

Research Article

Accuracy of Adult Children's Perceptions of Mothers' Caregiver Preferences

J. Jill Suitor, PhD,^{1,*} Megan Gilligan, PhD,² Marissa Rurka, MS,¹ Siyun Peng, MS,¹ Jordan Meyer, MA,¹ and Karl Pillemer, PhD³

¹Department of Sociology, Purdue University, West Lafayette, Indiana. ²Department of Human Development and Family Studies, Iowa State University, Ames. ³Department 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

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Abstract

Background and Objectives: Most older mothers have strong preferences regarding which offspring will serve as their future caregivers, and violation of these preferences has been found to have consequences for mothers' psychological well-being. However, no study has examined the accuracy of adult children's perceptions of their mothers' caregiver preferences. In this article, we compare mothers' stated preferences for particular caregivers with their adult children's perceptions of their mothers' preferences.

Research Design and Methods: Data were collected from 675 adult children and their mothers nested within 285 families as part of the Within-Family Differences Study.

Results: Only 44.6% of adult children accurately reported their mothers' preferences for particular offspring as caregivers. Consistent with our hypotheses, accuracy was higher when mothers and children shared values regarding filial piety, and lower when children were parents, had poor health, and lived further away. Surprisingly, primary caregivers were substantially less likely to accurately report mothers' caregiver preferences than were noncaregivers. This counterintuitive pattern can be explained by the finding that most mothers were cared for by children whom they did not prefer and may have therefore been reluctant to share their preferences with those caregivers.

Discussion and Implications: Given the negative psychological consequences for mothers whose caregiver preferences are violated, the high level of inaccuracy found among adult children has important implications when mothers face serious health events. These findings underscore the need for intervention efforts to encourage practitioners and clinicians to collect information directly from mothers regarding preferences for particular offspring as caregivers.

Keywords: Caregiver preference, Family caregiving, Intergenerational relationships, Maternal differential treatment

Caregiving has become a central topic in the study of later life, resulting in an expansive literature on who assumes the role of caregiver to older family members and the consequences of the caregiving experience on both caregivers and care recipients. Within this line of work, studies have shown that the overwhelming majority of mothers report that they prefer some children over others as their future caregivers (Suitor, Gilligan, & Pillemer, 2013; Suitor,

Gilligan, Pillemer, & Pruchno, 2013), and do so increasingly as they move through the later years and are at greater risk of needing care for a serious health condition (Suitor, Gilligan, & Pillemer, 2013). Further, having mothers' care preferences met appears to be consequential for well-being. Suitor, Gilligan, and Pillemer (2013b) found that older mothers who were provided care by children whom they had not named as preferred caregivers several

years earlier showed an increase in depressive symptoms not found when care was provided by preferred caregivers.

Thus, there is evidence that most mothers hold caregiving preferences and that violating these preferences is consequential for mothers' well-being. However, data are lacking on whether adult children are aware that their mothers prefer some offspring over others in the family as their future caregivers or whether they hold accurate perceptions of which adult children mothers actually prefer. To address these questions, we use data collected from both members of 675 mother–adult child dyads nested within 285 families as part of the Within-Family Differences Study. We begin by exploring whether adult children perceive that their mothers hold preferences for particular adult children as their future caregivers and whether their perceptions are congruent with their mothers' reports regarding preferred caregivers. We then use multilevel modeling to explore what characteristics of adult children and mother–child dyads predict congruence between children's perceptions of their mothers' preferences and mothers' own stated preferences.

Patterns of Congruence in Mothers' Caregiver Preferences

Both theory and empirical evidence suggest that there is likely to be more incongruence than congruence between mothers' and their adult children's reports regarding mothers' preferred future caregivers. Bengtson and Kuypers' (1971) classic "intergenerational stake" theory proposed that there are gaps between the perceptions of parents and their adult children regarding their relationships, with an emphasis on continuity by the older generation and on individuation and change by the younger generation.

In the nearly half a century since Bengtson and Kuypers introduced this argument (Bengtson & Kuypers, 1971), a substantial literature has documented the existence of discrepancies in parents' and children's perceptions. Most of this research has focused on discrepancies in perceptions of relationship quality (Albert, Ferring, & Michels, 2013; Birditt, Hartnett, Fingerman, Zarit, & Antonucci, 2015; Mitchell & Lai, 2014; Shapiro, 2004; Steinbach, Kopp, & Lazarevic, 2017), whereas some studies have explored differences in reports of support exchange (Kim, Zarit, Birditt, & Fingerman, 2014; Kim, Zarit, Eggebeen, Birditt, & Fingerman, 2011; Lin & Wu, 2017; Mandemakers & Dykstra, 2008) and others have investigated congruence in values (Kim, Zarit, Eggebeen, Birditt, & Fingerman, 2011; Min, Silverstein, & Lendon, 2012). Previous studies have also examined intergenerational congruence regarding caregiving, including end-of-life preferences (Moon, Townsend, Whitlatch, & Dilworth-Anderson, 2016; Schmid, Allen, Haley, & DeCoster, 2010; Tang et al., 2008), values about various dimensions of care (Reamy, Kim, Zarit, & Whitlatch, 2011, 2013; Whitlatch, Piiparinen, & Feinberg, 2009) and beliefs regarding filial piety (Kobayashi & Funk, 2010).

Taken together, this literature has shown substantial incongruence in the values and preferences held by adult children and older parents. However, despite the potential importance of congruence between adult children's perceptions of their parents' preferences regarding care from particular offspring and parents' actual preferences, no studies have explored either patterns or predictors of this aspect of congruence. Based on the Bengtson and Kuypers' (1971) generational stake argument and the substantial empirical literature documenting incongruence between parents' and adult children's reports across a wide range of relationship dimensions, within and outside of the context of caregiving, we propose that it is likely that there is substantial incongruence between mothers and children regarding mothers' preferences for care from specific offspring.

Predicting Congruence Between Adult Children's and Mothers' Reports of Mothers' Preferred Caregivers

We propose that congruence between mothers' stated preferences for specific children as their future caregivers and adult children's perceptions of their mothers' preferred caregivers can be predicted using the same theoretical principles that apply to congruence in attitudes held by role partners in other contexts. We group these predictors into three categories: (a) similarity; (b) competing roles; and (c) history of support and interaction.

Similarity

Theories of role structure and reference groups argue that individuals are more likely to develop and maintain supportive relationships with others who are similar to them on important dimensions because holding similar statuses and values increases role partners' empathy and understanding (cf. Coser, 1991; Lazarsfeld & Merton, 1954; McPherson, Smith-Lovin, & Cook, 2001; Thoits, 1986). In this article, we are concerned primarily with dimensions of similarity that play particularly salient roles in caregiving and intergenerational relationships: similarity of gender and values regarding religiosity and filial responsibility.

Gender

The theoretical literature on gender and empathy suggests that this dimension of similarity would be especially important in explaining the accuracy with which role partners report one another's preferences, particularly regarding caregiving. Classic theories of gender role development (Chodorow, 1978; C. Gilligan, 1982; Williams, 1993) have argued that women are especially sensitive to others' emotions, a pattern that would be expected to result in a greater ability to accurately perceive role partners' feelings. Further, such increased empathy is especially pronounced between mothers and daughters (Suitor & Pillemer, 2006; Suitor, Gilligan, & Pillemer, 2013a). Thus, we would expect

that daughters would be substantially more likely than sons to accurately perceive their mothers' preferences. However, the only study to date that has considered adult children's accuracy regarding their mothers' preferences for some offspring over others found no difference in accuracy by child's gender when considering mothers' differentiation regarding emotional closeness and confiding (Suitor, Sechrist, Steinhour, & Pillemer, 2006). Nevertheless, we hypothesize that daughters will be more likely to accurately report their mothers' caregiver preferences than will sons, because mothers overwhelmingly prefer daughters (Suitor & Pillemer, 2006; Suitor, Gilligan, & Pillemer, 2013a), and may have conveyed these preferences to their daughters.

Similarity of values

The literature suggests that similarity of values regarding religion and filial piety may be especially salient for understanding adult children's awareness of their mothers' caregiving preferences.

Consistent with theories of homophily (Lazarsfeld & Merton, 1954; McPherson et al., 2001), individuals who hold the same religious values tend to be more congruent in their attitudes in general than are individuals who differ on religion (Schaefer, 2010). Further, religious orientation can influence values related to caregiving (Goldberg-Looney, Perrin, Morlett-Paredes, & Mickens, 2017). Thus, we hypothesize that children will be more likely to accurately report their mothers' preferences for future caregiving when mothers and offspring perceive that they hold similar religious values.

Filial piety has been found to play a role in which offspring expect to become caregivers to their parents (Cicirelli, 1993; Paulson & Bassett, 2016; Speirs, Huang, & Konnert, 2017); thus, shared values regarding providing care to parents seem particularly likely to predict whether children accurately report their mothers' caregiving preferences. We propose that when mothers and children perceive that they share the same values regarding parental care, they communicate about the need for future care, resulting in adult children having particularly accurate information regarding their mothers' preferences. Thus, we hypothesize that adult children in dyads in which the mothers and offspring report similar values regarding filial piety will be especially likely to accurately report their mothers' preferences.

Competing Roles

Theories of homophily also suggest that children's attainment of adult statuses, such as marriage, parenthood, and employment increase shared values and experiences, leading to greater empathy and understanding (Suitor, Gilligan, & Pillemer, 2015). In turn, these shared characteristics could be expected to heighten the likelihood that adult children would hold accurate assessments of their mothers' caregiving preferences. However, we propose that, alternatively, theoretical and empirical work on "greedy

institutions" can be used to argue that marriage, parenthood, and employment have the potential to limit the time and attention focused on relationships with parents (Coser, 1991; Chelsey & Moen, 2006; Sarkisian & Gerstel, 2008); as a result, children who have achieved these benchmarks may be less likely to be aware of their mothers' caregiving preferences. We will explore these alternative hypotheses rather than propose a single hypothesis regarding these roles.

Last, although adult children whose own health is poor have more contact with their mothers as a result of mothers' greater support to these offspring (M. Gilligan, Suitor, Rurka, Con, & Pillemer, 2017), concerns about one's own health problems compete with concerns regarding mothers' care; thus, we hypothesize that adult children who report that their own health is poor will be less likely to accurately report their mothers' preferred caregivers.

History of Support and Interaction

We hypothesize that history of support and frequency of contact will be strong predictors of congruence in adult children's and mothers' reports regarding mothers' caregiver preferences. This argument is consistent with Bengtson and colleagues' Intergenerational Solidarity Model (Bengtson, 2001; Bengtson, Olander, & Haddad, 1976; Bengtson & Roberts, 1991), which proposes that functional (exchange of support) and associational (frequency of contact) solidarity are reciprocally related to consensus between parents and adult children. Further, empirical studies of mothers' preferences have found that history of support predicts which offspring mothers prefer as both their confidants and their future caregivers (Suitor & Pillemer, 2006; Suitor, Gilligan, & Pillemer, 2013a; 2013b), increasing the likelihood that these offspring would discuss plans for future care with their mothers. Rather than using global measures of the history of instrumental and expressive support, we focus on the form of support that we expect would be most likely to predict congruence in mothers' and children's reports regarding caregiver preferences—having provided care to their mothers for a recent serious illness, injury, or chronic conditions. We have further refined this dimension of history of support by distinguishing between primary and secondary caregivers. Although we hypothesize that both primary and secondary caregivers will provide more accurate reports of their mothers' preferences than will those who have not provided care, we also hypothesize that having been a primary caregiver will be a much stronger predictor than will having been a secondary caregiver, because primary caregivers have more contact with the mothers specifically regarding caregiving processes.

Consistent with the Intergenerational Solidarity Model, we also propose that children who are in more frequent contact with their mothers will be more likely to provide reports that are congruent with their mothers' stated caregiver preferences. We suggest that this is because more

frequent contact provides more opportunities to discuss mothers' care preferences. We also propose that children who live closer to their mothers will be more likely to accurately report their mothers' caregiver preferences, because proximity increases contact (Deane, Spitze, Ward, & Zhou, 2016) and support exchanges (Spitze, Ward, Deane, & Zhou, 2012).

Mothers' Characteristics

Our focus in the current article is to identify which within-family differences in characteristics of adult children and mother-child dyads lead some offspring to hold accurate assessments of their mothers' preferences regarding their future caregivers, whereas other offspring do not. However, it is important to control for mother-level characteristics that might shape whether children in particular families, as a whole, are more or less likely to hold accurate perceptions of their mothers' preferences. For this reason, we include in the analysis number of living adult children in the family, race, gender composition of the sibship, mothers' marital status, and mothers' subjective health.

Methods

Procedures

The data used in the present analyses were collected as part of the Within-Family Differences Study. 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.

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 aged 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 2000s (Wright & Marsden, 2010). (Further details of the design can be found at <http://web.ics.purdue.edu/~jsuitor/within-family-differences-study/>.)

For the second wave of the 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).

The analytic sample for this article includes the 675 mother-adult child dyads nested within 285 families in which: (a) there were at least two living adult siblings; and (b) both the mother and adult child participated in the second wave of the study. Table 1 presents the demographic characteristics of the mothers and adult children that comprise the analytic sample for this article.

Measures

Dependent Variable

To measure congruence between mothers' reports of which children they preferred as their future caregivers and children's reports of mothers' caregiver preferences, we created a variable indicating whether the mother and child named

Table 1. Demographic Information on Mothers and Adult Children

Mothers	<i>N</i> = 285
Age in years (mean, <i>SD</i>)	78.0 (3.6)
Black (%)	23.3
Married (%)	39.8
Education (%)	
Less than high school	17.6
High school graduate	35.8
At least some college	21.0
College graduate and higher	25.6
Number of children (mean, <i>SD</i>)	3.8 (1.7)
Self-reported poor health (mean, <i>SD</i>)	3.3 (1.1)
Adult children	<i>N</i> = 675
Age in years (mean, <i>SD</i>)	49.3 (5.7)
Daughters (%)	57.8
Married (%)	64.1
Education (%)	
Less than high school	5.0
High school graduate	19.8
At least some college	18.3
College graduate and higher	57.0
Employed (%)	79.8
Parents (%)	77.3
Self-reported poor health (mean, <i>SD</i>)	2.2 (1.1)

the same child in the family. Each mother was asked “If you became ill or disabled and needed help on a day-to-day basis, which of your children would you prefer to have help you?” Each child was asked: “If your mother became ill or disabled and needed help on a day-to-day basis, which of your siblings would your mother prefer to help her?” The mother–child dyad was coded as congruent (1) when both the mother and child named the same offspring or when they both reported that the mother did not prefer any specific child as her future caregiver. All other combinations (mother and child named different siblings, mother named a particular preferred caregiver but the adult child said she did not have a preference, and mother did not prefer a specific offspring but child said she preferred a particular child) were coded as not congruent (0). About 84.2% of the mothers named a particular child and 86.1% of adult children reported that their mothers preferred a specific child.

Independent Variables

Mother–child similarity

Child’s gender was coded 0 = son and 1 = daughter. Following the lead of other recent studies in which data were collected from both generations (Fingerman et al., 2012; Kim et al., 2011), we included in the analysis both mothers’ and children’s reports of value similarity. To measure *similarity of attitudes regarding help to parents*, each mother was asked, “How similar are your views and [child’s name]’s views on the amount of help adult children should provide their parents—are your views very similar (4), similar (3), different (2), or very different (1)?” To measure similarity of religious values, each mother was asked, “How similar are your views and [child’s name]’s views on religion—are your views very similar (4), similar (3), different (2), or very different (1)?” Adult children were asked the same questions about their perceptions of similarity to their mothers regarding help to parents and religion.

Competing roles

Each child was asked his or her marital status (1 = *married*), number of living children (1 = *is a parent*), and the number of hours they usually worked each week (0 = *not employed*). Adult children’s subjective health was measured by asking each child whether his or her physical health was *excellent* (1) *very good*, (2) *good*, (3) *fair* (4), or *poor* (5).

History of support and interaction

We measured whether the adult children had served as primary or secondary caregivers by asking which children 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 created a set of dummy variables: (a) child was primary caregiver; (b) child was secondary caregiver; or (c) child did not provide care to mother. To measure frequency of interaction, each child was asked, “How often do you get together with your mother”; that

is, you visit her, she visits you, or you go out somewhere together—*every day* (7), *several times a week* (6), *at least once a week* (5), *2–3 times a month* (4), *about once a month* (3), *less than once a month* (2), or *never* (1). Children were also asked the same question regarding telephone contact with their mothers. These two items were combined such that the higher values indicate higher frequency of contact. Residential proximity was measured in travel time by ground transportation at T2. Categories were: (1) same house; (2) same neighborhood; (3) less than 15 min away; (4) 15–30 min away; (5) 30–60 min away; (6) more than an hour but less than 2 hr; (7) and two or more hours away.

Child-Level Control Variables

Educational attainment and being last-born have been found to predict mothers’ differentiation among her children regarding other dimensions of favoritism and disfavoritism. Specifically, mothers report being most proud of those with more education (Suitor et al., 2016), and are both most emotionally close to last-born children (Suitor, Gilligan, & Pillemer, 2013a) and prefer them as their future caregivers (Suitor, Gilligan, & Pillemer, 2013a). Thus, we felt it was important to control for both of these child-level characteristics. *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, posthigh school*; 5 = *1–3 years of college*; 6 = *college graduate*; and 7 = *graduate work*. Birth order was calculated on the basis of the ages of all of the children in the family, as reported by the mothers at T1.

Mother-level characteristics

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. All families who met the criteria for inclusion in the subsample identified as black or white. We coded race as white = 0 and black = 1. Family size was measured by the number of living adult children in the family at T2. Mothers’ subjective health was measured by asking each mother whether her physical health was *excellent* (1), *very good* (2), *good* (3), *fair* (4), or *poor* (5). Mothers’ marital status was coded as 0 = *unmarried* and 1 = *married*. Gender composition of the sibship was measured by calculating the proportion of daughters in the family.

Plan of Analysis

Because the 675 adult children were nested within 285 families, we used generalized linear mixed modeling (GLMM), which accounts for nonindependence and allows for correlated error structure. GLMM provides a mixed-effect model that can include both fixed effects for predictors at the mother–child dyad and child-levels (e.g., child’s parental status, primary caregiver status) and random

effects at the family level (e.g., race and gender composition of the sibship, mothers' poor health; Allison, 2009; Heck, Thomas, & Tabata, 2012). Such an approach has been used in similar studies of within-family differences in parent-adult child relations (Davey, Tucker, Fingerman, & Savla, 2009; Suitor, Gilligan, & Pillemer, 2013a).

Before conducting the final multivariate analyses, we examined the variance explained by the mother-level characteristics to determine whether these factors helped to explain congruence between mothers' and children's reports of mothers' caregiver preferences. We ran an intercept-only model, which provided the variance components to calculate the interclass correlation coefficients (Heck et al., 2012). The ICC was .047, indicating that the mother-level factors accounted for only 4.7% of the variance in congruence. Although the amount of mother-level variance was small, we conducted subsequent analyses to determine whether we could identify any particular mother-level characteristics that accounted for this explained variance. These analyses showed that neither gender composition of the sibship nor mothers' marital status contributed to the explained variance; thus, in the final model we present in the Results section, we omit both of these variables.

We conducted collinearity diagnostics; all of the VIFs were below 1.5. Listwise deletion was used to handle missing data on the independent variables because there were only 1.2% missing on any variable in the analysis (cf. Allison, 2010). The analyses were conducted using SPSS24.

Results

Congruence in Mothers' and Children's Reports Regarding Caregiver Preferences

Analyses showed that mothers' reported preferences for adult children as future caregivers and their adult children's reports of their mothers' preferences differed markedly. In fact, only 44.6% of the adult children's reports of their mothers' preferences matched the preferences stated by their mothers. This figure takes into consideration both those dyads in which mothers stated a preference for a particular child (84.2%) and those in which mothers said that they did not have a preference (15.8%). When we considered only those dyads in which mothers preferred a specific child, the proportion of adult children who correctly identified which children their mothers preferred changed very little; only 49.5% of the offspring correctly identified the children who had been named by their mothers as their preferred future caregivers.

Predictors of Congruence Between Children's Reports of Mothers' Caregiver Preferences and Mothers' Stated Preferences

Table 2 presents the predictors of congruence between children's reports of their mothers' preferences for particular children as future caregivers and their mothers' stated preferences.

Table 2. Mixed Model Results Predicting Adult Children's Congruence With Mothers Regarding Preferred Caregiver ($N = 675$ Within 285 Families)

Predictors	OR	95% CI
Mother level characteristics		
Family size	1.03	0.95–1.13
Black	0.59*	0.37–.96
Mothers' self-reported poor health ($5 = poor$)	1.18*	1.00–1.38
Child and mother-child dyad characteristics		
Child-level characteristics		
Educational attainment	0.94	0.83–1.06
Child is last-born	1.24	0.85–1.82
Mother-child similarity		
Daughter	1.07	0.76–1.51
Views on helping parents (mothers' reports)	1.38*	1.06–1.81
Views on helping parents (children's reports)	1.05	0.82–1.35
Views on religion (mothers' reports)	1.03	0.85–1.26
Views on religion (children's reports)	1.02	0.80–1.30
Competing roles		
Child is married	1.18	0.79–1.77
Child is parent	0.56*	0.36–0.85
Child hours worked per week	1.00	0.99–1.01
Child self-reported poor health ($5 = poor$)	0.79**	0.67–0.93
History of support and interaction		
Primary caregiver	0.61*	0.38–0.99
Secondary caregiver	0.82	0.56–1.19
Frequency of contact	0.91	0.79–1.04
Distance in travel time from mother	0.89*	0.80–0.98
Model statistics		
Bayesian information criterion	1008.60	
Akaike information criterion	923.98	

Note: CI = confidence interval; OR = odds ratio.

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

Mother-level characteristics

The first three rows present the findings regarding mother-level characteristics. We did not propose any hypotheses regarding mothers' characteristics because our focus was on which adult children were most likely to accurately report their mothers' caregiver preferences; however, the findings suggested that mothers' characteristics played a role in the conditions under which children were likely to have an accurate picture of their mothers' caregiver preferences. Adult children in families in which mothers reported being in worse health were more likely to accurately report their mothers' preferences for particular caregivers (OR = 1.18) whereas offspring in black families were only a little more than half as likely to accurately report their mothers' caregiver preferences as were children in white families (OR = 0.59).

Child and mother–child dyad characteristics

The results for the effect of mother–child similarity on congruence regarding mothers' caregiver preferences revealed that surprisingly few dimensions of similarity predicted congruence. In fact, only mothers' reports of similar views about helping parents (OR = 1.38) appear to have played a role in the accuracy of children's reports of their mothers' preferences for particular offspring as future caregivers.

Competing roles were better predictors of accuracy regarding mothers' caregiver preferences. Children who were themselves parents had substantially lower odds than those who were childless of accurately reporting their mothers' preferences (OR = 0.56), and those in worse health had much lower odds than those in better health of being accurate reporters of their mothers' preferences (OR = 0.79).

More surprising was the impact of history of caregiving and interaction on the accuracy of children's reports of their mothers' preferences. In fact, the odds of recent primary caregivers accurately reporting their mothers' caregiver preferences were only a little more than half as likely as were those of children who had provided no care (OR = 0.61). Proximity between mothers and children, as measured by travel time, predicted congruence as would be expected—in dyads in which mothers and children lived further apart, children had lower odds of accurately reporting their mothers' preferences (OR = 0.89). However, neither frequency of contact nor serving as a secondary caregiver predicted accurate reporting.

To be certain that these findings were not affected by including dyads in which mothers or children did not report a preferred caregiver, we conducted sensitivity analyses using only dyads in which both mothers and children named specific preferred caregivers (i.e., mother and child named same preferred caregiver vs mother and child named different preferred caregivers). These analyses revealed that the patterns of findings were the same as those reported in Table 2.

Discussion

The goal of this article was to explore the extent to which adult children hold accurate perceptions of their mothers' preferences for care from particular offspring and to identify characteristics of adult children and mother–child dyads that predict congruence between children's perceptions of their mothers' preferences and mothers' own stated preferences.

Drawing from Bengtson and Kuypers' (1971) classic "intergenerational stake" theory, and the empirical literature on discrepancies between parents and adult children regarding caregiving decisions (Moon et al., 2016; Reamy et al., 2011, 2013; Schmid et al., 2010; Tang et al., 2008; Whitlatch, Piiparinen, & Feinberg, 2009) we proposed that there would be substantial discrepancies in mothers' actual reports of which children they preferred as future caregivers and their adult children's reports regarding mothers'

caregiver preferences. This hypothesis was strongly supported; in fact, slightly less than half of the adult children in the study accurately reported mothers' preferences for care from particular offspring in the family.

This finding is noteworthy, given that such incongruence may have substantial implications for the quality of care provided to parents in later life. Specifically, in many families, adult children are not aware of their mothers' preferences for caregiving, which may impact mothers' psychological well-being when facing major health events. It is also possible that inaccurate perceptions may lead some mothers who have received care from children whom they did not prefer to forestall care longer than is optimal to avoid being cared for by the same offspring again.

Next, we addressed the question of which characteristics of adult children and mother–child dyads predicted congruence between mothers' actual preferences for particular offspring as future caregivers and their children's perceptions of their mothers' preferences. Building from classic theories of the role of homophily in interpersonal relations (cf. Lazarsfeld & Merton, 1954; McPherson et al., 2001), we argued that mothers and children who shared particular social statuses and values would be more knowledgeable about one another's circumstances, resulting in greater congruence between mothers' actual preferences and their children's perceptions of those preferences. However, similarity played a smaller role in predicting congruence between mothers and adult children than anticipated. Children were more likely to accurately report mothers' preferences for particular caregivers when their mothers perceived that they held shared views about filial obligation. However, congruence was not predicted by gender or children's perceptions of similar views.

Drawing from theoretical and empirical work on "greedy institutions" (Chelsey & Moen, 2006; Coser, 1991; Sarkisian & Gerstel, 2008), we proposed that marriage, parenthood, and employment might limit the time and attention focused on the parent–child relationship, resulting in children who had achieved these benchmarks being less aware of their mothers' caregiver preferences. We also reasoned that concerns about one's own health problems would compete with concerns regarding mothers' care; thus, we hypothesized that adult children who reported that their own health was poor would be less likely to accurately report their mothers' preferred caregivers. The findings provided partial support for our hypotheses. Children's competing roles involving parenting and one's own poor health predicted lower congruence in mothers' and adult children's reports of mothers' preferences. However, neither marriage nor work hours shaped congruence. We suggest that the responsibilities of parenting and managing one's own poor health may be more imposing and acute, and thus more likely to reduce congruence.

The most surprising finding was that children's own experiences as caregivers to their mothers did not increase the accuracy of their reports of their mothers' caregiver

preferences. In fact, adult children who reported they were primary caregivers to their mothers for a recent serious illness or injury or for chronic care needs were only about 60% as likely as noncaregivers to accurately report their mothers' caregiving preferences. It may be that mothers are reluctant to share information about their caregiver preferences with offspring who are providing them with care. This would seem particularly likely in cases in which primary caregivers were not offspring whom their mothers had reported as their preferred caregivers. Such circumstances were quite common—in fact, of the 176 offspring whom mothers named as their preferred caregivers for a recent health event or chronic condition, only a little more than one-third reported that they were their mothers' primary caregivers. Thus, a substantial proportion of mothers with recent care needs may have been reluctant to share their preferences with primary caregivers who were not their first choice. Their reluctance may be motivated by concerns that they would offend caregivers who were not their first choice, possibility leading to changes in the quality of care. Mothers may be also reluctant to share caregiver preferences because they do not wish to seem ungrateful of the care they are being provided.

Although such avoidance of this topic is certainly in line with the strong norms against expressing parental favoritism and disfavoritism, given the potential consequences of violating mothers' caregiver preferences for well-being when facing health events, remaining silent about preferences for particular children as future caregivers may lead to poor caregiving outcomes or unmet care needs. We hope that future research using qualitative data from mothers about their communication with their offspring about their caregiving preferences can help to explain this unexpected finding.

Finally, mothers' characteristics also played a role in the accuracy of children's perceptions of mothers' caregiver preferences. Consistent with other studies of intergenerational congruence, children were more accurate when their mothers were in worse health, and thus had pressing care needs. Given the greater closeness generally found between the generations in black than white families (cf. Kaufman & Uhlenberg, 1998; Sechrist, Suito, Henderson, Cline, & Steinhour, 2007; Silverstein & Bengtson, 1997), we would have expected greater accuracy among black adult children; however, children in black families were only about half as likely as those in white families to hold accurate perceptions of mothers' caregiver preferences. Neither post hoc quantitative analyses nor examination of qualitative data collected from the respondents helped to explain this finding. It is worth noting that Reamy and colleagues (2011) also reported less congruence between caregivers and care recipients in black than white families regarding values on some dimensions of caregiving. Perhaps, as they suggested, our finding reflects broader differences by race and ethnicity in the way that caregiving is experienced (Reamy et al., 2011; Schmid et al., 2010).

In summary, although prior research has shown that most mothers have strong preferences regarding which children become their future caregivers (Pillemer & Suito, 2006; Suito & Pillemer, 2006; Suito, Gilligan, & Pillemer 2013a; 2013b), and that the violation of these preferences has consequences for mothers' psychological well-being when facing serious health events (Suito, Gilligan, & Pillemer, 2013b), the present article is the first research to investigate whether adult children are aware of their mothers' preferences for particular caregivers. Our findings reveal that adult children are more likely to hold inaccurate than accurate perceptions of their mothers' preferences, and that those most likely to hold such inaccurate perceptions are offspring who would be expected to be especially knowledgeable about their mothers' preferences—adult children who are already serving as primary caregivers. These patterns may have important implications for mothers' psychological well-being and for the quality of care that mothers receive when facing health events in later life. In particular, these findings underscore the need for intervention efforts to encourage practitioners and clinicians to collect information directly from mothers regarding preferences for particular offspring as caregivers before or at the time when major health events occur.

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Conflict of Interest

None declared.

References

- Albert, I., Ferring, D., & Michels, T. (2013). Intergenerational family relations in Luxembourg: Family values and intergenerational solidarity in Portuguese immigrant and Luxembourgish families. *European Psychologist, 18*(1), 59–69. doi:10.1027/1016-9040/a000125
- Allison, P. D. (2009). *Fixed effects regression models* (Vol. 160). Thousand Oaks: SAGE publications.
- Allison, P. D. (2010). Missing data. In J. Wright & P. Marsden (Eds.), *Handbook of survey research* (pp. 631–658). Bingley, UK: Emerald Group Limited.

- Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage & the Family*, 63, 1–16. doi:10.1111/j.1741-3737.2001.00001.x
- Bengtson, V. L., & Kuypers, J. A. (1971). Generational difference and the developmental stake. *Aging and Human Development*, 2, 249–260. doi:10.2190/AG.2.4.b
- Bengtson, V. L., Olander, E. B., & Haddad, A. A. (1976). The generation gap and aging family members: Toward a conceptual model. In J. E. Gubrium (Ed.), *Time, Roles, and Self in Old Age*, (pp. 237–263). New York: Human Sciences Press.
- Bengtson, V. L., & Roberts, R. E. L. (1991). Intergenerational solidarity in aging families: An example of formal theory construction. *Journal of Marriage and the Family*, 53, 856–870. doi:10.2307/352993
- Birditt, K. S., Hartnett, C. S., Fingerman, K. L., Zarit, S., & Antonucci, T. C. (2015). Extending the intergenerational stake hypothesis: Evidence of an intraindividual stake and implications for well-being. *Journal of Marriage and the Family*, 77, 877–888. doi:10.1111/jomf.12203
- Chelsey, N., & Moen, P. (2006). When workers care: Dual-earner couples' caregiving strategies, benefit use, and psychological well-being. *American Behavioral Scientist*, 49, 1248–1269. doi:10.1177/0002764206286388
- Chodorow, N. (1978). *The reproduction of mothering*. Berkeley/Los Angeles, CA: University of California Press.
- Cicirelli, V. G. (1993). Attachment and obligation as daughter's motives for caregiving behavior and subsequent effect on subjective burden. *Psychology and Aging*, 8(2), 144–155. doi:10.1037/0882-7974.8.2.144
- Coser, R. L. (1991). *In defense of modernity: Role complexity and individual autonomy*. Stanford, CA: Stanford University Press.
- Davey, A., Tucker, C. J., Fingerman, K., & Savla, J. (2009). Within-family variability in representations of past relationships with parents. *Journal of Gerontology: Psychological Sciences and Social Sciences*, 64, 125–136. doi:10.1093/geronb/gbn001
- Deane, G., Spitze, G., Ward, R. A., & Zhuo, Y. A. (2016). Close to you? How parent-adult child contact is influenced by family patterns. *Journal of Gerontology: Psychological Sciences and Social Sciences*, 71, 344–357. doi:10.1093/geronb/gbv036
- Fingerman, K. L., Cheng, Y. P., Wesselmann, E. D., Zarit, S., Furstenberg, F., & Birditt, K. S. (2012). Helicopter parents and landing pad kids: Intense parental support of grown children. *Journal of Marriage and the Family*, 74, 880–896. doi:10.1111/j.1741-3737.2012.00987.x
- Gilligan, C. (1982). *In a different voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press.
- Gilligan, M., Suito, J. J., Rurka, M., Con, G., & Pillemer, K. (2017). Adult children's serious health conditions and the flow of support between the generations. *The Gerontologist*, 57, 179–190. doi:10.1093/geront/gnv075
- Goldberg-Looney, L. D., Perrin, P. B., Morlett-Paredes, A., & Mickens, M. N. (2017). College-age adults' religiosity, family functioning and values, and willingness to provide care for a relative with a chronic health condition. *Rehabilitation Psychology*, 62, 100–109. doi:10.1037/rep0000148
- Heck, R. H., Thomas, S. L., Tabata, L. N. (2012). *Multilevel modeling of categorical outcomes using IBM SPSS*. NY: Routledge.
- Kalmijn, M., & Liefbroer, A. C. (2011). Nonresponse of secondary respondents in multi-actor surveys: Determinants, consequences, and possible remedies. *Journal of Family Issues*, 32, 735–766. doi:10.1177/0192513x10390184
- Kaufman, G., & Uhlenberg, P. (1998). Effects of life course transitions on the quality of relationships between adult children and their parents. *Journal of Marriage and the Family*, 60(4), 924–938. doi:10.2307/353635
- Kim, K., Zarit, S. H., Birditt, K. S., & Fingerman, K. L. (2014). Discrepancy in reports of support exchanges between parents and adult offspring: Within- and between-family differences. *Journal of Family Psychology*, 28, 168–179. doi:10.1037/a0035735
- Kim, K., Zarit, S. H., Eggebeen, D. J., Birditt, K. S., & Fingerman, K. L. (2011). Discrepancies in reports of support exchanges between aging parents and their middle-aged children. *Journal of Gerontology: Psychological Sciences and Social Sciences*, 66B, 527–537. doi:10.1093/geronb/gbr029
- Kobayashi, K. M., & Funk, L. (2010). Of the family tree: Congruence on filial obligation between older parents and adult children in Japanese Canadian families. *Canadian Journal on Aging*, 29, 85–96. doi:10.1017/S0714980809990341
- Lazarsfeld, P. F., & Merton, R. K. (1954). Friendship as a social process: A substantive and methodological analysis. In M. Berger, T. Abel, & C. H. Page (Eds.), *Freedom and control in modern society*. (pp. 18–66). New York: D. Van Nostrand.
- Lin, I. F., & Wu, H. S. (2017). Intergenerational transfer and reporting bias: An application of the MIMIC model. *Journal of Gerontology: Psychological Sciences and Social Sciences*, 73, 19–29. doi:10.1093/geronb/gbx080
- Mandemakers, J. J., & Dykstra, P. A. (2008). Discrepancies in parent's and adult child's reports of support and contact. *Journal of Marriage and Family*, 70, 495–506. doi:10.1111/j.1741-3737.2008.00496.x
- McPherson, M., Smith-Lovin, L., & Cook, J. M. (2001). Birds of a feather: Homophily in social networks. *Annual Review of Sociology*, 27, 415–444. doi:10.1146/annurev.soc.27.1.415
- Min, J., Silverstein, M., & Lendon, J. P. (2012). Intergenerational transmission of values over the family life course. *Advances in Life Course Research*, 17, 112–120. doi:10.1016/j.alcr.2012.05.001
- Moon, H., Townsend, A. L., Whitlatch, C. J., & Dilworth-Anderson, P. (2016). Quality of life for dementia caregiving dyads: Effects of incongruent perceptions of everyday care and values. *The Gerontologist*, 57, 657–666. doi:10.1093/geront/gnv055
- Paulson, D. & Bassett, R. (2016). Prepared to care: Adult attachment and filial obligation. *Aging and Mental Health*, 20(11), 1221–1228. doi:10.1080/13607863.2015.1072800
- Pillemer, K., & Suito, J. J. (2006). Making choices: A within-family study of caregiver selection. *The Gerontologist*, 46, 439–448.
- Reamy, A. M., Kim, K., Zarit, S. H., & Whitlatch, C. J. (2011). Understanding discrepancy in perceptions of values: Individuals with mild to moderate dementia and their family caregivers. *The Gerontologist*, 51, 473–483. doi:10.1093/geront/gnr010
- Reamy, A. M., Kim, K., Zarit, Z. H., & Whitlatch, C. J. (2013). Values and preferences of individuals with dementia: Perceptions of family caregivers over time. *The Gerontologist*, 53(2), 293–302. doi:10.1093/geront/gns078
- Sarkisian, N., & Gerstel, N. (2008). Till marriage do us part: Adult children's relationships with their parents. *Journal of Marriage and Family*, 70, 360–376. doi:10.1111/j.1741-3737.2008.00487.x
- Schaefer, D. R. (2010). A configurational approach to homophily using lattice visualization. *Connections*, 30, 21–40.

- Schmid, B., Allen, R. S., Haley, P. P., & Decoster, J. (2010). Family matters: Dyadic agreement in end-of-life medical decision making. *The Gerontologist*, *50*, 226–237. doi:10.1093/geront/gnp166
- Sechrist, J., Suito, J. J., Henderson, A. C., Cline, K. M., & Steinhour, M. (2007). Regional differences in mother adult-child relations: A brief report. *Journal of Gerontology: Psychological Sciences and Social Sciences*, *62*, S388–S391. doi:10.1093/geronb/62.6.S388
- Shapiro, A. (2004). Revisiting the generation gap: Exploring the relationships of parent/adult-child dyads. *International Journal of Aging & Human Development*, *58*, 127–146. doi:10.2190/EVFK-7F2X-KQNV-DH58
- Silverstein, M., & Bengtson, V. L. (1997). Intergenerational solidarity and the structure of adult child-parent relationships in American families. *American Journal of Sociology*, *103*, 429–60. doi:10.1086/231213
- Speirs, C., Huang, V., & Konnert, C. (2017). Cultural differences in young adults' perceptions of the probability of future family life events. *The International Journal of Aging and Human Development*, *85*(3), 248–264. doi:10.1177/0091415016689475
- Spitze, G., Ward, R., Deane, G., & Zhou, Y. (2012). Cross-sibling effects on parent-adult child exchanges of socioemotional support. *Research on Aging*, *23*, 429–456. doi:10.1177/0164027511420170
- Steinbach, A., Kopp, J., & Lazarevic, P. (2017). Divergent perceptions of intergenerational relationships: What implications, if any? *Journal of Family Studies*, advance online publication. doi:10.1080/13229400.2016.1269659
- Suito, J. J., Gilligan, M., Peng, S., Con, G., Rurka, M., & Pillemer, K. (2016). My pride and joy? Predicting favoritism and disfavoritism in mother-adult child relations. *Journal of Marriage and Family*, *78*, 908–925. doi: 10.1111/jomf.12288
- Suito, J. J., Gilligan, M., & Pillemer, K. (2013a). Continuity and change in mothers' favoritism toward offspring in adulthood. *Journal of Marriage and Family*, *75*, 1229–1247. doi:10.1111/jomf.12067
- Suito, J. J., Gilligan, M., & Pillemer, K. (2013b). The role of violated caregiver preferences in psychological well-being when older mothers need assistance. *The Gerontologist*, *53*(3), 388–396. doi:10.1093/geront/gns084
- Suito, J. J., Gilligan, M., & Pillemer, K. (2015). Stability, change, and complexity in later life families. In L. K. George & K. F. Ferraro (Eds.), *Handbook of aging and the social sciences* (8th ed., pp. 206–226). New York: Elsevier/Academic.
- Suito, J. J., & Pillemer, K. (2006). Choosing daughters: Exploring why mothers favor adult daughters over sons. *Sociological Perspectives*, *49*, 139–160. doi:10.1525/sop.2006.49.2.139
- Suito, J. J., Sechrist, J., Steinhour, M., & Pillemer, K. (2006). 'I'm sure she chose me!' Consistency in intergenerational reports of mothers' favoritism in later-life families. *Family Relations*, *55*, 526–538. doi:10.1111/j.1741-3729.2006.00423.x
- Tang, S. T., Liu, T. W., Tsai, C. M., Wang, C. H., Chang, G. C., & Liu, L. N. (2008). Patient awareness of prognosis, patient-family caregiver congruence on the preferred place of death, and caregiving burden of families contribute to the quality of life for terminally ill cancer patients in Taiwan. *Psycho-oncology*, *17*, 1202–1209. doi:10.1002/pon.1343
- Thoits, P. A. (1986). Multiple identities: Examining gender and marital status differences in distress. *American Sociological Review*, *51*, 259–272. doi:10.2307/2095520
- Whitlatch, C. J., Piiparinen, R., & Feinberg, L. F. (2009). How well do family caregivers know their relatives' care values and preferences. *Dementia*, *8*(2), 223–243. doi:10.1177/1471301209103259
- Williams, C. L. (1993). Psychoanalytic theory and the sociology of gender. In P. England (Ed.), *Theory on gender/feminism on theory* (pp. 131–149). New York: Aldine de Gruyter.
- Wright, J. D., & Marsden, P. V. (2010). Survey research and social science: History, current practice, and future prospects. In P. V. Marsden & J. D. Wright (Eds.), *Handbook of survey research* (pp. 3–26). Bingley, UK: Emerald Group Limited.