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A Qualitative Study of Adult Sons Caring for their Parents

By

Murray S. McKay

A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
for the Degree of

Master of Arts

Department of Sociology
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FACULTY OF GRADUATE STUDIES

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**A QUALITATIVE STUDY OF ADULT SONS
CARING FOR THEIR PARENTS**

BY

MURRAY S. MCKAY

**A Thesis submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

of

MASTER OF ARTS

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ABSTRACT

The care of older parents has become increasingly problematic for families in contemporary society. Given the current and predicted trends of population aging and increased longevity, it is likely that more pressure will be placed on adult children to assume responsibility for parent care. To date, most research addressing the care of older parents has emphasized the role of adult daughter caregivers. However, it has been predicted that the increased participation of women in the labor force will cause a decrease in the number of women willing or available to provide care for older parents. In light of these predicted changes, research on the role of adult sons in parental care becomes vital. The purpose of this study was to examine how and why adult son caregivers met their parents' physical, cognitive, and emotional needs. In-depth interviews were conducted with 25 self-selected adult sons involved in their parents' care. Using the constant comparative method of analysis (Glaser and Strauss, 1967), the following themes were identified: sons' realizations of parents' need for care; patterns of care; attitudes of filial responsibility and participation in caregiving; and, issues pertaining to sons' involvement in intimate care. No one conceptual framework served to adequately explain the caregiving activities of these adult sons. Rather, suggestions were made for future research to incorporate theoretical perspectives that can adequately address multiple levels of analyses. This study gave voice to a select sample of adult sons involved in parental caregiving. It provides direction for future research exploring the dynamics of adult sons' caregiving experiences and offers practical suggestions for interfacing with the formal care system.

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To my wife Janice, my best friend, I dedicate this thesis.

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CHAPTER ONE

Introduction

Adult children involved in caring for older parents are experiencing two significant changes which are increasing the demands placed on them. First, the population is aging and longevity is increasing. Projections based on 1991 Canadian census data estimate that the proportion of people 65 and over is expected to double from 12% in 1993 to 25% by the year 2026 (Oderkirk, 1996). Moreover, Statistics Canada (1998) reports that in 1995 the rate of physical or mental disability was 47% for women 65 and over and 44% for men 65 and over. As the life expectancies of Canadians increase, so does the presence of multiple disabilities. As a result, in comparison to previous generations, more Canadian children will probably be faced with having to care for their increasingly frail and vulnerable parents for longer periods of time.

Second, in addition to there being fewer available adult children caregivers because of lower fertility rates (Oderkirk, 1996) resulting in the “shrinking of families”, changes are being seen within the family structure that may cause a decline in the number of adult daughters willing or available to provide care for their older parents. These changes include increases in rates of divorce and remarriage, more females entering the labour force, and a predicted decrease in the number of women who are as automatically willing as their predecessors to take on caregiving responsibilities (Harris, 1998; Guberman et al., 1992). In other words, as gender roles broaden, women may be less willing to engage in what is seen as traditional “women’s work.”

With more families facing the prospect of having older parents needing help, a predicted decline in the availability and/or willingness of adult daughter caregivers, and

government policies that shift more of the responsibility of older adult care into the community, the question of who will provide for the needs of older parents is of increasing importance. However, irrespective of these trends, many published reports tell us that daughters/daughters-in-law are still providing the majority of care for their older parents/parents-in-law as well as contending with other responsibilities such as child care and employment (e.g., Chappell, 1992; Crawford et al., 1994). Because of the predominance of daughters and daughters-in-law as caregivers, most research addressing the question of who cares for the needs of older parents has, to date, emphasized the role of women caregivers. As a result, what we know about parent care largely translates into what we know about daughter and daughter-in-law caregivers.

Much less attention has been paid to sons actively involved in older parent care and little is known about their unique needs, experiences, and contributions. There is evidence that more men are becoming involved in the care of older relatives. Researchers from the 1996 Canadian General Social Survey on social and community support concluded that while much caregiving for older adults is still done by women, many men also provide help to older adults with long-term health problems (Cranwick, 1997). As the trend toward an older population and changes within the family structure continue, adult sons may have to take a more active role in assisting their parents. If adult children caregivers step into caring by some mix of choice and pressure or because of the absence of alternatives, parent care responsibilities may develop differently for adult sons than for adult daughters. Given the anticipated increase in the demands placed on family caregivers of older parents in the future, it is critical to closely examine the role of sons in providing care to older parents. While the predicted increases in sons' involvement in

parent care are unlikely to offset the demands being placed on daughters, an enhanced understanding of the personal context of these men's caregiving relationships merits investigation in its own right.

Although the issue of how and why adult sons take on caregiving roles for their older parents is beginning to be examined in the caregiving literature (e.g., Harris, 1998; Matthews and Heidorn, 1998), the research in this area still remains sparse and is more narrowly directed than the research on adult daughter caregivers. Most studies examining adult children's involvement in care being provided to older parents have concentrated on the tasks performed by sons as compared to daughters (e.g., Bond et al., 1990; Matthews, 1995; Mui, 1995). This kind of research has illustrated the differences between sons and daughters as caregivers, but it has not provided a complete understanding of how and why these tasks are performed by these adult sons. Research that goes beyond task differences performed by adult children is needed to effect a better understanding of what adult sons are experiencing when they are involved in the care of their parents. Moreover, research of this type is scant and, to date, comes mainly from the United States (e.g., Harris, 1998; Kaye & Applegate, 1990a, 1990b, 1994, 1995; Kivett, 1988; Matthews and Heidorn, 1998). Finally, most research investigating the active participation of adult son caregivers is large-scale and quantitative and places little emphasis on qualitative in-depth analyses of how these sons describe their experiences of being involved in the care of their older parents.

Study purpose and research questions

Certainly, more exploration of the experiences and roles of adult son caregivers is indicated. Given the dearth of information and, in particular, Canadian information about

the involvement of adult son caregivers, the purpose of this small-scale qualitative study is to investigate the active participation of adult son caregivers providing for the physical, cognitive, and emotional needs of their parents. This qualitative research goes beyond the description of tasks performed and begins to examine the experiential side of adult sons providing care for their parents. By design, the research reported here attempts to make adult sons' perceptions of their involvement in the care of their parents visible. More specifically, this study examines the caregiving behaviours of adult sons and explores adult sons' attitudes toward their caregiving. In order to obtain a more comprehensive understanding of adult sons in caregiving roles, the following research questions were devised to guide the study:

1. What do adult son caregivers do for their parents who have physical, mental and/or emotional needs (i.e., what are the tasks or services provided to their older parents)?

2. What is the nature of these caregiving behaviours? For example, how frequently do they engage in the specific social support tasks being provided, how much time is spent on these tasks, and under what circumstances are they performed?

3. Why do adult sons do what they do when participating in parent care? In other words, what attitudes of filial responsibility do adult sons have regarding their caregiving?

4. If more than one caregiving task is being performed, do the caregivers' attitudes of filial responsibility differ according to the nature of the task?

The present study sought to answer these four research questions about adult son caregivers and provided sons the opportunity to explain their caregiving experiences in their own words. This study was about broadening the understanding of, and providing

perspectives on, adult son caregivers. In addition, it is anticipated that it would further the qualitative research on parent care by including adult sons.

The thesis has been organized into the following chapters. Chapter Two, a review of the literature, examines how the caregiving participation of adult children has been investigated, what is known about adult son caregivers, the limitations of the existing literature, and an explanation of, and rationale for, the specific conceptual frameworks used in the study. Chapter Three describes the methodology employed and measures used, how the data were collected, the strategy for data analysis, and the characteristics of the respondents and parents. In Chapter Four, findings are presented as to processes of caregiving, what types of assistance these adult sons provide for their older parents, the nature of these caregiving behaviours, how they view the level of care others (i.e., siblings, family relatives, friends, professional care workers and agencies) provide for their older parents, and under what circumstances care is provided. Chapter Five reports why these adult sons do what they do when participating in parent care and the effect of the nature of caregiving tasks on the attitudes of adult son caregivers. Chapter Six concludes the thesis with a brief summary of all the findings, a discussion of the theoretical significance of the findings, the practical implications of adult sons' active participation in parent care, the limitations of the study, and directions for future research.

CHAPTER TWO

Literature Review

A review of literature on adult children's involvement in caring for older parents indicates that the research in this area is comprised mostly of large-scale quantitative projects. More specifically, over the last two decades, the study of older parent care has focused mainly on the description and measurement of the caregiving tasks performed by adult children. Abel (1990a) reported that most of these studies of informal care for older parents were based on structured interviews, which were analyzed statistically, and that they focused on two issues that lend themselves to quantification: the tasks adult children perform and the stress they experience. Abel (1990a) concluded that this focus on tasks restricted researchers' understanding of the experiences of adult children caregivers. Furthermore, Miller (1989) suggested that more complex paradigms were needed to understand fully the commitment of adult children providing care for their parents in need.

Within the last decade, there have been some smaller-scale qualitative studies that have analyzed the caregiving experiences of adult children. Specifically, attempts have been made to improve the understanding of why adult daughter caregivers do what they do for their older parents and what attitudes they have toward providing this care (e.g., Aronson, 1990, 1992a, 1992b; Guberman et al., 1992; Matthews, 1987; McGrew, 1991; Walker et al., 1990a). However, to date, very few studies (e.g., Harris, 1998; Harris and Bichler, 1997; Matthews and Heidorn, 1998) of family caregiving for older parents have attempted to study the caregiving experiences of adult sons and to provide a more comprehensive understanding of their caregiving attitudes and behaviours.

Defining attitudes toward caregiving

Although related and sometimes synonymous terms are used to define attitudes toward parent care (e.g., familial obligations, filial norms, filial obligations, filial piety, intergenerational responsibility, intergenerational role expectations, moral beliefs, moral demands, moral imperatives, moral obligations, motivations, and perceptions), the term filial responsibility is most often associated with the attitudinal aspects that explain active participation in parent care. A number of researchers have attempted to explore the concept of filial responsibility. For example, Marshall et al. (1987:405) conceptualized filial responsibility as “[a]n attitude of personal responsibility toward the maintenance of parental well-being.” According to these authors, filial responsibility refers to the obligation felt by adult children to meet their parents’ needs. Similarly, Blieszner and Hamon (1992), borrowing from Schorr (1960, 1980), defined filial responsibility as a sense of personal obligation to assist with the maintenance of the well-being of aging parents. Blieszner and Hamon (1992) argued that filial responsibility includes a preventive dimension that promotes self-sufficiency and independence among older parents. According to Selig et al. (1991), it is presumed that feelings of filial responsibility affect an adult child’s decision to take care of an aged parent. This presumption seems to be supported by Hamon and Blieszner’s study (1990) that reconfirmed the strength of filial responsibility norms in contemporary American society. Hamon and Blieszner (1990) found that both parents and adult children recognized certain filial responsibilities that should be fulfilled by adult offspring.

It is evident that attitudes of filial responsibility originate from a number of different sources. Moreover, throughout the caregiving literature, it is shown that these sources can have many differing effects on how families view parent care.

Sources of attitudes of filial responsibility

Family members' attitudes of filial responsibility can evolve from four major types of sources. These include: legal mandates, feelings of affection and obligation, socialization, and gender roles.

Legal mandates. In his comprehensive review of issues related to filial responsibility, Schorr (1980) emphasized both the recency of filial responsibility laws and the historical absence of a moral basis for these laws. In Canada and in the United States, all provinces and states have some legislation imposing financial liability on adult children who do not fulfil their "moral" duty to their parents (Boll, 1996). "Moral" duty used in this context is equated with financial support. According to Snell (1990), for the past seventy years, provincial statutes in Canada have adopted the principle of filial responsibility for indigent parents as an essential element in government policy regarding older adults.

In Manitoba, The Parents' Maintenance Act reads as follows (R.S.M., 1987, c.P10):

Liability of child

1. A son or daughter is liable for the support of his or her dependent parents if it appears that the son or daughter has sufficient means to provide for the parent and to the extent that it so appears, having regard to the whole circumstances of the case.

When parent deemed dependent

2. A parent who, by reason of age, disease or infirmity, is unable to maintain himself or herself without assistance shall be deemed to be dependent.

Summons and order of family court judge

3. A dependent parent, or any other person on his or her behalf, may summon a son or daughter of the parent before a judge of the Provincial Court (Family Division) or of The Family Division of the Court of Queen's Bench, who, upon proof of service of the summons, and whether or not the son or daughter appears, and upon sufficient evidence being adduced that the parent is dependent and that the son or daughter has sufficient means to provide for the parent, may, having regard to the whole circumstances of the case, order that the son or daughter pay for the support of the parent to the person mentioned in the order, a weekly sum of money not exceeding \$20, with or without costs.

While legislation regarding parent care is fairly straightforward in describing the financial liability of an adult child, this Parents' Maintenance Act offers no clear message about how the physical and emotional needs of a parent should be met. Moreover, in Manitoba, there is no reported case in which this Act has been used to try to force adult children to provide financial support for their parents. In fact, throughout Canada and the United States, rarely is there any evidence of parents taking their children to court for financial support. In Canada, Snell (1990) found only 37 instances of cases brought forward to the courts in Carleton County over a 41 year period, and only 10 cases in Ontario County over a 30 year period. These findings, according to Snell (1990), suggest that, despite the widespread adoption and long-term maintenance of filial responsibility laws in all Canadian jurisdictions, these laws have played a strikingly minor role in the lives of older parents. Snell (1990:212) argued:

Given the well established existence of familial support generally, the most likely explanation of much of this low incidence is that older

dependent Canadians received support from their children and extended kin voluntarily and without resort to the coercive pressure of the law.

Wolfson et al. (1993) suggested that, in the United States, governments have failed to publicize and enforce filial responsibility laws. These authors conclude that these laws rely instead on social service mechanisms to provide at least some support when families cannot or will not do so.

In Canada, the basic financial needs of most older adults are met partially through the Old Age Security plan and, where eligible, the Guaranteed Income Supplement, which are funded by the federal government (Oderkirk, 1996). Medical care is also available to all Canadians. The near-universal availability of these resources, as well as the possibility of adult children helping their parents financially, may partially explain why there are very few court cases in Canada. Snell (1990) suggested that these laws may be an inefficient means of producing substantial support for dependent older adults, however, they do articulate a continuing belief in the centrality of the family as a vital element in the lives of older adults. These laws, however, do not account for the high degree of involvement of children as caregivers for their parents. Therefore, it is thought that in day-to-day life the responsibility for parent care and the way in which this care is provided seems to spring not from laws, but rather from a sense of self-imposed responsibility about which little is known (Daniels, 1988; Montgomery, 1992; Wolfson et al., 1993).

Affection and obligation. In the absence of legal or economic imperatives, the persistence of filial responsibility has often led researchers to focus on affection and obligation as primary sources of parent-care responsibilities. Studies have noted the relationship between affection, attachment and the felt obligation to provide care for

older parents (e.g., Cicirelli, 1983; Horowitz, 1985b; Silverstein et al., 1995) as well as the importance of attitudes of responsibility as correlates of contact with, and assistance to, parents (e.g., Hamon and Blieszner, 1990). Kaye and Applegate (1990a), examining men as caregivers (primarily husbands and sons), revealed that emotional and relationship factors were of central importance to these men's experiences. They found that respondent after respondent spoke of their abiding commitment to, and concern for, the care recipient, whether it be a spouse, mother, or father. Even though Kaye and Applegate (1990a) found that caregiving involvement was extremely demanding for many of the men in their sample, a long-standing sense of deep affection and intimacy was identified.

Selig et al. (1991) identified three major philosophical views that could form the basis for providing care to a parent. These views include: first, the Judeo-Christian ethical tradition which commands lifelong parental reverence; second, the idea that parents are owed a debt of gratitude for the care they have provided to their children; and third, the view that care for parents is an expression of friendship and love. There is evidence that caregiving is governed by motives that encompass both affection and obligation (Walker et al., 1989, 1990a, 1990b) and influence how care is given. For example, certain studies highlighted the persistence and durability of emotional bonds between parents and their children despite the barrier of geographic distance (Aldous et al., 1985; Moss et al., 1985; Schoonover et al., 1988). As well, Lee et al. (1993) have argued that the strength and nature of kinship bonds may be more important than simple gender roles in the determination of who cares for whom.

However, this finding, which implies an overtly positive relationship between parent and child, does not always coincide with the nature of family caregiving. Some research has questioned the importance of affection as the primary force underlying filial responsibility and/or the performance of caregiving tasks (e.g., Abel, 1990a, 1990b; Finley et al., 1988; Jarrett, 1985). Repeatedly, it has been shown that there can be emotional closeness between parent and child without contact or aid given. For example, Finley et al. (1988) found high levels of filial responsibility shown by a sample of males were negatively correlated with levels of involvement in parent care. At the same time, it has been found that children who do not feel a great amount of affection for their parents are still able and willing to provide needed assistance (Walker et al., 1989, 1990a, 1990b). According to Jarrett (1985), many potential caregivers assume that affection is a necessary condition for caregiving. Jarrett (1985) concluded that research usually confirms an attitude of positive concern for older relatives that does not necessarily involve feelings of affection, and this positive concern, not affection, is the motive on which family help has traditionally rested.

For many children affection may influence the way in which responsibilities are experienced, but it is also evident that children frequently provide care simply because parents need care or because the children perceive few alternatives. The trend appears to be that care is usually provided regardless of the levels of intimacy between parent and child and regardless of how adult children have identified with their parents over the years. It appears from the literature that children frequently provide care because parents need care and that care is provided even when there is great conflict. Moreover, it is thought that some adult children provide care, not from affection or obligation, but from a

feeling of being helpless to resist strong societal pressure to care for an older parent (Strawbridge and Wallhagen, 1992). More specifically, response to societal pressure can be the result of early ongoing socialization into caring roles.

Socialization. Macionis et al. (1997) described the process of socialization as a lifelong social experience by which individuals develop their human potential and learn the patterns of their culture. Some literature on family caregiving has suggested that societal pressure to take care of an older parent is so strong that it has overridden even the weakest of relationships between parent and child. Care is provided despite a lack of intimacy or the absence of a strong bond between child and parent (Albert, 1990; Brody, 1985; Horowitz, 1985b; Lee, 1992; Montgomery, 1992). As noted by Marshall and McPherson (1994:257):

It is clear that, if aged parents need assistance, then children provide it – whether they feel close or affectionate towards their parents or not. The normative pressures in our society are so strongly supportive of taking care of one’s parents that few would dare go against this basic principle of “filial piety” that is shared by almost everyone in our society.

Miller (1989) examined adult children’s perceptions of caregiver stress and satisfaction and found generally high satisfaction with caregiving. Similarly, in Canada, among the general Winnipeg population of middle-aged persons, it was found there was relatively little burden expressed in the provision of support to independently living parents and parents-in-law (Bond et al., 1990). However, the findings of Miller (1989) and Bond et al. (1990) may represent only socially desirable responses and these responses may not be indicative of many families heavily immersed in the care of their older parents. For example, Storm et al. (1985) deduced that the responsibility of children towards the care of their older parents is unambiguous only in the abstract. As soon as the

children in this sample started to consider concrete cases, ambiguities surfaced as to how to handle conflicting responsibilities such as parent care, child care, and employment. Similarly, Murray et al. (1996) argued that as an adult child's anxiety increased in regards to his or her ability to take on a caregiving role for an older parent, concern around social approval decreased.

There is a need to re-examine the socialization outcome more definitively. One aspect of the socialization process to consider in more detail is gender role socialization. That is, being a male or female may have a bearing on the attitudes adult children have toward their ability to take on a caregiving role for an older parent.

Gender roles. Although less so now than in the past (e.g., Harris, 1998; Kaye and Applegate, 1995), boys and girls are socialized into specific gender roles (masculine for boys, feminine for girls). It is possible that this could influence care provided for a parent. Traditional gender-based socialization differs for males and females and, hence, produces different patterns of expectations. Masculinity is associated with assertiveness, independence, machismo, and instrumentality. Feminine traits, on the other hand, are associated with expressive, communal, and affective concerns for the well-being of others (Kaye and Applegate, 1990a). More specifically, according to Rossi (1995), a childhood of play and parental example perpetuates the socialization of girls to anticipate motherhood as a central role in adulthood to a much greater extent than childhood play or parental example encourages an emphasis on anticipated fatherhood for boys. As a consequence, women acquire greater affiliative and relational attributes than men. In the caregiving literature, these differences are often attributed to social norms that reinforce

the notion that, with some exceptions, caring for a parent is a female responsibility (Matthews and Rosner, 1988).

Male gender role socialization may leave men less willing to provide personal care to family members and to expect more from others (Mui, 1995). As Brody et al. (1989) have pointed out, men's lack of involvement in personal care does not imply a lack of family feeling among sons, but conforms to the cultural definition of gender-appropriate behaviour. Furthermore, Brody (1985, 1990) suggested that daughters, having been socialized as nurturers, have higher expectations of themselves in caring for others, see themselves as being responsible for the well-being of the recipients of their care, and try to care for older parents as totally as those parents cared for them in childhood. According to Brody (1985, 1990), the passivity and emotionality expected of adult daughters generally translates into providing for the "hands-on" physical and emotional needs of their parents. Conversely, the value placed on independence and action by adult sons generally translates into providing more for the 'hands-off' financial needs and less for the physical and emotional needs of their parents. Moreover, women more so than men have been socialized from childhood to communicate and negotiate with others (Jutras and Veilleux, 1991). This results in specific roles for women and men when it comes to types of care provided to an impaired parent.

This female responsibility, however, does not appear to apply to financial support. For example, Snell (1990), in his analysis of the use of filial responsibility laws in Canada, found daughters were treated differently than sons when it came to financial support orders. When both sexes were held responsible, Snell (1990) found that daughters were often given a reduced monetary onus. As Snell (1990) explained, this gender

difference in support orders and expectations parallels a broader difference in normative expectations and in actual support provided by adult sons and daughters. It is argued that these differences, including the lack of contributions by adult sons to family caregiving, are not seriously challenged in a society that expects little of the emotional and personal care work to come from males (Finley, 1989). It is, for example, suggested that in a male-dominated society adult sons' contributions in the way of financial support have been considered more valuable, and very little behavioural change will occur in caregiving by sons until societal evaluations of men's contributions change (Aronson, 1985, 1992a, 1992b; Finley, 1989). In other words, as the 21st century approaches, an adult son's sense of obligation may still be satisfied by little investment of his time.

The differences in the normative expectations for males and females providing care to an older parent appear to apply more to behaviours than to attitudes. The literature overwhelmingly suggests that adult daughters and adult sons share similar attitudes concerning care provided to their parents (Blieszner and Hamon, 1992; Finley et al., 1988; Finley, 1989; Kaye and Applegate, 1994; Lee, 1992; Lee et al., 1993; Marshall et al., 1987; Montgomery, 1992; Wolfson et al., 1993). Wolfson et al. (1993), for example, found no difference between sons and daughters in their expressed sense of moral obligation to provide care, nor were there any differences in their perceived ability to provide the care. Similarly, Roff and Klemmack (1986) found substantial support for norms of equality between employed daughters and sons in terms of involvement in parent care. As Lee (1992: 122) stated, "[m]any studies show that attitudes favour a relatively egalitarian division of parent care between sons and daughters, but behavioural differences persist."

Understanding gender roles cannot fully explain gender patterns in parent care. That is, if women performed caregiving responsibilities simply because they are expected to do so, attitudes of filial responsibility between males and females should be different. However, as stated previously, many researchers have found males and females share similar attitudes regarding the care of their parents. Other perspectives on socialization (i.e., the interpretive perspective) depict gender role socialization as a dynamic process wherein socialization patterns change from generation to generation and create different expectations for male and female participation in parent care. For example, some researchers (Kaye and Applegate, 1990a, 1995; Spitze and Logan, 1990b) confirm that there are some men who have committed themselves to providing care to older parents over a long period of time. Moreover, these men were employed and, according to these researchers, felt that they were doing double-duty. Like female caregivers, they were caught “in the middle” (Brody, 1990), juggling multiple and competing demands. This would seem to contradict Walker’s (1992) conclusion that participation in the labour market does not prevent women from caregiving; it seems only to prevent men. As a result of this contradiction in findings, a lack of awareness of some adult sons’ experiences has in turn led to misunderstandings about their roles and why they do what they do (Arber and Gilbert, 1989; Chang and Means, 1991; Harris, 1998; Harris and Bichler, 1997; Kaye and Applegate, 1990a, 1990b, 1994, 1995; Matthews and Heidorn, 1998; Nuefeld and Harrison, 1997; Parker, 1989). Gallagher et al.’s (1989) study suggested that adult son caregivers are a relatively overlooked group who, in contrast to most current literature, find caregiving a very stressful and depressing experience, similar to that of adult daughter caregivers. Therefore, the socialization perspective, rested on the

laurels of family members conforming to traditional roles of parent care, is unable to account for sons who are active caregivers to older parents and whose lives are dominated by their caregiving behaviours, frequently defined as social support.

Social support

The term that most explicitly defines caregiving behaviours for impaired parents is social support. Social support is multidimensional in nature. For example, social support is defined as a valuable resource comprising the tangible and intangible forms of assistance that older adults receive from family members and friends (Clipp and George, 1990). Generally, it has been agreed that social support has the following components: instrumental assistance, emotional sustenance, affirmation, and companionship (Abel, 1989; Chappell, 1992). According to Chappell (1992), social support is frequently referred to in gerontology as assistance for older adults with either their instrumental activities of daily living (IADL) or their basic activities of daily living (ADL). Assistance with IADL is assistance given to a parent to maintain their independence and generally includes help with household work, taking medicine, laundry, shopping, transportation, in-home mobility, and money management (Chappell, 1992). Assistance with ADL is given to parents to carry out normal everyday functions of life such as eating, dressing, bathing, and bed transfer.

In Manitoba, Penning and Strain (1994) focused on older adults' receipt of hands-on assistance with ADL. Employing data from interviews conducted with 1,406 community-dwelling older adults (65 and over), they found that the proportion of these older adults needing help with basic ADL (such as dressing and/or bathing) was over one-half of all interviewed. Moreover, these authors found that a comparison of older

men and women, in terms of their ability to perform various ADL, revealed gender differences in functioning. The women reported greater functional disability than did men. Their conclusion was that there is a need to attend to the diversity in the types, levels, and effectiveness of the resources used to deal with disability. Moreover, Penning and Strain (1994:S207) emphasized that:

Men and women differ not only in the nature and extent of the limitations they experience but also in their reliance on various sources of assistance and the relationship of these to personal well-being.

Sources of social support. Researchers conducting the 1996 Canadian General Social Survey found that the majority of informal care provided to people with long-term health problems was given to older parents rather than to spouses, children, siblings, extended family, friends, and others (Cranswick, 1997). Furthermore, it has been estimated that the world of family caregiving for older relatives (made up of adult children, spouses, and extended family members) constitutes around 80%-90% of the total care provided to older adults in society, with the remaining 10%-20% being supplied by the formal health and social services (Aronson, 1992b; Chappell, 1992; Penning and Chappell, 1990). More specifically, the frequency of adult children as sources of emotional support, assistance with transportation and banking matters, and help with household chores and activities of daily living has been well documented over the last two decades (Bond et al., 1990; Brody, 1985; Chang and White-Means, 1991; Chappell, 1992; Cicirelli, 1983; Connidis, 1989; Coward et al., 1989; Himes, 1992; Horowitz, 1985a; Kaye and Applegate, 1995; Lee et al., 1990; Lee et al., 1993; Marshall et al., 1987; Matthews and Heidorn, 1998; Matthews and Rosner, 1988; Montgomery, 1992; Peek et al., 1998; Shanas, 1979; Spitze and Logan, 1990b; Stone et al., 1987;

Thomas, 1993; Wolfson et al., 1993). Litwak (1985) has argued that some family members treat their older relatives as unique individuals in a way that bureaucratic sectors of the society cannot.

There is considerable evidence that reveals significant differences between sons and daughters caregiving behaviours for their impaired parents (Abel, 1989; Albert, 1990; Aronson, 1985; Coward et al., 1992; Dwyer and Coward, 1992; Dwyer and Seccombe, 1991; Finley, 1989; Jutras and Veilleux, 1991; Lee, 1992; Lee et al., 1993). Many researchers have concluded that adult daughters assume a greater role in parent care than do sons (e.g., Abel, 1989; Albert, 1990; Aronson, 1985; Coward and Dwyer, 1990; Coward et al., 1992; Dwyer and Coward, 1992; Dwyer and Seccombe, 1991; Finley, 1989; Lee, 1992; Lee et al., 1993; Schoonover et al., 1988). Most studies have agreed that adult sons and adult daughters are more likely to differ in the provision of specific types of social support to their parents. The preponderance of daughter caregivers was initially documented by researchers using samples of dyads consisting of impaired parents and their primary caregivers. Almost uniformly, these studies have shown that greater numbers of daughters than sons assist their parents with a wide range of tasks and that the predominance of daughters is especially strong with respect to the personal, "hands-on" (ADL) types of care of their parents (e.g., Birkel and Jones, 1989; Cantor, 1983; Finley, 1989; Horowitz, 1985b; Johnson and Catlano, 1983; Jones and Vetter, 1984; Noelker and Townsend, 1987). Although the consistency of these findings is compelling, the limited generalizability of the study findings prompted several researchers to re-examine the issue of the predominance of daughters over sons

providing primary care to their older parents (Coward and Brubaker, 1989; Coward and Dwyer, 1990; Montgomery and Kamo, 1989).

In the United States, findings from a nationally representative sample of older adults with needs and their caregivers confirmed the predominance of daughters as caregivers, even when the number and gender distribution of all available children were considered (Coward and Dwyer, 1990). Coward and Dwyer (1990) reported that the highest participation rates of sons in care tasks (24.8%) was very close to the lowest participation rates of daughters (24.6%), and occurred among families with no daughters. It has been shown throughout the caregiving literature that sons perform the majority of tasks needed by their parents when they come from families in which there are no available daughters (Dwyer and Coward, 1992; Horowitz, 1985b; Lee et al., 1993). Furthermore, these studies suggested that women were either choosing to, or were being thrust into, the traditional role of providing parent care when both genders were present because it is “women’s work” and that men perform primary caregiving duties only when there is no one else to perform them. Additionally, when families with single-gender sibling networks (all male or all female children) were compared, the rate of sons as caregivers was much lower than the that of daughters (6.9% versus 28% respectively) (Coward and Dwyer, 1990). This pattern of higher frequency of daughters as caregivers seems to be supported by other studies that have used large random samples of older adults residing in the community (e.g., Hirshorn and Montgomery, 1992; Matthews, 1995; Mui, 1995; Spitze and Logan, 1990a; Stoller and Pugliesi, 1989; Stone et al., 1987).

Several explanations have been offered for the lower rates of sons providing social support to their parents. One explanation suggests that adult sons do not specialize in certain types of care and caregivers tend to be the same gender as the parents needing care. The fact that most older parents with physical limitations are women could therefore be responsible, in part, for the fact that daughters predominate as caregivers (Dwyer and Coward, 1992; Lee et al., 1993). This explanation would seem to be supported because it has been shown that although daughters were the more frequently mentioned adult child caregivers, the involvement of sons was more pronounced in the network of fathers (Coward et al., 1992; Stoller, 1990). As well, some research has suggested that various indices of help to parents are biased toward daughters in that they emphasize tasks that women are likely to do and focus on very frail mothers who are most likely to need personal care (Dwyer and Coward, 1991; Horowitz, 1992; Matthews, 1995; Stoller, 1990). In addition, some researchers have suggested that by equating parent care with a specific set of tasks that women are more likely than men to perform, much of what men actually do for their parents is rendered invisible (Coward and Dwyer, 1990; Dwyer and Coward, 1991; Horowitz, 1992; Matthews, 1995; Matthews and Heidorn, 1998; Stoller, 1990).

Other researchers have found that the gender of the parents and the gender of the adult child do not account for the major source of variation in the source of social support for older parents. Rather, the major source of variation in the amount of support services received by parents seems to be the living arrangements of adult children, i.e., unmarried sons living with a parent are more likely to provide care than married sons

with whom a parent lives (Arber and Gilbert, 1989; Deimling et al., 1989). In Great Britain, Arber and Gilbert (1989:116) noted:

Overall, it looks as though the variation in the provision of these services is not due to discrimination against women per se, but discrimination against households in which non-elderly married women predominate as carers.

Moreover, in the United States, Coward and Dwyer (1990) found that among children from single-gender or only-child sibling networks, there were not statistically significant gender differences in the experiences of parent care. Similarly, the data of Tennstedt et al. (1989,1993) supported the hypothesis that it is the co-residence of caregiver and care recipient, rather than their relationship, that provides the basis for similarity among informal caregivers in relation to the provision of instrumental assistance. Coward et al. (1989) have argued that because of the important association between household composition and the quality of life of older adults, this line of research must continue.

Examining the impact of various factors on the perceived emotional strain of adult son and daughter caregivers of frail older parents, it has been found that differences in caregiving practices are not inherent in the gender of the adult child caregiver. Rather, the differences between genders are due to social and individual characteristics such as resource availability, situational variables, parental impairment, and the perceptions of interference between caregiving and the caregivers' personal and social life (Crawford et al., 1994; Finley et al., 1988; Miller, 1989; Mui, 1995; Young and Kahana, 1989). These findings would support the argument that sons and daughters may approach their responsibilities to older adult care differently, that they are influenced by the specific social context in which they are embedded, and that differences between social support by sons and daughters cannot be explained by gender in and of itself.

A review of previous research on son caregivers (which primarily compares sons with daughters), indicates that sons are seen as somewhat reluctant, intermittent caregivers who become involved only because no one else is available (Dwyer and Coward, 1991; Horowitz, 1985a; Montgomery and Kamo, 1989). However, the importance of women as caregivers for parents in need does not always mean that men are absent from informal helping networks or are only providing support to their parents when no one else can.

Social support by adult sons. Estimates of the exact percentage of males involved in caring for their parents vary from study to study; however, some research has shown that up to one-third of adult sons were heavily involved in the care for their older parents in some settings (Arber and Gilbert, 1989; Briggs, 1983; Charlesworth et al., 1984; Harris, 1998; Harris and Bichler, 1997; Kaye and Applegate, 1990a, 1990b, 1994, 1995; Levin et al., 1983; Matthew and Heidorn, 1998; Mui, 1992, 1995; Nuefeld and Harrison, 1997; Spitze and Logan, 1990a; Stoller, 1990). For example, Stoller (1990) reported that, out of approximately 400 older adults in need, 41% of the helpers were men and 60 % of these male helpers were sons. Stoller (1990) concluded that there was little evidence that these men dropped out of the caregiving role when needs intensified and there were high levels of stability among the sons who were caregivers.

More recently, research appears to be documenting a greater role played by men in older adult care. Some research has suggested that there is more variability among son caregivers than previously reported and, while women continue to carry the bulk of the load, many men do assume caregiving responsibilities for their parents and do provide care in much the same way as daughters (e.g., Harris, 1998; Harris and Bichler, 1998;

Kaye and Applegate, 1995). Harris (1998) concluded that sons participating in her study were all actively involved in the caregiving process and were all committed to caring for their ill parents regardless of the availability of a female sibling. Stoller (1990) found that sons, like daughters, exhibit greater stability over time than do other categories of helpers; that is, they provide care over an extended period of time and on a consistent basis. According to Stoller (1990), this may reflect the greater commitment of sons over other male helpers to the older person. In her sample of adult children providing care for a older parent, Horowitz (1985b) found that some sons were “extremely involved” in providing personal and instrumental care to their older impaired parents.

In contrast to the stereotype that male caregiving is primarily instrumental in nature, exceptions to the findings that men do not usually provide personal “hands-on” types of care have been reported by studies examining male caregivers (Arber and Gilbert, 1989; Harris, 1998; Harris and Bichler, 1997; Kaye and Applegate, 1990a, 1990b, 1994, 1995). For example, Harris (1998) found that the majority of son caregivers in her sample provided “hands-on” care, often feeding, dressing, and toileting their parents, and providing emotional support. There are, therefore, clear indications in the research that there is a segment of adult sons providing various forms of care for their parents. Kleban et al. (1989) reported that men, as well as women, play multiple roles when involved in parent care. Furthermore, irrespective of some sons providing types of social support to their parents similar to that provided by daughters, Mui (1995) found significant differences in the way adult sons and daughters approached caregiving, the roles they played, and the impact of the caregiving experience on their lives. For example, Mui (1995) found that for daughters the most important predictors of emotional

strain were interference with work and quality of relationship with the parent. In contrast, the most important predictors for sons were behavioural problems of the parent and few informal helpers (Mui, 1992). In addition, Parks and Pilisuk (1991) found that, even though men and women were highly involved in the care of their older adult relatives, the type of caregiving provided by the two was often qualitatively different. Harris (1998) concluded that her analysis of adult son caregivers illustrated the complexities and diversity among sons caring for parents and demonstrated the need for more in-depth analyses. As Dwyer and Seccombe (1991: 245) commented, "Simply put, men and women define the context of caregiving differently." Blieszner and Hamon (1992) have commented that scholars studying filial responsibility must give more careful attention to the different experiences between the sexes. It is unwise, therefore, without empirical evidence, to suggest that adult son caregivers assume their responsibilities for the same reasons as adult daughter caregivers do. It may be that some men in some settings express and handle their caregiving situations differently from one another and differently from women caregivers.

It is clear from the foregoing discussion that the study of parent care is complex. This complexity is also evident when considering how theoretical perspectives have been used in the study of adult children caregivers.

Assessing theoretical applications

Most studies that focus on the caregiving practices of adult children have been atheoretical. They are descriptive in nature and examine specific issues in the caregiving environment, such as gender differences in the provision of care to a parent (e.g., Coward & Dwyer, 1990; Horowitz, 1985a; Lee et al., 1993; Montgomery, 1992). According to

Kahana and Young (1990), there has not been any over-arching theory or even plan guiding research in the area of families providing care to older adult relatives. As Hagestad (1987:405) noted:

Much of the current knowledge on the later phase of parent-child ties has come about because social scientists have responded to pressing social and political issues, rather than having as their primary goal the building of systematic knowledge.

Spitze and Logan (1990b), examining the effects of the number and gender composition of children on the receipt of social support by older persons, found that different theoretical models fit different behaviors, or forms of support. Spitze and Logan (1990b:427) cautioned:

It may not be possible to model all forms of social support similarly, whether one is comparing help from particular children or from different types of primary groups. We would urge more attention to the characteristics of particular forms of support that may facilitate analysis of their sources.

Interpretive studies of adult children as caregivers have applied several conceptual frameworks. The most useful of these for the purposes of this study were those which focus on social values (cultural consensus) and those which focus on particular aspects of personal and individual development (feminization perspective).

Cultural consensus. Cultural consensus proponents contend that adult childrens' interpretations of their caregiving patterns share similar meanings (Albert, 1990). Albert (1990) argues that the patterns and similar meanings being attached to adult children and the care they provide to their parents allow researchers the opportunity to determine if a similar organization of caregiving culture appears for other samples. For example, Albert (1990:329) asks, "[w]ould we find a similar organization of domain in rural America or urban Nigeria?" According to this perspective, the particularity of each caregiver's

situation is homogenized as caregivers resort to a common set of concepts (likeness, similarity, and identity) for describing parental dependency and their obligation to care for the parent and, “[t]his commonality of interpretation is a first indication that caregiving is organized as a cultural system”(Albert, 1990:320). As has been found (Aronson, 1990; 1992a), cultural assumptions and material realities work to sustain the existing pattern of care. More specifically, family members have integrated normative expectations of the roles of men and women in families.

The concept of the “what goes with what,” identified as a central feature of cultural order (Albert, 1990), is introduced into this cultural consensus approach to aid in conceptualizing the caregiving continuum. Applying this concept of “what goes with what” to the issue of caring for a parent, caregivers who evaluate parental dependency in one way are likely to evaluate their obligation to render care in a particular way as well. For example, according to this concept, a parent’s dependency leads caregivers to liken the parent either to a child, in which the relationship is characterized by high intimacy, high identity, and role reversal, or to an ill person in which the relationship is characterized by low intimacy, low identity, and repayment of a debt (Albert, 1990). According to Albert (1990), the differential identification of an impaired parent with a child or ill person depends on whether the parent’s dependency is taken as an opportunity for increased intimacy between parent and child. The differential identification of caregiving as repaying a debt or caring for someone who is a part of one’s self depends on whether caregivers feel some kind of compelling physical bond, or identity, between themselves and a parent.

Previous work seems to show that this concept of cultural consensus is evident in

the caregiving world (Aronson, 1990, 1992a, 1992b). Specifically, the research which shows the greater proportion of adult daughters being primary caregivers to their older parents suggests, in turn, that this cultural consensus highly affects adult daughters in terms of reinforcing the traditional assumptions that parent care is 'women's work'. In addition, Albert (1990:323) states, "A separate inquiry is required to see how far other types of caregivers draw on the same system for interpreting their experience." The conceptual framework Albert (1990) develops provides a potentially useful method for exploring the commonalities of caregivers' attitudes and behaviours in relation to their parents' increased dependency on them. The cultural consensus model has helped other researchers (e.g., Albert, 1990; Clark et al., 1986; Weller et al., 1987) understand specific orientations in interpersonal relationships. Therefore, the present study attempted to apply the principles of this model to an examination of adult son caregivers and thus, had the potential to contribute to the understanding of how sons viewed their parents' dependency and the relation these views had to their caregiving responsibilities.

Feminization perspective. The small amount of research that has compared women's and men's motivations to care for an older adult reveals the powerful link between femininity and caring (Aronson, 1992b). This concept of feminization has been used in detailing the progression of men's emotional states as they get older (Bem, 1974; Gutmann, 1987; Levinson et al., 1978) as well as explaining men's involvement in older adult caregiving (Kaye and Applegate, 1990a). The feminization perspective suggests that there are significant psychological and emotional changes to men and women as they get older that have an impact on how caregiving is carried out. It is argued that the process of feminization enables men to reclaim and enjoy the full range of masculine and

feminine self-dimensions, and to recapture the gender bimodality that they suppressed earlier in order to fulfill society's expectations that they concentrate on providing financially for young families (Gutmann, 1987). Additionally, it is suggested that this integration of masculine and feminine polarities is the principal task of adult development in men (Levinson et al., 1978). There is also an assertion that the resulting androgyny is associated with enhanced self-esteem, increased role flexibility, and other indicators of psychological health and well-being (Bem, 1974). With the approach of middle age, the time of life at which they are most likely to assume caregiving responsibilities, men may tend to be less concerned about maintaining the appearance of masculinity and more accepting of nurturing feelings in themselves (Solomon, 1982). Certain studies (Arber and Gilbert, 1989; Kaye and Applegate, 1990a, 1990b, 1994, 1995) have used this feminization process to partially explain their findings that some men are involved as much as women are in types of care assumed to be feminine in nature.

Each of these conceptual frameworks has the potential to provide a more encompassing understanding of how and why adult sons do what they do for their impaired parents. Applying these frameworks to the study of adult son caregivers will provide a more comprehensive understanding of sons' caregiving attitudes and behaviours. The frameworks of cultural consensus and feminization will be used to provide insights and possible explanations for how adult sons identify with their parents' dependency in terms of their caregiving responsibility (cultural consensus) and why sons engage in certain types of caregiving tasks traditionally seen as being 'women's work' (feminization). Using these two frameworks to understand what, how, and why adult son caregivers provide care to older parents will provide needed information concerning

sons' caregiving experiences not adequately addressed in current research, and contribute to the development of theory in this topic.

Limitations of existing literature

There are three significant limitations to the existing literature on the patterns of caregiving participation of adult children to older parents. First, and most obvious, is the dearth of Canadian information about the attitudes of filial responsibility adult sons have toward the care of their parents and the kinds of social support they provide. Most research has been conducted within the United States making it difficult to generalize to the Canadian context. Findings from these studies may not be as applicable to the investigation of Canadian caregivers given the different health care system in the United States that can influence the nature of caregiving. Overall, the situation of adult sons caring for their parents in the United States, compared to adult sons caring for their parents in Canada, may involve different sets of factors or variables influencing how and why care is given. These different sets of factors or variables may then limit the ability to generalize between the two countries.

Second, there is little consistency among researchers regarding the conceptualization and measurement of the attitudes that lead adult children to care for their parents in need. Related and sometimes synonymous terms are used when studying attitudes towards caregiving involvement. This lack of uniformity in terms prevents the transformation of research results into a comprehensive picture and highlights the lack of consensus among researchers. As well, it is apparent that most studies examining filial responsibility do not sufficiently operationally define what they mean by this term. They neglect to differentiate clearly between various terms. Most research done on the

caregiving participation of adult children assumes a working knowledge of the concepts and uses related terms to describe attitudinal dimensions without specifically defining them. There is no conceptual clarity or consistency. This lack of consistency contributes to much of the ambiguity in the understanding of caregiving attitudes toward parent care. Marshall et al. (1987) concluded, from their review of the literature, that norms of filial responsibility have meant many things to many investigators, and these many things vary greatly in specificity. As Seelbach and Sauer (1977: 498) argued more than twenty years ago, "Filial responsibility has not been explicitly taught or discussed; rather it has been passed on from one generation to the next in a set of implicit assumptions."

The third and final limitation of previous research conducted on adult children caregivers is the operationalization of family caregiving assistance. Barer and Johnson (1990) argued that this term is problematic to operationalize for three reasons: the ambiguous meaning of the concept of "assistance" determining when caregiving begins; and, identifying the major caregiver. For example, quantitative research comparing sons and daughters caring for their parents usually confirms traditional conceptions of gender role allocation, whereas qualitative studies are rendering a more complex picture that is challenging these traditional attitudes on caregiving roles. Most studies done in Canada and the United States have simply described the rates and/or the extent of caregiving by sons versus daughters and have not offered clear explanations for why some adult sons provide for the needs for their parents. It is apparent that more ethnographic studies are needed to capture the nuances of caregivers' subjective experiences that larger studies often overlook particularly in Canada. Certain researchers (e.g., Harris, 1998; Harris and Bichler, 1998; Kaye and Applegate, 1990a, 1990b, 1994, 1995; Matthews and Heidorn,

1998; Neufeld and Harrison, 1997), for example, have called attention to findings pertaining to men's gender-related orientation to helping others. These researchers have also addressed the importance of uncovering the context and meanings behind descriptive and correlational inquiries of men involved in caregiving. These research endeavors have established a different context for interpreting attitudes of filial responsibility and caregiving behaviours of adult sons providing social support to their older parents.

The present study will continue this qualitative approach by addressing the following research questions:

1. What do adult son caregivers do for their parents who have physical, mental and emotional needs? (i.e., what are the tasks or services provided to their older parents)?

2. What is the nature of these caregiving behaviours? For example, how frequently do they engage in the specific social support tasks being provided, how much time is spent on these tasks, and under what circumstances are they performed?

3. Why do adult sons do what they do when participating in parent care? In other words, what attitudes of filial responsibility do adult sons have toward their caregiving?

4. If more than one caregiving task is being performed, do the caregivers' attitudes of filial responsibility differ according to the nature of the task?

A qualitative approach is used in order to provide insights into the explanations for, and perceived consequences of, the participation of adult sons in parent care. In a qualitative approach, the use of in-depth interviewing techniques can reveal both the emotional and symbolic meanings of caring for a parent that are not usually detected in typical survey approaches (Lofland and Lofland, 1995). Blieszner and Hamon (1992) have argued that the results of qualitative research studies illustrate the advantages of in-depth

interviews for uncovering new dimensions of family caregiving. In this study, an in-depth interview with each adult son caregiver provides the opportunity for the collection of thick descriptive data on the subjective experience of providing care for a parent.

For the complexity of parent care to be examined in-depth, studies has shown that certain variables have to be taken into consideration. These variables include: socio-demographic characteristics, family structure variables, geographic location of siblings, living arrangements of parents, health status of parents and sons, social support networks of sons and parents, types of care 'needed' by parents, types of care 'wanted' by parents, types of care given by adult sons (i.e., caregiving behaviours in terms of social support tasks provided), relationship history of adult sons and their parents, and why adult son caregivers do what they do for their parents (i.e., filial responsibility attitudes). More specifically for the purposes of this study, previous research has shown that the characteristics of adult son caregivers, family resources, specifics of the caregiving situation, and the older parent's characteristics may all influence how and why sons participate in parent care (e.g., Arber and Gilbert, 1989; Chappell, 1992; Coward and Dwyer, 1990; Coward et al., 1992; Harris, 1993, 1998; Harris and Bichler, 1997; Kaye and Applegate, 1990a, 1990b, 1994, 1995; Lee et al., 1993; Matthews and Heidorn, 1998; Wolfson et al., 1993). All of these issues have been shown by various studies to have an effect on whether, how, and why, care is provided to parents by their adult children. Therefore, these issues will be addressed when examining sons' active participation in parent care.

Conclusion

Although current research has examined caregiving by adult daughters in considerable detail, much less emphasis has been placed on understanding caregiving by adult sons. To begin to remedy this gap in our knowledge of family caregiving, this research was constructed to capture, first, how adult sons describe their caregiving behaviours in terms of the social support tasks they are performing, and second, the nuances of their subjective understandings of their caregiving.

Previous research on adult children as caregivers provides an incomplete picture of adult sons' caregiving experiences in parent care and its usefulness is limited by lack of theory, conceptual clarity, and by inconsistency in findings. What is clear, however, from previous research is that the caregiving attitudes and behaviours of adult sons cannot be easily categorized or predicted and no qualitative in-depth Canadian information of their caregiving experiences has yet been reported.

CHAPTER THREE

Methodology

Study respondents

A self-selected sample (N=25) of adult sons who were actively involved in providing care to their older parents was identified. Two approaches were used to recruit participants for the study. In the first approach, letters were sent to the executive directors of senior centres and organizations explaining the research and asking for their assistance (see Appendix A). The letters were followed by telephone contact. Each organization and senior centre contacted agreed to pass on information to their clients and their families, post an announcement of the study in their facilities, and/or announce the study in their monthly newsletters.

In the second approach, advertisements of the study (see Appendix A) were placed in local community newspapers, announcements of the study were posted in places thought to be frequented by middle-aged males, and the study was announced on a local community access television station and radio. On being contacted by a potential participant, the researcher screened for eligibility by obtaining information about the son's caregiving participation and a study information sheet was provided (see Appendix A).

Data collection

In-depth qualitative interviews were conducted using a general interview guide (see Appendix B). Gathering and analysing the data was a simultaneous process (Lofland and Lofland, 1995) as themes surfaced throughout the interviews that permitted an ongoing process of refocusing questions and probing for more information specifically

related to the caregiving experiences of these adult sons. Consequently, the exact wording of interview questions varied from conversation to conversation.

The goal of in-depth interviewing was to elicit rich, detailed materials (Kirby and McKenna, 1989) involving adult sons' experiences of caring for their parents. Similar to Harris (1998), interviews were conducted as conversations with issues of parent care woven into the discussion.

The interviews

Ethical approval to conduct this research was granted by the University of Manitoba Ethics Committee. The interview guide was pre-tested on two adult son caregivers who were not included in this study. Twenty-five taped interviews were completed, each averaging an hour and a half in length. Interviews took place from May 1998 to July 1998 and occurred in a variety of settings including respondents' homes, places of employment, coffee shops, and the researcher's University office. Before the interviews began, the objectives of the proposed research were clearly communicated to all participants and written consent was obtained (see Appendix C). Study participants were advised that they could refuse to answer questions that caused discomfort and could terminate the interview at any time. It was stressed to the participants that using the recorder would help strengthen the anonymous voices in the final research report by allowing for direct, detailed, but unattributed quotation. *The Manitoba Handbook for Seniors*, which includes information about respite options, counselling services, activities available for parents, and family services, was made available to study participants.

Measures

The review of the literature suggested it was necessary to consider many variables that could affect what, how, and why care was provided. Moreover, it was necessary to consider certain variables that could provide the context for this care. These variables, based on the literature, were used in the study to construct the interview schedule (see Appendix B). Measures about sons included socio-demographic characteristics, support networks, relationship history with parents, social support by sons and filial responsibility. Measures about parents included socio-demographic characteristics, support networks, types of care needed, and types of care wanted.

Socio-demographic characteristics of sons. These variables included age, marital status, race, income, education, employment, occupation, health status, family structure, proximity to siblings, birth order, and power of attorney status. Age was measured in years. Marital status was divided into the categories of married, never-married, and divorced. The income variable was measured as a categorical variable, i.e., under \$10,000, \$10,000 – \$20,000, \$21,000 - \$30,000, \$31,000 - \$40,000, \$41,000 - \$50,000, over \$50,000, and refused. Education categories included having/ not having a high school degree, having a community college degree, and having a university degree. Employment was noted according to being employed, not employed, semi-retired, and retired. Occupation was classified into areas of blue collar, management/sales, professional, and self-employed. The health status of each son was determined by self-reports, organizing their responses into the presence or absence of physical and/or emotional problems. Family structure variables for sons were measured by the number of children, the number of living siblings, and the types of living siblings, i.e., none, number

of sister(s), number of brother(s), and having both sister(s) and brother(s). Sons' geographic proximity to their siblings was noted according to only child in the city, having sister(s) in the city, having brother(s) in the city, or having both sister(s) and brother(s) in the city. Birth order was categorized into only, oldest, middle, and youngest.

Support networks for sons. Measuring the support networks for adult sons involved grouping sons' responses into categories of their collaboration with siblings in parent care, access to formal services for respite and/or counselling, collaboration with extended family, friends, and other sources of support networks.

Relationship history with parents. This variable described the quality of the interpersonal relationships between these sons and their parents over time and how relationships influenced what care was given. This variable was measured by having sons describe what kind of relationship they had with their parents and whether it influenced how and why they cared for their impaired parent.

Social support by sons. The nature of social support (assistance with ADL and IADL tasks and types of companionship) was assessed by adult son caregivers describing their caregiving behaviours. Each adult son caregiver was asked to describe what types of social support (e.g., financial, emotional, and physical) they provided, how frequently it was provided, and how much time was spent on each particular form of support. Types of care provided, frequency and time spent on care provided, and under what circumstances care was provided were used as indicators to determine the nature of social support by adult sons.

Filial responsibility. For every 'what' question that produced a response of the types of social support provided, a 'why' was attached. It was found that through these

discussions, reasons surfaced as to why certain things were and were not done. Furthermore, the attitudes of filial responsibility adult sons had toward the nature of their social support behaviours were found. Probes were used to encourage respondents to elaborate on their statements (see Appendix B).

Socio-demographic characteristics of parents. These variables included age, health status, sources of income, and living arrangements. Age was measured in years. Based upon sons' descriptions of their parents' behaviours, the types of health impairments parents experienced were grouped under the presence or absence of physical, cognitive, and/or emotional impairments. Sources of income for parents were measured in terms of OAS/CPP, savings, employment pension plans, and investments. The living arrangements of parents were measured by grouping sons' descriptions of their parents' situation into the categories of parent living in their own home alone, parent living in their own home with spouse, parent living in their own home with this son, parent living in this son's home, and parent living in a professional care institution.

Support networks for parents. Measuring support networks for parents involved grouping sons' responses into categories of parents receiving informal support from family and friends, support from formal services and support from other sources. The size of the informal support network of parents was a count of an independent or healthy spouse, children or grandchildren, siblings, extended family members (nieces, nephews, cousins, etc.), neighbours, and friends. The size of the formal support network was a count of services received by parents that included supports such as adult day cares, doctor visitations, handi-transit services, home care assistance, hospital stays, lifeline, meals on wheels, physiotherapy, and/or V.O.N visitations.

Perceived types of care needed by parents. This variable was measured by asking each son for his perception of what his parent ‘needed’ and whether it influenced the kind of care the son provided.

Perceived types of care wanted by parents. Similarly, this variable was measured by asking each son for his perception of what his parent ‘wanted’ and whether it influenced the kind of care the son provided.

These sets of variables were examined in order to find out if they enhanced or inhibited what, how, and why care was provided to an impaired parent, specifically in relation to adult son caregivers.

Description of adult sons

Out of a total of 25 contacts, 24 adult sons and one adult son-in-law were recruited. The son-in-law was included in the sample because of his expressed sense of connection to his mother-in-law who required care. The sample included sons whose parents either lived within the community (n=17) or had just recently been institutionalized (n = 4) or had been institutionalized (n=4) for a period of time. The sample was not restricted to adult sons caring for parents with a particular form of impairment. Although the parents of four of the sons had died within two years prior to the interviews, these sons emphasized they were still very close to their caregiving experiences and desired to be included.

Twenty-three adult sons/son-in-law and their parents/parent-in-law resided in Winnipeg, Manitoba. One adult son and his older mother lived in a rural town in Manitoba, and one son, who resided in Winnipeg, regularly commuted to look after the affairs of his father who lived in Brandon, Manitoba. The socio-demographic details of

the participants are presented in Table 3.1. The mean age of these adult sons was 50 years. They ranged from a 37-year-old unemployed son who cared for his mother at her home suffering from diabetes and emotional problems to a 65-year-old retired sales representative who helped with the physical and emotional care of his 92-year-old mother residing in a professional care institution. All respondents were Caucasian. The majority

Table 3.1 Socio-demographic characteristics of adult sons

	<u>Sons (N=25)</u>			<u>Sons (N=25)</u>	
	n	%		n	%
<u>Age</u>			<u>Number of children</u>		
Mean = 50	-	-	None	6	24
Range = 37 – 65yrs	-	-	One	4	16
<u>Marital status</u>			Two	9	36
Married	18	72	Three	2	8
Never married	3	12	Four	1	4
Divorced	4	16	Five or more	3	12
<u>Race</u>			<u>Number of living siblings</u>		
White	25	100	None	7	28
<u>Income</u>			Family of two	4	16
Under \$10,000	3	12	Family of three	9	36
\$10,000-\$20,000	2	8	Family of four or more	5	20
\$21,000-\$30,000	4	16	<u>Types of living siblings</u>		
\$31,000-\$40,000	4	16	None	7	28
\$41,000-\$50,000	3	12	Have sister(s)	4	16
Over \$50,000	8	32	Have brother(s)	6	24
Refused	1	4	Have sister(s) and brother(s)	8	32
<u>Education</u>			<u>Proximity of siblings</u>		
No High School	2	8	Son only child in city	10	40
High School	10	40	Sister(s) in city	4	16
Community College	5	20	Brother(s) in city	7	28
University	8	32	Brother(s) and sister(s) in city	4	16
<u>Employment</u>			<u>Birth order</u>		
Working	17	68	Only	7	28
Unemployed	2	8	Oldest	6	24
Semi-Retired	1	4	Middle	7	28
Retired	5	20	Youngest	5	20
<u>Occupation</u>			<u>Power of attorney for parent</u>		
Blue Collar	7	28	Yes	18	72
Management/sales	6	24	No	7	28
Professional	7	28			
Self-employed	5	20			
<u>Health status</u>					
Satisfactory	9	36			
Emotional problems	7	28			
Physical problems	2	8			
Physical and emotional	7	28			

of sons (n=18) were married, yet most of these sons were more active in the care of their parents than were their wives. There was much income variation within the group ranging from under \$10,000 to over \$50,000. Just over half (n=13) of the sons were university or community college graduates. Most (n=17) sons were employed. Their occupations varied; they were employed as accountants, bankers, engineers, entrepreneurs, managers, real-estate agents, teachers and transit workers. Some sons (n=16) experienced physical and/or emotional problems while providing care to their parents.

Most sons (n=19) had children of their own. Over half of the sons (n=15) had one or more of their siblings living in Winnipeg. The sample contained relatively equal proportions of only, oldest, middle, and youngest sons. Most sons (n =18) had power of attorney for their parents.

Description of parents

Over half of the sons (n=15) cared for their mothers while a small proportion cared for fathers (n=5) (See Table 3.2). A few of the sons (n=3) cared for both their mother and father. The mean age of the parents was 83 years. The range was 64 to 95 years. All parents (n=29) received OAS and had some savings. As well, some parents (n=16) received CPP. Based upon the sons' descriptions of their behaviours, all parents (n=29) had experienced some forms of physical, cognitive, and/or emotional problems over an extended period of time. There was much variation in the living arrangements of the parents. A large percentage of parents were receiving formal services such as Home Care, VON, and Meals on Wheels.

Table 3.2 Socio-demographic characteristics of parents

	Parents (N=29)			Parents (N = 29)	
	n	%		n	%
<u>Parent Cared for by Son</u>			<u>Sources of income</u>		
Mother	15	60	OAS/ CPP	29	100
Father	5	20	Savings	29	100
Mother and Father	3	12	Employment Pension Plans	5	17
Mother and Mother-in-law	1	4	Investments	12	41
Mother-in-law	1	4	<u>Living arrangement</u>		
<u>Age</u>			Own home, alone	9	32
Mean = 83 yrs	-	-	Own home, with spouse	1	3
Range = 64 – 95yrs	-	-	Own home, with son	3	10
<u>Health status</u>			Son's home	4	14
Physical impairment	21	72	Professional care institution	7	24
Cognitive impairment	5	17	Deceased	5	17
Emotional impairment	13	52	<u>Parents receiving formal care</u>		
			24	82	

Data analysis

The analysis consisted of organizing sons' responses into categories and indicators of the variables discussed previously. The entire transcription of each interview was organized into separate categories or indicators of the variables and was read and re-read a number of times to identify certain properties and develop substantive codes for each narrative. The organization of the data was guided by the four research questions and was analyzed for commonalities and differences of each son's situation in caring for his parent. The constant comparative method (Glaser and Strauss, 1967) was used for analysis of the data. This method consisted of moving the data back and forth within and between the categories and indicators developed (constant comparative) and assessing for similarities and differences between these categories and indicators resulting in the emergence of specific themes and/or patterns. The data analysis identified adult son caregivers' interpretative frames of reference regarding their attitudes of filial responsibility surrounding the social support they and others provided to their parents.

The data were arranged and rearranged until some measure of coherence became evident (Kirby and McKenna, 1989).

Organization of the study's findings

The following three chapters are organized according to the processes, patterns, and attitudes emerging from sons' descriptions of their caregiving experiences. In Chapter Four, findings are presented in relation to adult son caregivers experiences with changing parent-son relationships, the kinds of care adult sons provided, the nature of their caregiving behaviours and, how adult sons viewed the kind of care others (i.e., siblings, family relatives and professional care agencies) provided for their older parents. In Chapter Five, the reasons for sons caring behaviours and the effect of the nature of social support tasks on the filial responsibility attitudes of adult son caregivers are discussed. Chapter Six concludes the thesis with a brief summary of the study findings, a discussion of the theoretical significance of the findings, the practical implications of adult sons' caregiving participation, the limitations of the study and suggestions for future research on parent care.

CHAPTER FOUR

Processes and Patterns of Caregiving

This chapter reports on findings from the first and second research questions of the study. The first research question addressed what types of care adult sons provide for their older parents with physical, cognitive, and/or emotional needs. The second research question asked the following: “What is the nature of these caregiving behaviours?” The 25 adult sons interviewed were actively involved in providing care to older parents. Many distinct processes and patterns of caregiving emerged from their narratives. This chapter examines sons’ active involvement in parent care.

The chapter is divided into three main sections. First, the following caregiving processes experienced by adult sons are identified: role-reversal in parent-son relations; sons’ process of realization; reports of parents’ process of adjustment; circumstances under which care was provided; and location of care. The second part of the chapter identifies the caregiving patterns of adult sons’ help with social support tasks. The caregiving patterns of adult sons are identified as providers of care and behind-the-scenes care. Findings are also presented as to how adult sons described the caregiving patterns of others (spouses, siblings, and professional care-workers) involved in their parents’ care. The third and final section of the chapter provides a summary of the findings and a comparison of these findings to previous research.

Processes of caregiving

It was found that the socio-demographic characteristics of sons and their older parents did not significantly influence the way care was provided by these adult sons. However, these characteristics noted in Table 3.2 did provide a context for the sons and

their parents caregiving situations. As indicated earlier (see Table 3.2), sons reported a variety of different parental living arrangements. These living arrangements ranged from parents living on their own to parents residing in personal care homes. Furthermore, sons reported that their parents experienced physical, cognitive, and/or emotional impairments (see Table 3.2). These impairments included such conditions as agitation, Alzheimer's disease, angina, anxiety, arthritis, depression, deterioration of bone strength, diabetes, cardiovascular conditions (strokes, heart attacks), and memory loss. Although sons were at different stages in their parents' care, significant themes emerged regarding the processes sons experienced in providing care for their older parents.

Role-reversal. A noticeable shift in parent-son relations was evident when parents became less independent. Sons and parents experienced a reversal of roles. It was clear from the interviews that sons felt that their parents were reverting to child-like roles and they were assuming the role of parents. This role reversal was a result of parents' increased dependency on their sons to perform functions of everyday life. A son, who was caring for his mother and mother-in-law in his home, described how he felt about this role reversal:

Having my life somewhat scheduled now by the needs of another family member throws us kind of back into the child-rearing ages which I thought was[sic] sort of behind us. (Caregiver 15)

Whereas sons were used to having their parents live independently, it was now the case that their parents required frequent attention similar to that of a child. It was evident from sons' narratives that all had experienced a progression of dependency shifts within their parent-son relationships. One respondent, who was living with his mother, stated "She

relies on me to live” (Caregiver 5). Another son, who helped with the care of both his parents until their deaths, described the process of this dependency shift:

Things changed over the years, you just started doing more and more for your parents as things went on. (Caregiver 25)

Sons expressed how they moved into the role of the authority figure which was a complete reversal of parent-children relationships or responsibilities. For example, a son, helping with the care of his mother living on her own, explained,

She was the authority figure and provided the care and that sort of turns around three hundred and sixty degrees and now it's the opposite where I'm making more of the decisions. (Caregiver 14)

Similarly, another son, who, along with his wife, was providing care to his father living on his own, stated matter-of-factly:

We're [son and daughter-in-law] making all the decisions for him which is a total role reversal from when we were kids, our parents were making all the decisions for us. (Caregiver 19)

Sons often used child-like characteristics to describe their parents. These references indicate an awareness of this shift in roles. A son who was helping with the care of his mother living in a supportive housing complex observed, “It’s kind of like seeing her as a kid now” (Caregiver 8). Another son, who was sharing the care for his father with his brother, remarked, “We’re babysitting him now” (Caregiver 10). Moreover, sons made frequent references to how they had assumed the role of parenting, further highlighting role reversal. Regardless of their present living arrangements with their parents, each son expressed degrees of dependency shifts with their parents over time.

Just under half of the respondents indicated that role reversal was something they did not expect. As one son recalled about his mother for whom he had provided care for many years in her house and ultimately in a personal care home, “I guess I figured she

wouldn't ever need any care" (Caregiver 3). For another son, whose mother was living in a supportive housing complex, this role reversal, "[w]as not part of the plan" (Caregiver 17). The majority of sons (n=19) often reflected on how their parents had been healthy, independent people and these reflections made accepting the shift in roles somewhat difficult. For example, a son who provided care for his mother with Alzheimer's disease for many years until her death explained:

The hardest thing to deal with is this kind of role reversal where you're taking on the role of the parent and that wasn't the way it was supposed to be, you're supposed to be taking care of me. (Caregiver 7)

Another son, who was caring for his mother living in a house beside him, described how he was used to seeing his parents:

You never think of your parents as getting old and needing your care, you just don't think that way when you're younger. (Caregiver 21)

About a third of the respondents expressed the idea that dealing with role reversal was not a positive experience. This is evident in the following comment by a son whose mother and mother-in-law were living with him and his wife:

It's not a positive experience to have that increasing dependence and the role reversal between parent and child. (Caregiver 15)

Whereas just under half of the sample reported this role reversal as something they did not expect, the remainder of the sample expressed that, sooner or later, they would be faced with this shift in parent-son relations and this role reversal was a natural progression in the life course. For example, a son, who had cared for his mother until her death, remarked, "It sort of just evolved as a natural thing" (Caregiver 25).

Whether or not sons expected this role reversal with their parents, once they became immersed in parent care the majority of sons experienced a process of realization

in understanding what was happening to their parents and what was required for their parents' situation.

Process of realization. Sons experienced a process of realization about what was happening to their parents in terms of their ability to do things for themselves and what would be required as a result. Even though some sons expected that the day would come that their parents would need help, grasping the reality of how their parents were now and what needed to be done did not happen automatically. For example, a son, whose mother was living with him and his wife, described his process of realization:

I guess I thought that I would be capable of looking after my mother or my father or both until they passed away. What I didn't realize was the degree of difficulty. We didn't really realize how she was living. When we got down to the apartment we realized at that point she really shouldn't be living alone. (Caregiver 20)

Another son recalled how he began to realize the severity of his mother's situation:

I moved back in with her until we could get her straightened out into an apartment or something so she could manage but at that time it became really apparent that there was something very, very wrong that was way beyond just forgetfulness. (Caregiver 7)

Most respondents noted that it took some adjusting on their part to realize that their parents would require help never before needed. A son described his adjustment to having his mother and mother-in-law become more dependent on him and his wife:

Their frailty necessitated a degree of physical dependence, and accepting that, and adjusting to it, and finding a best way to provide that physical support was not an easy choice. We didn't plan five years ago that we would have both moms living with us, that is a bit of a surprise. (Caregiver 15)

Similarly, most sons (n=17) expressed that they were not used to seeing their parents as older dependent people. As one son commented about his mother with whom he had lived for many years until her placement in a personal care home, 'She wasn't the same

girl!” (Caregiver 3). Another son, whose father, prior to being placed in a personal care home, had lived on his own for many years, stated, “The hard part is to watch him be the person he wasn’t a few years ago” (Caregiver 18).

Most sons described the pragmatic approach they took in adjusting to the situation that faced them. They talked about the reality of the situation. One son said about his father living in a personal care home, “There are some things you have no control over” (Caregiver 9). Another son, who was caring for his father living in a house beside him, reflected, “Well, right from day one I said that’s the way it is and there is no use fighting it” (Caregiver 16). One quarter of the respondents attributed their parents’ behaviour to the aging process. This aging process is described by a son whose mother had recently moved into a seniors’ residence after living on her own for many years. He stated, “It’s sort of a natural course of aging, I mean it’s to be expected” (Caregiver 14). Similarly, another son commented about his mother’s sometimes erratic behaviour. He remarked, “I think this is all part of aging, you know, her memory and so on” (Caregiver 20).

Adult sons who were only children (n=7) described their own unique process of realization, that is, realizing that they are the only ones left in the family to take on this role. For example, a son, who was helping with the care of his father residing in a personal care home, stated:

I expected to have to do this [caring for his father] because it's just part of being the only one left. (Caregiver 18)

Another son, who was providing care to his mother living in a seniors’ residence, felt that, “I’m an only child and I have no choice” (Caregiver 14). Sons who were only children because of the death of a sibling or siblings (n=3) expressed very similar sentiments about changes in the relationship with their parents. For example, a son,

whose brother had died some years ago and who was providing care to his mother living on her own, stated, “There was no one there, there was a need” (Caregiver 21). A son, who was providing care to his mother living in her own apartment, whose sister had died of cancer, expressed, “I didn’t really stand for election for this job, I was acclaimed” (Caregiver 11).

In addition to sons attempting to understand what was happening to their parents and adjusting to how their parents were now and what was required, sons also described parents’ attempts to adjust to their situations.

Perceived parents’ process of adjustment. The majority of sons indicated the difficulty their parents were having in adjusting to their lot in life. That is, sons reported that their parents were having a hard time adjusting to their increased dependence on others and their loss of parental roles. A common theme that surfaced throughout sons’ descriptions was the issue of their parents wanting to maintain control of the situation. This sometimes conflicted with sons seeing the need to take control of the situation. For example, a son described the conflict he experienced with his mother who suffered from Alzheimer’s:

She was not able to look after her housework and her regular things as she should have and she very much resented me doing anything inside the home. She wouldn’t mind if I went outside and did a little outside work as long as she could control it but she didn’t like us taking over her life and she really resented it when we moved in later on because as far as she was concerned she couldn’t see the need for anybody to be there. (Caregiver 3)

He went on to say:

My mother refused laundry services, she refused any kind of helping hand and practically to the very end she refused everything. Everything had to be done her way. (Caregiver 3)

Similarly, one son lamented about the conflict he felt with his parents who lived together in their own home:

It's the tough decisions and the road-blocks that I face when I do something, you know, their lack of co-operation because they're set in their ways. (Caregiver 6)

As parents became more dependent on others for support, many sons reached or were at a breaking point. To them, it was necessary to take control of the situation to prevent their parents' and their own situations from worsening. Often this involved convincing their parents that certain things had to be done to help them function more effectively. For example, a son explained how he tried to persuade his mother to move into supportive housing, a move that eventually happened after much cajoling:

I tried to talk to her about it and she was very, very, very much against it. She saw it as, "don't put me there that's where you go to die" and this kind of stuff and, you know, "I don't want to lose my freedom." We would try to explain that it's gaining freedom because you have more options and everything but you couldn't even bring up the subject with her. (Caregiver 8)

Similarly, another son recalled his experience when talking with his father about the idea of a personal care home:

I was sort of mad at him at times because he didn't want to go. Every time I would mention it he used to fly off the handle. (Caregiver 9)

One respondent described this stress of 'selling' ideas to help his father to live more comfortably and safely on his own by commenting, "It's convincing him that that's the type of situation needed. That's the hard part" (Caregiver 19). Similarly, a son who was providing care to his mother living on her own explained, "It was really tough because trying to tell somebody else what's good for them is not easy" (Caregiver 11). As well, some of the sons were trying to 'sell' their parents on certain ideas to help ease their own

situation as much as their parents'. For example, a son lamented about his situation with his mother who lived in a house next door to him:

I've been trying to get her this LifeLine and she refuses to get it. She finally agreed to it last week because I really got upset. I says it's not for you it's for me so I can go away for a couple of days or else I have to be constantly there. (Caregiver 21)

Many sons felt their parents were having difficulty accepting the reality of the situation. As one son said about his father who lived in a personal care home, "He's just lost touch with reality" (Caregiver 9). Similarly, another son, who had his mother and mother-in-law living with him and his wife, commented:

I think it's been very hard for them to accept it both in terms of receiving the care that they are getting but also in accepting their own reality. (Caregiver 15)

As well, many sons (n=19) felt that their parents were frustrated with their loss of independence. They were upset at not being able to do the things they were so accustomed to doing. For example, a son, whose father lived in a house next door to him and suffered from Alzheimer's, described his father's increased frustration with his loss of independence:

My dad has always been a person who has been very much in control and you could see him getting a little frustrated. (Caregiver 16)

Another son commented about his mother who lived on her own and needed frequent care from him. He remarked, "I don't think she's happy about being dependent on me" (Caregiver 11). Specifically, activities such as preparing their own meals, living independently, and driving were difficult for many parents to give-up. Just under half the sons stated that the hardest thing they had to do was take their parent's driver's license away. As one son said about his father who lived next door to him:

He didn't want to give up his driver's license although deep down he knows he won't drive again but it's the idea that he's not giving up. (Caregiver 16)

The majority of sons (n=22) described their parents as independently strong people and understood why their parents were having a hard time accepting this increased dependence. As a son said about his mother with whom he and his wife lived for many years in her house:

She was a very independent woman and she sure didn't like me taking over her life or managing her life. (Caregiver 3)

Moreover, he described his mother's feelings when he and his wife moved in with her because she could no longer function independently on her own:

She definitely resented our intruding. We were intruding and she told me to go home more than once after I moved in. (Caregiver 3)

Many sons (n=15) expressed the stress and frustration they felt because of their parents treating them like children. Most of these sons felt this was a result of their parents still adjusting to their new situation. For example, a son, whose father lived in a personal care home, described his father's treatment of him:

I mean they play the parent role right to the end . . . I'm still the child, it's I say when I say, and that's not very objective, it's not very healthy. (Caregiver 18)

Another son, whose father also resided in a personal care home, felt his father took the stance that "It's my way or the highway sort of thing" (Caregiver 9).

Many sons (n=22) reported that their process of realization and dealing with their parents' process of adjustment was emotionally taxing. One son, who had his mother living with him and his wife, explained, "It's an emotional saw-off all the time on what you're doing" (Caregiver 20). Similarly, another son, who had his mother and mother-in-

law living with him and his wife, said, “On the emotional side, it’s been a roller coaster” (Caregiver 15). Another son, whose mother lived next door to him, put it this way, “Emotionally right now I’m under a lot of stress” (Caregiver 21).

As sons were faced with their own process of realization and their parents’ process of adjustment, certain circumstances were evident under which care was provided to older parents. The specific circumstances involved either a gradual or sudden deterioration of their parents’ ability to do things for themselves.

Circumstances of care. For the majority of sons (n=18), the ability of their parents to do things on their own gradually deteriorated over time because of physical, cognitive, and/or emotional impairments. Gradual deterioration of parents’ abilities resulted in the sons’ care evolving over time or gradually progressing. According to a son whose mother had Alzheimer’s, “Over time my mother became less able to do things and I just did more and more for her” (Caregiver 7). Similarly, another son described the gradual deterioration of his mother’s ability to perform certain activities of daily living:

She’s just gradually got more frail and more frail and more frail. I mean it’s just a very slow, gradual process. (Caregiver 14)

Conversely, there were sons (n=7) who were thrust into a caregiving role quite suddenly as a result of the parent having an accident or experiencing a sudden deterioration in his/her physical, cognitive, and/or emotional state. For example, a son, who lived with his mother, explained how her sudden onset of physical disability affected him and his brother:

My mother developed a heart problem so it was like almost extremely sudden, one day she was at home the next day we were with her. (Caregiver 2)

Another son described how his mother had experienced a serious accident and his father suddenly had no one to rely on which thrust the son into the role of having to do a great deal for his parents.

In addition to describing the onset of care, sons reported many similar experiences when it came to deciding what choices they had in terms of evaluating the level and location of care needed by their parents.

Location of care. It was found that the majority of sons experienced the situation of their parents needing increased care, but not to the point where they would have to place them in personal care homes. As a son simply stated about the situation of his mother and mother-in-law living with him and his wife, “In both cases they [mother and mother-in-law] were really not ready for a personal care home” (Caregiver 15) or as another son said about his 79 year old father who lived on his own:

I don't think he's that close to a personal care home because he's still basically functional on his own although with a lot of outside help. (Caregiver 10)

The situation of parents not needing to be in a personal care home was strongly influenced by sons' impressions of personal care homes and sons wanting to help their parents remain at home. For example, one son, whose mother eventually went to a personal care home but lived on her own for many years with his help, stated:

Many, many people in nursing homes are not sick, they don't need nurses . . . Many people could take care of the person they love in the community with a little bit more support. I think if you could encourage a family member to take on the role of a caregiver it is much better than dumping them off somewhere. Many caregivers do not want to get rid of the person but they need help. (Caregiver 7)

Some sons (n=11) expressed their initial disdain for personal care homes and how they viewed them as warehouses and dumping grounds for old people. Many sons (n=15)

reported that at one time they saw personal care homes as the final chapter in their parents' lives where old people go to die and where once you're in you don't come out. A few sons (n=4) went as far as promising their parents that they would never place them in a personal care home. The majority of sons (n=23) expressed the importance of providing the opportunity for their parents to live on their own for as long as possible. For example, a son, who was helping his father live on his own, explained the importance he placed on providing this opportunity for older parents:

They worked all their lives so they can retire and be at home and enjoy their home and if the first sign of trouble you ship them out and put them in a nursing home or to a seniors' place you are not giving them the opportunity to take care of themselves. (Caregiver 19)

Similarly, another son, who was also helping his father live on his own, felt that some people "Just say, hey, stick them in a home and let other people take care of the problem" (Caregiver 10).

In summary, although the caregiving situations of sons varied, it was clear that the majority of sons progressed through a number of similar stages leading up to the actual provision of care. Each son indicated his experience of role reversal with his parent(s) and the process of realizing what was happening to his parent(s) and what would be required. Furthermore, sons described the process of adjustment their parents experienced and the conflict between their parents wanting control and the need for the sons to take control. Moreover, it was found that sons provided care either because of the gradual or sudden deterioration of their parents' functional abilities and their feeling that, at specific points in their relationship, their parents required care to keep them living in the community. The next part of this chapter describes the specific types of care sons provided and how they provided it.

Types of care provided

In providing care to older parents, these adult sons participated in complex and often exhausting undertakings. As a son described his situation with his mother, who had experienced a stroke and who lived in a supportive housing complex:

There seem to be nuances that are different in every individual and the fact that you can't really determine everything about the person or how severe it was or what the effects have been. So there's no common recipe to follow as to what you can do to help. (Caregiver 17)

For many sons, not having this 'common recipe' to follow in caring for older parents was at times stressful. As one son, caring for his mother living in a home next door to his, said, "I find that it's pretty demanding" (Caregiver 21). Moreover, many sons noted the great deal of time and effort it took to provide care to older parents. A son, who was providing care to his mother and mother-in-law stated, "[m]y new career is caregiving" (Caregiver 15). Similarly, another son described how his environment was changing:

I have a mother-in-law who had a massive stroke who is physically fine but she has lost her speech and she comes here in the winter time so I have my dad next door and my mother-in-law here, it's like an old folks home. (Caregiver 16)

As described in chapter two, caregiving behaviours can be explained in terms of social support. When examining the different components of social support provided to parents, it was found that sons could be grouped into two categories. The first category was made up of sons who helped their parents with IADL tasks, but who were not generally involved in the helping with ADL tasks. While this first category of adult son caregivers expressed little involvement in ADL tasks, they did report that they provided many hours a week of emotional support and companionship for their parents. The second category included sons who helped with both IADL and ADL tasks for their

parents. Furthermore, these sons also reported spending many hours a week providing emotional support and companionship for their parents. Therefore, the only difference between the two categories was that there was a group of sons ($n = 12$) who provided for their parents' ADL needs while others ($n = 13$) had little involvement. The following section examines what sons did for their parents in terms of help with IADL and ADL tasks, emotional support, and companionship.

IADL care. Adult sons were involved in a variety of IADL tasks (See Table 4.1). Most sons ($n=23$) reported that they arranged for and supervised outside services (e.g., home care, V.O.N) for their parents to help them with things like meal preparation, personal care tasks (bathing, dressing, etc.), and household work. Sons who arranged for and supervised outside services for their parents spent many hours during the week making sure everything was in place for their parents. The sons who had parents receiving formal services ($n=24$) indicated they constantly monitored the care that was provided by these professional agencies (e.g., Home Care, VON, etc.). All sons ($n=25$) indicated that throughout their adult relationship with their parents they had frequently helped with tasks such as cleaning, preparing meals, yard work, and home repairs when needed. As well, some sons ($n=10$) reported that, on a regular basis, they made sure that their parents were taking their medication properly. Over half ($n=16$) of the sons said they regularly grocery shopped for their parents as well as shopped for other things their parents requested (e.g., clothes, items for the house, etc.). The majority of sons ($n=19$) indicated that they frequently provided transportation for their parents to go to social events, doctor appointments, shopping, and/or visiting relatives/friends.

Table 4.1 IADL tasks provided by adult sons

IADL Tasks	Sons (N = 25)	
	n	%
Arranging for and supervising outside services	23	92
Household work	25	100
Supervising medications	10	40
Shopping	16	64
Transportation	19	76
In-home mobility	16	64
Money management	24	96

Many sons (n=16) described how they would do things around the house to help their parents with mobility. For example, one son adjusted his dad's bed so he could get in and out of bed more easily. Most sons (n=21) indicated that they made sure the environment their parents were living in was safe (e.g., appropriate handrails in certain areas of the home) and would discourage their parents from doing certain things so they would not hurt themselves (e.g., changing light bulbs). All but one son (n=24) were the primary money managers for their parents. Specifically, most sons had power of attorney for their parents (n=18), and their activities included regular banking, providing parents with financial advice, and/or preparing parents' income tax forms.

There were noticeable similarities evident in the ways adult sons described the time and frequency they spent in providing emotional support, companionship, and help with IADL tasks for their parents. All respondents felt that most of their week was taken up in arranging for, and supervising, formal services, providing emotional support and companionship, and regularly providing help with IADL tasks. However, as mentioned

previously, it was found that sons could still, despite these similarities, be grouped into two categories because of the finding that there was a contingent of sons who were also involved in providing help with ADL tasks for their parents.

ADL care. Just under half the sample (n=12) provided for certain personal needs of their parents. More specifically, some sons reported that they helped their parents with eating, grooming, showering, bathing, toileting, bed transfer, and/or dressing. For example, one son, whose mother lived with him, helped bathe her every Saturday evening. Another son, whose mother and father lived together in their own home, regularly helped his father bathe. Here is how he described it:

It was something that had to be done. I never thought about it. It had to be done. It concerned me the first time but now we work together at it. It's not like I bathe him myself but we work together at it . . . He does the front end, I do the back end. (Caregiver 6)

A few sons (n=3) shared their experiences of having to help their parents with their incontinence. For example, one son, whose mother lived next door to him, described his experience with her incontinence, “A couple of times she’s had an accident and I had to clean her up but I don’t mind doing that” (Caregiver 21). Other sons (n=2) reported that they regularly cared for their parents’ personal needs until they arranged for outside services to take that role. For example, one son whose father lived next door to him noted:

I had a routine when I was bathing him and showering him and cleaning him up. I changed the razors and changed the toothpaste and made sure there was deodorant in his bag and everything. (Caregiver 16)

A small number of sons (n=4) cared for their parents’ personal needs due to certain specific circumstances. For example, one son described how his mother would not let home care help with her personal needs. Therefore, he often had to do it. He stated:

I spent all evening feeding my mother, looking after her, getting her ready for bed because she didn't want that lady here. (Caregiver 3)

Another son cared for his mother's personal needs while she recovered from an accident that limited her ability to perform certain daily functions such as eating, dressing, and personal hygiene. Moreover, these sons indicated that they helped their parents with personal needs when the situation called for it. For example, one son described a situation he had with his mother on a plane:

She said, "Get me a nurse" and I said, "Why?" She said "well, I need somebody to help me go to the bathroom." I said, "dear, I am the nurse" and she was quite taken aback by that. (Caregiver 11)

Whether or not sons helped with their parents IADL/ADL tasks, all reported that they were providers of emotional support and constant companions to their older parents.

Emotional support. All respondents reported that they provided frequent emotional support to their older parents. Examples of emotional support provided by these sons included listening to their parents' problems, encouraging their parents to use the abilities they still had, and challenging them to do things for themselves. A son, whose mother lived in a supportive housing complex, commented about the importance of her emotional state on his ability to help her, "If she's not happy, I'm not happy" (Caregiver 17). One son expressed the importance of having his father, who lived on his own, do things for himself, "I try not to do the things I know he can do" (Caregiver 10). Another son said about his mother still living on her own, "I think it's important that she's challenged somewhat to do what she can do" (Caregiver 12).

Things like keeping their parents' minds active and keeping their parents' thoughts alive were frequently referred to by sons when describing the importance of emotional support for their parents. Many sons expressed how emotionally tiring this

could get for them. One son, whose mother lived on her own, stated, “[e]motional dependency is a big piece of what I struggle with in my mother” (Caregiver 22). Similarly, another son described the relationship with his mother with whom he and his brother lived in her house, “She needs us emotionally sometimes more than she needs us physically” (Caregiver 2). This emotional component translated into sons being frequent companions to their older parents.

Companionship. Sons were frequent companions to their parents. This companionship included elements of visiting on a regular basis, taking them on frequent and regular social outings, and/or discussing current affairs with them on a regular basis. For example, a son stated about his mother and mother-in-law who lived with him and his wife, “They need somebody there to kind of just talk” (Caregiver 15). The majority of sons described how their parents had lost the sense of companionship they had with their spouses, extended family members, and/or friends due to death or cognitive disability, and sons were needed to fill this void. For example, a son, who provided many years of care to his mother until her death, described a loss of companionship his mother had experienced by stating, “Once my mother got paralysed, her niece stopped seeing my mother” (Caregiver 4). Similarly, another son, when his mother was placed in a personal care home, remarked, “Her friends didn’t want to go over there [personal care home]” (Caregiver 7). These losses of relationships resulted in many sons taking over the primary role of companion for their parents. For example, a son explained his situation with his mother who lived in a personal care home:

When he [father] died, then all of a sudden there’s nobody to actually confide in or discuss things with or this sort of thing so the next move is I’m the oldest son and I take over. (Caregiver 23)

A consistent theme that surfaced frequently was the importance of parents having frequent contact with friends or family. For example, a son described his father living on his own in this way, “He needs the human contact, he’s a social animal” (Caregiver 10).

Another son explained the importance of contact with family for his mother:

I know my mother just enjoys my brother and myself being there even if we are just watching TV and no words are spoken, just having somebody there. (Caregiver 2)

Furthermore, many sons expressed the desire to minimize their parents’ isolation. A son described what he did to achieve this for his mother:

My mother tends to be very lonely so what I do is a lot of times I will try to get her out of the house. (Caregiver 2)

Another son, whose parents lived together in their own home, stated, “I wish I could get them out more” (Caregiver 6), and another son said about his father who resided in a personal care home, “I try to encourage him to go out” (Caregiver 9). Sons described in detail how important emotional support and companionship were for their parents and the great deal of time and high degree of frequency they spent involved in these types of care. Sons indicated that they saw their parents on a regular basis during the week (ranging from three to seven days a week) and much of their time was spent providing for the emotional needs of their parents (ranging from one hour to thirteen hours a day). All sons reported frequently performing IADL tasks for their older parents. Furthermore, sons had a difficult time calculating the specific times and frequencies they spent on caregiving tasks because of the variability they experienced from week to week in the time spent with their parents, their jobs, and their families.

Overall, just under half of the adult sons (n=12) indicated that, in addition to their involvement in IADL tasks, emotional support, and companionship for their older

parents, they also provided help with personal tasks such as bathing, showering, grooming, toileting, eating, and/or dressing. Although there was this distinction between the adult son caregivers (help with IADL/ADL tasks), specific themes emerged to capture how adult sons in both categories of caregivers provided care for their parents. A closer examination is needed of the specific patterns describing the multi-dimensional nature of sons' caregiving involvement.

Patterns of Caregiving

All sons, regardless of the level of their involvement in helping with IADL and/or ADL tasks, described themselves as being providers of care for their parents. More specifically, both categories of adult son caregivers were providers of care to their parents that involved components of fill the gap care, constant contact care, and collaborator care.

Providers of care

Sons described a dimension of their caregiving involvement as being providers of care to their parents. Three categories emerged from the data that capture how adult sons described being providers of care to their parents. The three categories included fill the gap care, constant contact care, and collaborator care.

Fill the gap. A common component of adult sons' caregiving involvement was filling the gap of what was required for their older parents. That is, sons would try to fill the gap between the care their parents were receiving from others (professional caregivers, family members, etc.) and what their parents needed. As well, sons were also attempting to fill in for what their parents could not do for themselves. For example, one son, who lived with his mother, would cut her toenails for her because she was unable to bend over and do it herself. Another son, whose mother lived on her own, would make

sure he would do the maintenance around her house because she was quite frail and could fall. Because of sons' commitments, desires and/or responsibilities in their own lives, at times they tried to minimize the frequency and time they would spend on doing things for their parents. For example, one son simply remarked that when it came to the care of his mother who resided in a supportive housing complex, "I'm dealing with my life, my life is very busy and [I'm] fitting in these little niches to deal with her" (Caregiver 17). Another son described how he and his wife would try to organize their lives around his mother and mother-in-law:

We kind of schedule our week around what else is going on with their needs and then try to find the holes that I can fit in some of our personal activities. (Caregiver 15)

Many sons (n=20) commented on the struggle they felt in trying to juggle their own commitments to work and family as well as their desire for their own time to do the things they wanted to do in their lives. A son, who cared for his mother living in a supportive housing complex, commented:

With business, with your own family, and things are busy and sometimes you have a leisure moment and, oh geez, you got to go do this for your mother. (Caregiver 17)

Many sons (n=23) expressed the difficulty of juggling their priorities of family, work and/or personal commitments with parent care responsibilities. For example, a son explained the conflicting responsibilities he had with his own family, his job, and his time spent on caring for his mother before her death:

I would usually get home [from being over at his mother's] at eight or nine o'clock and have to deal with my own family. As well my job was very demanding at the time, very, very stressful. (Caregiver 7)

Many sons experienced the conflict between doing things for their parents with the desire to have time for a social life and/or do things they had planned to do with their spouses and/or families (i.e., retirement plans, vacations). For example, one son described how his social life had been affected by living with his mother in her home:

I mean I even turn down people phoning up and saying come over to our place for a while or let's go out here and do that. I can't do it. I have no time on my own. (Caregiver 5)

Similarly, a son, whose mother lived with him, commented when it came to having time for himself, "I don't get out usually, very seldom" (Caregiver 13). Moreover, sons expressed the importance of their parents having some degree of independence that required sons to keep their distance from their parents. Many sons felt their parents needed to do things for themselves so they could maintain a certain feeling of independence in their lives. Sons reported that doing too much for their parents could be counterproductive and lead to total dependency on the part of the parent. One son, whose mother lived on her own, stated "I do things for her but I think it's important that she keeps her independence as much as possible" (Caregiver 12). Another son described how he provided care to his father living on his own:

There's a lot of things I could do for him but I won't do simply because I want him to maintain the independence. I want him to maintain his mental independence. (Caregiver 10)

For the majority of these sons, quality time for themselves was affected by caring for older parents. One son, who provided care to his father living on his own and whose wife was caring for her older mother living in a personal care home, remarked:

Although we've sort of settled things down to a schedule, there still seems not enough time in the day to accomplish our lives and support theirs. (Caregiver 19)

Some sons (n=5) made reference to the term ‘sandwich generation’ to describe their situation. A married son, whose father resided in a supportive housing complex outside the city, explained:

We're this generation that is caught in the middle, this kind of sandwich generation between your own five kids and seniors. (Caregiver 18)

Another son, who had three children living at home and who cared for his mother and father living together in their own home, described his situation:

I have to schedule my life to support them, look after my children, and support the family. So to me I guess I have to give up a few years of my life. There's always light at the end of the tunnel but what kind of life it is I don't know. (Caregiver 6)

Adult sons, at certain stages in their caregiving relationship with their parents, attempted to fill the gap for what care was needed by their parents. As well, all sons described their caregiving involvement in terms of having to provide constant contact types of care at certain stages in their caregiving relationships with their parents.

Constant contact. It was evident that sons provided some degree of constant contact care for their parents at specific points in the caregiving relationship. This degree of constant contact care ranged anywhere from sons seeing their parents every day to talking to them on the phone every day. One son, whose mother lived with him, explained this constant contact care for her by stating, “I have never had one day off from taking care of her” (Caregiver 13). More specifically, constantly caring for a parent put most of these sons on-call 24 hours a day and required them to do things for their parents on a moment’s notice. For example, a son, who had his mother and mother-in-law living with him and his wife, commented:

I've got a cell phone and I put the phone on call forward so they [home care workers] can automatically dial me if during the day they need a

piece of information or they're worried about something they can get me on the cell phone. I can tell them I can come home if necessary. That's been very important to making this a manageable situation. (Caregiver 15)

Sons felt they had to provide constant contact care to their parents because they were the ones frequently relied upon by their parents to do things for them. Many sons recalled significant experiences they had with their parents that required their immediate care and attention. For example, for the majority of sons who had parents residing in personal care homes, they were often called on a moment's notice to come to the home and take care of certain situations, such as the parent exhibiting unusual behaviour to the staff, the parent having an accident, and/or helping with care when the personal care home was understaffed. One son commented about the care his mother was receiving from the personal care home:

Who takes care of them? The nursing home? No, they haven't got time, they're understaffed and this sort of thing so you need that constant contact. (Caregiver 23)

In addition, most sons in this study experienced their parents having falling episodes that required them to closely monitor the parents' situation. As one son commented about older people in relation to his own experiences with his mother, "They fall many times, these old people" (Caregiver 4). Safety concerns for the parents, whether they lived on their own or in a personal care home, were a strong influence on how much time sons spent caring for their parents. A son, who cared for both his mother and father until their deaths, remarked, "It's almost like if there was a training course of how to age safely it would be wonderful for people" (Caregiver 25). Because of their parents' age as well as their physical and cognitive abilities, sons would routinely check on their parents. This would sometimes take them away from other responsibilities they

had with their work or families. For example, a son who lived with his mother in her home, reported that just simply getting out of the house to build his business was a hardship. He stated, “I can’t leave here because if she should ever fall when I’m gone what’s going to happen” He went on to say, “My mom is [of] utmost importance right now. I’ve dropped everything else” (Caregiver 5). Similarly, one son, who cared for both his parents until their death, described how the need to be constantly monitoring his parents’ situation was keeping him “[f]rom earning an income” (Caregiver 25).

Because of their parents’ physical, cognitive, and/or emotional challenges, sons expressed that the welfare and safety of their parents were always on their mind. For example, a son, whose mother lived with him and his wife, commented:

You have to concentrate on what you’re doing. It requires a very high level of concentration simply for safety and when you’re out there [away from home] and all of a sudden your mind starts to wonder about, gee, I wonder what’s going on at home (Caregiver 20).

Although sons were not always physically with their parents, many sons expressed how engrossed they were with thinking about their parents’ situation. As one son remarked about the needs of his mother and mother-in-law who lived with him and his wife, “I have to be conscious of the mothers’ needs throughout the day” (Caregiver 15).

With sons having to be on-call 24 hours a day and always having their parents’ situation on their mind, their caregiving involvement also included a component of collaborating with others in order to offset the high degree of time and effort it took to care for their older parents.

Collaborator. It was found that all sons provided care to an older parent with varying degrees of help from a wife, family members, sibling, and/or professional organizations. Many sons would describe what was done for their parents more in terms

of what ‘we did’ as opposed to what ‘I did.’ Moreover, sons made references to how they worked as a team or were in partnership with a sibling, wife, family member, and/or professional organization in caring for their parent. For example, a son whose mother resided in a personal care home, commented about his collaboration with his brother, wife, and professional caregivers of the personal care home: “We’re all working together to make sure that she is comfortable there” (Caregiver 23). Another son commented on how his wife would do things for his mother who suffered from Alzheimer’s:

I’m sure she [wife] was itching at her end, but she was gracious to go over there [personal care home] all the time and do things for her [mother]. (Caregiver 4)

Four sons reported that they had at one time hired a companion or private nurse to look after some of the needs of their parents. These partnerships with a hired companion, sibling, wife, and/or professional caregiver usually involved collaborative care for their parents’ IADL/ADL type needs. One son described this collaborative care for his mother:

We [son and daughter-in-law] would see her on average four times a week. Four days out of the seven. [Hired companion] would come one, that’s five, and I would try to get my brother to go on a different day. (Caregiver 4)

Another son described his collaborative efforts with his brother in the care of his father:

My brother drops in a couple of times a week, I drop in a couple of times a week, so there’s always someone everyday. (Caregiver 10)

Adult sons’ caregiving involvement was multi-dimensional in nature and another dimension of how adult sons described their caregiving involvement included behind-the-scenes type care.

Behind-the-scenes care

All sons described part of their caregiving involvement as behind-the-scenes caregivers for their parents. This kind of care had more to do with the organization of care for their parents than it did with the actual provision of care. For example, one son, whose mother lived on her own, described part of his caregiving relationship with her in these terms, “I sort of keep behind the scenes so I know what’s happening . . . I’m in the background, I’m watching her” (Caregiver 12). Sons reported that they routinely involved themselves in behind-the-scenes types of care for their parents, and that this generally included advocating on behalf of their older parents needs, constantly planning for what was needed, and supervising the care being provided by others.

Advocacy care. Regardless of the parents’ living arrangements, sons spent a considerable amount of time advocating on their parents’ behalf in the sense of knowing the needs of older people and trying to see what their parents were dealing with through their eyes. For example, a son, whose mother resided in a supportive housing complex, described the importance of understanding her point of view:

I can appreciate from an older person's point of view giving things up and giving up her house. She didn't like it. (Caregiver 17)

As another son commented about dealing with his two older parents who lived together in their own home, “You got [sic] to deal with older people differently than you deal with other people” (Caregiver 6). The majority of sons spent a lot of their time advocating for changes they felt were needed to improve the quality of life for their parents. For example, a son, who regularly commuted to visit his father in a personal care home, commented:

We're advocating for him constantly. We've been to meetings out there . . . somebody has to advocate so that's my role, I think, is an advocator [sic]. (Caregiver 18)

Sons would frequently express the need to explain to others what their parents were like and what their specific needs were because they knew their parents best. As a result, many sons (n=23) found themselves advocating on behalf of their parents' specific needs and specifying what had to happen if these needs were to be met. As one son explained when his mother, who suffered from Alzheimer's, was placed into a nursing home:

I knew my mom better than they would be able to, you know, what she liked and what she didn't like and how to deal with her. (Caregiver 7)

Along with advocating on behalf of their parents' needs, sons expressed that much of their time and effort involved planning for meeting the needs of their parents.

Planned care. Sons reported that they were constantly planning for what had to happen with their parents' care. This is evident in the following quotation from a son who cared for his father living on his own, "On a straight day-to-day basis I'm more of a planner" (Caregiver 19) and as another son said about his father's care, "That's how I am, I want to plan. I have a plan in place" (Caregiver 18). Sons expressed that they were always planning what had to be done in terms of their parents' care. As one son explained about the care of his mother who suffered from Alzheimer's:

We were always here on the weekend doing this or that and we would sort of plan on what we were going to do [for mother] for the rest of the week. (Caregiver 4)

Similarly, a son-in-law described the importance of planning with his wife for the needs of his mother-in-law:

One of us has to think in the future and one of us has to think in the present and that's the way we have gone along. (Caregiver 24)

In addition, there were sons (n=16) who expressed that they had spent a lot of their time planning how they were going to increase formal services or initiating the process of placing the parent in a personal care home. Most sons expressed the importance of planning ahead and being prepared so there was no confusion about what had to happen when their parents required a higher level of care. Most sons expressed the importance of having a plan in place if any unforeseen event happened that restricted their parents' ability to make decisions on their own. As one son commented about unforeseen events, "Things come up unexpectedly" (Caregiver 1). This plan usually included having a living will in place that the family could follow if the parent was unable to communicate his/her desires. As well, sons reported frequently figuring out ways to improve their parents' quality of life. To maintain a certain quality of life for their parents, most sons felt they needed to keep their parents' environment in a way that they were accustomed to. As one son commented about the situation of his mother who resided in a supportive housing complex:

She had been in an apartment forever and I guess any kind of change is traumatic for older people, and I mean for all of us, but especially for older people. (Caregiver 8)

Another son, whose father still lived on his own, commented about his father's familiarity with his environment, "He's balking leaving the house and that's understandable, he's been in it for 52 years" (Caregiver 19). Furthermore, sons who had parents living in the community would frequently encourage or plan for their parents to be with people their own age. For example, many sons would take their parents shopping with the hope that their parents would see someone they knew and that this would lead their parents to socialize with people their own age. Many sons encouraged their parents

to take part in activities geared toward older people so they would be with people with similar interests. Most sons made the assumption that older people are interested in the same things.

As well as advocating on behalf of their older parents and taking a planned approach to organizing things, many sons described how they provided care in terms of a supervisory role.

Supervision care. It was found that sons frequently supervised what was going on with their parents' situation and/or supervised the care others provided to their parents. Their supervisory care involved making sure everything was congruent with their parents' needs as well as making sure necessary changes were being made. Most sons expressed the importance of the kind of supervision illustrated in the following comment:

I don't think you can walk away and just turn it over to this person. I think you have to be there supervising and all that sort of stuff. (Caregiver 20)

Sons would regularly supervise the care provided by other family members, professional caregivers, and/or the staff in personal care homes. For example, a son whose mother resided in a personal care home, described how he supervised his mother's care:

The greatest contribution I made to her care was in a lot of visitations which are very important, even for five minutes, to drop in and [I] saw things that weren't happening that should have been happening. (Caregiver 4)

Another son described the importance of the supervisory role he and his wife played with his father who lived in a personal care home.

We're very involved. We don't just have a visit. We are there to check out what's necessary and get it and we're doers. We get it done. We're on the phone. We'll stop back in or phone back to make sure it's happening, so we're not just fair-weather relatives, you know, we're there to make sure he is being looked after. (Caregiver 18)

When sons took on a supervisory role overseeing their parents' welfare, there were consistent patterns as to how these sons described other people's involvement in the care of their older parents.

Caregiving involvement of others

Adult sons highlighted the roles of specific people involved in their parents' care. These specific people included their spouses, their siblings, and/or the professional care-workers providing a variety of services for their older parents. Overall, most sons (n=18) felt that these people were doing as much as they could considering the circumstances that presented themselves. As one son remarked, "I guess everybody pretty much did their best" (Caregiver 4).

For some of the married sons (n=12), their spouses had older parents of their own, full-time jobs, and/or child care responsibilities. These other responsibilities limited the amount of time they had to contribute assistance to their husband's older parents. Similarly, some sons (n=14) also indicated that the caregiving involvement of their siblings was influenced by circumstances that limited their time in helping out (e.g., family and work responsibilities as well as proximity restrictions). For example, a son, whose father lived on his own, explained:

Well my brother does a little bit less but it is simply because of the fact that he's in at work by eight-thirty in the morning and he never gets back before seven. With him, time is a premium. . . . he has two boys, a wife, and a large house. He probably does less because of all of this. (Caregiver 10)

Another son, whose mother lived on her own, commented, "I think she [sister] does what she can and she's limited from a distance" (Caregiver 12). Furthermore, most sons (n=19) felt that the professional caregivers were doing as much as they could considering

how understaffed they were as a result of downsizing and cuts in social programs. For example, a son, who had both his parents living in their own home, described the plight of a VON nurse providing care to his older parents:

She's got something like 27 patients to do a week . . . her time is limited but she tries her best and so the whole medical system is terrible. (Caregiver 6)

Another son, who had Home Care providing services to his mother and mother-in-law in his home, commented:

I think the community services have been very co-operative and they have quality people that are doing the best they can under fairly stressful circumstances. (Caregiver 15)

Although most sons felt that others (i.e., spouses, siblings, and/or professional care-workers) were providing as much help as they could considering their circumstances, it is clear that their involvement was not without problems. Specifically, some sons (n=7) reported that their wives were unable to understand their situation because they did not have parents of their own who were in similar situations. For example, a son, who provided care to his mother living on her own, remarked:

She [spouse] hasn't experienced as much of that [parent care] as I have. I don't think she has the same understanding that I do. (Caregiver 22)

Some sons (n=11) could not understand why their siblings were not trying to make more of an effort to do more than they were for their parents. For example, a son, who provided many years of care for his mother, commented on how he didn't understand his brother's lack of involvement by stating, "for my brother not to do anything, not to phone her, I mean, I just don't understand" (Caregiver 3). Another son, whose one brother rarely visited their mother, remarked, "I could never figure that one out because she treated all of us the same" (Caregiver 23).

Some sons (n=6) described how their siblings would say they were going to do something but never ended up doing it. For example, a son, who was caring for both his parents, described his siblings' involvement in this fashion:

Everybody [two sisters] says [they will help] but then when I come and ask them, when it comes right down to it, all of a sudden they're too busy. (Caregiver 6)

In terms of formal services for older parents, sons indicated difficulty in knowing what services were available to their parents. It was difficult unless you knew someone who knew about available services or had first hand knowledge about access. For example, one son, who provided and arranged care for his mother for several years, explained this difficulty:

It was confusing . . . I didn't know anything about Home Care . . . you don't see billboards you know 'are you a son with an aging parent who needs help?' Unless you know someone who's been through that route, it's hard. (Caregiver 7)

Another son, who arranged for services for his mother, stated:

I probably have no knowledge of what's available. All I do is by guess . . . I don't know if there's any place that tells you all the different services available for the disabled. (Caregiver 5)

Some sons (n=11) made reference to the difficulty in knowing the responsibilities professional care-workers had when providing care to their parents. Some sons felt there was no communication between formal services and families in terms of how care for a parent was to be shared. For example, a son, whose mother received certain services from Home Care, commented, "We are not clear on what the expectations of Home Care are" (Caregiver 11). Another son, whose mother received services from Home Care, effectively summed up this lack of communication between formal services and families:

There needs to be a much better understanding of where all of these things fit [responsibilities between professional caregivers and family relatives] and checklists and I think that people like myself and others would feel more comfortable in knowing how that works. (Caregiver 22)

Six sons made references to how there was little continuity in terms of whether the same people provide these formal services and the difficulty caused by having different people care for their parents. For example, one son, whose mother received services from Home care, explained:

I never remembered seeing the same person [Home Care worker] too often. I can't think of anybody, so the continuity of the care always bothered me. (Caregiver 3)

Summary

It is clear that parent care is multi-dimensional in nature. Determining what adult sons and others do for their older parents involved examining three basic areas: first, the stages sons and their parents experienced that lead to the actual provision of care; second, the kinds of care provided by adult son caregivers and other people involved; and third, how adult sons described their caregiving involvement and how they described the caregiving involvement of others. Overall, sons described very similar stages leading up to the actual provision of care. This study confirmed previous findings (e.g., Harris, 1997; Kaye and Applegate, 1990a, 1990b) which indicated that sons often expressed difficulty in realizing the fact that they now had to take on the roles and tasks that their parents used to do for them when they were children. Furthermore, this study supports other caregiving research which found that sons have invested considerable time and effort in providing care for their parents (e.g., Harris and Bichler, 1998; Kaye and Applegate, 1990a, 1990b; Stoller, 1990). Moreover, this study found that sons were constant companions to their parents and provided frequent emotional support. This would support

Horowitz's (1985b) finding that companionship and emotional support were the most common to the care provided by both men and women.

In the present study, all sons indicated their active involvement in their parents' emotional needs, their constant companionship for their parents, and their frequent help with their parents' IADL tasks. Sons would routinely listen to their parents' problems and regularly visit them. As well, sons would frequently help their parents with housework, shopping, transportation, and management of affairs. Adult sons in this study were actively involved in the caregiving process and many described their caregiving involvement as extensive in nature and not just as supplementary. This finding contradicts other studies (e.g., Abel, 1989; Albert, 1990; Aronson, 1985; Coward and Dwyer, 1990; Coward et al., 1992; Dwyer and Coward, 1992; Dwyer and Seccombe, 1991; Finley, 1989; Lee, 1992; Lee et al., 1993; Schoonover et al., 1988) that found males to be primarily managers of care for older parents. Furthermore, as was the case in Harris's (1997) study, there were adult sons who provided for their parents' personal needs on a regular basis or had helped at some point in time. These 'hands-on' types of tasks included such things as helping their parent with bathing, eating, grooming, and/or toileting.

The adult sons in the present study were at different stages of care with their parents. This care ranged from parents living on their own to parents requiring 24 hour personal home care. However, it was found that all sons identified themselves as being providers of care, as well as being involved in behind-the-scenes care. Provision of care involved components of fill the gap, constant contact, and collaborator care for their parents. These components of care define the physical and emotional dimensions of

specific social support tasks for their older parents. For adult sons in this study, caring for an older parent, either currently or in the past, sometimes conflicted with the needs of either their children, spouses, partners, and/or friends as well as restricting their own opportunities for employment and other activities. This finding confirms Spitze and Logan's (1990a) prediction that more and more men will experience being 'caught in the middle' of responsibilities. Behind-the-scenes care involved components of advocacy care, planned care, and supervisory care. These components of care define the organizational dimensions of adult sons' caregiving involvement and parallel Harris' (1997) finding that the majority of sons in her sample "took charge" of the situation to get things done.

Adult sons indicated that their spouses and their siblings were doing as much as they could considering their own family and work responsibilities. However, some sons also felt that their spouses could not empathize with what they were doing. Although most sons could understand that their siblings had other responsibilities, they sometimes could not understand why these siblings weren't more involved in their parents' care. Furthermore, most sons reported that they were aware of the problems agencies were experiencing in providing necessary care to older people. However, similar to Harris and Bichler's (1997) finding, sons voiced their displeasure regarding the lack of information on resources available in their community. As well, many sons found professional agencies failed to communicate with clients and their families regarding the sharing of responsibilities.

Chapter four has addressed the first and second research questions of the study by outlining the processes and patterns of adult sons' caregiving participation. Furthermore,

findings on how adult sons interpreted others' involvement in their parents' care were reported. Chapter five addresses the third and fourth research questions by examining the attitudes of filial responsibility adult sons had toward their caregiving involvement and the issues that emerged in relation to sons helping with ADL caregiving tasks.

CHAPTER FIVE

Attitudes toward Caregiving

This chapter reports on findings from the third and fourth research questions of the study. The third research question addressed the attitudes of filial responsibility adult sons had toward their caregiving involvement. The fourth research question of the study asked the following: “If more than one caregiving task was being performed, did adult son’s attitudes differ according to the nature of the task?” From the narratives shared by the 25 adult son caregivers, similar attitudes of filial responsibility emerged to explain their overall caregiving involvement. Moreover, in terms of the specific nature of caregiving tasks, significant issues emerged in the sons’ narratives when explaining their involvement in ADL care for their older parents.

This chapter consists of three parts. The first part examines the three significant sources of adult sons’ attitudes of filial responsibility which explain their overall participation in their parents’ care. The second part of the chapter identifies the specific issues that emerged when examining adult sons’ caregiving attitudes toward ADL-type tasks for older parents. The third and final part of the chapter examines how adult sons viewed men’s roles in contemporary caregiving situations including their interpretation of their level of caregiving participation. The chapter ends with a summary of the findings and how they relate to previous research.

As previously noted, the term filial responsibility is most often associated with the attitudinal aspects that explain active participation in parent care. More specifically, three sources of adult sons’ filial responsibility attitudes were found. For the purposes of this

research, filial responsibility was defined as “[a]n attitude of personal responsibility toward the maintenance of parental well-being” (Marshall et al., 1987:107).

Sources of adult sons’ filial responsibility attitudes

There were three significant sources of sons’ filial responsibility attitudes. The first source of sons’ filial responsibility attitudes was the notion of reciprocity.

Reciprocity. The majority of adult sons (n=22) felt that it was only fair that adult children provide care to older parents because of what parents did for them in the past as children. For example, one son, whose mother lived in a supportive housing complex, explained:

I guess where I’m coming from is that I feel that she did a lot for me when I was younger for lots of years so fair is fair. (Caregiver 8)

Another son explained in the following way why he was helping his mother with certain IADL and ADL tasks:

I said, “Look if you can change my pants and help me when I was a little kid,” I said “you need help now.” (Caregiver 11)

Most sons (n=21) expressed admiration for their parents. In particular, they appreciated what their parents had done for them in the past. Moreover, the majority of sons (n=19) expressed their gratitude for how much their parents were able to give them and how their parents always did the best they could for them. Therefore, these sons felt that they had to try to replicate their parents’ actions. For example, a son who cared for his mother with Alzheimer’s for many years reflected on why he constantly ran around doing ‘this and that’ for her:

My mother wouldn’t have abandoned me. My mother took care of me and so if I had to do it [provide care], I would do it. (Caregiver 7)

Many sons (n=21) adopted the attitude of ‘what goes around comes around’ in how children provide care and, in most cases, many of these sons felt it was their turn to reciprocate. For example, a son, who was a constant companion to his father, remarked “What goes around comes around. You’re treated the way you treat other people” (Caregiver 10). Similarly, another son, who was regularly visiting and taking care of his father’s affairs, stated:

You cannot expect anymore back than you gave out so if you’re a reasonable giver you might get something in return. (Caregiver 18)

In addition, most sons (n=22) placed a great deal of emphasis on how they were raised as children and how this upbringing could influence an adult child’s need to reciprocate care for their older parents. For example, a son, who was providing care to his mother and father, described how his upbringing influenced his attitude of reciprocity:

I was brought up that way. It’s not necessarily right or wrong but I was brought up that way, that family has to look after family. (Caregiver 6)

Similarly, one son, whose father resided in a personal care home, stated:

It’s important how children are raised. It affects how they are going to do things for their parents. It depends on how they were brought up. They transfer what they learn from their parents’ sense of doing things. They [children] may pick it [care provided] up and transfer it through them [parents]. (Caregiver 9)

Most sons (n=21) noted the sacrifices their parents had made for them and consequently felt that there should be no question about sons helping them in their time of need. A son, who lived with his mother in her home and did all the household chores, remarked:

She needs somebody to take care of her and that’s me. So I’m just following in her steps; she has always taken care of someone so I am taking care of her. (Caregiver 5)

Another son, who visited his mother every day, remarked rhetorically:

They brought you up. You're where you are because of them. They did everything for you. Most parents are pretty good so why shouldn't you reciprocate? (Caregiver 23)

The majority of sons indicated that their attitude of reciprocity was one of the reasons they were involved in providing IADL and/or ADL care, emotional support, and companionship for their older parents. As well, most sons (n=21) felt that, because children have an emotional bond with their parents, caring should come quite naturally.

Emotional bond. Another source of sons' attitudes of filial responsibility was adult children's emotional bonds with their parents. Because of these bonds, providing care to older parents is something that adult children should naturally do. For example, one son, who was strongly connected to his father when he was a young adult and who provided constant emotional support and companionship for his mother who was suffering from Alzheimer's, made this observation:

My parents were the biggest influence on me in terms of who I am. They were really wonderful loving kind of people. They had nothing but they would share whatever they had with anybody and so I think a lot of it is the thought of caring for somebody is kind of an inborn kind of ideal. (Caregiver 7)

The majority of sons (n=21) frequently described how their emotional bond with their parents influenced their caring behaviours. For example, a son, who regularly visited his mother living in a supportive housing complex and took care of her affairs, explained:

My mother and I got on very well and if she needed somebody to do something for her it was me. It was a natural thing to do. It went without saying I helped her and she helped me. (Caregiver 8)

Similarly, a son, who lived with his mother in her home and helped her sustain a level of independence by helping her around the house, described why he cared for his mother:

Because of love for my mother, devotion to my mother, care of my mother. We did it for love you know; she took care of me. (Caregiver 1)

Some sons (n=8) also indicated how the emotional bond strengthened after one of the parents passed away and how it influenced their involvement in caring for the surviving parent. For example, a son, whose father lived on his own, explained:

Since my mom died I've actually become closer to him and I find that I do more things with him now than I did when I was a kid. (Caregiver 10)

Although most sons described their relationships with their parents as being positive, they reported some negative aspects such as fights, disagreements, and falling outs. Moreover, a small minority of sons (n=3) reported that they were never close with their parents and felt that their parents did not do much for them when they were children. Although they described their relationships with their parents as somewhat dysfunctional, these sons still were actively involved in their parents' care. For example, a son, who regularly visited his father residing in a personal care home, commented:

He is my father regardless of what happened. Even though, like I said, when I was growing up we never had much contact with him. (Caregiver 9)

Similarly, a son, who spent a great deal of time visiting and arranging the care for his mother living in a personal care home, commented:

You certainly think why me? Why am I the one to look after her? I mean I wasn't my mother's favorite, for God's sake. I was her least favorite but that didn't matter. It's my mother. Who is going to look after her if I don't? So I did. (Caregiver 4)

Most sons described their overall relationships with their parents as being good. However, they also felt that adult children should be responsible for their older parents' care no matter what circumstances present themselves. The majority of sons (n=21) indicated that children are obligated to care for their parents whether or not they have had a good relationship with them.

Adult children's obligation. The third source of adult sons' filial responsibility attitudes was the notion of obligation that adult children should be responsible for their older parents' care whether it is providing, managing, and/or arranging their care. For example, a son, who was a constant companion to his mother and provided, as well as arranged, IADL care for her, commented, "I think that as offspring we should at least arrange your parents' care" (Caregiver 4).

What consistently emerged from the sons' narratives was that parent care was something they had to do and it was important to do for their parents' quality of life. For example, one son, commenting on the care he provided to his mother living next door to him, explained, "Definitely I'm having a hard time with my mother, but there is an obligation for me to make sure that she is okay" (Caregiver 21). Similarly, another son, who was also a constant companion to his mother and provided frequent help with IADL tasks for her, commented, "I had to be responsible because someone had to" (Caregiver 4). Furthermore, many sons (n=13) indicated that this attitude of obligation for parent care influenced them to feel that it was their duty to provide care. For example, for one son, whose father expected a lot of his son's time before moving into a personal care home, remarked, "When I really think about it now, I just did it [care] because of a sense of duty" (Caregiver 9). Another son, whose mother expected him to do certain household chores for her, commented, "I'd say it's a duty" (Caregiver 1).

The majority of sons invoked similar attitudes to explain their overall caregiving involvement. That is, adult sons provided specific reasons to explain why they did what they did for their older parents. These specific reasons included reciprocity, emotional bonds, and children's obligation to care for older parents. The only distinguishable

difference among sons was their level of involvement in helping with ADL tasks. However, similar issues emerged from all sons when explaining their involvement in the personal nature of their parents' care.

Sons' involvement in ADL care

Adult sons (n=12) who provided help with ADL tasks for their parents did so primarily because it was something that needed to be done. For example, a son, who occasionally helped his father with his personal tasks when the father would visit, commented:

I do it [personal care for his father] because it's necessary . . . Whether I like it or not is secondary . . . I mean you just do what has to be done and somehow it takes you over and gets you through it. (Caregiver 18)

Another son, who helped his father bathe, made this observation:

It was something that had to be done and I never thought about it. It concerned me the first time but now we work together. (Caregiver 6)

Moreover, the majority of sons (n=11) who did not provide help with specific types of ADL tasks for their older parents indicated that they would help if they had to. These sons indicated their willingness to provide care of a more personal nature if it had to be done. For example, a son, who provided years of care for his mother until her death but never did provide help with her ADL tasks, stated, "If I absolutely had to [provide help with ADL tasks] I would have" (Caregiver 7). One son, who was not involved in his mother and mother-in-law's personal care, commented, "If the circumstances were such for whatever reason that it [help with ADL tasks] had to be done I would do it" (Caregiver 15).

Whether or not sons provided help with ADL tasks for their older parents, similar issues emerged with respect to their caregiving involvement in ADL tasks. These issues

included familiarity with older parents, women knowing women's personal needs better, women being more naturally nurturing, and traditional family socialization practices. The discussion first turns to the issue of familiarity.

Familiarity. The issue of familiarity was referred to frequently by sons when explaining why they felt it was difficult for adult children to be actively involved in the personal care of their older parents. More specifically, most adult sons (n=23) stated that helping their parents bathe or shower did not, or would not, feel right because of the familiarity they had with their parents. A son-in-law, who did not help bathe or shower his mother-in-law, said that he didn't help with this because of his mother-in-law's "pride and privacy" (Caregiver 24). Furthermore, a large percentage of sons (n=17) indicated the social taboo and social inappropriateness involved in seeing older parents naked. For example, a son, who provided care to both his mother and father until their deaths, commented, "It would have been kind of weird [to help his mother bathe] because psychologically to see your mother naked would be disturbing" (Caregiver 25). Most sons (n=20) mentioned the discomfort and embarrassment felt by both parent and child associated with ADL care. One son, who had his mother and mother-in-law living with him and his wife, explained why he did not help bathe his mother:

It goes back to traditional taboos . . . I think for her kind of dignity. To have her male son bathing her or something would not only be inappropriate from kind of a social point of view but would be very uncomfortable for her and a bit uncomfortable for me. (Caregiver 15)

It was in knowing it was their parent and their parent knowing it was their son that caused feelings of embarrassment and discomfort. For example, one son explained why he would have a difficult time bathing his mother:

I would be embarrassed that my son had to bathe me or my wife or whatever. I would rather have somebody else like in a hospital where I don't know the guy or person. (Caregiver 23)

Another son, whose mother required periodic care with bathing and had Home Care assist her, stated his reason for non-involvement in this type of ADL task:

I don't think I could do it, touching her breasts, her vagina. That's my mother, she wouldn't allow me to do that. (Caregiver 1)

The second issue to emerge from sons' narratives explaining their involvement in ADL tasks was that they felt women know other women's personal needs better. Therefore, even though most of these sons were involved in the care of their mothers, they thought women would be better suited to provide personal types of tasks for their mothers.

Women's ways of knowing. Despite the fact that some adult sons were involved in providing help with ADL tasks for their older parents, most sons (n=22) felt that women would be more suited to provide help with ADL tasks.¹ That is, adult sons did not describe helping with ADL tasks specifically as being 'women's work', but felt that women might be more in tune with other women's needs. Because of this, women caregivers would be more knowledgeable about the needs of older mothers in relation to ADL care. For example, a son, who did provide occasional personal care to his mother, stated:

It depends on who you are giving care to. If it's a woman giving care to a woman that woman would probably give more care to the mother than a man would give to her . . . because they are physically the same. They both understand each other's pain or the complexity of their bodies. (Caregiver 5)

¹ Out of the 12 sons who did, two provided personal care to their fathers and ten provided personal care to their mothers.

Similarly, another son, who helped in the provision of ADL tasks for his mother until her death and also helped with the personal care of his wife suffering from Alzheimer's, made this point:

The only thing was that having a lady in would have been better to make sure she [mother] was looked after properly hygienically. You know ladies know themselves better . . . even though I shower my wife and all that sort of stuff and I did the same with my mother I always felt better seeing my daughters coming to help with their mother. (Caregiver 3)

A son, who had his mother living with him and his wife, described how he saw the appropriateness of women caring for other women:

I presume that a woman caregiver would be like a professional woman caregiver, like the Home Care people. Women are perhaps better suited and more able to get around with elderly women. (Caregiver 20)

Most sons (n=17) felt that they would probably be better at providing personal care to their fathers because of the similarities in gender. For example, a son, who provided personal care to his father, suggested that it would be more difficult if he had to help his mother with her personal care because of the physical nature of men and women. Similarly, a son, who was not required to help with the ADL tasks of his mother who lived on her own, commented:

I could probably do it [bathe] with my dad. I wouldn't be all that comfortable doing it [with my mother] . . . I think it's a gender thing. (Caregiver 12)

A son-in-law, who was not required to help with ADL tasks for his mother-in-law, stated:

If the situation was reversed and it was my father-in-law or father I probably wouldn't have any difficulty [in providing help with ADL tasks]. I think it definitely does relate to gender. (Caregiver 24)

Most sons felt that women had 'natural' maternal instincts and women were more gentle and compassionate than men were. Therefore, sons felt women would be better at

helping with their parents” ADL tasks because of their ‘natural’ tendency to be more nurturing.

Women as nurturers. Adult sons (n=23) made frequent references to how it was in women’s nature that they are more nurturing and this was why more women than men provide help with older parents’ ADL tasks. For example, a son, who was not needed by his father to help him with his ADL tasks, described the differences between male and female caregivers by stating:

Women are gentler, on average, and they are more emotional. They probably give better care because I think men tend to be more goal orientated and that is their type of exchange whereas women provide care nice and gently. (Caregiver 19)

Similarly, a son, whose father lived in a personal care home, commented:

Women are probably better caregivers because it's probably in their nature. A woman will care more than a man will. (Caregiver 9)

Moreover, many sons (n=14) felt that because women naturally are more nurturing, providing personal care to older parents was almost instinctual for women. For example, a son-in-law simply remarked, “I think it is almost like instinct” (Caregiver 24). One son, who helped with the care of his mother and mother-in-law, felt that caregiving and its personal nature was “[a] natural extension of their [women] role in family nurturing” (Caregiver 15).

Traditional family socialization practices. The fourth and final issue to emerge from sons’ narratives surrounding their involvement in ADL tasks for their parents was the issue of traditional family socialization practices. According to the majority of respondents, women are more accustomed to the role of providing help with parents’ personal care because of traditional family socialization practices. Therefore, according

to these adult sons, most men, including themselves, have grown up in traditional families that established how men approach caring for older parents' ADL needs.

The majority of respondents (n=21) felt that men are conditioned or socialized away from nurturing types of roles that can influence participation in certain types of tasks for their parents. For example, a son, who had little involvement in helping with ADL tasks for his mother but was highly involved in her emotional support, stated that there are more women caregivers than men caregivers because, "It is a lot of conditioning in society that [parent care] is women's work" (Caregiver 7). Another son, who provided occasional personal care for his mother when the need was there, commented on the traditional nature of his family and what he thinks of how most males approach being involved in providing personal care:

I think most males are so emotionally constipated that they are not available on an emotional level and I think we're socialized into that by women who are close to their mothers that they are the primary caregiver . . . you know the father is supposed to provide the house, put the food on the table, the white picket fence this and that and every other thing [whereas] the mother is there to run the ship. (Caregiver 11)

Sons made numerous references to their traditional family roles and their traditional family upbringing and how specific roles were set out for males and females that included women working on the 'inside' of the house and men working on the 'outside' of the house. For example, a son, whose mother resided in a personal care home, stated, "It [family] was structured. He [father] worked outside and she [mother] worked inside" (Caregiver 23). Another son, who looked after the affairs of his father as well as a 94 year old family friend and provided regular care to his mother-in-law and his first wife until their deaths, commented:

The wife's job was to keep track of both sets of parents while the husband did whatever he wanted to do. (Caregiver 18)

Most sons (n=21) described how their mothers were responsible for child rearing, emotional support, and household maintenance whereas their fathers were responsible for providing an income, fixing things, and taking care of the family's financial affairs. Therefore, sons believed that these 'traditional set-ups' resulted in more women caregivers involved in helping with ADL tasks for their older parents. For example, a son, whose mother and mother-in-law lived with him and his wife, described the roles of his parents which he said strongly influenced him. He stated, "Men were the providers, the protectors, and the hewers and doers that go out and get it done" (Caregiver 15). He went on to say, "She's [mother] been a full time nurturer primarily raising a family." Another son (Caregiver 19), whose father lived on his own, commented, "Basically mom was the emotional caregiver. Dad did the physical side of it."

Most of the respondents referred to issues of familiarity, women knowing other women's personal needs better, women being more nurturing, and traditional family practices to explain the difficulties and reasons why they did what they did for their older parents in terms of ADL tasks. However, all sons reported that they would provide this type of care when and if it was required. Moreover, many sons felt that gender differences were becoming less distinguishable in today's world and roles between men and women caregivers should be more equal in terms of types of care provided.

Son's attitudes toward men's roles in caregiving

Adult sons felt today's society was slowly changing compared to previous generations in terms of the roles of male and female caregivers. Adult sons felt that because of changing family dynamics, as well as other social changes, more men will be

involved in the care of their older parents. The majority of sons (n=17) felt that factors such as fewer adult children to provide care and more women in the workforce will result in adult sons being required to give more of their time. Most sons felt that because of these changing ways, males would become more involved in parent care and, as a result, there would be fewer gender role distinctions.

Changing ways. Many sons felt that, as a result of more men involving themselves in what is seen as ‘women’s work,’ there will be fewer gender distinctions when it comes to male and female responsibilities with respect to parent care. One son (Caregiver 10), who regularly visited his father and felt he would have no problem providing personal care to him if needed, felt that when comparing men and women caregivers in this day and age, he “didn’t see there being any differences.” Another son, who helped care for his mother and mother-in-law, stated:

My own son and son-in-law have embraced parenthood differently. They are a little more involved in the nurturing side. (Caregiver 15)

The majority of respondents (n=17) felt that men were just as capable as women to provide help with ADL tasks but needed to be given the opportunity to help and be shown how to do it. For example, a son, whose mother and mother-in-law lived with him and his wife, suggested:

I think, given the opportunity, men are demonstrating more capacity to be the nurturing person or be part of that nurturing, not just physically. (Caregiver 15)

And a son-in-law, whose mother-in-law lived on her own, explained why he felt more men are involving themselves in the personal nature of care, “The generation that is coming up, these men are being shown” (Caregiver 24). He went on to comment about his own caregiving involvement with his mother-in-law:

I find myself having to be in certain ways trained by my wife. The care behaviour needed to be brought out in me. I think it's there in most men but they just don't know how to do it because they've never been shown. (Caregiver 24)

The majority of respondents (n=23) felt that there should be fewer gender distinctions in the roles women and men take in providing care to older parents and that men and women should share equally in the care. For example, a son, who was caring for his mother living next door to him, remarked:

I don't think there should be any differences between male and female caregivers. I don't think there should be. There are a lot of caring males you know. (Caregiver 21)

Another son, whose mother lived on her own, doesn't see parent care “[a]s a woman or man thing” (Caregiver 12).

Sons did not feel caring for older parents was ‘women’s work’ and with the changing ways in society, less gender distinction in caregiving roles will happen as evident by their own level of caregiving involvement. Most respondents (n=21) considered themselves as non-traditional males when it came to caring for older parents. Because of sons’ active involvement in their parents’ care (providing help with IADL and/or ADL tasks, emotional support, and companionship), they felt that they could not be classified as traditional males.

Non-traditional males. The majority of respondents acknowledged the importance of being caring and compassionate individuals for their older parents. These factors of caring and compassion were said to influence their involvement in their parents’ care, which, in turn, led sons to believe that they could be classified as non-traditional males. For example, a son, whose mother lived in a supportive housing complex, commented:

I'm kind of a domesticated kind of guy. I get my jollies taking care of people because my mother is my family. I also like to do the cooking [for my family and my mother] and all the shopping and stuff so it's not such a big leap as it would be for a more traditional guy with more traditional kinds of attitudes or responsibilities. (Caregiver 8)

Another son, whose father lived on his own, stated:

I think all children should be responsible for caring and supporting [their older parents]. Providing support systems for their parents is not solely the responsibility of the male or female or the oldest or youngest child in the household (Caregiver 10).

It was clear that sons shared similar caregiving attitudes of filial responsibility and each considered himself different from traditional male caregivers. Furthermore, because of their high level of involvement in their parents' care, most respondents indicated the difficulty in there always being something more their parents wanted or needed. However, because of their own responsibilities, doing more than they were already doing was unrealistic.

Always more to do

The majority of respondents indicated that there was always something more they could be doing for their older parents, but because of other responsibilities and/or commitments, they were doing as much as they could. One son, whose mother suffered from Alzheimer's, noted, "You can't make up the deficits fast enough" (Caregiver 7). As reported in chapter four, these responsibilities and commitments affected work, family, and/or leisure time. A son, whose mother lived in a seniors' residence, commented:

Under the circumstances I think I'm doing enough. Well, as much as I can. I mean I could probably do more but it's you know time restraints, kids, part-time job. (Caregiver 14)

Another son, whose father lived in a supportive housing complex, explained:

I am doing enough, at least at this point in time, because of my obligations. My wife is not well. I have to balance this thing and he's [father] getting the best I can offer. (Caregiver 18)

As a result, many sons didn't know how much more they could give their parents. For example, a son who cared for his mother for many years, commented:

I don't think I could have given anymore. I was there 24 hours a day. I did everything. Washing, fixing the house, everything. I couldn't have done anything more. (Caregiver 3)

Because many sons felt doing more for their older parents wasn't realistic or practical in terms of their own responsibilities toward family, work, and/or leisure time, the issue of guilt and second-guessing themselves about the adequacy of the care they provided for their parents frequently surfaced throughout their narratives.

Guilt and second-guessing. Most sons (n=20) believed they were doing as much as they could possibly do yet they still felt guilty at times that they were not doing enough. For example, a son, who had a very busy schedule taking care of his mother and mother-in-law commented:

I feel a bit guilty about the fact that I'm not giving her [mother] more of my own personal time but . . . I feel that I also need a bit of a life. I just can't put my life on hold for X number of years. (Caregiver 15)

Similarly, another son, whose mother lived in a supportive housing complex, stated:

I feel guilty sometimes because I should be spending more time but it is not really practical and that's a fact. (Caregiver 8)

Added to their own feelings of guilt towards the level of their caregiving involvement were the 'guilt trips' imposed by their parents. A son-in-law indicated he would feel guilty if anything should happen to his mother-in-law because of his not doing something that she wanted him to do. According to most sons, these guilty feelings caused by their parents' requests were sometimes intended and sometimes not. Some

respondents indicated that their parents expected them to help and this expectation often led sons to feel guilty. For example, a son, whose older parents lived in their own home, explained the expectations his parents had of him and the guilt that arose as a result:

They watch the neighbours across the street and he [neighbour] had a stroke and they watch how their one son is doing stuff everyday. So they kind of see that as an example of what I should be doing for them. (Caregiver 6)

Another son, who was regularly visiting his father in a supportive housing complex, stated:

The guilt trips he puts me on . . . how do I get out from under there and make some rational decisions in his best interests and my best interests? (Caregiver 18)

As a result of these feelings of guilt, whether caused intentionally or unintentionally by parents, many sons reported that they would frequently second-guess themselves if the care they were providing was in the best interests of their parents. At certain points in their caregiving relationships with their older parents, sons made reference to how they would look back and wonder if they did things right. For example, a son, who provided many years of care to his mother until her death, remarked:

Maybe I could have provided better care if I had stepped back and let other people care but she wouldn't accept anybody else. (Caregiver 3).

He went on to say:

Instead of me taking the other tactic and saying you got to have it [other people helping out] I did the opposite. Whatever mother wanted to do, that's what we'd do which was probably not the right thing to do.

Another son, who provided many years of care to his mother until her death, reflected on a significant point in his mother's care:

They [hospital] called to say that her arm was swollen enough that it may kill her. . . . I couldn't let that happen . . . we would try to get needles in

her and get her back to normal . . . I regret not following her will because I should have let her pass away. You see there was no improvement after that. (Caregiver 4)

Summary

It is clear that adult sons' attitudes toward parent care and how they understood their caregiving involvement were complex. As a result, understanding adult sons' caregiving involvement required examination at many different levels. As their words have shown, these sons tended to submerge themselves in the process of caring for their older parents. Similar to Harris' (1997) findings, the majority of sons participating in this study were all actively involved in the caregiving process and were all committed to caring for their older parents. Three main sources of adult son's filial responsibility attitudes were found to explain their caregiving involvement. First, sons felt that adult children should reciprocate the care that their parents gave to them; second, sons felt that adult children have an emotional bond with their parents so that caring for them would be something that comes naturally; and third, sons felt that it is the obligation of adult children to provide or at least arrange for the care of their older parents. These three sources of sons' filial responsibility attitudes confirm previous research in that it has been found that emotional closeness and an obligation to reciprocate care can have an influence on why children participate in their parents' care (e.g., Arber and Gilbert, 1989; Kaye and Applegate, 1990a; Selig et al., 1991).

Other research has challenged the simplicity of the assumption that emotional closeness and an obligation to reciprocate can fully explain why adult children take an active part in their parents' care. For example, Finley (1989) argued that previous research has shown that males are likely to feel responsible to care for elderly parents, but

they do not necessarily act consistently with that attitude. The present study seems to suggest that sons' actions were consistent with their feelings toward parent care. The majority of sons' actual caregiving behaviours were consistent with their filial responsibility attitudes in that they provided frequent emotional support, constant companionship, and regular help with IADL and/or ADL tasks for their parents. Moreover, other research has found that adult children who do not feel a great amount of affection for their parents are still able and willing to provide needed assistance (Walker et al., 1989, 1990a). In the present study, most sons described their relationships as being good but not without problems. As well, there were a small number of sons who reported dysfunctional relationships with their parents but who were actively involved in their care. This would confirm Walker's (1989, 1990a) finding that affection cannot always explain why adult children actively involve themselves in their parents' care. Moreover, similar to Harris' (1997) findings, whether or not sons had strong affectionate ties to their parents, one of the most common themes among these sons was their strong sense of filial responsibility towards their parents. This would support Jarrett's (1985) conclusion that caregiving research usually confirms an attitude of positive concern for older relatives that does not always, or necessarily, involve feelings of affection.

Adult sons were frequent providers of emotional support, companionship, and regularly helped with their parents' IADL tasks. As well, it was found that just under half of the sample (n=12) provided help with ADL tasks, often feeding, dressing, bathing/showering, and toileting their parents. Although just over half (n=13) of the respondents were not involved in these types of personal care, they did indicate that they would have involved themselves more if necessary. This finding is similar to previous

findings (Stoller, 1990) in that adult sons said that they would not drop out of the caregiving role if the needs of their older parents intensified. Furthermore, four significant issues emerged when addressing the personal nature (ADL tasks) of older parents' care. First, sons felt it was difficult to help a parent bathe or shower because of their familiarity with them. Second, when it came to the overall personal care of an older parent, sons felt that women know other women's needs better. Third, sons thought women would be better accustomed to personal type care because women are more nurturing than men; and, fourth, sons felt men were conditioned away from helping with ADL tasks because of traditional family socialization practices. These issues highlight the difficulty adult sons had in providing specific types of care that are generally seen as 'women's work', and, similar to Harris' (1997) conclusion, demonstrate the need for in-depth analyses.

Adult sons felt that traditional roles of men and women caregivers are changing in the direction of more gender neutrality. Most sons believed this to be true because of their own approach to caregiving responsibilities. That is, most sons indicated that they could not be classified as traditional males because of their active involvement in their parents' care as well as their involvement in other responsibilities deemed 'women's work' (e.g., child care, emotional support, household chores, etc.). Furthermore, because of their non-traditional approach to caregiving involvement, many sons reported similar experiences to those that have been mostly found with women caregivers of parents. More specifically, these sons reported that there was always something more that needed to be done for their parents, but because of their other responsibilities and/or desires, doing more was unrealistic. As a result, feelings of guilt and second-guessing surfaced. This

finding with adult son caregivers is quite similar to what has been found with adult daughter caregivers who were actively involved in their parents' care. Previous research frequently documents the juggling of priorities by adult daughters (Abel, 1986, 1989, 1990a; Aronson, 1985, 1990, 1992a, 1992b). This juggling of priorities is similar to Brody's (1990) 'multiple roles' and Kaye and Applegate's (1990a) 'triple jeopardy' and how these roles sometimes conflict with one another and lead to a great deal of struggle in fulfilling them adequately.

Adult sons saw their filial responsibility in many different ways. That is, when adult sons were asked to describe why they did what they did on a more abstract level (i.e., why do you do what you do for your parent?), reasons of reciprocity, emotional bond with parent, and adult children's obligation to care surfaced. However, when the level of analysis moved more into the specifics of their caregiving involvement (i.e., ADL versus IADL care), ambiguities surfaced as to why they did what they did. On one level, sons felt that they were non-traditional males because of their commitment, in attitudes and behaviours, towards their parents. On another level, these sons persisted in feeling that women had been socialized to be more capable caregivers. Perhaps this is indicative of a growing societal trend towards gender neutral socialization practices, all be they still somewhat clouded by traditional "male" "female" expectations.

Chapter five has addressed the third and fourth research questions by outlining the specific sources of adult sons' attitudes of filial responsibility, the specific issues surrounding sons' involvement in ADL care, and sons' views of their own caregiving participation as well as that of other males. In Chapter Six, the significance of these findings will be discussed. This discussion will include first, a brief review of the study's

findings; second, the theoretical significance of the findings; third, the practical implications of adult son's caregiving involvement; and, fourth, the limitations of the study and directions for future research.

CHAPTER SIX

Discussion

As reported by Harris and Bichler (1997), the research on adult son caregivers is sparse and most research on male caregiving is directed toward husbands caring for their dependent spouses. Given the dearth of information, and, in particular, Canadian information, about the involvement of adult son caregivers in parent care, this small-scale qualitative study explored adult sons' active participation in their older parents' physical, cognitive and/or emotional care.

By focusing only on sons and not comparing them to other family members, the present study identified specific caregiving processes, patterns, and attitudes involved in how and why a specific sample of sons provided care for their older parents. Chapter four reported on the caregiving processes and patterns pertaining to the first and second research questions. Chapter five reported on the caregiving attitudes pertaining to the third and fourth research questions. Chapter six is divided into three main sections. The first section briefly summarizes what adult son caregivers did for their parents, how they described their caregiving involvement, and their reasons for providing care for their older parents. The second section discusses how these findings relate to the conceptual frameworks of cultural consensus and feminization and whether these frameworks can adequately capture the complexity and multi-dimensional nature of adult son's caregiving involvement. The third and final section includes: the practical implications that surfaced as a result of adult sons describing their caregiving involvement; the limitations of the study that guide direction for research; and concluding remarks.

Summary of findings

Similar to previous research that has examined adult sons' caregiving involvement (Chang and Means, 1991; Harris and Bichler, 1997; Kaye and Applegate, 1990a, 1990b; Matthews and Heidorn, 1998), adult sons became caregivers of an older parent and oriented to this responsibility in ways that were meaningful to them. This, in turn, guided them in their caregiving tasks. The 25 adult sons interviewed were involved in their own unique caregiving relationships with older parents and it was clear that the majority of sons progressed through similar stages leading up to the actual provision of care. All sons indicated their experience of role reversal and the process of realizing what was required from them as caregivers. Furthermore, sons described the process of adjustment their parents experienced and the conflict presented by them and their parents wanting control.

While adult sons progressed through similar stages, leading to the actual provision of care, similar types of care provided to older parents were also evident. Adult sons' social support consisted of help with IADL/ADL tasks, companionship, and emotional support. Two distinct categories of adult son caregivers were evident. The factor that distinguished between 'do some' and 'do all' categories of adult son caregivers was helping with ADL tasks for their older parents. When adult sons described their approach to providing help with their parents' ADL tasks, specific issues emerged (i.e., familiarity, women's ways of knowing, women as nurturers, and traditional socialization practices). These issues would seem to be unique to adult son caregivers in how they viewed filial responsibility. That is, no evidence of these issues could be found in the literature investigating adult daughters' approaches to their role in providing help with ADL tasks

for their older parents (e.g., Abel, 1986, 1989; Aronson, 1990, 1992a, 1992b; Brody et al., 1989; Hooyman, 1990; Lewis and Meridith, 1988; Troll, 1987; Walker et al., 1989). This may be a function of the differences in how sons view their filial responsibility compared to how adult daughters view their filial responsibility. This difference in views, in turn, highlights the need for a comparative analysis between sons and daughters to understand why these differences occur.

Whether or not sons were involved in helping with ADL tasks for their older parents, consistent patterns of how adult sons described their provision of care for their older parents were evident. All sons were providers of care (fill the gap care, constant contact care, and collaborator care) that defined their physical and emotional dimensions of specific social support tasks for their older parents. As well, all sons described their care as behind-the-scenes (advocacy care, planned care, and supervision care) that defined the organizational dimensions of their caregiving involvement.

Three main sources of adult sons' filial responsibility attitudes were found to explain their caregiving involvement. First, sons felt adult children should reciprocate the care parents gave them as children; second, sons felt adult children have an emotional bond with their parents so caring is natural; and, third, sons felt that it is an adult child's obligation to provide, or at least arrange for, the care of his/her older parents. These three attitudes of filial responsibility overlapped because sons' explanations of why they cared for their parents included components of each. Sons also indicated that they could not be classified as traditional males because of their active involvement in their parents' care as well as their involvement in other responsibilities deemed 'women's work' (e.g., child care, emotional support, household chores, etc.).

From adult sons defining what care they provided, how they provided it, and why they provided it emerged a more detailed representation of the processes, patterns, and issues surrounding their active involvement in parent care than has been reported previously in the literature.

Theoretical implications

According to Bengtson et al. (1997), the majority of articles (72%) published between 1990 and 1994 in eight major journals addressing the sociology of aging made no mention of any theoretical tradition in the literature relevant to their empirical findings. If, as Bengtson et al. (1999:5) argue, the principal focus of theory is to “[p]rovide a set of lenses through which we can view and make sense of what we observe in research,” little effort in this regard is evident in the literature.

When researchers make explicit mention of the theoretical framework they are using to guide their research, it is usually in quantitative studies which incorporate the normative perspective (e.g., Abel, 1989; Cicirelli, 1989; Lee et al., 1993; Stoller, 1990; Wolfson et al., 1993). The normative perspective consists of two main tenets: first, the caregiving practices of adult children are usually a result of societal norms determining individual behaviour, and second, the sociological explanation of this issue is essentially deductive in form and based on structural functionalism (Marshall, 1996). An example of the normative perspective to explain family care of older parents would be cultural consensus.

Cultural consensus. This perspective posits that adult children’s interpretations of their caregiving patterns share similar meanings (Albert, 1990). Adult children who view caregiving as an exchange of services will show relatively low identity with an

older parent compared to those who assert that their care derives from some kind of bodily connection. Combining these dimensions, two likely combinations are generated in how adult children view their parents' dependency and the relation these views have to their caregiving responsibilities.

In this study, the cultural consensus framework is unable to contribute an adequate explanation surrounding the caregiving involvement of adult son caregivers. Most sons did report high intimacy with their older parents and viewed caring for their parents as being part of themselves (i.e., emotional bond, role reversal). However, sons also viewed their parents' conditions as illnesses (i.e., sudden or gradual deterioration) and also viewed the care they provided to their parents as an exchange of services (i.e., repayment of a debt, providing care regardless of relationship). The cultural consensus framework was far too simplistic to explain the complexity of the data collected from these adult sons. The multi-dimensional nature of adult sons' approach to caring for their older parents points out the deterministic views of the theoretical construct of cultural consensus. Regardless of how adult sons identified with their parents (i.e., low or high intimacy), the care they provided to their older parents was viewed as being part of oneself and as an exchange of services. Albert's (1990) proposed construct has demonstrated the importance of combining qualitative and quantitative methods of inquiry. Had Albert (1990) incorporated a qualitative component, he may have found more overlap between the different cells. As well, this framework is restricted to only addressing caregiving attitudes, leaving actual caregiving behaviours unexplored.

Understanding how adult sons attach meaning to the care they provide to their older parents requires the inclusion of their situational and contextual factors to augment

how they identify with their older parents. Furthermore, this framework of cultural consensus cannot distinguish between the experiences of male and female caregivers. When Albert (1990) conceptualized familial caregiving to an older parent as an example of a highly organized subsystem of shared knowledge, it was not clear that this shared knowledge of cultural consensus was the same for both genders. Researchers need to compare gender specifics to determine whether adult sons and adult daughters view responsibility to care and parental dependency in similar ways. This limitation of cultural consensus further highlights the need for a comparative analysis between adult sons and adult daughters in how they approach their caregiving responsibilities.

In contrast to the normative perspective of cultural consensus, the interpretive perspective argues that people construct and make use of norms, but do not automatically adhere to them (Marshall, 1996). An example of an interpretive perspective to explain male caregiving is the notion of feminization.

Feminization. The feminization perspective suggests that there are significant psychological and emotional changes in men as they get older that have an impact on how caregiving is carried out. It is argued that the process of feminization enables men to reclaim and enjoy the full range of masculine and feminine self-dimensions, and to recapture the gender bimodality suppressed in their earlier years in order to fulfill society's expectations that they concentrate on providing financially for young families (Gutmann, 1987). According to this hypothesis, with the approach of middle age, the time of life at which they are most likely to assume caregiving responsibilities, men may tend to be less concerned about maintaining the appearance of masculinity and more accepting of nurturing feelings in themselves (Solomon, 1982).

Findings from the present study do not conclusively support the main premises of this theoretical framework. Namely, adult sons indicated that they believed that socialization practices and attitudes were changing and that there were fewer differences between male and female caregivers. Adult sons acknowledged the importance of being a caring and compassionate individual for their older parents. These factors of caring and compassion were said to influence their involvement in their parents' care, which, in turn, led sons to believe that they could be classified as non-traditional males. Adult sons' speculations of changing ways in how males approached caregiving and their attitude of the importance of being a caring and compassionate individual would seem to be confirmed by the fact that all sons were engaged in emotional types of care for their older parents. As well, just under half of the sons provided help with ADL tasks for their parents, while just over half indicated that they would also provide help with ADL tasks if necessary. However, it was also not clear whether there was indeed a change in how adult sons approached the personal nature of parent care because they also indicated specific factors (i.e., familiarity, women's ways of knowing, women as nurturers, and traditional socialization practices) to explain why they found it difficult to involve themselves in nurturant and personal types of care for their older parents. Therefore, this framework of feminization cannot fully explain all the components necessary to understand how adult sons approach the nurturing and personal care of older parents. Despite its limitations, this framework does provide a useful avenue for inquiry. This avenue for inquiry would include future research investigating the process of change adult sons may be going through in providing personal care for older parents in order to understand, more explicitly, the barriers they may face in providing personal care to older

parents. This could be done through a longitudinal study that would be able to track these changes overtime. The findings could then be compared to the principles of the feminization perspective.

The normative perspective of cultural consensus and the interpretive perspective of feminization, used individually, did not provide an adequate explanation of the specific patterns, processes, and issues involved in the adult sons' participation in their parents' care. Nevertheless, used together, these frameworks contributed a piece to the complex puzzle of furthering the understanding of adult sons' parent care. As well, each of these frameworks were helpful in determining how future research should be designed in order to understand the complexity and diversity of family caregiving for older parents. Taking the lead from Marshall's (1996) taxonomy, where he notes the necessity of interfacing micro/macro and normative/interpretive levels of analyses, the present study has shown that developing theories on parent care requires researchers to attend to the normative principles of reacting to, and taking on, specific caregiving roles, and to examine caregivers as actors interpreting their situations and creating their own parent care roles.

Practical implications

Three practical implications were evident when exploring the active participation of 25 adult sons caring for their older parents. The first implication is the need for professional care services to inform families with respect to service eligibility and the processes involved in applying for different types of service. Many sons expressed a lack of knowledge of services available for parent care. As well, many sons reported a bureaucratic nightmare in trying to access these services. Therefore, professional agencies need to promote awareness of the services they have. They need to lay out, in

clear terms, the criteria families must meet to be eligible, and they must simplify the process of applying for these services.

The second practical implication is the need for community agencies to communicate more effectively how care for older parents is to be shared between themselves and adult son caregivers. Many sons felt professional agencies were not clear with respect to their responsibilities of how certain types of care were to be provided. This lack of clarity on the part of professional agencies sometimes caused stressful situations and conflict for adult sons in how care for their older parents was to be shared. Many sons felt an educational pamphlet was needed to detail a step by step chart of the responsibilities professional agencies had in providing assistance for their older parents. Professional agencies need to explicitly map out what they are required to do for older clients and communicate this in clear terms to family member caregivers.

The third practical implication of adult sons' active participation in their parents' care is the indication from adult sons of the importance of planning ahead for certain inevitabilities. Adult sons reported the necessity of having their parent draw up a living will while the parent was still cognitively able to do so. This living will would include the wishes of the older parent regarding how things were to be done for them in the event they were unable to decide for themselves. Sons expressed how having this living will for their older parent had, or would have, made the process of making decisions for their older parents much easier and less stressful. Moreover, sons described the importance of getting things in order ahead of time to ease the amount of hardship that would come as a result of an older parent becoming more dependent. For example, sons reported that arranging power of attorney for their older parents simplified many aspects including

taking care of financial matters. The importance of planning ahead for the inevitabilities of parent care suggests the need for support groups, professional agencies, family lawyers, and others to continue to educate families in the preparation of what is necessary to prepare for increased dependence.

This research has contributed to increasing the visibility of adult sons' caregiving involvement. Understanding more clearly how adult sons approach their parent care responsibilities will become increasingly relevant if the predicted changes in the family structure result in more men being involved in the care of their older parents. As population aging continues to increase and the structure of the family changes, more sons may be taking the lead role in caring for their older parents and services to aid, support, and encourage this care need to be developed.

However, as a result of exclusively focusing on adult sons' perceptions of their parents' care, the present study was limited to providing only one piece of the many pieces involved in the complex puzzle depicting family members' perceptions of care provided to older parents. As such, there were significant limitations to this study in furthering the understanding of family caregiving for older parents.

Limitations of study

This study was limited in three specific ways. The first limitation is the scope of analysis. Adult sons' perspectives on the caregiving situation may be different than the perspectives of others simultaneously involved in their parents' care. As Gubrium (1993) explained, when taking the perspective of one person to give voice to others involved in the same situation, this voice does not belong to these individuals but it is assigned to them. In families with more than one adult child, the participants' perceptions may not

reflect those of their siblings. Furthermore, since the parents were not interviewed, making the assumption that these parents' needs were being met adequately by these sons may be unfounded. As well, the actions of formal services were only described from the perspective of adult sons and not the professionals themselves. Townsend and Poulshuck (1986) indicated that the potential for exploring differences in caregiving experiences is often undermined when only one perspective is reported and is used as a substitute for missing information from others who are involved in the caregiving process. Therefore, a multi-level data collection process reporting the perspectives from everyone involved would provide further insights into the processes and patterns of parent care throughout the caring sequence. Having only one perspective to describe the multitude of people involved reinforces the importance of examining broader social networks when examining the complex web of caregiving relationships.

The second significant limitation to this study was its non-representativeness of the population of adult son caregivers. It is impossible to generalize from this small, self-selected sample of adult son caregivers to all adult son caregivers. There is the strong possibility that, due to the small sample size ($n=25$) and the self-selection procedure, certain groups of adult son caregivers were not represented. As a result, generalizability of these findings is limited. Data here are based on interviews with 25 middle-class sons who have accepted the responsibility for caring for an older parent. This may represent a unique group of sons different from sons with different socio-economic statuses and with different interpretations of responsibilities for parent care. Furthermore, with the sample being all Caucasian, I was unable to examine any cultural or racial or ethnic variability in parent care. Therefore, there is a need to include a more complete representation of adult

son caregivers and to examine the class, racial, cultural, and ethnic diversities that may influence how and why care is provided.

Thirdly, the present study used a cross-sectional design to examine the dynamic processes and patterns of caregiving. As a preliminary investigation, it did not conduct repeated interviews to verify the respondents' perceptions. Moreover, a small number of sons' (n=4) parents had died within two years prior to the interviews, which could affect these sons' recall of details about their caregiving experiences. As Miller (1989) pointed out, caregiving is a process occurring over time, and cross-sectional studies tend to confound measures of caregiving stress, satisfaction, situation, and outcome variables. According to Birkel and Jones (1989), the actual processes involved in caregiving cannot be described well within cross-sectional studies.

Conclusion

The present study has contributed to the body of knowledge on parent care in Canada. Most of the limited work done on adult sons' participation in parent care has been done in the United States and Great Britain. Focusing only on adult son caregivers allowed for more in-depth exploration of issues unique to adult sons' caregiving experiences. More specifically, the value of this research comes from providing a detailed explanation of how a self-selected sample of Canadian adult son caregivers interpreted their caregiving involvement. This information is desperately needed as more families will be faced with taking care of older parents for longer periods of time. Current research has for the most part focused on adult daughters providing care. Given the increased demands, it is evident that more adult sons will need to share this responsibility or take over the role completely. This study has provided a point of view, namely that of

adult son caregivers, that has been neglected in current parent care research. Further, the results of this study provide directions for further research. Research of this type brings attention to this often-ignored group of caregivers, and thus can serve as an important catalyst for further in-depth exploration of why adult sons do what they do for their parents.

It has been shown that the active participation of adult sons in their parents' care is multi-dimensional in nature and highly complex. This complexity of parent care is evident in that no one theoretical framework is able to adequately explain all that is involved when it comes to providing care. The complexities of the results of this study have underscored the lack of theoretical explanation and development in the field. It remains to continue to build an eclectic foundation of interpretive and normative perspectives to explain family care participation of older parents.

Information generated from the study highlighted certain conditions or factors that influenced how and why adult sons were involved in their parents' care. These conditions and factors must be taken into consideration if programs and policies surrounding older adult care are to be effective and relevant for all family members. Therefore, building a sound theoretical foundation on parent care becomes even more vital because, as Bengtson et al. (1999:12-13) stated:

Without theoretical underpinnings, we cannot explain why some programs flourish and others flounder. The relationship between social support and well-being among older adults is a telling example of the crucial link between theory and application in gerontology.

Attention to the caregiving processes, patterns, and attitudes of adult sons becomes more significant as families experience the effects of population aging, longevity and changes within the family structure. Most of the parent care literature has

focused on uncovering the caregiving experiences of adult daughter caregivers, while documenting only what types of care adult sons provide. Therefore, little information has been reported about the caregiving experiences of adult son caregivers and, in particular, Canadian adult son caregivers. This study explored the attitudes and behaviours of adult son caregivers using a qualitative approach. Developing this understanding of adult sons' involvement in parent care can provide future researchers and families with important information to consider as the predicted increase in parent care responsibilities becomes real rather than anticipated.

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APPENDIX A:
Research Letter
Advertisement
Study Information Sheet

Research Letter

Dear:

I am writing to request the assistance of your organization in recruiting participants for a study of adult son caregivers which I am conducting to complete my Master of Arts Degree in Sociology at the University of Manitoba. The title of my proposed study is "A Qualitative Study of Adult Sons Caring for their Parents." I am investigating why adult son caregivers participate in parent care the way they do. To recruit participants for this study, I am contacting your organization in the hope that there may be adult sons in support groups to whom you can provide information about the study (I have enclosed a copy of an informational flyer and study information sheet). I would also appreciate your recommending any other organizations or sources that you think would be helpful.

I have attached a detailed summary report of the proposed study for your perusal and welcome you to comment on anything that you feel may be vital that has been previously missed. I will be contacting you in a week to arrange a meeting with you at your convenience. If you have any questions, please do not hesitate to call me. Thank you in advance and I look forward to meeting with you.

Sincerely,

Murray McKay
Graduate Student
University of Manitoba

Advertisement

Will You Help?

Murray McKay, a graduate student at the University of Manitoba is conducting a study of adult sons caring for their parents. If you are a male living in the Winnipeg area, provide help to an older parent and are willing to be interviewed, please contact Murray in Winnipeg at xxx-xxxx.

Study Information Sheet

The study that you have agreed to participate in is to fulfil the requirements of a Master of Arts degree in Sociology from the University of Manitoba. The information gathered in this study will be used for Murray McKay's master's thesis and publications derived from this study. Despite the growing importance of addressing the question of who and how care will be provided to an increasing population of older parents in need, there are clear indications that the active involvement of men as caregivers for older parents has not been given sufficient attention. In addition, no studies in Canada have reported sons' experiences of providing care for older adults in need. What I propose is to explore is why men provide care to older parents in the way they do.

In conducting this research, I will be interviewing a sample of men who have been solicited through organizations, informational posters, and/or other male caregivers to participate. You are volunteering to be interviewed about your involvement in the care for older parents. The interview will consist of questions concerning your thoughts on what, how, and why care is provided to your parents in relation to you and your parents' specific circumstances. As well, some personal information will be asked of you and your parents' such as age, marital status, type and level of care required by your parents, living arrangements, family makeup, occupation, education, and leisure activities.

Confidentiality and anonymity will be assured to all study participants. However, confidentiality cannot be maintained in the event of disclosure of matters related to abuse or violence against vulnerable persons such as children and/or older people. I am obligated by law to report such occurrences. Interviews will last approximately 1-2 hours and will be audiotaped with your prior consent. Any identifying characteristics will be changed or omitted from any writings derived from the research and the master list of names and codes will be destroyed when the research is completed. All transcribed interviews and other data will be saved to computer disks and will be kept secured at all times. You will have the opportunity to review the taped interview once transcription has taken place. A summary report of the study's findings will be made available to you if you wish and will be mailed out to you once the study has been completed. You can refuse to answer questions that cause discomfort and can terminate the interview at any time. Being involved in this research is completely up to you. You can decide to drop out of the study at any time because you are under no obligation to participate.

The Department of Sociology Research Ethics Committee has approved this study and any complaint regarding a procedure used in this study can be reported to the Head of the Department of Sociology for referral to the Research Ethics Committee.

Your time, effort, and input in this study will be most valuable and needed.

APPENDIX B

Interview Guide

To be read at start of interview:

The study that you have agreed to participate in is for my Master's degree in Sociology from the University of Manitoba. My research project is entitled "A Qualitative Study of Adult Sons Caring for their Parents." For the purposes of the proposed research, the issue of caregiving will be put into the context of parents who have some degree of physical, mental, and/or emotional need that limits her or his independence and necessitates ongoing assistance. I am particularly interested in understanding why you do what you do for your parents. I would like to know what sort of things you think influence the way you give care to your parents.

Before we begin our interview together, I want to make sure you understand:

- (a) That you can stop the interview at any time;
- (b) That the interview will be audio-taped and should take approximately an hour and a half;
- (c) That you can refuse to answer any question that you think is too personal or makes you feel uncomfortable;
- (d) That none of your answers are being judged right or wrong; I am only interested in your experiences, your opinions and feedback concerning your involvement in the care of your parent(s);
- (e) That your participation in this study will not affect any services provided to you or your parent(s);
- (f) That any complaints you may have regarding this study can be reported to the Head of the Sociology Department for referral to the Ethics Review Committee;
- (g) That the information from this interview will be stored on a computer and any hardcopy information will be stored in a locked filing cabinet; and
- (h) That all your answers will be kept strictly confidential; your name or any other identifying features will not be used; anonymity is guaranteed.

Do you have any questions that you would like to ask before we get started?

Participant name:

Participant Code:

Date of interview (day/month/year):

Time started _____ (24 hr. clock)

Time finished _____ (24 hr. clock)

Place:

Q1. I just want to start off by getting some personal information about you and your parent(s)? How old are you, How old is your parent(s), what is your marital status?, What is your parent(s) marital status? What is your occupation? What was your parent(s) occupation? Where would you place your level of income, under 10 between 10 and 20, 21 to 30, 31 to 40, 41 to 50, 50 and up? How about sources of income for your parent(s)? What type of formal education have you received? How many brothers and sisters do you have? How many brothers and sisters does your mother have? Where do they all live? Where do you live? Where does your parent(s) live? What sort of leisure activities do you enjoy, what sort of leisure activities does your parent(s) enjoy? How would you describe your health both emotionally and physically? How would describe your parent(s) health both emotionally and physically?

Q2. I would like know more about your parent(s) in recent years. As time has passed, what sort of changes have you noticed? How did your parent(s)' needs develop? In other words how did you anticipate your parent(s) needing help in living her/his life?

Probe for: How did son anticipate parents needing assistance?

Level and types of care needed by parents.

Perceptions of what parents 'need' as opposed to what parents 'want.'

What do you think of when you hear the term 'elderly care'?

The amount, frequency, and time spent on caring for parents (what is a typical week for sons and their parents).

Significant experiences.

Social networks – sources of support (amount, frequency, and time), key figures, changes over time.

Q3. As you think back over how you have come to where you are now with your parent(s), how has all of this felt to you? What has been the easiest thing you feel that you do for your parent? The hardest? How as it all felt to your parent(s), i.e. how does your parent(s) feel about the assistance you provide to them?

Probe for: Positive and negative feelings.

Situations where feelings are evoked/expressed/contained.

Reactions to feelings/coping strategies/supports used.

Q4. With how you have described your caregiving relationship with your parent(s), how do you feel about how involved you are with the care of your parent(s)? (For example do you wish you could do more, and if so, why? Or do you think you are doing enough, and if so, why?) Do you consider yourself as a caregiver? Do you think there is a difference between what you should do for your parent(s) and what you could do?

Probe for: Attitudes toward their specific involvement and any factors or conditions impinging on their caregiving.

Q5. How do you feel about how others are involved in providing care to your parent(s)? Do you wish they would do more, less, the same, and why?

Probe for: Relationship with other social support networks.

Q6. Do you see taking care of parents as a natural thing for children to do?

Probe for: Questioning or acceptance of perceived conventions. Differences in roles between men and women caregivers? Why do you think there are more female caregivers as opposed to male caregivers? The way people are raised as children have a bearing on what is to be expected? Good thing or bad thing? Relationship history, family practices in caregiving. Any role models influencing the way son participates in parent care? How would they see their children taking care of them?

Q7. What do you feel has to take place if adequate care for your parent(s) is to be maintained or improved? What is your opinion of the formal services available to you and your parent(s)? Are they helpful? Why or why not? What needs to be changed? What would make them more useful for your situation? Have you ever attended a support group for caregivers why or why not? What sort of things would have been useful in your situation in terms of peer support? Do you feel that the courts should play any role in ensuring adequate care for older people? How has all of this felt to you as you see your parent(s) the way they are now compared to the way they were when you were a child and knowing that they are going to die? Do you feel this study is worthwhile?

Probe for: Questioning / acceptance

These are all the questions I have to ask you. Is there anything you would like to ask or go over again? If you think of something more that you feel would be important to this study, please feel free to contact me. Please feel free to pass on information about this study to anyone you may feel would be interested in taking part or just knowing about it. Your time, effort, and input have been most valuable and needed.

Thank you.

APPENDIX C

Consent Form

Participant Code:

I, _____, voluntarily agree to participate in a study exploring why adult sons do what they do for their parents needing assistance. I have been told that this study has been approved by the Faculty of Arts Ethical Review Committee. I have been informed that my involvement consists of an in-person interview that is being conducted by Murray McKay, a graduate student from the Department of Sociology, University of Manitoba, which will be audio-taped and transcribed. I understand that the purpose of recording the interview is to strengthen the research by allowing an accurate record of what I say.

I understand that my participation is voluntary and I can refuse to answer any question that I might be asked. I have been assured of confidentiality and anonymity in participating in this study. The information I share will be identified by code rather than by name, and that the master list of names and codes as well as tapes will be destroyed when all the research is completed. I have been assured that the names of individuals will not be used in any reports of the study's findings.

I am aware that any complaint that I may have can be reported to the Associate Dean (Research), Faculty of Arts or the Head of the Sociology Department for referral to the Ethical Review Committee.

Name: _____

Investigator's name: _____

Date: _____

Date: _____

Signature: _____ **Signature:** _____