

Making Choices: A Within-Family Study of Caregiver Selection

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Purpose: This article reports on a within-family study to identify factors that lead mothers to expect that a particular child will serve in the role of primary caregiver. **Design and Methods:** Data for this study were collected by in-person interviews with a representative sample of 566 mothers between the ages of 65 and 75 years residing in the greater Boston area, who provided detailed information regarding all of their adult children. Both multivariate and qualitative data analyses were conducted. **Results:** Emotional closeness and similarity of gender and attitudes were strongly associated with which children mothers identified as probable caregivers. Findings regarding exchange were mixed. Mothers were more likely to name adult children who had provided them with support; however, mothers' past provision of assistance to children was unrelated to expectations regarding care. No aspects of children's availability besides proximity and employment of adult children affected mothers' expectations. In selecting a primary caregiver, mothers emphasized expressive characteristics of intergenerational relationships, rather than instrumental and contextual factors associated with children's availability. **Implications:** The findings indicated a discrepancy between maternal preference

for care and actual patterns of support from adult children. Practitioners who work with older adults and their families should incorporate parents' views of the "likely" caregiver into family counseling protocols. Family counseling in both the pre caregiving and actual care provision stages may be useful to clarify expected roles for children.

Key Words: Caregiver Selection, Caregiving, Intergenerational relations, Parent-Adult Child Relations, Parental Favoritism

Assuming the role of family caregiver to an impaired older person represents a major life course transition for adult children that typically has far-reaching consequences for the caregiver's physical, mental, and social well-being (Aneshensel, Pearlin, Mullan, Zarit, & Whitlatch, 1995; Pillemer & Suitor, 1996; Schulz & Martire, 2004). Despite the extensive body of literature on family caregiving, one question has been unexplored to a surprising degree: How is a particular child selected from among all offspring within a family for the role of primary caregiver? The preponderance of the literature has focused on the consequences of caregiving; virtually no attention has been devoted to the factors that propel one child into the role and deter or exempt others. The present article responds to the call for studies of how adult children come to vary in the contributions to parent care they are expected to make (Lawrence, Goodnow, Woods, & Karantzas, 2002).

In this article, we focus on one component of the caregiver selection process—identifying the factors that lead to a particular child's selection as the expected caregiver from the mother's point of view. The mother's selection of a caregiver is not necessarily predictive of actual provision of care; however, in the absence of longitudinal data regarding within-family differences in how adult child caregivers are selected, this approach can provide important preliminary information. Further, a mother's expectations for the likely caregiver are likely to shape the actual course of caregiver selection as it unfolds over time.

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The present study takes a within-family approach in which detailed data were collected from mothers about all living adult children. Almost all investigations of helping by adult children have used between-family designs, focusing typically on a single child in the family. Comparisons among all offspring have not been possible in these studies. Fundamental to the within-family approach is the view that the characteristics of individual children and of mother-child dyads will, relative to those of other children and dyads in the family, explain patterns of mothers' selection of a particular adult child.

For example, it has been suggested that children's competing roles may affect their selection as a caregiver. Studies to date of this issue have used between-family designs, comparing a single child from one family with individual children from other families. In this case, the variation may result from confounding between-family differences such as socioeconomic status, family structure, or religion (Dick, Johnson, Viken, & Rose, 2002). In contrast, in the present study we are able to explore whether different levels of competing roles among adult children in the same family affect which particular child is viewed as the most likely caregiver. Similarly, achieving a higher educational status may encourage a child's selection as a caregiver; our within-family design allows us to determine the importance of a child's education (e.g., being a college graduate) relative to his or her siblings.

Conceptual Framework

In developing a conceptual framework to explain mothers' choices of a likely caregiver, we have relied on the literature on helping, exchange, and relationship quality between parents and adult children. On the basis of this literature, we hypothesize that four sets of factors may affect which children will be named by their mothers as likely caregivers: first, similarity between mothers and children; second, emotional closeness; third, exchange; and fourth, children's availability.

Similarity

Theory and empirical research have established that similarity is important for understanding the development and maintenance of relationships throughout the life course (Suito, Pillemer, and Keeton, 1995). In particular, it has been demonstrated that individuals are more likely to maintain supportive relationships with both kin and nonkin who are similar to them on important social and attitudinal dimensions, including in family relationships (Suito and Pillemer, 2000). Given the prominent role that similarity plays in other dimensions of kin relations, we anticipated that it also would help determine which child a mother would name as the expected

caregiver. Sickness or disability can require a long-term caregiving relationship, as well as potentially compromise one's autonomy. In such a situation, a mother is likely to perceive a more similar child as willing to follow her wishes if she is unable to carry them out herself.

Gender and attitudes are two salient dimensions of similarity in explaining which adult children mothers name as likely caregivers. First, daughters are heavily overrepresented as helpers with personal and health-related care, and mothers have been found to have stronger affectional ties with daughters than sons (Fingerman, 2001; Rossi & Rossi, 1990; Silverstein & Bengtson, 1997). Gender similarity is likely to play a strong role in the selection of the most likely child caregiver, given that older mothers are aware of the potentially intimate nature of caregiving (Lawrence et al., 2002).

Second, the literature on parent-adult child relations has demonstrated that value similarity is central to understanding intergenerational solidarity and affection (Bengtson, 2001; Suito & Pillemer, 2006). On this basis, we hypothesized that a mother would select an adult child whose outlook on life was similar to her own. It is likely that the mother would anticipate fewer relational tensions with such a child, and would consider the possibility of dependence easier with a child whose values she shares.

Emotional Closeness

The literature on attachment suggests that feelings of closeness toward the child will be predictive of caregiver selection. Attachment theory proposes that if individuals feel their safety is threatened, they will seek proximity to a nurturing other. Thus, when an individual becomes ill, he or she will seek care, comfort, and protection from an attachment figure as a "safe haven" (Cicirelli, 1993; Collins & Feeney, 2000; Whitbeck, Hoyt, & Huck, 1994). This approach leads us to anticipate that mothers, when considering the possibility of requiring care if ill or disabled, would look to children to whom they are closer emotionally.

Exchange

Researchers have used exchange theory to understand family relationships, including those between parents and adult children (cf. Eggebeen & Davey, 1998; Silverstein, Conroy, Wang, Giarusso, & Bengtson, 2002). Exchange concepts can aid in understanding patterns of family caregiving (Martin, 2000) and are likely to contribute to predicting mothers' caregiver selection. In the present study, we are particularly interested in support exchanged between the generations.

Past Receipt of Help From the Child.—On the basis of the literature, we propose that the receipt of help from the adult child will predict mothers' expectations regarding caregiving; in this case, we anticipate that caregiver selection responds to an already existing flow of support from child to parent. As Eggebeen and Davey (1998) note, caregiving is seen as evolving from earlier role relationships in the family. Parents frequently expect to receive care from a child who is already helping them in various ways, and the selection of a potential caregiver may depend on past success in receiving such support (Eggebeen & Davey).

Past Provision of Help to the Child.—Developing hypotheses on the basis of past help from parent to child is more complex. Studies of the helping behaviors of adult children indicate that past provision of support from the parent predicts assistance from offspring. This may occur because of a desire to reciprocate assistance received (Dellmann-Jenkins & Brittain, 2003; Henretta, Hill, Li, & Wolf, 1997; Silverstein et al., 2002). Principles of exchange theory have been used to explain this process, suggesting that the norm of reciprocity applies not only to economic transfers but also to exchanges of resources such as time, caregiving, and affection (Silverstein et al., 2002).

However, this pattern is confounded by other features of situations in which parents provide help to adult children. We would argue that although this pattern may exist from the *child's* perspective, it may not influence the parent's identification of the most appropriate caregiver. Specifically, the literature indicates that relationships may become troubled when parents continue to provide their adult children with care and support (Cohler & Grunebaum, 1981; Mutran & Reitzes, 1984; Pillemer & Sutor, 1991). Indeed, the provision of help to adult children (most of whom, in this study, are beyond young adulthood) may be burdensome to older parents, and it could indicate a worrisome failure on the part of the child to achieve independence (Pillemer & Sutor, 1991). There may be, in this case, a discrepancy between a mother's anticipation of who will provide care and actual patterns of helping by children. For these reasons, although it may appear counterintuitive, we hypothesize that provision of assistance to a child will in fact decrease his or her likelihood of being selected as the likely caregiver.

Children's Availability

The literature on intergenerational helping has demonstrated that adult children's availability strongly affects the extent to which they participate in parent care. In the present study, we conceptualize availability as including indicators of competing roles and responsibilities and proximity, as well as children's educational attainment and personal problems.

Competing Roles and Responsibilities

Research has demonstrated that the likelihood of a child's providing care is related to occupying other adult statuses and roles, and that such competing roles generally detract from the ability to provide care (Matthews & Rosner, 1988; Moen, 2003). First, being married reduces the likelihood of providing care to parents (Dautzenberg, Philipsen, Stevens, Tan, & Vernooij-Dassen, 2000; Laditka & Laditka, 2001). Second, participation in the labor force reduces caregiving to parents (Dautzenberg et al.; Wolf, Freedman, & Soldo, 1997). Third, having one's own children has been found to lower the level of parent care (Wolf et al.). At present, it is not known whether these factors that predict actual care provided by children also affect parental assessment of the likely caregiver; however, such a relationship appears plausible.

Children's Problems in Adulthood

Children's personal problems are expected to reduce the likelihood that their mothers would expect them to become primary caregivers. In part, this is because children's problems often have detrimental effects on the parent-child relationship (Pillemer & Sutor, 1991). Further, even if children's problems do not reduce relationship quality, it is likely that such problems may diminish a child's ability to provide care, relative to his or her siblings. We therefore hypothesize that children who are reported as having experienced problems with their physical or mental health, or who have engaged in deviant behaviors in adulthood involving substance abuse or getting in trouble with the law, will have a lower probability of being selected as primary caregivers.

Children's Educational Attainment

In this study, we use education as an indicator of resources that allow for availability and thus increase the likelihood that a particular child will be named as the probable caregiver. First, individuals with higher educational attainment tend to have jobs in which there is greater autonomy and flexibility of schedules (Luckey, 1994) and that therefore allow better educated adult children to be more available to provide care. Second, better educated children tend to have higher incomes, thus providing resources that make caregiving easier.

Proximity

Finally, proximity substantially affects availability to provide care. The literature on intergenerational assistance indicates that helping patterns are heavily influenced by proximity, with living closer to the parent being one of the strongest predictors of aid (Whitbeck et al., 1994). Thus, we anticipated that

mothers would name children who lived in closer proximity as likely caregivers.

Summary

On the basis of the literature, we expected that several sets of factors would help pattern mothers' expectations regarding which child within the family would serve as primary caregiver. Specifically, we hypothesized that children, relative to their siblings, who are anticipated as caregivers would be the following: (a) daughters; (b) similar in terms of values; (c) children to whom the mother was emotionally close; (d) children who lived in closer proximity, (e) children who had provided the mothers with help in the past; and (f) children who were better educated. Conversely, we hypothesized that children would be less likely to be viewed as future caregivers when they (a) were married; (b) were employed; (c) were parents; (d) had experienced physical or mental health problems, substance abuse problems, or been in trouble with the law; and (e) had received help from the mother within the past year.

Methods

Design Goals

We designed the project to provide data on within-family differences in parent-adult child relations in later life. Our research approach was similar to those used by developmental psychologists such as McHale and colleagues (McHale, Updegraff, Tucker, & Crouter, 2000) in studying within-family differences in earlier stages of the life course. The design involved selecting a sample of mothers 65 to 75 years of age with two or more living adult children, and collecting data from them regarding each of their children. We included only community-dwelling mothers in the sample to reduce the likelihood that the women would be in need of extensive caregiving, thus allowing us to study relationships prior to the onset of caregiving.

Participants

Massachusetts city and town lists were the source of the sample. Massachusetts requires communities to keep city or town lists of all residents by address. Town lists also provide the age and gender of residents. With the assistance of the University of Massachusetts, Boston, we drew a systematic sample of women ages 65 to 75 years from a random sample of the town lists of 20 communities in the greater Boston area, specifically the census-designated Primary Metropolitan Statistical Area (PMSA). We selected an equal number of women in the target age group from each community. Using this strategy, we obtained a self-weighting sample of women from within each stratum. We collected data from 566

Table 1. Mothers' Characteristics

Mothers	Total (N = 566)
Age in years (<i>SD</i>)	70.9 (3.1)
Marital status (in %)	
Married	46
Divorced/separated	17
Widowed	35
Cohabiting	1
Never married	1
Education (in %)	
Less than high school	24
High school graduate	43
At least some college	33
Employed (in %)	18
Income (of those reporting)	
Less than \$20,000	34
\$20,000-29,999	26
\$30,000-39,999	12
\$40,000-49,999	8
\$50,000 or greater	20
Number of children (<i>SD</i>)	4.4 (1.7)
Self-reported health	
Excellent	15
Very good	30
Good	31
Fair	19
Poor	5
Race	
White	65
Black	28
Hispanic	2
Asian	2
Native American	3
Religion	
Catholic	46
Protestant	45
Jewish	5
Other or none	4

Note: *SD* = standard deviation.

mothers, which represented 61% of those who were eligible for participation. The interviews were conducted between August of 2001 and January of 2003. The study included an oversample of African-American mothers (see Table 1 for the racial composition of the sample).

We interviewed each mother for 1 to 2 hr, and taped and fully transcribed more than 90% of the interviews. We prepared field notes for each interview that was not fully taped. Demographic characteristics of the mothers are presented in Table 1.

Measures

Dependent Variable.—We asked the mothers a series of questions about their relationship with

each child. Included among these items was a question asking the mothers to select which of their children would be most likely to care for them on a day-to-day basis if they became ill or disabled. Less than one fourth of the mothers (23%) were unwilling to differentiate among their children (and are necessarily excluded from the analysis). Mothers who made a choice did not differ significantly from mothers who did not choose on any characteristics for which we have data (e.g., age, marital status, education, race, religion, religiosity, or number of children).

Within-Family Independent Variables

Similarity.—We coded the child's gender as 0 = son and 1 = daughter. We measured perceived value similarity with this item: "Parents and children are sometimes similar to each other in their views and opinions and sometimes different from each other. Would you say that you and [child's name] share very similar views (4), similar views (3), different views (2), or very different views (1) in terms of general outlook on life?"

Emotional Closeness.—Mothers were asked to rate their closeness to each child: "The relationship between parents and children often varies from one stage of life to another. Use any number from 1 to 7, where 1 is very distant and 7 is very close, to describe the relationship between you and [child's name] nowadays." The responses to this question were somewhat skewed in the positive direction; to reduce skewness, we collapsed closeness into four categories, from 1 (low) to 4 (high).

Exchange.—For each child, we asked mothers: "In the past year, have you given [child's name] (a) help during an illness [he or she] had; (b) comfort during a personal crisis; (c) help with regular chores, such as shopping, yard work, or cleaning; or (d) financial help, such as money or a loan? We coded each form of support as 0 (no support provided) or 1 (support provided). We summed the four items to create a scale of mother-to-child support; the reliability coefficient for the scale was .57. We measured support from the child by using the same four items, but in this case asking whether the child had provided the mother with each of the four dimensions of support during the previous year. The reliability coefficient for the scale was .65.

Children's Availability.—We conceptualized children's availability as competing roles and responsibilities, children's problems in adulthood, children's educational attainment, and proximity.

Children's Competing Roles and Responsibilities.—We measured roles and responsibilities by

marital status, employment, and parenthood. We measured marital status by whether the adult child was currently married (0 = child not married; 1 = child married). We asked mothers whether their children were employed (0 = not employed, 1 = employed). We measured parental status similarity by whether the adult child had any children (0 = no children; 1 = has child).

To measure children's problems in adulthood, we asked mothers whether each of their children had experienced as adults a series of problems that individuals might face. We included two types of problems in the present analysis: physical and mental health problems, and deviant behaviors. The items were (a) "serious illnesses or injury" and "serious mental or emotional problems" (0 = neither problem; 1 = at least one problem); and (b) "problems with drinking or drugs" and "problems with the law" (0 = neither problem; 1 = at least one problem).

To measure children's educational attainment, we asked mothers into which category each child's education fell: (a) less than high school; (b) some high school; (c) high school graduate; (d) after high school vocational; (e) some college; (f) college graduate; and (g) completed graduate school.

We measured proximity by the distance the child lives from the mother by ground transportation. Categories were (a) same house; (b) same neighborhood; (c) less than 15 min away; (d) 15–30 min away; (e) 30–60 min away; (f) more than 1 hr but less than 2 hr; and (g) 2 or more hr away. We included child's age, measured in years, as a control variable.

The distributions of the independent variables for children who were and were not selected as the likely caregiver appear in Table 2. We would note that several of our independent variables are single-item measures (e.g., interpersonal closeness). We acknowledge that one-item independent measures may not be as useful predictors of variability in a dependent variable as a multi-item scale measuring the same concept. Because it was necessary in the present study to ask the set of questions about each of as many as 10 children, the number of items to measure each concept was necessarily limited.

Open-Ended Responses

One of our goals was to understand mothers' rationale for the choices they made when selecting from among their children. To this end, at each point at which mothers were asked to choose from among their children, we included an open-ended question asking why they had selected that child. The data that are most relevant to this article are the mothers' explanations for why they named a particular child as the one whom they expected would become their caregiver. A research team of nine students transcribed the interviews, and the open-ended items were assigned to categories and coded.

It is important to note that throughout the multivariate analysis, the parent–child dyad, rather than the parent, is the unit of analysis. In other words, the 2,138 parent–child dyads that are the units of analysis are nested within the 566 mothers on whose reports the present analysis is based; thus the observations are not independent. Many analytic procedures are based on the assumption that observations are independent of one another. This assumption is violated in the present study, because of the nested structure of the data. To address this concern we used conditional logistic regression throughout the multivariate analysis.

Conditional logistic regression is preferable to standard logistic regression in this case because the procedure controls on mothers’ characteristics, much as would be the case if a dummy variable were created for each of the 566 mothers and the set of dummy variables were included in the regression equations in which the mother–child pair was the unit of analysis (see (Menard, 2002; Pendergast et al., 1996). By the use of a full set of dummy variables, all variability that is due to mothers has been accounted for by the procedure. This procedure is appropriate for the present analysis, because we do not have specific hypotheses regarding individual mothers’ characteristics. Rather, in keeping with the within-family analysis, we are interested substantively in factors that can vary among the children (either child or relationship characteristics). Thus, conditional logistic regression allows us to focus on our primary question of interest—within each family, which child does the mother choose?—while controlling on mothers’ characteristics.

Results

The findings of the conditional logistic regression analysis presented in Table 3 revealed substantial support for several of our hypotheses regarding which children mothers named as likely caregivers. First, the analysis provided consistent evidence of the importance of similarity: both gender similarity and similarity of attitudes predicted which children in the family that mothers named. In fact, the odds that mothers would name daughters were more than three and a half times greater than the odds that they would name sons—clearly the strongest predictor in the analysis. Emotional closeness was also an important predictor of mothers’ expectations regarding caregiving; the odds that mothers would name a child to whom they were closer increased by more than 50% for each unit increase in closeness.

The analysis revealed only limited support for our hypotheses regarding the effects of availability and

Table 2. Variables in the Analysis

Variable	Chosen as Caregiver	Not Chosen as Caregiver
Similarity	Number (%)	Number (%)
Gender		
Male	132 (16)	687 (84)
Female	442 (45)	355 (55)
Shared general outlook		
Very different	20 (4)	113 (10)
Different	98 (20)	325 (30)
Similar	235 (47)	508 (46)
Very similar	134 (29)	166 (14)
Resources		
Proximity (within 2 hour drive)		
No	58 (15)	320 (85)
Yes	416 (35)	781 (65)
Education		
High school or less	173 (36)	469 (42)
More than high school	311 (64)	648 (58)
Competing roles		
Employed		
No	110 (23)	220 (20)
Yes	377 (77)	909 (80)
Married		
No	201 (42)	509 (45)
Yes	282 (58)	620 (55)
Parent		
No	148 (30)	337 (30)
Yes	339 (70)	792 (70)
Relationship quality		
Closeness (mean)	3.6	3.0
Exchange		
Gave help to child (mean)	1.8	1.3
Received help from child (mean)	2.3	1.4
Child problems		
Serious physical or psychological illness as adult		
No	411 (79)	1070 (80)
Yes	109 (21)	263 (20)
Substance abuse or law problems as adult		
No	473 (91)	1133 (85)
Yes	47 (9)	199 (15)
Age of child (mean)	42.6	43.0

exchange. As we anticipated, adult children who lived at a greater distance were unlikely to be named by their mothers as caregivers. Further, children who were employed were somewhat less likely to have been named. However, no other dimension of availability—including children’s competing marital or parental roles and responsibilities, education, or children’s problems—were related to which child the mother viewed as the likely caregiver. As we predicted, children who had provided more support to their mothers in the previous year were substantially more likely to be named as potential caregivers; in fact, this variable was the second strongest predictor in the model after gender. Children

who had received support from their mothers, however, were no more or less likely to be named than were other children in the family.

Taken together, the results suggest a general pattern for identification of the likely caregiver by mothers. Mothers appear to be heavily influenced by factors that represent comfort, trust, and reliability in interpersonal relations, such as gender and attitudinal similarity, emotional closeness, availability of the child in terms of residing nearby, and a history of having been provided support by the child in the past. Less important are instrumental and contextual factors that might appear objectively to make a child a less appropriate caregiver, including competing family roles or serious life problems experienced by the offspring. Particularly surprising is the lack of importance of a factor that has been highlighted by the intergenerational assistance literature: reciprocity. Mothers do not appear to be influenced by a sentiment that they are owed care by children whom they have helped, despite the evidence that it is precisely such children who are most likely to provide help when it is needed (Silverstein et al., 2002). Table 3 indicates that the reverse pattern, that is, expectations for care from children who have provided assistance in the past, more strongly characterizes caregiver selection.

Qualitative Findings

As we noted earlier, when a mother identified a child as her most likely caregiver, she was asked why she had selected that particular child. The follow-up responses to the caregiver selection question show a striking consistency with the multivariate findings. Mothers typically provided relatively unambiguous reasons for the selection. We identified three major rationales from a review of the open-ended data: (a) gender; (b) emotional closeness; and (c) proximity.

Gender was mentioned most frequently, and indeed emerged in the open-ended data as a “trump card” of caregiver selection. A common response was a variation on this statement: “Because she’s a daughter.” Indeed, gender was presented as essentially self-explanatory by many of the respondents. Furthermore, mothers justified the choice of a daughter by specifically mentioning gender similarity; the daughter was assumed to share life experiences and to empathize more with the mother, because both are women. The following are examples of the role gender played in justifying the selection of a particular child:

Oh I would think a female, the daughter probably. You know.

Just because she’s the daughter. She understands more. Yeah, I mean, I think a daughter is closer to her mother, I mean I was closest to mine so I just assumed a daughter would be closer, you know.

Table 3. Conditional Logistic Regression Analysis of Mother’s Selection of Child as Likely Caregiver

Independent Variables	B (SE)	Standard Error	Odds Ratio
Similarity			
Gender	1.27**	0.15	3.55
Attitudes	0.26**	0.09	1.30
Emotional closeness	0.44**	0.10	1.55
Exchange			
Past help to parent	0.60**	0.08	1.82
Past help to child	0.01	0.07	1.01
Availability			
Competing roles and responsibilities			
Marital status	0.11	0.17	1.11
Employment	-0.38*	0.19	0.68
Parent	0.08	0.18	0.92
Child’s problems			
Health	0.05	0.18	0.96
Deviant behaviors	0.12	0.27	1.11
Education	-0.02	0.07	0.98
Distance from mother	-0.40**	0.06	0.67
Child’s age	0.02	0.02	1.02
Model χ^2		322.05**	
df		13	
n ¹		1542	

Notes: SE = standard error.

* $p < .05$; ** $p < .01$.

Many mothers who chose daughters alluded to the discomfort they would feel receiving intimate care from a son:

Well, if I needed help on a daily basis, there would probably be a lot of personal things that I would expect to be done, and I think I’d prefer to have Betty as a woman.

Why did I choose Julie? Well, (laugh) going to the bathroom . . .

In sum, consistent with the multivariate analyses, mothers expected to be cared for by daughters and viewed gender similarity as an overwhelming factor in the selection. This selection process appears to be driven by both the comfort that results from shared experiences as well as the concerns about embarrassment and discomfort that would result from a son’s performing personal care tasks.

Closeness in the relationship was also noted by many of the mothers. Further, they often noted the way in which the closeness with particular children translated into care:

I know we’re . . . we are close, we are, we are. Whenever she needs anything, we’re there for each other. No matter what it is, we’re there for each other.

But you know, I know Paul is more good hearted. He is very caring. I mean, he would do it, and not regret anything that he would do.

Finally, as we found in the regression analysis, proximity also helped to explain mothers' expectations.

The only one would be Frank because the others are so far away.

Well I suppose it would be Shirley because she lives nearby.

It is noteworthy that not a single mother reported that her selection was based on reciprocity; that is, on expectations for assistance based on past provision of help to the child. Some mothers did in fact mention exchange in the reverse direction, that is, that they selected a child because he or she had helped them before with an earlier health or other problem. However, no mother reported that she selected a child because she expected him or her to reciprocate for past help. It is possible that this is a motivation for children, but one that is not recognized by their parents.

Discussion

In selecting among their children for a primary caregiver, the respondents in the present study focused on the socioemotional or affective features of the relationship to the child. Specifically, mothers overwhelmingly made their selection on the basis of gender (largely because of greater closeness and comfort in provision of intimate care), interpersonal closeness, and value similarity. Past exchange of help made a difference, but only in the sense that the *child's* past provision of help made him or her appear qualified to continue.

Contrary to our expectations, with the exception of proximity and employment, mothers did not take into consideration characteristics of children that might negatively affect their ability to provide care. For example, the presence of mental health and substance abuse problems would be expected to diminish the acceptability of the child as a caregiver, and these two factors have in fact been identified as important predictors of abusive caregiving situations (Lachs & Pillemer, 2004). Similarly, it is likely that children's family roles, and in particular their parental status, would make them less eligible to take on parent care, yet such characteristics did not emerge in either the quantitative or qualitative analyses.

Our findings also show a striking difference from the literature on patterns of reciprocity. Although past investments of help to children have been found to increase actual assistance from offspring in time of need (Silverstein et al., 2002), mothers did not

base their selections on past help provided to children, but rather identified children who had helped *them* as future caregivers. It is possible that parents are responding to powerful norms stressing that family members, and children in particular, should be motivated by altruism rather than the more "economic" motivation of a payback for past support (Hofferth, Boisjoly, & Duncan, 1999).

It is worth noting several limitations of the present study. First, the data were collected from mothers living in only one metropolitan area. Although there is no clear reason to expect geographical differences, it would be useful to replicate these findings with a national sample. In particular, Hispanic-Americans were underrepresented in our sample. Second, in this study we focused on the relationship between individual characteristics of children and selection as the likely caregiver. It is of course likely that several of these factors may cluster in systematic ways. For example, it may be that financially dependent children are also more likely to be unemployed and to have experienced problems as an adult. Future research should examine whether particular combinations of child characteristics make selection as caregiver more or less likely.

It also should be noted that we cannot empirically determine the causal direction of some of the relationships that our analyses revealed. An example is the finding that mothers were more likely to name as likely caregivers those children with whom they shared a common outlook on life. However, it is possible that the identification of a child as the likely caregiver would lead mothers to perceive the child as more similar, in an effort to increase their level of comfort with that choice. The cross-sectional data we have available do not provide us an opportunity to disentangle the causal order, which should be a high priority in future longitudinal studies.

Implications of Choice Patterns for Practice

The results reported in this article have implications for families who are anticipating future care provision, as well as for professionals who assist them in such planning. An important finding of this study is the apparent discrepancy between the characteristics of the child that a mother anticipates will provide care and the literature on predictors of actual helping behavior by children. It is possible that these divergent points of view may lead to family disappointment and conflict in individual cases.

Such discrepancies are important, considering the evidence regarding the role that expectations for care play in actual care eventually received. Research by Neuharth and Stern (2002) found that if one child in the family is expected to provide care, the other siblings reduce their caregiving commitments. Further, it is not clear that parental expectations uncovered in the present study are likely to be fulfilled. Eggebeen and Davey (1998) found that expectations

of help from one's children do not necessarily predict children's actual responsiveness to parental needs. Similarly, although mothers in this study tended to rely on interpersonal closeness as a criterion for caregiver selection, some research has indicated that relationship quality has little effect on children's actual provision of support (Whitbeck et al., 1994).

Given that the vast majority of mothers stated a choice for the likely caregiver, professionals who work with older people and their families would be advised to encourage discussion of this topic. For example, although mothers may expect care to continue from children who have provided it in the past, those offspring (operating under the norm of reciprocity) may expect other siblings who have benefited from past help to step in. Research has found that relations with siblings are a major source of stress for caregivers (Suitor & Pillemer, 1996); such tension may result from a mismatch among the mothers' expectations, those of the child she has identified as a caregiver, and those of siblings.

Understanding mothers' motivations for preferring one child over another may help prevent family conflict over caregiving from arising. Our findings support the recommendation of Bromley and Blieszner (1997) regarding the need to begin discussion of allocation of responsibilities among adult children *prior* to the onset of care needs. They note that adult children and aging parents may discuss issues regarding future care with a variety of professionals (e.g., financial advisors, clergy, or mental health counselors). Such discussions increasingly occur in the context of advance directives and "living wills," as well as of insurance beneficiaries, in which it may actually be necessary to select a child from among all offspring. In such settings, it can be very useful to begin to explore expectations for care and help, and the degree to which these match family realities (Bromley & Blieszner). Such dialogue and planning in the family prior to a caregiving crisis have been found to reduce caregiver stress and improve quality of life for both providers and receivers of care (Sörensen, Webster, & Roggman, 2002).

A renewed discussion of parental preferences for care may be necessary when parents' needs for assistance increase. Mitrani and colleagues (2006) note that some existing family structures or patterns can become obsolete and require intervention when a parent requires care. Patterns of parental preference may represent "problematic structures" that will have to be addressed and potentially changed as the parent progresses into actual need for caregiving (Little, 2004). Counseling older people and their families as they move into the care recipient-care provider stage should include both exploration and articulation of parental expectations for care, as well as promote flexibility in established roles that foster adaptation to the new circumstances. The fact that the present study was able to uncover a general willingness on the part of older mothers to name an

expected caregiving child and provide a justification for his or her selection suggests that such an approach may be feasible and effective.

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