
Yearly Income:			( $\bar{N}$ =165)
Less than 10,000			7.3%
10,000-19,999			17.0%
20,000-29,999			14.5%
30,000-39,999			21.8%
40,000-49,999			12.1%
50,000-59,999			12.7%
60,000-69,999			6.7%
70,000 +			7.9%

Sample	Female	Male	Total
Religious Preference:			(N=169)
Catholic			43.2%
Protestant			42.6%
Jewish			4.1%
Other			3.0%
None			7.1%
Race: <sup>c</sup>			
White			97.6%
Non-white			2.4%
Focal Parent:			
Mother	48.4%	49.4%	48.4%
Her age (Mean)			69.44 yrs.
<=49 yrs.			6.1%
50-59 yrs.			12.2%
60-69 yrs.			29.3%
70-79 yrs.			35.4%
80-89 yrs.			17.1%
Father	51.6%	50.6%	51.2%
His age (Mean)			65.74 yrs.
<=49 yrs.			4.6%
50-59 yrs.			26.4%
60-69 yrs.			28.7%
70-79 yrs.			28.7%
80-89 yrs.			11.5%
Proximity to Parent:			(N=169)
Not closest adult child			60.4%
Closest adult child			39.6%
Distance from parent			
Same household			4.7%
Less than 3 miles			18.2%
3 to 25 miles			23.5%
26 to 100 miles			7.1%
101 to 300 miles			21.8%
over 300 miles			24.7%
Number of Siblings:			
Sisters (Mean)			1.3
Brothers (Mean)			1.5

Note. N=170 except as noted; City and Town of Plattsburgh combined Census data for 1980.

<sup>a</sup> U.S. Census data for 20-59 year olds, 49.2% are females and 50.8% are males.

<sup>b</sup> U.S. Census data for all ages, 47.9% are now married and 52.1% are single, separated, divorced, or widowed.

<sup>c</sup> U.S. Census data for all ages, 94.9% are white and 5.1% are nonwhite.

Table B-3

## Long-Term Care Planning - Guttman Scale Patterns

<u>Type of Involvement</u>	<u>Yes=1 / No=0</u>				
Considering	0	1	1	1	1
Discussing	0	0	1	1	1
Planning	0	0	0	1	1
Making Decisions	0	0	0	0	1
<u>Total Score</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

Appendix C  
The Telephone Interview Schedule

## Appendix C

Telephone Interview Schedule

Hello. My name is \_\_\_\_\_ and I am calling from Catholic Charities in Plattsburgh. I am conducting a research project by way of a mail survey with adults who are between 20 and 59 years of age and have at least one living parent that they consider to be independent for their daily living routine and personal care. I would like to include you in this research project if you are eligible. Do you fit into those categories?

YES: Go to question I.

NO: Go to question Ia.

I. Are you between the ages of \_\_\_\_\_?

(1) 20 - 29 \_\_\_\_\_

(2) 30 - 39 \_\_\_\_\_

(3) 40 - 49 \_\_\_\_\_

(4) 50 - 59 \_\_\_\_\_

(Indicate the gender of the person.)

Female \_\_\_\_\_ Male \_\_\_\_\_

Ia. Are there any other adults in the household that fit into those categories?

YES: May I speak with that person (return to the introduction)? If that person is not available determine when they will be available and return the call.

NO: I appreciate your time today. Would you be able to give me the name of a friend or relative who is eligible to participate in this study? (Record information given on the calling list.)

II. Are your parents now living?

	Yes	No	
Mother	_____	_____	What is her age now? _____
Father	_____	_____	What is his age now? _____

III. Do you consider

your mother	Yes_____	No_____	NA_____
your father	Yes_____	No_____	NA_____

to be independent for their own personal care and daily living routine?

Request for voluntary participation of the interviewee

If the interviewee is between the ages of 20 and 59 and has at least one parent that he/she considers independent proceed with the following: You meet the requirements of this project and I would like to include you in this study. The questionnaire will take about 20 minutes to complete. I will enclose a letter explaining the study and a postage-paid return envelope for you to use to return the survey to me.

IV. May I send you the survey packet?

YES: Go to IVa.                      NO: Go to IVb.



IVa. You should receive your questionnaire within a week.

(Obtain the person's name and address and go to IVb.)

Name of volunteer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Focal Parent \_\_\_\_\_

(To determine who the focal parent will be use the following guide:

- both parents alive and independent, focus on the older parent
- both parents alive and one parent is independent, focus on the independent parent
- one parent is alive and is independent, focus on that parent

IVb. Would you be able to give the name of a friend or relative who is between the ages of 20 and 59 and who has at least one living parent that is independent?

Name of referral \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Thank you for your time and help. Goodbye.

Appendix D

The Cover Letter

The Questionnaire

The Reminder Postcard

## Cover Letter

June 1989

Dear [ ]:

The aging of family members is receiving increased attention. This is happening because people are living longer and they may require assistance from friends, families, and community agencies as they age. At the present time, professionals who work with families are making decisions about how these services will be provided. However, they need to know how the adult children of older parents respond to the possibility that their parents may someday become frail and dependent. The information you will provide will be useful to professionals who assist families as they live and work together and prepare for the aging of their loved ones.

You were recently called about this study and it was determined that you are eligible to participate in it. At that time you said you had (one parent, both parents) still living and you consider (your mother, your father, both parents) independent. Please complete the questionnaire booklet in reference to your (mother, father, older parent). I urge you to answer all of the questions and return your booklet as soon as possible because your response is essential to gaining an understanding of adult children and their experiences with their parents. The questionnaire will take approximately 30 minutes to complete.

You may be assured of complete confidentiality. The booklet has an identification code on it for mailing purposes only. Please call me if you have any questions about this study. My telephone number is (518) 563-3895 or 561-0470. If you would like a summary of the results, please print your name and address on the back of the return envelope (not on the questionnaire). I will see that you get a summary when it is available.

Thank you for your assistance. Be sure to use the enclosed envelope that has been provided for your completed questionnaire. If you decide not to participate in the study, please mail the booklet back to me.

Sincerely,

Mark C. Bromley, Project Director

## Questionnaire

This is a study about whether families make plans for the future needs of older persons. You were selected for the study because you are between 20 and 59 years old, you have at least one living parent, and at least one of your parents is still independent (does not rely on anyone for personal care or household chores).

If this is true, please turn the page and answer all of the questions, then return the packet in the envelope provided within one week.

If this is not true, please check all of the choices listed below that apply to you, but do not answer the questions in the booklet, and return the packet in the envelope provided right away.

I am not eligible for the study because:

- I am not 20 - 59 years old
- I do not have any living parents
- I do not have any independent parents

Thank You!

Part A

If both of your parents are living and independent, please think about the older parent as you answer the following questions. If only one of your parents is living or if only one of your parents is independent, please think about that parent.

Please, circle the number of your answer choice. The parent you will think about as you answer the questions in PART A is:

- 1 YOUR FATHER If your father, please indicate his age in \_\_\_\_\_ YEARS  
 2 YOUR MOTHER If your mother, please indicate her age in \_\_\_\_\_ YEARS

1. Have you considered or thought about your parent's future needs that might someday limit his/her's independence?

- 1 YES If YES, go to question 2.  
 0 NO If NO, go to question 3.

2. How much consideration or thought have you given to those future needs?

- |      |             |      |      |
|------|-------------|------|------|
| NONE | VERY LITTLE | SOME | ALOT |
| 1    | 2           | 3    | 4    |

3. Have you discussed with your parent his/her future years and the needs that might someday limit his/her independence?

- 1 YES If YES, go to question 4.  
 0 NO If NO, go to question 6.

4. Who initiated the discussion?

- 1 YOU  
 2 YOUR PARENT  
 3 OTHER \_\_\_\_\_  
 (Specify the person's relationship to you)

5. How freely did you participate in the discussion?

- |                |                    |                         |                     |
|----------------|--------------------|-------------------------|---------------------|
| VERY<br>FREELY | SOMEWHAT<br>FREELY | SOMEWHAT<br>CONSTRAINED | VERY<br>CONSTRAINED |
| 1              | 2                  | 3                       | 4                   |

6. Have you and your parent together done any preliminary planning (i.e., obtained information needed for a final decision, asked for advice from family members or professionals, made requests or applications for assistance or services) for your parent's old age or time that they might not be independent?

- 1 YES                    If YES, go to question 9.
- 2 NO                     If NO, go to question 7.

7. Has your parent made preliminary plans on his/her own?

- 1 YES                    If YES, go to question 9.
- 2 NO                     If NO, go to question 8.
- 3 UNKNOWN             If UNKNOWN, go to question 8.

8. Have you made preliminary plans by yourself?

- 1 YES                    If YES, go to question 9.
- 2 NO                     If NO, go to question 11.

9. Who initiated the planning?

- 1 YOU
- 2 YOUR PARENT
- 3 OTHER \_\_\_\_\_  
(Specify the person's relationship to you)

10. How freely did you participate in the planning?

- |                |                    |                         |                     |
|----------------|--------------------|-------------------------|---------------------|
| VERY<br>FREELY | SOMEWHAT<br>FREELY | SOMEWHAT<br>CONSTRAINED | VERY<br>CONSTRAINED |
| 1              | 2                  | 3                       | 4                   |

11. Have you and your parent together made any final decisions for your parent's future when they might not be able to function independently?

- 1 YES                    If YES, go to question 14.
- 2 NO                     If NO, go to question 12.

12. Have you made a final decision by yourself?

- 1 YES                    If YES, go to question 14.
- 2 NO                     If NO, go to question 13.

13. Has your parent made a final decision on his/her own?

- |   |         |                                |
|---|---------|--------------------------------|
| 1 | YES     | If YES, go to question 14.     |
| 2 | NO      | If NO, go to question 16 .     |
| 3 | UNKNOWN | If UNKNOWN, go to question 16. |

14. Who initiated the decision?

- |   |             |
|---|-------------|
| 1 | YOU         |
| 2 | YOUR PARENT |
| 3 | OTHER _____ |
- (Specify the person's relationship to you)

15. How freely did you participate in the decision?

- |                |                    |                         |                     |
|----------------|--------------------|-------------------------|---------------------|
| VERY<br>FREELY | SOMEWHAT<br>FREELY | SOMEWHAT<br>CONSTRAINED | VERY<br>CONSTRAINED |
| 1              | 2                  | 3                       | 4                   |

Please give your opinion about questions 16 -17.  
(Choose one response and please circle the number.)

16. Should children be involved in the future concerns of their parents' possible dependency needs?

- |   |                                |
|---|--------------------------------|
| 1 | YES                            |
| 2 | MAYBE                          |
| 3 | NO        If NO, go to PART B. |
| 4 | I DON'T KNOW                   |

17. When should children become directly involved in the concerns of their parents' possible future dependency needs?

- |   |  |
|---|--|
| 1 | WHEN A PARENT REQUESTS INVOLVEMENT   |
| 2 | WHEN A PARENT ADMITS A NEED BUT DOES NOT ASK FOR INVOLVEMENT                 |
| 3 | WHEN CHILDREN SEE A NEED AND THEIR OFFER FOR INVOLVEMENT IS ACCEPTED         |
| 4 | WHEN CHILDREN SEE A NEED EVEN THOUGH THEIR OFFER FOR INVOLVEMENT IS REJECTED |
| 5 | I DON'T KNOW   |

PART B

How much do you think your parent would agree with each of the following statements? REFER TO THE SAME PARENT YOU DID IN PART A.

(Please use the following scale to answer questions 1 - 10 and circle the number that represents your answer.)

	STRONGLY AGREE 1	AGREE 2	DISAGREE 3	STRONGLY DISAGREE 4
1. Married children should live close to parents.	1	2	3	4
2. Adult children should take care of their parents in whatever way necessary when they are sick.	1	2	3	4
3. Adult children should give their parents financial help.	1	2	3	4
4. If children live nearby after they grow up, they should visit their parents at least once a week.	1	2	3	4
5. Children who live at a distance, more than twenty miles away, should write to their parents at least once a week.	1	2	3	4
6. Adult children should feel responsible for their older parents.	1	2	3	4
7. Older parents and adult children should be together on special occasions, such as holidays, birthdays, and anniversaries.	1	2	3	4
8. Older parents should be able to talk over matters of personal importance, those matters that deeply affect their lives, with their adult children.	1	2	3	4
9. Adult children should give their parents emotional support.	1	2	3	4
10. Adult children should be willing to sacrifice some of their personal freedom to take care of aging parents if they need it.	1	2	3	4



How much do you think your parent would agree with each of the following statements? REFER TO THE SAME PARENT YOU DID IN PART A.

(Please use the following scale to answer questions 11 - 16 and circle the number that represents your answer.)

	STRONGLY AGREE 1	AGREE 2	DISAGREE 3	STRONGLY DISAGREE 4
11. Adult children should provide a temporary living space in their home for their older parent in an emergency situation.	1	2	3	4
12. Adult children should give older parents advice when they need it.	1	2	3	4
13. Adult children should adjust their work schedule in order to help older parents when they need it.	1	2	3	4
14. When older parents are unable to care for themselves, they should be able to live with one of their adult children.	1	2	3	4
15. Adult children should adjust their family schedule in order to help older parents when they need it.	1	2	3	4
16. Adult children should help their parents understand and use resources/services (medicare, meals on wheels) that they are entitled to, when they need it.	1	2	3	4

PART C

(PAFS-Q subscales used in this research project are available from James H. Bray, Texas Woman's University, 1130 M.D. Anderson Blvd., Houston, TX.)

PART D

Now, would you tell us about the changes YOU or YOUR FAMILY members have experienced. FAMILY means people who are related by blood, marriage, or adoption. Family also includes persons who live with you and to whom you have a long term commitment.

Please read each of the events listed below and decide whether it happened in your family during the past 12 months. The family member may be someone living with you or separate from you.

Circle 1 for YES and 2 for NO for questions 1 to 20.

	YES	NO
1. A family member gave birth to or adopted a child	1	2
2. A family member stopped working, lost or quit a job (e.g. retired, laid off, etc.)	1	2
3. A member started or returned to work	1	2
4. A member changed to a new job/career, or was given more responsibilities at work	1	2
5. Family moved to new home/apartment	1	2
6. A family member, relative or close friend became seriously ill or injured	1	2
7. A family member or close relative became physically disabled, chronically ill, or was committed to an institution or nursing home	1	2
8. A family member, close relative or close friend died	1	2
9. Married son or daughter was separated or divorced	1	2
10. A family member left home or moved back home	1	2

Please read each of the events and decide whether it happened in your family during the past 12 months. The family member may be someone living with you or separate from you.

Circle 1 for YES and 2 for NO.

	YES	NO
11. Increase in conflict between husband and wife	1	2
12. Increase in arguments between parent(s) and child(ren)	1	2
13. Increase in conflict among children in the family	1	2
14. Increased difficulty in managing child(ren)	1	2
15. Increase in the number of problems/ issues that don't get resolved	1	2
16. Increase in the number of tasks/ chores that don't get done	1	2
17. Increased in conflict with in-laws or relatives	1	2
18. Increased strain on family "money" for medical expenses, clothes, food, education, home care, etc.	1	2
19. Increased difficulty with people at work or dissatisfaction with job/career	1	2
20. Increased difficulty in providing care to a disabled or chronically ill family member	1	2

PART E

Finally, here are some background questions to help interpret the study results. Please, circle the number of your answer or write an answer as directed.

1. What is your sex? (Circle number of your answer)

- 1 FEMALE
- 2 MALE

2. What is your present age? \_\_\_\_\_ YEARS

3. What is your present marital status?

- 1 MARRIED
- 2 WIDOWED
- 3 DIVORCED
- 4 SEPARATED
- 5 NEVER MARRIED

4. How many living children do you have? \_\_\_\_\_ CHILDREN

SONS

\_\_\_\_\_ (age)    \_\_\_\_\_ (age)    \_\_\_\_\_ (age)    \_\_\_\_\_ (age)    \_\_\_\_\_ (age)

DAUGHTERS

\_\_\_\_\_ (age)    \_\_\_\_\_ (age)    \_\_\_\_\_ (age)    \_\_\_\_\_ (age)    \_\_\_\_\_ (age)

5. How close do you live to the parent you thought about when you answered questions in PART A?

- 1 IN THE SAME HOUSEHOLD
- 2 LESS THAN 3 MILES AWAY
- 3 3 TO 10 MILES AWAY
- 4 11 TO 25 MILES AWAY
- 5 26 TO 50 MILES AWAY
- 6 51 TO 100 MILES AWAY
- 7 101 TO 300 MILES AWAY
- 8 OVER 300 MILES AWAY (Write number\_\_\_\_\_)

6. How many living brothers and sisters do you have?  
(Write in number; if you are an only child, write 0)

\_\_\_\_\_ Brothers                      \_\_\_\_\_ Sisters

7. Are you the adult child who lives geographically closest to your parent?

- 1 YES      If YES, go to question 9.
- 2 NO        If No, go to question 8.

8. How many miles separate your parent and your brother/sister that lives geographically closest to your parent? (Write number) \_\_\_\_\_

9. How many years of school did you complete? (Circle number)

ELEMENTARY						JR. HIGH			HIGH SCHOOL			COLLEGE OR TRADE SCHOOL				POST COLLEGE			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+

10. Are you presently employed?

- 1 NOT AT ALL
- 2 PART TIME (LESS THAN 30 HOURS PER WEEK)
- 3 FULL TIME (30 OR MORE HOURS PER WEEK)

11. Which of the following best describes your racial or ethnic background? (Circle number)

- 1 AMERICAN INDIAN
- 2 BLACK
- 3 HISPANIC
- 4 ORIENTAL
- 5 WHITE
- 6 OTHER (specify) \_\_\_\_\_

12. What is your religious preference? (Circle number)

- 1 CATHOLIC
- 2 JEWISH
- 3 PROTESTANT
- 4 OTHER (specify) \_\_\_\_\_
- 5 NONE

13. What was your approximate gross household income from all sources, before taxes, in 1988? (Circle number)

- |                        |                        |
|------------------------|------------------------|
| 1 LESS THAN \$10,000   | 5 \$40,000 TO \$49,999 |
| 2 \$10,000 TO \$19,999 | 6 \$50,000 TO \$59,999 |
| 3 \$20,000 TO \$29,999 | 7 \$60,000 TO \$69,999 |
| 4 \$30,000 TO \$39,999 | 8 MORE THAN \$70,000   |

14. May I contact you in the future for a follow up to this study?

- 1 YES
- 2 NO

Is there anything else you would like to tell us about your experience or relationship with your parent? If so, please use this space for that purpose.

Your cooperation with this effort is very greatly appreciated.

Reminder Postcard

Last week a family information survey was mailed to you seeking information about your involvement and relationship with your parents. If you have already completed and returned it to me, please accept my sincere thanks. If not, your prompt response will be very much appreciated. Your voluntary participation is important so that the results will be representative of adults in Clinton County.

If by some chance you do not have the questionnaire, please call me at (518) 563-3895 or send me a note.

Sincerely,

Mark C. Bromley  
RFD 1, Box 39D  
Plattsburgh, NY 12901



Appendix E  
Supplementary Results and Discussion

## Appendix E

## Supplementary Results and Discussion

This appendix provides descriptive statistics for two additional research questions (see Appendix D, Questionnaire, Part A). Do adult children initiate and freely participate in long-term care planning activities?; and do adult children feel they should be involved, and under what conditions, in their parent's future needs?

Initiation

As reported earlier, 66 adult children entered into discussion with their parents. Of these, 47.0% reported they initiated this involvement, 39.4% reported their parent initiated the discussion, and 13.6% reported some "other" person began the talks. Adult children reported that their parents took the initiative to plan (73.8% of 42) and make decisions (64.1% of 39) about their own dependency needs (see Table E-1). Adult children specified "other" people as themselves with their parents together, their own siblings, the other living parent, both parents together, and a medical doctor of the parent.

Freedom

Adult children reported that they felt free (a combination of feeling "somewhat free" and "very free") to discuss (83.4%), plan (65.0%), and make a decision (83.7%) when they did participate in such behavior. Adult children

reportedly felt more constrained when involved in planning (35%) as compared to discussing (16.7%) or making decisions (16.2%) (see Table E-2).

### Involvement

A majority of adult children (83.5%) felt they should be involved in their parents' future dependency needs; 13.5% felt "maybe"; 1.2% were negative; and 1.8% "did not know" if such involvement should occur. Slightly more than half of the offspring who endorsed involvement felt it was appropriate to be involved "when children see a need and their offer is accepted" (51.4% of 142) but 23.9% felt they should be involved even "when children see a need and their offer is rejected". Adult children who were tentative ("maybe") about involvement being appropriate frequently (60.9%) held the parent's acceptance of the adult child's offer for involvement as an important condition. Still, 26.1% of this group felt involvement was appropriate even if the parent rejected the offer for involvement in their future needs.

### Discussion

The involvement of adult children with their parents occurred in the context of them not knowing whether their parents had made long-term care plans or decisions. Almost half of the adult children did not know if their parents had made plans on their own (43.3%,

N=157) and a majority were unaware if their parents had made any decisions alone (61.9%, N=147).

This situation might contribute to adult children initiating and entering into discussions to learn of any plans or decisions already made. Adult children appear to be willing to initiate discussions and will participate quite freely in discussions, planning, or decision making. Their feeling most constrained in the planning activity may indicate their reluctance to intrude into their parent's affairs, their uncertainty of what plans are desired by the parent, or their inability to know how to proceed with planning for the future.

Parents in this study were reported to initiate planning and decision making that involved their adult sons and daughters. This may be viewed as an open door for their children to be involved in otherwise private concerns. The parents may also maximize their control of their future by initiating the planning and incorporating their wishes in the plans. This interpretation parallels the finding that older women desire the final say in decisions (Pratt et al., 1988) and that older adults have strong preferences about their future living arrangements (McAuley & Blieszner, 1985).

Finally, adult children seem to feel that their involvement is a part of their filial responsibility and

are willing to intervene when they see a need. This is similar to a past finding that children frequently responded to a parent's need and did not wait for them to request help (Hansson et al., 1988). In the present study, adult children seem to regard their parents' acceptance of involvement as an important condition for working together on future dependency needs.

The supplemental analyses have been used to describe the level of motivation and the attitude behind the involvement of adult children who have entered into long-term care planning. The results may be a helpful basis for further examination of attitudes that underlie filial behavior and especially planning for long-term care.

## References

- Hansson, R. O., Nelson, R. E., Carver, M. D., NeeSmith, D. M., & Dowling, E. M. (1988, July). Adult children with frail elderly parents: When to intervene?. Paper presented at the fourth International Conference on Personal Relationships, Vancouver, British Columbia.
- McAuley, W. J., & Blieszner, R. (1985). Selection of long-term care arrangements by older community residents. The Gerontologist, 25, 188-193.
- Pratt, C. C., Jones, L., Shin, H., Ladd, L., & Walker, A. (1988, November). Decisionmaking among single older women and their caregiving daughters. Paper presented at the 41st Annual Scientific Meeting of the Gerontological Society of America, San Francisco, CA.

Table E-1

## Initiators of Long-Term Care Planning Activities

Activity	Person Initiating		
	Adult Child	Parent	Other
Discussing (N=66)	47.0	39.4	13.6
Planning (N=42)	16.7	73.8	9.5
Deciding (N=39)	28.2	64.1	7.7

Note. Table entries are percentages within groups.

Table E-2

Freedom of Participation in Long-Term Care Planning  
Activities

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Activity	Level of Freedom			
	Very Free	Somewhat Free	Somewhat Constrained	Very Constrained
Discussing (N=66)	45.5	37.9	16.7	0.0
Planning (N=40)	30.0	35.0	15.0	20.0
Deciding (N=37)	48.6	35.1	0.0	16.2

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Note. Table entries are percentages within groups.



Table E-3

Endorsement of Involvement in Parent's Needs by When  
Involvement is Appropriate

When Appropriate	Endorsement			
	Yes (N=142)	Maybe (N=23)	No (N=2)	Unsure (N=3)
When parent requests	9.2	0.0	--	33.3
When parent admits need	10.6	8.7	--	33.3
When offer accepted	51.4	60.9	--	0.0
When offer rejected	23.9	26.1	--	0.0
Unsure	4.9	4.3	--	33.3

Note. Table entries are percentages within groups.

VITA

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