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Conflict with Mothers and Siblings During Caregiving: Differential Costs for Black and White Adult Children

J. Jill Suitor, PhD,[1] Megan Gilligan, PhD,[2] Marissa Rurka, MS,[1] Gulcin Con,MS,[1] Siyun Peng, MS,[1] and Karl Pillemer, PhD[3]

[1]Department of Sociology, Purdue University, West Lafayette, Indiana. [2]Department of Human Development and Family Studies, Iowa State University, Ames. [3]Department of Human Development, Cornell University, Ithaca, New York.

Address correspondence to: J. Jill Suitor, PhD, Department of Sociology, Purdue University, 700 W. State Street, West Lafayette, IN 47907. E-mail: jsuitor@purdue.edu

Abstract

Objectives: Family conflict has been found to play a role in caregivers' psychological well-being; however, few studies have considered race differences in the prevalence and consequences of caregiving conflict. In this paper, we use mixed-methods to examine differences in the experiences of conflict among Black and White adult children caring for mothers.
Methods: Quantitative and qualitative data were collected from 279 adult–child caregivers (213 White; 66 Black).
Results: Multilevel modeling revealed that conflict with mothers predicted depressive symptoms among Black, but not White caregivers, whereas there were not statistically significant race differences in the effects of conflict with siblings. However within-model tests showed stronger effects of conflict with mothers than siblings for Black caregivers, and stronger effects of conflict with siblings than mothers for White caregivers. Qualitative data revealed that Black caregivers' conflict with mothers resulted from their inability to meet their mothers' needs, inducing concern and sadness. White children's conflict stemmed from mothers' resistance to unwanted assistance and requests for support that children considered excessive, evoking irritation and frustration.
Discussion: This study highlights ways in which the experiences of caregivers reflect broader patterns of differences between Black and White families in both intergenerational cohesion and health disparities in midlife.

Keywords: Caregiving, Depression, Intergenerational relations, Minority aging (race/ethnicity)

Understanding the factors that shape the experiences of family caregivers is a central topic in the field of social gerontology, in part because the nature of their experiences affects the quality of care they provide. The role of family conflict in psychological well-being and caregiving distress has been of particular interest. Pearlin and colleagues' classic theory of the stress process during caregiving highlighted the salience of family conflict (Pearlin, Mullan, Semple, & Skaff, 1990), and proposed that such conflict was both a direct and an indirect predictor of caregivers' well-being. Although conflict among family members arising from

other sources may also predict individuals' well-being, Pearlin and colleagues focused on the importance of conflict specific to the caregiving context. They suggested that such conflict might reflect differences in perceptions regarding the care recipients' need for assistance, the extent to which various members provide care, or the credit given to those family members who provide care.

Several studies have confirmed this component of Pearlin and colleagues' stress model (cf. Deimling, Smerglia, & Schaefer, 2001; Kang, 2006; Kwak, Ingersoll-Dayton, & Kim, 2012; Mitrani et al., 2006; Scharlach, Li, & Dalvi,

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2006). However, despite Pearlin and colleagues' call to consider the role of ascribed sociodemographic characteristics in these processes, race has received little attention in the study of family conflict and caregivers' well-being.

We contend that studying race differences in family caregiving can shed new and important light on the processes underlying the well-documented health disparities between Blacks and Whites in midlife (Ferraro, Kemp, & Williams, 2017; Phelan & Link, 2015; Williams, Priest, & Anderson, 2016). Indeed, a 2015 report by the National Caregiving Alliance documented that more than half of Black adults in midlife in the United States are caring for older family members, a rate notably higher than for White adults (National Caregiving Alliance, 2015). Thus, understanding race differences in the experiences and well-being of midlife caregivers may be pivotal to understanding the processes underlying race differences in health—particularly for adult children for whom being a caregiver to a parent is likely to be a highly salient and demanding role.

In the present paper, we contribute to the study of race and caregiving by exploring differences in the role of family conflict in well-being among Black and White adult children caring for their mothers. Further, we take a mixed-methods approach, which enhances our ability to interpret any race differences in the association between caregiving conflict and psychological well-being that are revealed by the multilevel quantitative analyses. Finally, in contrast to most other studies in which family conflict is aggregated across all family members (Kwak et al., 2012; Mitrani et al., 2006; Scharlach et al., 2006; Smerglia, Deimling, & Schaefer, 2001), we distinguish between conflict with adult siblings and care-recipient mothers, two role partners that are highly salient. To address these issues, we use data collected from 279 adult–child caregivers nested with 167 families, collected as part of the Within-Family Differences Study (WFDS).

Race, Family Cohesion, Conflict, and Caregiver Well-being

Research on race differences in the experiences of family caregivers has revealed that Black caregivers typically report more positive feelings about providing care (Pinquart & Sörensen, 2005; Pruchno, Patrick, & Burant, 1997; Roth, Haley, Owen, Clay, & Goode, 2001; Sorensen & Pinquart, 2005; Wallace Williams, Dilworth-Anderson, & Goodwin, 2003; White, Townsend, & Stephens, 2000); however, results are less consistent regarding race differences in the consequences of caregiving on psychological well-being. Although most of these studies found that Black caregivers reported lower depressive symptoms and burden than did their White counterparts (Namkung, Greenberg, & Mailick, 2016; Pinquart & Sörensen, 2005; Roth et al., 2001; Sorensen & Pinquart, 2005; Wallace Williams et al., 2003), some found no differences (Young & Kahana, 1995) or even somewhat higher burden and depressive symptoms

among Black than White caregivers (Drentea & Goldner, 2006; Kang, 2006).

Explanations for differences between the experiences of Black and White caregivers, as well as within-group differences in caregiver stress in Black families, have focused on variations in caregivers' socioeconomic status, socioemotional stressors and resources, and norms and values regarding providing assistance to kin (Dilworth-Anderson et al., 2005; Dilworth-Anderson, Goodwin, & Williams, 2004; Drentea & Goldner, 2006; Pinquart & Sörensen, 2005; Young & Kahana, 1995). Surprisingly, family conflict has received little attention in the study of race differences in well-being during caregiving. We suggest that there are strong bases for expecting that family conflict regarding caregiving is less common in Black than White families, but that when it does occur, it has a stronger impact on the psychological well-being of Black than White caregivers.

Our argument regarding race differences in the occurrence of family conflict draws from the literature on family cohesion. Although some research has shown inconsistent patterns regarding race and family solidarity (Mouzon, 2013; Sarkisian & Gerstel, 2004), the preponderance of studies over the past two decades has shown greater cohesion in Black than White families (cf. Kaufman & Uhlenberg, 1998; Sechrist, Suitor, Henderson, Cline, & Steinhour, 2007; Silverstein & Bengtson, 1997; Suitor, Gilligan, & Pillemer, 2015). This pattern, combined with the stronger norms for filial responsibility found in Black than White families (Dilworth-Anderson et al., 2004; Dilworth-Anderson et al., 2005; Pinquart & Sörensen, 2005; Taylor, Chatters, & Jackson, 1993), suggests that Black adult child caregivers experience lower levels of conflict with family members than do White caregivers. Thus, our first hypothesis is that there will be fewer reports of conflict between caregivers and both their siblings and their care-recipient mothers in Black than White families.

The second question we address is whether there are differences in the impact of family conflict on the psychological well-being of Black and White adult-child caregivers. Our argument regarding race differences in the consequences of family conflict on psychological well-being draws from studies of interpersonal stress outside of the context of caregiving, which have shown that negative family relations have stronger detrimental effects on the well-being of Black than White adults. Cichy and colleagues (Cichy, Stawski, & Almieda, 2012, 2014) found that family arguments had a more sustained impact on negative affect among Black than White adults, and Suitor and colleagues (Suitor, Gilligan, Peng, Jung, & Pillemer, 2015) reported that perceptions of mothers' disappointment had stronger effects on depressive symptoms among Black than White adult offspring. These findings are consistent with other research highlighting the salient role of negative interactions with family members on Black adults' psychological well-being (Lincoln & Chae, 2012; Taylor, Chae, Lincoln, & Chatters, 2015).

Less is known about race differences in the impact of family conflict within the context of caregiving. In the one study to have addressed this issue, Smerglia et al. (2001) reported no direct effects of family conflict on depression among either Black or White caregivers, and indirect effects of conflict on depression only among White caregivers. However, conflict with family members was conceptualized and measured in the aggregate (i.e., not asking about particular categories of family members), which may mask the impact of conflict on well-being.

Theoretical and empirical work on interpersonal relations has shown that the more salient a role partner's position within one's social network, the greater the impact of negative interaction with that individual on one's well-being (Carr, Freedman, Cornman, & Schwarz, 2014; Cheng, Li, Leung, & Chan, 2011). Therefore, we propose that to explore race differences in the impact of family conflict on well-being during caregiving, it is necessary to focus on those ties that are likely to be the most salient in this context—siblings and care-recipient mothers. First, these are the family members with whom adult children often have the most interaction regarding caregiving (Connidis & Kemp, 2008; Tolkacheva, van Groenou, & van Tilburg, 2010). Second, cooperation among adult siblings and their mothers is crucial in ensuring positive outcomes for both care recipients and caregivers (Kramer, Boelk, & Auer, 2006). Because individuals' relationships with various role partners in the family often differ substantially (Suitor, Gilligan, Peng, Jung, & Pillemer, 2017; Suitor, Gilligan, Pillemer et al., 2017), we consider conflict with siblings and care-recipient mothers as separate predictors in our statistical analyses to avoid potentially masking effects by combining them.

In summary, based on the literature regarding race differences in filial responsibility, family cohesion, and the effect of interpersonal stress on well-being, we hypothesized that: (a) Black adult-child caregivers would be less likely than their White counterparts to report conflict with siblings and care-recipient mothers; and (b) the associations between depressive symptoms and conflict with both siblings and care-recipient mothers would be stronger among Black than White caregivers. In addition to testing these hypotheses, we used qualitative data to help explain differences in the experiences and consequences of conflict in Black and White caregiving families.

Methods

The data used in the present analyses were collected as part of the Within-Family Differences Study (WFDS). The design of the study involved selecting a sample of mothers 65–75 years of age with at least two living adult children and collecting data from mothers regarding each of their children Details of the design can be found at http://web.ics.purdue.edu/~jsuitor/within-family-differences-study. The first wave of interviews took place with 566 women and 772 of their adult children between 2001 and 2003; the original study was expanded to include a second wave of data collection from 2008–2011 at which time a total of 420 mothers and 826 of their adult children were interviewed. The analytic sample for this paper includes 279 adult children interviewed at T2 who: (a) reported that their mothers needed assistance for a chronic health condition or for a major illness or injury in the two previous years; (b) identified themselves as having provided assistance; and (c) whose mothers had been interviewed at T2. To meet these criteria, we omitted 64 offspring whose mothers died by the time of the T2 interview, 9 whose only sibling died between waves, 310 whose mothers did not need assistance, 147 who did not provide care to their mothers, and 17 whose mothers refused to participate at T2. Of the 279 participants in the analytic sample, 213 were White and 66 were Black.

Procedures

Massachusetts city and town lists were used as the source of the original study sample. With the assistance of the Center for Survey Research (CSR) at the University of Massachusetts, Boston, the researchers drew a probability sample of women ages 65–75 with two or more children from the greater Boston area. The T1 sample consisted of 566 mothers, which represented 61% of those who were eligible for participation, a rate comparable to that of similar surveys in the 2000s (Wright & Marsden, 2010).

For the follow-up study, the survey team attempted to contact each mother who participated in the original study. At T2, 420 mothers were interviewed. Of the 146 mothers who participated at only T1, 78 had died between waves, 19 were too ill to be interviewed, 33 refused, and 16 could not be reached. Thus, the 420 represent 86% of mothers who were living at T2. Comparisons between the mothers alive at T2 who did and did not participate revealed that they differed on only education and subjective health; those who participated were better educated and in better health. Comparison of the T1 and T2 samples revealed that mothers who were not interviewed at T2 were less healthy, less educated, and less likely to have been married at T1; they were also more likely to be Black.

Following the interview, mothers were asked for contact information for their adult children; at T2, 81% of the mothers provided contact information—a rate higher than typically found in studies of multiple generations (Kalmijn & Liefbroer, 2011). Seventy-five percent of the adult children for whom contact information was available agreed to participate, resulting in a final sample of 833 children nested within 277 families. Analyses comparing mothers with and without participating children revealed no differences between these two groups in terms of race, marital status, education, age, or number of children; daughters, marrieds, and those with higher education were slightly more likely to participate, consistent with other studies with multiple generations (Kalmijn & Liefbroer, 2011).

Measures

Dependent Variable

To measure *depressive symptoms,* we employed the 7-item version of the Center for Epidemiological Studies Depression (CES-D) scale (Ross & Mirowsky, 1988). In this sample, the scale ranged from 7 to 28, with a mean of 11.6 (*SD* = 4.6) and an α coefficient of .84.

Independent Variables

Conflict with family members regarding care

To measure conflict with mothers regarding care, each child was asked: "How often do you and your mother have conflict or arguments about the help you provide her—very often, fairly often, once in a while, or never?" The responses were highly skewed, with more than two-thirds reporting "never" (69.9%), approximately one-quarter reporting "once in a while" (26.2%), and only 4% reporting "fairly often" or "very often." Therefore, we collapsed the responses into two categories: 0 = never; 1 = at least once in a while.

To measure *conflict with siblings regarding care,* we asked each adult child: (a) Has your sibling/Have any of your siblings ever been critical of the ways in which you help your mother, including how you help or the amount of time you spend helping? (0 = no; 1 = yes); and (b) Have you ever been critical of the ways in which your sibling(s) helped your mother, including how they helped or the amount of time they spent helping? (0 = no; 1 = yes). Respondents were coded as having experienced conflict with their sibling(s) if they answered yes to either question (0 = no; 1 = yes). Although these questions do not specifically ask about overt conflict, we suggest that they capture tension and conflict in the relationship during caregiving. Thus, for consistency, we refer to this construct as "sibling conflict" throughout the paper.

Moderating Variable

Race was measured by asking the mothers to select from a card listing several races and ethnicities (e.g., White, Black or African-American, Hispanic or Latina, Native American, Asian). They were instructed that they could choose more than one race or ethnicity. We coded race as White = 0 and Black = 1.

Control Variables

Family-level controls

Family size was measured by the number of living adult children in the family at T2. Mothers' subjective health was measured by asking the mothers whether their physical health was excellent (5), very good (4), good (3), fair (2), or poor (1).

Respondent-level controls specific to caregiving

Because adult children's experiences could be shaped by contextual factors, we controlled on those that might be especially salient: perceptions of their mothers' limitations, whether the respondents considered themselves to be primary caregivers, and whether respondents coresided with their mothers. We measured children's perceptions of their mothers' physical limitations by asking whether their mothers had any health conditions or difficulties that limited her activities or things she could do (0 = no limitations; 1 = had limitations). We measured whether the adult children considered themselves primary or secondary caregivers by asking which child in the family provided the mothers with the most help with either ADLs/IADLs or during a recent serious health event. Based on their responses, we coded each adult child as being a primary or secondary caregiver (0 = secondary caregiver; 1 = primary caregiver). We measured coresidential status by asking the respondent whether his or her mother lived with him/her (0 = did not coreside; 1 = did coreside). We did not ask the respondents to specify whether they lived in their mothers' home or vice versa.

Adult children's characteristics

It is important to control for characteristics of adult children that have been found to predict relationship quality with family members and psychological well-being, including gender, age, education, employment, marital status, religiosity, and subjective health. *Gender* was coded 0 = son; 1 = daughter. *Marital status* was coded as not married = 0; married = 1. *Age* at T2 was age at T1 plus 7 (years between interviews). *Employment* was measured by asking each respondent whether he or she was currently working for a job with pay (0 = no; 1 = yes). *Educational attainment* was reported by the mothers at T1; categories were 1 = eighth grade or less; 2 = 1–3 years of high school; 3 = high school graduate; 4 = vocational/noncollege, post-high school; 5 = 1–3 years of college; 6 = college graduate; and 7 = graduate work. *Religiosity* was measured by asking respondents: "How important are your religious or spiritual beliefs to you?" (1) "not important at all," (2) "a little important," (3) "somewhat important," and (4) "very important." *Subjective health* was measured by asking respondents whether their physical health was excellent (5), very good (4), good (3), fair (2), or poor (1).

Table 1 presents demographic information for the adult children in this subsample and their care-recipient mothers, as well as other covariates included in the models. There were no missing data.

Plan of Analysis

Because the 279 adult children were nested within 167 families, we used multilevel modeling, which accounts for nonindependence and allows for correlated error structure.

Table 1. Demographic Information on Mothers and Adult Children by Race (*n* = 279 adult children nested within 167 families)

	Black	White
Care-Recipient Mothers	**N = 43**	**N = 124**
Age in years (mean, *SD*)	78.8 (3.3)	78.1 (3.1)
Married (%)	11.9	42.2
Education (%)		
High School or Less	72.1	47.6
At Least Some College	18.6	25.0
College Graduate	4.7	15.3
Some Graduate School	4.7	12.1
Subjective Health	2.4 (1.0)	3.0 (1.0)
Family Size	4.5 (2.0)	3.9 (1.7)
Child's Reports re Caregiving Context		
Mothers' Physical Limitations (0 = no limitations)	0.9 (0.3)	0.7 (0.4)
Mother and Child Coreside (1 = coreside at T2)	0.2 (0.4)	0.1 (0.3)
Child Reports Him/Herself as Primary Caregiver (1 = primary)	0.4 (0.5)	0.3 (0.5)
Adult Children	**N = 66**	**N = 213**
Age in years (mean, *SD*)	52.4 (6.6)	48.8 (5.5)
Daughters (%)	66.7	60.6
Married (%)	34.9	71.4
Education (%)		
High School or less	53.0	18.8
At Least Some College	15.2	20.7
College Graduate	24.2	37.1
Some Graduate School	7.6	23.5
Employed (%)	62.1	83.6
Parents (%)	83.3	78.4
Religiosity	3.6 (0.7)	3.1 (1.0)
Subjective Health	3.2 (1.1)	3.8 (1.1)
CES-D (mean, *SD*)	12.5 (5.4)	11.8 (4.8)

Note: CES-D = Center for Epidemiological Studies Depression; SD = Standard deviation.

To test for differences by race, we conducted separate analyses rather than using interaction terms. Because family size in the WFDS ranges from 2 to 10 adult children, the groups are not large enough to obtain reliable estimates when using interaction terms across levels. In circumstances where there are small numbers of cases in each group, it is recommended that random intercept models are used (Raudenbush & Bryk, 2002). Therefore, to examine race differences in the relationship between conflict with family members and CES-D scores, we conducted separate analyses for Black and White adult children and compared the coefficients for conflict across models (Paternoster, Brame, Mazerolle, & Piquero, 1998):

$$t = \frac{b_1 - b_2}{\sqrt{(SEb_1^2 + SEb_2^2)}}$$

We also conducted Wald tests to compare the strength of the coefficients for conflict with mothers and conflict with siblings within the same models. In other words, we compared whether differences in the impact of conflict with mothers and siblings were statistically significant for each group separately.

The analyses were conducted using SPSS24 and STATA14.

Using Qualitative Data to Explain Race Differences in the Impact of Family Conflict

Semistructured interviews with the respondents were conducted by telephone and, in almost all cases, were fully audio-taped. For many of the closed-items, respondents were given the opportunity to discuss their responses more fully. For conflict with mothers related to caregiving, adult child caregivers who reported conflict were asked, "Can you tell us a little more about this?" For conflict with siblings, respondents who reported they had been critical of a sibling or that a sibling had been critical of them or another sibling were asked, "Can you tell us a little more about this?"

The interviews were transcribed by research assistants working on the project. Four research assistants coded the open-ended items regarding conflict between the caregivers and their siblings and mothers. We used a consensus approach based upon the group interactive analysis component of Borkan's "immersion/crystallization" method for coding and analyzing qualitative data (Borkan, 1999). More than 95% of the coders' decisions were in agreement with those of the PI. Coding that was not in agreement with the PI's assessment was discussed until consensus could be reached.

Results

Race and Family Conflict

The rates of family conflict reported by adult children did not vary systematically by race. Black adult children were less likely than their White counterparts to report conflict with their siblings (10.6% Black; 19.2% White), but were slightly more likely to report conflict with their mothers regarding care (34.8% Black; 27.7% White). However, these differences were not statistically significant when controlling on family size, demographic characteristics, religiosity, and subjective health (Tables not shown).

Predictors of Caregivers' Depressive Symptoms

Table 2 presents the predictors of adult children's CES-D scores using the full sample. This analysis revealed that neither conflict with siblings nor conflict with mothers predicted adult children's depressive symptoms.

Table 3 presents the findings when testing the hypotheses separately for Black and White caregivers. These analyses revealed markedly different patterns by race when considering the impact of conflict with mothers. Specifically, there was essentially no association between conflict and depressive symptoms among White caregivers (b = –0.77; n.s.), but a strong association among Black caregivers (b = 3.42; $p < .05$). Further, the difference between the coefficients across models for conflict with mothers was statistically significant (t = 2.53; $p < .01$). Thus, our hypothesis that conflict with salient family members would be a stronger predictor for Black than White adult child caregivers was supported strongly in the case of conflict with mothers.

The findings regarding race differences in the impact of conflict with siblings did not support our hypotheses. Although it might appear that the effect of conflict was stronger among White caregivers, because that coefficient is statistically significant, whereas it is not for Black caregivers, the magnitude of the coefficients is very similar. This pattern can be explained by the much smaller sample size and the much larger standard error in the model for Black than White caregivers. Thus, there is essentially no

Table 2. Mixed Model Predicting Adult Children's Depressive Symptoms (n = 279 nested within 167 families)

Predictors	Estimate	SE
Family Level Characteristics		
Race (Black = 1)	–1.18	0.75
Family size	–0.03	0.15
Mothers' Subjective Health	0.34	0.28
Child's Reports re Caregiving Context		
Mothers' Physical Limitations (0 = no limitations)	0.25	0.71
Mother and Child Coreside (1 = coreside at T2)	0.27	0.92
Child Reports Him/Herself as Primary Caregiver (1 = primary)	–0.70	0.57
Child Level Characteristics		
Age	–0.02	0.05
Daughter	–0.28	0.57
Education	–0.16	0.19
Married	–2.04**	0.66
Employment	–2.29**	0.73
Subjective Health	–1.34**	0.27
Religiosity	0.17	0.30
Conflict with Siblings during Caregiving	1.10	0.58
Conflict with Mother during Caregiving	0.20	0.60
Model statistics		
AIC	1,610.08	
BIC	1,617.22	

Note: AIC = Akaike's information criterion; BIC = Bayesian information criterion; SE = Standard error.
*$p < .05$; **$p < .01$.

difference by race in the impact of conflict with siblings regarding care.

However, the notable differences in the size of the coefficients for conflict with mothers and conflict with siblings *within* models for both Black and White caregivers led us to conduct Wald tests that allowed us to compare the strength of these coefficients. These analyses revealed that conflict with mothers had a greater impact than did conflict with siblings among Black caregiving children (3.42 vs 1.69, χ^2 = 8.2, $p < .05$), whereas among White children, conflict with siblings had a greater impact than did conflict with mothers (1.43 vs – 0.77, χ^2 = 6.6; $p < .05$). Thus, although a direct comparison of coefficients between models did not reveal a difference in the impact of sibling conflict by race, the within-model comparisons showed greater salience of conflict with siblings for White caregivers and greater salience of conflict with mothers for Black caregivers.

Qualitative Analysis of Race Differences in the Role of Family Conflict in Caregivers' Well-Being

In this discussion, we explore the additional insights provided by the caregivers' descriptions of their conflict with their mothers and siblings, with an emphasis on differences in the experiences of Black and White adult children.

We began by examining the caregivers' descriptions of their conflict with their mothers. Approximately two-thirds of the adult children's descriptions of the sources of conflict fit within two themes. The first theme focused on the mothers' attempts to remain independent in terms of their decisions and activities. This theme involved both conflict initiated by the mothers when adult children attempted to provide unwelcome support, and the adult children's irritation with their mothers' resistance. The second theme focused on mothers' complaints that their adult children did not provide enough support. This theme involved both unmet preferences for support and dissatisfaction with the way in which the support was provided.

Black and White adult children did not differ systematically in the themes into which conflict with their mothers could be classified. Forty-four percent of White and 52% of Black adult children reported that conflict emanated from mothers' attempts to remain independent. The difference regarding mothers' complaints about unmet or inadequate support was even smaller—19% of White children reported conflict related to this issue, compared to 22% of Black children.

However, there were consistent differences in the ways in which White and Black children discussed the conflict they experienced with their mothers. In particular, White adult children often expressed frustration and impatience with their mothers' attempts to remain independent, and saw the mothers as interfering:

Table 3. Mixed Model Results Predicting Adult Children's Depressive Symptoms by Race (*n* = 279 nested within 167 families)

Predictors	White (*n* = 213)		Black (*n* = 66)	
	Estimate	SE	Estimate	SE
Family Level Characteristics				
Family size	−0.21	0.18	0.33	0.37
Mothers' Subjective Health	0.42	0.34	0.14	0.73
Child's Reports re Caregiving Context				
Mothers' Physical Limitations (0 = no limitations)	0.60	0.77	−0.50	2.05
Mother and Child Coreside (1 = coreside at T2)	0.46	1.10	1.09	1.87
Child Reports Him/Herself as Primary Caregiver (1 = primary)	−0.78	0.64	−0.37	1.36
Child Level Characteristics				
Age	−0.03	0.06	0.03	0.10
Daughter	−0.65	0.63	1.03	1.44
Education	−0.17	0.22	−0.29	0.43
Married	−2.06[**]	0.76	−1.29	1.53
Employment	−2.21[*]	0.86	−2.28	1.62
Subjective Health	−1.39[**]	0.30	−0.98	0.63
Religiosity	0.14	0.31	0.39	0.96
Conflict with Siblings during Caregiving	1.43[*,b]	0.64	1.69[b]	1.68
Conflict with Mother during Caregiving	−0.77	0.70	3.42[*,a]	1.39
Model statistics				
AIC	1,212.54		362.89	
BIC	1,219.11		366.75	

Note: AIC = Akaike's information criterion; BIC = Bayesian information criterion;\ SE = Standard error.
[a]Difference between coefficients between models for conflict with mother (*p* < .01). [b]Difference between coefficients within models comparing conflict with mothers versus siblings (*p* < .05).
*p < .05; ***p* < .01.

She wants to do everything herself, but she really can't. Sometimes she gets tripped up doing things that she doesn't want me to do. And we argue about me doing it instead of her doing it. She's so stubborn, you know. (daughter)

[We argue] when I try to help my mother do something like cleaning…like last week I was there and I did the vacuuming. And I said, what you can do is wipe down the tables while I [vacuum]. She comes and grabs the vacuum because she sees [me] doing the vacuuming, so she kind of really gets in the way. And that causes conflict cause I'll get annoyed. Cause it happens all the time. (daughter)

[We argue over] stupid stuff like, you know, she'll want, with her bad arm she will want to try and cut her food with one hand and it's you know, ridiculous... (son)

In contrast, Black adult children were highly empathetic with their mothers' decreasing ability to remain independent, expressing awareness of how difficult this was for their mothers and encouraging rather than demanding that their mothers heed their advice.

I have got my opinion, maybe a little bit of a learned opinion, so to speak, about whatever issues she's dealing

with. [So I] try to reason with her and make her try to understand another perspective…[it's hard] for some older people to move away from things that they "know best" and come around to something that is a little bit more you know, current, progressive. (daughter)

…she wants to do certain things and when she's in pain we try to encourage her to slow down and sometimes she wants to do it herself and she just doesn't know when to stop, so that's when we butt heads. (daughter)

The differences in Black and White adult children's responses to disagreements with their mothers were even more marked when the conflict was related to the theme of unmet preferences for support. White children often expressed impatience with the level of support that their mothers expected or desired:

[My mother] doesn't understand current obligations of being a parent in today's world. So, that is sometimes an area of conflict because she still thinks that it should be the way it was when she raised her kids. So, it's a different era of parenting which puts more pressure on us as parents, which doesn't give us as much time [for parent care] as would be expected [by] our parents. (daughter)

It is not that we don't want to help her, what really ticks us off is that she requires a ride and she will not take a cab…she complains that she is a prisoner in her own home unless we can run around and drop everything cause we all work, but you know, she won't help herself to go. It doesn't have to be that way. There is a car in the garage. She could drive if she chose to and there are a number of different ways she could get a ride, but she doesn't do it. (daughter)

In contrast, none of the Black adult children expressed that their mothers' needs were excessive, and often focused on their struggles to provide support in the face of practical obstacles, such as their own health or not living nearby:

Sometimes we fought because I can't get there…It's kinda hard because [we don't live close to one another] and…I am disabled myself, so I can't help her as much as I would like to do. Sometimes we have words. (daughter)

Further, Black caregivers often expressed that they would like to provide more support but were unable to do so:

If she lived with me then there would be total, absolute catering to all her needs. Because there's [geographic] distance between the two of us, there's only so much I can do… (son)

A daughter who described her own health as poor explained that she nevertheless did her mother's grocery shopping, took her mother to doctors' appointments, and provided personal care, yet felt that she needed to explain to her mother that she couldn't always be available:

She usually likes thing done on her schedule [but] she has to understand some things can't be done exactly when she wants them to be done, unless of course it's an appointment she has to get to. Sometimes we have to kind of work her needs in with our own needs. (daughter)

Taken together, these findings suggest that Black and White adult children's interpretations of and responses to their mothers' attempts to maintain their independence, and to their mothers' requests for more support, differed markedly. In particular, Black adult children expressed empathy and concern with changes in their mothers' independence and with their mothers' requests for additional support, whereas White adult children expressed irritation and impatience. Another way of conceptualizing this difference is that Black adult children appeared to bear more emotional weight from both the changes in their mothers' abilities and the fact that sometimes they were unable to meet their mothers' needs—feelings that would be expected to affect their psychological well-being. In contrast, White adult children's conflict with their mothers emanated from the mothers' resistance to unwanted assistance and from

mothers' requests for additional support that the children considered to be beyond what should be expected of them—responses that evoked more irritation and frustration than sadness.

Next, we examined the caregivers' descriptions of their conflict with their siblings. Consistent with the findings from the quantitative analysis, we found no meaningful systematic differences in the reports of Black and White caregivers. The majority of reports of conflict between siblings were focused on perceptions of unequal contributions to the mothers' care (62.5% Black; 59.7% White), followed by criticism of quality of care provided (31.2% Black; 23.6% White). The one dimension of conflict that showed any difference by race was criticism regarding providing too much care to their mothers—almost 10% of White caregivers reported conflict regarding themselves or a sibling providing too much care, whereas none of the Black caregivers reported conflict over this issue. However, this was mentioned so rarely by White caregivers that it does not provide a basis for arguing for the presence of race differences in sibling conflict. Thus, the qualitative data were consistent with the quantitative comparison of the impact of sibling conflict on Black and White caregivers' depressive symptoms.

As reported above, the quantitative analysis showed that conflict with mothers had a greater impact than did conflict with siblings among Black caregiving children, whereas conflict with siblings had a greater impact than conflict with mothers among White children. Thus, we might have expected to see these patterns reflected in the qualitative data, but we did not. The clear patterns of differences by race in the qualitative data reflected differences in the interpretation of mothers' concerns with maintaining their independence and mothers' requests for additional assistance.

Discussion and Conclusions

The central aim of this paper was to expand the study of race differences in caregiving experiences by exploring the role of family conflict in well-being among Black and White adult children caring for their mothers. First, we compared reports of conflict regarding caregiving with siblings and care-recipient mothers in Black and White families. Second, we conducted multilevel analyses to test our hypotheses that the consequences of conflict with siblings or care-recipient mothers for psychological well-being would be greater for Black than White adult children. Third, we analyzed qualitative data, which helped to interpret race differences in the association between caregiving conflict and psychological well-being that were revealed by the multilevel quantitative analyses.

We framed our research based on key concepts from Pearlin and colleagues' classic theory of the stress process during caregiving (Pearlin et al., 1990), in which family conflict was proposed as a predictor of caregivers' well-being. We also drew from the theoretical and empirical

literature on race and family cohesion, filial responsibility, and well-being (Cichy et al., 2012, 2014; Dilworth-Andersen et al., 2004; Dilworth-Andersen et al., 2005; Pinquart & Sörensen, 2005; Taylor et al., 2015; Taylor et al., 1993). Specifically, we hypothesized that Black adult-child caregivers would be less likely to report experiencing conflict with their siblings and their care-recipient mothers, but that when such conflict occurred, it would have a greater impact on the psychological well-being of Black than White caregivers.

The findings from the quantitative analyses provided partial, but not full support for these hypotheses. Contrary to our expectations, there were few differences between Black and White caregivers' likelihood of reporting family conflict, and these differences disappeared when controlling on characteristics such as family size, age, gender, subjective health, educational level, and marital and employment status.

The pattern of findings regarding race differences in the impact of family conflict on well-being was more complex. Conflict with care-recipient mothers was a strong predictor of depressive symptoms among Black adult–child caregivers, but appeared to play essentially no role in depressive symptoms among White caregivers. We turned to the qualitative data to help us explain the notable difference in the impact of conflict with mothers on the psychological well-being of Black and White adult–child caregivers. The children's descriptions of the sources of caregiving conflict with their mothers reflected two predominant themes: (a) conflict emanating from the mothers' attempts to remain independent; and (b) conflict emanating from mothers' complaints that their adult children did not provide adequate support. Although Black and White adult children did not differ in the themes into which conflict with their mothers could be classified, there were substantial differences in the ways in which White and Black children described the conflict and their responses to it. White adult children typically expressed frustration and impatience with their mothers' attempts to remain independent, and saw the mothers as interfering. In contrast, Black adult children typically expressed empathy regarding their mothers' struggles to maintain independence and their own inability to meet their mothers' care preferences. As a result, conflict with their mothers took a greater toll on the psychological well-being of Black than White adult children.

The findings regarding sibling conflict and psychological well-being did not conform to our hypotheses regarding the greater salience of family conflict in Black than White families. Not only were there not race differences in the impact of conflict with siblings on depressive symptoms, but tests of the relative salience of conflict with mothers and siblings showed differences that suggested that conflict with siblings and conflict with mothers may play different roles among Black and White caregivers. Among Black caregivers, the within-model tests suggested that conflict with mothers was much more salient for well-being than was

conflict with siblings. In contrast, among White caregivers, the within-model tests revealed that conflict with siblings had a greater impact on depressive symptoms than did conflict with mothers.

Taken together, the findings from both the quantitative and qualitative analyses support the view that there is greater *inter*generational cohesion in Black than White families. However, there was no sufficient evidence to argue that there may be greater *intra*generational cohesion in White than Black families. Although the within-model test showed a stronger effect of conflict with siblings than mothers among White caregivers, there was no detectable difference in the impact of sibling conflict on Black and White caregivers. Further, the qualitative data revealed no consistent race patterns in the content or intensity of sibling conflict.

These findings highlight the importance of considering relationships with different categories of family members separately when studying well-being, particularly when exploring possible race differences in these processes. Cichy and colleagues (2014) reported the consequences of family conflict to be greater on the well-being of Black than White adults. This finding could be interpreted as suggesting that there are race differences in the effects of all categories of family members; however, Cichy and colleagues' findings might have differed if they had been able to distinguish among categories of family members. It is also possible that race differences in the differential impact of conflict with various family members on psychological well-being may be more pronounced under stressful conditions, such as those surrounding family caregiving. Future research should give more attention to exploring the ways in which race moderates the association between conflict with various family members and well-being, and the conditions under which such moderation is most likely to play a role. Further, future research should explore whether there are systematic race differences in cohesion among siblings, both within and outside of the context of caregiving.

One potentially salient moderator that we were not able to take into consideration in our analyses is child's gender. Gender plays a substantial role in both parent–adult child conflict (Birditt, Miller, Fingerman, & Lefkowitz, 2009; Gilligan et al., 2017) and caregiving experiences (Lin, Fee, & Wu, 2012). Thus, it is likely that adult daughters experience more conflict with their mothers regarding caregiving than do sons in both Black and White families. However, there may also be differences by gender and race in the impact of such conflict. Due to the relatively small subsample of Black caregivers in the WFDS, particularly sons, we were unable to explore this three-way interaction. We hope that future studies with larger samples of Black families will be able to address this question.

Finally, the findings have implications for the study of health disparities between Blacks and Whites in midlife (Ferraro et al., 2017; Phelan & Link, 2015; Williams et al., Anderson, 2016). As already noted, a substantial

proportion of Black adult children provide care in midlife (National Caregiving Alliance, 2015), many of whom are caring for aging parents, a role which has serious consequences for well-being (Kang, 2006; Pinquart & Sörensen, 2005). Given that Black adult children often report more positive aspects of caregiving (Sorensen & Pinquart, 2005; Pruchno et al., 1997; Roth et al., 2001; Pinquart & Sörensen, 2005; Wallace Williams et al., 2003; White et al., 2000), practitioners working with later-life families may be less likely to look for signs of high levels of psychological distress among Black than White caregivers. Yet our findings revealed that when conflict between care recipient-mothers and adult child caregivers is present, the consequences are greater in Black than White families. Thus, the experience of conflict among Black adult children during caregiving may contribute to the racial health disparities found in midlife, meaning that it may be especially essential to target interventions toward Black families, particularly in cases in which in these families have higher socioemotional as well as instrumental needs. Further, these findings held when controlling on factors that contribute to race disparities in care, such as education and employment, as well as on subjective health and on salient aspects of the caregiving context, such as mothers' limitations and subjective health, coresidence between the caregiver and care recipient, and whether the adult child was the primary caregiver.

Taken together, the findings we have presented contribute to a growing literature demonstrating the complex associations between interpersonal relations and well-being (Antonucci, 2001; Cohen, 2004; Krause & Rook, 2003; Newsom, Mahan, Rook, & Krause, 2008; Reczek & Zhang, 2016; Umberson, Pudrovska, & Reczek, 2010). In particular, the present study suggests that conflict with mothers during caregiving has a greater impact on adult children's depressive symptoms in Black than White families. Further, the process underlying the greater impact of such conflict for Black caregivers is their heightened concern with meeting their mothers' needs and wishes, rather than the perception that their mothers' needs and attempts to maintain independence are excessive. These patterns complement other recent work highlighting the importance of exploring the conditional effects of negative interactions on well-being both across groups and within the family when studying family caregiving (Lin et al., 2012) as well as broader questions regarding interpersonal relations and well-being (Cichy et al., 2012, 2014).

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Conflict of Interest

J. Jill Suitor and Megan Gilligan serve on the editorial board for the Journals of Gerontology, Series B, Psychological Sciences and Social Sciences. The authors have no other conflicts of interest to report.

Author Contributions

J. J. Suitor took the lead in planning the study and in writing the paper and conducting the data analysis. M. Gilligan collaborated on writing the paper, conducting the data analysis, and revising the paper. S. Peng, M. Rurka, and G. Con conducted extensive analysis of the qualitative data and contributed to preparing the manuscript. K. Pillemer collaborated with J. J. Suitor in planning the study and contributed to revising the manuscript. J. J. Suitor and K. Pillemer acknowledge funding from the National Institute on Aging (RO1 AG18869-01; 2RO1 AG18869-04). J. J. Suitor, Marissa Rurka, Siyun Peng, and Gulcin Con also acknowledge support from the center on Aging and the Life Course at Purdue University.

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