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UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

THE OLDER MOTHER-DAUGHTER RELATIONSHIP: THE INFLUENCE OF CAREGIVING BELIEFS ON COMMUNICATIVE BEHAVIORS PRIOR TO DEPENDENCY

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

By

Loretta L. Pecchioni
Norman, OK
1998

THE OLDER MOTHER-DAUGHTER RELATIONSHIP:
THE INFLUENCE OF CAREGIVING BELIEFS
ON COMMUNICATIVE BEHAVIORS
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A Dissertation APPROVED FOR THE
DEPARTMENT OF COMMUNICATION

BY

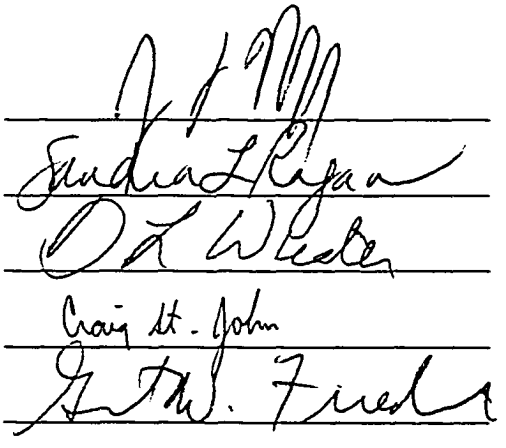

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TABLE OF CONTENTS

LIST OF TABLES

ABSTRACT

With the increasing number of elderly in the United States, informal caregiving networks will be challenged to assist the care receiver in maintaining his/her autonomy for as long as possible while still attending to day-to-day needs. The goal of this study was to develop a richer understanding of the interaction between mothers and daughters prior to dependency. Previous research has not focused on potential caregiving nor has the process of decision-making within caregiving been studied through the participants' interaction with each other. Examining their interaction provides valuable insights into the nature of their relationship and their current decision-making process. Knowledge about the current status of their relationship also provides insight into how they may handle renegotiating their relationship as the mother becomes increasingly dependent on the daughter for her day-to-day needs.

Thirty-six mother-daughter dyads were tape recorded as they discussed how they would handle the mother's day-to-day needs were she to be diagnosed with an increasingly debilitating disease. In addition, each individual reported her attitudes toward autonomy and paternalism in caregiving situations as well as her conflict strategy preferences when in a disagreement with her interview partner.

The discussions between mothers and daughters were analyzed in order to identify: (a) who controlled the conversation; (b) the level of involvement of each participant; (c) the level of regard towards the partner; (d) how conflict was managed; (e) the topics or issues raised in their discussions; and (f) whether autonomy and paternalism beliefs are associated with conflict strategy preferences.

All the mothers and daughters reported a strong belief in shared autonomy, but were about evenly split between having strong and weak beliefs in independent autonomy. Mothers were more likely than daughters to hold a strong belief in paternalism. When having a conflict with each other, mothers reported using more nonconfrontation strategies than did daughters. Neither mothers nor daughters reported a high use of controlling strategies, although mothers were more likely to do so than were daughters. Both mothers and daughters expressed a strong preference for utilizing solution-oriented strategies with each other.

When measuring control of the conversation by percentage of time talked, control was predicted by mothers' and daughters' paternalism scores. Mothers with a strong belief in paternalism had daughters who talked more; while daughters with a strong belief in paternalism talked less. Other measures of control, i.e., the amount the daughter spoke for the mother and who appeared to be the decision-maker, were not predicted by autonomy and paternalism beliefs.

The mothers and daughters in this study reported having very harmonious relationships, overall exhibiting high levels of involvement and positive regard towards each other. Mothers' involvement was predicted by their nonconfrontation scores, that is, mothers reporting a higher usage of nonconfrontation strategies were less involved. Daughters' involvement, however, was predicted by the interaction between the mothers' control scores and the daughters' solution-orientation scores. Daughters were more involved when they preferred solution-orientation strategies and their mothers preferred noncontrolling strategies. The level of positive regard was not predicted for either

participant by any of the variables. Overall, very high levels of positive regard led to little variability in this measure. The harmonious nature of these relationships was supported by the relatively low number of disagreements that occurred. Preferences for conflict strategies did not predict the occurrence of a disagreement or the strategies exhibited when disagreements did arise. Mothers and daughters reported that the level of conflict in their relationships had decreased over the years because: (a) they had learned not to argue over small matters; (b) they had come to appreciate each other more through time; and, (c) they had learned to agree to disagree in order to avoid major rifts in their relationship.

Examining the content of their conversations, mothers and daughters talked about prior family experiences with caregiving, and the role different family members would play as well as the role of formal services. In addition, they discussed the possibility of someone making a move to be closer or to share a residence as well as the possibility of the mother entering a nursing home. Two-thirds of the mothers expressed a desire not to be a burden to their children, which played a role in their preference for moving to a nursing home over coresiding with a child. In addition, most mothers expressed a desire to stay in their own homes as long as possible. Although most mothers and daughters reported that they had not talked much or at all about these types of decisions, the vast majority also indicated that they felt no need to have further discussions, at least not at this time. The most common reason given for not needing further discussions was the implicit nature of their relationship in which the daughter would know what the mother wanted because of previous experiences and/or the daughter's deep knowledge of her mother.

Comparing the autonomy and paternalism scores with conflict strategy preferences, mothers who held stronger beliefs in independent autonomy reported utilizing more controlling strategies; while both mothers and daughters with stronger beliefs in paternalism reported using more nonconfrontation strategies. Therefore, mothers who reported a stronger belief in individuals making decisions for themselves were more likely to report using competitive, noncompromising strategies during conflicts with their daughters. Mothers and daughters who held stronger beliefs that it is alright to make decisions for someone else as long as it is in his/her best interest also reported using strategies such as changing the topic, holding her tongue to avoid a disagreement, or minimizing differences when having a conflict.

The lifespan perspective is utilized to provide a framework for understanding the results of this study within the context of the lives of the participants as their relationship with each other is renegotiated to meet the changing needs of the individuals in the relationship and in light of changing social and cultural definitions of their relationship. The lifespan perspective not only allows us to examine events that led a family to their current status, but allows us to project into the future how that family will manage difficulties.

THE OLDER MOTHER-DAUGHTER RELATIONSHIP: THE INFLUENCE OF CAREGIVING BELIEFS ON COMMUNICATIVE BEHAVIORS PRIOR TO DEPENDENCY

Chapter I

Introduction

Background of the Problem

A healthy, 67 year old woman, after responding to a series of questions regarding caregiving for elderly parents asked, "how old is elderly? 'cuz I sure don't want to get there." A healthy, 64 year old woman said

> well, I guess it just comes to that doesn't it. That that role reversal . . . I just hope I have the grace to accept it when it happens and I don't give my kids too many fits.

These women were discussing getting older, potential caregiving, and their relationships with their children, especially their daughters. As we age and experience the vagaries of life, our relationships with those around us are influenced by these events. These family relationships, as are all, are constituted through communication. Through symbolic interaction, individuals come to develop shared meanings for experiences that create common understanding (Baxter & Montgomery, 1996; Duck, 1994; Duck, Rutt, Hurst, & Strejc; 1991; Wood, 1995). Communication, therefore, is the very basis of social life (Nussbaum, Hummert, Williams, & Harwood, 1996). Most children begin to develop language skills as well as their values and attitudes in the family of origin (Burleson, Delia, & Applegate, 1995). The parent-child relationship has significant impact on both parties (Burleson et al., 1995; Worobey, 1989), not only during the child's early years, but also

has an enduring quality that continues throughout the lifespan of the relationship (Henwood, 1995; Nussbaum, Thompson, & Robinson, 1989; Rossi & Rossi, 1990).

While the parent-child relationship is enduring, that does not mean that it is not without change (Logan & Spitze, 1996; Seltzer & Ryff, 1994). Changes in the relationship frequently occur when one of the members of the relationship undergoes an important life change; such as, when the child moves out of the parents' home, gets married, becomes a parent him/herself; or when the parents get divorced or one of the parents becomes frail and dependent in his/her later years (Baruch & Barnett, 1983; Boyd; 1989; Fischer, 1981). These transitions necessarily lead to a redefinition and renegotiation of the relationship which occurs through communicative processes (Baruch & Barnett, 1983; Boyd, 1989; Fischer, 1981). With the growing number of elderly and increased life expectancies, an increasing number of parents and children will experience the transition to parental dependency (Moody, 1994). This transition is a particularly significant one as both parent and child enter into new roles within their relationship (Cicirelli, 1992; Walker & Allen, 1991).

With the increasing number of elderly and increasing life expectancies, the number of individuals in caregiving relationships is expected to increase (Moody, 1994). Women are highly likely to experience the role of caregiver to an elderly family member (Himes, 1994; Moody, 1994) with the most common caregiving dyad being that of the mother and daughter (Cicirelli, 1992, 1993b).

Decision-making in the caregiving situation becomes particularly important for care receivers if their sense of autonomy is eroded because of the negative consequences

of this loss of ability to control one's own life (Collopy, 1988; Hofland, 1988). Although decision-making has important consequences, parents and children rarely have explicit discussions regarding their preferences for caregiving (Cicirelli, 1993a, 1993b). Individuals in long standing relationships tend to build implicit decision-making processes (Sillars & Kalbfleisch, 1989) leading to a false sense of knowledge about the other's desires and wishes. Family members in caregiving situations assume they understand the elderly person's wishes and desires; however, little congruence exists between the family's predictions of the care receiver's preferences and the care receiver's reports of preferences (Cicirelli, 1992; Uhlmann, Pearlman, & Cain, 1988). Decisions usually reflect the decision-makers' own preferences more than what they think the care receiver desires or the expressed desires of the care receiver (Zweibel & Cassel, 1989). In addition, differences in attitudes and beliefs regarding caregiving may lead to conflict between the caregiver and the care receiver (Cicirelli, 1981, 1993b; Horowitz, Silverstone, & Reinhardt, 1991; Steinmetz & Amsden, 1983). The need for discussions regarding caregiving preferences is tremendous because of the consequences of these decisions. Parents and children need to have clear, explicit discussions regarding these issues before the onset of dependency (Cicirelli, 1992, 1993b). Most of the research in this area, as evidenced by the above summary, has focused on decision-making once a caregiving relationship has been established. Because of the need to begin to develop a better understanding of this process, potential caregiving dyads (specifically mothers and daughters) should be studied as they discuss caregiving related issues at a point prior to the development of dependency. Little is known about this stage of the relationship.

Previous research has shown that once the mother and daughter enter into a caregiving relationship, their beliefs regarding autonomy and paternalism influence their decision-making processes as well as their reported communicative behaviors (Cicirelli, 1992, 1993a, 1993b). Cicirelli (1992) has pointed out that the measurement of beliefs is an easier process to accomplish than is observing actual caregiving behaviors, but also provides an approach for studying potential caregiving dyads that may lead to predictions about later caregiving behaviors. Even though little is known about the influence of caregiving beliefs prior to the onset of parental dependency, some predictions may be made based on prior research.

Conflict is an integral part of the mother-daughter relationship (Baruch & Barnett, 1983; Boyd, 1989; Henwood & Coughlan, 1993) and continues to be evident during caregiving (Walker & Allen, 1991). Differences in beliefs regarding caregiving may also lead to conflict (Cicirelli, 1992; Horowitz, Silverstone, & Reinhardt, 1991; Steinmetz & Amsden, 1983). Although conflict may be more evident in some mother-daughter relationships than in others (Walker & Allen, 1991) and preferences for conflict styles may change across the lifespan (Bergstrom & Nussbaum, 1996), little is known about conflict in regards to caregiving decisions prior to dependency.

Statement of the Problem

With the growing number of elderly in the United States, informal caregiving networks will be challenged to assist care receivers in their maintenance of autonomy for as long as possible while attending to day-to-day needs. The goal of this study will be to develop a richer understanding of the interaction between mothers and daughters before

the mother has become dependent on the daughter. In addition, examining their interaction will reveal their current decision-making process which may influence how they will handle renegotiating their relationship as the mother becomes increasingly dependent on the daughter for her day-to-day needs.

Definition of Terms

"Caregiving" may be defined as any form of assistance provided by one party to or for another, although much of the literature on caregiving focuses on situations in which the care receiver has a chronic illness (Kahana, Biegel, & Wykle, 1994). Caregiving is then divided between the "formal" and "informal" networks of an individual. The formal network consists of medical personnel and other service providers (e.g., meal delivery or housecleaning services); while the informal network consists of family, friends, and neighbors (Noelker & Bass, 1994). Within the informal network, caregiving refers not only to the "physical work or financial assistance involved but also includes the accompanying comfort that family members provide" (Aldous, 1994, p. 4). The majority of caregiving is provided by the informal caregiving network with an estimated two-thirds of the elderly receiving some level of care from their children (Cantor, 1992).

One of the most critical aspects of caregiving is maintaining a balance between autonomy for the care receiver and decisions and standards of caregivers (Collopy, 1988). Personal autonomy for an individual is defined as "having the capacity to make and execute deliberated decisions to satisfy needs and attain goals in a manner consistent with one's values" (Cicirelli, 1992, p. 14). Even though Collopy (1988) focused on formal caregiving, these issues may become even more difficult to decipher in informal caregiving

relationships. As Collopy (1988) pointed out, autonomy does not mean that the individual makes decisions in isolation. Autonomous decisions, especially within the family context, may be defined as those made in consultation with other family members, but the elder has the final say (Horowitz, Silverstone, & Reinhardt, 1991).

In a series of studies, Cicirelli (1992) developed a set of instruments to identify and differentiate beliefs regarding respect for autonomy and paternalism. Autonomy is defined as having control over and being responsible for one's life and respect for autonomy is the belief that the other individual has the capacity to make his/her own decisions. Paternalism, on the other hand, is the belief that a person may impose a decision on another for the welfare of that individual. Paternalism is not an uncaring, selfish, or exploitive attitude, but one in which an individual makes and executes decisions for another person taking the welfare of that person into consideration. Cicirelli (1992) found that respect for autonomy and paternalism were independent beliefs. In addition, autonomy can be divided into two subtypes--independent autonomy and shared autonomy. In independent autonomy, the individual acts on his/her own or consults others to obtain information, but makes his/her own decision. In shared autonomy, the individual not only consults with others, but actively engages them in the decision-making process or asks the other person to decide for him/her and willingly abides by that decision. According to Cicirelli (1992), children inevitably become incorporated into their elderly parents' health-related decision-making, but also may become heavily involved in financial and everyday (personal care, daily routine, living arrangement, etc.) types of decisions.

"Conflict" may be defined, in the simplest terms, as "interaction between persons expressing opposing interests, views, or opinions" (Cahn, 1990, p. 1). A more complex definition of conflict would examine the nature of the conflict on two continua: (a) episodic to nonepisodic; and, (b) specific to nonspecific (Canary, Cupach, & Messman, 1995). The episodic to nonepisodic continuum differentiates between defining conflict as an "incident" with a relatively finite beginning and ending as opposed to a more enduring, persistent pattern of incompatibility. The specific to nonspecific continuum differentiates between conflict as a set of communicative behaviors that may be examined by a third party to a more psychological state that occurs more in the mind of the participants and, therefore, is more difficult for a third party to observe. For the purposes of this study, conflict will be defined as episodic/specific, that is, "specific communication behaviors enacted in particular episodes involving disagreement" (Canary et al., 1995, p. 10). Utilizing the episodic/specific definition of conflict leads to an examination of conflict strategies as revealed during an instance of disagreement. Three general strategies have been identified by researchers: integrative strategies are used to work with the partner; distributive strategies are used to work against the partner; and avoidant strategies are used to work away from the partner (Canary et al., 1995).

Significance of the Study

This study examines the caregiving decision-making process prior to the onset of parental dependency, an issue that has not been previously studied. Mothers and daughters discussed the potential of the mother becoming frail and increasingly dependent and how they would handle her caregiving needs. Most research on the caregiving dyad,

with one notable exception (Cicirelli, 1993b), has interviewed the members separately and focused on reported beliefs and behaviors (Cicirelli, 1992, 1993a; Horowitz, Silverstone, & Reinhardt, 1991; Pratt, Jones, Shin, & Walker, 1989; Walker & Allen, 1991). The researchers in those projects were not communication scholars and, therefore, did not acknowledge the powerful potential of communication as a source of information regarding the relationship. By examining how the mother and daughter interact with each other, information can be revealed about their relationship that would not be evident through other approaches (Sillars, 1991).

Chapter II

Literature Review

As mentioned previously, the parent-child relationship is an important and enduring relationship throughout the lifespan and is characterized by both stability and change (Henwood, 1995; Logan & Spitze, 1996; Nussbaum, Thompson, & Robinson, 1989; Rossi & Rossi, 1990; Seltzer & Ryff, 1994). The tension between stability and change is constantly negotiated and renegotiated through communicative processes (Baxter & Montgomery, 1996; Boyd, 1989; Cicirelli, 1993). This literature review will provide a brief overview of the lifespan perspective as well as several aspects of the parent-child relationship. Specifically, an overview of the mother-daughter relationship will focus on closeness and conflict, and then a review of the later life mother-daughter caregiving relationship will be presented.

The Lifespan Perspective

The lifespan perspective views the family as "a complex system of complex individuals in complex relationships" (Troll, 1994). This perspective has been adopted by developmental psychologists in examining individuals as they develop and change across the lifespan as well as by sociologists in examining families and larger social groups as they change across the family lifespan. A brief review of these two related perspectives will be presented.

The Lifespan Development Perspective

From a more psychological stand point, the lifespan development perspective provides the framework for understanding change and stability, both within the individual

and within a relationship (Lerner & Ryff, 1978). The basic theoretical propositions of the lifespan development perspective are: (a) development is a life-long process; (b) change is mulitdirectional--many changes may be occurring at the same and these simultaneous changes may be in different directions, of different magnitudes, or even dialectical; (c) development consists of both growth and decline; (d) idiosyncratic change--sometimes called "plasticity"--is possible, so that it takes different forms for different people; (e) development is influenced by social, cultural, and historical factors, i.e., it is multidetermined, therefore, environmental factors must be understood; (f) context is crucial to a complete understanding of development; and, (g) the perspective needs a multidisciplinary approach (Bettini & Nussbaum, 1992).

The historical development of the lifespan development perspective includes mechanistic, organismic, and contextual models. Reese and Overton (1970) and Baltes, Reese, and Nesselroade (1988) reviewed the mechanistic and organismic models. In the mechanistic model, the human being is seen as a machine with invariant input and output. Humans are made up of discrete parts and all complex phenomena may be reduced to these parts or basic elements. Activity is the result of external forces which is exemplified by the reactive nature of humans. This perspective leads to time being viewed as external to the human. From this model, cognitive processes, for example, are seen as derived from past experience. As another example, development occurs as a consequence of the passage of time and, therefore, is global, universal, and invariant. This leads to the view of development in which each person must pass through each stage and complete that stage before moving to the next one.

In the organismic model, the human being is seen as an organism. In this view, humans are holistic creatures in which the whole is greater than the sum of the parts and, therefore, cannot be reduced. Activity is the essence of existence, with the source of activity being internal. Change is qualitative and given. This approach emphasizes process over product. Input is transformed by the organism in unpredictable ways to determine the output. In this view, then, for example, cognitive processes are emergent and not based entirely in past experience. This view recognizes development as a process whereby biological maturation and social expectations work together to help the individual experience each "stage" of development; where "stages" are not predetermined and do not necessarily follow each other in sequence.

Lerner, Hultsch, and Dixon (1983) and Cicirelli (1993a) have reviewed contextualism which integrates and transcends the mechanistic and organism models. In this view, the sources of continual change across the life course involve both inner-biological and outer-ecological levels of context. Developmental changes occur as a consequence of reciprocal relations between the active organism and the active environment. This approach avoids arguments about the primacy of either heredity or environment by stating it is not a question of how much of each, but of how the two sources, both completely present, interact to provide the basis for behavior. Therefore, as Cicirelli (1993a) suggests, in the very early and very late years, developmental changes may be driven primarily by biological imperative (mechanistic model), but are experienced by the individual in unique ways (organismic model). In the years in between, when biological imperatives are reduced, developmental change depends more on the

environment and the individual in concert (contextualism); therefore, events become better indicators of potential change than does chronological age. Events in the life of a relationship, such as the growing dependency of parents upon their children, lead to transitions in the relationship. These transitions reorder the relationship as it is redefined and renegotiated through communication (Baruch & Barnett, 1983; Boyd, 1989; Fischer, 1981).

The Life Course Perspective

From a more sociological stand point, the life course perspective provides a framework for understanding variability in observed patterns (Hareven, 1994) and sets forth propositions similar to those of the lifespan development perspective. More specifically, family development theory emphasizes three fundamental concepts:

> First, the family has a role structure and consists of interdependent and active individuals. Second, these individuals have a shared, complex, and mutually constructed history that impinges on current interactions and interpretations. Third, as a family moves through time, a number of events can trigger changes: development of the individual, changed roles of one or more individuals, changed participation in an external system or relationship, new expectations placed on the family from the community, or changed definitions of the situation (Cohler & Altergott, 1994, pp. 72-73).

An example would be that support provided to the elderly is influenced by individual, social, and cultural expectations that evolve or are modified across the lifespan. According to Hareven (1994), three dimensions underlie this approach. The first dimension is the relationship between the timing of life transitions and external historical events. The second dimension is the timing of individual and collective transitions which

affects intergenerational relations. The third dimension is the impact that earlier life events have had on later events, within the context of historical circumstances.

Therefore, the life course perspective

> focuses attention on the interaction of demographic, social structural, and cultural factors in shaping family patterns and generational relations in the later years of life (Hareven, 1994, p. 14).

Within this perspective then, the timing of transitions may be examined as balancing the needs of individuals and the collective family along with how aspects of this transition have changed historically across cohorts. In addition, the cumulative impact of earlier life events helps to explain the current configuration of, for example, helping patterns.

Summary

Within the lifespan perspective, relationships are viewed as ever changing, with the source of change appearing in the lives of the individuals and the relationship itself. These changes are influenced by larger social, cultural, and historical events. Family relationships at any point in time, then, must be considered not only as a consequence of what has occurred before and how the relationship has responded to those changes, but also must consider the current status of the relationship and the expectations the members have for the future of the relationship, within the context of changing social and cultural expectations. The parent-child relationship undergoes redefinition reflecting change in the individuals as well as the characteristics of those individuals and how those individual characteristics interplay with one another in interaction.

The lifespan perspective provides an ideal approach for studying communicative behaviors within interpersonal relationships. Because the lifespan perspective recognizes

the importance of both the individual and the environment as they interplay to create change and generate stability, communication can be viewed as both the instigator of change and the consequence of change. Communicative interaction may occur that alters the nature of the relationship. For example, in romantic relationships, when one party says "I love you" for the first time (Baxter & Bullis, 1986) or the couple has their "first big fight" (Siegert & Stamp, 1994), this may alter the course of the relationship. On the other hand, the language used by a couple may reflect changing definitions of the relationship. For example, as a romantic relationship becomes more committed, the couple may shift from using "you and I" to "us" and "we" in their conversations (Wilmot & Shellen, 1990). Thus, the language used and communicative interaction both generates and reflects the nature of and changes in the relationship.

Parent-Child Relationships

Past research into the parent-child relationship has focused on the child's early years (e.g., Burleson, Delia, Applegate, 1995; Noller, 1995; Rollins & Galligan, 1978; Worobey, 1989) or after the parent has become dependent and the adult child is in a caregiving role (e.g., Cicirelli, 1993a; Hess & Waring, 1978; Johnson, 1988; Mares, 1995). Much less research has focused on the years in between when the parent and child are independent adults (Baruch & Barnett, 1983; Harwood & Giles, 1993; Logan & Spitze, 1996). Despite the lack of empirical research during the middle years of life, parents and children contact one another and provide each other with assistance, affection, and companionship (Logan & Spitze, 1996; Rossi & Rossi, 1991). Parents continue to be

parents, parents and children continue to be close, to interact, and, eventually, daughters and sons provide care for their mothers and fathers.

The Continuing Role of the Parent

An important point to emphasize is that parenting continues across the lifespan. In addition, with increasing life expectancies, parents and children now experience a prolonged period of time when both are adults and independent (Henwood, 1995). Just as important is the suggestion that definitions of the role of parent are not equally well defined at all points in the life course. As young children grow and develop, society has more clear cut expectations about the appropriate role of parents (Blieszner & Mancini, 1987). After a child reaches adulthood, the parents do not feel that their role has ended or that they are no longer responsible for their children (Blieszner & Mancini, 1987). As the parental role continues, the "content" of the role changes as the parent and child no longer play the most central role in each other's lives (Blieszner & Mancini, 1987). While the expression of the parent role changes, parents continue to have expectations of their children, well into their old age. The older parents in Blieszner and Mancini's (1987) study believed that children should show them respect and affection; maintain open, honest communication; and come to them when in need of advice. These parents, however, did not expect their children to make room for them in their homes when the parent became debilitated.

Throughout most of the lifespan of the parent-child relationship, the parent provides more care to the child than vice versa. Ward (1996) summarizes three large scale studies, two of which utilized national representative samples. These studies found that

when parents are between the ages of 40 and 74, they provide three times as much help to their children as they receive (help being defined as: providing housekeeping, doing shopping and errands, performing household maintenance and yard work, and, babysitting for their grandchildren). Even though the balance changes after the parent reaches 75, with the adult children providing more help than they receive, the parents continue to provide at least some degree of help to their children. Although considerable research on the parent-child relationship focuses on the nature of the mother-daughter relationship (as will be discussed later), the studies summarized by Ward (1996) indicate that sons provide more help to their mothers until the mother reaches 75 and then daughters provide more help. At all ages, fathers receive less help from their children than do mothers. After the father reaches age 75, sons provide more help, albeit limited, to their fathers than do daughters. Ward (1996) notes that some of these gendered differences reflect the nature of help, such as going shopping and doing errands, but argued that this factor does not explain all the differences between genders, either in giving or receiving help. For all ages, the amount of help to and from children is strongly influenced by the distance in travel time from the parent. Children who lived within 30 minutes both received and provided more help than children who lived further away (Ward, 1996). This continued provision and receipt of help across the lifespan indicates the interdependence that is typical of parent-child relationships.

Family Caregiving in the Parent's Later Years

Most typically, the shift in dependency between parent and child begins when the father becomes ill. Fathers are more likely than mothers to be the first of the parents to

experience a health problem (Moody, 1994). When an older person becomes ill, the first person to provide care is usually the spouse; therefore, typically, the wife is providing care for the husband (Moody, 1994). After the spouse, the next most likely person to provide care is a child, usually the daughter who lives in closest geographic proximity (Moody, 1994).

For women, the role of family caregiver is not an unusual one (Hagestad, 1986). Young girls are socialized for the role of primary caregiver to children (Chodorow, 1978). The role of caregiver in later life is less clearly considered normative; however, women who are providing care for their husbands often do not report their activity as "caregiving" and have fewer negative outcomes from caregiving than do other family care providers (Walker, Pratt, & Eddy, 1995). Walker et al. (1995) argue that wives, especially in the current cohort of elders, may view their caregiving activity as an extension of a role they have already assumed within the family and as an extension of their wedding vows ("in sickness and in health"). In addition, wives are able to make more comparisons with other wives caring for their husbands because they see more examples of this caregiving role around them among extended family, friends, and neighbors (Walker et al., 1995). Therefore, the caregiving role is perceived as more "natural" for these women (Suitor & Pillemer, 1990).

Daughters report more stress in the role of elderly parent caregiver than do wives fulfilling this role with their husbands (Li, Seltzer, & Greenberg, 1997). Daughters may report more negative outcomes from providing care to a parent because they see fewer daughters in their network who are providing such care and, therefore, have fewer

comparisons available to them (Walker et al., 1995). In addition, the elderly parent caregiving role is not one for which a daughter has been socialized (Suitor & Pillemer, 1990). Whether the daughter is providing her mother with assistance in caring for her father or the daughter is providing care for the mother, this caregiver role reversal has an important impact on the relationship (Bromberg, 1983; Walker & Allen; 1991). This shift towards parental dependency is a particularly important transition in the relationship. Throughout the course of the relationship, the child has relied on the parent for physical and emotional support (Ward, 1996). As the parent grows increasingly frail, the growing dependence on the child results in a major shift in the dynamics of the relationship which may prove to be particularly difficult for the family to negotiate (Barusch, 1988).

Informal caregiving in the family is important for each individual involved, for the family as a whole, for the community, and for society at large (Moody, 1994). An estimated two-thirds of the elderly receive some level of care from their children (Cantor, 1992). Not only does the family provide most informal care, but the family also serves as the "major support system through which formal care plans are implemented" (Hofland, 1992, p. viii). Within families, a significant level of care is provided for the disabled elderly (Himes, 1994). This informal support frees the formal care network to provide care to those who do not have family or who can no longer be cared for in the home (Wiener, Illston, & Hanley, 1994). Women most frequently are the ones to serve as caregivers within the family, as wives taking care of husbands and as daughters caring for widowed mothers (Himes, 1994). Himes (1994) reported that although the number of women who are providing care at any one point in time may appear small (about 12% of

all adult women at any given time), the percentages of women in some categories are quite large. For example, over one third of women between the ages of 60 and 75 who have a living parent are providing care to that parent (Himes, 1994). In addition, the chances for women currently between 45 and 49 to be in a parental caregiver role at some point in their lives is over 50% as long as they have a surviving parent (Himes, 1994). While Himes (1994) indicates that this is an upper limit, she argues that with increasing life expectancy, declining family size, and increasing marital disruption, this upper limit may be more realistic than are more conservative estimates.

Decision-Making in Family Caregiving Situations

Although it is relatively common for a daughter to provide care for her parents, it is quite uncommon for the parents and children to have had a discussion about making decisions for the parents (Cicirelli, 1993a). Research on decision-making in caregiving situations reveals not only that families rarely have explicit discussions about caregiving decisions, but also that little congruence exists between the caregiver and the care receiver regarding these issues.

In general, decision-making may occur through either an explicit or an implicit process (Sillars & Kalbfleisch, 1989). In explicit decision-making, active problem solving is engaged in through direct, conscious, verbal agreements. This process requires more expressivity, self-disclosure, and proactive planning from the participants. On the other hand, implicit decision-making avoids open conflict and relies on silent arrangements in which decisions are reached or evolve incrementally without conscious, verbal discussions about the topic. Sillars and Kalbfleisch (1989) note that newly married couples are more

likely to engage in explicit decision-making as they negotiate the nature of their relationship. Couples who have been married for many years are more likely to rely on implicit decision-making in which patterns have been built up over the years and, therefore, spouses believe they know what the other person wishes (Sillars & Kalbfleisch, 1989).

This building up of knowledge and increased use of implicit decision-making may lead to a false confidence in predicting the spouse's preferences. Elderly patients' spouses who reported having high confidence in their ability to predict their mates' preferences regarding resuscitation were no better able to actually predict these preferences than were mates who were unsure about their ability to make such predictions (Uhlmann, Pearlman, & Cain, 1988). Cicirelli (1992) suggests that parents and children may also develop this false sense of knowing each others' wishes based on their long years of interaction. Even though the vast majority of both parents (95%) and children (93%) report that the children know the parent's wishes at least "pretty well," 42% of parents and 20% of children report never having had any discussions regarding these topics (Cicirelli, 1992). When comparisons were made between the parent's expressed desires and the child's predictions of those desires, only 30% of the responses were congruent (Cicirelli, 1992). In addition, when families make health-care related decisions for their elderly members, their decisions are more closely correlated with what they would decide for themselves than what the elder would choose or what they think the elder would choose (Zweibel & Cassel, 1989).

Decision-making in the caregiving situation may either support or limit the care receiver's autonomy (Hofland, 1992). The consequences for the care receiver as a result

of limited autonomy include negative outcomes in the areas of physical, social, and psychological needs (Hofland, 1988). These negative outcomes may include poorer health outcomes, low morale, and poor self-esteem (Hofland, 1988). More explicit discussions regarding the parent's wishes prior to the onset of dependency may assist the child in maintaining the parent's autonomy as s/he enters into the role of parental caregiver (Cicirelli, 1992). Caregivers often express great concern about making decisions for their dependent elderly, especially when they are uncertain about the other person's desires. For example, caregivers report feeling relieved when they have to implement decisions for dementia patients who, following diagnosis but prior to incapacity, had made clear their desires for care (Pratt, Schmall, & Wright, 1987). Elderly parents express a desire to have discussions with their children about their long-term care expectations, about the extent of medical intervention they find appropriate, and about the distribution of their assets upon their death (Blieszner & Mancini, 1987). These same parents, however, also indicate that they are uncertain about how to go about having these discussions (Blieszner & Mancini, 1987).

As Cicirelli (1992) has pointed out, ". . . family caregiving is the core of long-term care for impaired and frail elderly, and daughters helping elderly mothers is the modal form of family care . . . " (p. 12). Therefore, mothers and daughters are highly likely, as the mother ages, to enter into care receiving and caregiving roles with each other as well as with the men they love. It is also highly likely they will not have discussed one another's preferences for the type and amount of aid provided, nor will they have developed a process for making these critical types of decisions.

A consistent yet surprising finding in the literature is that closeness and intimacy do not predict the amount of aid provided or the amount of contact between parents and children (Boyd, 1989; Cicirelli, 1993a). For example, Cicirelli (1981) found that among adult children, in rating their feelings towards their elderly parents, 87% indicated they felt "close" or "extremely close" to their fathers and 91% expressed this level of closeness to their mothers. When analyzing variables that correlated with the provision of care, however, closeness (feelings of attachment) was not significant (Cicirelli, 1981). Factors that were significant in predicting care by the adult child included: the child's perception of the parent's level of dependence, the child's perception of the parent having a greater need for service, the child's proximity to the parent receiving care, and the amount of visiting between the parent and child (Cicirelli, 1981). This finding might be partially explained by filial obligation. Carpenter (1997) found that regardless of the adult child's attachment to his/her parents, instrumental caregiving needs were met. Emotional needs, however, were only met by those children who had a positive attachment style with their parents.

Cicirelli's (1981) finding that children must perceive a need on the part of their parents before they intervene was supported by Horowitz, Silverstone, and Reinhardt (1991) and Johnson (1988). Children are reluctant to "force" decisions upon their parents (Horowitz et al., 1991) and to provide care to their parents until the parents have demonstrated a clear need for such assistance (Johnson, 1988). This reluctance on the part of the children to step in too quickly when it comes to providing care to their parents supports the need for early discussions about when it would be appropriate to provide

different types of care and assistance. While parents have been providing support, assistance, and help to their children, the children have been providing relatively less help in return. The children may find it difficult to acknowledge that their parents need help or may be respecting the parents' autonomy by not intervening before assistance is clearly needed. In the context of a long-standing relationship, children may feel that they will have a "sixth sense" about when the time to increase assistance has arrived.

Closeness and Conflict in the Mother-Daughter Relationship

Of the four parent-child gender combinations (mother-daughter, mother-son, father-daughter, father-son), the mother-daughter relationship has been most extensively studied. This situation can be attributed to the interest of feminist scholars (Fischer, 1981) and the primary responsibility for maintaining kin relationships falling on females (Baruch & Barnett, 1983; Fischer, 1981; Hess & Waring, 1978). Whatever the reasons for this greater focus on the mother-daughter relationship, more is known about this particular parent-child relationship.

Across the lifespan. Two of the most commonly studied characteristics of mother-daughter relationships are closeness and conflict. In her review of the literature on mother-daughter relationships, Boyd (1989) found that closeness and conflict were both common. Although daughters reported higher levels of conflict than did mothers, daughters also reported having good to excellent relationships with their mothers (Boyd, 1989). Baruch and Barnett (1983) reported that conflict in the mother-daughter relationship may be greatest during the daughter's twenties as she struggles for her own identity and autonomy. These issues are usually resolved by the daughter by the time she

is 35 years old (Baruch & Barnett, 1983). Henwood and Coughlan (1993) interviewed mothers and adult daughters who described their relationship with each other as close, but also reported that the relationship was complex and had changed with the changing circumstances of their lives. Daughters were more likely than mothers to indicate that too much closeness was sometimes a problem and led to conflict. The daughters felt a greater need to "cut the apron strings" (Henwood & Coughlan, 1993).

One of the most important transitions in the mother-daughter relationship occurs when the daughter becomes a mother herself (Boyd, 1989; Fischer, 1981). As the daughter experiences motherhood, she begins to redefine and renegotiate her relationship with her mother as they now both share the role of parent (Fischer, 1981). As a result of the daughter's new motherhood role, the mother and daughter have more contact and more mutuality in their relationship (Fischer, 1981). In their study, Baruch and Barnett (1983) found that women between 35 and 55 years of age reported relatively high levels of maternal rapport, except among women who were divorced with children. Another factor related to lower ratings of maternal rapport was the mother's poor health (Baruch & Barnett, 1983). No explanation for this association was given. Even though these women reported having high levels of maternal rapport, they also reported some on-going conflict; however, "many women with 'problem' mothers reported that by now they had learned how to handle their relationships" (Baruch & Barnett, 1983, p. 604). This finding suggests that as partners in the relationship age, they develop coping strategies for dealing with each other.

During caregiving. One particular aspect of the mother-daughter relationship that has been the focus of research, due primarily to its prevalence, is that of the caregiving role by the daughter (Baruch & Barnett, 1983). As mentioned previously, daughters are frequently in a caregiving role to their mothers, yet they rarely discuss their preferences for the provision of care (Cicirelli, 1992, 1993a). Based on their long standing relationship, both may assume that the daughter will know the mother's wishes and act based upon them (Cicirelli, 1992). Unfortunately, little congruence exists between family members when it comes to understanding the other's desires and wishes (Cicirelli, 1992; Uhlmann, Pearlman, & Cain, 1988); and decisions are made based on the decision-maker's preferences rather than those of the person receiving care (Zweibel & Cassel, 1989). In addition, both the caregiver and the care receiver prefer having a clear understanding of the care receiver's wishes (Blieszner & Mancini, 1987; Pratt, Schmall, & Wright, 1987). The consequences to the care receiver may be an erosion of autonomy that leads to negative health, social, and psychological outcomes (Hofland, 1988).

Walker and Allen (1991) studied the relationships between elderly mothers and their caregiving daughters. Utilizing social exchange theory to examine both the rewards and costs of providing care, Walker and Allen (1991) identified three types of mother-daughter relationships: intrinsic, ambivalent, and conflicted. Intrinsic pairs are characterized by mutuality--shared activities are enjoyable to both partners; costs are viewed as small in relation to rewards; the pair engages in limited conflict that is quickly resolved; and both partners indicate a concern for the other's well-being. Ambivalent pairs are characterized by equivocation--rewards are seen to come at great cost; therefore,

shared activities were infrequent and not mutually rewarding; conflict occurs more frequently than in intrinsic pairs with the cause of the conflict being assigned to the other person; and, while concern is expressed for the other, the assumption is that the partner does not reciprocate that concern. Conflicted pairs are characterized by pervasive conflict--costs are seen as far outweighing rewards; conflict is on-going; and, while these mothers and daughters express concern for each other, each focuses on the lack of concern expressed by her partner. Although the mother's frailty was not different between these three groups, the daughters in intrinsic pairs had been providing care on the average of 10 years less than had the daughters in the other pairs. In addition, intrinsic pairs were more likely to be coresiding and the daughter was more likely not to have children or had fewer children than the daughters in the other two types.

Johnson and Catalano (1983) also note that longer term dependency on the part of a parent led to greater conflict between the caregiver and the care receiver. Halpern (1994) suggested that: (a) the increase in interaction that arises in caregiving situations may lead to more opportunities for conflict; (b) the difficulties the parties may be having in adapting to the role reversal may lead to conflict; and, (c) differing generational expectations may lead to conflict.

The nature of conflict. Most of the research on intimates in conflict has focused on the marital relationship, finding that unhappy couples exhibit more negative behaviors (Cahn, 1990); while happy couples are able to manage conflict through positive interaction (Canary, Cupach, & Messman, 1995). Even though this research has focused mostly on marital couples, "how people manage conflict reveals much about their relationship"

(Canary et al., 1995, p. 3). As mentioned in Chapter One, three basic conflict strategies have been identified by researchers: integrative, distributive, and avoidant.

Sillars (1980) identified these same three conflict styles or strategies among college roommates. Definitions of these strategies were: passive-indirect (or avoidant) "which minimize explicit acknowledgment of and communication about conflicts;" distributive which utilize "explicit acknowledgment and discussion of conflict which promotes individual over mutual outcomes by seeking concessions or expressing a negative evaluation of the partner;" and, integrative which utilize "explicit discussion of conflict which does not seek to elicit concessions and sustains a neutral or positive evaluation of the partner" (Sillars, 1980, pp. 181-182).

Putnam and Wilson (1982) developed an instrument to assess conflict style preferences. Although this instrument was designed to identify interpersonal conflict style preferences within organizations, the three styles reflect similar styles that have been identified within more intimate interpersonal relationships. The strategy styles differentiated by this instrument reflect three separate factors: nonconfrontation, solution-orientation, and control. Nonconfrontation reflects "avoidance and smoothing as indirect strategies for dealing with conflict;" solution-orientation reflects "direct confrontation, open discussion of alternatives, and acceptances of compromise;" and, control reflects "direct confrontation that leads to persistent argument and verbal forcing" (Putnam & Wilson, 1982, p. 638). From the descriptions of these styles, it would appear that nonconfrontation, passive-indirect, and avoidant are similar styles, as are solution-oriented and integrative, and control and distributive.

Previous research suggests that as partners age and mature, they may develop coping strategies for dealing with others in more productive and positive ways. As mentioned previously, Baruch and Barnett (1983) report that the daughters in their study who reported having "difficult" mothers, had "learned how to handle their relationships" (p. 604). Bergstrom and Nussbaum (1996) report that older adults (those over 50 years of age in their study) prefer a cooperative, solution-oriented conflict style over a competitive, controlling style or an avoidance style. A cooperative, solution-oriented style is characterized by high engagement and high positive affect and demonstrates "a desire for mutually favorable resolution through cooperation and a striving for compatible solutions" (Bergstrom & Nussbaum, 1996, p. 235). On the other hand, a competitive, controlling style is characterized by high engagement and low positive affect and demonstrates aggressive and uncooperative behaviors. The third conflict style, avoidance, is characterized by low engagement and low positive affect and demonstrates a desire to avoid conflict. According to Bergstrom and Nussbaum (1996), the solution-oriented style is related to the successful management of conflict.

The two dimensions of level of engagement or involvement and level of positive regard differentiate these three conflict strategies (Bergstrom & Nussbaum, 1996). Level of involvement could be differentiated by identifying highly involved strategies, such as how much an individual talks and the number of suggestions or alternatives they make, as opposed to low involvement strategies, such as changing the topic (Bergstrom & Nussbaum, 1996; Sillars et al., 1982). Level of regard could be differentiated by identifying positive strategies, such as pursuing mutually favorable solutions, being

cooperative, and making positive statements about the other, as opposed to negative strategies, such as put downs, insults, interruptions, and arguing behaviors (Bergstrom & Nussbaum, 1996; Sillars et al., 1982).

How these different conflict styles are utilized in mother-daughter relationships has not been fully studied. The fact that elderly mothers and daughters have been in a long-standing relationship may be one reason the relationship is able to endure conflict. The positive benefits of the relationship are weighed against the negative. For example, one of the benefits that daughters report about their relationships with their mothers is that their mothers serve as positive role models for the aging process and, therefore, help to alleviate some of their own fears about growing older (Baruch & Barnett, 1983). Mothers and daughters may understand that closeness and conflict are inevitable characteristics of their relationship, accept them as natural, and, as they age within their relationship, find strategies for conflict management that maintain their relationship at the desired level of interdependence.

Family Caregiving and Decision-Making

Autonomy and paternalism. Collopy (1988) indicates that one of the most critical concerns in caregiving is maintaining the autonomy of the care receiver. While Collopy (1988) generally focused on formal caregiving, he added that these issues may be more difficult to decipher in informal caregiving situations because, when care is guided by good intentions, the resulting intrusion on autonomy may go unchecked and even unnoticed. Pratt, Jones, Shin, and Walker (1989) also point out that the debates about maintaining autonomy are generally held in the formal care context; even though most care is provided

by the family and little is known about families' abilities to assess decision-making capabilities of their elderly family members. Therefore, these authors studied decision-making in the mother-daughter caregiving relationship. Pratt et al. (1989) found that daughters are willing to let their mothers have the final say as long as they feel the mother is capable; however, an increasing need for assistance with personal care (bathing, dressing, hair care, and medications) leads to decreasing assessments of the mother's ability to make decisions. Those authors note that the mothers in their study were not cognitively impaired, but were still evaluated as less capable of making decisions based on increased physical limitations (Pratt et al. 1989). A review of the elderly stereotype literature (Hummert, 1994) suggests that negative stereotypes of the elderly may play a role in assessing an elderly person as less capable than s/he is at any given point in time which would reinforce the stereotypes of frailty and incapacity. While most of the research on elderly stereotypes has been conducted with "a stranger" in mind (Nussbaum, Hummert, Williams, & Harwood, 1996), socially based negative stereotypes of aging (Robinson & Skill, 1995) may lead to increased difficulties in assessing an individual's abilities, even in a long-standing relationship (Cicirelli, 1992).

Horowitz, Silverstone, & Reinhardt (1991) also make the argument that because most caregiving occurs within the family, decision-making during familial caregiving is an important area of study. In response to vignettes, older individuals with visual impairments felt that it was important for family to intervene when the health and safety of the person in the vignette was threatened; while family members were concerned about "taking over" and suggested contacting a third party, such as an agency or formal care

provider, who would be encouraged to intervene. When discussing the current level of care being provided within their own families, both the elderly parents and their adult children agreed that: (a) the parent should be given freedom of choice as long as their health (both physical and mental) allowed; (b) the family encourages autonomy in the elder; and, (c) the family serves as an important resource by "being there" (Horowitz et al., 1991).

Differences in attitudes and beliefs about caregiving may lead to conflict between the caregiver and the care receiver. One area that could potentially lead to conflict has to do with how much assistance is being provided. Horowitz et al. (1991) reported that while the elderly in their study felt that their children had an accurate view of their capabilities, they also felt that the children were not doing enough (rather than doing too much which was what those authors had anticipated would be their findings). Cicirelli (1981), on the other hand, found that conflict arose when parents felt that their children were trying to force decisions upon them, especially in the area of their health-related behaviors. Steinmetz and Amsden (1983) found that between 4 and 14% of caregivers take their actions to the extreme of physical force and abuse when the elderly parent refuses food or medication.

Decision-making beliefs and communication. Through a long line of research, Cicirelli (1992, 1993a, 1993b) has been able to establish a connection between caregiving beliefs and caregiving behaviors as well as communication regarding caregiving. In the caregiving relationship, the daughter's beliefs regarding autonomy and paternalism have a greater influence on who is the decision-maker than do the mother's beliefs. When the

daughter's beliefs support independent autonomy, the mother is more likely to be the decision-maker and the daughter is not. When the daughter's beliefs support shared autonomy, the decision is most likely shared. When the daughter's beliefs are strongly paternalistic, the daughter is most likely to be the decision-maker and the mother is not. From the mother's perspective, when the mother has a strong belief in shared autonomy, the decisions are either highly likely to be shared or the mother is the decision-maker. When the mother has a strong belief in paternalism, the daughter is highly likely to be the decision-maker and the mother is not. In that study, the mother's level of dependency did not have an influence on caregiving beliefs. Cicirelli (1992) suggested that the mothers were at moderate levels of care (e.g., all were cognitively alert) and that the threshold for strong beliefs in paternalism may be fairly high in relation to the mother's level of dependency.

Extending this line of research, Cicirelli (1993a) studied the influence of decision-making beliefs and attitudes on self reported communicative practices of elderly mothers (ages 62 - 97) and their caregiving daughters (ages 33 - 70), defined as providing at least 10 hours of care per week. Mothers and daughters were divided into four groups based on the combination of their level of paternalism. Cicirelli (1993a) found that when the daughters were high on paternalism, the daughters took charge of the decision-making process and the mothers tended to acquiesce with little discussion taking place. For example, mothers made comments such as "my daughter just takes me;" while daughters made comments such as "I decide when and where to take her." On the other hand, when both valued the mother's autonomy, the mothers were more likely to take charge and the

daughters acquiesced, again with little discussion. For example, mothers made comments such as "she does what I ask" and the daughters made comments such as "mother asks and I do it." However, those dyads that indicated a shared decision-making preference, discussed decisions at greater length and were mutually involved in the process. For example, mothers made comments such as "we discuss what should be done" and daughters made comments such as "we talk it over together and decide." In addition, when dividing the dyads into two groups based on the mother's age, the group with the older mothers had more paternalistic decision-making by the daughter. Cicirelli (1993a) suggested that as mothers become more dependent, daughters become more paternalistic as they see a greater need for decisions to be made by someone other than their mothers.

These studies led Cicirelli (1993b) to study the decision-making process between mothers and their caregiving adult children through interaction in response to vignettes and retrospective recall about caregiving decisions. Although most research suggests that rational decision-making leads to more effective decisions (i.e., decisions with more positive outcomes for all parties), little research has been conducted regarding the caregiving decision-making process (Cicirelli, 1993b). Observations of the decision-making process revealed that mothers and their adult children (30 mother-daughter dyads and 30 mother-son dyads) did not appear to use a rational decision-making process, but rather quickly came to agreement in order to maintain harmony in the relationship. When the mother was interacting with a son, the son was most likely to control the discussion and the mothers made fewer suggestions than did the mothers who were interacting with their daughters. Overall, however, very few alternatives were proposed by any given dyad

(average 2.81, sd = 1.08) and no dyad offered more than 5 alternatives. While the adult children espoused a belief in older parents making their own decisions, they tended to disregard suggested alternatives provided by their parents and parents tended to agree with their children's proposals. Cicirelli (1993b) argued that, especially for mothers, it appears important to preserve a harmonious relationship that led to premature selection of a solution. This finding leads to a concern for the quality of the decisions that may be made in these types of dyads and whether the decisions lead to maximizing benefits for both parties while minimizing the costs (Cicirelli, 1993b).

Control of any given conversation might be measured in several different ways. One measure of control is the amount of time an individual holds the floor. Because of the inherent difficulties in talking and listening at the same time, the individual talking holds the floor (Capella, 1985). Concomitant with holding the floor is control over topic selection and topic management (Capella, 1985). How long one holds the floor, however, may not be the only appropriate measure of control. Believing one has the right to speak for the other person may indicate a level of control over the conversation. On the other hand, not speaking for the other person indicates a level of deference for the other person and his/her right to speak for him/herself (Tracy, 1985, 1991). The decision-making process also might be revealed through language choices. As Cicirelli (1992, 1993a, 1993b) reports, for example, daughters with stronger beliefs in shared autonomy use statements such as "we would discuss it;" while those with stronger beliefs in independent autonomy would say "she would decide and tell me what to do;" and, those with stronger beliefs in paternalism would say "I'd see what needed to be done and take care of it."

These language choices reflect the different decision-making styles. Particularly in the decision-making process, the amount of time one holds the floor may not be the only indicator of control. For example, one partner might monopolize the discussion and the other might only say "No. We're not doing it that way. We're doing it this way." If that person has more power in the relationship, at least regarding this issue, that individual decision will be the couple's decision as well (Fitzpatrick, 1989). Therefore, control of the conversation might be manifested through many different behaviors.

Summary

The mother-daughter relationship is characterized by stability and change as well as closeness and conflict. These characteristics continue to be evident once the mother becomes dependent on the daughter. The relational partners must continue to redefine and renegotiate their relationship. In the process of this renegotiation, however, they may rely on long-standing patterns of interaction that may or may not continue to prove useful or functional for the relationship.

Rationale for the Study

With the increasing number of elderly and increasing life expectancies, the number of individuals in caregiving relationships is expected to increase (Moody, 1994). Women are highly likely to experience the role of caregiver to an elderly family member (Himes, 1994; Moody, 1994) with the most common caregiving dyad being that of the mother and daughter (Cicirelli, 1992, 1993b). Decision-making in the caregiving situation becomes particularly important for the care receiver if his/her sense of autonomy is eroded because of the negative consequences of this loss of ability to control one's own life (Collopy,

1988; Hofland, 1988). Although decision-making has important consequences, parents and children rarely have explicit discussions regarding their preferences for caregiving (Cicirelli, 1993a, 1993b). Individuals in long-standing relationships tend to build implicit decision-making processes (Sillars & Kalbfleisch, 1989) leading to a false sense of knowledge about the other's desires and wishes. The need for discussions regarding caregiving preferences is tremendous because of the consequences of these decisions. Parents and children need to have clear, explicit discussions regarding these issues prior to the onset of dependency (Cicirelli, 1992, 1993b). Most of the research in this area has focused on decision-making once a caregiving relationship has been established. Because of the need to begin to develop a better understanding of this process, potential caregiving dyads should be studied as they discuss caregiving related issues at a point prior to the development of dependency. Little is known about this stage of the relationship which leads to the first research question:

RQ1: When mothers and daughters discuss caregiving prior to the mother's dependency, what communicative behaviors are revealed?

More specifically, the communicative behaviors that were the focus for this study were: (a) who controlled the conversation (measured by holding the floor, speaking for the other person, and being the decision-maker); (b) participants' level of involvement; (c) participants' regard for each other; (d) the strategies utilized by participants in order to resolve conflict; and, (e) the topics or issues that are raised.

Previous research has shown that once the mother and daughter enter into a caregiving relationship, their beliefs regarding autonomy and paternalism influence their decision-making process as well as their reported communication behaviors (Cicirelli, 1992, 1993a, 1993b). This research leads to the first hypothesis:

H1: The control of the caregiving discussion will be related to the mother's and daughter's beliefs in autonomy and paternalism.

More specifically, who controls the conversation is related to these beliefs; where control is measured by: (a) the percentage of total talk by the daughter; (b) the amount the daughter speaks for the mother; and (c) who serves as the decision-maker during their discussions.

Conflict is an integral part of the mother-daughter relationship (Baruch & Barnett, 1983; Boyd, 1989; Henwood & Coughlan, 1993) and continues to be evident during caregiving (Walker & Allen, 1991). Differences in beliefs regarding caregiving may also lead to conflict (Cicirelli, 1992; Horowitz, Silverstone, & Reinhardt, 1991; Steinmetz & Amsden, 1983). Even though conflict may be more evident in some mother-daughter relationships than in others (Walker & Allen, 1991) and preferences for conflict styles may change across the lifespan (Bergstrom & Nussbaum, 1996), little is known about conflict in regards to caregiving decisions prior to dependency which leads to the second research question:

RQ2: Does expressed preference for conflict style influence communicative behaviors during discussions of caregiving issues prior to dependency?

In particular, are levels of involvement and positive regard related to these preferences, and are expressed preferences enacted during conflicts that arise during these discussions?

Beliefs in autonomy and paternalism may lead to the exhibition of certain communicative behaviors (Cicirelli, 1993a). Preferences for conflict style strategies also may lead to the exhibition of certain communicative behaviors (Bergstrom & Nussbaum, 1996; Putnam & Wilson, 1982; Sillars, 1980). For example, strong beliefs in shared autonomy and strong preferences for solution-oriented conflict strategies both lead to greater mutuality and more alternatives being suggested. The attitudes leading to these behaviors may be related. These observations lead to the third research question:

RQ3: Are autonomy and paternalism beliefs related to conflict style preferences?

Chapter III

Methods and Procedures

This chapter will review: (a) the recruitment of participants into the study; (b) provide a description of those participants based on their demographic variables; and, (c) describe the analytical procedures utilized along with related decisions in order to answer the proposed research questions and hypothesis.

Participants

Power Analysis

In order to estimate the number of participants needed for this study, a power analysis was conducted. Performing any power analysis requires making a variety of assumptions (Mendoza, 1996, personal communication). By relying on published data regarding scales being used in the current study, these assumptions can be minimized. By examining published mean scores, standard deviations, and correlations, it was not unreasonable to assume that groups high and low on these beliefs and preferences would have mean scores that differed from each other by approximately one standard deviation and that the minimum correlation would be approximately 0.10. Once it was determined that the primary method of analysis would be conducted under the general linear model utilizing a repeated measures design[1], the information available from previous research was used to enter tables provided by Maxwell and Delaney (1990, pp. 568 - 572). For

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1 The general linear model was selected as the primary analytical tool because it is capable of handling both classification and continuous variables in the same model. Therefore, the general linear model can be used for a wide variety of analyses and the researcher is not constrained prior to analysis in determining the most appropriate methods for measuring variables. For more information on the general linear model, see Maxwell and Delaney, 1990.

four groups (i.e., divided based on high and low values for mother and daughter), in order to detect a one standard deviation difference with a minimum correlation of 0.10 with a minimum power level of 0.90 and alpha set at 0.05, 35 pairs would be needed. In addition, the possibility of including 6 scores (the mother's and the daughter's on either the beliefs or preferences scales) under the multivariate approach to repeated measures was considered. With the same parameters as above, except the power level was set at 0.80, then 32 pairs were needed. Thus, the power analysis indicated that 35 dyads would be an appropriate goal for this study.

Recruitment of Participants

Participants were recruited utilizing a convenience, snowball approach. Of the 36 mother-daughter dyads who participated in the study, 8 of the daughters were known to the researcher through work or school[2]; 15 of the dyads were recruited through co-workers; 5 were recruited by students in courses in the Communication Department; and, 8 were referred by other participants in the study.[3] The plan to recruit by advertising in the local Areawide Aging Agency newsletter, the newsletter of a local volunteer agency that targets the recruitment and placement of seniors, and other appropriate outlets that target the elderly population in the area did not result in the successful recruitment of any dyads for the study.

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2 Although the daughters in these dyads were known to the researcher, none would be considered to be close, personal friends, but rather as acquaintances or colleagues.

3 Five of these participants were referred by one participant; one of the remaining three was referred by another participant, who in addition referred the other two dyads.

Description of Participants

All of the women in the study were White, using the U.S. Census Bureau definition.[4] The mothers were between the ages of 54 and 87 years, with a mean age of 68.25 (sd = 7.97) years; while the daughters were between the ages of 26 and 58 years, with a mean age of 41.08 (sd = 7.46) years (Table 1). The majority (63.9%) of the mothers were currently married, however, about one-third (30.6%) were widowed, and 2 (5.6%) reported their marital status as divorced. A similar percentage of the daughters (61.1%) were currently married, a quarter (25.00%) were divorced, and 3 (13.9%) were never married. All of the mothers who were married reported living with their husbands (63.9%), about one-third (30.6%) lived alone, and 2 (5.6%) reported living with the daughter who participated with them in the study.[5] The largest group (41.7%) of daughters lived with both their husband and at least one child, 6 daughters (16.7%) reported living alone, 6 (16.7%) reported living with their husbands, 4 (11.1%) reported living with children and no other adults in the home, 3 (8.3%) reported living with another adult to whom they were not legally related, and 2 (5.6%) reported living with their mother as well as either their husband or a child. Two-thirds (66.7%) of the mothers were retired, 16.7% worked full-time, 11.1% worked part-time, and 5.6% reported never having worked outside the home. Almost three-fourths (72.2%) of the daughters worked

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The U. S. Census Bureau defines "White (not of Hispanic origin)" as "a person having origins in any of the original peoples of Europe, North Africa, or the Middle East." Of the participants, all were of European descent, except for one dyad who indicated their family was from Lebanon.

5

One mother who lived with her husband in an apartment in the daughter's house, reported living with her husband and not with her daughter. Her daughter reported living with her husband and not her mother.

full-time, 16.7% worked part-time, and 5.6% each reported being retired or having never worked outside the home. Most (91.6%) of the mothers had at least completed high school, although 8.4% reported having less than a high school education. Over half (58.4%) of the mothers had at least some college, with 16.8% having at least some graduate hours as well. The daughters, overall, were better educated than their mothers with all (100.0%) having at least completed high school. Only 5.6% of the daughters did not have at least some college, with 58.4% having at least some graduate hours. The mothers reported annual household incomes as follows: 5.6% reported less than $10,000; 8.4% between $10,000 and $19,999; 33.3% between $20,000 and $29,999; 16.7% between $30,000 and $39,999; and, 27.8% $40,000 or above; with 3 mothers (8.4%) not responding to this question. The daughters reported annual household incomes as follows: 2.8% less than $10,000; 2.8% between $10,000 and $19,999; 13.9% between $20,000 and $29,999; 11.1% between $30,000 and $39,999; and, 69.4% $40,000 or above.

The mothers and daughters were asked to report how far they lived from each other because the literature indicates that daughters living in close proximity to their mothers are more likely to become their mother's caregiver. The average distance between mothers' and daughters' residences was 23.06 (sd = 45.46) miles, with a range of 0 to 180 miles. This average is highly skewed by the 4 (11.2%) mothers and daughters who lived 100 or more miles from each other. Three (8.3%) of the mothers and daughters lived in the same house; four (11.1%) lived within one mile of each other; 16 (44.4%) lived between 1 and 5 miles from each other; 8 (22.2%) lived between 5 and 25 miles from each other; and, 5 (14.0%) lived more than 25 miles from each other. Although most of

the mothers (72.2%) and daughters (77.8%) were from the greater Oklahoma City area (i.e., Oklahoma City, Edmond, Bethany, Midwest City, Del City, Moore, and Norman); mothers lived in an additional 8 counties across the state (i.e., Canadian, Creek, Greer, McIntosh, Pottowatomie, Rogers, Tulsa, and Washington counties) and daughters in an additional 6 counties (i.e., Creek, Grady, McIntosh, Pottowatomie, Tulsa, and Washington counties).

The screening criterion for participation in the study was that the mothers not be dependent on the daughters for more than 10 hours of assistance each week. The mean numbers of hours of assistance provided by the daughters was 1.42 (sd = 2.35) hours with a range of 0 to 9 hours per week. According to their reports, in most (61.1%) of the cases, the daughters provided no regular assistance (i.e., 0 hours per week) to the mother.[6] Besides the amount of assistance given each week as measured in hours, caregiving dependence was assessed utilizing questions regarding dependence based on research by Walker and her colleagues (Appendix A). In those cases where the mother and daughter indicated that the daughter was providing assistance, it was almost universally (97.2%) because the daughter was "just helping out" and not because the mother needed any help. In only one case did the mother and daughter indicate that the daughter was performing an assistive behavior because the mother could no longer do it for herself. In this case, the daughter had been providing transportation for the mother since the mother had begun to

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It should be noted that the 3 mothers and daughters who lived in the same household indicated that the mother was providing more assistance to the daughter than the daughter was to the mother. In addition, the move had been precipitated by other considerations than a health problem of the mother's. In none of these cases was the daughter providing significant levels of care to the mother.

use a wheelchair on a regular basis.[7] As an additional check on dependency, the mothers and daughters were asked to describe the mother's health status. Nearly all the mothers (83.4%) and daughters (91.7%) reported the mother's health as good to excellent. The remainder reported the mother's health as fair or fair to good. None reported the mother's health as poor. The screening interview also served as a test of whether or not both parties were sufficiently cognitively alert to participate in the study, based on the judgment of the researcher. No one who agreed to participate in the study was screened out due to cognitive impairments.

Instruments

Autonomy-Paternalism Beliefs

Cicirelli (1992) developed a set of instruments regarding autonomy and paternalism in decision-making in the context of family caregiving (Appendix B). Scores on the scales are calculated by summing the appropriate items. On the 5-point scale, points awarded range from 1 point for "strongly agree" responses to 5 points for "strongly disagree" responses.[8] Thus, the lower the score, the stronger the belief. Strength of respect for autonomy is calculated as follows: shared autonomy is the sum of items 2, 3, 5, 7, 8, 10, 12, 13, 15, 17, 18, 20, 22, 23, 25, 27, 28, and 30; and independent autonomy is

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This mother was assessed by the researcher to be independent of the daughter, although this is the pair in which the daughter was providing the most hours of assistance (9) per week. Although the daughter was providing transportation, the mother lived alone, was able to transfer from the bed to the wheelchair and in and out of the shower without assistance. In addition, the mother prepared the majority of her own meals, did her own laundry, handled her own financial matters, etc. While the daughter checked in on the mother every day, the daughter provided very little in the way of actual caregiving.

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Cicirelli (1992) assigns values to the responses in the opposite order, so that in his work a higher number reflects a stronger belief.

the sum of items 1, 4, 6, 9, 11, 14, 16, 19, 21, 24, 26, and 29 from the respect for autonomy scale. The possible range of scores for shared autonomy is from 18 to 90 points; and for independent autonomy from 12 to 60 points. Strength of belief in paternalism is the sum of all items from the paternalism scale. The possible range of scores is from 30 to 150 points. Cicirelli (1992) indicates that the scales have not been utilized as yet with a large enough number of participants to establish standardized cut-off points and, therefore, within a sample, the midpoint of the scores should be used to divide strong and weak belief individuals from each other. However, another approach is to divide strong and weak beliefs by utilizing the midpoint of the possible range of scores, so that those responding primarily strongly agree and agree are separated from those who responded primarily disagree and strongly disagree. This latter approach was utilized in the current study.

Cicirelli (1992) reported the method of construction of the scales, tests of the items, and the content domain desired for each scale. Cicirelli (1992) reported that the scales meet tests for face, criterion, and construct validity. Internal consistency reliabilities (utilizing Cronbach's alpha) were reported for the subscales (which differentiate each belief type into a 5-step continuum for autonomy and a 6-step continuum for paternalism which will not be utilized in this study). These reliabilities range from 0.50 to 0.84 for the adult child sample and .48 to .76 for the elderly parent sample. Because of the low reliabilities for some items, Cicirelli (1992) recommended using a three factor approach because the reliabilities are satisfactory for making comparisons between groups and because the factors represent meaningful conceptions of

autonomy and paternalism. These three factors were utilized in the current study. The reliabilities for subscales on three primary belief dimensions range from 0.74 to 0.90 for paternalism, 0.69 to 0.88 for shared autonomy, and 0.85 to 0.90 for independent autonomy. In addition, overall reliability on the primary factor was 0.74 for adult children and 0.70 for elderly parents on the independent autonomy scale; 0.78 for adult children and 0.74 for elderly parents on the shared autonomy scale; and, 0.93 for adult children and 0.90 for elderly parents on the paternalism scale.

Conflict Style Preferences.

Putnam and Wilson's (1982) Organizational Communication Conflict Instrument (OCCI) was used to assess conflict style preferences (Appendix C). Although this instrument was developed to identify interpersonal conflict style preferences within organizations, the three styles reflect styles that have been identified within more intimate interpersonal relationships as discussed in Chapter Two. The strategy styles differentiated by this instrument reflect three separate factors: nonconfrontation (avoidance or passive-indirect), solution-orientation (integrative), and control (distributive).

Form B of the OCCI was used with a 7-point scale for which 1 equals "always" and 7 equals "never;" therefore, lower scores represent more frequent use of a strategy. The items that represent the nonconfrontation style are: 2, 5, 8, 15, 17, 18, 26, 27, 28, 33, 34, and 35; with the range of points possible being 12 to 84. The items that represent the solution-orientation style are: 1, 4, 6, 10, 12, 14, 16, 19, 22, 23, and 24; with the range of points possible being 11 to 77. The items that represent the control style are: 3, 11, 13, 20, 21, 25, and 29; with the range of points possible being 7 to 49. The items 7, 9, 30, 31,

and 32 loaded below .48 on all factors and, therefore, are not recommended for utilization to determine conflict style scores (Putnam & Wilson, 1982).

Validity of the OCCI was assessed in two ways (Putnam & Wilson, 1982). Construct validity was established by comparing the OCCI to two other questionnaires: Lawrence and Lorsch's Aphorism Scale and Kilmann and Thomas' MODE instrument. Correlations between the instruments established construct validity. Predictive validity was assessed by conducting a series of predictive validity studies which supported the power of the instrument. Reliability for each factor (utilizing Cronbach's alpha) was reported as follows: nonconfrontation, 0.93; solution-orientation, 0.88; and, control, 0.82.

Vignette

A vignette was used to stimulate discussion regarding a potential caregiving situation that is likely to occur in the lives of the dyad members. This approach has been successful in other situations in generating discussion among elderly peers (Blieszner & Mancini, 1987) and in generating appropriate responses during interviews from both caregivers and care receivers (Horowitz, Silverstone, & Reinhardt, 1991). Because of the expressed desire by parents to have these types of discussions (Blieszner & Mancini, 1987) and the relief expressed by children when these types of discussions have been held (Pratt, Schmall, & Wright, 1987), it was believed that these dyads would respond to the vignette. The vignette (Appendix D) was adapted using information from Cicirelli's (1992, 1993b) work which indicates three main areas of decision-making in caregiving situations: everyday concerns (e.g., personal care, household chores, daily routine); financial; and health-related. The vignette attempted to portray one typical course of

caregiving in which the individual has minimal needs initially, but these needs increase as the illness becomes more debilitating.

Procedures

Data Collection

Following recruitment efforts, the researcher scheduled an appointment with each pair, usually in the mother's home (20 interviews or 55.56%), but also in the daughter's home (12 or 33.33%) or a public place (4 or 11.11%). Upon arrival, each participant was given an informed consent form (Appendix E), the form was explained, and they were asked to sign. No one refused to sign; therefore all interviews were conducted. Participants were then asked to individually complete: (a) the respect for autonomy and paternalism scales (Appendix B); (b) the conflict preferences instrument (Appendix C); and, (c) a set of demographic questions (Appendix F). The pair was asked to indicate their responses to the autonomy and paternalism items "thinking in general about elderly parents" (Appendix G).[9] On the other hand, they were asked to think "specifically about your relationship with each other" when responding to the conflict items. All items, except the demographic questions, were read out loud by the researcher for the participants' responses. The dyads were randomly assigned different ordering of the scales.[10] The mother and daughter were then asked to sit together and discuss the

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9

The Response Record as shown has been altered to meet Graduate College margin requirements. The version used by participants was spread out across the page with three tabs between item response instead of the two tabs shown here.

10

The order of the autonomy and paternalism scales was alternated and these two scales were alternated with the conflict scale instead of reordering all three scales with each other. This was based on the assumption that it would be less confusing to the participants to respond to the autonomy/paternalism scales as a unit and the

scenario presented in the vignette (Appendix D). The researcher explained each section, the pair discussed each section before moving on to the next section. This portion of the interview was recorded on audiotape. During their discussion, the researcher was as removed as possible from the interaction, although probing questions were asked in order to encourage further discussion or to clarify comments. For example, the mother might say that she would make decisions regarding medical treatments depending on "quality of life" issues. The researcher would ask for examples of what "quality of life" issues were if the mother had not elaborated on them spontaneously. After completing their discussion, the researcher asked the daughter to leave the room while the mother was asked debriefing questions (Appendix H). After completing the mother's debriefing, the mother and daughter were asked to exchange places and the daughter was asked the debriefing questions.

After completion of the each interview, a copy of the audiotape was made. Tapes were transcribed by an individual who was trained by the researcher to transcribe the conversation on the tapes. Rules for transcribing (Appendix I) were given to the transcriptionist in order to retain as much as possible the wording used by the participants and interactive processes such as interruptions and talk over. While the transcripts do contain false starts, fillers, indications of pauses, spelling similar to pronunciation, etc., they do not contain all of the standard conversation analysis markings which indicate intonation and prolongation of words (Montgomery & Duck, 1991). In addition, instead of indicating overlaps with brackets, brief comments that overlap the other person are

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conflict scale separately because the scales utilize different response forms.

embedded in the text of the other person's talk. After the transcripts were completed, the researcher listened to each tape while reading the transcript, editing where words were misunderstood by or unclear to the transcriptionist.

Data Analysis

Data analysis was conducted in two stages. First, preliminary analyses were conducted and then analyses to answer specific research questions and hypotheses were conducted. Demographic variables, responses to the autonomy and paternalism belief scales and the conflict style scale, and codes from review of the transcripts were entered into PC SAS 6.11. All statistical analyses were performed using this statistical package.

Preliminary analyses. Preliminary analyses on the data were run in order to address several issues before addressing the research questions and hypothesis directly. One of the first steps taken was to obtain summary scores for each participant on each of the factors[11]. A variable was created that summed the appropriate item responses for each of the six factors in this study: (a) shared autonomy; (b) independent autonomy; (c) paternalism; (d) nonconfrontation; (e) solution-orientation; and, (f) controlling. Preliminary analyses then utilized either responses to individual items or summary scores as was appropriate. These analyses included: (a) reliabilities for factors from each scale;

11

One mother did not respond to one item on the independent autonomy scale. This missing value would have excluded her from any analysis with this variable and would have also excluded her daughter whenever their responses were paired. An examination of the mother's responses on the other independent autonomy items revealed she responded "agree" (a score of 2) to 8 of the items, "disagree" (a score of 4) to 2 items, and "strongly disagree" (a score of 5) to 1 item. The mother's modal response was a 2 and her mean response was 2.09. In addition, in reviewing the scale items, the item that was not answered was worded most similarly to the items for which the mother responded "agree." Therefore, a score of "agree" (2) was assigned for this one item; allowing the mother's and daughter's scores to be included in all analyses.

(b) correlations for factor summary scores between the mothers and daughters to determine whether or not their responses were independent; (c) correlations between response summary scores and demographic variables; and, (d) comparisons between different groups to determine whether or not significant differences existed based on variables other than those of specific interest for this study.

Reliabilties for each factor were calculated utilizing Cronbach's alpha in order to obtain an overall reliability for the factor as well as the reliability of each item within the scale. This step was conducted in order to evaluate whether or not the scales were providing reliable data for the sample in this study.

The independence or dependence of the mothers' and daughters' scores were examined in order to determine how further analyses would be conducted. According to Kenny and Kashy (1991), if the dyads' scores are independent, that is, uncorrelated, then each individual may be treated as the unit of analysis. However, if the scores are dependent, a measure for the dyad must be developed that reflects the dependency, or an appropriate statistical control must be utilized. When a "combined" score is utilized, the dyad must serve as the unit of analysis in order to avoid violating one of the assumptions of most statistical analyses--that observations are independent. Although many modern statistical analyses are robust to violation of the assumption of a normal distribution, they are not robust to violation of the independence of errors assumption (Toothaker & Miller, 1996). On the other hand, a variety of issues surround the development of a combined score. For example, simply adding the two scores may result in very different combinations appearing to be the same in the combined score. A mother and daughter

who both have relatively average scores might have the same combined score as would a mother with a high score and a daughter with a low score, or vice versa. The decision, then was made to analyze these data utilizing appropriate statistical methods that take into consideration dependency of repeated measure scores by calculating the variance and covariance matrices in the analytical process. In Cicirelli's (1992, 1993) studies, the mothers' and daughters' beliefs were not correlated. However, this issue needed to be addressed for the current data set.

Cicirelli (1992) found that certain demographic variables, particularly the participants' ages and education levels, were correlated with their scores on the autonomy and paternalism factors. Correlations were examined in order to identify any highly correlated variables that might serve as confounding variables and underlie other differences that were found.

Finally, comparisons were made between several groupings and the mothers' and daughters' scores on the scales of interest. Comparisons were made based on demographic variables (i.e., the mother's age, mother's and daughter's marital status, income, and educational level), recruitment source, location of the interview, mother's and daughter's urban versus rural status, the distance between their respective residences, and, the order of the administration of instruments.

Answering research questions. Following the preliminary analyses, the data were analyzed in order to answer each research question and hypothesis. The following provides a description for each question addressing how the data were analyzed, including how variables were operationalized for this study.

The first research question asked about the communicative behaviors that were revealed as mothers and daughters interacted while discussing caregiving decision-making prior to the mother's dependence. The analysis for this question was divided into two parts. The first part was designed to address communicative behaviors that were revealed during their conversations, focusing on their interaction. The second part was designed to address the content of their conversations, identifying if a topic was discussed and the nature of that discussion. The communicative behaviors that were a focus of this analysis were selected in hopes of identifying dependent variables that would be useful in analyses of other research questions. A description of how the code book was developed will be provided first and then each item from the code book will be defined.

An interpretive content analysis approach as discussed by Baxter (1991) was utilized, with some modifications. A content analysis approach was utilized for two reasons. First, the category development process helps to identify "horizons of meaning" as identified by the participants during the interviews (Holstein & Gubrium, 1995). Holstein and Gubrium (1995) argue that patterned narrative linkages will be created through the collaborative construction of meaning and each horizon of meaning represents a meaningful configuration for the participants. Therefore, the categories that are developed represent topics of importance to the participants as identified by the attention which they paid to the issue. Second, the development of categories that may be quantified allows for those categories to be utilized in statistical analyses. The content analytic approach used in this study required the researcher listen to the audiotapes while reading the transcripts and develop categories or themes that were recurrent in the data.

Examples of these themes were then incorporated into the instructions for the code book (Appendix J). Another senior graduate student in communication was asked to review the instructions and determine if the instructions provided sufficient detail in order to differentiate between categories within a theme. Comments from this individual were incorporated into the instructions and the code sheet. An individual holding the Ph.D. who has extensive experience with interviewing and other qualitative methods was trained by the researcher regarding coding these tapes and transcripts. This individual and the researcher separately coded three randomly selected interviews. Intercoder reliability was determined by first identifying if the two coders agreed or disagreed on each item for each transcript. Next, the number of disagreements across transcripts for each item was determined and a percent "in agreement" calculated. An overall average of the percent in agreement was determined by adding the percent in agreement for each item and dividing by the number of items. After intercoder reliability was determined, the two coders discussed problem areas. The code book was further refined and the researcher then completed coding the rest of the tapes and transcripts.

Coding consisted of listening to the tapes while following along on the transcript. These transcripts were coded for both communicative behaviors and content. Coding for behaviors was done only during the conversation between the mother and daughter, while coding for content was done throughout the interview, including the debriefing period in which the mother and daughter were interviewed alone. Coding for communicative behaviors was designed to identify the following: (a) who controlled the conversation; (b) the level of involvement of participants; (c) the level of positive regard the participants

expressed for each other; (d) whether or not a disagreement arose and the strategies used to resolve the disagreement; and, (e) who was the decision-maker during their conversation. Who controlled the conversation was measured in two different ways, one more objective and one more subjective. The more objective measure of control was determined by the amount of time an individual held the floor (Capella, 1985). These values were converted into the percent of the total time that the daughter talked. This is the value that was used in later analyses. The more subjective measure of who controlled the conversation was determined by identifying to what extent the daughter spoke for the mother (Tracy, 1985, 1991). This measure was determined by identifying any instances in which the daughter spoke for the mother and then totaling the number of those instances. For more details on this process and examples of each category, see the Code Book in Appendix J. Level of involvement was measured on a continuum with certain behaviors being identified as being more involved. Not only were the number of times an individual spoke taken into consideration, but the content was also considered. For example, an individual who made suggestions or offered alternatives was considered to be more involved than was an individual who simply agreed with what her partner was saying. Level of positive regard was also measured on a continuum, focusing on the number of negative comments made. Negative comments included not only making direct statements, such as "oh, you don't know what you're talking about" or some form of "put down," but also interruptions of the conversational partner. In this case, interruptions were defined as any attempt to take control of the floor from the other person and not "overtalk" which indicated a building on the other person's thoughts. This

differentiation appeared necessary because many of the mothers and daughters would speak phrases at the same time or complete each other's sentences without taking over the flow of the conversation. This latter type of interaction or "overtalk" was determined to be a mutual process and not a competitive one and, therefore, was not defined as negative for the purposes of this study. A disagreement was indicated whenever the mother and daughter expressed differing opinions, whether they acknowledged that their opinions differed or not. For each disagreement, a short phrase to describe the disagreement was entered onto the code sheet. Strategies for handling the disagreement where then coded into one of the three conflict styles described by Putnam and Wilson (1982). Again, for more details, see the Code Book (Appendix J). The final process category was decision-making. The participants were asked during the debriefing who should be the decision-maker in situations regarding caregiving to the parent. The first decision-making question was coded according to the response given to that question. The second decision-making question was more interpretive. The coder determined from the conversation portion of the interview whether the mother or the daughter made decisions or if this was a shared process, based in part on Cicirelli's (1992, 1993a, 1993b) work. To make this determination, not only was the amount of time an individual talked taken into consideration, but also the impact of the content of their comments. A running tally was maintained throughout the interaction portion and then a decision was made as to which category best reflected the pair's decision-making process.

Most of the content portion of coding was relatively straight forward. The researcher had listened to all the tapes and reviewed all of the transcripts. During this

process, a list of topics raised had been compiled. Coders were asked to indicate if a topic was discussed or not. These topics included: (a) prior experiences with caregiving and the relationship of the mother to the care recipient; (b) services that were suggested; (c) whether the family would provide any care; (d) the role of the mother's husband; (e) the role of the daughter's siblings; (f) the possibility of moving, who would move, and whether it would be to a closer distance or to a co-residence; (g) the possibility of the mother entering a nursing home; (h) a desire on the part of the mother not to be a burden to her children; (I) a desire on the part of the mother to stay in her own home as long as possible; (j) any steps already taken to ease transition; (k) the extent to which the participants indicated they had discussed these issues; and, (l) if the participants expressed a need to have further discussions about caregiving for the parent. In addition, the coder was to determine from the conversation the extent of explicitness with which the participants had talked about caregiving for the parent, based in part on the work of Sillars and Kalbfleisch (1989). This measure was placed on a continuum from "very explicitly" to "implicit" (see Code Book in Appendix J for details).

Hypothesis one predicted that autonomy and paternalism beliefs would influence the nature of the decision-making process; with these beliefs influencing who controlled the conversation and served as the decision-maker. The mothers' and daughters' scores on autonomy and paternalism were entered into a multiple regression analysis under the general linear model[12] in order to identify the best model that predicts whether the mother

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12

The SAS procedure, PROC RSQUARE, was used to develop models containing all continuous variables because this procedure is more efficient for continuous variables than is the PROC GLM procedure.

controlled the discussion or not. The model comparison approach identifies the best single-predictor model, the best two-predictor model, the best three-predictor model, and so on until all variables have been entered into the model. The next step is to compare the best single-predictor model to the mean, testing if this model provides a statistically significant increase in prediction over the mean, using the following equation:

$$F = \frac{R^2_f - R^2_r / df_{cr} - df_{cf}}{1 - R^2_{ff} / df_{cff}}$$

where "f" indicates the full model being compared, "r" indicates the reduced model being compared, and "ff" indicates the full-full model, that is, the model with all the variables entered. If the single-predictor model is significantly better than the mean model, then the best two-predictor model is compared to the best single-predictor. The process continues until the addition of another variable no longer produces a significant increase in the amount of variance that is predicted. The two measures of conversational control, percentage of time the daughter talked and how much the daughter spoke for the mother, as well as who acted as the decision-maker (as determined by the coder and not who the participants said it should be) were the dependent variables in three separate models.

Research question two asked if mothers' and daughters' conflict style preferences influence communicative behaviors during discussions regarding the decision-making process. The mothers' and daughters' scores on the conflict strategy scale were entered into a multiple regression analysis under the general linear model in order to build models that predict whether the mothers and daughters were involved in the conversation or

displayed positive regard for each other. The measure of mother's/daughter's involvement and the level of her positive regard for the other were entered into separate models.

In addition, instances of disagreement that were evident in the discussion portion of the interview were examined to identify what types of conflict strategies were utilized and to compare these strategies with reported preferences. The mothers' and daughters' conflict strategy preference scores were divided at the midpoint of the possible range (indicating a high versus low use of a conflict style) and then logistic regression was used to identify: (a) if preferences influenced whether or not a disagreement arose; and, (b) when disagreements arose, if preferences influenced the strategy displayed during the disagreement. Also, although the mothers and daughters were not asked specifically about conflict during the discussion portion of the interview, many mothers and daughters made spontaneous comments about these issues. These comments were summarized.

Finally, the third research question noted that previous research indicated similar types of communicative behaviors associated with individual beliefs in autonomy and paternalism and conflict style preferences. A correlation of beliefs and preferences was used to determine if an association existed between these concepts.

Chapter IV

Results

This chapter will review the results of the analyses. First the results of the preliminary analyses will be reported, followed by the results for each research question or hypothesis.

Preliminary Analyses

Summary Scores

Summary scores for each mother and each daughter were obtained for each subscale (Table 2). The appropriate items from each scale were summed together in order to calculate the score for that factor. For the autonomy and paternalism scales, lower summary scores indicate a stronger belief. Overall, mothers (mean = 39.92, sd = 4.16, range = 34 - 53) and daughters (mean = 39.36, sd = 6.23, range = 24 - 49) held a strong belief in shared autonomy. All (100.00%) values were below the midpoint (54) of the possible range (18 - 90). Mothers (mean = 34.89, sd = 5.24, range = 25 - 49) and daughters (mean = 33.67, sd = 4.95, range = 24 - 42) were about evenly split (55.6% of mothers and 58.3% of daughters) between having strong and weak beliefs on independent autonomy, based on a midpoint of 36 in the possible range of 12 - 60. Mothers (mean = 85.39, sd = 11.53, range = 68 - 113) were more likely than daughters (mean = 95.61, sd = 15.09, range = 72 - 149) to have a strong belief in paternalism, with 63.9% of mothers' scores falling below the midpoint of 90 (in the possible range of 30 - 150) and only 36.1% of the daughters' scores falling below that mark. For the conflict strategy scales, lower summary scores indicate a greater frequency of usage of those strategies. When having a

conflict with each other, mothers (mean = 47.83, sd = 12.21, range = 23 - 74) were more likely to report using nonconfrontive strategies than were daughters (mean = 51.67, sd = 13.21, range = 19 - 84) with 52.8% of the mothers' scores falling below the midpoint of 48 in the possible range of 12 - 84 and only 38.9% of the daughters' scores falling below this mark. Mothers (mean = 32.36, sd = 8.02, range = 13 - 49) and daughters (mean = 33.44, sd = 8.21, range = 17 - 57) preferred solution-oriented strategies during conflict, with 88.9% each having scores that fall below the midpoint of 44 in the possible range of 11 - 77. Mothers (mean = 33.53, sd = 7.87, range = 19 - 49) and daughters (mean = 34.28, sd = 7.41, range = 13 - 49) reported not using controlling strategies, although mothers (27.8%) were more likely than daughters (13.9%) to report using such strategies when their scores were compared to the midpoint of 28 in a possible range of 7 - 49.

Reliabilities

In order to assess internal consistency reliabilities for the subscales in the current sample, reliabilities for each factor were obtained (Table 3). Using Cronbach's alpha (n = 72), the reliabilities for the scales were as follows: shared autonomy was 0.75 (range of items within this factor was 0.71 - 0.77); independent autonomy was 0.69 (range = 0.65 - 0.72); paternalism was 0.91 (range = 0.90 - 0.91); nonconfrontation was 0.87 (range = 0.85 - 0.86); solution-orientation was 0.81 (range = 0.78 - 0.82); and, control was 0.80 (range = 0.72 - 0.80). Comparing these results to the prior research shows that the shared autonomy factor and paternalism factor are quite similar for the two studies (overall 0.75 here, compared to 0.70 and 0.74; and, 0.91 here, compared to 0.90 and 0.93, respectively); while the independent autonomy scale is weaker (overall 0.69 here,

compared to 0.74 and 0.78). For the conflict factors, control is quite similar (0.80 here, compared to 0.82); while the nonconfrontation and solution-orientation factors are weaker (0.87 here, compared to 0.93; and, 0.81 here, compared to 0.88, respectively). All of these scales were created with samples somewhat different from the current sample--that is, with dependent parents and their caregiving children in the caregiving attitudes case and with college students focusing on organizational conflict in the conflict style case. Therefore, it is not surprising that the scales are not as strong with the current sample. Nunnally (1967) suggested that reliabilities should exceed 0.70 for work that compares different groups. All of the scales, with the exception of the independent autonomy scale, attain this level. An examination of the items in the independent autonomy scale does not provide a clear choice for dropping one or two items in order to improve the reliability. Four items essentially have the same reliability value. Dropping all four items would reduce the scale to nine items. This would be the equivalent of dropping nearly one-third (30.77%) of the items. Because the independent autonomy reliability of 0.69 is so close to the suggested desirable level 0.70 and such a large percentage of items would have to be dropped in order to enhance the reliability, it was decided to proceed with analyses retaining the scale as originally proposed.

Independence of Dyadic Responses

In order to assess independence of dyadic responses, correlations for mothers' and daughters' summary scores on each of the six factors were examined (Table 4). Those items that were significant at the .05 level were: mother's independent autonomy and daughter's independent autonomy ($r = 0.3479$, $p = 0.0376$); mother's nonconfrontation

and daughter's independent autonomy ($r = -0.3450$, $p = 0.0393$); mother's nonconfrontation and daughter's control ($r = -0.4660$, $p = 0.0042$); and, mother's control and daughter's independent autonomy ($r = 0.3408$, $p = 0.0420$). These results indicate that: (a) mothers who have a strong belief in independent autonomy have daughters who hold the same belief; (b) mothers who utilize a greater number of nonconfrontive strategies are less likely to have daughters who hold strong beliefs in independent autonomy; (c) mothers who utilize a greater number of nonconfrontive strategies are less likely to have daughters who utilize controlling strategies; and, (d) mothers who utilize more controlling strategies are more likely to have daughters who hold a strong belief in independent autonomy. Because in the analyses the autonomy/paternalism scores and conflict preferences scores will not be used in the same model, these significant correlations do not present a problem (i.e., the correlation between mother's nonconfrontation and daughter's independent autonomy scores, and mother's control and daughter's independent autonomy). The correlation between the scores on the same concepts must be addressed, that is, the situation where mothers' and daughters' belief in independent autonomy are related and where mothers' use of nonconfrontation strategies are related to daughters' use of control strategies. The solution selected was to use model comparisons that test whether the addition of a variable adds significantly to the variance explained. This approach addresses the dependence in scores because once one of the highly correlated variables is entered into the model, the other variable is only entered if it explains an additional significant portion of the variance. In addition, the statistical procedures used calculated the variance and covariance matrices in this process so that

dependencies (highly correlated factors) would be identified and entered into the calculation of which variable would be entered into a model at each step of model building (Maxwell & Delaney, 1990).

Demographic Variables and Summary Scores

In order to determine whether any demographic variables might serve as confounding variables in the analyses, correlations were run between these variables and the summary scores on the six factors (Table 5). Significant correlations ($p = 0.05$ or less) were found between: (a) mother's age and mother's paternalism score, ($r = -0.50778$, $p = 0.0016$) mother's nonconfrontation score ($r = -0.44298$, $p = 0.0068$), and mother's control score ($r = 0.38604$, $p = 0.0200$); (b) daughter's age and mother's paternalism score ($r = -0.38663$, $p = 0.0198$), mother's nonconfrontation score ($r = -0.37093$, $p = 0.0259$), and mother's control score ($r = 0.34798$, $p = 0.0376$; and, (c) mother's income and mother's solution-orientation score ($r = -0.41881$, $p = 0.0153$). The correlations between the mother's age and the daughter's age with the mother's scores was a reflection of the high correlation ($r = 0.61637$, $p = 0.0001$) between the mother's and daughter's ages. Older mothers held stronger beliefs in paternalism, used nonconfrontation strategies more frequently, and used controlling strategies less frequently. In addition, mothers with higher income used solution-orientation strategies more frequently. These correlations were taken into consideration during further analysis in order to determine if mother's age or income served as a confounding variable.

Group Comparisons

The next step entailed making comparisons between groups based on several

variables in order to detect if differences existed that might influence other results, but not be recognized if these underlying factors had not been addressed. Comparisons were made for the summary scores on the six factors based on groupings of the demographic variables: mother's age (daughter's age was highly correlated to mother's age and, therefore, not tested), mother's and daughter's marital status, income levels, and educational level; as well as the distance between their respective residences and the urban versus rural setting of their homes. Particular attention was paid to the mother's age and income as these variables were highly correlated with beliefs and preferences as reported above. Additional groupings on recruitment source and location of interview were established and difference tests conducted. Finally, groups were established based on the order of the administration of tests and they were tested for differences. All difference tests were conducted using analysis of variance to determine whether the difference in group means was significant. None of the group comparisons was found to be significant.

Intercoder Reliability

Overall intercoder reliability of 84.73% was acceptable (Table 6). Agreement was 100.00% for the majority of items, primarily those that indicated the presence of a topic in the discussion. For items in which disagreement occurred, the resultant codes typically were next to each other on a continuum of responses. For example, on the item indicating the extent to which the daughter speaks for the mother, one coder identified 2 instances while the other identified 3 instances, thus placing the conversation into different categories. As the boundary between these two categories was arbitrary and small, this type of difference was considered to be relatively unimportant. The two items that were

most problematic (with only 33.33% agreement) were the extent to which the mother speaks for herself and the level of the daughter's positive regard for her mother. The discussion between the two coders revealed that the extent of the mother speaking for herself was influenced by the amount of time she talked, with the second coder rating the mother as not having spoken up for herself when she did not talk much in comparison to her daughter. The coders agreed that this item should be coded by focusing more on the content of the mother's comments, than on the frequency of her comments. For the second item, the daughter's level of positive regard for the mother, the second coder rated the daughters lower than did the first coder when the daughter spoke more than the mother. Again, this item was influenced by the amount of talk by the participants. The coders agreed that for this item, the amount of talk should be considered because both coders indicated that a daughter's silence was a sign of respect or deference towards her mother whereas the daughter talking more than the mother might indicate that the daughter thought her opinions were more important than those of her mother (also suggested by Tracy, 1985, 1991).

Research Question One

Research Question One asked when mothers and daughters discuss caregiving prior to the mother's dependency, what communicative behaviors are revealed? While a wide range of behaviors and content matter might be evaluated, for the purposes of this study, items were included in the coding process which focused only on those behaviors of particular interest here. As a result of that decision, those items of communicative behaviors and content that were coded will be discussed.

Communicative Behaviors

The conversations that mothers and daughters had regarding the vignette which focused on potential caregiving during a progressively debilitating disease, ranged in length from 6.10 to 67.20 minutes, with a mean of 25.01 (sd = 15.38). In these conversations, the mothers talked for 2.80 to 36.30 minutes (mean = 13.01, sd = 8.64) while the daughters talked for 3.30 to 32.14 minutes (mean = 12.00, sd = 8.32). The percentage of the time that daughters talked ranged from 22.73% - 85.95% (mean = 47.63, sd = 13.99).

One communicative behavior of interest was whether or not the daughter controlled the conversation by speaking for the mother. In slightly over one-third (36.11%) of the conversations, the daughters never spoke for the mother. In just over one-third (38.89%) of the conversations, the daughters rarely (1 - 2 times) spoke for their mothers; while in 8.33% of the conversations the daughters spoke for their mothers 3 - 4 times. In six conversations (16.67%), the daughters spoke for the mothers at least 5 times. In none of the conversations did the daughter always speak for the mother. On the other hand, when focusing on the mother's comments and whether she spoke for herself, over three-fourths (77.78%) of the mothers did speak for themselves "all the time." In the remainder of the conversations, the mothers were evenly divided (11.11%) between speaking for themselves "most of the time" and "sometimes."

The largest percentage of the mothers (75.00%) and daughters (75.00%) were judged to be "very" involved in the discussion. Of the remaining 9 mothers, 4 (11.11%)

were judged to be "somewhat" involved and 5 (13.89%) were judged to be "not much" involved. Of the remaining 9 daughters, 7 (19.44%) were judged to be "somewhat" involved and 2 (5.56%) were judged to be "not much" involved.

The mothers and daughters in this study displayed a high positive regard for each other, making very few negative comments towards or interrupting their partner. Of the mothers, 32 (88.89%) were positive towards their daughters "all of the time", and 4 (11.11%) were positive "most of the time." Of the daughters, 25 (69.44%) were positive towards their mothers "all of the time," 9 (25.00%) were positive "most of the time," and only 2 (5.56%) were positive only "sometimes." Nearly all (91.67%) of the mothers and daughters, at some point during their conversation with the researcher, indicated that they have a "good" or "close" relationship which is apparent from the level of positive regard displayed in their interactions.

The mothers and daughters in this study stated that they experienced very little conflict in their relationship. This high level of harmony was evident in their conversations as well. Only 17 disagreements were noted in all of the conversations, with 3 of those occurring in one mother-daughter dyad and in the rest, only 1 disagreement occurred. Therefore, less than half (38.89%) of the dyads expressed any disagreement. Of these disagreements, most (58.82%) dealt with the mother moving in with the daughter at some point. Daughters stated a desire to have the mother move in so that placing the mother in a nursing home could be avoided; while mothers expressed a strong preference for moving to a nursing home in order not to "interfere with your lives." This topic will be discussed again later when reporting the mothers' desires not to be a burden to their children.

Mothers and daughters utilized different conflict strategies during these interactions (Table 7). Mothers were most likely (41.18%) to state their position and then to change or drop the subject, a nonconfrontive strategy. The next most (35.29%) commonly used conflict strategy on the part of the mothers was solution-orientation, in which the mothers stated their opinion, but discussed other alternatives with their daughters, attempting to reach a mutually satisfactory decision. Mothers were least likely (23.53%) to utilize controlling strategies in which they stated their opinion, repeated their opinion, and did not make any efforts to either reach a mutually agreeable solution or moderate their stance. Daughters, on the other hand, were most likely (47.06%) to use controlling strategies. In these cases, the daughters stated their opinions without any effort to accommodate their mothers' point of view. For example, one daughter, talking about her mother moving in with her, said, "well, it doesn't matter what you think. By that point, you won't know what's goin' on anyway and I can do what I want." This daughter then went on to repeat "I'm the winner!" several times. Although this exchange was conducted with a good deal of laughter and kidding, during the debriefing session both the mother and daughter reiterated their positions which were diametrically opposed. The next most common (41.18%) strategy utilized by daughters was solution-orientation. In these cases, the daughters attempted to understand the mothers' desires and to reach some sort of solution that would meet both of their needs. The least common (11.76%) strategy used by daughters was nonconfrontation. The daughters did not change or drop subjects as frequently as did their mothers. Issues regarding conflict will be discussed again when

reporting on Research Question Two which specifically addresses conflict in the mother-daughter relationship.

Mothers and daughters were asked who should be the decision-maker when it comes to making caregiving decisions for an elderly parent. In addition, the conversations were coded in order to identify who the decision-maker was during this discussion (Table 8). Mothers indicated most frequently (75.00%) that these should be shared decisions, followed by the mother being the decision-maker (16.67%) and then the daughter (8.33%). As one mother put it,

> these kinda things have to be shared. I can't just dictate to her 'cuz it would be unfair to expect her to jump at my every command but . . . I would need to feel that I still had some say you know, about what was goin' on in MY life."[13]

Daughters, however, were most likely (52.78%) to indicate that the mother should make the decisions, making comments such as "after all, it's HER life." These statements were qualified by "as long as she's capable" in over half (57.89%) of the cases. About one-third (38.89%) of the daughters thought the decision-making process should be shared, and only 8.33% felt that the daughter should be in charge. In coding the conversations, nearly half (47.22%) of these were judged to represent a shared process, that is, one in which both parties were involved, offered alternatives, and listened to the other person's point of view. In slightly less than one-third (30.56%) of the conversations, it was judged that the mother was the decision-maker; controlling that process by making clear statements of her desires, her willingness or unwillingness to consider different alternatives, etc. In these

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Note that ellipses (. . .) indicate pauses and not text that has been omitted.

cases, the daughters appeared to be relatively deferential to their mothers and made comments such as "it's up to you. You're the one it really affects." In 22.22% of the conversations, it was judged that the daughter was the decision-maker. In these cases, the daughter did most of the talking, spoke for the mother frequently, and either appeared to ignore her mother's wishes or to put her own needs before her mother's needs.

Content

As for the content of the conversations regarding caregiving, certain topics were identified as recurring themes within these conversations. One such theme was that of prior family experience with caregiving. Only 2 (5.56%) dyads did not talk about prior experience. The other 34 (94.44%) discussed experiences with the mother's parents or in-laws (77.78%), the mother's husband (11.11%), another relative (44.44%), a family friend (16.67%), or someone else they knew (13.89%). These prior experiences with caregiving were discussed as having provided an opportunity for the mother to express her wishes and desires or were used to demonstrate how the family handles these matters. Often, the information drawn from these experiences was assumed to be implicitly shared, and will therefore be discussed in more detail under the section on the explicitness of their discussions.

While nearly all (88.89%) of the dyads indicated that the family would help provide services by "doing whatever was needed," formal services were also discussed as an option. Formal services, such as, home health care, meals on wheels, someone to cook, clean, or help out, were discussed in order to assist the elderly parent and yet reduce the burden of caregiving for the children. These formal services were viewed as one way to

extend the length of time the parent could continue to live in her own home without putting undue burden on the children. Over half (55.56%) of the mothers expressed a desire to stay in their own home as long as possible. Utilizing formal services was seen as the best way to help extend their stay at home. One point that differentiated the mothers who were still married from those who were not was that it was assumed by both the mothers and daughters that the father would step in and provide care as long as his health allowed. These mothers and daughters noted that "things would be a lot different if daddy wasn't around." In this situation, the mother and father may have had extensive discussions with each other about their wishes and desires, but they did not feel a need to share this information with their children because of the assumption that the marital partner would be around to implement their wishes. Both the mothers and daughters saw a much less extensive role for the daughter in providing care as long as the father was available to fill this need. Another interesting point was the discussion of the role of other siblings. Ten (27.78%) of the daughters mentioned that they thought having siblings would be helpful because they would not only help with providing care, but also would provide emotional support during the decision-making process. As one daughter said

> it'd be so much easier knowin' that I could rely on my sisters. You know. I wudn't have ALL the responsibility . . . we'd share it and I think we'd pretty much be, you know, in agreement so that's . . . . . good.

On the other hand, the 5 daughters (13.89%) who indicated that their siblings would not be much help, stated they would serve as the primary caregiver. The siblings who would not help were either males, "sons just aren't much for helpin' with those sortsa things," or daughters who were geographically or emotionally distant. Daughters who were

geographically distant were seen as not having much input, "just 'cuz she's not around. She woudn' argue with anything I decided." One daughter however, who lives in the same town with her mother, was assessed by her sister (who was the participant in this study) as not "bein' much help. She's just too wrapped up her own life. She's SELfish." The mother, on the other hand, defended this daughter, stating "oh honey, she's just got a busy life . . . what with takin' care of gran'babies an' all . . . she jus' dudn't have time to worry 'bout us and WE don't need 'er to." Three (8.33%) daughters who were only children stated that they thought this was a good situation. Being an only child had made them closer to their parents, especially their mothers. One only child said

> I've seen it wh-where the kids, fight and don't, you know, get along. It was terrible. I'm lucky 'cuz I don' have ta worry 'bout that kinda thing. I know them so well and we're SO CLOSE. I just don' see any dif-difficulty.

Only one (2.78%) only child indicated that being an only child might be a problem. She felt that it would be difficult providing care without any siblings to help.

Another common theme was whether or not someone would move in order for an elderly parent to receive more care from the family. These issues were discussed at the point in the vignette when the mother was becoming physically incapacitated. In the discussions about moving, it was more common for the conversation to focus on the mother making a move rather than the daughter. Over half (52.78%) of the dyads indicated that the mother moving in with the daughter should be considered as an option. Although several (12 or 33.33%) of the mothers indicated that they did not like this option, the daughters did not seem as concerned about the inconvenience and loss of privacy as did the mothers. Daughters expressed a desire to give back to their mothers

some of the care the mothers had provided to them over their lives. While there was some acknowledgment regarding the loss of privacy, the daughters made statements like "that would be a MInor sacrifice in light of what you've done for me." As mentioned earlier, the possibility of coresidence was the most common topic of disagreement between the mothers and daughters. Only 6 (16.67%) of the daughters indicated that they would move in with the mother. In addition, 4 (11.11%) of the mothers considered moving closer to the daughter while only one (2.78%) of the daughters considered moving closer to her mother. The issue of moving closer was particularly important to those dyads in which the mother and daughter lived more than 25 miles apart. In these cases, the pairs discussed the difficulties of providing care at long distance, as well as the difficulties of having the mother uproot herself from a community in which she had lived for many years. As one mother put it,

> it it's it's something that would be hard to call the time on it, as to when I should do that. . . . I suppose there could be some physical things that could be an indication that I I I needed to do that. . . . But, you know, if it like if you were to say "mother, move over here, now" . . . that would be a very hard thing to do. . . . I'm involved in enough things and, enjoying my sun room that I put on . . . and the garden and everything . . . to where . . . it wouldn't be easy to leave that.

The conversations about the mother moving in with the daughter often led into conversations about the mother entering a nursing home. Nearly all (80.56%) of the dyads discussed the possibility of the mother making such a move. Of these, 75.86% of the mothers indicated that they would move to a nursing home. The primary reason given was that she did not want to move in with her daughter and if she could no longer live in her own home, then the nursing home was the best option. Although none of the mothers

who indicated that they would move to a nursing home indicated that this was a desirable choice, it was better than other alternatives they felt were available to them. On the other hand, one-fourth (24.14%) of the mothers indicated they would never want to go to a nursing home. These mothers had all had negative experiences with a parent being placed in a nursing home and did not want to have their children see them in such a condition. Along with this discussion was a discussion about when it would be time for the mother to move and what signs would indicate that the time had come. Daughters reported that they would have a feeling that it was time based on their knowledge of their mothers day-to-day behaviors. When they saw a change in those typical behaviors, they would begin asking questions. Of particular concern was whether the mother was becoming a danger to herself by doing things such as leaving the stove on or wandering around the neighborhood in a confused state. Mothers agreed that these were signs that the children needed to step in and take charge because they had shown that they no longer could take care of themselves.

Two-thirds (66.67%) of the mothers made statements about not wanting to be a burden to their children. Most (62.50%) of these mothers stated that either a parent or in-law had moved in with them and that the burden of caring for someone had taken its toll on their marriage and their children. Although these mothers did not regret having a parent move in and said that they would make the same decision again, they did not want to place this much of a burden on their own children, "knowing how difficult it can be to be pulled in so many directions." These mothers said they would rather go to a nursing home than live with their children. The 9 mothers (37.50%) who did not discuss previous

caregiving experiences in relationship to placing a burden on their children, simply stated without elaboration that they did not want to be a burden.

One-third (33.33%) of the mothers and daughters had already taken some steps to ease the transition to dependency even though the mother was currently independent. The most common step taken was having moved closer together. Five (13.89%) mothers had moved closer to their daughters, including the parents who had moved into an apartment in the daughter's home; while 2 (5.56%) daughters had moved closer to their mothers. The daughters who had moved closer already lived in the same community, but had moved to within a few blocks of their mothers. Three (8.33%) mothers considered issues such as the potential of being in a wheelchair in designing or selecting their residence. Four (11.11%) mothers and their husbands had down-sized their possessions in order to make the disposal of their possessions easier for their children. Two (5.56%) mothers had purchased long-term care insurance.

Mothers and daughters were asked how thoroughly they thought they had discussed potential caregiving issues (Table 9). Mothers reported having had "thorough" discussions in 8.33% of cases, "fairly thorough" in 8.33% of cases, about "some things, but not all" in 33.33% of cases, "not much" in 25.00% of cases, and "not at all" in 25.00% of cases. Daughters reported having had "thorough" discussions in 8.33% of cases, "fairly thorough" in 19.44% of cases, about "some things, but not all" in 16.67% of cases, "not much" in 27.78% of cases, and "not at all" in 27.78% of cases. Therefore, about half of mothers and daughters reported having had little discussion about these issues to date. The mothers and daughters indicated that they had most frequently talked about such

things as living wills and end of life decisions, but had not talked about intermediate transitions (e.g., needing assistance in the home or with transportation).

When mothers and daughters were asked if they felt they needed to have further discussions, mothers responded "no" 72.22% of the time; while daughters responded "no" 80.56% of the time. The reasons given for not needing further discussion fell primarily into one of two categories. One group (6 mothers, 23.98% of the "no further discussion" group and 7 daughters, 24.14%) felt that they had engaged in sufficiently thorough discussions and therefore did not need to discuss further, at least not until something arose. However, most (20 mothers, 76.92% of the "no" group and 22 daughters, 75.86%) felt that the other already "knew" what they wanted or they "trusted" the other one to make good decisions, so further discussion was unnecessary. These mothers believed that their daughters had seen or been involved when other family members needed care. Through this observation or participation, the mothers believed the daughters had learned what the mother would prefer. This learning process occurred either because they had talked about these issues as they arose or because the daughter had seen the example set by the mother. The mothers who indicated that they needed to have further discussions with their daughters felt that they had talked about some things, but not all and that they might need to discuss some of these other issues. The daughters who expressed a need to have further discussion all stated that they felt that they really did not know what their mothers wanted, at least not in all situations, and that they would feel more comfortable making such decisions if they had a clearer understanding. All of these

daughters also stated that something their mother had said during this interview had surprised them and that "maybe I don't know her the way I thought I did."

The idea that further discussions were not needed because the daughter knew the mother so well or because the mother trusted that the daughter would make good decisions, led to coding the conversations for the level of explicitness regarding caregiving decisions as indicated by the participants. The mothers and daughters were rated from "very explicit" to "implicit" regarding the extent to which they had discussed caregiving issues (Table 10). Only 4 dyads (11.11%) were coded as having had "very explicit" conversations regarding caregiving. In these cases, the mothers and daughters had talked about the mothers' end of life preferences (e.g., the mother had a living will and the daughter had a copy of it), the mother or parents had a book or file in which all pertinent information (e.g., insurance policies, banks, names of doctors, etc.) was listed and this information had been reviewed with the daughter. In two of these dyads, the daughter had already been placed on a checking account in case of an emergency. Six dyads (16.67%) were coded as having had "somewhat explicit" conversations. In these situations, the mother might have a living will or had discussed the need for getting one and shared her opinions about heroic measures with her daughter, but the daughter did not have a copy; the mother might have expressed a desire not to go to a nursing home or not to live with a child, but alternatives had not been discussed and decided upon; and, other types of issues had not been addressed, especially those in the financial area. Four dyads (11.11%) were coded as having had "not very explicit" conversations about caregiving. These dyads had talked about some issues, as they indicated in a joking or teasing manner. Also, from time

to time, the mother had made comments in passing, such as "you'd better never do that (put me in a nursing home) to me," but alternatives were not discussed and the issue was not fully pursued. The majority (61.11%) of dyads were coded as having had "implicit" discussions. These were the cases in which the mother stated that the daughter would "just know" how she felt, or that she trusted her daughter to make good decisions. These mothers indicated that they had no fears or concerns about any decisions their daughters might make regarding their future care. The daughters also said that they knew their mother or parents so well that they knew what they would want and had no concerns about making decisions for them. As one daughter stated

> it's not that I WANT to have to make those decisions . . . I know that it'll be hard. But I don't have any WORries about it. You know, when you've lived with somebody all your life, you just know what they would want.

For three-fourths of the "implicit" dyads, prior family experience with caregiving played a role in the assumption that the daughter would know what the mother would want. These experiences had either provided an opportunity to talk about things as they came up or to show the daughter how the mother made decisions. Even though these mothers and daughters had not talked specifically about the mother's desires, they indicated that these prior experiences would be transferred. The assumption was that the daughter had drawn the same meaning from those experiences as had the mother.

Summary

When mothers and daughters discuss potential caregiving decisions prior to the mother's dependency, the conversations may be evaluated for both communicative behaviors and for content. The communicative behaviors that were the focus of this study

included: (a) who controlled the conversation; (b) participants' involvement level; (c) participants' regard for each other; (d) the strategies utilized by participants in order to resolve conflict; and, (e) who the decision-maker was in the conversation. In the conversations between mothers and daughters in this study, the amount of time for these discussions varied by over an hour, from about 6 minutes to an hour and seven minutes. The percentage of time that the daughters talked also ranged widely, from 22.73% to 85.95%. Inversely, the amount of time mothers talked ranged from 14.05% to 77.27%. Daughters did the majority (over 55.00%) of the talking in 22.22% of the conversations; the mothers and daughters shared the time about equally (45.00% to 55.00%) in 36.11% of the conversations; and, the mothers did the majority of the talking (i.e., daughters talked less than 45.00% of the time) in 41.67% of the conversations. About one-fourth of daughters (25.50%) spoke for their mothers at least 3 times; over one-third (38.89%) spoke for their mothers 1 or 2 times; yet, over one-third (36.11%) never spoke for their mothers. Overall, mothers and daughters were highly involved (75.00% each) in these conversations and displayed high positive regard for each other (88.89% and 69.44%, respectively).

The mothers and daughters in this study reported having very harmonious relationships which was supported by the relatively low number of disagreements that arose during their discussions. Only one dyad (2.78%) had more than one disagreement; with an additional 13 dyads (36.11%) having one disagreement. Therefore, the majority (61.11%) did not experience any disagreement during their conversations.

When it comes to making decisions about caregiving issues, mothers expressed a strong preference (75.00%) that this to be a shared process. Daughters, on the other hand, expressed a preference (52.78%) for the mother to be the decision-maker, at least as long as she was mentally capable to do so. When examining these conversations, the decision-making process was shared in 47.22% of the cases, dominated by the mother in 30.56% of the cases, and dominated by the daughter in 22.22% of the cases.

Examining the content of these discussions, mothers and daughters talked about prior family experiences with caregiving, and the role different family members would play as well as the role of formal services. In addition, they discussed the possibility of someone making a move to be closer or to share a residence as well as the possibility of the mother entering a nursing home. Two-thirds (66.67%) of the mothers expressed a desire not to be a burden to their children which played a role in their preference for moving to a nursing home over coresiding with a child. In addition, most mothers (55.56%) expressed a desire to stay in their own homes as long as possible. Although most mothers and daughters (50.00% and 55.56%, respectively) reported that they had not talked much or at all about these types of decisions, the vast majority (72.22% of mothers and 80.56% of daughters) also indicated that they felt no need to have any further discussions, at least not at this time. The most common reason given for not needing to have further discussions was the implicit nature of their relationship in which the daughter would know what the mother wanted because of previous experiences and/or the daughter's deep knowledge of her mother.

Hypothesis One

Hypothesis One predicted that control of the conversation would be based on the autonomy and paternalism beliefs of the mother and daughter. As reported in the section on preliminary analyses, all (100.00%) the mothers and daughters reported strong beliefs in shared autonomy; were about evenly split on independent autonomy (55.6% of mothers and 58.3% of daughters held strong beliefs); and mothers (63.9%) held stronger beliefs on paternalism than did daughters (36.1%).

Percent of Time Daughter Talked

When the mothers' and daughters' scores on shared autonomy, independent autonomy, and paternalism were entered into a multiple regression model building analysis with the percentage of time the daughter talked (Table 11), the best single-predictor model was:

% daughter talks = - mother's paternalism score (b = -0.46).

Comparing this model to the mean model, that is with the mean score as the only predictor, testing for the increase, $F_{1,34} = 7.16$ which was statistically significant (critical $F_{1,30} = 4.17$). The best two-predictor model was:

% daughter talks = - mother's paternalism score (b = -0.57) + daughter's paternalism score (b = 0.30).

Comparing this model to the best single-predictor model, testing for the increase, $F_{1,34} = 4.83$ which was statistically significant. The best three-predictor model was:

% daughter talks = - mother's paternalism score (b = -0.53) + daughter's paternalism score (b = 0.31) + daughter's independent autonomy score (b = 0.50).

Comparing this model to the best two-predictor model, testing for the increase, $F_{1,34} = 1.71$, was not statistically significant. Therefore, the model that was adopted which provided the best prediction was:

% daughter talks = - mother's paternalism score (b = -0.57) + daughter's paternalism score (b = 0.30).

Mothers with a strong belief in paternalism had daughters who talked more and daughters with a strong belief in paternalism talked less. The amount of variance explained by this model (R^2) was 0.24.

Secondary analyses were conducted to test for interactions between mothers' and daughters' beliefs. Interaction variables were created for each possible combination of beliefs (i.e., mother's independent autonomy and daughter's independent autonomy; mother's independent autonomy and daughter's shared autonomy; mother's independent autonomy and daughter's paternalism; mother's shared autonomy and daughter's shared autonomy; mother's shared autonomy and daughter's independent autonomy; mother's shared autonomy and daughter's paternalism; mother's paternalism and daughter's paternalism; mother's paternalism and daughter's independent autonomy; and, mother's paternalism and daughter's shared autonomy). Regression analysis revealed that none of the interactions were significant. Therefore, the model previously adopted was retained.

Daughter Speaks for Mother

Following the same procedure, but predicting the extent to which the daughter speaks for the mother (Table 12) produced the best single-predictor model:

amount daughter talks for mother = - mother's paternalism score (b = -0.02).

Comparing this model to the mean model indicated that this model does not explain a significant amount of the variance ($F_{1,34} = 2.70$).

Again, secondary analysis examined the interaction between mothers' and daughters' beliefs using the previously identified caregiving belief interaction variables. None of these interaction variables were significant predictors of the amount the daughter spoke for the mother.

Decision-Maker

The prediction of who would be the decision-maker was conducted under the standard general linear model with the identified decision-maker entered as a classification variable (Table 13). However, the same procedure for determining the best model by comparing models was followed. The best single-predictor model was:

decision-maker = - daughter's independent autonomy score (b = -0.05).

Comparing this model to the mean model indicated that this model does not explain a significant amount of the variance ($F_{1,34} = 2.52$). An additional step was taken in order to analyze whether or not the nature of the categorical variable was masking a significant pattern. Dummy variables were created indicating whether or not the mother was the decision-maker, whether or not the daughter was the decision-maker, and whether or not the decision-making was shared. A logistic regression was run for each of these variables.

In none of the three analyses did any variable reach the significance level of .05 in order to be entered into the model.

Secondary analysis utilizing the belief interaction variables found that none of the interaction variables was a significant predictor of the decision-maker.

Research Question Two

Research Question Two asked if reported use of conflict style influences communicative behaviors during discussion of caregiving issues prior to dependency. Statistical analyses were conducted to determine if conflict style preferences were related to: (a) level of involvement; (b) level of positive regard; (c) whether or not a disagreement arose; and, (d) in those cases in which a disagreement arose, if the styles that were reported as a preference were exhibited in those disagreements. Finally, comments from mothers and daughters about conflict in their relationship were summarized. As was reported in the preliminary analysis section, mothers (52.8%) reported a higher frequency of use of nonconfrontive strategies than did daughters (38.9%); mothers (27.8%) were more likely than daughters (13.9%) to use controlling strategies; and mothers and daughters (88.9% each) reported high usage of solution-oriented strategies with each other.

Level of Involvement

Overall, mothers (75.0%) and daughters (75.0%), as reported in Research Question One, exhibited high levels of involvement. Regression model comparisons were utilized to examine the level of each participant's involvement and conflict preference scores (Table 14). The best single-predictor model for the mother's involvement was:

mother's involvement = - mother's nonconfrontation score (b = -0.02).

Comparing this model to the mean model was statistically significant, testing for the increase, ($F_{1,34} = 4.24$). The best two-predictor model was:

mother's involvement = - mother's nonconfrontation score (b = -0.02) +

daughter's solution-orientation score (b = 0.02).

Comparing this model to the best single-predictor model indicated that the second variable did not explain a significant percentage of the variance ($F_{1,34} = 1.42$). Therefore, the model that was adopted was:

mother's involvement = - mother's nonconfrontation score (b = -0.02).

Mothers with high nonconfrontation scores were less involved. The amount of variance (R^2) explained by this model was 0.10.

For the daughter's involvement, the best single-predictor model was:

daughter's involvement = mother's control score (b = 0.04).

Comparing this model to the mean model was statistically significant ($F_{1,34} = 11.96$). The best two-predictor model was:

daughter's involvement = mother's control score (b = 0.04) +

daughter's solution-orientation score (b = 0.02).

Comparing this model to the best single-predictor model indicated that the second variable did not contribute significantly to the explanation of variance ($F_{1,34} = 2.83$). Therefore, the single-predictor model was adopted:

daughter's involvement = mother's control score (b = 0.04).

Daughters were more highly involved when their mothers reported using fewer controlling strategies. The amount of variance (R^2) explained by this model was 0.24.

Secondary analysis evaluated the influence of interaction between the mothers' and daughters' conflict style preferences. Interaction variables were created for each possible combination of preferences (i.e., mother controlling and daughter controlling; mother controlling and daughter solution-orientation; mother controlling and daughter nonconfrontation; mother solution-orientation and daughter solution-orientation; mother solution-orientation and daughter controlling; mother solution-orientation and daughter nonconfrontation; mother nonconfrontation and daughter nonconfrontation; mother nonconfrontation and daughter solution-orientation; and, mother nonconfrontation and daughter controlling. For mother's level of involvement, none of the conflict preference interaction variables was significant. For daughter's level of involvement, the interaction between mother's controlling and daughter's solution-orientation scores was significant ($p = 0.0072$). This interaction variable was entered into a model comparison analysis (Table 14). The best single-predictor model was:

daughter's involvement = mother's controlling and daughter's solution-orientation interaction ($b = 0.009$).

Comparing this model to the mean model was statistically significant ($F_{1,34} = 18.88$). The best two-predictor model was:

daughter's involvement = mother's controlling and daughter's solution-orientation interaction ($b = 0.0008$) - mother's nonconfrontation score ($b = -0.0115$).

Comparing this model to the best single-predictor model indicated that this model did not provide a significant increase in explanation of the variance ($F_{1,34} = 3.44$). The model that was adopted was:

daughter's involvement = mother's controlling and daughter's solution-orientation interaction (b = 0.009).

The amount of variance (R^2) explained by this model was 0.30.

The model with the interaction variable was adopted instead of the model with only the mother's control variable because the interaction variable model explained a larger amount of the variance ($R^2 = 0.30$ compared to $R^2 = 0.24$). Daughters' involvement was predicted by the interaction between mothers' control scores and daughters' solution-orientation scores. Daughters were more involved when their mothers reported utilizing fewer controlling strategies and daughters reported utilizing more solution-orientation strategies.

Level of Regard

As reported in Research Question One, mothers (88.9%) and daughters (69.4%) exhibited high positive regard for each other. Mothers' and daughters' positive regard for each other (Table 15) was analyzed in the same manner as was level of involvement. The best single-predictor model for mother's positive regard towards the daughter was:

mother's regard = daughter's solution-orientation score (b = 0.01).

Comparing this model to the mean model indicated that this variable did not explain a significant percentage of the variance ($F_{1,34} = 3.53$).

The best single-predictor model for the daughter's positive regard towards the mother was:

daughter's regard = daughter's solution-orientation score (b = 0.02).

Comparing this model to the mean indicated that this variable did not explain a significant percentage of the variance ($F_{1,34} = 1.79$).

Secondary analysis utilizing the conflict preference interaction variables indicated that none of the interaction variables significantly predicted mothers' regard. On the other hand, daughter's regard was significantly predicted by mothers' solution-orientation and daughters' nonconfrontation (p = 0.0244). This interaction variable was then entered into a model comparison analysis (Table 15). The best single-predictor model with this interaction variable in the equation was, again:

daughter's regard = daughter's solution-orientation (b = 0.02).

Comparing this model to the mean model was not significant ($F_{1,34} = 2.26$). In addition, a regression analysis was performed that "forced" the interaction variable to be entered into the model first. Comparing this model to the mean model indicated that the interaction between mothers' solution-orientation and daughters' nonconfrontation did not explain a significant amount of the variance ($F_{1,34} = 0.32$).

Occurrence of Conflict

In order to determine if reported preferences for conflict styles influenced whether or not a disagreement occurred, an analysis under the general linear model was conducted with the occurrence of a disagreement entered as a classification variable (Table 16). The mothers' and daughters' conflict style preference scores were entered as continuous

variables. The best single-predictor model was:

conflict occurrence = - mother's nonconfrontation score (b = -0.01).

Comparing this model to the mean model indicated that this model did not explain a significant amount of the variance ($F_{1,34} = 2.16$).

Secondary analysis utilizing the conflict preference interaction variables indicated that none of these variables were significant predictors of the occurrence of a conflict.

Exhibited Conflict Styles

As mentioned earlier, only 14 of the 36 mother-daughter dyads (38.89%) exhibited a disagreement during their discussion. An analysis of the mother's strategy style (Table 17) which was entered as a classification variable, produced the best single-predictor model of:

mother's strategy = - daughter's control score (b = -0.01).

Comparing this model to the mean model indicated that this model did not explain a significant amount of the variance ($F_{1,12} = 0.13$).

An analysis of the daughter's strategy style, again entered as a classification variable, produced the best single-predictor model of:

daughter's strategy = - daughter's nonconfrontation score (b = -0.02).

Comparing this model to the mean model indicated that this model did not explain a significant amount of the variance ($F_{1,12} = 3.10$).

Secondary analysis utilizing the conflict preference interaction variables indicated that neither mothers' nor daughters' strategy usage were predicted at a significant level by these variables.

Additional Findings

Although mothers and daughters were not asked specifically about conflict in their relationship, many made spontaneous comments as they were answering the items in that section of the questionnaire. The mothers and daughters in this sample spontaneously indicated two key points related to conflict in their relationships. First, they indicated that they experienced little conflict for a variety of reasons. Second, they indicated that their responses would be very different if different members of the family had been the focus of their responses.

The mothers and daughters who indicated that they had very little conflict stated that the main reason for this limited conflict was that they either did not disagree on many things or that they had learned over the years not to fight. For those who indicated that they did not disagree, they expressed having very similar values. One mother and daughter in this group, however, revealed that they may hold very different views on the world, but had tacitly agreed to disagree. As this mother and daughter were completing the items, they both expressed difficulty because "we just don't have disagreements." As they progressed through this section the daughter made the comment, "well, we do disagree on the President. She danced when he was elected and I cried." A few items later the daughter also made the comment "and I go to the wrong church." Although this mother and daughter stated that they had very few disagreements because they held similar values, they apparently did not agree on politics or religion.

Another group of mothers and daughters who reported having little conflict in their relationships indicated that they had learned over the years not to fight with each

other. Their comments fell into three main categories: (a) not fighting over small matters; (b) coming to appreciate each other over the years; and (c) agreeing to disagree on major issues. Mothers and daughters talked about how they had learned over the years that some issues were "just not worth fighting about." These were small matters that they felt really did not matter that much in the long run and "it's just not worth a lot of upset for something small. Ya just have ta learn ta not sweat the small stuff." On the other hand, if an issue was important enough, they would be willing to express their opinion more forcefully or be less willing to give in and meet the other person halfway. Other mothers and daughters talked about having had serious disagreements in earlier years, particularly when the daughter was a teenager. Over the years, however, they had become closer and learned to appreciate each other. Daughters commented that this change occurred particularly after they were married and started having children. They began to see their mothers as resources and friends. The last group indicated that they had learned to agree to disagree in order to "maintain harmony in the family." When disagreements arose over major issues and they seemed unable to reach a common ground, they agreed that it was better to "just leave it alone" and not discuss the topic.

The second key topic was that their responses to items would have been very different if different members of the family had been the focus. Some mothers indicated that, if another daughter or a son were the focus, their responses would be very different because the nature of their relationship was different. One mother stated, "we just see eye to eye . . . but my other daughter, she's her daddy's girl and we're like oil and water." Daughters also suggested that they thought the mothers' responses would be very

different with another child because they saw the conflict between their mother and this sibling as on-going. In these cases, the daughter tended to assign blame to the sibling for the conflict because of her own good relationship with her mother. As one daughter said, "I don't know why Steffi has to make everything so difficult."

Research Question Three

Research Question Three asked if autonomy and paternalism beliefs were related to conflict style preferences. Communicative behaviors described in previous research (Bergstrom & Nussbaum, 1996; Cicirelli, 1993a; Putnam & Wilson, 1982; Sillars, 1980), especially for shared autonomy and solution-oriented conflict strategies appeared to be similar in nature. This question attempted to address if these beliefs might be related in the expressed attitudes and preferences of the individuals in the study. Correlations for mothers' attitudes and preferences scores (Table 18) were run separately from those for the daughters' on these same factors (Table 19). Significant correlations were found for the mothers' beliefs in independent autonomy and controlling conflict style preference ($r = 0.4661$, $p = 0.0042$); the mothers' beliefs in paternalism and nonconfrontation conflict style preference ($r = 0.3407$, $p = 0.0420$); and, the daughters' beliefs in paternalism and nonconfrontation conflict style preference ($r = 0.4971$, $p = 0.0020$). Therefore, mothers who reported a stronger belief in independent autonomy (i.e., individuals should make decisions for themselves) were more likely to also report a higher frequency of using controlling conflict strategies (i.e., competitive, noncompromising strategies). For both mothers and daughters, those who reported a stronger belief in paternalism (i.e., it is alright to make decisions for someone else as long as it is in his/her best interest) also

reported a higher frequency of usage of nonconfrontation conflict strategies (i.e., changing the subject, holding one's tongue to avoid an argument, minimizing differences, etc.).

Chapter V

Conclusions, Implications, and Recommendations

Conclusions and Implications

This chapter will provide a review of the purpose and rationale for this study followed by a discussion of: (a) the results of the research questions; (b) key aspects of the findings; (c) the value of the lifespan perspective; (d) implications for the communication discipline; (e) limitations of the study; (f) potential future studies; and, (g) some concluding remarks.

Review of Purpose and Rationale

With the increasing number of elderly in the United States, informal caregiving networks will be challenged to assist care receivers in maintaining their autonomy for as long as possible while still attending to day-to-day needs. The goal of this study was to develop a richer understanding of the interaction between mothers and daughters prior to dependency. Prior research has not focused on potential caregiving nor has the process of decision-making within caregiving been studied through the participants' interaction with each other. Examining their interaction provided valuable insights into the nature of their relationship and their current decision-making process. Knowledge about the current status of their relationship also provides insight into how they may handle renegotiating their relationship as the mother becomes increasingly dependent on the daughter for her day-to-day needs.

Mothers and daughters were the focus of this study because they make up the most common caregiving dyad. Decision-making within caregiving merits attention

because of the negative consequences for the care receiver if his/her sense of autonomy is eroded. While decision-making has important consequences, parents and children rarely have explicit discussions regarding their preferences for caregiving. This lack of discussion becomes particularly critical because individuals in long-standing relationships tend to build implicit decision-making processes which leads to a false sense of knowledge about the other's desires and wishes. Parents and children need to have clear, explicit discussions regarding these issues prior to the onset of dependency because of the serious negative consequences that occur when this has failed to happen. Most of the research in this area has focused on decision-making once a caregiving relationship has been established. Because of the need to begin to develop a better understanding of this process, this study focused on potential caregiving dyads. The first research question asked: When mothers and daughters discuss caregiving prior to the mother's dependency, what communicative behaviors are revealed? This question focused, specifically, on: (a) who controlled their conversations; (b) who was the decision-maker; (c) the level of involvement and regard of the participants; (d) the strategies utilized to resolve conflicts; and, (e) the content of their discussions.

Previous research has shown that the decision-making process and communicative behaviors of mothers and daughters in caregiving relationships are influenced by their beliefs regarding autonomy and paternalism. This knowledge led to the first hypothesis: The control of the caregiving discussion will be related to the mother's and daughter's beliefs in autonomy and paternalism. For this study, control was measured by:

(a) the percentage of time the daughter talked; (b) the amount of time the daughter spoke for the mother; and, (c) who was the decision-maker.

Previous research has also shown that conflict is an integral part of the mother-daughter relationship and continues to be evident during caregiving. In addition, differences in beliefs regarding caregiving may also lead to conflict. While conflict may be more evident in some mother-daughter relationships than in others and preferences for conflict styles may change across the lifespan, little is known about conflict in regards to caregiving decisions prior to dependency. Therefore, the second research question asked: Does expressed preference for conflict style influence communicative behaviors during discussions of caregiving issues prior to dependency?

Examining communicative behaviors associated with beliefs in autonomy and paternalism and preferences for conflict style strategies suggested that these attitudes might lead to similar behaviors and, therefore, might be related. The third research question of this study asked: Are autonomy and paternalism beliefs related to conflict style preferences?

The Research Questions

The discussion of potential caregiving. The vignette about a potential caregiving scenario successfully generated discussion between mothers and daughters regarding related issues. Two common topics of conversation suggest a shift in attitudes from earlier generations when it was assumed that the family would take in an elderly person and provide as much care as possible within the family structure (Hareven, 1994). First, these mothers and daughters talked extensively about relying on the formal caregiving

network, not only once the mother becomes extremely dependent (e.g., cognitively impaired or medically fragile), but also early on in the process. The formal caregiving network was seen not only as a resource in order to provide care, but also as an alternative to the family providing that care. Utilizing formal caregiving was seen as an avenue for reducing the burden of caregiving for the family which was the second common topic reflecting a shift in values or opinions about caregiving. The mothers in this study strongly voiced the opinion that they did not want to be a burden to their children, even to the point of entering a nursing home instead of living with a child. Some of these mothers had provided care for their own parents or in-laws. Although they did not regret that decision, they did not want to place that same burden on their own children. The mothers and daughters in this study held very different opinions about the consequences of the mother moving in with the daughter. Daughters, not having been caregivers to elderly parents, down played the negative consequences and highlighted the positive ones. Mothers, on the other hand, remembered the negative consequences of caregiving and clearly did not wish to have the daughters undergo these same strains.

While previous research has found that families provide a significant level of care to the elderly (Cantor, 1992; Himes, 1994; Moody, 1994), this increased reliance on the formal caregiving network may place an even greater strain on limited resources. An additional concern might be raised regarding these mothers' strong desires not to be a burden to their children. As Cicirelli (1993b) pointed out, care receiving mothers appeared more concerned with maintaining harmony with their children than in expressing their own preferences or opinions. Would mothers who do not want to be a burden to

their children forego medical treatments that might extend their lives in order to not be a burden? Would mothers who do not want to be a burden to their children actively seek out alternatives to prematurely end their lives in order to avoid creating that burden? Even when the children are loving and caring, would parents make decisions based on their perceptions of burden that the children do not share?

Beliefs in autonomy and paternalism. Cicirelli (1992) found that care receiving mothers' and caregiving daughters' beliefs in paternalism strengthened as the mother aged, postulating that as the mother became more dependent (which was correlated with age), both parties saw the need for the daughter to take over the decision-making. In this study, the older mothers held stronger beliefs in paternalism; however, the daughters' beliefs did not change with their own age or that of their mothers. These mothers and daughters were not in a caregiving relationship; therefore, the daughters had not yet had to take on any responsibility for decision-making regarding their mothers. The daughters apparently saw their mothers as still quite capable of making their own decisions. The mothers, on the other hand, as they aged may have begun to see the need for a child to take over at some point, even if they had not yet reached that point themselves. In addition, all the mothers and daughters reported strong beliefs in shared autonomy which may reflect the current interdependent status of their relationship. Their scores on independent autonomy were about evenly split between strong and weak beliefs. This finding may reflect their desire for the mother to remain independent as long as possible, recognizing, however, that at some point the daughter may have to take over the role of decision-maker. From both the mothers' and daughters' comments, once a parent becomes cognitively impaired,

someone must step in to protect his/her safety. The items in the independent autonomy scale dealt primarily with a parent who was exhibiting signs of cognitive impairment. As previous research has shown, children are reluctant to step in until the parent shows definite signs of needing help (Cicirelli, 1981; Horowitz et al., 1991: Johnson, 1988). The women in this study seemed to agree that the point when a child should step in is when the parent is showing signs of cognitive impairment that lead to concerns for his/her personal safety. The earliest signs were identified as changes in what was considered to be "normal" behavior. Having detailed discussions about what behaviors serve as signals that a child needs to step in could help prevent the child from stepping in too soon or waiting too long.

One measure of control of the conversation, the percentage of time the daughter talked in comparison to the mother, could be predicted by the mothers' and daughters' paternalism scores. Mothers with a stronger belief in paternalism had daughters who talked more. Daughters with a strong belief in paternalism talked less. Mothers with a strong belief in paternalism, even though currently independent, may already be turning over the decision-making regarding potential caregiving to their daughters. Their daughters will be the ones who have to implement these decisions, so they have been given the power to make them. Daughters who hold stronger beliefs in paternalism, however, may feel that they need to talk less because they believe that they can make decisions in their mothers' best interest. These daughters may be less concerned with carrying out the mothers' specific wishes and desires because decisions will be based on whatever their best interests are at the time. Therefore, they feel less of a need to solicit their mothers'

preferences. In addition, those with a stronger belief in paternalism also expressed a preference for utilizing nonconfrontive strategies. These individuals may have a general style of not expressing their opinions in order to avoid an argument. Mothers' and daughters' beliefs in shared autonomy and independent autonomy were not significant predictors of who controlled the conversation.

The other measures of control of the conversation, to what extent the daughter spoke for the mother and who appeared to be the decision-maker, were not predicted by the mothers' and daughters' autonomy and paternalism scores. This finding may be a result of insensitive or poorly operationalized dependent variables. On the other hand, the sample may have been too small to detect a potentially small effect size for adequately defined dependent variables.

Conflict within the mother-daughter relationship. Mothers and daughters reported a preference for using solution-oriented strategies when in conflict with each other. Bergstrom and Nussbaum (1996) also reported that older adults preferred solution-oriented styles because they found these to be more "effective" than other strategies. In long-standing relationships, solution-oriented strategies which are used to seek mutually agreeable solutions to a disagreement, may be the ones that best allow the parties to maintain their relationship at a satisfactory level. Mothers in this study, however, reported using more nonconfrontive strategies than did daughters. This finding supports previous research that as we age, we decide that some things are not worth a fight. The mothers and daughters in this study reported having come to this conclusion as well. Overall, mothers and daughters reported a low frequency of using controlling strategies, although

more mothers were high in controlling strategies than were daughters. Mothers and daughters may have found that controlling strategies were not an effective method for resolving conflict. Those mothers who reported continuing to use a high frequency of controlling strategies may have retained the traditional power dynamic of the parent-child relationship into the child's adult years.

The involvement level of mothers was predicted by their reported frequency of use of nonconfrontive strategies. Mothers who were highly involved were less likely to use nonconfrontive strategies. On the other hand, daughters' involvement was predicted by the interaction between the mothers' use of control strategies and the daughters' use of solution-oriented strategies. Daughters were more involved when their mothers reported using fewer controlling strategies and the daughters' reported using more solution-oriented strategies. This finding suggests that mothers who are generally nonconfrontive during disagreements with their daughters may not be highly involved in discussions in order to prevent a disagreement from occurring. Daughters who have less controlling mothers may be more engaged in their interactions because they have been given tacit approval by their mothers to be involved.

The predictors for positive regard for both mothers' and daughters' were not significant. This finding may reflect the fact that the mothers and daughters in this study, overall, had very high positive regard for each other. The low variability in the level of regard displayed in this sample may have limited the sensitivity of the predictors in detecting any significant differences. In addition, positive regard is an element of a preference for solution-oriented conflict strategies (Bergstrom & Nussbaum, 1996;

Putnam & Wilson, 1982; Sillars, 1980). The relatively high scores for the vast majority of the mothers and daughters on frequency of use of solution-oriented conflict strategies may be a reflection of the high positive regard observed during their interactions. This positive regard may also be one reason that such a relatively small number of disagreements occurred during their interactions.

When a disagreement did occur, the reported preferences for conflict styles did not predict the styles that were exhibited during the disagreement. This finding may indicate that the mothers and daughters responses were influenced by social desirability, reporting what they thought were more appropriate behaviors than those that they actually do use. On the other hand, this finding may indicate that the exhibited disagreements were not "natural" or that the participants felt constrained either by time or the presence of the researcher. On the other hand, the participants may have preferred not to discuss these difficult issues and, therefore, they made brief statements about their opinions without fully pursuing all of the related issues. In addition, the small number of disagreements that occurred may have been insufficient to detect differences or similarities between reported preferred styles and behaviors exhibited.

Autonomy/paternalism beliefs and conflict preferences. Mothers with stronger beliefs in independent autonomy reported a greater frequency of usage of controlling behaviors. This finding suggests that an individual who believes people should make their own decisions also believes that people should state their opinions without negotiating for a middle ground and should not change their mind based on other people's arguments. Mothers and daughters who held stronger beliefs in paternalism also reported using a

greater frequency of nonconfrontation strategies. Those individuals who believe that it is alright to make decisions for someone as long as it is in their best interest are more likely to use nonconfrontive strategies. This result appears counter-intuitive at first, however, one interpretation of this might be that a paternalistic person would make the necessary decision without discussing it with the other person. A paternalistic person would make a decision based on what s/he believed was in the other person's best interest. In order to minimize a problem if the other individual did not agree with the decision, a paternalistic person might make a decision, but choose not to discuss it with the other party.

One potential problem with this analysis is that the participants were asked to respond to the autonomy and paternalism items while "thinking in general about elderly parents" and to the conflict strategy preferences while "thinking about your relationship with each other." Participants indicated that their responses to the conflict items would have been different if another family member had been the focus. The difference between their attitudes "in general" and "in specific" may have masked underlying similarities between their beliefs in autonomy and paternalism and preferences for conflict strategies.

Key Aspects

While listening to these mothers and daughters discuss potential caregiving, two aspects of their conversations were striking. The first was the close, supportive, positive nature of most of their interactions. The second was the inherent trust in and knowledge of each other that led them both to the assumption that the daughter would be able to carry out the mother's wishes without having explicit discussions about those wishes.

Previous research has reported that the vast majority of parents and children feel close to each other (Baruch & Barnett, 1983; Boyd, 1989; Cicirelli, 1981; Henwood & Coughlan, 1993); therefore, it should be no surprise that the mothers and daughters in this study expressed highly positive feelings towards each other. All of the mothers and most of the daughters expressed their love and concern for the other. Some of these women explicitly expressed these feelings, as when one mother stated about her daughter, "she's just a treasure . . . always a joy, a light in our lives." Others exhibited their connection through their interaction. This connection was particularly evident among the mothers and daughters who talked in nearly equal amounts. These women would finish each other's sentences, speak the same phrase at the same time as if they had the same thought at the same moment, their comments built on each other's (e.g., adding details to the story the other was telling without interrupting the flow of the other's story telling). The conversational "dance" between these women was intricate and intimate. The close connection in their lives was demonstrated through the close connection of their interaction. Previous research has indicated that the daughter who lives in closest geographic proximity is usually the mother's primary caregiver (Cicirelli, 1981; Himes, 1994; Moody, 1994). Many of the mothers and daughters in this sample live in close geographic proximity, possibly because they enjoy each other to such an extent that they live near each other by design. In fact, several of these mothers and daughters had moved closer to each other without any need for caregiving driving the move. On the other hand, several exceptions were noted to the daughter in closest geographic proximity becoming the primary caregiver. One question that comes to mind is when more than one child is

available for care, does the child with the emotionally closest relationship become the caregiver? Previous research (Cicirelli, 1981) has suggested that emotional closeness does not predict who will serve as the primary caregiver; however, it might be possible that emotional closeness is, at least in many cases, related to geographic closeness as well. Are mothers and daughters who are emotionally close more likely to be geographically close? While being geographically close makes it more convenient to provide significant levels of care, the emotional closeness may be a more important factor leading to geographic closeness and the convenience of providing care. In addition, a child who is emotionally close to a parent is more likely to provide emotional support as well as instrumental support which may be more important in the long run for the parent's psychological and physical health and well-being.

The second key aspect of the mothers' and daughters' conversations is an apparent offshoot of their emotional closeness. Because these mothers and daughters, generally, trust each other and feel that they know each other extremely well, they assume that the daughter will know what the mother would want to have done should the daughter have to make a decision for the mother. As Sillars and Kalbfleisch (1989) suggest, individuals who have known each other for a long period of time build up a reservoir of knowledge about each other upon which to draw whenever a decision must be made. This implicit decision-making process leads to individuals making assumptions about how the other person would decide without an explicit discussion. Research that has specifically asked individuals and family members about the individual's preferences have found that in less than one-third of the cases was the family member correct in his/her prediction about the

other's desires (Cicirelli, 1992). The results from this study suggest that not only do mothers and daughters rely on the fact that their implicit decision-making will be satisfactory, but that their trust in and knowledge of each other will lead to congruent opinions. Previous research (Uhlmann et al., 1988; Zweibel & Cassel, 1989) would suggest that this assumption is most likely false. The mothers and daughters who expressed this deep understanding of each other also indicated that they did not see a need to have further discussions regarding caregiving because the daughter already knows all that she needs to know. For most of these dyads, the mother and daughter relied on previous family caregiving experiences as a guide for the mother's wishes and desires. The underlying assumption is that the daughter was sufficiently involved during this previous caregiving experience to observe and understand the mother's preferences. Inherent in this assumption is that both individuals drew the same meaning from the experience and any conversations held during the process.

Although a small percentage of the mothers and daughters felt that explicit discussion was best held before a need for the child to make a decision, the majority did not hold this opinion. One pragmatic implication of this feeling that discussions are unnecessary is that if someone wanted to develop a training program to assist parents and children in talking about caregiving decisions, the program probably would not appeal to individuals who hold the belief that these talks are unnecessary. This problem leaves the question of how or what would need to happen in order to instigate these discussions. Previous research (Pratt, Schmall, & Wright, 1987) has indicated that children who are required to make these types of decisions are relieved when they have had explicit talks

with their parents. Individuals, however, who see no need for these talks are not likely to initiate them before it is too late for the parent to actively participate. Because of the negative consequences of erosion of autonomy during caregiving, the importance of having explicit discussions about caregiving preferences cannot be underestimated.

A critical role for communication scholars and social gerontologists is to develop interventions that first address the feeling that explicit discussions are unnecessary. One place to start this process would be helping families to identify the areas in which the adult children lack knowledge about the parents' preferences. A list of potential caregiving situations could be developed. The parents would respond to the list from their perspective and the adult children would respond as they think their parents responded. Comparing the lists would identify where they lacked congruence, setting the stage for more explicit discussions in those areas where the adult children did not correctly identify the parents' preferences. As one daughter in this study pointed out during her debriefing session, "maybe I don't know her as well as I thought I did." Raising the level of awareness that the assumptions the family holds about each other may be wrong could lead to explicit discussion about caregiving preferences.

The Lifespan Perspective

The lifespan perspective provides an overarching framework for understanding change and stability in individuals and relationships (Hareven, 1994; Lerner & Ryff, 1978). The changes discussed by the mothers and daughters in this study mostly revolved around learning to manage conflict within their relationship. The nature of their relationship had changed as they had matured, especially as the daughter had passed through the teen and

early adult years. These mothers and daughters had very positive relationships with each other. This low level of conflict was partly due to learning to not argue over small matters, learning to appreciate the other person and the qualities that she brought to their relationship, and learning to agree to disagree rather than have extended rifts in their relationship. This learning process had occurred over a number of years, was still evolving, and was occurring within the context of the larger family system. In order to understand how this mother and daughter arrived at this place in their relationship, their entire past history must be taken into consideration as well as how they individually and collectively dealt with events that occurred. The interdependence of their relationship is evident in their mutual influence with each other.

Another area in which the lifespan perspective provides a framework for understanding is that of implicit decision-making and caregiving. This implicit knowledge of the other's preferences was acquired over a period of time, through the process of sharing experiences with each other. A formal caregiver may find the family to be a resource or a barrier to implementing a care plan. The formal caregiver may choose to deal with the care receiver alone or with the current conditions and never fully understand how to best utilize the family's strengths. On the other hand, the formal caregiver may take the time to discover what experiences have led the family to their current beliefs and use that information to build greater cooperation between the formal and informal caregiving networks. When taking the individual's history, the formal caregiver might want to learn about prior family experiences with caregiving as well as the medical history. Ignoring an individual's family and their shared history may result in a loss of important

information about his/her wishes and desires as well as how s/he makes health-related decisions within the family constellation. This tunnel vision may lead to the loss of an opportunity for more positive outcomes to any prescribed health regimen.

The lifespan perspective not only allows us to examine the events that led a family to their current status, but also allows us to project into the future how that family will manage difficulties. The current high level of implicitness may carry into the future. As problems arise, they may be dealt handled without any explicit discussions by the parties as to their own preferences or desires. In addition, the daughters in this study indicated that they had a base knowledge of their mothers' day-to-day behaviors and that changes in those behaviors would be a signal for them to step in. Will they see the signs if they have frequent contact and the changes in the parent's behavior are subtle? When and how will children step in? Will they agree with other family members that the signs are there and a need exists for someone to step in? Examining how the family has handled similar issues in the past will help to understand how they might handle them in the future. If difficulties have arisen in the past, then some type of intervention may be necessary in order to prevent those types of difficulties from arising in the future. Any intervention would have to be tailored to the family and its history.

Implications for the Communication Discipline

Relationships are constituted through communication. Communication is central to any relationship as the members negotiate and renegotiate the nature of their relationship. One important transition in the parent-child relationship is the role reversal that occurs should the parent becomes frail and dependent on the child. This transition,

most likely, will be negotiated over a period of time. This study examined relationships through the communicative behaviors revealed during conversations between mothers and daughters as they discussed potential caregiving decisions. Examining these interactions helps to develop a richer understanding of how mothers and daughters might renegotiate the relationship at that time. In addition, the period of the "middle" years of the parent-child relationship has not been the focus of more than a handful of research articles. This study helps to fill that void by examining the mother-daughter relationship when both are adults and independent from each other for caregiving needs.

By examining the interaction on several levels, a wide range of information about these mothers' and daughters' relationships has been or could be discovered. On one level, the nature of their relationship was revealed by their interaction. On this level, communicative behaviors (e.g., control of the conversation, the daughter speaking for the mother, the occurrence of disagreements) were examined. What does this examination tell us? In some mother-daughter relationships, the mother dominates the conversation, while in others the daughter does. For yet another group, the mothers and daughters share the conversation. These different styles of interaction reflect different types of relationships, suggesting who has the most control or power in their relationship. One reasonable conclusion drawn from these interactions is that the nature of the mother-daughter relationship must be somehow qualitatively different in those relationships where the daughter speaks for the mother as opposed to those in which the daughter does not do so.

On another level, examining the content of their conversations revealed issues of concern for families as they approach the potential dependency of a parent. These issues

have serious consequences for all parties concerned. How will they maintain the mother's independence for as long as possible? Will the parent move in with a child or to a nursing home? How will the mother's needs impact her caregiving daughter and that daughter's family? Decisions surrounding these issues will have to be made, by someone at some point. By examining these interactions, the level of concern for these issues and the possible alternatives available to the family can be studied as well as the processes they utilize in dealing with these types of issues.

On yet another level, how those decisions are made and the level of satisfaction each party has with any given decision may depend on the amount of congruence between the parties' preferred solutions. Whether these solutions will be arrived at mutually or unilaterally depends on the processes the family uses for making these decisions. Will the mother turn over decision-making to the daughter because she trusts the daughter or because she wants to maintain harmony and chooses not to express her preferences? This question returns us to the nature of the relationship and the role individuals have played in that particular relationship over the years which is revealed by their interaction. Mothers who feel great trust in their daughters may have no fears about turning over caregiving decisions. This lack of fear may not be true for mothers who have less trusting relationships with their daughters, however they may still have a strong desire to maintain harmony in their relationship.

One of the advantages of the approach taken in this study is that the mother-daughter relationship was studied by directly examining the interaction between mothers and daughters. Mothers and daughters were not asked separately about their relationship,

but were asked to discuss together how they would handle a major transition point in their relationship. The nature of their interaction revealed that, at least for this group of mothers and daughters, this transition will be handled with love and concern, but possibly more implicitly than explicitly. Therefore, this study takes a step toward placing communication at the center of the relationship and examining how communication reveals the nature of the relationship and how the nature of the relationship is influenced by communication.

Limitations

One significant limitation of this study is that no mothers and daughters who generally do not enjoy each other's company participated in the study. As one daughter stated in declining to participate in the study, "I don't want to have to sit in a room with my mother for an hour and a half." The high level of positive regard exhibited obviously skews the sample. Although most mothers and daughters have close relationships (Baruch & Barnett, 1983; Cicirelli, 1981), more "conflicted" pairs were not a part of this study. How these same communicative behaviors are exhibited in less close mother-daughter relationships is unknown.

The generalizability of this study is limited by its sample size, the nature of the convenience sample, and the high positive regard exhibited between mothers and daughters. Another limitation is that the sample was not representative of mothers and daughters in the United States. The sample was more "White," wealthier, and better educated than is the population of women in this county. Caregiving and its related decision-making may operate quite differently in other American subcultures. For

example, African Americans are under represented in nursing homes and those who do live in nursing homes have a higher number of limitations. The under representation has been attributed to African American elders having larger informal support networks. The higher level of dependency of African American elders in nursing homes may also be related to this larger support network which is able to maintain the elder in the community longer than are European American families. This larger network may impinge on the decision-making process with very different issues being taken into consideration. In addition, because the study included only mothers and daughters, other potential parent-child dyads have been ignored as was the role of the caregiving daughter-in-law and the larger family constellation.

Another limitation was the cross-sectional nature of the study. In order to capture something as potentially subtle as the renegotiation of power and autonomy in a long-standing relationship which is likely to occur over a protracted period of time, a longitudinal study following several cohorts would be most enlightening.

An additional shortcoming of this study is that the categories created for the code book have not undergone ecological validation. In order to do this, either participants in the study or individuals similar to participants in the study need to review the categories and the divisions within each category to determine if they would be similarly defined by these individuals. Such a validation check might help to uncover problems in the current set of variables that limited their sensitivity in detecting differences in the sample.

Future Studies

In addition to studying other gender combinations of the potential caregiving dyad,

the larger caregiving system should be included in future studies. In particular, sibling interactions during the sharing (or lack thereof) of caregiving roles should be a target. The nature of conflict may be especially important as the participants in this study suggested that conflict was experienced differentially among family members. The management of conflict may become more and more difficult as members of the family are stressed by caregiving responsibilities and important decisions, such as moving the mother to a nursing home or continuing life support efforts, must be made.

Variations and similarities across cultures and subcultures also merit serious attention. This need to address cultural differences may become increasingly important as the number of elders increases around the globe and the economies of nations become more tightly interwoven. The losses and benefits for the utilization of informal and formal care networks may be particularly useful strategies for examining these cultural differences.

The argument has been presented that communication is central to relationships. The analysis of the conversations that has been presented here has been necessarily superficial. The focus on certain aspects of the interaction in order to answer the proposed research questions limited the extent of the analysis. Typically, coding of observational data is conducted on a very specific level and not the more "global" approach utilized in this study. The audiotapes and transcripts of these conversations are available for analyses on many more levels than those presented here. A more detailed analysis of the interactions might focus on a variety of topics. One such topic could be the management of turn taking, especially for those dyads that performed an intricate

conversational "dance" in which partners built on each other's comments. The mutuality expressed in these "dances" was quite striking and merits further attention. Another topic of interest would be a closer examination of the management of conflict. Some dyads mentioned an area of disagreement once, never to return to the topic. Other dyads mentioned the topic of disagreement and returned to it repeatedly across their interaction. A fuller examination of this process, especially focusing on the sequentiality of strategies might prove enlightening. A third topic that deserves attention is what different roles are taken on by the participants during their discussions. For example, in one mother-daughter dyad where the daughter dominated the conversation, the mother appeared to take on the role of "placator." This mother attempted to down play the daughter's distress about being late for the interview because her husband was late getting home. This mother tried several different strategies, none of which was completely successful. A detailed analysis of this exchange might shed additional light on the nature of this particular mother-daughter relationship. Inevitably, each examination of this corpus would produce additional issues that would shed light on the complex nature of mother-daughter relationships as they progress across the lifespan.

Concluding Remarks

The parent-child relationship continues to be an important relationship to the members across the lifespan of their relationship. With increasing life expectancies and the compression of frailty into the last few years, if not months, of the parent's life, parents and children may expect to share their adult years as independent near-equals for several decades. These relationships may be a source of enjoyment, comfort, and support, or an

obligation to fulfill--depending on the nature of the relationship and how the members manage to adapt to the changing circumstances of their lives. A better understanding of the role communication plays in revealing the nature of this relationship and in producing positive change in the relationship may help to increase the numbers of those who share the joy and the pain associated with close, intimate relationships across the lifespan.

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Table 1. Demographic variables for mothers (n = 36) and daughters (n = 36).

Variable	**Mothers**	**Daughters**
Age mean (sd)	68.25 (7.97)	41.08 (7.46)
Marital Status f (%)		
Never married	0 (0.0%)	3 (13.9%)
Married	23 (63.9%)	22 (61.1%)
Divorced	2 (5.6%)	9 (25.0%)
Widowed	11 (30.6%)	0 (0.0%)
Living Arrangement f (%)		
Alone	11 (30.6%)	6 (16.7%)
With husband	23 (63.9%)	6 (16.7%)
With child(ren)	2 (5.6%)	4 (11.1%)
With husband & child	0 (0.0%)	15 (41.7%)
With co-participant	0 (0.0%)	2 (5.6%)
With other	0 (0.0%)	3 (8.3%)
Work Status f (%)		
Never worked	2 (5.6%)	2 (5.6%)
Retired	24 (66.7%)	2 (5.6%)
Full-time	6 (16.7%)	26 (72.2%)
Part-time	4 (11.1%)	6 (16.7%)
(continued)		

Variable	Mothers	Daughters
Education f (%)		
Did not complete h.s.	3 (8.4%)	0 (0.0%)
Completed high school	11 (30.6%)	2 (5.6%)
Some college	11 (30.6%)	7 (19.5%)
Completed college	4 (11.1%)	6 (16.7%)
Some graduate hours	2 (5.6%)	11 (30.6%)
Advanced degree	4 (11.1%)	10 (27.8%)
Household Income f (%)		
<$10,000	2 (5.6%)	1 (2.8%)
$10,000-19,999	3 (8.4%)	1 (2.8%)
$20,000-29,999	12 (33.3%)	5 (13.9%)
$30,000-39,999	6 (16.7%)	4 (11.1%)
$40,000+	10 (27.8%)	25 (69.4%)
Not reported	3 (8.4%)	0 (0.0%)
Distance of Residences f (%)		* same for both parties
Same household	3 (8.4%)	
Less than 1 mile	4 (11.1%)	
1 - 5 miles	16 (44.4%)	
5 - 25 miles	8 (22.2%)	
More than 25 miles	4 (14.0%)	

Table 2. Summary scores for mothers (n = 36) and daughters (n = 36) on the six factors. Note: Scores that fell on the midpoint were arbitrarily placed in the upper category.

For autonomy and paternalism scales, lower values indicate stronger belief.

Factor	Mean (sd)	Range	Midpoint of Possible Range (% Below)	Possible Range
Shared autonomy			54	18 - 90
mothers	39.92 (4.16)	34 - 53	(100.0)	
daughters	39.36 (6.23)	24 - 49	(100.0)	
Independent autonomy			36	12 - 60
mothers	34.89 (5.24)	25 - 49	(55.6)	
daughters	33.67 (4.95)	24 - 42	(58.3)	
Paternalism			90	30 - 150
mothers	85.39 (11.53)	68 - 113	(63.9)	
daughters	95.61 (15.09)	72 - 149	(36.1)	

(continued)

For conflict preference scales, lower values indicate greater frequency of use.

Factor	Mean (sd)	Range	Midpoint of Possible Range (% Below)	Possible Range
Nonconfrontation			48	12 - 84
mothers	47.83 (12.21)	23 - 74	(52.8)	
daughters	51.67 (13.21)	19 - 84	(38.9)	
Solution-oriented			44	11 - 77
mothers	32.36 (8.02)	13 - 49	(88.9)	
daughters	33.44 (8.21)	17 - 57	(88.9)	
Controlling			28	7 - 49
mothers	33.53 (7.87)	19 - 49	(27.8)	
daughters	34.28 (7.41)	13 - 49	(13.9)	

Table 3. Internal consistency reliabilities (Cronbach's alpha) for the six factors (n = 72).

Factor	Overall	Range for Individual Items
Shared autonomy	0.75	0.71 - 0.77
Independent autonomy	0.69	0.65 - 0.72
Paternalism	0.91	0.90 - 0.91
Nonconfrontation	0.87	0.85 - 0.86
Solution-oriented	0.81	0.78 - 0.82
Control	0.80	0.72 - 0.80

Table 4. Correlations with p values of mothers' and daughters' scores on the six factors (n = 36 dyads).

	Daughter Shared Autonomy	**Daughter Independent Autonomy**	**Daughter Paternalism**	**Daughter Solution-oriented**	**Daughter Nonconfrontation**	**Daughter Control**
Mother Shared Autonomy	0.2445 0.1508	0.0139 0.9360	-0.0446 0.7960	-0.0390 0.8214	-0.0005 0.9976	0.0314 0.8560
Mother Independent Autonomy	0.1534 0.3717	0.3479 0.0376*	-0.0923 0.5923	0.1246 0.4689	-0.0484 0.7792	0.1628 0.3429
Mother Paternalism	0.1486 0.3869	-0.2006 0.2407	0.2848 0.0922	0.1749 0.3075	-0.0079 0.9633	-0.2018 0.2380
Mother Solution-oriented	0.0665 0.7002	-0.1978 0.2475	-0.0295 0.8644	0.2286 0.1798	-0.1746 0.3084	-0.1763 0.3036
Mother Nonconfrontation	-0.1193 0.4882	-0.3450 0.0393*	-0.0140 0.9354	0.2119 0.2146	0.1951 0.2542	-0.4660 0.0042**
Mother Control	0.0309 0.8579	0.3408 0.0420*	0.2074 0.2248	-0.1094 0.5255	0.1237 0.4722	0.2689 0.1127

Significance levels: * at least .05
** at least .01

Table 5. Correlations with p values between mothers' (n = 36) and daughters' (n = 36) demographic variables and their summary scores on the six factors.

	Mother's Age	Daught.'s Age	Mother's Education	Daught.'s Education	Mother's Income	Daught.'s Income
Mother's Shared Autonomy	0.05923 0.7315	-0.04943 0.7747	0.28275 0.0947	0.27461 0.1051	-0.23245 0.1930	-0.25950 0.1264
Daught.'s Shared Autonomy	0.02345 0.8920	-0.07007 0.6847	-0.01520 0.9299	-0.09237 0.5921	0.00210 0.9907	0.15467 0.3677
Mother's Indep. Autonomy	0.17382 0.3107	0.29026 0.0859	0.05986 0.7288	-0.20749 0.2246	-0.07974 0.6591	0.17378 0.3108
Daught.'s Indep. Autonomy	0.16464 0.3373	0.14479 0.3995	-0.01433 0.9339	-0.11812 0.4926	0.23043 0.1970	0.19733 0.2487
Mother's Patern.	-0.50788 0.0016**	-0.38663 0.0198*	0.29757 0.0780	0.26095 0.1242	0.16985 0.3447	-0.19307 0.2592
Daught.'s Patern.	0.06263 0.7167	-0.04005 0.8166	0.14519 0.3982	0.17828 0.2982	0.03486 0.8473	0.09762 0.5711
Mother's Nonconf.	-0.44298 0.0068**	-0.37093 0.0259*	0.03124 0.8565	0.06478 0.7074	0.08298 0.6462	-0.23870 0.1609
Daught.'s Nonconf.	0.10046 0.5599	-0.19130 0.2637	0.25989 0.1258	0.16070 0.3491	0.22983 0.1982	0.07598 0.6596
Mother's Solution-oriented	0.05176 0.7643	0.16225 0.3444	-0.04574 0.7911	-0.20677 0.2263	-0.41881 0.0153*	-0.16134 0.3472
Daught.'s Solution-oriented	-0.14805 0.3888	-0.25750 0.1295	-0.18594 0.2776	-0.29953 0.0759	0.04498 0.8037	-0.07016 0.6843
Mother's Control	0.38604 0.0200*	0.34798 0.0376*	0.24096 0.1569	-0.04329 0.8021	0.07519 0.6775	0.31907 0.0579
Daught.'s Control	0.29136 0.0847	0.30620 0.0693	-0.01921 0.9115	0.15168 0.3772	-0.23178 0.1943	0.22906 0.1790

Significance level: * at least .05 ** at least .01

Table 6. Intercoder reliabilities for coding transcripts.

Item	% Agreement
Amount of time for each speaker*	100.00
Daughter speaks for mother	66.67
Mother speaks for self	33.33
Mother's involvement	100.00
Daughter's involvement	66.67
Mother's positive regard	66.67
Daughter's positive regard	33.33
Disagreement occurred	100.00
Mother's conflict strategy	100.00
Daughter's conflict strategy	66.67
Mother's choice of decision-maker	100.00
Daughter's choice of decision-maker	66.67
Coder's choice of decision-maker	66.67
Previous experience	100.00
Services	100.00
Family Service	100.00
Role of father	100.00

(continued)

Item	% Agreement
Role of siblings	100.00
Party moving closer/in	100.00
Discuss nursing home	100.00
Mother would go to nursing home	100.00
Not to be a burden	100.00
Stay in own home	100.00
Steps already taken	100.00
Mother thoroughness	100.00
Daughter thoroughness	100.00
Explicitness	66.67
Mother need to talk	100.00
Daughter need to talk	100.00
Overall	84.73

*times within 30 seconds of each other were considered to be in agreement

Table 7. Use of conflict strategies by mothers (n = 36) and daughters (n = 36) as exhibited in conversations about caregiving. Total number of disagreements was 17.

	Strategy		
	Nonconfrontation	**Control**	**Solution-orientation**
Mothers	7 (41.18%)	4 (23.53%)	6 (35.29%)
Daughters	2 (11.76%)	8 (47.06%)	7 (41.18%)

Table 8. Decision-maker as preferred by mothers (n = 36) and daughters (n = 36) and identified by the coder (n = 36 dyads).

	Decision-maker		
	Mother	**Daughter**	**Shared**
Mothers	6 (16.67%)	3 (8.33%)	27 (75.00%)
Daughters	19 (52.78%)	3 (8.33%)	14 (38.89%)
Coder	11 (30.56%)	8 (22.22%)	17 (47.22%)

Table 9. Thoroughness of discussions regarding caregiving decisions as reported by the mothers (n = 36) and daughters (n = 36).

	Thoroughly	Fairly Thoroughly	Some Things, But Not All	Not Much	Not At All
Mothers	3 (8.33%)	3 (8.33%)	12 (33.33%)	9 (25.00%)	9 (25.00%)
Daughters	3 (8.33%)	7 (19.44%)	6 (16.67%)	10 (27.78%)	10 (27.78%)

Table 10. Level of explicitness of discussions regarding caregiving decisions (n = 36).

Very explicit	Somewhat explicit	Not very explicit	Implicit
4 (11.11%)	6 (16.67%)	4 (11.11%)	22 (61.11%)

Table 11. Model comparison models for percent of total time daughter talked (n - 36).

Dependent Variable	**Independent Variable(s)** *b estimate* (R^2)	**$F_{1,34}$ for increase**
% daughter talks	- mother's paternalism *-0.46* (0.14)	7.16*
	- mother's paternalism - *0.57* + daughter's paternalism *0.30* (0.24)	4.83*
	- mother's paternalism *-0.53* + daughter's paternalism *0.31* + daughter's independent autonomy *0.50* (0.29)	1.71

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Table 12. Model comparison models for amount daughter speaks for mother (n = 36).

Dependent Variable	**Independent Variable(s)** *b estimate* (R^2)	**$F_{1,34}$ for increase**
amount daughter speaks for mother	- mother's paternalism *-0.02* (0.07)	2.70

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Table 13. Model comparison models for decision-maker as identified by coder (n = 36).

Dependent Variable	**Independent Variable(s)** ***b estimate*** **(R^2)**	**$F_{1,34}$ for increase**
decision-maker	- daughter's independent autonomy *-0.05* (0.07)	2.52

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Table 14. Model comparison models for mothers' (n = 36) and daughters' (n = 36) level of involvement.

Dependent Variable	**Independent Variable(s)** ***b estimate*** **(R^2)**	**$F_{1,34}$ for increase**
mother's involvement	- mother's nonconfront-ation *-0.02* (0.10)	4.24*
	- mother's nonconfront-ation *-0.02* + daughter's solution-orientation *0.02* (0.14)	1.42

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Dependent Variable	**Independent Variable(s)** ***b estimate*** **(R^2)**	**$F_{1,34}$ for increase**
daughter's involvement	mother's control *0.04* (0.24)	11.96*
	mother's control *0.04* + daughter's solution-orientation *0.02* (0.29)	2.83
daughter's involvement	mother's control and daughter's solution-orientation interaction *0.009* (0.30)	18.88*
	mother's control and daughter's solution-orientation interaction *0.0008* - mother's nonconfrontation *-0.01* (0.36)	3.44

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Table 15. Model comparison models for level of mothers' (n = 36) and daughters' (n = 36) regard for the other person.

Dependent Variable	**Independent Variable(s)** *b estimate* (R^2)	**$F_{1,34}$ for increase**
mother's regard	daughter's solution-orientation *0.01* (0.08)	3.53

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Dependent Variable	**Independent Variable(s)** *b estimate* (R^2)	**$F_{1,34}$ for increase**
daughter's regard	daughter's solution-orientation *0.02* (0.05)	1.79
daughter's regard (see note)	daughter's solution-orientation *0.02* (0.05)	2.26

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Note: Second model includes the interaction term mother's solution-orientation and daughter's nonconfrontation.

Table 16. Model comparison models for the occurrence of a disagreement (n = 36).

Dependent Variable	**Independent Variable(s)** *b estimate* **(R^2)**	**$F_{1,34}$ for increase**
conflict occurrence	- mother's nonconfront-ation *-0.01* (0.06)	2.16

significance level * at least .05 (critical $F_{1,30} = 4.17$)

Table 17. Model comparison models for mothers' (n = 14) and daughters' (n = 14) conflict strategy use.

Dependent Variable	**Independent Variable(s)** *b estimate* (R^2)	**$F_{1,12}$ for increase**
mother's exhibited strategy	- daughter's control *-0.01* (0.01)	0.13

significance level * at least .05 (critical $F_{1,12} = 4.75$)

Dependent Variable	**Independent Variable(s)** *b estimate* (R^2)	**$F_{1,12}$ for increase**
daughter's exhibited strategy	- daughter's nonconfrontation *-0.02* (0.16)	3.10

significance level * at least .05 (critical $F_{1,12} = 4.75$)

Table 18. Correlations of mothers' (n = 36) autonomy and paternalism beliefs and conflict style preferences.

	Nonconfrontation	**Solution-Orientation**	**Controlling**
Shared Autonomy	0.0739 0.6683	0.0454 0.7926	0.0554 0.7482
Independent Autonomy	-0.2848 0.0923	-0.1791 0.2960	0.4661 0.0042**
Paternalism	0.3407 0.0420*	0.0738 0.6688	-0.1588 0.3550

Significance level * at least 0.05
** at least 0.01

Table 19. Correlations of daughters' (n = 36) autonomy and paternalism beliefs and conflict style preferences.

	Nonconfrontation	**Solution-Orientation**	**Controlling**
Shared Autonomy	0.0782 0.6504	0.2657 0.1172	-0.0598 0.7290
Independent Autonomy	0.1951 0.2543	0.0495 0.7745	-0.1558 0.3643
Paternalism	0.4971 0.0020**	0.0512 0.7667	0.1061 0.5381

Significance level * at least 0.05
** at least 0.01

Appendix A

Screening Instrument

Screening Interview (Mother's Version)

Does your daughter help you with the following (for any "yes" response, ask the follow-up questions):

housekeeping chores **yes no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

preparing meals **yes no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

laundry **yes no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

transportation **yes** **no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

yard work **yes** **no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

household maintenance **yes** **no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

doing errands **yes** **no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

bathing **yes** **no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

dressing **yes** **no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

walking **yes no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

financial matters **yes no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

health-related matters **yes no**

How often does your daughter help?

All the time most of the time often occasionally almost never

How much do you depend on your daughter for this help?

Cannot do it without her Could do it, but with difficulty

Could do it, but easier when she does it Can do it, she's just helping out

How many hours a week does your daughter help you, on average?

How would you describe your health?

Poor Fair Good Excellent

Screening Interview (Daughter's Version)

Do you help your mother with the following (for any "yes" response, ask the follow-up questions):

housekeeping chores **yes** **no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

preparing meals **yes** **no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

laundry **yes** **no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

transportation **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

yard work **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

household maintenance **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

doing errands **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

bathing **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

dressing **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

walking **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

financial matters **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

health-related matters **yes no**

How often do you help your mother?

All the time most of the time often occasionally almost never

How much does your mother depend on you for this help?

Cannot do it without me Could do it, but with difficulty

Could do it, but easier when I do it Can do it, I'm just helping out

How many hours a week do you help your mother, on average?

How would you describe your mother's health?

Poor Fair Good Excellent

Appendix B

Autonomy and Paternalism Items

Autonomy-Paternalism Instrument

RESPECT FOR AUTONOMY SCALE

Each of the following statements concerns an elderly parent and an adult child. Please tell how much you agree or disagree with each statement: strongly agree (SA), agree (A), undecided (U), disagree (D), or strongly disagree (SD).

1. If an elderly parent of sound mind decides not to see the doctor about a chronic condition, the adult child should support the parent's decision.

2. If an elderly parent who is emotionally unstable wants to donate money to charity, the adult child should help the parent decide how much to give.

3. If an elderly parent of sound mind is away and a broken refrigerator must be replaced, the adult child should try to decide in the way the parent would.

4. If an elderly parent of sound mind must decide whether to have a series of difficult physical therapy treatments, the adult child and the parent should discuss the treatments, but the parent should decide what is to be done.

5. When an elderly parent who is forgetful asks an adult child to make decisions about regular living expenses, the adult child should try to decide things in the way that the parent would.

6. If an elderly parent who is of sound mind decides to drive alone across the country, the adult child should not interfere.

7. When an elderly parent who knows little about health matters must decide about having a heart operation, the adult child and the parent should decide together.

8. If an elderly parent is too physically ill to make decisions about paying household bills, the adult child should make such decisions but try to decide as the parent would.

9. If an elderly parent of sound mind is considering installing safety handbars in the house to prevent falls, an adult child should give his or her opinions about it but let the parent decide what to do.

10. When a mentally confused parent asks an adult child whether he or she should go to the hospital about leg pains, the child should put himself or herself in the parent's place when making the decision.

11. When an elderly parent of sound mind decides to invest a large part of his or her life savings in a very risky business venture, the adult child should not interfere.

12. When an elderly parent is mentally confused, the adult child and parent should decide together what visitors and social activities the parent should have.

13. When an elderly parent is too mentally confused to decide about having minor surgery, the adult child should put himself or herself in the parent's place before making the decision for the parent.

14. If an elderly parent of sound mind needs to decide about an insurance policy, the adult child should discuss the pros and cons of the policy with the parent but not try to influence the parent's decision.

15. If an elderly parent who is becoming forgetful asks an adult child to make decisions about household repairs, the adult child should do so but try to decide as the parent would.

16. Even when an elderly parent is mentally confused, the adult child still should respect the parent's decision not to take needed medicine that has unpleasant side effects.

17. If an elderly parent of sound mind asks an adult child to help decide how much money to leave various relatives in a will, the adult child should do so but try to keep in mind the wishes of the parent.

18. If an elderly parent is too mentally confused to make decisions about day-to-day personal care, the adult child should decide these things but do so in the way the parent would want them done.

19. If an elderly parent of sound mind is uncertain how to deal with a stomach problem, he or she may discuss this with the adult child, but the parent should make the final decision regarding any treatment.

20. If an elderly parent of sound mind asks an adult child to handle banking decisions, the adult child should do so but make the decisions as the parent would want.

21. When an elderly parent who is very forgetful decides that he or she would be happier living alone in his or her own home no matter what the risk to his or her safety, the adult child should respect that decision.

22. When an elderly parent of sound mind needs to decide whether to go on a weight-reducing diet, the adult child and the parent should decide together what to do.

23. If an elderly parent is away on a long trip and cannot be reached for a needed decision about some property, the adult child should make the decision as he or she thinks the parent would have done.

24. If an elderly parent is somewhat mentally confused, the adult child and parent may discuss the parent's needs for new clothing, but the parent should decide what will be bought.

25. If an elderly parent of sound mind asks an adult child whether to see a doctor about headaches, the adult child should make a decision that fits with the parent's view on medical treatment.

26. If an elderly parent who is mentally confused decides to buy more clothes than he or she needs, the adult child should not interfere.

27. If an elderly parent of sound mind needs to decide where to live in later years, the adult child and elderly parent together should reach a decision that best fits the parent's needs and values.

28. If an elderly parent of sound mind ignores the need to make a decision about having medical tests to find the cause of fainting spells, the adult child should try to see things from the parent's point of view in deciding whether the parent should take the medical tests.

29. If an elderly parent who no longer can think clearly needs to budget money for living expenses, the adult child should discuss the budget with the parent, but the parent should make the actual decisions about what to spend.

30. When an elderly parent of sound mind asks an adult child to make decisions about his or her diet, the adult child should do so but remember the parent's likes and dislikes.

PATERNALISM SCALE

1. No matter how much an elderly parent objects, the adult child should do whatever he or she thinks is best in the long run for the parent's health.

2. When an adult child knows more than an elderly parent about how to manage money, the child should take charge of the parent's spending but explain to the parent why it is necessary to do so.

3. When an elderly parent can no longer take care of himself or herself, he or she no longer has any say in how an adult child takes care of him or her.

4. If an adult child decides it is best for an elderly parent's health, he or she should slip needed medicine into the parent's food so that the parent has no chance to object.

5. If an elderly parent decides to risk a great deal of money in a business opportunity that is likely to fail, the adult child should forbid it.

6. If an elderly parent pays no attention to getting a proper diet, the adult child should decide what the parent will eat.

7. When necessary, an adult child should force an elderly parent to stick to a treatment the doctor ordered but also explain to the parent the need to do so.

8. Regardless of what the parent thinks should be done, if the parent is too confused to handle money anymore, the adult child should decide how to spend the money for the parent's benefit.

9. If it is for the elderly parent's own good, the adult child should do whatever is needed for day-to-day care of the parent regardless of what the parent thinks should be done.

10. An adult child should let an elderly parent try whatever treatments the parent thinks best for an illness but should stop the parent from doing so if the child thinks the parent would be harmed.

11. When an elderly parent pays no attention to things like paying bills or paying taxes, the adult child should take over and manage the parent's money.

12. When an elderly parent has decided to keep an electrical appliance that the adult child judges to be unsafe, the child should do something secretly to keep the appliance from working to be sure the parent will not use it.

13. When an elderly parent is senile, the adult child should do what he or she thinks is best for the parent's health, even if the parent has been against it all his or her life.

14. It is all right for the adult child to force an elderly parent to agree to a financial arrangement for the older person's own good, even when the parent has decided against it.

15. It is all right for an adult child to force an elderly parent to change his or her daily routine as long as the adult child talks to the parent about it and explains why it is best.

16. When an elderly parent does not want to talk or think about an obvious health problem, the adult child should insist upon taking the parent to the doctor.

17. If an adult child decides that an elderly parent needs insurance that the parent feels is unnecessary, the adult child should arrange it without telling the parent.

18. An adult child should insist upon making changes in an elderly parent's living environment when something is harmful or unsafe for the elderly parent.

19. When an elderly parent must decide between treatments for an illness, the adult child should insist that the parent choose the treatment that will be best in the long run.

20. When an elderly parent becomes forgetful about financial matters, the adult child should take over and run things as he or she thinks best.

21. When an adult child decides that visits from certain friends are upsetting to the parent, the child should stop the friends from visiting without letting the parent know.

22. When an elderly parent has decided against having an operation that will prolong his or her life, the adult child should insist that the parent have the operation.

23. When an adult child decides that an elderly parent should be saving more money for an emergency, the child should secretly put some of the parent's money into a savings account each month.

24. If an elderly parent is mentally confused, the adult child should make whatever changes in the parent's daily routine that he or she judges to be best for the parent, even when the parent has lived that way for many years.

25. If an adult child can explain why a certain diet is best for the parent's health, the adult child should insist that the elderly parent follow the diet.

26. When the adult child knows a great deal more about managing finances than the elderly parent, the adult child should take charge of the parent's money matters.

27. An adult child should make whatever decisions are needed about a parent's daily living when the elderly parent does not seem to care what is done.

28. If an elderly parent ignores his or her own health, the adult child should make all decisions about medical treatments.

29. When an elderly parent has decided to spend a lot of money on an insurance policy that an adult child regards as worthless, the adult child should prevent the parent from doing so.

30. The adult child should make whatever decisions about the parent's daily care that he or she thinks will be best for the parent but should be sure to tell the parent why it is best.

Appendix C

Conflict Style Preference Items

Conflict Style Instrument

Each item will be answered on a seven-point Likert scale with 1 equal to "always" and 7 equal to "never".

1. I blend my ideas with the other person to create new alternatives for resolving a conflict.

2. I shy away from topics that are sources of disputes.

3. I insist my position be accepted during a conflict.

4. I suggest solutions that combine a variety of viewpoints.

5. I steer clear of disagreeable situations.

6. I give in a little on my ideas when the other person also gives in.

7. I look for middle-of-the-road solutions.

8. I avoid the other person when I suspect her of wanting to discuss a disagreement.

9. I minimize the significance of a conflict.

10. I integrate arguments into a new solution from issues raised in a dispute.

11. I stress my point by hitting my fist on the table.

12. I will go fifty-fifty to reach a settlement.

13. I raise my voice when trying to get the other person to accept my position.

14. I offer creative solutions in discussions of disagreements.

15. I keep quiet about my views in order to avoid disagreements.

16. I frequently give in a little if the other person will meet me halfway.

17. I downplay the importance of a disagreement.

18. I reduce disagreements by saying they are insignificant.

19. I meet the opposition at midpoint of our differences.

20. I assert my opinion forcefully.

21. I dominate arguments until the other person understands my position.

22. I suggest we work together to create solutions to disagreements.

23. I try to use everyone's ideas to generate solutions to problems.

24. I offer tradeoffs to reach solutions to disagreements.

25. I argue insistently for my stance.

26. I withdraw when the other person confronts me about a controversial issue.

27. I sidestep disagreements when they arise.

28. I try to smooth over disagreements by making them appear unimportant.

29. I stand firm in my views during a conflict.

30. I take a tough stand, refusing to retreat.

31. I settle differences by meeting the other person halfway.

32. I am steadfast in my views.

33. I make our differences seem less serious.

34. I hold my tongue rather than argue.

35. I ease conflict by claiming our differences are trivial.

Appendix D

Vignette for Discussion

Vignette for Discussion

What I want to do in this part is to have you discuss how you would handle the following situation. What I'll do is set up the situation, have you discuss it, and then add more information and have you discuss what you would do at that point.

Let's assume that you (the mother) has been diagnosed with a debilitating physical disease. The prognosis is that you will become weaker and more frail over the next 5 years. You have been told that for the first year, this medical condition will require watching your diet and taking 2 or 3 prescription drugs. Please discuss how the two of you would handle this situation. [Look at the mother and then the daughter and then look back at the mother.]

After the first year of this illness, your (the mother) physical condition begins to decline. You have become so weak that you cannot walk without assistance, you need a walker, and the family is worried about leaving you at home alone. How would the two of you take care of day-to-day necessities (such as meal preparation, shopping, household care maintenance)?

Let's consider that at this point the doctor has given you several treatment options--you can continue doing what you've been doing, try other alternatives, or even have surgery. How would you decide between these treatment options? [Give time to respond.] Who would you include in your decision-making about treatment options?

After three years, you have continued to grow weaker. You are physically frail. In addition, the illness appears to be effecting your mental abilities--becoming forgetful and sometimes confused. How would that change how you would handle the situation?

Appendix E

Informed Consent Form

Informed Consent
for the study titled:

The Older Mother-Daughter Relationship: The Influence of Caregiving Attitudes on Communicative Processes Prior to Dependency

This study is being conducted under the auspices of the University of Oklahoma--Norman Campus. This informed consent is to be used by participants in the above named study.

The Principal Investigator and Person Responsible for this Project is:
Loretta L. Pecchioni, Department of Communication,
University of Oklahoma, Norman 73019
(405) 329-8573 (home) or (405) 271-8558 (work)

The purpose of this study is to examine the nature of decision making by older mothers and daughters regarding potential caregiving situations prior to the onset of dependency on the part of the mother. Participation will require between 1½ and 2 hours of your time. Upon your approval, a portion of your participation in this study will be audiotaped.

This study is completely voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are entitled. Benefits to you from your participation include the opportunity to develop a clearer understanding of potential caregiving desires and preferences. No risks to you are foreseen, however, some individuals may find the topics sensitive. You may discontinue your participation at any time.

All information and records that identify participants will be kept confidential and secure.

By agreeing to participate and signing this form you do not waive any of your legal rights.

If you have a problem, complaint, or concern about your rights, or any questions in general, contact me at the above address or phone number, or Dr. Jon F. Nussbaum, at the same address above, or (405) 325-3111.

****

I have read and understand this consent form and agree to participate in this study, including the audiotaping of our discussion.

_____ _____

Signature Date

Appendix F

Demographic Questions

Demographic Questions

What is your current age?

What year were you born?

What is your marital status? Married Divorced Never Married Widowed

What is your living arrangement? Live alone Live with husband

Live with child(ren)

Live with other _____ (please specify)

Please list the ages and gender of your children.

What is your work status?

Retired Never worked outside the home employed: Full-time Part-time

What grade did you complete in school?

1 2 3 4 5 6 7 8

9 10 11 12

college: 1 2 3 4 voc training: 1 2

graduate school: less than 30 hours Master's degree

Between 30 and 90 hours Doctoral degree

What is your household annual income?

$0 - 9,999	$30,000 - 39,000
$10,000 - 19,999	$40,000 +
$20,000 - 29,999	

How close does your daughter live to you?

Less than a mile away	within 1-5 miles	within 5-10 miles
within 10-15 miles	within 15-20 miles	within 20-25 miles

What is your household annual income?

$0 - 9,999	$30,000 - 39,000
$10,000 - 19,999	$40,000 +
$20,000 - 29,999	

How close do you live to your mother?

Less than a mile away	within 1-5 miles	within 5-10 miles
within 10-15 miles	within 15-20 miles	within 20-25 miles

Appendix G

Response Forms

Response Record

First Set of Questions

Key:

SA	**A**	**U**	**D**	**SD**
Strongly Agree	**Agree**	**Undecided**	**Disagree**	**Strongly Disagree**

Q1.
SA A U D SD

Q2.
SA A U D SD

Q3.
SA A U D SD

Q4.
SA A U D SD

Q5.
SA A U D SD

Q6.
SA A U D SD

Q7.
SA A U D SD

Q8.
SA A U D SD

Q9.
SA A U D SD

Q10.
SA A U D SD

SA Strongly Agree	A Agree	U Undecided	D Disagree	SD Strongly Disagree
Q11. SA	A	U	D	SD
Q12. SA	A	U	D	SD
Q13. SA	A	U	D	SD
Q14. SA	A	U	D	SD
Q15. SA	A	U	D	SD
Q16. SA	A	U	D	SD
Q17. SA	A	U	D	SD
Q18. SA	A	U	D	SD
Q19. SA	A	U	D	SD
Q20. SA	A	U	D	SD
Q21. SA	A	U	D	SD
Q22. SA	A	U	D	SD

SA **Strongly Agree**	**A** **Agree**	**U** **Undecided**	**D** **Disagree**	**SD** **Strongly Disagree**
Q23.				
SA	A	U	D	SD
Q24.				
SA	A	U	D	SD
Q25.				
SA	A	U	D	SD
Q26.				
SA	A	U	D	SD
Q27.				
SA	A	U	D	SD
Q28.				
SA	A	U	D	SD
Q29.				
SA	A	U	D	SD
Q30.				
SA	A	U	D	SD

Second Set of Questions

SA **Strongly Agree**	**A** **Agree**	**U** **Undecided**	**D** **Disagree**	**SD** **Strongly Disagree**
Q1. SA	A	U	D	SD
Q2. SA	A	U	D	SD
Q3. SA	A	U	D	SD
Q4. SA	A	U	D	SD
Q5. SA	A	U	D	SD
Q6. SA	A	U	D	SD
Q7. SA	A	U	D	SD
Q8. SA	A	U	D	SD
Q9. SA	A	U	D	SD
Q10. SA	A	U	D	SD
Q11. SA	A	U	D	SD

SA Strongly Agree	A Agree	U Undecided	D Disagree	SD Strongly Disagree
Q12.				
SA	A	U	D	SD
Q13.				
SA	A	U	D	SD
Q14.				
SA	A	U	D	SD
Q15.				
SA	A	U	D	SD
Q16.				
SA	A	U	D	SD
Q17.				
SA	A	U	D	SD
Q18.				
SA	A	U	D	SD
Q19.				
SA	A	U	D	SD
Q20.				
SA	A	U	D	SD
Q21.				
SA	A	U	D	SD
Q22.				
SA	A	U	D	SD
Q23.				
SA	A	U	D	SD

SA **Strongly Agree**	**A** **Agree**	**U** **Undecided**	**D** **Disagree**	**SD** **Strongly Disagree**
Q24.				
SA	A	U	D	SD
Q25.				
SA	A	U	D	SD
Q26.				
SA	A	U	D	SD
Q27.				
SA	A	U	D	SD
Q28.				
SA	A	U	D	SD
Q29.				
SA	A	U	D	SD
Q30.				
SA	A	U	D	SD

Third Set of Questions

Key:

1	**2**	**3**	**4**	**5**	**6**	**7**
Always						**Never**

Q1.
1 2 3 4 5 6 7

Q2.
1 2 3 4 5 6 7

Q3.
1 2 3 4 5 6 7

Q4.
1 2 3 4 5 6 7

Q5.
1 2 3 4 5 6 7

Q6.
1 2 3 4 5 6 7

Q7.
1 2 3 4 5 6 7

Q8.
1 2 3 4 5 6 7

Q9.
1 2 3 4 5 6 7

Q10.
1 2 3 4 5 6 7

Q11.
1 2 3 4 5 6 7

1	**2**	**3**	**4**	**5**	**6**	**7**
Always						**Never**

Q12.
1 2 3 4 5 6 7

Q13.
1 2 3 4 5 6 7

Q14.
1 2 3 4 5 6 7

Q15.
1 2 3 4 5 6 7

Q16.
1 2 3 4 5 6 7

Q17.
1 2 3 4 5 6 7

Q18.
1 2 3 4 5 6 7

Q19.
1 2 3 4 5 6 7

Q20.
1 2 3 4 5 6 7

Q21.
1 2 3 4 5 6 7

Q22.
1 2 3 4 5 6 7

Q23.
1 2 3 4 5 6 7

1	**2**	**3**	**4**	**5**	**6**	**7**
Always						**Never**
Q24.						
1	2	3	4	5	6	7
Q25.						
1	2	3	4	5	6	7
Q26.						
1	2	3	4	5	6	7
Q27.						
1	2	3	4	5	6	7
Q28.						
1	2	3	4	5	6	7
Q29.						
1	2	3	4	5	6	7
Q30.						
1	2	3	4	5	6	7
Q31.						
1	2	3	4	5	6	7
Q32.						
1	2	3	4	5	6	7
Q33.						
1	2	3	4	5	6	7
Q34.						
1	2	3	4	5	6	7
Q35.						
1	2	3	4	5	6	7

Appendix H

Debriefing Questions

Debriefing Questions
(Mother's Version)

1. Have you and your daughter ever talked about these types of issues before? If so, when and to what extent? What would prompt you to have a further discussion about these issues? Do you think you are more likely to have further discussions now that you have participated in this study?

2. When discussing these types of issues, who do you think ought to be the decision-maker--the parent, the child, or should it be a shared process?

3. Can you think of anything else that you think might be helpful for me as I do my study?

4. Do you have any questions about this research project or anything else we did today?

Debriefing Questions
(Daughter's Version)

1. Have you and your mother ever talked about these types of issues before? If so, when and to what extent? What would prompt you to have a further discussion about these issues? Do you think you are more likely to have further discussions now that you have participated in this study?

2. When discussing these types of issues, who do you think ought to be the decision-maker--the parent, the child, or should it be a shared process?

3. Can you think of anything else that you think might be helpful for me as I do my study?

4. Do you have any questions about this research project or anything else we did today?

Appendix I

Instructions for Transcribing Tapes

Instructions for Transcribing Tapes

When reading these rules for transcription, it is important for you to keep in mind the intention of transcribing the interview. We are trying to capture as much as possible of the information from the interview in the transcript. We want to let the interactants speak for themselves without imposing any outside structure on what they are saying. For these reasons we try to capture the dialect, repetitions, false starts, talkovers, and interruptions as closely as possible to the way they occur in the actual conversation. A good rule of thumb is that you want someone reading the text cold to "hear" the original conversation.

1) Transcript needs to reflect the dialectical speech pattern.

2) All paralanguage must be transcribed (uhhs, uhms, uhuh, uhnnuhnn, ummhmm, okay, etc.)

3) All linguistic breaks must be transcribed. For example, words that are repeated, words that are started twice, words that are mispronounced should be included.

4) Transcription should end when the microphone wire is disconnected, not when the interview protocol is completed.

5) Talkovers must be indicated with square brackets

6) Rapid conversational turns and interruptions should be noted with equal signs (=) and spaced to reflect where within the sentence the interruptions occurs .

JA: You've lived here so long=
Mrs. T: =all my days=
JA: =here, so. so, you're kinda the expert.

7) Pauses should be noted with ellipsis. The length of the pause is reflected by the length of the ellipsis. Pauses over 15 seconds are notated by (Pause) or (Long Pause) if the pause is over 30 seconds.

8) Note non-verbal responses when the context of the conversation indicates that they occur. Such as nodding an answer to a question rather than verbally responding.

9) Document background noise, e.g. (telephone rings, knocking)

10) All talk by the participants is transcribed regardless of its relationship to the interview.

11) Comments by non-participants which relate to the interview or to the respondents are transcribed.

12) Inaudible speech is notated by #### for simple word or short phrase ### ##### #######, so that the sets of pound signs denote the number of words missing. Long phrases are notated by (inaudible)

13) All text should be lower case. Upper case is only used to reflect volume. Hence words can be partially capitalized. "ISN't it now?"

14) Punctuation reflects breaks in the verbal text. Commas reflect brief pauses, periods reflect breaks in speech.

15) Question marks reflect the raise of inflection used for a question , but can appear in the middle of sentences. "what does it mean to be sick? to you missus horton."

16) A single dash after an utterance reflects the false start of a word or phrase. "I went to the- I went to the store"

17) As for spelling, don't fix anything. Type it as it is said. For example business could be typed "bidness" or "bisness" or "bizness", depending on the pronunciation.

18) Double quotes are used when the respondents are restating or repeating a conversation.

19) Put questionable text in parentheses.

Sources:

Holstein & Gubrium (1995)
Hopper, Koch, & Mandelbaum (1986)
Psathas (1995)

Appendix J

Code Book for Coding Transcripts

Code Book for Coding Transcripts

Instructions for coding transcripts with examples for responses. Please code while listening to the tape and following along with the transcript. Take into consideration nonverbals and how they might alter your judgment about the intent or interpretation of a statement. For example, the transcript may indicate laughter. Does this laughter sound like the participants are sharing a joke, covering nervousness or anxiety about a topic, or making fun of the other person. You will be coding for both communicative behaviors and content.

Communicative Behaviors

Question 1

How much does the daughter talk in relation to her mother?

Time each participant's comments, excluding the researcher. If mother and daughter are both speaking at the same time, assign that time to both of them. Calculate the percentage of time the daughter talks out of the total time of their interaction. See Capella, 1985.

Questions 2 and 3

Does the daughter speak for the mother?
Does the mother speak for herself?

Does the daughter defer to the mother or does she step in and "take charge" of the conversation? Consider who initiates discussion and how they initiate it. If the daughter initiates by saying "I think we would get some services in here", she is taking charge; if she initiates by saying "I think we would discuss it", she is taking charge, but to a lesser degree than in the previous example; if the daughter initiates by saying "what do you think we would do?" she is soliciting her mother's feedback or encouraging her mother to speak up about her desires and is taking charge to a lesser degree than the previous example. If the daughter expresses what she thinks are the mother's desires and wishes before the mother has expressed her desires, the daughter is speaking for the mother. On the other hand, if the mother expresses her desires and the daughter reiterates them, then the daughter is not speaking for the mother. See Tracy, 1985, 1991.

You may want to make tic marks along the continuum during the conversation and then evaluate where each person falls, overall, in the course of the conversation. In the end, evaluate whether the daughter spoke for her mother and whether the mother expressed her own wishes and desires.

Questions 4 and 5

How involved is the mother?
How involved is the daughter?

Consider how many times each participant talks. When she speaks, is she making suggestions, offering alternatives, elaborating on something her partner said (all considered more involved than not), or is she merely agreeing with something the other person said (less involved)? Does she seem to be paying attention to the conversation and "putting in her two cents worth" (more involved) or is she passive (less involved)? See Bergstrom & Nussbaum, 1996; Sillars, 1981; and, Sillars, Coletti, Parry, & Rogers, 1982.

Again, you may want to make tic marks along the continuum during the conversation and then evaluate where each person falls, overall, in the course of the conversation.

Questions 6 and 7

Is the mother positive in her regard of her daughter?
Is the daughter positive in her regard of her mother?

Does the participant seem to listen to what the other person has to say? Does she seem to appreciate the input of the other person? If yes, these would be considered has having positive regard. On the other hand, does she make negative comments about the other one, such as "oh, you don't know what you're talking about"? Does she "put down" the other person or make hostile comments towards the other person? These would be considered as a lack of positive regard. See Bergstrom & Nussbaum, 1996; Sillars, 1981; and, Sillars, Coletti, Parry, & Rogers, 1982.

Again, you may want to make tic marks along the continuum during the conversation and then evaluate where each person falls, overall, in the course of the conversation.

Questions 8 and 9

Does a disagreement arise in the course of the conversation?
If yes, what strategies are used and by whom.

Do the participants express differing opinions? This should be counted as a disagreement, whether they acknowledge that their opinions differ or not. A separate set of responses should be made for each disagreement. Space is given for three.

Indicate the topic of the disagreement with a short phrase. For example: the mother moving in with her daughter (moving in with daughter), the mother moving to a nursing home (moving to nursing home), or when it would no longer be safe for the mother to live alone in her home (safety issues).

Finally, indicate how the disagreement is handled by both parties. Check **nonconfrontation** as the strategy when a participant minimizes explicit discussion of a disagreement by denying its presence, changing the subject, being indirect, or down playing the significance of the disagreement. Check **controlling** as the strategy when a participant is competitive with the co-participant, insults or criticizes the other person, or is directly confrontive with persistent arguing and forcing of the issue. Check **solution-orientation** as the strategy when the participant is cooperative with her partner, pursues mutually favorable resolution, openly discusses alternatives, or is accepting of compromises. See Putnam & Wilson, 1982.

For example, the daughter might suggest that "when the time comes, mom will move in with us" and her mother might indicate that she does not want to live with her daughter and her family because she does not want to be a burden to them. This would be considered a disagreement with the topic being: moving in with daughter. An avoidance strategy would be letting the topic drop at that point by changing the subject of the conversation. A controlling strategy would be for the mother to say, "that's a crazy idea. You know I could never live with Peter (the daughter's husband)." A negotiating strategy would be if the daughter begins to offer alternatives for maintaining the mother's and her family's privacy while sharing the same home.

Questions 10 and 11

Who do the participants indicate would make decisions?
Who makes decisions during the conversation?

For these questions, focus on the participants conversation together and not the information they provide during the debriefing session. If participants say things like "we would discuss it", that indicates shared decision making. If the daughter says things like "she would tell me what she needed and I would do it" or the mother says things like "I would ask her to do whatever I needed to have done", indicates the mother is the decision-maker. If the daughter says things like "I would see what needed to be done and take care of it" or if the mother says things like "She would see what needed to be done and take care of it", then the daughter is the decision-maker. If they do not indicate anything in the conversation that suggests who they think would be the decision-maker, then mark "not expressed". See Cicirelli, 1992, 1993a, 1993b.

In determining who makes the decisions during the course of their conversation, take into consideration not only who talks the most, but the impact of what each one has to say. For example, the daughter might do most of the talking, but the mother might say "I won't do that". While the daughter may dominate the conversation by the amount of time that she holds the floor, if the mother "puts her foot" down, the mother's comments have more impact and the daughter's comments carry less weight. Also consider who makes suggestions or offers alternatives and the reaction of the other person. Does the daughter sit back and follow her mother's lead or vice versa?

Content

Most of the content items simply require indicating the presence or absence of the content. If the participants talk about a content item, indicate it is as **yes**. If they do not talk about a content item, indicate it as **no**.

Question 2

What services do they suggest bringing into the home?

If a service that is not specifically listed is mentioned, mark "other" and specify the service, using the participant's words.

Question 8

Have they already taken steps in order to ease a transition to dependency?

If yes, please specify what steps have been taken. Examples include moving closer (please indicate if parents or children have made this move), altering design of house, building an apartment in the child's home, and taking out long-term care insurance.

Question 9

To what extent have the participants discussed these issues?

This item should be answered from the information provided in the debriefing interview and should reflect how extensively each participant reports the discussion has been.

Question 10

How explicitly have the participants discussed these issues?

This item should be answered based on how the participants answered this question. If they have gone over papers, have a child on a checking account, etc., then code this as **very explicit**. If they have "talked about most, but not all issues", code this as **somewhat explicit**. If they indicate that they have "talked some, but not much", then code this as **not very explicit**. If they indicate that "she'll just know what do to" or "trust" that the daughter/self will know what to do, code this as **implicit**.

Code Sheet

Code Number _____

Communicative Behaviors

Question 1

How much does the daughter talk in relation to her mother?

amount of time daughter talks _____

amount of time mother talks _____

percent daughter talks _____

Questions 2 and 3

Does the daughter speak for the mother?

all the time most of the time (5+) sometimes (3-4)

rarely (1-2) never (0)

Does the mother speak for herself?

all the time most of the time sometimes

rarely never

Questions 4 and 5

How involved is the mother?

very somewhat not much

not at all

offers alternatives, makes suggestions

How involved is the daughter?

very somewhat not much

not at all

offers alternatives, makes suggestions

Questions 6 and 7

Is the mother positive in her regard of her daughter?

all of the time most of the time sometimes

rarely never

shows concern or love for other *expresses positive emotion*

makes negative comment *interrupts*

Is the daughter positive in her regard of her mother?

all of the time most of the time sometimes

rarely never

shows concern or love for other *expresses positive emotion*

makes negative comment *interrupts*

Questions 8 and 9

Does a disagreement arise in the course of the conversation?

yes no

a) If yes, indicate the topic.

What strategies are used and by whom?

mother: nonconfrontation controlling solution-orientation

daughter: nonconfrontation controlling solution-orientation

b) If yes, indicate the topic.

What strategies are used and by whom?

mother: nonconfrontation controlling solution-orientation

daughter: nonconfrontation controlling solution-orientation

c) If yes, indicate the topic.

What strategies are used and by whom?

mother: nonconfrontation controlling solution-orientation

daughter: nonconfrontation controlling solution-orientation

Questions 10 and 11

Who do the participants indicate would make decisions?

mother daughter shared

Who makes decisions during the conversation?

mother daughter shared not expressed

Content

Question 1

Do the participants discuss prior family experiences? If yes, circle the number that best describes the relationship of the dependent party. Relationship terms are defined from the mother's perspective, i.e., the mother's parent or in-law, the mother's husband, etc. Circle all that are mentioned.

1 parent/in-law
2 husband
3 other relative
4 friend
5 co-worker
6 other, please specify

Question 2

What services do they suggest bringing into the home? If yes, circle the number for the service mentioned. Circle all that are mentioned.

1 Home Health
2 Meals on Wheels
3 someone to cook
4 house cleaning
5 yard work
6 other, please specify

Question 3

Do the participants indicate that the family would provide services, such as house cleaning, meal preparation, medication administration, etc.

yes no

If yes, do they discuss the role of the mother's husband?

yes no

If yes, do they discuss the role of the daughter's siblings?

yes no

Question 4

Do the participants discuss the possibility of moving? If yes, circle the alternatives discussed.

daughter move in daughter move closer

mother move in mother move closer

Question 5

Do the participants discuss the possibility of the mother moving to a nursing home?

yes no

If yes, would the mother move to a nursing home?

yes no

Question 6

Does the mother express a desire not to be a burden to her children?

yes no

Question 7

Does the mother express a desire to stay in her own home as long as possible?

yes no

Question 8

Have they already taken steps in order to ease a transition to dependency?

yes no

If yes, what steps have been taken?

Question 9

To what extent have the participants discussed these issues? Use the participant's description of their discussion for this question.

mother: thoroughly fairly thoroughly

some things, but not all not much

not at all

daughter: thoroughly fairly thoroughly

some things, but not all not much

not at all

Question 10

How explicitly have the participants discussed these issues? Use the guidelines provided for evaluating the explicitness of these discussions.

very explicitly somewhat explicitly

not very explicitly implicit

Question 11

Do the participants indicate they need to have further discussions?

mother: yes no

daughter: yes no

Appendix K

Institutional Review Board Approval

The University of Oklahoma

OFFICE OF RESEARCH ADMINISTRATION

September 15, 1997

Ms. Loretta L. Pecchioni
612 Leaning Elm
Norman, OK 73071

SUBJECT: IRB-NC Review of Proposal

Dear Ms. Pecchioni:

The Institutional Review Board-Norman Campus has reviewed your proposal, "The Older Mother-Daughter Relationship: The Influence of Care-Giving Attitudes on Communicative Processes Prior to Dependency," under the University's expedited review procedures. The Board found that this research would not constitute a risk to participants beyond those of normal, everyday life, except in the area of privacy, which is adequately protected by the confidentiality procedures. Therefore, the Board has approved the use of human subjects in this research.

This approval is for a period of twelve months from this date, provided that the research procedures are not changed significantly from those described in your "Application for Approval of the Use of Human Subjects" and attachments. Should you wish to deviate significantly from the described subject procedures, you must notify me and obtain prior approval from the Board for the changes.

At the end of the research, you must submit a short report describing your use of human subjects in the research and the results obtained. Should the research extend beyond 12 months, a progress report must be submitted with the request for re-approval, and a final report must be submitted at the end of the research.

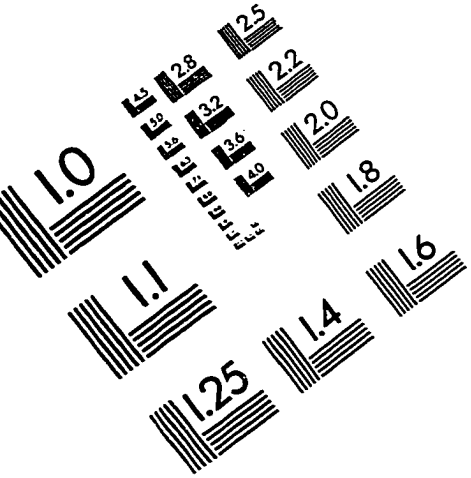
Sincerely yours,

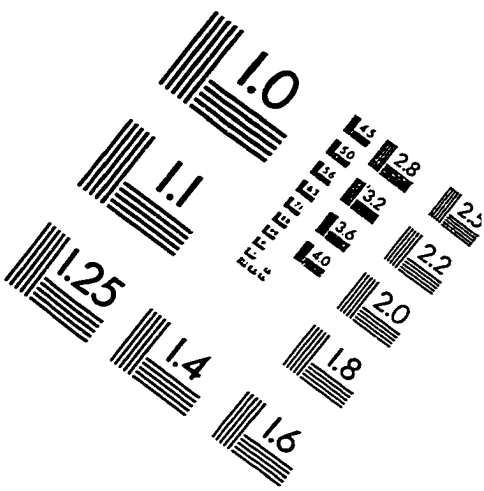
Karen M. Petry
Administrative Officer
Institutional Review Board-Norman Campus

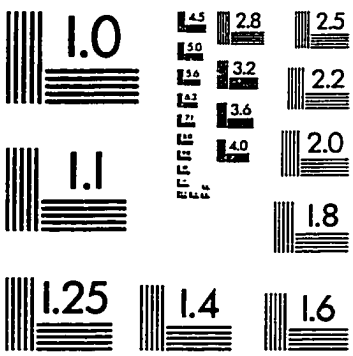
KMP:pw
98-031

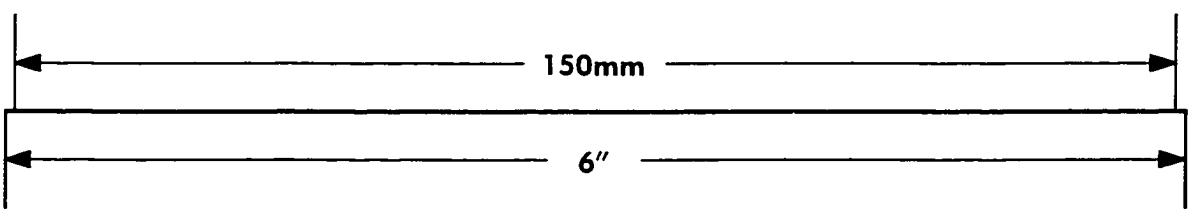
cc: Dr. E. Laurette Taylor, Chair, IRB
Dr. Jon Nussbaum, Faculty Sponsor, Communication

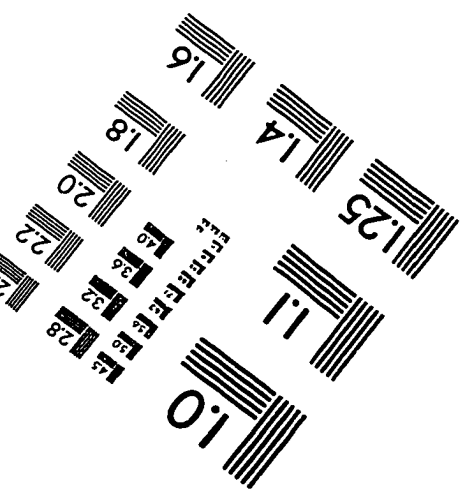
IMAGE EVALUATION TEST TARGET (QA-3)

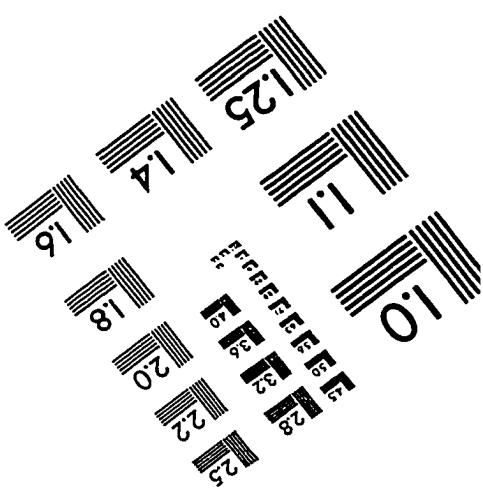












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