

Adult Children as Caregivers to Elderly Parents: A Mennonite Exploration

by

Elizabeth Ann Hildebrand

A thesis
presented to the University of Manitoba
in partial fulfillment of the
requirements for the degree of
Master of Science
in
Department of Family Studies

Winnipeg, Manitoba
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ELIZABETH ANN HILDEBRAND

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ABSTRACT

ADULT CHILDREN AS CAREGIVERS TO ELDERLY PARENTS: A MENNONITE EXPLORATION

Research shows that the family is the main source of support for the elderly (Cicerelli, 1982). Due to the multi-cultural nature of the Canadian population, the impact of ethnicity on the familial support system has emerged as an area worthy of investigation. This study examines the parental support system of a Mennonite population in a small Southern Manitoba town in terms of the type of support provided to the parent by an adult child, the quantity of services that are provided, the quality of the intergenerational relationship and the strain associated with the caregiver role. A group of 37 respondents, including 15 adult children, 15 parents and 7 children-in-law, were interviewed separately to determine the different perceptions of the caregiving situation. A separate group of 14 members from a more conservative church, including 8 adult children and 6 parents, were interviewed as an adult children panel and a parent panel.

Results indicated that the majority of adult children provided both affective and instrumental support to their parents. Emotional support was viewed by both parents and adult children as valued and vital. The low level of caregiving strain reported by adult children is partially attributed to strong affective ties which were both in evidence and expressed by both generations.

The relative homogeneity of the findings was attributed to both methodological considerations and cultural and religious factors associated with the Mennonite belief system. These factors include the norms of filial responsibility; strong family ties; mutual aid and service for others. Methodological considerations include the limited size and nonrepresentativeness of the sample population.

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CHAPTER I

INTRODUCTION

Traditionally, the elderly have looked to their families for assistance in times of need (Monk, 1983). Although the family continues to be the fundamental source of support for aging members (Adams, 1970; 1971; Brody, 1970; 1978; Moroney, 1983; Rosow, 1967; Shanas, 1973; Silverstone, 1978 Watson & Kivett, 1976), recent demographic changes suggest that a serious problem is developing. This problem involves the growing proportion of elderly in our society.

Life expectancy in Canada has increased from 61 years in 1931 to about 74 today. In 1921, 5% of the Canadian population was over the age of 65 whereas 10% of the population is currently in this age group. Furthermore, from 1976 to 1981 there was a 17.9% increase in the number of elderly over the age of 65 (Statistics Canada, 1982).

The increase in the proportion of the aged in our society has also been due to a decline in natality during the last century. With the exception of an increase during the "baby boom" the birth rate in Canada has dropped from 28.5 per 1000 in 1959 to 15.3 per 1000 in 1980. Canada's fertility rate which now stands at 1.8, is well below the 2.1 needed to maintain the national population (Statistics Canada, 1982). As life expectancies continue to rise and low birthrates decrease the proportion of the young in our society we face a potentially serious population expansion among the aged.

Furthermore, the fastest rate of increase in population is among the elderly over the age of 75 and particularly those over 85 (Brotman, 1980). In 1976, 750,000 Canadians were 75 years of age or older and by the year 2000 this number is expected to double. For those aged 85 and over, the predicted increase is from 142,000 in 1982 to 351,000 in the year 2000 (Cain, 1982). Especially vulnerable to health and dependency

problems, these individuals are the most likely to need supportive services. An unfortunate consequence of the proportional increase among the aged may be a growing population of potentially dependent elderly (Brody, 1981; Brotman, 1980).

Old age retirement programs were created by the government with the best of intentions. Although most individuals now view these programs as a national right they were originally intended as a safety net for those in need (Baumhover, 1982). The attitude that it is the government's responsibility to provide what is needed to care for the aged is becoming more and more prevalent in this society (Harris & Cole, 1980; Treas, 1977).

Changes in the social structure have also contributed to the shift in the role of the family in the support of elderly members. The evolution of the family from a multigenerational unit to a nuclear unit came as a result of the social and geographic mobility which accompanies industrialization. In the traditional extended family, individuals were raised to believe that familism overruled individualism. This ideology instilled a powerful sense of obligation to the family which helped to ensure the care of elderly members (Somerville, 1972). However, a characteristic feature of the past few decades has been the desire to achieve independence and privacy within the nuclear family circle (Worach-Kardas, 1983). Now, married couples obligations are to each other and their children first and then to their kin (Brody, 1978).

Despite these odds there is substantial evidence that the elderly have not been abandoned by their kin (Adams, 1970; 1971; Brody, 1970; 1978; Cantor, 1979a; Kempler, 1976; Rosow, 1967; Shanas, 1979a; 1980; Shanas, Townsend, Wedderburn, Friis, Milhog & Stenhower, 1968; Sussman, 1965; Troll, Miller & Atchley, 1979; Watson & Kivett, 1976). A complex pattern of intergenerational exchange exists among

family members which is characterized by an early flow of services from parents to children. The flow is reversed when the younger generation reaches middle-age and the parents become elderly (Adams, 1970; Shanas et. al., 1968; Watson & Kivett, 1976).

Independence is highly valued by the young and old alike. The majority of elderly would like to remain in close contact with their children but they also want to maintain independent households for as long as possible (Kivett, 1976; Shanas, 1980; Sussman, 1976; Treas, 1977, Troll, 1971). When they are no longer able to remain independent the elderly turn to their families for assistance (Cicirelli, 1981; Robinson & Thurnher, 1979; Shanas, 1980; Weeks & Cueller, 1981). Brody and her associates (1978) proposed the idea of a serial availability of caregivers. In the event that supportive care becomes necessary, the spouse becomes the first assume caregiving responsibilities. Adult children are second in this hierarchy and other relatives third. When the spouse is not available or able to provide care, a middle-aged child generally assumes the role of primary caregiver (Neugarten, 1976; Shanas, 1979b).

Usually occupying the second lineal position in a three or four generation family, parental caregivers often find themselves caught between the competing and often conflicting demands and needs of young and old family members (Brody, 1981; Neugarten, 1979b; Schwartz, 1979; Shanas, 1980). Kirschner (1985) points out that stress is often the result of conflict between family loyalty and individualism. For instance, the family life cycle may not coincide with individual transitions. The emotional energies of adult children may be heavily invested elsewhere at the time when their parents are most in need of support. This demand may come at a time when the caregivers are themselves learning to cope with the potential stresses of their own aging, declining health status, and retirement. At this time they may, therefore, be forced to contend with the potential

demands of a job, spouse, children, grandchildren, elderly parents, and perhaps, parents-in-law (Johnson & Spence, 1982; Ward, 1978).

Research indicates that certain demographic variables influence the type and quantity of support provided by adults to aging parents. These variables, which can apply to both the caregiver and the care recipient, include: age (Bengtson, 1979; Cantor, 1975), gender (Adams, 1970; Horowitz, 1981; Robinson & Thurnher, 1979), marital status (Atchley, Pignatiello, & Shaw, 1975; Shanas et. al., 1968), and employment status (Brody, 1981). Generally, being older, female and unmarried is associated with a greater provision of support, whereas employment status of the female caregivers may not affect the provision of care to a great extent. Other factors known to affect the characteristics of the familial support system include: geographic proximity (Cicirelli, 1981); income level (Archbold, 1981); dependency level of the parent (Cicirelli, 1981); and motivation (Horowitz, 1981). Finally, several studies on parental caregiving have pointed out the importance of assessing the qualitative as well as the quantitative nature of the intergenerational relationship (Conner, Powers, & Bultena, 1979; Liang, Dvorkin, Kahana & Mazian, 1980; Strain & Chappell, 1982; Troll et. al., 1979).

The impact of ethnicity on the family support system has recently emerged as an area of interest in social gerontology (Bengtson, 1979; Cantor, 1979b; Fandetti & Gelfand, 1976; Gelfand & Fandetti, 1980; Holzberg, 1981; Rosenthal, 1982). The most common definition describes an ethnic group as a group of individuals with a shared sense of peoplehood based on race, religion, or national origin (Gordon, 1964). Manual (1982) points out that ethnicity may be imposed upon, or attributed to individuals or groups, in the way they are regarded by others. Ethnicity is generally viewed as an immigrant

culture which has been brought from the country of origin and transplanted into North American life with minimal modifications (Gelfand & Kutzik, 1979). Implicit in the concept of ethnicity is the view that ethnicity becomes less important for successive generations and that components of the cultural heritage such as language, style of dress, food preferences, and other such customs become weakened or lost, being replaced by the counterparts in the dominant culture (Rosenthal, 1982).

However, ethnicity may also persist, at least to some extent, across generations. Kallen (1977) uses the term "ethnoculture" to describe a particular way of viewing and doing things shared by members of an ethnic group and transmitted from one generation to the next through the process of enculturation. Although the ethnic culture may undergo changes as it passes through generations, it remains distinctive (Holtzberg, 1981). The cultural components of the ethnic group may change as a necessary adaptation to the wider environment but a boundary between in-group and outsiders remains.

This study is based upon the premise that adult children are a vital and valued source of supportive care to elderly parents. Although many individuals manage to fulfill this role it often entails some degree of personal or familial sacrifice (Robinson & Thurnher, 1979; Cicirelli, 1981; Horowitz, 1982). The magnitude of the sacrifice is likely influenced by an individual's expectations concerning the role of the family in caring for elderly members. The study concerns the familial support system of a socio-religious or "ethnocultural" group in which the tradition of support based on family ties still exists as a cultural norm. Specifically, the purpose of this study is to examine the parental support system of a rural Mennonite population in terms of the type of support provided to the parent by an adult child, the quantity of services that are provided, the quality of the intergenerational relationship and the strain associated with the caregiver role.

CHAPTER II
OVERVIEW OF STEINBACH AND THE MENNONITES

Profile of Steinbach

Manitoba is a large province spanning more than 250,000 square miles. According to the 1981 Census, over half of the approximately 1,026,000 Manitobans live in Winnipeg, Manitoba's major city. With the exception of Brandon, which has a population of a little over 40,000, the rest of the province is largely rural. Most Manitobans live in the southern part of the province where, outside the major cities, the primary occupation is farming. In 1981, 11.9% of the population of Manitoba was over the age of 65 (Statistics Canada, 1982).

Located about 38 miles south-east of Winnipeg, Steinbach is a prosperous and growing community. It is known throughout Manitoba as "The Automobile City" because of the large number of cars sold there. With a population now exceeding 7,000 Steinbach serves as a regional trade center for six times that many people in southeastern Manitoba.

Approximately 80% of the population of Steinbach is Mennonite. Nine of 14 churches in the community are Mennonite by affiliation. These nine churches belong to eight separate conferences (General Conference; Evangelical Mennonite Conference; Evangelical Mennonite Mission Conference; Mennonite Brethren; Evangelical Mennonite Brethren; Church of God in Christ, Mennonite; Chortitzer and Bergthaler). Even the five non-Mennonite churches include many members of Mennonite background.

From 1874 to 1930, Steinbach was hardly more than a small agricultural community largely isolated from the commercial life of the province. Regional trade centers were usually located along railroad lines and were cosmopolitan in population. Steinbach had neither of these characteristics. Steinbach's commercial development is partially due to

residents' ability to adapt to their political and physical environment and to compensate for restrictions encountered—both imposed upon them and self-imposed. When neighbouring towns with railway connections drew business away from town, Mennonites opened stores in these towns and then moved them to Steinbach once they became established.

Although Mennonite businessmen pioneered the economic development of the town they have not inhibited the participation of non-Mennonites. By 1898 two blocks of land near Steinbach were settled by non-Mennonites, the Clearspring Settlement of Scotch Presbyterians to the north and the Friedensfeld Settlement of German Lutherans to the south. The German Lutherans came from eastern Europe and the Ukraine where they lived as neighbours to the Mennonites and still compose a distinct element in the population of Steinbach.

Although Mennonites are sometimes described as more of an ethnic than a distinctly religious group, their lack of uniform ethnic identity argues against this conclusion. At the time of their origin in the Anabaptist movement they had two predominant ethnic sources: Swiss/South German and Dutch/North German. Migration eastward in Europe to Prussia and Russia gave them a somewhat pluralistic cultural identity although German remained the dominant language. After two world wars during which time prejudice was directed at German-speaking immigrants, Mennonites found it advantageous to emphasize their earlier Dutch origins. During census-taking most Mennonites in Steinbach identify their ethnic group as Dutch although some report it as German and a small minority report it as Russian. Among themselves they are known as Russian Mennonites as opposed to Mennonites who came to North America directly from Europe. Certain cultural patterns adopted in the Russian environment are still evident among these groups (Harder, 1970).

History of the Mennonites

Mennonites evolved as part of the Anabaptist movement during the Protestant Reformation of the 16th century. A small group of believers challenged the reforms of Martin Luther and Ulrich Zwingli as falling short of biblical ideals for the church. In an attempt to recover New Testament Christianity, Conrad Grebel led this group in baptising one another upon confession of faith in Jesus Christ at Zurich, Switzerland in 1525. Fired by their new faith, the believers began to evangelize. The movement quickly spread down the Rhine to South Germany and the Netherlands. Anabaptism, which means "to baptise again", denied the validity of infant baptism and rebaptised converts. In the view of the church and state, the Anabaptist position amounted to heresy as in essence it defied the government-run church. Many Anabaptist leaders were martyred and over the next 50 years thousands more were tortured and persecuted. The years of persecution finally forced the believers to seek havens where Anabaptist survivors might live their faith according to their consciences (Shenk, 1982).

Mennonites acquired their name from Menno Simons, a Dutch Catholic priest who renounced Catholicism and became a leader in the movement in 1536. Although not the founder of the movement but rather a consolidator and organizer, Menno Simons was one of the movement's most significant spiritual guides. Closely tied to the Anabaptist concept of a voluntary believers' church was an emphasis on separation from the world and the impingements of government. Menno Simons believed that only God or Christ is Lord of the conscience and, therefore, the state had no right to dabble in matters of conscience. The church must be a free church and not controlled by the state. This belief became the basis of the Mennonite doctrine of complete conformity to God's Word and complete nonconformity to the world (Wenger, 1977).

To accurately follow the teachings of the New Testament Mennonites believed that they must withdraw from the law enforcement and war-waging functions of the state. The Mennonite faith involves a life of nonresistance. Warfare and violence in any form is rejected, not because violence is too dangerous but rather because it is too weak, too short-sighted and inevitably self-defeating (Augsburger, 1983).

All members of the Mennonite faith shared in the responsibility of spreading the gospel. They believed that a follower of Christ could expect to suffer for his beliefs. Persecution forced the Mennonites to migrate to northern Germany, particularly to east and west Prussia as well as the southern parts of Germany, Austria, and the Netherlands. Lured by military and taxation exemptions and permission to found their own school and local governments, many Mennonites immigrated to South Russia between 1789 and 1889. But new government laws in the 1870's, including compulsory military training, caused a wave of emigration to the United States and Canada (Levy, 1979).

Canada promised military exemption and the right to educate their children in addition to large tracts of land for free homesteads. In 1874, Mennonite immigrants established the east and west reserves in southern Manitoba. These reserves included eight townships east of the Red River and 17 townships west of the Red River (Ewert, 1932). The East Reserve, now known as the Rural Municipality of Hanover, has its seat in Steinbach.

Within the larger Mennonite order, smaller Mennonite systems developed ranging from the ultra-conservative old orders to progressive larger denominations. Among the more than twenty denominations of Mennonites there exists a wide diversity of tradition and practice. However, despite their differences in culture and background, Mennonites remain united in their fundamental beliefs (Kauffman, 1977).

The Mennonite Church System

The Mennonite Church system is congregational in which a number of congregations, similar in character and purpose, group themselves into conferences. These conferences often include congregations located in several provinces and states (Epp, 1968). Although there is uniformity of faith among the different conferences, there are considerable differences in attitudes toward affairs of life and interest in the surrounding world. Whereas some conferences continue to emphasize a life of separation from the world, most conferences have moved toward the acceptance of North American culture. There is a growing tendency to believe that the church should strive to be relevant in today's world. Differences among conferences exist in the interpretation of certain passages in the Bible and in applying certain sacraments. For instance, although all conferences believe in voluntary baptism, some practice baptism by affusion (pouring) and some by immersion (Augsburger, 1983).

The largest group of North American Mennonites, known simply as the Mennonite Church, is often referred to as the "Old Mennonites". Largely of Swiss Mennonite origin, the majority of these Mennonites have settled in eastern Pennsylvania and southern Ontario. Membership in Canada numbers approximately 9,000. The General Conference was founded in 1860 by John H. Oberholtzer, a progressive leader in the Mennonite Church in Pennsylvania. This group is largely comprised of Mennonites from Russia who came to North America in the 1870's, 1920's, late 1940's and early 1950's (Wenger, 1977). Currently, there are approximately 25,000 members in Canada.

History of the Steinbach Churches

Evangelical Mennonite Church. The Evangelical Mennonite Church or EMC, known until 1952 as the Kleine Gemeinde, is the oldest congregation in Steinbach dating back to 1874. The Kleine Gemeinde began in 1812 as a renewal movement in the Molotschna Mennonite settlement in Russia. The entire group, consisting of ninety-six families, emigrated to North America in 1874. Thirty-six families moved to Nebraska and sixty families settled in Manitoba. In 1906 the Nebraska group relocated in Kansas but was largely dissolved by 1947. The Manitoba group dispersed between two villages in the east reserve, one of which was Steinbach, and five villages in the west reserve.

In 1881, approximately one third of the Kleine Gemeinde converted to the American renewal group called Church of God in Christ, Mennonite. For the remaining members, the doctrine and church practices remained essentially unchanged until after World War I when the church experienced a period of renewal with an increase in baptisms resulting in a membership more open to change (Harder, 1970).

The coordination of the work of the church is the responsibility of the Church Council and a Pastoral Committee. The Pastoral Committee consists of the pastor, youth pastor and three elected members from the congregation who determine the needs of the congregation and give spiritual guidance to the total church program. The Church Council consists of the pastor, the youth pastor, chairmen of the Deacon Committee, the Trustee Committee, the Missions Committee, and the Christian Education Committee, as well as three elected members from the congregation. Among other things, the Council prepares the agenda for membership meetings and coordinates the work of the committees. Present membership of the EMC is 580 (Schellenberg, 1985).

Steinbach Mennonite Church. When the second major wave of Russian Mennonites arrived in Canada in 1923, an elder in Manitoba organized a large church consisting of smaller congregations scattered throughout the East and West Reserves. In 1935, eight of these families moved to Steinbach and formed the nucleus of a new congregation. In 1941 the first new church building was erected and a year later the group formally adopted the name Steinbach Mennonite Church and applied for membership in the General Conference.

The third and final wave of Mennonite immigrations from Russia occurred after World War II. Between 1947 and 1950 thirty families settled in Steinbach and joined the Steinbach Mennonite Church. A few years later more immigrants came via Paraguay. Largely due to this rash of immigrations the SMC has shown the fastest growth in Steinbach (Harder, 1970). Present membership of the SMC is 430.

Church of God in Christ, Mennonite. John Holdeman, the founder of the Church of God in Christ, Mennonite (CGCM) conference, was raised in the (Old) Mennonite Church in Ohio. This group has settled into a conventional type of ethnic church with little thought of revival and mission work and little motivation for changing the established patterns of worship and church organization. In 1844, at the age of 12, Holdeman experienced a radical spiritual rebirth and at the age of 20, consecrated his life to renewing the church. He firmly believed in the necessity of spiritual rebirth, a nonresistant stance, plain dress, discipline of unfaithful members and condemnation of "worldly churches". He was convinced that he had been called to the ministry directly by God. When Holdeman's attempts to initiate changes in the Mennonite Church proved unsuccessful he separated himself from the church in 1859 and organized a small group of followers into the Church of God in Christ, Mennonite (Harder, 1970). Today there are approximately 2,300 members in the Canadian CGCM conference.

The Steinbach congregation initially met in homes and then shared the school building on alternate Sundays with the Kleine Gemeinde. In 1911 the first church building was erected. This congregation has become one of the more progressive in the CGCM conference because of the urban character of the Steinbach group. Present membership of the Steinbach church is 130.

Mennonite Faith and Culture

The religious designation of Mennonite encompasses a considerable range from "conservative" to "liberal" wings of the Mennonite spectrum. Despite differences in culture and background, Mennonites remain united in their fundamental beliefs. Extremely Bible-centered, Mennonites live by three words: obedience, simplicity and love. In the Mennonite ideology, the key to living a Christian life is discipleship. This involves following Christ in obedience by patterning one's life after His in a life-long journey of self-sacrifice. In other words, discipleship requires self-denial (Penner, 1982). Traditionally, the practice of mutual aid, which to the fellowship was a natural part of true discipleship, extended to all people including those outside the fellowship. Denial of individualism and affirmation of the community was encouraged. Nobody in the community of faith was more important than anyone else, for all were significant. Living the Christian life involved love and genuine caring for all (Brown, 1976).

One of the key elements in the maintenance of a society is the establishment of the norms of mutual obligation and a high interaction rate (Ericksen, Ericksen & Hostetler, 1980). The conservative groups of Mennonites utilize other powerful devices to maintain social boundaries between in-group members and outsiders. These practices include use of the Low German language, proscriptions against intermarriage with outsiders and the

practice of excommunication of deviant members. The purpose of excommunication is to maintain a "pure church" by insulating the church from the "evil" world (Hiebert, 1973). Just the threat of the social and spiritual ostracism involved in excommunication remains a tremendous force in maintaining group membership. Change is difficult to achieve because the members believe that the teachings of leaders are sanctioned by God and any proposition of radical change amounts to heresy (Kauffman, 1977).

The lifestyle of the conservative Mennonite extreme essentially runs counter to the norms and values of the larger society. Members live primarily for the "Kingdom of God" rather than "earthly" purposes. Accepted norms of the larger society such as geographic and social mobility, materialism, impersonal secondary relationships, intellectualism and book knowledge and the value of advance and change have been basically rejected. A great emphasis is placed on humility in all aspects of life. The economic system is based on agriculture and related craftsmanship in which the profit motive is consistently down-graded. Relationships with outsiders, which are regarded as frivolous, are greatly restricted (Redekop & Hostetler, 1977).

Two aspects of the traditional Mennonite value system have particular relevance to the focus of this study because they ensured an extensive support system for family members. These are the importance of kinship ties and the ideal of family farming as an occupation. The Mennonite ethic includes a strong moral obligation to others, most particularly, one's family. Traditionally the duty of children ordained an unconditional and absolute system of filial piety (Kauffman, 1977). In this ideology one never outgrew the command to honour and obey one's parents. Similarly, the rationale behind the preference for the traditional agrarian lifestyle included the advantage as a setting for a strong family life. Large families and the geographical stability connected with the farming occupation

decreased the probability of segregation or abandonment of older family members. The wide variety of tasks involved in farming ensured that every family from the oldest to the youngest had an important role in the maintenance of the family's lifestyle (Stoltfus, 1977).

Among the conservative Mennonite conferences such as the CGCM, traditional beliefs and practices are intentionally preserved. Traditional Mennonite doctrine includes a belief in caring for their own people without depending on government support. In the case where the immediate family has difficulty, kin and the community of neighbours are expected to pitch in. In this milieu the elderly have prestige, complete security and a satisfying role (Hiebert, 1973).

The liberal Mennonite groups such as the the General Conference and the Mennonite Brethren Conference have essentially adopted the norms and values of the larger society. Most members of these conferences accept the cultural goals of success and efficiency and conform to the behavioral patterns of the larger society. No longer wishing to be separate from the world Mennonite principles are interpreted through a contemporary framework (Maykovich, 1976). Although religion continues to play a crucial role in providing integration and cohesion to families of less conservative conferences, urban standards and values are increasingly infiltrating the essentially rural Mennonite lifestyle. There is a definite trend toward democratization in the family structure. Authority and strictness in child-rearing practices have relaxed and, with the emergence of the egalitarian family, sex roles are changing. (Anderson & Driedger, 1980).

In the liberal Mennonite community, as in the larger society, old age comes abruptly with a set age for retirement with retiree having little control over accompanying changes in lifestyle. In the conservative Mennonite system, familism is esteemed and practiced; in

the liberal Mennonite environment, individualism may be becoming the norm (Anderson & Driedger, 1980). It has not yet been determined whether the emergence of the Mennonite nuclear family and the accompanying separation between extended family members complicate the absorption of the elderly into the kinship support system. Knowledge of the implications of these trends on the Mennonite elderly is especially limited. With the values of the larger society pressing closer to rural Mennonite towns, it has become increasingly important to explore the nature of parental caregiving within this changing cultural system.

CHAPTER III
REVIEW OF LITERATURE

The Dependent Variables

Type of Support

A wide variation exists in the nature and amount of services provided by adult children to aging parents in terms of the degree of involvement, responsibility and time investment. Whereas the provision of emotional support is the most important and often most prevalent caregiving role (Horowitz & Dobrof, 1982; Robinson & Thurnher, 1979), the majority of adults also provide varying levels of instrumental assistance to their parents (Brody, 1970; Brody, Poulshock & Masciocchi, 1978; Cicirelli, 1979; Horowitz, 1978; 1982; Shanas, 1980). The more common types of instrumental help offered include assistance in the areas of transportation, shopping, household chores and repairs, yard maintenance and managing finances (Horowitz, 1982; Kivett & Learner, 1980; Shanas, 1979b; Sussman, 1977).

Dobrof and Litwak (1977) suggest that the family is best equipped to perform the nonroutine and idiosyncratic caregiving tasks. Duties become routine by nature of the time, frequency and need for expertise involved in their performance (Sivley & Fiegner, 1984). Which tasks become routine depends on both the needs of the elderly individual and the resources of the caregiving family (Dobrof & Litwak, 1977).

Extent of Support

Substantial evidence supports the position that the majority of adults maintain frequent contact with their parents (Adams, 1968; Johnson & Burke, 1977; Johnson & Catalano, 1982; Horowitz, 1981; 1982; Kivett & Learner, 1980; Shanas et. al.,

1968; Troll et. al., 1979; Sherman, Horowitz & Durmaskin, 1982). For instance, Horowitz (1981) reported that 95% of the adult children in her sample talked with their parents at least twice a week and 69% visited them at least once a week. In a similar study Horowitz (1982) found that her sample spent an average of 18 hours a week involved in caregiving tasks and 12% reported devoting at least 35 hours a week to parental care. In an Australian study, Kendig and Rowland (1983) found that the adults in the sample called and visited their parents an average of 10 times a month.

Patterns of caregiving shift in response to the changing needs and capacities of the individuals involved. Although elderly parents often reciprocate in the exchange of services with their children, age and mobility tend to be significant factors in the extent of their involvement (Cantor, 1975; Harris & Assoc., 1976). Similarly, adult childrens' potential to care for elderly parents depends, in part, on the number of competing demands on their time, energy and resources. These competing commitments often center on the needs of their own nuclear families, their occupations or social obligations (Johnson, 1983). In a study of daughters and elderly mothers, Lang and Brody (1983) found that marriage, dependent children and employment outside the home were associated with decreased levels of support provision. The characteristics of sharing a household with the mother and being over the age of 50 were associated with the provision of more hours of care. (Lang & Brody, 1983).

Qualitative Aspects of Support

The necessity of measuring the subjective dimensions which contribute to the quality of care as well as the type and extent of support has been well established

(Bengtson & Treas, 1980; Wood & Robertson, 1978). Many argue that it is the quality of a relationship that is important, not the quantity or type of interaction (Conner, Powers & Bultena, 1979; Liang, Dvorkin, Kahana, & Mazian, 1980; Shanas, 1979b; Strain & Chappell, 1982). Furthermore, when studying the subjective aspects of a relationship, several studies confirm the advantages of gathering information from both members of the generational dyad to control for the differential perceptions resulting from the varying needs and investment levels that each member has in the relationship (Bengtson & Cutler, 1976; Johnson, 1978; 1982). Studies in which the intergenerational relationship was subjectively rated by both generations indicate that both members of the dyad rate the relationship more positively than adult children (Bengtson & Cutler, 1976; Johnson & Bursk, 1977). In these studies, the adult children's rating scores coincided more closely with the interviewer's subjective ratings than did the parent's scores. This finding suggests that parents may overestimate the level of affection in the parent-child relationship (Johnson & Bursk, 1977). In a related study Brown (1974) found that only 7% of the elderly in his sample admitted to anything less than very satisfying relationships with their families. Brown hypothesized that perhaps intergenerational relations were so important to elderly parents that they could not conceive of the relationships as being anything less than perfect.

Various studies have explored different qualitative aspects of the intergenerational relationship. Sussman and Burchinal (1962) report that close intergenerational ties depend on mutual affection, interdependence and reciprocal giving. Shanas and her associates (1968) suggest that satisfying relationships between adult children and their parents depend on the quality and extent of communication between generations.

Horowitz (1982) found that close affective bonds between adult children and parents were significantly associated with a strong commitment to caregiving on the part of the offspring. This strong commitment, however, may well be the result of the close affective ties. Johnson and Bursk (1977) found that aged parents who were in good health and who were relatively active and independent perceived their intergenerational relationships more positively than the more physically restricted elderly. These researchers found that financial status may also have an effect on the quality of intergenerational relationships. Regardless of actual income level, the more adequate income is perceived to be by the parent, the more positively the relationship is perceived. In this study both generations also perceived the relationship more positively when they shared similar values, had realistic perceptions of the other and when the relationship was based on mutual trust and respect. Lower subjective rating scores were associated with lower levels of contact and fewer shared values.

The support provision of an adult child may not equal that of a spouse in quality or quantity (Johnson & Catalano, 1981), a finding which may explain why the elderly are more satisfied with the care they receive from a spouse (Johnson, 1983). Throughout the family life cycle the marital relationship receives dominant value emphasis. A spouse is depended upon to at least partially fulfill both instrumental and emotional needs. In contrast, children are expected to become and remain independent from their parents (Rosenmayer, 1972). According to Clark & Anderson (1967) a good parent-adult child relationship depends upon the autonomy and independence of both generations. Expectations are ill-defined and diffuse in terms of obligation to parents. The results of an Australian study of family support systems imply that a

belief in family responsibility is by no means universally held (Kendig & Rowland, 1983). Being the recipient of familial support can conflict with feelings of independence and self-reliance. Other Australian studies confirm a wide-spread and strongly felt reluctance to become dependent on others in accepting the control of a carer (Pollitt, 1977; Russell, 1981). When a parent is in need of support, the incongruence between expectations of independence and feelings of obligation to help on the part of the caregiver may result in value conflict which can drastically affect the quality of the relationship (Kendig & Rowland, 1983).

Johnson (1983) attributes the greater dissatisfaction with offspring as caregivers to the changes in the nature of the parent-child relationship. When a parent becomes ill or incapable of independent functioning the need for support often involves a complete reversal in the earlier parent-child dependency. The relatively equalitarian and mutually independent intergenerational relationship of adulthood shifts to the more dependent and authoritarian relationship of carer and care recipient (Fisher, 1981). The final vestiges of parental authority are relinquished when reciprocity ceases (Stoller, 1985).

Although possessing feelings of affection for the care recipient is generally a precursor to assuming the duties of caregiver, Cantor (1983) found an inverse correlation between closeness of the relationship and the ability to get along well on a daily basis. Friends and neighbours who acted as primary caregiver for an elderly individual reported getting along best (92%), followed by other relatives (86%). Only 60% of spouse caregivers reported getting along well with the care recipient, and among adult children this proportion dropped to 53%. Spouses and adult children were most likely to feel that they understood and treated the care recipient better than

they themselves were treated. Cantor (1983) also found that for all four groups of caregivers intergenerational differences and differences in expectation and realities undermined the quality of the caregiving relationship. This finding corresponds to Blau's (1973) argument that children and parents (by definition) cannot be equals. According to Blau, friendship rests on mutual choice and mutual need and involves a voluntary social exchange among equals, therefore it sustains an individual's sense of self-esteem more effectively than familial relationships. As Wood and Robertson (1978) point out, the obligatory nature of kin relations may detract from the quality of the interaction. Furthermore, kin may be strained by intergenerational differences in interests and experiences, resulting in relatively symbolic and ritualistic interactions (Adams, 1969; Ward, LaGory, Sherman & Traynor, 1981).

Impact of Caregiving Situation

Studies indicate that some family members find caregiving to be burdensome and stressful (Robinson & Thurnher, 1979; Cicirelli, 1980; Horowitz, 1982) while others report minimal or no burden and, in fact, feelings of satisfaction from caregiving (Seelbach, 1978). In the early research on caregiving, burden was measured as any costs to the family (Grad & Sainsbury, 1963). Later a dichotomous conceptualization of burden was recognized in which the events which occurred as a result of caregiving (objective measures of burden) were separated from the feelings, attitudes and emotions of caregiving (subjective measures of burden) (Hoening & Hamilton, 1967). One study found that the best predictors of subjective burden was age and income of caregiver, while the best predictor of objective burden was involvement in tasks that confine the caregiver either temporally or geographically (Montgomery, Gonyea & Hooyman, 1982). These

researchers discovered that the type of task may be a better predictor of objective burden than the total number of tasks or the amount of time spent in caregiving.

Sussman (1976) points out that families no longer have the structural, organizational, and economic resources to provide extensive parental care and that willingness to assist elderly parents cannot be equated with competence to meet the sometimes overwhelming demands of the caregiving role. In a study of women caregivers, Archbold (1983) found that caregiving to a chronically ill elderly person is usually a progressive, all-consuming undertaking which has a significant impact on a woman's sense of self, time, freedom, career and relationships with others. Unlike child-rearing, in which caregiving demands and dependence gradually diminishes, parent-caring involves the caregiver in meeting the sustained or increasing physical and emotional needs of a dependent parent. Furthermore, Archbold (1983) acknowledges, women assuming parental-caregiving duties do so with little economic or social support.

Stress is also felt by families torn between the desire to care for parents and the recognition that parents need and desire their independence. The pain of watching a parent deteriorate may be compounded by one's own fear of illness and death. When adults feel that they had not received good parenting as children, they may feel anger and resentment at being asked to provide assistance and subsequent guilt for not wanting to help (Kirschner, 1985). Boszormenyi-Nagy & Spark (1973) describe a transgenerational bookkeeping system with unwritten acts in which loyalty owed parents becomes a debt that can never be fully repaid. Guilt can be a great source of stress to caregivers, guilt at never quite fulfilling one's obligation to parents (Kirschner, 1985).

In a study comparing the impact of parent-caring on care managers and care providers Archbold (1983) found that fewer care providers than managers identified benefits related to their role. Providers tended to focus on a sense of satisfaction and financial gain as the positive consequences. All managers identified benefits from caregiving which included satisfaction, increased knowledge about self and aging, improvement in the intergenerational relationship and a sense of meaning in the experience. Providers were often so overextended with the physical aspects of caregiving that they had little time or energy for social or emotionally supportive interaction with the parent.

Archbold (1983) found that both providers and managers experienced marital and sibling relationship difficulties which were attributed to caregiving. The time and energy required by caregiving exacted a toll on the caregiver that was felt by spouses and other family members. The most prevalent costs of caregiving to care providers in this study were decreased freedom; lack of privacy; constant daily irritation and guilt. Loss of freedom was identified as the most common and severe cost of parent-caring; loss of freedom in the daily sense and loss of the ability to make long-range plans. The major problems identified by care managers focused on time limitations, career interruptions, financial problems and guilt. Overall, the costs were much more severe for care providers than managers (Archbold, 1983).

Along the same lines, Cantor (1983) reports that the greatest deprivation of caregiving occurs in the spheres of personal desires, individuality, and socialization. Most caregivers protect their family and work but at considerable personal expense in the emotional area. In cases of high need the costs to the caregiver may outweigh the concrete rewards or the internal gratification of fulfilling filial obligations, and

generally speaking, outside recognition for fulfilling filial obligations is not widespread (Johnson, 1983).

The Independent Variables

Age

It is assumed that individuals place an increasing importance on familial ties as they get older (Bengston, 1979; Carp, 1968; Rosenthal, Marshall & Synge, 1981; Shanas & Streib, 1965). Nye (1973) suggested that contact with parents is contingent upon age, declining up to a point and then increasing as both parent and child age. This position has gained support from studies which report that increased contact with family members geographically distant is common in the later stages of the life cycle (Troll et. al., 1979; Weisshaus, 1979).

A high percentage of primary caregivers are themselves approaching the years in which they are likely to experience growing health problems and other difficulties which may impede the provision of parental support (Cantor, 1980. Johnson, 1983). Nevertheless it is generally the case that as the age of the caregiver, and therefore, the age of the parent, increases, so does the amount of services that are both offered and required (Brody, 1981; Fulcomer & Attig, 1980; Kivett, 1985; Lang & Brody, 1980). Lang and Brody (1980) found that daughters between the ages of 40 and 49 spent an average of three hours a week involved in parental caregiving activities, whereas daughters between the ages of 50 and 59 invested an average of 15.6 hours a week and those over the age of 60 spent an average of 22.7 hours a week in caregiving duties. Similarly, the older the caregiver the more likely that the parent and child reside in the same household. In this study only 9% of the adult children under the age

of 50 resided with a parent, whereas 34% of those over 50 years of age shared accomodation.

Gender

The literature provides substantial evidence that women predominate in the role of parental caregiver (Adams, 1970; 1971; Brody, 1981; Horowitz, 1981; Horowitz & Dobrof, 1982; Leichter & Mitchell, 1967; Lurie, 1981; Neugarten, 1979; Shanas, 1962; 1979a; 1980; Shanas et. al., 1968; Tobin & Kulys, 1980; Townsend, 1968; Treas, 1977; 1979; Troll, 1971; Troll et. al., 1979). In the absense of an able spouse it is the daughters and daughters-in-law who assume the primary role of support provision (Archbold, 1983; Brody, 1981; Hays, 1984; Horowitz & Dobrof, 1982; Neugarten, 1979). Horowitz (1981) proposes that in the case where a son acts as principle caregiver to a parent, he most likely inherited the role by default. In this study, 88% of the male primary caregivers had no female siblings. Devoted though sons may be, the major responsibility for the psychological sustenance and the physical maintenance of the aged has fallen traditionally to daughters (Treas, 1977). However, although daughters provide parents with the majority of direct services, sons play a more substantial role in the provision of financial assistance and decision making (Horowitz & Schindelman, 1981).

Many studies attribute the prevalence of female caregivers to the stronger mother-daughter tie beginning in adulthood as compared to the mother-son or father-son ties (Adams, 1968; Aldous, 1967; Havinghurst, 1973; Lopata, 1973; 1979; Troll, 1971; Watson & Kivett, 1973). In contrast to men, women are generally perceived both by themselves and others to be emotionally closer to their parents (Adams, 1968; Johnson & Bursk, 1977). Parents may rely more heavily and

expect more in the way of caregiving from a daughter than from a son (Adams, 1970; Hagestad, 1977; Shanas, 1962; Tobin, 1978; Troll, 1971). This assumption is reflected in the finding that when forced by circumstances to live with an adult child, the parent generally chooses to live with a daughter (Bernard, 1975; Nye, 1973; Rosenmayr, 1978; Stearns, 1977).

A study designed to explore the characteristics of the offspring of most contact with an elderly parent revealed that a son was as likely as a daughter to be in this position (Kivett, 1985). This finding was attributed to the proximity factor, that is, the offspring of most contact was the child geographically closest to the parent. Although contact with the parent was equal for sons and daughters, in contrast to sons, daughters provided more caregiving services to their parents. Specifically, daughters provided more assistance than sons and sons-in-law provided more assistance than daughters-in-law. Kivett (1985) suggested that this result may be due to the fact that the majority of these spouses are married to the child (usually a daughter) in the primary caregiver position and are therefore counterparts in the filial acts. This observation may be related to the results of a study by Lopata (1979) which found that children-in-law (generally sons-in-law) are second to offspring in importance in the helping network of the elderly. Other studies confirm the finding that role obligations weaken as the relationship moves away from that of the parent-child dyad (Streib & Beck, 1980; Troll, 1971).

In a study conducted in Australia, Kendig & Rowland (1983) found the mother-daughter relationship to be especially strong. Daughters in this study were considerably more likely than sons to be confidants of the aged and to see parents on a frequent basis. These researchers concluded that married men apparently maintain

strong family ties through their wives but if widowed or divorced often become emotionally distanced from other family members.

As "kin-keepers" within the family (Firth, Hubert & Forge, 1970), women are particularly vulnerable to the demands of parental caregiving. A shared functioning of the caregiving role seems to be commonplace only when a son is in the primary caregiver position (Johnson, 1983). Horowitz (1981) found that married sons who assume the role of parental caregiver tend to expect and receive an extensive amount of assistance from their wives. A similar expectation of husbands is rarely shared (or realized) by daughters. Furthermore, Johnson (1983) and others have found that sons are more likely to enlist formal support services in the provision of daily tasks such as housekeeping, meal preparation and personal care (Johnson, 1983). Kendig & Rowland (1983) report that the majority of financial aid and advice is provided by sons whereas daughters are more involved in providing household help and emotional support (Johnson & Spence; Lopata, 1973; Nye, 1976; Townsend, 1957). Daughters and daughters-in-law performed the majority of traditionally female activities such as meal preparation, housekeeping and shopping, whereas sons, and to lesser extent sons-in-law, provided help in traditionally male activities such as assistance in home-repairs and yard work.

Marital Status

Married elderly rely primarily on each other for caregiving assistance (Cantor, 1981; Johnson, 1983, Shanas, 1979b) and the support network generally increases in scope and size when the functional capacity of either spouse significantly decreases (Stoller & Earl, 1982). Shanas (1979a) proposed a "principle of substitution" which presents the availability of family members in a serial order so that if one

individual is not available to provide services the next will step in. One child (often the daughter geographically closest) generally assumes the majority of responsibility of providing care while siblings and others remain relatively inactive (Johnson, 1983, Lopata, 1978). When neither spouse nor child is available, other individuals such as friends, siblings or neighbours share in the provision of care (Johnson & Catalano, 1981).

The primary caregiver is usually the family member with the least competing duties or obligations (Horowitz, 1981). Various studies suggest that single women are more involved in parental care than those that are married (Atchley et. al., 1975; Schulman, 1975; Shanas et. al., 1968). Johnson (1983) observed that in contrast to nonmarried offspring married children are not as likely to share accomodation with a parent and are more likely to use formal support services to assist in caregiving tasks that require immediate proximity such as housekeeping and meal preparation.

The marital status of the parent may also affect the characteristics of support provision. Kohen (1983) found that elderly widowed men were more willing to ask children for assistance in a crisis situation than elderly married men whereas marital status had very little effect on the willingness of elderly women to request assistance. Studies report that adult children provide fewer services to married parents as compared to a widowed parent independent of age (Johnson & Catalano, 1982; Rosenmayr, 1978). Johnson (1983) found that married elderly receive intermittent services such as assistance with transportation and shopping from adult children, whereas services that require daily involvement such as meal preparation and personal care are relatively infrequent.

Employment Status

Statistics reveal a dramatic increase in the proportion of women in the labour force, particularly married women. In 1941, only 4% of married women in Canada were employed; by 1981 this figure had reached 42.6%. Many of these women are middle-aged or older: by 1981, 58.6% of women aged 45-54 years; 39.1% of those 55-64; and 4.1% of women over the age of 65 worked outside the home (Statistics Canada, 1982).

As the amount of caregiving services provided to parents does not correlate strongly with the daughter's employment status, employed women are as likely to be caregivers as women who do not work outside the home (Fulcomer & Attig, 1980; Horowitz, 1981; Lang & Brody, 1980). These women have simply added the role of employee in the labour market to the more traditional female roles (Brody, 1981; Shanas, 1980). Generally middle-aged, caregivers are likely highly involved in their careers, a factor which would conceivably increase the strain of caregiving responsibilities. It has been suggested that male involvement in the caregiving role may increase after retirement (Brown, 1974), although there is little empirical evidence to support or refute this supposition.

Geographic Proximity

The type and extent of support available depends on the availability and proximity of potential caregivers. Most families have members who live close enough to each other to exchange resources and assistance (Hill et. al., 1970; Shanas, 1973; 1979a; Sussman, 1965). Although psychological and financial support can be provided at a distance, the provision of direct support services such as home and yard maintenance, transportation, meal preparation and personal care require that an offspring live

close enough to the parent for daily or weekly contact to occur. Kivett (1985) found that proximity of residence was the factor most consistently related to the amount of help that elderly individuals received from their kin. Assistance increased with proximity across all levels of kin, especially close kin such as children, children-in-law and grandchildren. However, the existence of kin and their geographical availability does not guarantee their willingness or ability to provide assistance (Stoller and Earl, 1983).

The majority of elderly live in close proximity to at least one of their offspring (Atchley, 1977; Horowitz, 1981; Riley & Foner, 1968; Shanas, 1980; Shanas et al., 1968). Studies suggest that propinquity is one of strongest predictors in determining which sibling will assume the major responsibility of parental care (Lee, 1980; Johnson & Spence, 1982). Most often the daughter, and occasionally the son, who lives nearest the parent is expected to assume this task (Grollman & Grollman, 1978; Johnson & Spence, 1982; Otten & Shelley, 1976; Silverstone & Hyman, 1976). Hays (1984) found that children tended toward greater proximity than did siblings of the elderly. In this study, nearly 54% of offspring lived in the same metropolitan area as parents; 58.5% resided within 50 miles of the area; 16.2% lived in the same or a bordering state and 25.3% lived in a more distant location. Ikels (1983) observed that daughters were more likely than sons to remain in the parental district except in high income areas in which outmigration of daughters and sons occurred at approximately the same rate. Perhaps daughters tend to remain in the parental district more often than sons because they often expect, and are expected to look after aging parents (Biddle, 1976; Lee & Modell, 1977).

A study conducted in Montreal suggests that geographic closeness may determine the type of services that are exchanged but not the extent of that exchange (Osterreich, 1976). This study indicates that individuals who are geographically stable have higher interaction rates with their kin than individuals who are mobile. On the other hand, a study of French Canadians in St. Boniface, a suburb of Winnipeg, concluded that the most critical factor for the maintenance of close kinship ties was the degree of genealogical relatedness and personal preference rather than geographic proximity (Piddington, 1973).

Income Level

The elderly in upper income brackets may receive more help from adult children than the elderly in lower income brackets (Jackson, 1973; Mitchell & Register, 1984). This finding was explained in terms of a greater ability to provide support; that is, these elderly most likely have children in similar economic positions and therefore have more resources available to them to provide assistance. Other studies found that patterns of interaction and mutual aid are more extensive among lower income families (Adams, 1968; Aldous, 1967), a finding attributed to a greater need for services. Generally, higher income families depend more on the exchange of financial aid, whereas lower income families rely on the exchange of services (Riley & Foner, 1968). Klatzky (1972) noted that in contrast to non-agricultural families, farm families demonstrate a higher rate of interaction and exchange of services, perhaps because farm families usually live closer to their parents than non-farm families.

Health Status of Parent

Studies show that an elderly individual's perception of personal well-being is closely related to perceived health status (Larson, 1978; Snider, 1980; Tissue, 1981) and activity level (Atchley, 1971; Stones, 1979). Generally, as health status declines activity levels decrease and dependency levels increase (Lee, 1979). Kivett (1985) found that the amount of help received from offspring increased as health status of the parent declined. She suggests that altruistic feelings on the part of the caregiver become more abundant as the recipient is in greater need or more likely to benefit from the provision of assistance.

Although the family is most likely the primary source of care when an elderly member becomes ill or disabled (Horowitz & Schindlerman, 1981; Moroney, 1980), reports differ as to the extent of the family's contribution to health needs. Some maintain that the majority of health care is provided by family members (Maddox, 1979; Shanas et. al., 1968), while others claim that the majority of health needs are filled by institutional sources (Abrahams & Patterson, 1978; Snider, 1981).

CHAPTER IV

METHOD

Research Design

Objectives

This study is directed towards three basic objectives:

1. To examine the characteristics of individuals of a specific socio-religious group engaged in caregiving to elderly parents.
2. To explore the nature of the adult children's involvement in the caregiving situation.
3. To estimate the degree of burden of parental caregiving on the caregiver.

Hypotheses

Due to the exploratory nature of this study, hypotheses are nondirectional and at a general level. Keeping with the general plan of the study, which is to present the dimensions and overall effects of the caregiving situation among Mennonites, and based on the information contained in the literature review, the following hypotheses were formulated.

1. The following characteristics of the adult child are related to the type of support which the adult child is willing to provide and does provide the elderly parent:

- (a) age
- (b) gender
- (c) marital status
- (d) employment status
- (e) geographical proximity to the parent
- (f) income level

2. The following characteristics of the adult child are related to the extent of support

which the adult child provides the parent:

- (a) age
- (b) gender
- (c) marital status
- (d) employment status
- (e) geographical proximity to the parent
- (f) income level

3. The following characteristics of the parent are related to the type of support which

the adult child is willing to provide the parent:

- (a) age
- (b) gender
- (c) marital status
- (d) health status
- (e) income level

4. The following characteristics of the parent are related to the extent of support

which the adult child provides the parent:

- (a) age
- (b) gender
- (c) marital status
- (d) health status
- (e) income level

5. The following variables are related to each of the following individuals' perception

of the caregiving situation: adult child, parent, adult child's spouse.

- (a) extent of support
- (b) perceived dependency level of parent
- (c) value consensus

6. The following variables are related to the degree caregiving burden felt by the

adult child and spouse:

- (a) extent of support
- (b) perception of the caregiving situation
- (c) value consensus

Definition of Terms

For the sake of clarity and in order to avoid confusion in dealing with conceptual definitions of terms found in the caregiving literature, the following operational definitions are provided.

Type of Support. Type of support is determined in a general manner by the adult child's willingness to provide support in the following areas: financial aid; advice; help with chores; emotional support and general availability. An Objective Support Checklist developed by Lopata (1979) is included to provide a more detailed list of areas of support. These areas include: emotional support and companionship; transportation; household repairs; financial assistance; help with housekeeping; shopping; yard work; decision making; business and financial matters; and care during times of illness.

Extent of Support. Extent of support is measured by the frequency with which duties on the Objective Support Checklist (Lopata, 1979), are performed by the adult child as well as the average number of hours a week the adult child is involved in parental caregiving tasks.

Perception of Caregiving Relationship. Perception of the caregiving relationship includes the degree of satisfaction with the current caregiving situation from each of the three individuals' point of view (adult child, adult child's spouse, parent), and the adult child's rating of the overall relationship with the parent.

Degree of Caregiving Burden. Caregiving burden refers to the feelings and consequences which may result from parental caregiving. Assessed from the adult child's and adult child's spouse's perspectives, burden is measured by an adaptation of the "Burden Interview" (Zarit, Reever & Bach-Peterson, 1980). This scale includes twelve statements describing different aspects of burden such as: "I feel stressed

between trying to give to my parents as well as to other family members." and "I feel that my social life has suffered because of my involvement with my parent."

Health Status of Parent. Physical health status of the parent is determined by the adult child's assessment of the parent's health.

Dependency Level of Parent. This variable refers to the parent's level of independence in daily functioning and the extent to which the parent is perceived to be dependent on the support provided by the child. Dependency is measured by the adult child's rating of the parent's capabilities on an Instrumental Self-Maintenance Form developed by Brody & Lawton (1972).

Income Level. Income level is determined by the family's present annual income.

Value Consensus. Consensus refers to the extent to which an individual perceives the other as holding beliefs and values similar to his or her own. Consensus is measured with the question "Do you and your parent agree on ideas and opinions that you consider to be important?".

Satisfaction With Caregiving Situation. The adult child's and spouse's perceptions of degree of satisfaction with the caregiving situation were determined by the following question: "How satisfied are you regarding the type and amount of care that you are providing for your parent?". The parent was asked: "How satisfied are you regarding the type and amount of care that you receive from your son/daughter?". Potential responses varied from "very satisfied" to "very dissatisfied".

Description of Sample

The Mennonite churches in Steinbach belong to conferences which range from the fundamental, conservative and relatively self-contained to those which are relatively liberal and socially integrated. The intention of the study was to select participants from two conferences representative of both extremes and one approximately midway between the two. The two conference extremes were to be represented by the Church of God in Christ, Mennonite or "Holdeman" Conference at the conservative end and the General Conference at the liberal end. The conference representative of the midpoint was the Evangelical Mennonite Conference. The sample was to include approximately equal members from each of the three conferences. One Steinbach church from each of the three conferences was chosen to serve as a sample base. Due to the exploratory nature of the research and the specificity of the population, a non-random sample was considered acceptable for this study. For efficiency reasons the purposive sampling technique was used. That is, each of the pastors was informed of the study and, if willing to participate, was requested to provide names of eligible church members. Eligibility required that the individual was at least 40 years of age and had a parent living within a 30-mile radius of Steinbach.

It became apparent that the members of the Holdeman conference felt a strong reluctance to be individually interviewed. Alternatively, the pastor of the Holdeman Church assembled a panel of 14 Church Elders who were interviewed in two groups. The adult children panel consisted of five men and three women ranging in age from 39-50. The parent panel consisted of three men and three women who ranged in age from 70-73. Both groups were present while the other was being interviewed. Because the Holdeman data were collected from a group of respondents, the findings will be discussed separately and will not be included in the analysis.

The sample from which results were analyzed, was drawn from the remaining two conferences; the Evangelical Conference represented by the Evangelical Mennonite Church and the General Conference represented by the Steinbach Mennonite Church. The criteria for selection of participant pairs was that the adult child was 40 years of age or older and had at least one parent living in the Steinbach area. The total number of respondents in the study was 37; 15 adult children; 15 parents and 7 children-in-law. Eight of the adult children and parent pairs hold membership in the Evangelical Mennonite Church while the seven remaining parent-child pairs are members of the Steinbach Church.

The adult children subsample consisted of nine males and six females ranging in age from 40 to 63 with a mean age of 50.7 years. Twelve of these participants were married and living with their spouses, two women had never married and one woman was widowed. The educational level among the adult children ranged from eight to 18 years. Eleven individuals were full-time employees; one woman maintained a part-time position and three women classified themselves as homemakers. All twelve of the married respondents had children currently living at home.

The parent subsample consisted of eight males and seven females ranging in age from 68 to 99 with a mean age of 79.7 years. Eight of the parents were married and lived with their spouse and seven were widowed. Educational level ranged from two to ten years. All of the parents were retired with the exception of one who was employed on a part-time basis.

The child-in-law subsample consisted of seven spouses between the ages of 42 and 62 with a mean age of 51.7 years. Educational level ranged from seven to 13 years. The employment status of the spouse subsample included three full-time workers, two part-time employees, one employed on an occasional basis and one homemaker.

Instruments

Two interview/questionnaire forms were developed for this study (see Appendix A). One form was separately administered to each adult child and spouse; the other was administered solely to the parent. The instrument for the adult child and spouse consisted of a questionnaire form and an interview form. The questionnaire form was completed by the respondent prior to the actual interview. This questionnaire form contained an "Instrumental Self-Maintenance Form" (Brody & Lawton, 1972) an adaptation of "The Burden Interview" (Zarit, Reever & Bach-Peterson, 1980); the revised form of the "Familism Scale" (Heller, 1976); and a few questions from the "Scales for Eleven Religious Dimensions (King & Hunt, 1967). The adult child version of the interview form consisted of a demographic and general information section; an adaptation of a questionnaire developed by Johnson and her associates (Johnson, 1978); Johnson & Bursk, 1977); an Objective Support Checklist (Lopata, 1979); and a qualitative section developed by the researcher.

The instrument for the elderly parent consisted of an interview form only. Similar to, but somewhat shorter than the adult child version, the parent version contained a demographic and general information section; revised form of the "Familism Scale"; the Johnson questionnaire; the Objective Support Checklist; and the qualitative section.

The interview forms obtained information on demographic characteristics of the respondents and information about caregiving behaviors and attitudes, degree of burden felt, and the respondent's beliefs and values. To assess the type and extent of support provided, respondents were asked a series of questions concerning their involvement with the parent. Information was collected regarding geographic proximity, frequency of contact, and the extent to which assistance was provided in

the following areas: transportation, household help, shopping, yard work, health care, decision-making, emotional support, and financial assistance and management.

A measure of the subjective element of caregiving was obtained in different ways for each group. Subjective aspects such as the social, emotional and familial consequences of assuming a caregiving role were assessed by respondents ratings of how much they have been affected by situations described in the Burden Interview (Zarit et al., 1980). In addition to these three major dependent variables, information was collected regarding religious practices, the parent's functional ability, and degree of consensus on values and beliefs.

Data Collection Procedure

After being approached and informed of the study, the pastors of the two churches (GC and EMC) provided a list of names of eligible intergenerational pairs. Letters describing the study and assuring confidentiality were mailed to all of the adult children and parents on these lists. Recipients of these letters were asked to return an enclosed consent form in a postage-paid, self-addressed return envelope if they agreed to participate in the study. If married, the adult child's spouse was also mailed a consent form and asked to participate. In the event that the potential respondent desired additional information on the nature or purpose of the study, the telephone numbers of the researcher and the project supervisor were provided in the letter. The individuals who responded were then contacted by phone in order to arrange a convenient time for the interview. All subjects were interviewed privately in their homes.

Data were collected via in-depth, structured interviews. Four women, including the author, all of whom were similarly trained in technique, conducted the interviews.

The adult child interview and questionnaire took approximately 1 1/2 hours to complete. Parent interviews averaged 50 minutes in length.

Data Analysis

Scoring the Scales

Instrumental Self-Maintenance Form. The Instrumental Self-Maintenance Form (ISMF) consists of Items 1 to 7 in the Questionnaire for Adult Child. This Form contains 7 Items, with 3 to 5 responses. The ISMF yields a capability score and was used as a measure of the parent's dependency status from the adult child's perspective. The potential score ranges from zero to 18 and is the sum of abilities in seven daily living tasks including use of the telephone, shopping, food preparation, housekeeping, laundry, responsibility for own medications and ability to handle finances. Each item is score separately from "0" (total inability) to 3 to 5 (total independence). The scale score is the sum of each item score. The sample scores ranged from 11 to 18 with a score of 11 depicting a moderately capable parent and 18 a highly capable parent. The term capability will be used to refer to the parent's ISMF score and will be used as a measure of the parent's dependency level. The reliability coefficient of the ISMF was .86.

Burden Interview. The Burden Interview, which consists of items 21 to 32 in the Questionnaire for Adult Child, yields a possible score ranging from zero to 36. It consists of seven negative burden items and five positive burden items. Each item was rated on a four-point scale from zero (not at all) to 3 (extremely) with the burden score being the sum of all the responses. Lower scores reflected a low experience of burden and higher scores were associated with greater perceived burden. Because of an unacceptably low reliability score for the adult child, it was necessary to modify

the burden scale to contain only six of the original 12 items. These items included all but one of the burden items (#21, 23, 25, 28, 30, & 31) on the questionnaire form. Question #26 was omitted from the Negative Burden Scale (NBS) because it substantially decreased the reliability of the scale. The reliability coefficient of the remaining six items of the NBS was .78.

Objective Support Checklist. The Objective Support Checklist (OSC) developed by Lopata (1979) consists of items 50 to 59 in the Interview Schedule for Adult Child and items 28 to 37 in the Interview Schedule for Parents. The OSC calculates how frequently each of ten caregiving services are provided. The frequency score consists of the sum of the ten items. Each of the ten items is scored from zero (never) to 8 (daily). The sum of the ten scores is the frequency of support score. Possible scores on the OSC range from 0-80. The reliability coefficient of the OSC were .85 for the adult children sample, .64 for the parent sample and .82 for the spouse sample.

Statistical Analysis

Non-parametric tests were intended to avoid the assumptions associated with parametric tests regarding the distribution of the population and the characteristics of the population parameters. Parametric tests were particularly inappropriate because of the nonprobability sample collection procedure and the small sample size.

Crosstab analysis and other measures of association, such as chi square and the asymmetric version of the lambda, were to be used in the analysis of nominal and ordinal variables. The Phi Coefficient was to be used as a measure of association for 2 X 2 tables and Cramer's V for tables larger than 2 X 2.

As examination of the data progressed it became apparent that the analyses of the results were complicated by the small size of the sample. To conduct chi square

analysis, it is required that fewer than 20% of the cells have expected frequencies of less than five, and no cells have expected frequencies of less than one (Siegel, 1956). Crosstab analysis revealed that the expected frequencies in each cell were below these requirements in the form in which they were originally collected. To increase the expected frequencies in the cells, adjacent categories with common properties were combined. However, the requirement was still not met. Therefore, frequencies and percentages are presented to examine the hypotheses involving nominal data.

In cases where both of the variables were ordinal, Spearman correlational analyses were used. In each case where the observed level of significance was greater than .05 the hypothesis was rejected.

CHAPTER V

RESULTS

Findings from the Holdeman Subsample

The Church of God in Christ, Mennonite (CGCM), subsample was interviewed as a group due to reservations about the interview process and the study in general on the part of a church member. The group consisted of eight middle-aged and six elderly members of the Steinbach congregation. The younger group, three of whom were women, ranged in age from 39 to 50. This group consisted of three husband-wife pairs and two husbands alone. The elder group consisted of three husband-wife pairs who ranged in age from 70 to 73. All of the respondents were married and all had lived in the community all of their life. Within the adult child group the men reported their occupation as farmers and the women homemakers. The interview was conducted in a church building by two supervising researchers of this study; the adult child version was administered by a male and the parent version by a female. The adult children were interviewed first. The questions were posed to the appropriate group who discussed the issue, and consensually reached a group answer.

Overall agreement between the parent and child groups was high. All of the respondents reported seeing their family member at least a few times a week to every day and all reported very close emotional ties. Curiously, members of the adult child group reported being dissatisfied with the type and amount of care that they provided to their parent although parents reported being very satisfied with the care that they received. The younger generation felt that they should be more giving to their parents. Partial explanation for this observation may be that the Biblical teaching of honoring parents is a major belief in the Holdeman society.

With regard to expectations concerning parental support, a discrepancy exists in the area of financial assistance. The adult children expect advice, help with chores, emotional support and general availability yet do not expect financial aid from parents. However, the adult children include financial aid in the types of support that parents should expect from their children. The parent group reported that financial aid should be reciprocal between parents and children.

Whereas the adult children agreed with the statement that children of elderly parents have as much responsibility for the welfare of their parents as they have for their own children, the parent group remained neutral or disagreed with this statement.

One of the Principles of Faith of the Holdeman group is their strong belief in self-denial. The adult child group reported virtually no feelings of burden in the areas of a lack of personal time or interference with social life. Nevertheless, the demands of caregiving seem to exact some toll on these caregivers as well. Slight feelings of burden were reported by the adult children in the areas of trying to provide for both parent and family, a lack of sharing of the caregiving responsibilities by other family members, and feeling that the parent was somewhat dependent. Although all of the adult children felt that they could do more for their parent they also felt that the parents were very appreciative of care that they were given.

Hypotheses on Caregiving

The further results of this study address the hypotheses as examined among the GC and EMC conferences.

Hypothesis #1

The following characteristics of the adult child are related to the type of support which the child is willing to provide and does provide to the parent:

- (a) age
- (b) gender
- (c) marital status
- (d) employment status
- (e) geographical proximity to the parent
- (f) income level

Age. To categorize the adult children into age groups, a median split was performed yielding two age groups. One group included the adult children between the ages of 40 and 49 years (n=8) and the other included those between the ages of 50 and 64 years (n=7). Table 1 presents the frequencies and percentages of the adult children who were willing to provide the five types of support to their parents. The percentages indicate that there is very little difference between the two age groups in their willingness to provide the different types of support.

The types of support the adult children provided can be found in Table 2. The data indicate that there appear to be differences between the age groups in the type of support that they provide to their parents, particularly in the areas of household repairs, household chores, and yard work. There also may be some differences between the age groups in the provision of shopping assistance, health care, decision making, financial assistance and help with business matters. In all of these cases, more of the adult children in the older group (50 years and over) provided these services to their parents than adult children in the younger group (40-49 years).

Whereas none of the individuals in the younger age group provided financial assistance or help with household chores, all types of support were provided by caregivers aged 50 or over.

Interestingly, the adult children were more willing to provide support services than they actually report providing, except in the area of emotional support. More caregivers in the younger-aged group provided emotional support than those who indicated willingness to do so. This finding raises the possibility that a proportion of the younger group of caregivers feel obligated to provide a service (emotional support) that they do not want to provide. However, in the other areas of support, there appears to be a willingness on the part of adult children to offer more support services than they are supplying to their parents at the present time.

TABLE 1
 FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY AGE,
 WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	AGE OF ADULT CHILD (IN YEARS)		ROW TOTAL (N=15)
	40-49 (N=8)	50 & OVER (N=7)	
FINANCIAL AID	5 (63)	5 (71)	10 (67)
ADVICE	6 (75)	5 (71)	11 (73)
HELP WITH CHORES	8 (100)	6 (86)	14 (93)
EMOTIONAL SUPPORT	6 (75)	7 (100)	13 (87)
GENERAL AVAILABILITY	8 (100)	6 (86)	14 (93)

Note. Numbers in parentheses indicate percentages.

TABLE 2
 FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY AGE, PROVIDING TYPE OF SUPPORT

TYPE OF SUPPORT	AGE OF ADULT CHILD (IN YEARS)		ROW TOTAL (N=15)
	40-49 (N=8)	50 & OVER (N=7)	
TRANSPORTATION	7 (88)	6 (86)	13 (87)
HOUSEHOLD REPAIRS	2 (25)	5 (71)	7 (47)
HOUSEHOLD CHORES	0	3 (43)	3 (20)
SHOPPING	1 (13)	3 (43)	4 (27)
YARD WORK	1 (13)	4 (57)	5 (33)
HEALTH CARE	4 (50)	6 (86)	10 (67)
DECISION MAKING	4 (50)	6 (86)	10 (67)
FINANCIAL ASSISTANCE	0	2 (29)	2 (13)
EMOTIONAL SUPPORT	7 (88)	7 (100)	14 (93)
BUSINESS MATTERS	2 (25)	4 (57)	6 (40)

Note. Numbers in parentheses indicate percentages.

Gender. The percentages presented in Table 3 suggest that gender is independent of the type of support the adult children were willing to provide. Although both genders were equally willing to offer financial aid, the women were slightly more willing to be available, to provide advice and help with chores.

The frequencies and percentages for type of support provided by gender are presented in Table 4. The results suggest that there may be some difference between gender in the provision of assistance in the areas of shopping, health care assistance and business matters, with more women providing help with shopping and health care and more men providing assistance with business matters. Again, in comparing Tables 3 and 4, there is the trend for both genders to be willing to provide more support services than they are providing at the present time.

TABLE 3

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY GENDER
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	GENDER OF ADULT CHILD		ROW TOTAL (N=15)
	MALE (N=9)	FEMALE (N=6)	
FINANCIAL AID	6 (67)	4 (67)	10 (67)
ADVICE	6 (67)	5 (83)	11 (73)
HELP WITH CHORES	8 (89)	6 (100)	14 (93)
EMOTIONAL SUPPORT	8 (89)	5 (83)	13 (87)
GENERAL AVAILABILITY	8 (89)	6 (100)	14 (94)

Note. Numbers in parentheses indicate percentages.

TABLE 4

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY GENDER,
PROVIDING TYPE OF SUPPORT

TYPE OF SUPPORT	GENDER OF ADULT CHILD		ROW TOTAL (N=15)
	MALE (N=9)	FEMALE (N=6)	
TRANSPORTATION	8 (89)	5 (83)	13 (87)
HOUSEHOLD REPAIRS	4 (44)	3 (33)	7 (47)
HOUSEHOLD CHORES	1 (11)	2 (22)	3 (20)
SHOPPING	1 (11)	3 (33)	4 (27)
YARD WORK	2 (22)	3 (33)	5 (33)
HEALTH CARE	5 (56)	5 (83)	10 (67)
DECISION MAKING	6 (67)	4 (67)	10 (67)
FINANCIAL ASSISTANCE	1 (11)	1 (17)	2 (13)
EMOTIONAL SUPPORT	9 (100)	5 (83)	14 (93)
BUSINESS MATTERS	4 (44)	2 (22)	6 (40)

Note. Numbers in parentheses indicate percentages.

Marital status. Marital status of the adult child consisted of the classifications of "married" and "unmarried". The "unmarried" category included one widowed respondent and two never married respondents. The results in Table 5 suggest that more unmarried respondents are willing to provide financial aid and advice than married respondents. At least in the case of financial aid, it is possible that the married respondents have a lesser amount of disposable income due to demands of potentially dependent spouse and children.

From the results presented in Table 6, there appears to be a relationship between marital status and assistance with yard work, with more unmarried children providing help in this area. There is also a suggestion of a relationship between marital status and help with financial assistance and business matters, with more unmarried than married individuals providing this support. This may be due to a lack of need for these services on the part of the parents or to competing demands on the part of the married children. Demands on the married children's time from their own families may prevent them from becoming more involved in yard work and business matters and demands on finances may lessen available funding for the parents.

Generally, the adult children were willing to provide more support than they reported providing except in the area of emotional support. In this case, more married respondents provided this service than indicated the willingness to provide.

TABLE 5
 FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY MARITAL STATUS,
 WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	MARITAL STATUS OF ADULT CHILD		
	UN MARRIED (N=3)	MARRIED (N=12)	ROW TOTAL (N=15)
FINANCIAL AID	3 (100)	7 (58)	10 (67)
ADVICE	3 (100)	8 (67)	11 (73)
HELP WITH CHORES	3 (100)	11 (92)	14 (93)
EMOTIONAL SUPPORT	3 (100)	10 (83)	13 (87)
GENERAL AVAILABILITY	3 (100)	11 (92)	14 (93)

Note. Numbers in parentheses indicate percentages.

TABLE 6
 FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY MARITAL STATUS,
 PROVIDING TYPE OF SUPPORT

TYPE OF SUPPORT	MARITAL STATUS OF ADULT CHILD		
	UN MARRIED (N=3)	MARRIED (N=12)	ROW TOTAL (N=15)
TRANSPORTATION	3 (100)	10 (83)	13 (87)
HOUSEHOLD REPAIRS	2 (67)	5 (42)	7 (47)
HOUSEHOLD CHORES	1 (33)	2 (17)	3 (20)
SHOPPING	1 (33)	4 (33)	5 (33)
YARD WORK	2 (67)	3 (25)	5 (33)
HEALTH CARE	2 (67)	8 (67)	10 (67)
DECISION-MAKING	2 (67)	8 (67)	10 (67)
FINANCIAL ASSISTANCE	1 (33)	1 (8)	2 (13)
EMOTIONAL SUPPORT	3 (100)	11 (92)	14 (93)
BUSINESS MATTERS	2 (67)	4 (33)	6 (40)

Note. Numbers in parentheses indicate percentages.

Employment Status. Employment status included the classifications of full-time employment and not full-time employment. The category of "not full-time" included three non-working respondents and one part-time employee. The frequencies and percentages of the adult children's employment status and their willingness to provide the types of support are presented in Table 7. These results indicate that there was very little difference between the percentage of caregivers in the two employment categories in the type of support they were willing to provide to their parents.

The type of support that the adult children provided is presented in Table 8. There appears to be some relationship between employment status and the provision of shopping, yard work and health care assistance with a higher percentage of respondents who were not working full-time providing these services. There is also some suggestion of a similar relationship in the area of help with business matters, with fewer full-time employees involved in providing this service to their parents than non-full-time workers.

More respondents in both employment categories were willing to provide various types of support than they were providing except in the case of emotional support. In this case, one full-time worker reported providing this service while not indicating the willingness to provide it.

TABLE 7

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY EMPLOYMENT STATUS,
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	EMPLOYMENT STATUS OF ADULT CHILD		ROW TOTAL (N=15)
	NOT FULL-TIME (N=4)	FULL-TIME (N=11)	
FINANCIAL AID	3 (75)	7 (64)	10 (67)
ADVICE	3 (75)	8 (72)	11 (73)
HELP WITH CHORES	4 (100)	10 (91)	14 (93)
EMOTIONAL SUPPORT	4 (100)	9 (82)	13 (87)
GENERAL AVAILABILITY	4 (100)	10 (91)	14 (93)

Note. Numbers in parentheses indicate percentages.

TABLE 8

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY EMPLOYMENT STATUS,
PROVIDING TYPE OF SUPPORT

TYPE OF SUPPORT	EMPLOYMENT STATUS OF ADULT CHILD		ROW TOTAL (N=15)
	NOT FULL-TIME (N=4)	FULL-TIME (N=11)	
TRANSPORTATION	4 (100)	9 (82)	13 (87)
HOUSEHOLD REPAIRS	2 (50)	5 (45)	7 (47)
HOUSEHOLD CHORES	1 (25)	2 (9)	3 (20)
SHOPPING	3 (75)	1 (7)	4 (27)
YARD WORK	3 (75)	3 (27)	5 (33)
HEALTH CARE	4 (100)	6 (55)	10 (67)
DECISION-MAKING	3 (75)	7 (64)	10 (67)
FINANCIAL ASSISTANCE	1 (25)	1 (7)	2 (13)
EMOTIONAL SUPPORT	4 (100)	10 (91)	14 (93)
BUSINESS MATTERS	1 (25)	5 (45)	6 (40)

Note. Numbers in parentheses indicate percentages.

Proximity. The data for proximity to the parent and willingness to provide the types of support presented in Table 9 reveal that there may be some relationship between proximity and the willingness to provide financial aid and advice. The number of respondents willing to provide both these types of support decreased as proximity to the parent decreased. Also, the number of respondents willing to be generally available to their parents decreased as distance from the parent increased from a short drive to a long drive.

The association between proximity and the type of support provided is presented in Table 10. Again, the percentage of adult children providing services such as transportation and shopping assistance appeared to decrease as the distance between parent and adult child increased.

Except in the case of emotional support, more adult children in all proximity categories appear to be willing to provide support than they actually provide.

TABLE 9

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY PROXIMITY TO PARENT,
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	PROXIMITY TO PARENT			ROW TOTAL (N=15)
	WALKING (N=4)	SHORT DRIVE (N=8)	LONG DRIVE (N=3)	
FINANCIAL AID	4 (100)	5 (63)	1 (33)	10 (67)
ADVICE	4 (100)	6 (75)	1 (33)	11 (73)
HELP WITH CHORES	4 (100)	8 (100)	2 (67)	14 (93)
EMOTIONAL SUPPORT	4 (100)	6 (75)	3 (100)	13 (87)
GENERAL AVAILABILITY	4 (100)	8 (100)	2 (67)	14 (87)

Note. Numbers in parentheses indicate percentages. Walking=10 minute walk or less. Short drive=5 to 10 minute drive. Long drive=longer than 10 minute drive.

TABLE 10

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY PROXIMITY TO PARENT,
PROVIDING TYPE OF SUPPORT

TYPE OF SUPPORT	PROXIMITY TO PARENT			ROW TOTAL (N=15)
	WALKING (N=4)	SHORT DRIVE (N=8)	LONG DRIVE (N=3)	
TRANSPORTATION	4 (100)	8 (100)	1 (33)	13 (87)
HOUSEHOLD REPAIRS	2 (50)	4 (50)	1 (33)	7 (47)
HOUSEHOLD CHORES	1 (25)	2 (25)	0	3 (20)
SHOPPING	2 (50)	3 (38)	0	4 (27)
YARD WORK	1 (25)	3 (38)	1 (33)	5 (33)
HEALTH CARE	3 (75)	6 (75)	1 (33)	10 (67)
DECISION-MAKING	3 (75)	6 (75)	1 (33)	10 (67)
FINANCIAL ASSISTANCE	1 (25)	0	1 (33)	2 (13)
EMOTIONAL SUPPORT	4 (100)	7 (88)	3 (100)	14 (93)
BUSINESS MATTERS	2 (50)	3 (38)	1 (33)	6 (40)

Note. Numbers in parentheses indicate percentages. Walking=10 minute walk or less. Short drive=5 to 10 minute drive. Long drive=longer than 10 minute drive.

Income Level. The frequency and percentages of adult children willing to provide the types of support by income group are presented in Table 11. It appears that there may be some relationship between the higher income level and willingness to provide financial aid.

Income of the adult child by type of support provided is presented in Table 12. It appears that more respondents in the lower annual income group (\$6,000-24,999) reported providing help with yard work than respondents in the higher annual income group (\$25,000-40,000). It may be that the respondents in the higher income group are full-time employees and therefore have less time available to provide this service. On the other hand, the respondents in the higher income bracket may hire out this service or, alternatively, the parents of these respondents may not need help in this area. Also, there is some suggestion of differences between income groups in the areas of health care and financial assistance, with more respondents in the higher income group providing these services than respondents in the lower income group. Again, the general trend is for more adult children to be willing to provide the various types of support than those who actually provide it with the exception of emotional support. A small percentage (14%) of the lower income group provides emotional support without reporting the willingness to do so.

TABLE 11

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY ANNUAL INCOME,
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	ANNUAL INCOME		ROW TOTAL (N=13 ^a)
	\$6,000 - \$24,999 (N=7)	\$25,000 - \$40,000 (N=6)	
FINANCIAL AID	4 (57)	5 (83)	9 (69)
ADVICE	5 (71)	5 (83)	10 (77)
HELP WITH CHORES	6 (86)	6 (100)	12 (92)
EMOTIONAL SUPPORT	6 (86)	6 (100)	11 (85)
GENERAL AVAILABILITY	6 (86)	6 (100)	12 (92)

Note. Numbers in parentheses indicate percentages. ^aNo Response (n=2)

TABLE 12

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY ANNUAL INCOME,
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	ANNUAL INCOME		ROW TOTAL (N=13 ^a)
	\$6,000- \$24,999 (N=7)	\$25,000- \$40,000 (N=6)	
TRANSPORTATION	6 (86)	5 (83)	11 (85)
HOUSEHOLD REPAIRS	3 (43)	3 (50)	6 (46)
HOUSEHOLD CHORES	2 (29)	1 (17)	3 (23)
SHOPPING	2 (29)	2 (33)	4 (31)
YARD WORK	4 (57)	1 (17)	5 (39)
HEALTH CARE	4 (57)	5 (83)	9 (69)
DECISION-MAKING	5 (71)	5 (83)	10 (77)
FINANCIAL ASSISTANCE	0	2 (33)	2 (15)
EMOTIONAL SUPPORT	7 (100)	5 (83)	12 (92)
BUSINESS MATTERS	3 (43)	3 (50)	6 (46)

Note. Numbers in parentheses indicate percentages. ^aNo Response (n=2)

Summary. The results indicate that there appear to be some relationship between age and the provision of assistance with household repairs, household chores and yard work, with more respondents in the older group (50 years of age & over) providing these services than respondents in the younger group (40-49 years). These findings may be due to a greater need on the part of the parents of this group as they are likely themselves older than the parents of the younger group of adult children. On the other hand, the adult children in the older group may have more time available to provide these services in that they may have already retired from the workforce or they may have fewer dependent children living at home who demand of their time.

It appears that the married respondents are less involved in providing help with yard work than their unmarried cohorts. This finding may be due to a lack of need of this service on the part of the parents or to competing demands on the part of the married respondents.

Similarly, fewer respondents who are employed on a full-time basis appear to be provide assistance with shopping, yard work, and health care. Again, this may be due to the parents needs or to competing demands such as a lack of time due to the demands of the adult child's occupation.

The respondents in the lower annual income bracket (\$6,000-24,000) appear to provide more assistance with yard work than respondents in the higher annual income bracket (\$25,000-40,000). Again, this may be due to the parents' need for the service or to the possibility that the individuals in the lower income bracket include those respondents who are not full-time employees and therefore have more time potentially available to them to provide this service.

In general, the adult children were willing to provide more support than they actually were providing which suggests that there is a reserve of support on which the parents can draw if need be. The exception to this finding was that the provision of emotional support slightly exceeded the reported willingness to provide this service.

Hypothesis #2

The following characteristics of the adult child are related to the extent of support which the adult child provides to the parent.

- (a) age
- (b) gender
- (c) marital status
- (d) employment status
- (e) geographical proximity to parent
- (f) income level

Extent was defined as the frequency of services provided and was measured by the Objective Support Checklist (Lopata, 1976), which determines the number of times specific caregiving activities are performed during one year.

Age. Spearman analysis revealed no significant relationship between the ages of the respondents and the frequency of support offered ($r=0.33$, $p=.14$).

Gender. The frequencies and percentages of adult children by gender and frequency of support are presented in Table 13, and suggest that more women provide a more frequent caregiving services than men. Whereas over half of the males (62%) provided services once a week to once a month, 60% of the females provided services several times a week to daily. None of the males reported providing a high frequency of services.

TABLE 13
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY GENDER, AND
FREQUENCY OF SUPPORT PROVIDED

FREQUENCY OF SUPPORT	GENDER OF ADULT CHILD		ROW TOTAL (N=13 ^a)
	MALE (N=8)	FEMALE (N=5)	
LOW	3 (38)	1 (20)	4 (31)
MEDIUM	5 (62)	1 (20)	6 (46)
HIGH	0	3 (60)	3 (23)
TOTAL	8 (100)	5 (100)	13 (100)

Note. Numbers in parentheses indicate percentages. Low=less than once a month. Medium=once a week to once a month. High=daily to several times a week.

^aNo Response (n=2)

Marital Status. The data on frequency of support provided by the adult child's marital status are presented in Table 14. Although a more or less equal proportion of married as unmarried respondents provided a medium frequency of support, there appears to be some relationship between being married and providing a low frequency of support, and being unmarried and providing a high frequency of support.

TABLE 14
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY ADULT CHILD'S MARITAL STATUS, AND FREQUENCY OF SUPPORT PROVIDED

FREQUENCY OF SUPPORT	MARITAL STATUS OF ADULT CHILD		
	UNMARRIED (N=2)	MARRIED (N=11)	ROW TOTAL (N=13 ^a)
LOW	0	4 (36)	4 (31)
MEDIUM	1 (50)	5 (45)	6 (46)
HIGH	1 (50)	2 (18)	3 (23)
TOTAL	2 (100)	11 (100)	13 (100)

Note. Numbers in parentheses indicate percentages. Low-less than once a month. Medium-once a week to once a month. High-daily to several times a week.

^aNo Response (n=2)

Employment Status. The data for frequency of support and employment status of the adult child are presented in Table 15. Again, there appears to be virtually no difference between employment categories in regard to the provision of a medium frequency of support. However, full-time employment appears to be related to a low frequency of support and nonfull-time employment (unemployed & part-time employment) appears to be related to a high frequency of support provision.

TABLE 15
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY ADULT CHILD'S
EMPLOYMENT STATUS, AND FREQUENCY OF SUPPORT PROVIDED

FREQUENCY OF SUPPORT	EMPLOYMENT STATUS OF ADULT CHILD		
	NOT FULL-TIME (N=3)	FULL-TIME (N=10)	ROW TOTAL (N=13 ^a)
LOW	0	4 (40)	4 (31)
MEDIUM	1 (33)	5 (50)	6 (46)
HIGH	2 (66)	1 (10)	3 (23)
COLUMN TOTAL	3 (100)	10 (100)	13 (100)

Note. Numbers in parentheses indicate percentages. Low=less than once a month. Medium=once a week to once a month. High=daily to several times a week.

^aNo Response (n=2)

Proximity. Spearman analysis indicates that no relationship exists between the frequency of support provided by the adult child and proximity (walking=10 minute walk or less; short drive=5-10 minute drive; long drive=longer than 10 minute drive) to parent ($r = 0.36$, n.s.).

Income Level. Spearman analysis suggests that a positive relationship exists between frequency of support provided to parents and income level of the adult child ($r=0.56, p=.05$).

Summary. The results suggest that a relationship may exist between frequency of support and gender, marital status, employment status and income level. Being female, unmarried and not employed on a full-time basis appear to be related to the provision of a high frequency of support to parents, whereas being male, married and working full-time may be related to the provision of a low frequency of support. Also, income level of the adult child appears to be positively related to frequency of support provided to parents.

Hypothesis #3

The following characteristics of the elderly parent are related to the type of support which the child is willing to provide to the parent.

- (a) age
- (b) gender
- (c) marital status
- (d) health status
- (e) income level

Age. The frequencies and percentages for the type of support that the adult child is willing to provide by the age group of the parent are presented in Table 16. The data suggest that no relationship exists between type of support and parent's age.

TABLE 16
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY AGE OF PARENT,
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	AGE OF PARENT (IN YEARS)			ROW TOTAL (N=15)
	68-75 (N=5)	76-85 (N=7)	86+ (N=3)	
FINANCIAL AID	3 (60)	5 (71)	2 (67)	10 (67)
ADVICE	3 (60)	6 (86)	2 (67)	11 (73)
HELP WITH CHORES	4 (80)	7 (100)	3 (100)	14 (93)
EMOTIONAL SUPPORT	4 (80)	6 (86)	3 (100)	13 (87)
GENERAL AVAILABILITY	5 (100)	6 (86)	3 (100)	14 (93)

Note. Numbers in parentheses indicate percentages.

Gender. The frequencies and percentages of the types of support the adult child is willing to provide by the parent's gender is shown in Table 17. There appears to be no relationship between the gender of the parent and type of support provided by the adult children.

TABLE 17
 FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY GENDER OF PARENT,
 WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	GENDER OF PARENT		ROW TOTAL (N=15)
	MALE (N=8)	FEMALE (N=7)	
FINANCIAL AID	5 (63)	5 (71)	10 (67)
ADVICE	6 (75)	5 (71)	11 (73)
HELP WITH CHORES	7 (88)	7 (100)	14 (93)
EMOTIONAL SUPPORT	7 (88)	6 (86)	13 (87)
GENERAL AVAILABILITY	7 (88)	7 (100)	14 (93)

Note. Numbers in parentheses indicate percentages.

Marital Status. The type of support the adult child is willing to provide by marital status of the parent is presented in Table 18. The data suggest that there may be some relationship between the widowed status of the parent and the provision of advice and emotional support by adult children.

TABLE 18
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY MARITAL STATUS OF PARENT,
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	MARITAL STATUS OF PARENT		ROW TOTAL (N=15)
	MARRIED (N=8)	WIDOWED (N=7)	
FINANCIAL AID	5 (63)	5 (71)	10 (67)
ADVICE	5 (63)	6 (86)	11 (73)
HELP WITH CHORES	7 (88)	7 (100)	14 (93)
EMOTIONAL SUPPORT	6 (75)	7 (100)	13 (87)
GENERAL AVAILABILITY	7 (88)	7 (100)	14 (93)

Note. Numbers in parentheses indicate percentages.

Health Status. Health status of the parent and the type of support the adult child is willing to provide is shown in Table 19. There appears to be some relationship between adult children's willingness to provide financial aid and health status of the parent. More adult children who rate their parent's health status as fair were willing to provide financial aid than adult children who rated their parent's health as good.

TABLE 19
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY HEALTH STATUS OF
PARENT WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	HEALTH STATUS OF PARENT		ROW TOTAL (N=14 ^a)
	FAIR (N=4)	GOOD (N=10)	
FINANCIAL AID	4 (100)	6 (60)	10 (71)
ADVICE	3 (75)	7 (70)	10 (71)
HELP WITH CHORES	4 (100)	10 (100)	14 (10)
EMOTIONAL SUPPORT	4 (100)	9 (90)	13 (93)
GENERAL AVAILABILITY	4 (100)	10 (100)	14 (100)

Note. Numbers in parentheses indicate percentages.

^aNo Response (n=1)

Income Level. The data for type of support the adult child is willing to provide by income level of parent, presented in Table 20, indicates that these two variables do not appear to be related.

TABLE 20
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY INCOME LEVEL OF PARENT
WILLING TO PROVIDE TYPE OF SUPPORT

TYPE OF SUPPORT	ANNUAL INCOME OF PARENT		ROW TOTAL (N=12 ^a)
	UNDER \$10,000 (N=7)	\$10,000 & OVER (N=5)	
FINANCIAL AID	6 (86)	4 (80)	10 (83)
ADVICE	6 (86)	4 (80)	10 (83)
HELP WITH CHORES	7 (100)	4 (80)	11 (92)
EMOTIONAL SUPPORT	7 (100)	5 (100)	12 (100)
GENERAL AVAILABILITY	7 (100)	4 (80)	11 (92)

Note. Numbers in parentheses indicate percentages.

^aNo response (n=3)

Summary. There appears to be little to no relationship between type of support that the adult children were willing to provide to the parent and the age, gender, marital status, and income level of the parent. However, the data suggest that there appears to be some relationship between health status of the parent and adult children's willingness to provide financial aid. More adult children were willing to provide financial aid to parents with fair health than to parents with good health.

Hypothesis #4

The following characteristics of the elderly parent are related to the extent of caregiving support which the child provides to the parent.

- (a) age
- (b) gender
- (c) marital status
- (d) health status
- (e) income level

Age. Measured as frequency of support provided, extent is not related to age of the parent ($r=0.32$, n.s.) according to Spearman analysis.

Gender. The percentages of the frequency of support provided by the parent's gender are presented in Table 21. The results reveal no apparent relationship between parent's gender and frequency of support.

TABLE 21

FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY GENDER OF PARENT, AND FREQUENCY OF SUPPORT PROVIDED

FREQUENCY OF SUPPORT	GENDER OF PARENT		ROW TOTAL (N=14 ^a)
	MALE (N=7)	FEMALE (N=7)	
LOW	6 (86)	5 (71)	11 (79)
MEDIUM	0	1 (14)	1 (7)
HIGH	1 (11)	1 (14)	2 (14)
COLUMN TOTAL	7 (100)	7 (100)	14 (100)

Note. Numbers in parentheses indicate percentages. Low=less than once a month. Medium=once a week to once a month. High=daily to several times a week.

^aNo response (n=1)

Marital Status. The data for frequency of support by the parent's marital status presented in Table 22, indicates that marital status of the parent is unrelated to frequency of support.

TABLE 22
FREQUENCIES AND PERCENTAGES OF ADULT CHILDREN, BY MARITAL STATUS OF PARENT, AND FREQUENCY OF SUPPORT PROVIDED

FREQUENCY OF SUPPORT	MARITAL STATUS OF PARENT		
	MARRIED (N=7)	WIDOWED (N=7)	ROW TOTAL (N=14 ^a)
LOW	6 (86)	5 (71)	11 (79)
MEDIUM	0	1 (14)	1 (7)
HIGH	1 (14)	1 (14)	2 (14)
COLUMN TOTAL	7 (100)	7 (100)	14 (100)

Note. Numbers in parentheses indicate percentages. Low=less than once a month. Medium=once a week to once a month. High=daily to several times a week.

^aNo Response (n=1)

Health Status. Spearman correlational analysis indicates a significant negative relationship exists between parent's health status and frequency of support ($r = -0.53, p = .05$).

Income Level. According to Spearman analysis, parent's income level is not related to the frequency of support provided by the adult child ($r = -0.18, n.s.$).

Summary. The results indicate that there is no apparent relationship between frequency of support and the age, gender, marital status and income level of the

parent. However, it appears that health status of the parent is negatively related to frequency of support services. That is, frequency of services increases as health status of the parent declines.

Hypothesis #5

The following variables are related to each of the following individuals' perception of the caregiving situation: adult child, parent and adult child's spouse.

- (a) extent of support
- (b) dependency level of parent
- (c) value consensus

Extent of Support. Spearman analyses between extent of support as measured by the number of hours spent in caregiving activities and each individual's reported satisfaction with the caregiving situation are as follows: adult child ($r = -0.31$, n.s.); adult child's spouse ($r = -0.64$, $p < .05$); and parent ($r = 0.39$, n.s.). The results indicate a negative association exists between extent of support and the spouse's reported satisfaction. That is, the greater the number of hours that the spouse spends in caregiving, the less satisfied he or she is with the caregiving situation.

Dependency Level of Parent. The results of the Spearman analyses between satisfaction with the caregiving situation and dependency level of the parent are: adult child ($r = -0.25$, n.s.); adult child's spouse ($r = -0.68$, $p < .05$); and parent ($r = -0.42$, n.s.). Again the results suggest a negative relationship exists in the case of the spouse. The more dependent the adult child's spouse perceived the parent(-in-law) to be, the more dissatisfied the spouse was with the caregiving

situation. Dependency level of the parent does not appear to be related to the adult child's or parent's degree of satisfaction with the caregiving situation.

Consensus on Values and Beliefs. Spearman analyses of satisfaction with the caregiving situation and perceived value consensus yielded the following results: adult child ($r=0.36$, n.s.); adult child's spouse ($r=0.61$, $p<.05$); and parent ($r=0.19$, n.s.). The results for the adult child's spouse reveal a significant relationship. Therefore, value consensus with the parent is related to the spouse's level of satisfaction in the caregiving situation but not to caregiving satisfaction of the adult child and the parent.

Summary. The results suggest that the extent of support, dependency level of the parent and value consensus are not related to either the adult child's or the parent's reported satisfaction with the caregiving situation but may be related to the (adult child's) spouse's satisfaction with the caregiving situation.

Hypothesis #6

The following variables are related to the degree of caregiving burden felt by the adult child.

- (a) extent of support
- (b) perception of the caregiving situation
- (c) value consensus

Extent of Support. The results of the Spearman analysis between burden and frequency of support were nonsignificant for the adult child ($r=0.21$, n.s.) and significant for the spouse ($r=0.59$, $p<.05$). Further Spearman analysis between

burden and the number of hours spent in caregiving also revealed no relationship for the adult child ($r=0.13$, n.s.), and a significant relationship for the spouse ($r=0.63$, $p<.05$).

Perception of the Caregiving Situation. The Spearman correlations for burden and satisfaction with the caregiving situation suggest that a negative relationship exists for the spouse ($r=-0.64$; $p<.05$), but not for the adult child ($r=-0.46$, n.s.). That is, satisfaction with the caregiving situation is inversely related to feelings of burden on the part of the spouse.

Value Consensus. Again, the results reveal a significant negative relationship between burden and value consensus with the parent (in-law) in the case of the spouse ($r=-0.60$, $p<.05$) but no relationship for the adult child ($r=-0.12$, n.s.).

Summary. It appears that the frequency of support and the amount of time spent in caregiving, the adult child's reported satisfaction with the caregiving situation and value consensus are not related to the adult child's reported feelings of burden. However, the frequency of support provided and the amount of time spent in caregiving, satisfaction with the caregiving situation and value consensus with the parent-in-law appear to be related to feelings of burden on the part of the adult child's spouse.

CHAPTER VI

DISCUSSION

Whereas the provision of emotional support was the most common caregiving role, the majority of adult children in this study were also involved in providing some form of instrumental assistance to parents. The findings agree with Horowitz's (1982) observation that caregiving often involves a broad range of services rather than concentrated help in one or two areas. Assistance with transportation was the most common type of instrumental help given to parents, cited by 87% of the adult children. The provision of financial aid reported by 13% of the adult children and help with household chores (20%), and shopping (27%) was less frequent. These findings are similar to those found in the caregiving literature (Brody, 1970; Horowitz, 1982; Kivett & Learner, 1980).

More children 50 years of age and over provided assistance in household repairs, household chores and yard work than children under the age of 50. Contrary to expectations based on the literature review, gender of the adult child and proximity to the parent appeared to have little relationship with the type of support provided to the parent. Marriage appeared to be associated with less involvement in helping parents with yard work. Employment status showed some relationship to type of support provided in the area of shopping, yard work and health care assistance. A probable explanation for this finding may be that gender of the adult child was not controlled statistically and gender is likely a confounding variable in measuring the effect of employment status on caregiving. The majority of the full-time workers in the study were male (82%), whereas only two of the eleven full-time workers were women (18%). As previously noted (and found in this study), men generally provide less extensive support than women (Archbold, 1983; Brody, 1981; Cantor, 1980; Troll

et. al., 1979). Perhaps had gender been controlled, the employment status of the daughters would not have been related to the extent of care. This would have been in agreement with studies which have found that employed women manage to meet filial obligations even within the contexts of full-time job obligations (Brody, 1981; Fulcomer & Attig, 1980; Horowitz & Schindelman, 1980; Shanas, 1980). It is possible that women who have full-time jobs do less in certain areas (such as shopping assistance) and do as much, or perhaps more, in areas such as household repairs, decision making, health care and helping with business matters.

The apparent relationship between proximity and the provision of transportation assistance is not unexpected as studies have found that some types of instrumental assistance require frequent contact (Hill et al, 1970; Shanas 1973; Sussman, 1965). The majority of the adult children in this sample lived relatively close to their parents; 87% lived within three miles and the remaining 13% lived within 20 miles. The relative proximity of parent and child may be part of the reason for the lack of a clear relationship between proximity and extent of support provided and between proximity and type of support provided.

The difference in the extent of support contributed by daughters as compared to sons was not unexpected. Scores on the Objective Support Checklist (Lopata, 1976) indicated that sons devoted less of their time to the care of parents than did daughters particularly in the areas of transportation, household chores and shopping. The tendency was for more daughters than sons to be involved in household chores, shopping and health care and more sons than daughters to be involved in business matters. Sons provided financial aid and assistance with household repairs in about

the same proportion as daughters but were less likely to help with instrumental, hands-on services, a finding which agrees with previous research (Horowitz, 1981).

Interestingly, the adult children perceived the parents to be in better health than the parents perceived themselves to be. Of the parent group, 73% rated their health status as fair and 27% rated it as good, whereas 53% of the adult children rated the parent's health as fair, and 40% reported the parent's health as good. Although little relationship was indicated between health status of the parent and type of support, except in the case of financial aid, parent's health status appeared to be related to the amount of time which the child spent in caregiving, a finding which agrees with others (Horowitz & Schindlerman, 1981; Maddox, 1979; Shanas, 1979a). The age, gender, marital status and income level of the parent were unrelated to the type and extent of support provided by the adult children, a finding which underscores the assumption that offspring's caregiving response to parents is primarily determined by objective need (Cicerelli, 1983; Horowitz, 1981).

The marital status of the parent was not apparently associated with either the type or extent of care provided. Part of the explanation for this finding may be that all of the parents in this study were in relatively good health and reasonably independent. There was a tendency for the widowed parents to receive more support services than the married elderly. This may be due to the observation that married elderly who live together receive the majority of care from each other (Chappell, 1983).

Research has shown that an important factor which influences the family's ability to provide care is their financial status (Archbold, 1980). Whereas those with greater financial resources are able to hire services, those with lesser finances

have to rely on their own resources and their social network. In this study, more respondents in the higher income bracket provided financial aid and health care than respondents in the lower income bracket. The income level of the parent appeared to affect neither the type or extent of support provided by the adult child.

The dependency level of the parent was related to degree of satisfaction with the caregiving situation only for the adult child's spouse and not for the adult child or parent. However, as most adult children provided a low to moderate level of support at the time of the study, it may be that as Cicerelli (1983) suggests, the rewards intrinsic in the intergenerational relationship sufficiently outweigh any negative aspects of care provision and dependency of the parent as long as the total amount of help required does not become excessive. On the other hand, the findings for the spouse reflect those found in other studies which suggest that better quality relationships exist when the parent is relatively independent (Johnson & Bursk, 1977; Robinson & Thurnher, 1979; Weishaus, 1979). Perhaps, as Horowitz (1981) points out, the nature and spirit of giving differs according to the relationship and motivation of the giver. That is, the perception of the offspring is coloured by a history of exchanges and affective feelings with the parent, whereas the adult child's spouse's tie with the parent is relatively recent and secondary.

An interesting finding was the potential reserve of support that was available to the elderly in this sample. The majority of adult children reported that they were willing to provide more support than they currently were giving. This suggests that the adult children were not overextended or strained in their provision of caregiving services. The general lack of reported feelings of burden on the part of the adult children appears to underscore this assumption.

The observation that the adult children's spouses reported more caregiving burden than the adult children raises the question of whether the adult children actually experienced less burden in the caregiving role or whether the spouses felt the freedom to be more candid in their report of their experience of burden. In light of the strong affective feelings which were both in evidence and expressed by both parents and adult children it appears that this lack of reported burden is a genuine reflection of the adult children's feelings. The spouse's greater feelings of burden may reflect Horowitz's (1981) suggestion that the spouse's primary motivation for caregiving is marital obligation rather than strong affective bonds.

In order to probe motivation for caregiving, the adult children were asked the following question: "What do you think motivates you to provide caregiving services for your parent?". The majority of adult children attributed their motivation to strong affective ties with the parent. One respondent answered: "It is the natural thing to do because we love them." Other respondents cited their religious faith as supplying the meaning or motivation for caregiving and challenging them to be responsible for their parent's welfare: "(because) ... it is scriptural ... It is a Christian responsibility and privilege". Still others referred to the notion of reciprocity for past help given to the child: "It's a love for them and an appreciation for what they've done for me in the past". The remainder of the adult children's reasons for caregiving related to the notion of obligation or duty, summed up by the following: "...it is my duty to provide assistance to an elderly parent".

Similarly, the majority of parents attributed their offspring's motivation to provide support to bonds of affection or Christian duty. Parental responses included: "They feel a responsibility and they love us... They would help out of sheer love even

without a feeling of responsibility"; (It's) their Christian responsibility"; "close family ties... (and a) love for family".

To better understand the relative priority given to different types of assistance, the adult children were asked to identify the most important service they provided to their parents. Emotional support continued to emerge as an important and desired caregiving service. It became evident that children and parents were very important to each other. Not only did most adult children provide affective support, but the majority (70%) cited it as the most important way they helped their parents. In answer to the question, one daughter replied: "To show her that we love her. To give her emotional support- to (let her) know that she is wanted. These are more important than the practical things." Another daughter put it more simply: "(For us to) come home...(just) drop in (and visit)." Other important services mentioned included: "Availability - I'm here when she needs me"; "(To) organize family gatherings" and "...transportation and advice". Financial aid was the least likely to be identified as the most important type of support.

To gain insight into the parent's perspective, the parents were asked to name the most important service which their offspring provided. The parental responses were similar to the adult children's responses: "Love...that's the most important", "Visiting...just even a little bit... that's important", "Companionship and availability". These findings agree with Brody's (1970) observation that affection from offspring is more important to the elderly than material things.

Research suggests that one of the greatest stresses of caregiving involves emotional deprivation (Cantor, 1983). In order to assess feelings of deprivation in

this area the adult children were asked if their own needs were adequately met, and if not, in what area was more support needed. One woman admitted to some emotional strain: "(my) emotional needs (have) not been met in the last three years". Another daughter responded: "It seems that sometimes our roles are reversed and I am now 'her mother' and she (is) 'my child'. I sometimes feel the need of a mother to lean on". The remainder of the responses to this question dealt with restrictions on personal time and freedom; "(I) need more time on my own", and "(I)"need more rest (and) more free time... (I)need more time for my job".

To further understand the pressures associated with providing care to an elderly parent, respondents were asked to identify elements of the caregiving situation that they were not satisfied with. Over half of the adult children (58%) reported no dissatisfaction with the caregiving situation. Of the adult children who reported dissatisfaction, the majority stated experiencing guilt as a result of feelings that he or she should be contributing more to the parent's care. Reasons for not doing more included a lack of time and being too involved in meeting other obligations. One respondent remarked: "I would like to do more but I don't have the time." Another cited a desire for privacy: "I haven't enough time because I have nine children of my own and we like to be by ourselves sometimes, too".

Brody (1985) suggests that feelings of guilt may be the result of a disparity between the standards and expectations of the adult children and the reality of the caregiving situation. She points out that most individuals feel that the care and devotion that one received from a parent as an infant and child should be reciprocated in kind when the parent, having aged, becomes dependent. However, adult children

cannot and do not replicate this total care to their elderly parents; the roles of parent and child cannot be reversed in that sense. Hence, the disparity between expectation and reality.

The (adult child's) spouse sample consisted of four wives (1 homemaker, one employed on an occasional basis, & 2 part-time employees), and three husbands (all employed full-time). None of the spouses were extensively involved in caregiving; 71% devoted less than three hours a week to the parent-in-law's care and 29% spent three to six hours a week in caregiving activities. It has been noted that men are more likely to directly involve their wives in providing care to the parent than are daughters to have their husbands involved (Horowitz, 1981). Although it is beyond the scope of this study to explore the degree to which sons and daughters involve their spouse in caregiving, it would be of interest for future research to specifically focus on the independent contributions of the daughter-in-law and son-in-law, and, as Horowitz (1981) states, the strains of providing care under conditions of marital obligation rather than intergenerational bonds.

Perhaps the most striking feature of this entire investigation lies in the homogeneity of most results. The researcher believes that although methodological limitations of the study can account for a portion of this finding, the majority of the response homogeneity is due to religious and cultural factors inherent in the Mennonite culture and belief system. Although Steinbach is close to an urban center (Winnipeg) and has experienced industrialization, certain traditional social structures and attitudes remain. The ideal of filial responsibility toward older parents still exists. Among these Mennonites, the care of parents is still viewed as a

duty and a privilege. These people observe and take literally the biblical teaching, "If anyone does not provide for his relatives, and especially for his own family, he has disowned the faith and is worse than an unbeliever." (1 Timothy 5:8; RSV).

Traditionally, Mennonite children are taught to admire, respect and obey their elders. Within the Mennonite faith, marriages and families are built on the teachings of Jesus. Jesus teaches through the Bible to love each other with a Christ-like love. To be a Christian family means to commit oneself to a life together, to be available and caring and to ensure that all involved feel valuable.

This responsibility extends beyond one's own family to others. In the EMC Minister's Manual, the chapter on Parent/Child Dedication states the following as "A Word to the Congregation": "We, together with the parents, assume responsibility for the spiritual well-being of these children. We need to support the parents in their role so that their task will be both joyful and fruitful" (p. 52). The primary responsibility of the children's upbringing, however, remains in the home.

Mennonites believe that sincere Christians should live out their faith daily in a way that sets them apart from those who do not profess Christ as Lord. Therefore, members of a church are identifiable by their lifestyle and connection with the peoplehood of Jesus Christ. As members of the body of Christ, Mennonites feel a great responsibility to care for the spiritual, emotional and physical health of other members. In the Mennonite ideology, faith and action are inseparable. Wrote Menno Simon: "All those who are born of God are prepared by love to serve their neighbours, not only with money and goods, but after the example of their Lord, in an evangelical manner, with life and blood. They show mercy and love as much as they can."

According to Mennonite belief, an important guideline for living is Jesus's teaching in Matthew 5:44: "...Love your enemies and pray for those who persecute you." Mennonites believe that Christians should respect the rights and meet the needs of all people. Because servanthood for all goes hand in hand with the rejection of violence against any, the (historic) Mennonite pacifist stand extends beyond opposing war to an active nonviolent pursuit of justice for all people (Shenk, 1982).

Implicit in the Scriptures is the promise of the rewards for a life of service to others. Hebrew 6:10-13 reads " God is not unjust: he will not forget your work and the love you have shown him by your service, past and present, to his holy people. Our desire is that each of you show the same zeal till the end, fully assured of that for which you hope. Do not grow lazy, but imitate those who, through faith and patience, are inheriting the promises."

The Mennonite elderly find identity and an added richness to life within their belief system through the cultivation of their Christian values. Hope is offered through the promise of eternal life. The belief that the human body is only a vehicle in life's journey encourages a dependence on God. Through the hope of eternal life, the elderly derive a sense of continuity, comfort, security and satisfaction.

There is the possibility that the homogeneity of the findings may be the result of unintentional or unconscious deception on the part of the respondents. Because norms guide but do not determine behavior, congruence between norms and behavior cannot be assured. Homogeneity in norms of filial obligation may not be matched by corresponding homogeneity in actual filial behavior. In a study designed to test the fit between norms and behavior, Nye (1976) found that although there is a strong

tendency toward equality in family roles, actual enactment varies considerably from these norms. Due to increased participation of women in the labour market, major changes have occurred in the provider role although it remains primarily a male role. Traditionally paired with provider role is the housekeeper role. The norms of segregation regarding the housekeeper role have changed even more than the norms of the provider role. Nye found that although men were ready to accept shared responsibility in housekeeping tasks, enactment of this role lagged far behind this normative position; men shared in the actual enactment of the role even less than either gender felt appropriate. Women continued to dominate in the child care role whereas men were more responsive in the sexual role. Only in the recreational role did norm and role enactment agree on equality. In both norm and enactment, the kinship role was viewed as a female role.

There is no clear way of discerning how much of the findings of this study are due to inconsistencies between norms and behavior. Suffice it to say that the researcher found no reason to believe that the respondents' actions would not correspond to their testimony regarding care of their parents. The logical answer to this dilemma is to measure caregiving behavior through witness of the actual behavior as it occurs. However, this approach has its own shortcomings. Unless it could be ensured that the presence or knowledge of a researcher measuring one's behavior did not in fact influence the behavior, this measure is also fallible. Perhaps the most practical alternative lies in a more sensitive measure of the perceptions of different individuals involved in the caregiving situation.

The possibility that the findings are due to intentional or systematic lying on the part of the respondents is highly unlikely. The respondents appeared to be very open and honest during the interviews. Honesty, too is ordained in the Scriptures: "Therefore, putting away falsehood, let every one speak the truth with his neighbor, for we are members one of another." (Ephesians 4:25; RSV). Nevertheless, candidness was encouraged by precautions taken to ensure the privacy and anonymity of the respondents. Interviews were conducted separately and in private (except in the case of the CGCM sample). Potentially sensitive questions were posed to the respondent in the form of a questionnaire rather than asked aloud by the interviewer. Furthermore, names were not recorded and responses were identified by number only.

The homogeneity of the findings may also be attributed to sample bias. Certainly, the small sample size can bias the results. Furthermore, although the pastors were asked to supply a list of all church members who met the requirements of the study (ie. over the age of 40 and had at least one parent living within 30 miles of Steinbach) it is not known whether these names were preselected by the pastors. However, this too, seems unlikely as lengthy discussions regarding the format and methodology of the study were held between the pastors and the research directors prior to sample selection.

Finally, it may be that the study methods did not adequately tap the variation in the dynamics of caregiving in this sample. This consideration is not unreasonable in light of the fact that the instruments were composed for this study and were basically untested prior to data collection. Although a large amount of information was collected

from the respondents, not all of this information was incorporated into the present study. Further analysis of the data may provide other insights into the caregiving experience among Mennonites.

Reasons and Suggestions for Further Research

Previous research has confirmed the assumption that most elderly individuals have at least some kin members with whom they have contact and who are either providing some form of assistance or who are willing to provide services if and when they are needed. Yet the family is limited in the amount of services it can provide for elderly members. Families are becoming smaller in size with fewer offspring to care for elderly parents than in previous decades.

Since most elderly are now living longer, adult children will be approaching late middle age as their parents reach very old age. Due to the confines of their own aging these middle-aged children are less able than before to care for parents. Geographic and social mobility has contributed to both physical and emotional distance between kin. The emphasis on personal freedom and independence means that family members may be less willing to sacrifice personal goals to help the elderly, and the elderly themselves may be more reluctant to ask for help.

Although the pluralistic nature of Canadian society is often taken for granted, the Manitoban population is particularly unique in its high concentration of Mennonites. Of approximately 100,000 baptized Mennonites in Canada, 50,000 live in Manitoba. However, many of the Mennonites in Manitoba are no longer characterized by high levels of cultural distinctiveness. To varying extents, the ideologies of egalitarianism

and individualism are replacing those of male authority and familism. The emphasis on self-realization and individual rights are eroding the traditional norms of filial obligation. The norms of gender-specific responsibility for various areas of family life in general, and parental care in particular, are giving way to norms of egalitarianism. It has yet to be determined how these changes are affecting the values and expectations regarding care for the elderly as well as adjustment to old age.

The results of this study apply directly to adult children of elderly parents in a small midwestern, and predominantly Mennonite, town. These Mennonites tend to be somewhat traditional and conservative in their attitudes and values. Mennonites in larger, urban populations may value the relationship to elderly parents less and perceive the costs of providing care to them to be much greater. Furthermore, it is not known what effect the divorce rate and decreasing family size have on Mennonite caregiving behavior. Further studies are needed to explore these issues.

The sample population often reaffirmed their religious faith and devotion to their families in the same conversation, many times explicitly linking the two. Although the relationship between family life and religiosity remains a relatively unstudied topic, there is little doubt that the institutions are intertwined (Bahr & Chadwick, 1985). The nature and intensity of this connection has yet to be determined. The potential discrepancy between cultural norms and supportive behavior regarding caregiving among the Mennonites would also be an interesting focus for future research.

The main methodological contribution of this paper involves a recognition of the need for measurement strategies which are sensitive to response homogeneity that

often accompanies the study of specific religious or ethnic populations. Although this paper offers insight into this area it is not without limitations. The sample size was too small. The practical difficulties of identifying large numbers of family caregivers are very real and only exacerbated in studies (like this) which focus on a specific ethnic group. Results based on small samples must be interpreted with caution. Therefore, future replication studies should be given a high priority.

Secondly, the present study is based on a nonrepresentative sample even though there were attempts at representativeness in that churches were chosen at random as much as possible, and subjects were selected from church membership pools. These caregivers, however, had to agree to participate in the study and since agreement to participate is not a random behavior, it may affect the composition of the sample. It may not be unreasonable to suggest that we may be seeing, in at least some areas, a "best case scenario". Again, future studies should attempt to redress this limitation.

Finally, George and Gwyther (1986) have suggested a viable alternative to the use of measures of caregiving burden. Previous research as well as clinical reports suggest that caregiver burden may have a negative impact on physical and mental health, social participation and financial resources. It is suggested that well-being in the caregiver sample be compared to norms from the larger population to determine the degree to which caregiving leads to decrements in well-being relative to random community samples.

In conclusion, the restricted nature of the sample necessitate caution in making generalizations about the characteristics of caregiving among the larger Mennonite population. Due to the nature of the sample, the analysis was intended to be

exploratory and suggestive rather than conclusive. A more representative sample must be studied to more accurately identify areas where educational and supportive efforts aimed at both the caregiver and the elderly parent would be most beneficial.

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