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ABSTRACT

To assess the impact of gender and filial relationship on adult children's sense of filial obligation, two studies were conducted. The first determined how typical caregiver tasks are classified. Middle-aged men (N=95) and women (N=95) rated seven representative tasks. There was considerable consensus on the designation of five tasks as being either provider behaviors or personal care. To test the impact of gender and filial relationship on filial obligation middle-aged men (N=80) and women (N=80) in northern Indiana responded to a questionnaire which asked them to indicate to what extent they believed they should undertake each of seven caregiving tasks to assist their mothers/mothers-in-law. Despite high levels of filial obligation respondents discriminated between personal care and those tasks that are provider or ambiguous in nature. In general respondents felt less obligated to perform personal care than other forms of caregiving. Second, main effects for gender emerged with respect to four of the seven tasks. As expected, men felt less obligated to engage in each of the personal tasks as well as less obligated to drive their elders to appointments than did women. Third, main effects for filial relationship emerged for every task but driving an elder to appointments. In each case the obligation to mother-in-law was rated as lower than was the obligation to a mother. (ABL)

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Precipitants of Caregiver Stress: The Impact of Gender Roles and Filial Relationship
on the Allocation of Provider and Personal Care Tasks

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One of the most intriguing findings to have emerged in the caregiving literature is that daughters tend to experience greater stress from assuming the role of caregiver to an aging parent than do sons, even when their objective burden in so doing is similar (Cantor, 1983; Cicirelli, 1981; Horowitz, 1985; Johnson, 1983; Robinson & Thurnher, 1979). According to numerous accounts, this gender difference is likely to reflect the fact that stress is a response not only to the objective burden that caregiving entails but also to the motives and expectations that adult children bring to the caregiving situation (Cantor, 1983; Montgomery et al., 1985; Scharlach, 1987; Zarit et al., 1980). As Scharlach has noted, for example, it is conceivable that, because adult children typically assume the role of caregiver out of a sense of duty toward one's parents (Brody et al., 1983; Schorr, 1960), women interpret filial obligation in a different and more stress-inducing manner than do men. The present study was undertaken to systematically address this issue by examining (a) whether middle-aged men and women differ in the extent to which they perceive that they should engage in various caregiving tasks (were the situation to warrant the provision of care) and (b) whether these perceptions depend on the type of filial relationship that exists between the caregiver and the care recipient (i.e., mother versus mother-in-law).

The idea that men and women define their caregiving obligation differently developed out of the observation that family responsibilities are allocated, in part, according to gender. Traditionally, women

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are expected to be the nurturers, to assume responsibility for family issues, and to perform domestic tasks, whereas men are primarily the financial providers (e.g., Pleck, 1977). Because both men and women support this division of family responsibility (Osmond & Martin, 1975), they are each likely to have strong views of filial obligation to elderly parents that are influenced by gender role expectations. It is predicted, therefore, that men and women will both be willing to assume caregiving, but differences will emerge as to what that role involves. Specifically, although women will feel obligated to perform the whole range of tasks involved in providing care, men will differentiate between those tasks that are related to their role of family provider and those that are "nurturing" in nature (i.e., personal care).

Although role allocation with respect to caregiving is expected to be primarily based on gender, there are reasons to suspect that the nature of the relationship between the caregiver and the care recipient may also affect this process (Cicirelli, 1981; Horowitz, 1985). According to some (e.g., Ikels, 1983), an important factor governing the assumption of the caregiving role is the closeness of the kinship tie. If such is the case, then adult children may experience a reduced sense of duty and obligation toward their in-laws. After all, because the relationship and history of exchanges between adult children and their spouses' family will be of shorter duration, the bond between adult children and their in-laws may not be as strong as the bond between adult children and their family of origin. Thus, it is predicted that filial obligation will be mitigated somewhat when the recipient is a mother-in-law.

To assess the impact of gender and filial relationship on adult children's sense of filial obligation, two studies were conducted. The first determined how typical caregiver tasks are classified. A total of 95 middle-aged men and 95 women agreed to rate 7 representative tasks. As shown in Table 1, there was considerable consensus on the designation of 5 tasks as being either provider behaviors or personal care. Because equal numbers rated driving the elder to appointments and managing the elder's finances as provider and personal care, they have been designated "Ambiguous Tasks."

To test the impact of gender and filial relationship on filial obligation, 80 middle-aged men and 80 women were recruited through community agencies in the Northern Indiana area and administered a questionnaire under one of two instructional sets (mother vs. mother-in-law):

Think about a time when your mother (mother-in-law) will be elderly and a widow. Picture her as too frail or perhaps too ill to take care of her needs. She is unable to manage such things as household maintenance and repairs, routine household chores, transportation to places where she needs and wants to go, and even her personal care needs. We want you to think about how you will handle this situation and the decisions that you may be required to make regarding your mother (mother-in-law).

Respondents were then directed to indicate on a 9-point scale to what extent they believe they should undertake each of 7 caregiving tasks (shown here in Table 1) to assist their mothers/mothers-in-law.

Based on the data obtained and analyzed using ANOVA (presented in Table 2), several findings warrant comment. First, despite high levels of filial obligation (i.e., rated "shoulds"), a review of cell means indicates that respondents discriminated between personal care and those tasks that are provider or ambiguous in nature. In general, respondents felt less obligated to perform personal care than other forms of caregiving ($p < .05$). Second, main effects for gender emerged with respect to 4 of the 7 tasks. As expected, men felt less obligated to engage in each of the personal care tasks as well as less obligated to drive their elder to appointments than did women ($p < .05$ in each case). Third, main effects for filial relationship emerged for every task but driving an elder to appointments. In each case, the obligation to mother-in-law was rated as lower than was the obligation to a mother ($p < .05$). And finally, no interactions were obtained.

Despite our recognition that men and women are experiencing changing life-styles, gender-roles continue to appear to be divided along traditional norms not only in the nuclear family but also with regard to parent care. Although Robinson and Thurnher (1979) found sons as likely to report helping a

parent, Houser and associates (1985) reported traditional sex differences still persist regarding caregiving. This does not imply that men lack a sense of filial obligation but that a cultural definition of gender-appropriate behavior exists and that adult children will transfer these gender-defined norms--as well as loyalties to the family of origin--to the care of their frail, elderly parents.

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KEY WORDS: CAREGIVING-FILIAL CAREGIVERS; INTERGENERATIONAL RELATIONS--
OTHER FAMILY RELATIONS (E.G., PARENT-CHILD)

Table 1
 Classification of Caregiving Behaviors as Provider or Personal Care Tasks

<u>Caregiver Behaviors</u>	Frequency of Designation	
	<u>Personal Care</u>	<u>Provider</u>
<u>Provider Tasks</u>		
If you had the means, supplement her income so she can hire a cleaning person or do her household tasks yourself.	7%	93%
If you had the means, pay for a nurse or a companion to assist her in her home.	10%	90%
<u>Ambiguous Tasks</u>		
Drive her to appointments or to do shopping	52%	48%
Assist her with managing her finances	42%	58%
<u>Personal Care</u>		
Assist her with things like feeding or dressing	92%	8%
Supervise her continuously through the day in your home.	83%	17%
Perform nursing care tasks for her in your home.	87%	13%

Note. Based on responses from 95 middle-aged men and 95 women. Women were significantly more likely to designate hiring a cleaning person and hiring a nurse as personal care tasks than were men and men were significantly more likely to designate performing nursing care tasks as a personal care task than were women.

Table 2

Middle-Aged Men and Women's Mean Ratings of the Extent to Which They Believe They Should Undertake a Caregiving Task as a Function of Filial Relationship

	MEN		WOMEN	
	<u>Mother</u>	<u>Mother-in-Law</u>	<u>Mother</u>	<u>Mother-in-Law</u>
<u>Provider Tasks</u>				
If you had the means, supplement her income so she can hire a cleaning person or do her household tasks yourself.	8.5	7.4	8.0	7.5
If you had the means, pay for a nurse or a companion to assist her in her home.	8.3	7.7	8.1	7.4
<u>Ambiguous Tasks</u>				
Drive her to appointments or to do shopping	7.3	7.1	8.1	7.6
Assist her with managing her finances	8.5	8.1	8.4	7.7
<u>Personal Care</u>				
Assist her with things like feeding or dressing	6.3	4.4	7.0	6.2
Supervise her continuously through the day in your home.	4.4	3.5	5.5	4.3
Perform nursing care tasks for her in your home.	5.2	4.1	6.3	4.9

Note. Scores ranged from 1 (Should Provide No Assistance) to 9 (Should Provide Total Assistance). Cell means are based on 40 subjects per condition.