A DAILY LOOK AT THE PATTERNS OF SUPPORT ADULT CHILDREN PROVIDE THEIR AGING PARENTS: VARIATIONS BY GENDER, RACE, PARENTAL MARITAL STATUS AND ADULT CHILD’S MARITAL STATUS

A thesis submitted to the Kent State University College and Graduate School of Education, Health, and Human Services in partial fulfillment of the requirements for the degree of Master of Arts

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The following research examines adult children’s patterns of parental support. However, the majority of current research on adult children’s patterns of parental support is examined using a time period of 6 months or longer. This research addresses the issues with using global data when examining the associations between adult children’s patterns of parental support and demographic variables by using daily data. Specifically, this research examines how these patterns of support vary by demographics variables, including gender, race, parental marital status, and adult child’s marital status, on a daily level, which has revealed previous misconceptions using global data. This research has found that patterns of support vary more by interactions between variables such as, gender, adult child’s marital, and parents’ marital status by race and gender, adult child’s marital, and parents’ marital status by emotional support. Also, this research has found no direct associations between support and affect.
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CHAPTER I
INTRODUCTION

In the United States, Americans are living longer than ever before. In the next two decades, the baby boom generation will be making their way into the 65 and older population, which will result in a rapid growth of this particular part of the U.S. population (Frey, 2010). As the population ages, there is a greater chance of co-surviving generations, which is leading to stronger intergenerational relations (Fingerman, Pillemer, Silverstein, & Suitor, 2012; Fingerman, Sechrist, & Birditt, 2013). Maintaining intergenerational family relations is important to Americans (Fingerman et al., 2013; Lye, 1996; Swartz, 2009), and intergenerational relationships contribute to the well-being of parents and adult children (Lowenstein, Katz, & Gur-Yaish, 2007). The younger individuals who are building these intergenerational family relations with older adults will be acting as important sources of everyday assistance (Silverstein & Giarrusso, 2010; Swartz, 2009). A longer life expectancy means that adult children and grandchildren of the older populations may have to become involved with the supportive care of older adults in need (Bookman & Kimbrel, 2011).

Currently, the research in the area of familial caregiving relies primarily on global data to determine patterns of support (Chesley & Poppie, 2009; Dilworth-Anderson, Goodwin, & Williams, 2004; Haley, Gitlin, Wisniewski, Mahoney, Coon, Winter, Corcoran, Schinfeld, & Ory, 2004). Global data is data that is collected over a time span of 6 months or longer. Research needs to consider informal support on a day-to-day
basis. Bookman and Kimbrel (2011) define informal support as care provided by families, such that informal support is normative or intensive support provided by family and friends. Informal support often considers emotional support and instrumental support as subcategories of informal support. For this study, emotional support is a form of support in which the adult child offers advice, listens to problems, is reassuring, and comforting; instrumental support can be described as tangible support such as housework, transportation, cleaning, helping with finances, and assistance with grocery shopping.

This study will work to uncover what is going on at the daily level, specifically using an 8-day time frame. Global data suggest that there are cultural and gender differences in the assistance that adult children provide to their parents (Dilworth-Anderson, Williams, & Gibson, 2002). Previous research supports that daughters provide more assistance than sons do (Allen, Blieszner, & Roberto, 2000; Pope, 2013; Pope, Kolomer, & Glass, 2012; Silverstein, Parrott, & Bengtson, 1995) and African American adult children provide more assistance to their parents than White adult children (Dilworth-Anderson et al., 2002; Haley, West, Wadley, Ford, White, Barrett, & Roth, 1995; Wallsten, 2000). This same pattern is likely to extend into the daily patterns of assistance that adult children provide to their parents. However, less research has considered gender and racial differences in daily parental support. Therefore, it is important to consider how gender and racial differences correlate with daily assistance provided to adult children because as the American population changes so will the experience of family caregivers. The increasing ethnic diversity of the American
population (Bookman & Kimbrel, 2011; Dilworth-Anderson et al., 2002; Frey, 2000; Frey, 2010; Miller, 2009; Wellner, 2001) is going to drive the changes in family caregiving and support. There will be increasing racial and ethnic diversity of the older adult population (Bookman & Kimbrel, 2011; Miller, 2009) with the African American population nearly quadrupling between 2000 and 2050 (Dilworth-Anderson et al., 2002). Specifically, cultural values about reciprocity, filial obligation, and responsibility for providing familial caregiving will influence the caregiving process differently for each race (Coleman, Ganong, & Rothrauff, 2006; Dilworth-Anderson et al., 2002; Gans & Silverstein, 2006; Pinquart & Sörensen, 2005). Also, it is important to examine family structure and how it may contribute to the assistance adult children provide to their parent(s). Patterns of assistance between adult children and their parents may change as the family structure changes with divorce and remarriage (Amato, 2010; Brown & Lin, 2012; Cherlin, 2010; Fingerman et al., 2012; Frey, 2010; Furstenberg, 2010; Goldscheider, 1990; Kreider & Ellis, 2011; Lin, 2008; Lye, 1996; Seltzer, 1994; Spitze & Miner, 1992). Research suggests that there are direct effects of daily support demands on the well-being of family caregivers (Kim, Zarit, Femia, & Savla, 2012; Koerner & Kenyon, 2007). Also, the amount of time spent providing informal support to parents may have implications for the adult child’s well-being, specifically negative affect (Chappell & Reid, 2002) and positive affect (Chappell & Reid, 2002; van Campen, de Boer, & Iedema, 2013).
Most adult children do not wake up one day and suddenly have to provide hands-on intensive care. Instead, there is a progression from normative to intensive support provided by adult children to aging parents. Less is known about patterns of normative assistance. A focus on data on a daily level may provide insights into how and under what circumstances adult children provide day-to-day assistance to their aging parents.

**Variations in Family Assistance**

**Gender**

The bulk of the family caregiving research focuses on hands-on intensive care to aging parents (Glueckauf, 2011; Navaie-Waliser, Spriggs, & Feldman, 2002; Savla, Almeida, Davey, & Zarit, 2008; Stajduhar, Funk, Toye, Grande, Aoun, & Todd, 2010). This research tends to focus on adult children and informal, unpaid caregivers, especially adult daughters (Pope, 2013; Pope et al., 2012; Silverstein et al., 1995). With regard to assistance with activities of daily living (ADLs) such as bathing, dressing, housework, and providing transportation, adult daughters are three times more likely to provide assistance compared to adult sons (Allen et al., 2000). When adult sons take on the role of primary caregiver, they usually live closer to their parent than adult daughters (Stoller, Forster, & Duniho, 1992). When this happens, the daughter-in-law or the granddaughter provides the most assistance to the aging family member (Stoller et al., 1992). This is a result of societal gender norms working into the role of caregiver (Lye, 1996). Less is known about if or how societal gender norms contribute to the everyday informal support adult children provide to their parents. Therefore, researchers should focus on how males
and females differ in the types of support and the amount of time they spend providing daily informal support to aging parents on a daily basis.

Race

The American population has undergone several different demographic changes (Eggebeen & Sturgeon, 2006; Frey 2010). There are increasing levels of ethnic diversity within the American population (Frey, 2000; Frey, 2010), including the older populations and the Baby Boomers (Bookman & Kimbrel, 2011). The Baby Boomers are a group of individuals born within an eighteen-year span of time following World War II (1946-1964), which is generally referred to as the Baby Boomer years. This cohort is characterized by diversity, and the Baby Boomers are a non-homogeneous group (Eggebeen & Sturgeon, 2006). The manner in which adult children provide care to aging parents varies by race. Although most of the Baby Boomers are White, a significant number of African American Baby Boomers were also born, which has resulted in 11% of the Baby Boom population being African American (Wellner, 2001). Overall, the Baby Boom population is classified as having higher levels of education, having more women in the workforce, occupying professional and managerial positions, being more racially and ethnically diverse, having lower rates of marriage, and higher rates of separation and divorce than previous generations (Fingerman et al., 2012; Frey, 2010).

However, a cultural generation gap is emerging. This is because the child and young adult population have a higher presence of minorities than the older adult population (Frey, 2010). Nationally, the cultural generation gap is very noticeable.
Forty-four percent of those under the age of 18 are ethnic minorities, whereas only 20% of the older adult population is part of an ethnic minority (Frey, 2010). The size of the Baby Boom cohort and the current cultural generation gap has implications for the future of America. Therefore, it is important to understand that the cultural gap is growing, because in the near future there will be more ethnic minorities within the older adult population who will need assistance with caregiving, which will be a unique experience as American demographics continue to shift. The majority of older adults prefer to age in place which has been expanded to mean that older adults prefer living in their long time home, neighborhood or community (Silverstone & Horowitz, 1992). Therefore, as these groups of people move into older age, it is important for researchers to consider how race is going to shape the caregiving and aging experience (Bookman & Kimbrel, 2011).

Informal and formal care and support also vary by race. The support systems accessed by African Americans and Whites are very different from each other (Dilworth-Anderson et al., 2002; Haley et al., 1995; Hinrichsen & Ramirez, 1992; Miller & Guo, 2000; Sterritt & Pokorny, 1998; Wallsten, 2000). African American caregivers tend to have a more extensive informal support system (Dilworth-Anderson et al., 2002; Haley et al., 1995; Wallsten, 2000) than White caregivers who access more formal support (i.e., support provided through institutional and community settings; Miller & Guo, 2000).

There are mixed findings regarding African American families, where some research suggests that there has been a breakdown in the African American family resulting in lower marriage rates and higher rates of single parenthood (Chambers &
Kravitz, 2011; Chaney & Fairfax, 2013). In contrast, other research suggests that African American families have remained resilient and integrated, which makes them stronger and more supportive than their White counterparts (Jarrett, Jefferson, & Kelly, 2010; Swartz, 2009). These inconsistent findings are important factors to consider when investigating the patterns of normative assistance that African American adult children are providing to their parents. Once we thoroughly understand the difference between African American and White familial caregivers, we can better provide both groups with support in the normative assistance they are providing to the aging population, including forming more culturally friendly support services.

**Family Structure (Divorce, Remarriage, Singlehood)**

The aging of the population and increasing ethnic diversity are not the only demographic changes that America is experiencing. The American family structure is also changing. High rates of American Baby Boomer families are experiencing divorce, single parenthood, remarriage, and step families when compared to prior generations (Eggebeen & Sturgeon, 2006; Fingerman et al., 2012; Furstenberg, 2010). In addition, Americans are marrying later, and may choose not to marry at all (Furstenberg, 2010). Despite divorce, remarriage, and stepfamilies becoming more common in the American society, cultural norms and expectations for stepfamily relations are still unclear in the literature (Swartz, 2009). For example, it is unknown how divorce, remarriage, and stepfamily relations are related to care provision in families. Therefore, it is important to
consider patterns of adult child’s assistance to aging parents within these diverse family forms.

The shifts in marital status in America have led to both reduction and enhancements in the help provided across generations as a result of marital instability (Fingerman et al., 2012; Swartz, 2009). Whether there was a reduction of help or more help provided depends on which generation experienced the marital instability (Swartz, 2009). In other words, the implications of marital instability differ when the instability is in the parents’ generation versus the adult child’s generation. Divorced adult daughters receive more help from their parents than married adult daughters (Aldous, 1987; Lye 1996; Spitze, Logan, Deane, & Zerger, 1994). Research suggests divorced adult children provide less support to their aging parents than married adult children (Aquilino, 2005; Fingerman, Pitzer, Chen, Birditt, Franks, & Zarit, 2011; Shapiro, 2003). Therefore, when marital instability is present in the adult child’s generation, the parents give more help to the adult child than the adult child gives to his/her parents. When marital instability occurs within the parents’ generations, the divorced parent places greater demands on their adult children to provide them with increased social support (Brown & Lin, 2012; Silverstein & Giarrusso, 2010), and eventually, the adult child becomes the caregiver when a spouse is not present (Brown & Lin, 2012). Therefore, when marital instability is present in the parents’ generation, the adult child gives more help to their parent(s) than the parent(s) give to the adult child.
Changes in marriage and divorce have led to the extension of intergenerational ties by more assistance being provided between parents and adult children, which offers the possibility of family continuity and care throughout the lifespan (Glaser, Tomassini, & Stuchbury, 2008; Silverstein & Giarrusso, 2010; Swartz, 2009). Demographic trends in marriage and divorce may result in changes in who takes on the primary caregiver role because a spouse, who otherwise might take on this role, is absent (Kalmijn, 2007; Lin, 2008; Lin & Brown, 2012). Therefore, adult children of divorced parents or adult stepchildren of remarried parents may have to take on the primary caregiver role. However, the manner in which children from families of divorce provide care to their aging parents may be very different when compared to adult children who are not from divorced families and provide care to their parents.

In addition to these findings, research shows that divorced families, particularly fathers, receive less support from their adult children resulting in fewer visits, telephone calls, letters, practical support and emotional support (Lin, 2008; Lye, 1996; Shapiro, 2003). Research becomes less consistent when attempting to determine the relationship between divorce and adult child-parent contact because of a lack of nationally representative data sets (Lye, 1996). Therefore, little research yielding consistent results has been done regarding parent-adult child contact in families following divorce. However, if we understood how parents’ marital status is associated with the degree of contact and assistance within the parent-adult child relationship, we might begin forming
policies and plans to improve the caregiving experience of adult children and their parents’ experience as care recipients.

**Assistance to Parents and Well-being**

Further, research indicates there are direct effects of daily support demands on the well-being of family caregivers (Kim et al., 2012; Koerner & Kenyon, 2007). Koerner and Kenyon (2007) report that on days when caregivers experience an increased number of tasks, more care recipient behavioral problems, or more familial disagreements regarding care, they also experience increased levels of burden, depressive symptoms, and physical symptoms. There are fluctuations in the caregiving experience, which results in “good” days and “bad” days (Koerner & Kenyon, 2007). Therefore, these findings suggest the importance of using daily data when examining the family caregiver. However, this study is going to focus on less intensive family caregiving. The focus of this study is on daily instrumental support and emotional support that adult children provide to their parents as they start aging. It is important to examine whether the findings for effects of daily intensive family caregiving on well-being extends into the domain of daily effects of family support on well-being because this area of the literature has been largely unexplored. Also, the use of a daily perspective eliminates using data that includes countless hours of care and support, and data that consists of countless hours of support may result in more negative outcomes on caregiver well-being. It is also important to consider both positive affect and negative affect. Adult children are faced with a significant challenge when they begin to provide assistance to their aging parents,
but this opportunity may become a more positive experience rather than a negative one because it allows the adult child to reciprocate the care they received from their parents growing up, which results in a rewarding feeling because they are able to “give back” to their parents (Merz, Consedine, Schulze, & Schuengel, 2009). Also, adult children who provide support experience more rewards than spouses (Raschick & Ingersoll-Dayton, 2004) because spouses feel they are simply fulfilling a social responsibility and adult children feel they are exceeding social expectations by providing support to their parent (Raschick & Ingersoll-Dayton, 2004).

Research suggests the associations between family caregiving and psychological well-being vary by race (White, Townsend, & Stephens, 2000). There are mixed findings regarding depressive symptomatology in African American and White family caregivers. White and colleagues (2000) and Young and Kahana (1995), found no significant differences by race for depressive symptomatology. However, other research has reported that White caregivers report significantly higher levels of depressive symptomatology when compared to African American family caregivers (Dilworth-Anderson et al., 2002; Farran, Miller, Kaufman, & Davis, 1997; Haley et al., 1995; Lawton, Rajagopal, Brody, & Kleban, 1992; Miller, Campbell, Farran, Kaufman, & Davis, 1995; Mintzer & Macera, 1992). In contrast to these findings, other work suggests that African American caregivers are significantly more likely to experience psychological distress when compared to White caregivers (Dilworth-Anderson et al., 2002; Wykle & Segall, 1991). Dilworth-Anderson, Williams, and Cooper (1999) found
that when African American caregivers experienced high levels of psychological distress, it was a result of being less satisfied with the social support they were receiving, having more role strain, having poorer general health, and having less mastery of caregiving when compared to African American caregivers who had lower levels of psychological distress.

The amount of time spent providing care may also have implications for the caregiver’s well-being. For this reason, the current study considers how the amount of time spent providing informal care is associated with the caregiver’s well-being. Research suggests that caregiver stressors indirectly lead to caregiver depression or negative affect as a result of hours of informal care provided and overload (Chappell & Reid, 2002). It has also been determined that the number of hours of informal care has a direct positive effect on burden, and therefore, it can be said that the number of hours of informal care provided has a direct effect on the well-being of the caregiver (Chappell & Reid, 2002; van Campen et al., 2013). Therefore, the amount of time spent providing informal care may have significant implications for adult children’s well-being.

All of the previously cited findings have been based on research conducted over an extended period of time. By examining well-being using daily data, it is possible that research will determine that providing informal assistance to parents may not be as stressful of an experience as previously imagined. For example, by examining the daily well-being of adult children who are providing some support to their parents, research may show that, at a daily level, providing support may have a small impact on mood,
whether positive or negative. Research that is done over extensive time periods is likely to be contaminated with other life events unrelated to the support that is being provided to the adult child’s parents (Savla et al., 2008), which would result in more reports of negative affect for the family caregiver. On the other hand, the opposite may be true. When caregivers are asked to report their levels of well-being once or a few times over an extended period of time, they may forget to factor in important episodes of distress and well-being (Koerner & Kenyon, 2007), which can skew ratings of well-being to be too positive. Therefore, there is a need to consider the associations between daily informal support and well-being before adult children are engaged in intensive caregiving to help to reconcile these inconsistent findings. In addition, the social and economic resources of the adult child may play a part in the way adult children perceive their level of well-being (Savla et al., 2008). Therefore, as a result of African Americans typically having a lower socioeconomic status (SES), lower education levels (Roff, Burgio, Gitlin, Nichols, Chaplin, & Hardin, 2004) and a more diverse support network (Dilworth-Anderson et al., 2002), the associations between providing assistance and daily well-being may be different for African American versus White adult children.

**Statement of the Problem**

Research is limited in the area of adult child-parent contact prior to intensive care responsibilities. Early research may have over exaggerated the frequency and extent of assistance between adult children and their parents (Lye, 1996). There are numerous types of support that adult children provide to their aging parents. This study will
consider two forms of support: instrumental support and emotional support. For the purpose of this study both forms of support are unpaid and will be analyzed on a daily level. Instrumental support refers to tangible support with things such as housework, transportation, cleaning, help balancing finances, and shopping, whereas, emotional support is a form of support in which the adult child would offer advice, listen to problems, be reassuring, and be comforting. Emotional support and help is one of the most common forms of assistance (Lye, 1996). Research is even more limited when considering the daily effects caregiving has on a caregiver, specifically the adult child as family caregiver. The goal of this study is to begin to examine if the well-documented findings of global research on family caregiving extend into the daily level of family caregiving. In other words, this study will focus on daily data rather than global data, because daily data has been ignored within the caregiving and familial support literature. The use of daily data will allow researchers to see a snapshot view of the familial support adult children provide to their aging parents, and it will allow researchers to determine the implications that the familial support experience has on well-being as a result of changing demographics and family structure. Specifically, it is important to consider changing demographics and family structure because the American population is experiencing racial diversification (Frey, 2000; Frey, 2010; Miller, 2009), and the American family structure is changing as a result of increases in women’s labor force participation, a breakdown in the gender-based division of labor, a fertility decline (Bengtson, 2001; Furstenberg, 2010), cohabitation, nonmarital childbearing (Bengtson,
2001; Brown, 2004; Furstenberg, 2010), an increase in divorce rates in the Baby Boom generation (Frey, 2010), and an increase in remarriage rates creating complex stepfamily structures (Brown, 2004).

**Study Objectives**

The objectives of the current study are:

Objective 1: To examine how daily support to parents, including instrumental support and emotional support, vary by demographic characteristics including adult child’s gender, race, parental marital status, and adult child’s marital status and to explore whether these differences vary between African Americans and European Americans.

Hypothesis 1a: Adult daughters will provide more instrumental support and more emotional support to aging parents than adult sons.

Hypothesis 1b: African American adult children will provide more daily support (i.e., instrumental support and emotional support) to their aging parents when compared to their Caucasian counterparts.

Hypothesis 1c: Adult children will provide similar daily support (i.e., instrumental support and emotional support) to aging parents who are divorced as well as to parents who are still married.

Hypothesis 1d: Unmarried adult children will provide less daily support (i.e., instrumental support and emotional support) to their aging parents when compared to their married counterparts.
Objective 2: To examine associations between adult children’s daily mood and the daily support they provide to their parents.

Hypothesis 2a: More time spent providing instrumental support and emotional support will be associated with higher levels of negative affect.

Hypothesis 2b: More time spent providing instrumental support and emotional support will be associated with higher levels of positive affect.

Objective 3: To explore whether the associations between adult children’s daily mood and daily support to parents are moderated by demographic characteristics, including adult child’s gender, race, parental marital status, and adult child’s marital status.

Hypothesis 3a: The associations between positive affect and both types of support (i.e., instrumental support and emotional support) will be stronger for adult daughters, African Americans, married parents, and married adult children.

Hypothesis 3b: The associations between negative affect and both types of support (i.e., instrumental support and emotional support) will be stronger for adult sons, Whites, unmarried parents, and unmarried adult children.
CHAPTER II
LITERATURE REVIEW

The American population is aging. Frey (2010) indicates that the 65 and older population will experience a rapid growth in the coming years. More people will begin living longer, healthier lives (Bookman & Kimbrel, 2011; Buettner, 2012; Crimmins, 2004; Dychtwald, Erickson, & Morison, 2004). Also, more people are living into their 80s, 90s, and 100s (Pope et al., 2012). In 2007, there were approximately 2 million people living who were aged 90 years old or older, and this number is expected to increase to 8.7 million people by the middle of the 21st century (Pope et al., 2012).

As the population ages and diversifies, it is important to understand the needs of an aging population as well as the needs of those providing assistance. A large number of American citizens are providing informal, unpaid care and assistance to members of the aging population. As a result of the increases in longevity of the human life, adult children are required to provide assistance and care to their aging parent(s) for longer periods of time (Bookman & Kimbrel, 2011). There are 65 million people providing informal care and assistance to a family member or friend who is disabled or ill (Pope et al., 2012). Most of the people providing care and assistance to the aging population are family members (Brody, 2010; Pope et al., 2012). Of the 65 million people providing informal care, 44% of informal caregiving is provided by adult children to their aging parents or parents-in-law (Pope et al., 2012). The most common type of informal care in
America involves providing assistance to older adults who need help as a result of chronic illness or functional disability (Pope et al., 2012). Although men provide some help, women provide most of the care and assistance to older adults (Pope et al., 2012; Walker, Pratt, & Eddy 1995).

**Changing Demographics and Family Caregivers**

**Gender**

In most American families, one adult family member takes on the role of “kinkeeper,” which makes them responsible for keeping the family in touch with each other (Fingerman & Birditt, 2011; Lye, 1996; Milardo, 1987). Women are more likely to take on the role of kinkeeper, and therefore, mother daughter relationships tend to be more emotionally close, and mother-daughter relationships are characterized by more frequent contact and exchanges of assistance than adult daughter-father relationships (Lawton, Silverstein, & Bengtson, 1994; Lye, 1996; Marks, 1995; Silverstein et al., 1995). Parents report increased levels of contact with adult daughters when compared to adult sons (Fingerman & Birditt, 2011). Parents report higher incidence of visits and telephone calls from adult daughters (Lye, 1996; Spitze & Logan, 1989; Spitze & Miner, 1992). Parents report more contact when they have at least one daughter instead of only sons, and the frequency of the contact between parent and child increases as the number of daughters increases (Lye, 1996; Spitze & Logan, 1990). However, gender roles have changed as a result of societal changes. More specifically, more women are entering the
workforce (Bengtson, 2001; Furstenberg, 2010), and this may impact the amount of time adult daughters can spend on contributing to their parents’ needs as they age.

Adult daughters begin to provide assistance to their parent(s) in either an “emergent” or “deliberate” manner following a trigger event (Pope et al., 2012). The triggering event is an event or events in which the adult daughter or parent’s awareness that assistance may be beneficial is triggered (Pope et al., 2012). This event often has to do with deteriorating health, financial problems, or loss of social ties (Pope et al., 2012). Adult daughters provide more routine assistance than sons do to their parents (Eggebeen & Hogan, 1990; Lye, 1996). Also, mothers tend to be the receivers of help more frequently than fathers (Hogan & Eggebeen, 1995; Lye, 1996; Spitze & Logan, 1989). This may be the result of increased longevity in women and a greater need for assistance in widowhood (Fingerman, VanderDrift, Dotterer, Birditt, & Zarit, 2011; Lye, 1996). Gender role norms take over the caregiving role, which may explain the lack of assistance provided by sons (Lye, 1996; Martire & Stephens, 2003). The strong gender role norms prevent sons from substituting the role typically played by the daughter (Lye, 1996). Roles of assistance and caregiving vary within families but also within cultural contexts.

**Race.**

As the American population ages, the American population will become increasingly more diverse, especially within the 65 and older age group (Frey, 2000; Frey, 2010; Miller, 2009). The number of older males will grow, and there will be
increases in the racial and ethnic diversity of the 65 and older population (Bookman & Kimbrel, 2011; Miller, 2009). According to Dilworth-Anderson and colleagues (2002), there are projections indicating that the White older adult population will double from 2000 to 2050, and the African American older adult population will quadruple within the same time frame (Dilworth-Anderson et al., 2002). As the American population becomes more diverse, the manner in which familial caregiving occurs will change. The manner in which familial caregiving occurs differs by race, as a result of cultural values about reciprocity, filial obligation, and responsibility for providing familial caregiving (Coleman et al., 2006; Dilworth-Anderson et al., 2002; Gans & Silverstein, 2006; Pinquart & Sörensen, 2005).

African American and White caregivers are drastically different in the way that they act as caregivers to their aging parents. The support systems of African American and White caregivers are different; African American caregivers are more likely to include friends and neighbors as part of their support network (Dilworth-Anderson et al., 2002), whereas White caregivers will only use immediate family members as part of their support networks (Hinrichsen & Ramirez, 1992). Also, African American caregivers are more likely to include God as a member of their informal support system (Dilworth-Anderson et al., 2002), and they rank God or religion as their number one source of informal support, which is followed by family, friends, and neighbors (Sterritt & Pokorny, 1998). African Americans are more likely than Whites to be the sole caregiver to their aging parent (Dilworth-Anderson et al., 2002). Overall, African American
caregivers have a greater number of people in their networks than their noncaregiving counterparts (Haley et al., 1995; Wallsten, 2000). Differences in caregiving exist beyond the informal supports level.

The use of formal support is also different when comparing African American and White caregivers. Formal support is support that is provided by health and social service staff who have special training in geriatrics (Bookman & Kimbrel, 2011). White caregivers access formal supports more than African American caregivers do (Miller & Guo, 2000). However, when African American caregivers access formal support services, they are dissatisfied because the support services are not culturally friendly (Dilworth-Anderson et al., 2002). However, there is empirical evidence suggesting that the depression level of African Americans is significantly lower if they choose to use formal supports (Dilworth-Anderson et al., 2002). Although African American and White caregivers had expressed using the same type of formal support services, African American caregivers expressed having a greater need for the formal services (Dilworth-Anderson et al., 2002). When discussing formal support services with African American and White caregivers, both groups stated that they had planned to use information and referral services and/or support groups, but one year later, neither group acted on these claims (Dilworth-Anderson et al., 2002). Less is known, however, about how race is related to the informal assistance adult children provide to their parents before taking on the role of primary caregivers to their aging parents. This study examines how race is related to the daily patterns of assistance between adult children and their aging parent(s).
Parental Marital Status

In addition to aging, the American family structure is changing. There has been an emergence in “the post-modern family” (Furstenberg, 2010). The post-modern family is characterized by sharp increases in women’s labor force participation, a breakdown in the gender-based division of labor, a fertility decline (as a result of postponing marriage and parenthood and as a result of the growing number of childless couples), and rising rates of divorce, cohabitation, and nonmarital childbearing (Bengtson, 2001; Furstenberg, 2010). There has been an increase in divorce rates in the Baby Boom generation (Frey, 2010), an increase in remarriage rates creating complex stepfamily structures, and an increase in nonmarital childbearing and cohabitation (Brown, 2004). The United States has the highest divorce rate in the world, with an estimated 45% of marriages ending in divorce (Amato, 2010; Brown & Lin, 2012; Cherlin, 2010). The Baby Boomers were the first cohort to accept divorce and remarriage in large quantities (Brown & Lin, 2012; Fingerman et al., 2012; Lin, 2008). The Baby Boomer generation has experienced high rates of divorce and separation and lower rates of marriage (Butrica, Smith, & Iams, 2003; Frey, 2010), which has resulted in a decreased number of Baby Boomers living in married-couple households and possibly experiencing more financial hardships as a result (Frey, 2010). Statistically, the proportions of adults that have ever divorced, are currently divorced, or have married at least twice are highest for individuals aged 50 and older (Brown & Lin, 2012; Kreider & Ellis, 2011). Older adults who are divorced have poorer economic, social, and health outcomes (Allen et al., 2000; Brown & Lin, 2012; Cooney
As a result of the poorer economic, social, and health characteristics of unmarried older adults, it is likely that they will need more assistance as they enter old age.

Older adults are going to continue to become more accepting of divorce in the future because they or someone they know will have experienced divorce (Brown & Lin, 2012). Presently, the majority of older adults who are divorced experienced the divorce earlier in the life course (Brown & Lin, 2012). Therefore, it is not clear why the prevalence of divorce among older adults continues to increase (Brown & Lin, 2012). Brown and Lin (2012) suggest that it may be because older adults today are less likely to remarry following divorce, which has made the prevalence increase, or it may be because the incidence of divorce itself has increased. If people choose to remarry following divorce, remarriages are even more likely to end in divorce (Amato, 2010; Amato & DeBoer, 2001; Bramlett & Mosher, 2002; Bratter & King, 2008; Brown & Lin, 2012; Cooney & Dunne, 2001; Lin, 2008; Sweeney & Phillips, 2004; Teachman, 2002). As a result of women entering the workforce, women have become more likely to divorce their husbands because they have gained enough education and work experience resulting in financial autonomy, which has allowed them to support themselves outside of the marriage (Brown & Lin, 2012; Furstenberg, 2010). Finally, the aging of the population and the increased human life expectancy may have contributed to the increase in the rate of divorce because people are being exposed to each other for longer periods of time,
which is resulting in a decrease in marriages that are ending because of death (Brown & Lin, 2012).

Projections from now to 2030 show that, even if the divorce rate remained stable, there would still be an increase in the number of middle-aged and older adults who experience divorce (Brown & Lin, 2012). The rate for divorce is higher for women (Amato, 2010; Cooney & Dunne, 2001; Lin & Brown, 2012), middle-aged adults, African Americans (Amato, 2010; Lin & Brown, 2012), people with only a high school education (Amato, 2010; Lin & Brown, 2012), unemployed individuals (Amato, 2010; Cooney & Dunne, 2001; Lin, 2008), and remarried persons (Amato, 2010; Amato & DeBoer, 2001; Bramlett & Mosher, 2002; Bratter & King, 2008; Brown & Lin, 2012; Cooney & Dunne, 2001; Lin, 2008; Sweeney & Phillips, 2004; Teachman, 2002).

Parent-adult child relationships change following parental divorce (Brown & Lin, 2012; Lin, 2008). As a result of the divorce and losing a spouse, the divorced adult usually places greater demands on their child or children to provide them with increased levels of social support (Brown & Lin, 2012; Silverstein & Giarrusso, 2010). Also, children serve as substitute caregivers to their aging parents when a spouse is no longer present (Brown & Lin, 2012).

As a result of increasing demands, a significant amount of strain is placed on adult children when their parents divorce. This increased strain has effects on intergenerational ties, and it may even weaken the bond between parents and their adult children (Brown & Lin, 2012; Lin, 2008). Following divorce, parent-adult child
relationships are characterized by decreased interactions and relationship quality (Amato, 2010; Brown & Lin, 2012), especially when considering divorced fathers and their adult children compared to continuously married fathers (Amato, 2010; Brown & Lin, 2012; Fingerman et al., 2012; Goldscheider, 1990; Lin, 2008; Lye 1996; Seltzer 1994; Spitze & Miner, 1992). This can have huge implications for society as a whole because older adult divorced individuals will have to seek institutional support rather than familial support because family sizes are getting smaller (Brown & Lin, 2012; Lin, 2008). Research suggests that children of divorced parents feel less filial obligation than children whose parents were never divorced (Fingerman et al., 2012). Divorce in later life has negative impacts on the health and well-being of older adults, which further intensifies their needs for assistance (Brown & Lin, 2012). The negative impact on well-being is an important variable to consider when analyzing familial assistance. This study will begin to examine if and how divorced parents may be disadvantaged when it comes to receiving assistance from their adult children on a day-to-day basis.

**Adult Child’s Marital Status**

Similar to findings regarding parental divorce, both gender and adult child’s own marital status may play a major role in determining parent and adult child exchanges (Allen, Lima, Goldscheider, & Roy, 2012; Kahn, McGill, & Bianchi, 2011; Lye, 1996; Navaie-Waliser et al., 2002; Pinquart & Sörensen, 2006). Single mothers have been found to be more involved in exchanges with their parents when compared to single fathers (Lye, 1996; Marks & McLanahan, 1993). When comparing divorced daughters
and married daughters, divorced daughters receive more help from their parents, especially if they have custody of the grandchildren (Aldous, 1987; Bucx, van Wel, & Knijn, 2012; Lye, 1996; Spitze et al., 1994), which suggests that divorced daughters may be unable to provide extensive support to their aging parents. Mothers provide their adult children with more support when the adult child is experiencing difficulties within his/her life (Fingerman, Miller, Birditt, & Zarit, 2009; Suitor, Pillemer, & Sechrist, 2006). Divorced adult children are less likely to provide support to their aging parent when compared to married adult children (Aquilino, 2005; Fingerman et al., 2011; Shapiro, 2003). When adult children remarry, they provide more assistance to their parents than first married children, but they receive little help in return from their parents (Lye, 1996; Spitze et al., 1994). Overall, researchers have found that divorced adult children and single adult children do not create a special burden for their parents (Lye, 1996; White & Peterson, 1995).

The research regarding the effects of adult child’s divorce on support patterns presents contradictory findings. Some researchers suggest that parent-adult child contact, relationship quality, and exchanges suffer, especially in the case of adult daughters (Bookwala, 2009; Lye, 1996; Spitze et al., 1994). This can be a result of increased strain and conflict between divorcing children and their parents, increases in financial hardship for divorcing daughters, increases in workforce participation for divorcing daughters, and the time and energy constraints that come with single parenthood (Cicirelli, 1984; Lye, 1996; Milardo, 1987; Smyer & Hofland, 1982). There are lower levels of parent-adult
child contact for divorced adult children (Cicirelli, 1984; Lye 1996), and divorced adult children receive less emotional support from their parents and experience higher levels of relational strain (Lye, 1996; Umberson, 1992).

However, there is other research supporting just the opposite. Other researchers have suggested that there is only a very small or temporary impact resulting from an adult child’s divorce (Lye, 1996; Spitze et al., 1994). Studies suggest that there may be positive effects because adult children will look for assistance for their parents (Lye, 1996; Spitze et al., 1994), which implies that the adult child’s levels of familial obligation and responsibility will not be impacted when the adult child experiences divorce. Some researchers suggest that divorced adult daughters have more contact with their parents than married adult daughters, there is no difference in parental contact for married or divorced sons, and there is no difference in parent-adult child relational closeness for married or divorced adult children (Lye, 1996; Spitze et al., 1994). Research in the area regarding the effects of adult child’s marital status on parental care is limited and equivocal. Some research suggests that married adult children participate in less intense familial caregiving than unmarried adult children because married adult children are less likely to live with their parents or stay in contact with them (Sarkisian & Gerstel, 2008). Married adult children are less likely to provide or receive emotional care and practical assistance (Sarkisian & Gerstel, 2008). Finally, divorced or separated adult children have stronger intergenerational bonds with their parents than never married children (Sarkisian & Gerstel, 2008), and therefore, they are more likely to provide assistance to aging
parents. However, there is other research supporting the idea that divorced adult children were more likely to receive practical assistance from their parents and less likely to give practical assistance to their parents (Shapiro, 2012). This study will examine the associations between adult children’s marital status and providing care to aging parents. Therefore, this study will aim to make clearer distinctions between how adult child’s marital status is associated with experiences in the parent-adult child relationship.

In this study, it is expected that sons, Whites, and unmarried adults will provide less informal support to their aging parents. Females are more likely to provide care (Bookman & Kimbrel, 2011; Matire & Stephens, 2003), and therefore, it is implied that sons provide less support than adult daughters. Whites are more likely to report negative feelings about the caregiver experience when compared to African Americans (Dilworth-Anderson et al., 2002; Janevic & Connell, 2001; Lye, 1996; Miller et al., 1995). Also, this study will aid in presenting more recent support to clarify the mixed findings regarding the implications of adult child’s marital status on the types of support that they offer to their aging parent.

**Types of Parental Support**

Even though adult children are presented with a serious challenge when providing assistance to aging parents, the opportunity may be rewarding for adult children because it allows them to “give back” to their parent (Merz, Consedine, Schulze, & Schuengel, 2009). When compared to spousal caregivers, adult children caregivers experience more rewards (Raschick & Ingersoll-Dayton, 2004). Adult children who experience the most
rewards and boosts to well-being from caregiving usually have had an open and emotionally secure relationship with their parent(s), and they continue to have the same type of relationship (Merz et al., 2009; Merz, Schuengel, & Schulze, 2007). This may be in part because adult children view their role as caregiver as exceeding social expectations because their primary roles involve child and spousal care (Raschick & Ingersoll-Dayton, 2004). Therefore, the experience may be more rewarding. Spousal caregivers may feel as if they are simply fulfilling a social responsibility and that spousal caregiving is an expected duty, which results in them feeling as if this role will not produce any special recognition (Raschick & Ingersoll-Dayton, 2004).

**Instrumental Support**

For the purpose of this study, instrumental support is considered tangible support. When families provide each other with instrumental support it includes both material (i.e., financial or other resources) and practical (i.e., child care, housework, transportation, or caregiving) assistance (Swartz, 2009). Typically, instrumental support does not move from adult child to aging parent until the aging parent is very old (Cooney & Uhlenberg, 1992; Lee, 2008; Logan & Spitze, 1996; Swartz, 2009), or their health begins to deteriorate (Eggebeen & Hogan, 1990; Swartz, 2009). However, parents and adult children are not continuously involved in intensive exchanges of instrumental support (Swartz, 2009). It is likely that, as the child reaches young to middle adulthood, reciprocal exchanges of normative support exist. Then, as the parent starts moving to late adulthood, the adult child may begin to provide the parent with more normative support.
around the home than they are receiving. Eventually, if the parent’s health deteriorates enough, the adult child may choose to provide intensive hands on caregiving.

**Emotional Support**

For the purpose of this study, emotional support is all forms of support that provide the family members with comfort and assistance through things such as listening, giving advice, and being comforting. Generally, parents and adult children remain emotionally connected until family members display the need for instrumental support (Eggebeen & Davey, 1998; Eggebeen & Hogan, 1990; Hogan, Eggebeen, & Clogg, 1993; Silverstein et al., 1995; Silverstein, Bengston, & Lawton, 1997; Swartz, 2009). Overall, American families share positive sentiments across all generations (Swartz, 2009). There are reports of roughly 80% of adult children reporting emotional closeness to their parents (Lawton et al., 1994; Swartz, 2009), and there are reports of roughly 81% of parents who say they feel “very close” to their oldest child (Swartz, 2009). Parents and adult children provide each other with advice and reassurance, and they also act as a confidant to one another (Swartz, 2009). Emotional support, such as providing motivation, encouragement, guidance, companionship, and closeness, has been labeled as the most common form of support between adult children and their parents (Eggebeen & Hogan, 1995; Swartz, 2009).

However, there is also a gendered component to emotional support. Adult children report feeling emotionally closer to their mothers than fathers (Swartz, 2009), which may contribute to adult children providing more care to their aging mothers.
There are reports that state 72% of adults feel “very close” to their mothers and only 3% feel “not at all close” to their mothers (Lawton et al., 1994; Swartz, 2009). On the other hand, there are reports that state 55% of adults report feeling “very close” to their fathers, and 11% say they are “not at all close” to their fathers (Lawton et al., 1994; Swartz, 2009). The higher degree of emotional closeness to mothers may be a result of stronger kinships with mothers than fathers (Swartz, 2009), which may be a result of American gender roles or fathers’ lower involvement with children following divorce (Swartz, 2009). Finally, intergenerational relationships may be weaker following divorce especially for fathers (Amato, 2010; Brown & Lin, 2012; Fingerman et al., 2012; Goldscheider, 1990; Lawton et al., 1994; Lin, 2008; Lye 1996; Sarkisian & Gerstel, 2007; Seltzer 1994; Spitze & Miner, 1992).

**Current Caregiving Research**

Currently, there is a significant amount of research utilizing global data, or data from a six-month or longer time span, describing parent and adult child interactions and assistance patterns as the parents move into old age. Findings from global assessments suggest that the caregiving experience varies by caregiver gender (Allen et al., 2008; Laditka & Laditka, 2001; Silverstein & Giarrusso, 2010), race (Coleman et al., 2006; Dilworth-Anderson et al., 2002; Fingerman et al., 2011; Silverstein, 2006; Pinquart & Sörensen, 2005), and relationship to the care recipient (Pinquart, & Sörensen, 2011; Silverstein & Giarrusso, 2010). In this study, daily data will be considered to aid in determining if caregivers’ experience continues to vary by gender and race. In addition,
this study will consider the marital status of the adult child and parent receiving instrumental support or emotional support to determine the potential implications of marital status on the type of support adult children provide to their aging parents.

**Family Caregiving and Psychological Well-being**

Caregiving is a physically demanding task (Morse, Shaffer, Williamson, Dooley, & Schulz, 2012; Sawatzky & Fowler-Kerry, 2003). This in combination with lack of support, medical knowledge and sleep may place the caregiver at risk for diminished health (Morse et al., 2012; Sawatzky & Fowler-Kerry, 2003). Conflicting role demands lead to negative consequences for the well-being of the caregivers (Pinquart & Sörensen, 20011; Savla et al., 2008). There has been significant research on negative implications of caregiving on well-being, including burden and depression (Bedard et al., 2000; Connell et al., 2001; Dilworth-Anderson et al., 2002; Pinquart & Sörensen, 2003; Pinquart & Sörensen, 2004). However, less research is available for the positive implications of caregiving on well-being (Kang, Shin, Choi, Sanjo, Yoon, Kim, Oh, Kwen, Choi, & Yoon, 2013; Pinquart & Sörensen, 2004). Some of the positive experiences associated with caregiver well-being include increased positive affect and life satisfaction (Kang et al., 2013; Pinquart & Sörensen, 2004). In addition to positive affect and life satisfaction, caregivers have reported feelings of participating in a meaningful experience (Dilworth-Anderson et al., 2002), which has led them to feel a sense of satisfaction and accomplishment (Dilworth-Anderson et al., 2002; Kang et al., 2013).
Positive affect and negative affect are two independent dimensions of well-being (Friedman & Ryff, 2012; Pinquart & Sörensen, 2004). Therefore, it is possible for a caregiver to report feelings of burden or depression while simultaneously experiencing positive well-being and affect. It has been determined that caregiving uplifts are positively associated with positive well-being and caregiving stressors are associated with decreases in positive well-being (Pinquart & Sörensen, 2004). Also, caregiving stressors have been determined to be associated with negative affect and more caregiving uplifts are associated with less negative affect (Pinquart & Sörensen, 2004).

**Costs of Providing Care**

Most family caregivers have multiple roles and responsibilities (Bookman & Kimbrel, 2011; Martire & Stephens, 2003; Pinquart & Sörensen, 20011; Savla et al., 2008). When adult children begin providing assistance to their parents, they usually have to cut back on one or more of their other roles (i.e., parent, employee, spouse, etc; Murphy, Schofield, Nankervis, Bloch, Herrman, & Singh, 1997; Savla et al., 2008; Stephens, Townsend, Martire, & Druley, 2001). Balancing the role of employee with the role of caregiver may result in role conflict. This is also known as interrole conflict, which results when multiple roles are competing for the same resources of the role occupant or when one of the roles becomes extremely stressful (Matire & Stephens, 2003). These two roles often interfere with each other because they both require a significant amount of time and energy. In addition, the role conflict may be greater in less supportive environments. As a result of the role conflict caused by the increased
levels of stress and unsupportive environments, the health of the woman who is providing care may diminish. Savla and colleagues (2008) found that on days assistance was provided, less time was spent on work-related chores and daily activities. Also, more stressors are reported on days when assistance is provided (Savla et al., 2008). Most of the stressors were network stressors, which are “events that occur in the lives of others” (Savla et al., 2008). Researchers feel that this may be because those providing assistance have a lot of compassion and may be more susceptible to the stressors of others (Savla et al., 2008).

There are some negative effects experienced by caregivers including health related problems like lower self-rated health, diabetes, hypertension, and premature death (Bookman & Kimbrel, 2011; Matire & Stephens, 2003). Some negative effects may be job related, as a result of caregivers remaining in the workforce after taking on caregiving responsibilities (Bookman & Kimbrel, 2011; Matire & Stephens, 2003). As a result of the conflicting roles of caregiver and employee, employees are likely to use their own sick or vacation time to accommodate care recipients’ needs, work fewer hours, quit their job, or take on an additional job to cover additional expenses of being a caregiver (Bookman & Kimbrel, 2011). When the work-related and health-related negative effects of role conflict are combined, the employed caregiver may no longer have the means or resources to access and pay for adequate healthcare to improve their impaired health as a result of their caregiver responsibilities and their own aging. Also, employed caregivers may experience negative spillover from work to family or from family to work because
they have negative attitudes or moods about work or family that spillover into the other domain (Grzywacz, Almeida, & McDonald, 2002). This can be a result of having a nonstandard work schedule such as working third shift or the weekends (Davis, Goodman, Pirretti, & Almeida, 2008). The nonstandard work schedule may interfere with family, which causes the negative attitudes and moods.

**Gender Differences in Patterns of Caregiving**

Women are more likely to take on the responsibility of primary caregiver when a parent or family member is in need of assistance (Bookman & Kimbrel, 2011; Matire & Stephens, 2003). Women experience more caregiving costs than men do (Bookwala & Schulz, 2000; Raschick & Ingersoll-Dayton, 2004; Starrels, Ingersoll-Dayton, Dowler, & Neal, 1997; Young & Kahana, 1989). Researchers feel that this may be a result of the types of roles females and males take on when providing assistance and care to aging family members. Males commonly take on a managerial approach (Fitting, Rabins, Lucas, & Eastham, 1986; Raschick & Ingersoll-Dayton, 2004; Russell, 2001), whereas females take on nurturing tasks as a result of societal norms (Brody, 1985; Fitting et al., 1986; Raschick & Ingersoll-Dayton, 2004). Societal gender norms have also worked to shape family caregiving (Gerstel, 2000; Kahn et al., 2011; Lye, 1996). Females do more housework, child care, and care of kin compared to males (Gerstel, 2000; Kahn et al., 2011). These tasks mirror American gender role norms. Research suggests that women are more likely than men to provide informal support, as a result of their early-life experiences in raising the children and maintaining kin relationships while the man in the
family was working to financially provide for the family (Kahn et al., 2011; Lareau, 2000). Therefore, as adult children move into middle adulthood and are faced with familial caregiving, women tend to take on the primary role of caregiver because of the early-life experiences maintaining appropriate child care and kin relationships (Kahn et al., 2011).

In recent years, there has been an increase in the number of women who have entered the workforce (Brown & Lin, 2012; Furstenberg, 2010; Martire & Stephens, 2003). Research suggests that between 44-61% of the adult daughters who are providing parental care are employed full- or part-time and will likely stay in the workforce while providing care (Matire & Stephens, 2003). Also, women are likely to remain in the workforce after taking on caregiving responsibilities (Martire & Stephens, 2003). Female caregivers may experience greater depressive symptoms, less positive affect, lower self-rated health, diabetes, hypertension, and premature death (Bookman & Kimbrel, 2011; Matire & Stephens, 2003). Therefore, women who are acting as caregivers experience high levels of negative affect as a result of the caregiver experience.

**Patterns of Providing Parental Care and Marital Status**

Marital status of the adult child is noted as an important factor in shaping intergenerational ties (Sarkisian & Gerstel, 2008). Understanding the family caregiver’s personal life, including marital status, has important implications for the caregiver’s health and well-being (Barnett, 2013). As a result of the increase in divorce rates in the Baby Boom cohort (Fingerman et al., 2012; Frey, 2010), Baby Boomers often experience
emotional, legal, and financial demands from romantic and cohabitating partners, and peripheral relatives, such as stepchildren (Fingerman et al., 2012). Children often provide caregiving to aging parents based on the principle of reciprocity, which states that children who have received time and financial investments from their parents early on in life will reciprocate later in their life by providing care to parents (Fingerman et al., 2012; Kohli, 2004), or an attachment perspective stating that adult children who have formed strong emotional bonds with their parents early in life will promote strong and altruistic tendencies in adult children, which leads the adult child to provide care (Fingerman et al., 2012; Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002).

However, divorce and remarriage have been found to have negative implications on both reciprocity and attachment mechanisms that secure informal family caregiving because of disruptions in the parent-child bonds (Fingerman et al., 2012; Lin, 2008).

In this study, it is expected that adult children who provide more time providing familial support will report higher levels of negative affect. However, this study will go further and consider the associations between specific demographic variables of the caregiver (i.e., gender, race, and marital status) and the care recipient (marital status) and psychological well-being. This study will also consider the variations in caregiver well-being and the type of support they provide to their aging parent (i.e., instrumental support and emotional support).
Race, Family Caregiving, and Well-being

Research presents mixed findings regarding long-term effects of caregiving for African Americans. African American family caregivers have more health problems than White family caregivers (Dilworth-Anderson et al., 2004; Haley et al., 1995; Haley et al., 2004). These caregivers usually have a strong identification with cultural values and beliefs, which results in them providing care based on duty, expectation, and obligation (Dilworth-Anderson et al., 2004; Haley, Roth, Coleton, Ford, West, Collins, & Isobe, 1996). African American family caregivers use formal support services less than White caregivers (Carrion, Park, & Lee, 2012; Dilworth-Anderson et al., 2002; Dilworth-Anderson et al., 2004; Navaie-Waliser, Feldman, Gould, Levine, Kuerbis, & Donelan, 2001). The insufficient use of formal support services by African Americans may be exposing them to greater levels of stress associated with caregiving than other family caregivers who access formal support services (Dilworth-Anderson et al., 2004). In contrast, other studies provide support for resiliency in African American families (Haley et al., 1996; Jarrett et al., 2010; Swartz, 2009). According to Haley and colleagues (1996), African American caregivers experience resiliency to the stress of familial caregiving despite their generally lower socioeconomic status. African Americans’ frequent experiences with hardship throughout the life course may allow them to develop stronger reframing skills to use when difficulties arise in day-to-day life (Haley et al., 1996).
There are numerous ways African American and White caregivers are similar in their caregiving experiences. The relationship strain experienced by African American and White caregivers is high (Dilworth-Anderson et al., 2002). Both groups also report low levels of satisfaction with the quality of their social support, lower levels of social activity than their noncaregiving counterparts, and decreased visitation with others (Dilworth-Anderson et al., 2002). Although more common in African American caregivers, higher levels of spirituality and religiosity is associated with lower levels of depression and caregiver burden in both White and African American caregivers (Dilworth-Anderson et al., 2002).

Research also reveals individual differences in the costs associated with caregiving. Higher psychological distress is noted in people who are single, racial/ethnic minorities, and who have lower levels of education (Couch, Daly, & Wolf, 1999; Pinquart & Sörensen, 2006; Savla et al., 2008). Therefore, African Americans may experience higher levels of psychological distress, which could be even more detrimental if they are divorced. As African Americans begin acting as familial caregivers, they will experience more stressors, which may amplify the negative effects on psychological well-being. However, empirical findings are mixed in this area. Researchers have found that African American caregivers, overall, have less psychological distress than White caregivers (Dilworth-Anderson et al., 2002; Haley et al., 1996; Haley et al., 2004; Navaie-Waliser et al., 2001). As a result of difficulties in daily life, African American caregivers are more resilient than White caregivers, and African Americans can cope
with the stressors and negative feelings associated with familial caregiving (Haley et al., 1996; Jarrett et al., 2010; Swartz, 2009).

Research has also revealed mixed findings on depression levels in African American and White caregivers. The empirical findings suggest that there is either no difference in depression level or that White caregivers experience higher levels of depression (Dilworth-Anderson et al., 2002; Haley et al., 1996; Haley et al., 2004; Navaie-Waliser et al., 2001). The caregivers’ appraisal of stressors and their coping mediate the relationship between race and depression (Haley et al., 1996). The mental health of caregivers influences their personal life, which impacts their role relationships. White caregivers report higher levels of role strain (Dilworth-Anderson et al., 2002). Higher levels of role strain are also associated with higher levels of behavioral problem distress (Dilworth-Anderson et al., 2002). However, African American caregivers report higher levels of role demand, and they had higher levels of role strain if they perceived that they had poorer physical health and did not have respite support available (Dilworth-Anderson et al., 2002). In addition, African American caregivers have lower levels of emotional and psychological distress (Haley et al., 1996; Haley et al., 2004) and higher levels of appraisal regarding their caregiving situation (Dilworth-Anderson et al., 2002; Haley et al., 1996). Caregiver appraisal is assessed by asking caregivers to report on how troubling or stressful specific caregiving tasks were to them (Dilworth-Anderson et al., 2002; Haley et al., 1996; Hinrichsen & Ramirez, 1992). However, when African American caregivers do experience high levels of psychological distress, they also report
less satisfaction with the social support that they received, higher levels of role strain, lower general health ratings, and a lower mastery of caregiving (Dilworth-Anderson et al., 1999).

Presently, the bulk of research examining well-being of family caregivers utilizes global data. However, daily data reveal different findings based on psychological well-being. Literature reporting on long periods of time may have confounded daily life stressors and stressors of caregiving (Savla et al., 2008). In other words, global data may encompass multiple stressful events not related to caregiving or providing support to aging parents that may present a skewed view of the overall caregiving experience. Daily data would provide a more simplistic snapshot view of the experience as it is occurring in time. Also, long-term data do not encompass the everyday hassles and stressors associated with providing assistance to aging parents (Savla et al., 2008). Researchers suggest that minor challenges of daily life have significant implications for well-being and health (Almeida, 2005; Bolger, Delongis, Kessler, & Schilling, 1989; Cichy, Stawski, & Almeida, 2012; McIntyre, Korn, & Matsuo, 2008). When considering data on a daily level one can see interruptions in daily functioning and how these can build on one another over time (Bolger, Davis, & Rafaeli, 2003; Cichy et al., 2012). Also, when looking at daily data, researchers will be able to determine more direct implications of the caregiving experience on well-being as it varies by gender, race, parental marital status, and adult child’s marital status. Finally, it is valuable to look at daily data from the onset of normative assistance as it progresses into intensive caregiving because it may lead to
explanations of the support provided by adult children to their parents during the intensive caregiving stage.

Summary

Several factors contribute to the family caregiving experience, including demographic variables such as gender and race. As the American family structure changes from divorce, remarriage, separation, cohabitation, singlehood, and smaller family sizes (Eggebeen & Sturgeon, 2006; Fingerman et al., 2012; Furstenberg, 2010), it is highly important to understand the implications this may hold for family caregiving. Also, since research has already shown that there are cultural differences in the caregiving experience (Coleman et al., 2006; Dilworth-Anderson et al., 2002; Gans & Silverstein, 2006; Pinquart & Sörensen, 2005) and that the American population is becoming more diverse (Bookman & Kimbrel, 2011; Dilworth-Anderson et al., 2002; Frey, 2000; Frey, 2010; Miller, 2009), researchers must consider how race and marital status will interact to shape the type of support adult children provide to aging parents. Daily data will allow researchers to determine more direct implications on the overall well-being of adult children providing support to their aging parents and how these associations vary by specific demographic variables (i.e., gender, race, and marital status).
CHAPTER III

METHODODOLOGY

Participants

This study utilized secondary data from the Midlife in the United States (MIDUS II). Specifically, the study used the secondary data from the National Study of Daily Experiences (NSDE II; \( n = 1,931 \)), which is a daily diary subset of the MIDUS II. The respondents of the MIDUS II and NSDE II are adults between the ages of 32 and 84 years. For the purpose of this study, the respondents are adult children who are providing assistance to their parents anytime during the 8 days of interviews. The participants in this study include African American and White men and women. The White respondents are a nationally representative subsample. The African American subsample is from Milwaukee, Wisconsin because of the high levels of racial segregation (Cichy et al., 2012).

Sample Characteristics

The participants in this study include African American (13.9%) and White (86.1%) men (45.8%) and women (54.2%). Overall, 65.9% of the respondents were married and 34.1% were not married. Of the respondents’ parents, 74.5% were not divorced, and 25.5% of the parents were reported to have been divorced. Additional information regarding the demographic characteristics of this sample is documented in Table 1.
Study Procedures

The MIDUS II is a follow-up study to the MIDUS I. For the MIDUS II study, all living participants from the MIDUS I study were re-contacted 9 to 10 years later, between the years 2004-2006, to repeat the original assessments. The participants completed a 100 page self-administered questionnaire and a 45-minute telephone interview. The answers to the questionnaires and phone interviews provided information regarding demographic, sociodemographic and psychological variables. Following the completion of the phone interviews and questionnaires, a subsample of respondents was recruited into the NSDE II. This subsample participated in a phone interview at the end of the day for 8 consecutive days, where they reported on daily exchanges of social support, daily affect, and daily stressful events. The European Americans had a 76% response rate, and the African Americans had a 71% response rate.

Measures

Family Member Characteristics

Gender. Gender was measured as a dichotomous variable (1 = male, 0 = female).

Race. Respondents were asked during the phone interview a question regarding racial identity. Respondents were asked to answer the question “Which best describes your race?” (0 = African American, 1 = White).

Parents’ marital status. Parental marital status was determined by asking the respondents in a self-administered questionnaire whether or not they had experienced their parents’ divorce. (0 = no divorce, 1 = indicated parents’ divorced).
Respondents’ marital status. Respondents were also asked about their own marital status. During the phone interview, the interviewer asked the respondents, “Are you married, separated, divorced, widowed, or never married?” (i.e., 1 = married, 2 = separated, 3 = divorced, 4 = widowed, 5 = never married, 7 = don’t know/not sure, 8 = refused, 9 = inapplicable). This variable was recoded into two categories, where 1 = married and 0 = separated/divorced/widowed/never married.

Patterns of Assistance

Instrumental support. Instrumental support is aid with IADLs that is provided without monetary compensation. Support can include things such as housework, managing money, transportation to doctors’ appointments, shopping for groceries, pet care, and food preparation. During the daily telephone interviews, respondents were asked a series of questions to determine if instrumental support was provided, to whom, and for how long. Included in this study is only support provided to parents (1 = provided assistance to parents, 0 = provided assistance to someone other than parents). Finally, respondents indicated how much time they spent providing instrumental support to parents. In this study, the time spent providing instrumental support refers to the total time spent giving instrumental support to a parent across all eight days of interviews; higher values indicate that more time was spent giving instrumental support. Total time spent giving instrumental support is measured in minutes.

Emotional support. Emotional support includes giving advice, comforting someone, listening to another person’s problems and concerns, or showing love and
compassion in a time of need. During the daily telephone interviews, respondents were asked a series of questions to determine if emotional support was provided, to whom, and for how long. For this study, only support provided to parents is included (1 = provided assistance to parents, 0 = provided assistance to someone other than parents).

Respondents indicated how much time they spent providing emotional support to parents. In this study, the time spent providing emotional support refers to the total time spent giving emotional support averaged across the eight days of interviews; higher values indicate that more time was spent giving emotional support. Total time spent giving emotional support is measured in minutes.

Well-being

Positive affect. During the daily telephone interviews, respondents were asked how much of the time they felt a series of positive emotions, including feeling in good spirits, cheerful, extremely happy, calm and peaceful, satisfied, full of life, enthusiastic, attentive, proud, active, and confident (Mroczek & Kolarz, 1998; Watson, Clark, & Tellegen, 1988). Respondents were asked a separate question for each positive emotion. Respondents rated their experiences with daily positive affect on a 5-point scale, 0 (none of the time), 1 (a little of the time), 2 (some of the time), 3 (most of the time) and 4 (all of the time). Higher scores indicate higher levels of positive affect. For analysis, positive affect was calculated by summing and then averaging the respondents’ scores over the eight day period (α = .96).
**Negative affect.** During the daily telephone interviews, respondents were asked how much of the time they felt a series of negative emotions, including restless or fidgety, nervous, worthless, sad, everything was an effort, hopeless, lonely, afraid, jittery, irritable, ashamed, upset, angry, frustrated, feeling close to others, and feeling like they belonged (Mroczek & Kolarz, 1998; Watson et al., 1988). Respondents were asked a separate question for each negative emotion. Respondents rated their experiences with daily negative affect on a 5-point scale, 0 (*none of the time*), 1 (*a little of the time*), 2 (*some of the time*), 3 (*most of the time*) and 4 (*all of the time*). Higher scores indicate higher levels of negative affect with the exception of the negative emotions “feeling close to others” and “feeling like they belonged” because these two emotions are reverse coded. For analysis purposes, this study calculated negative affect by summing and then averaging the respondents’ scores over the eight day period (α = .91).
CHAPTER IV

RESULTS

Correlations

First, I examined the correlations between the different types of support (i.e., instrumental support and emotional support), the demographic characteristics (i.e., gender, race, parental marital status, and respondent’s marital status), and affect (i.e., positive and negative affect). Pearson’s correlation coefficient was used to examine the association between continuous variables (i.e., average time spent providing instrumental support, average time spent providing emotional support, positive affect, and negative affect) and Spearman’s rank order correlation was used to calculate the associations between dichotomous variables (e.g., gender and race) and the association between dichotomous and continuous variables (e.g., gender and positive affect).

The results of the correlations indicated that the sum of instrumental support to parents was significantly positively associated with the sum of emotional support to parents (Table 2), which suggests that the adult children who are providing instrumental support to parents are also providing emotional support to parents. There were no significant associations between the demographic variables (i.e., gender, race, parents’ marital status, and adult child’s marital status) and type of support (i.e., instrumental or emotional support). Positive affect and negative affect had a negative significant association; higher levels of positive affect were associated with lower levels of negative
affect. There were no significant associations between the demographic variables and affect (i.e., positive or negative affect). Also, there were no significant associations between type of support and affect.

Variation in Support by Demographic Characteristics

Objective 1: To Examine How Daily Support Varies by Demographic Characteristics, Including Gender, Race, Parents’ Marital Status, and Adult Child’s Marital Status

Between-group differences in patterns of support were examined by conducting a two 2 (Gender) x 2 (Race) x 2 (Parents’ marital status) x 2 (Respondent’s marital status) analysis of variances (ANOVAs). A separate ANOVA was conducted for the different types of support (i.e., instrumental support and emotional support). To test Hypothesis 1a, the main effects of gender (i.e., daughters vs. sons) were examined. To test Hypothesis 1b, the main effects of race (i.e., African Americans vs. Whites) were examined. To test Hypothesis 1c, the main effects of parental marital status (i.e., married vs. unmarried) were examined. To test Hypothesis 1d, the main effects of respondent’s marital status (i.e., married vs. unmarried) were examined.

In addition to the main effects, the two-way race interactions, including Race x Gender, Race x Parents’ Marital Status, and Race x Respondents’ Marital Status, were examined in order to explore whether sociodemographic differences in patterns of assistance vary for African American and White adults.
**Instrumental support.** Results revealed no significant main effects for race, gender, parents’ marital status, or respondent’s marital status (Table 3). There was a significant Race x Gender interaction suggesting that race moderates gender differences in providing instrumental support to parents (Figure 1). This figure displays that African American males provide significantly more instrumental support to their parents than their White counterparts, whereas African American and White women provide similar levels of instrumental support.

**Emotional support.** Results for emotional support revealed a significant main effect of gender that was qualified by a significant Race x Gender interaction (Table 4). Figure 2 illustrates that African American males provide significantly more emotional support to their parents when compared to their White counterparts. There were no significant main effects of race, parents’ marital status, or respondent’s marital status.

There was also a significant interaction effect between Parents’ marital status and Adult child’s marital status, which suggests that unmarried children provide less emotional support to married parents when compared to unmarried children providing support to divorced parents (Figure 3).

It is important to acknowledge that the ANOVAs for instrumental support ($F (1, 1054) = 1.052, p > .05$) and emotional support were not significant ($F (1, 1054) = 1.503, p > .05$). Therefore, the findings must be interpreted with caution. Further, Levene’s test was significant for both ANOVAs, which suggests there was not equal variance across groups.
Associations Between Daily Support and Adult Child Well-being

Objective 2: To Examine Associations Between Providing Daily Support and Adult Child Daily Well-being

Two separate regression analyses were run to examine the relationship between affect (i.e., positive and negative) and support provided to respondents’ parents (i.e., instrumental support and emotional support). To test Hypothesis 2a, the associations between negative affect and each independent variable (i.e., instrumental support and emotional support) were examined. To test Hypothesis 2b, the associations between positive affect and each type of support were examined. In both regressions, age and education are included as covariates.

Instrumental support and affect. Education is a significant predictor for both positive and negative affect. Individuals with higher levels of education report lower positive affect and higher negative affect. However, contrary to my expectations, instrumental support is not significantly associated with positive affect or negative affect ($p > .05$).

Emotional support and affect. Again, education is a significant predictor for both positive and negative affect, where individuals with higher levels of education report lower positive affect and higher negative affect. Unexpectedly, however, emotional support is not significantly associated with positive affect or negative affect ($p > .05$).
Associations Between Support and Well-being by Demographic Characteristics

Objective 3: To Explore if the Associations Between Daily Support and Well-being are Moderated by Demographic Characteristics (i.e., Gender, Race, Parental Marital Status, and Respondent’s Marital Status)

Objective 3 was tested using a series of regressions. One regression was estimated for each of the two types of support (i.e., instrumental support and emotional support) separately for positive and negative affect. In addition to type of social support, all four regressions also included the following predictor variables: gender, race, parental marital status, and respondents’ marital status and controlled for age and education. To test Hypotheses 3a and 3b, I examined the interactions between type of support and each of the demographic characteristics in order to explore whether the associations between support and affect vary by gender, race, parental marital status, and respondents’ marital status.

**Instrumental support and positive affect.** Table 5 displays the three steps of the regression examining positive affect and instrumental support. Step 1 of the regression includes the covariates (i.e., age and education) and demographics variables (i.e., gender, race, parents’ marital status, and adult child’s marital status). Step 2 of the regression includes the instrumental support to parent(s) variable. Step 3 of the regression is compromised of all the interactions (i.e., gender x instrumental support to parents, race x instrumental support to parents, parents’ marital status x instrumental support to parents, and adult child’s marital status x instrumental support to parents).
There were no significant predictors in the first step of the regression to predict positive affect. In step 2, instrumental support did not emerge as a significant predictor of positive affect. In step 3, the addition of the interaction variables also did not add significantly to the explained variance in positive affect. The final model explained less than 1% of the variance in positive affect.

**Instrumental support and negative affect.** Table 6 displays the three steps of the regression examining negative affect and instrumental support. Education and parents’ marital status were significant predictors in the first step of the regression to predict negative affect. This suggests that higher levels of education are associated with higher levels of negative affect, and also, it suggests that those adult children with a divorced parent reported more negative affect (Hypothesis 3b). In step 2, instrumental support did not emerge as a significant predictor of negative affect. In step 3, the addition of the interaction variables did not add significantly to explaining the variance in negative affect. The final model explained 16% of the variance in negative affect.

**Emotional support and positive affect.** Table 7 displays the three steps of the regression examining positive affect and emotional support. Again, step 1 of the regression includes the covariates (i.e., age and education) and demographics variables (i.e., gender, race, parents’ marital status, and adult child’s marital status). Step 2 of the regression includes the emotional support to parent(s) variable, whereas step 3 includes all of the interactions between the demographics and support variables (e.g., gender x emotional support to parents). There were no significant predictors in the first step of the
regression to predict positive affect. In step 2, the addition of emotional support did emerge as a significant predictor of positive affect. There was a significant negative association between emotional support and positive affect. This suggests that as more emotional support is being provided the lower the reports are for positive affect. This is inconsistent with Hypotheses 2b. Adding emotional support to the covariates (i.e., age and education) and demographic (i.e., gender, race, parents’ marital status, and adult child’s marital status) variables increases the variance explained in positive affect. In step 3, the addition of the interaction variables did not add significantly to the explained variance. The final model explained 13% of the variance in positive affect.

**Emotional support and negative affect.** Table 8 displays the three steps of the regression examining negative affect and emotional support. Similar to the models for instrumental support, step 1 of the regression includes the covariates and demographics variables. Step 2 of the regression includes the emotional support to parent(s) variable. Step 3 of the regression is comprised of all the interactions between the demographics and emotional support (e.g., gender x emotional support to parents). Education and parents’ marital status were significant predictors in the first step of the regression to predict negative affect. This suggests that higher levels of education are associated with higher levels of negative affect, and also, it suggests that having a divorced parent is associated with more negative affect (Hypothesis 3b). Emotional support did emerge as a significant predictor of negative affect, where those who spent more time providing emotional support also reported higher negative affect. In step 3, the addition of the
interaction variables did add significantly to the explained variance in negative affect. The following interactions emerged as significant predictors of negative affect: gender x emotional support, parents’ marital status x emotional support, and adult child’s marital status x emotional support. The final model explained 52% of the variance in negative affect.

A series of follow-up regressions were run to determine how the associations between emotional support and negative affect varied by gender, parents’ marital status, and adult child’s marital status. Gender moderated the association between emotional support and negative affect. Inconsistent with Hypothesis 3b, women who provided more emotional support to parents also reported more negative affect ($\beta = .17, p < .001$), whereas there was no effect of emotional support on men’s negative affect ($ns$).

Parents’ marital status also moderated the association between emotional support and negative affect. As expected (Hypothesis 3b), adult children who provided more support to divorced parents reported more negative affect ($\beta = .26, p < .001$), whereas there was no effect of emotional support provided to married parents on negative affect ($ns$).

Finally, adult child’s marital status moderated the association between emotional support and negative affect. Unexpectedly (Hypothesis 3b), married adult children who provided more emotional support to parents reported more negative affect ($\beta = .14, p < .001$), whereas there is no effect of emotional support on unmarried adult children’s negative affect ($ns$).
CHAPTER V
DISCUSSION

This study has added to the literature base regarding normative assistance provided to parents by adult children prior to providing intensive care. The current study has examined how daily support varies by demographic characteristics (i.e., gender, race, parents’ marital status, and adult child’s marital status), the associations between providing daily support and adult child daily well-being, and if the associations between daily support and well-being are moderated by demographic characteristics (i.e., gender, ethnicity, parental marital status, and respondent’s marital status). Contrary to my expectations, there were few significant demographic differences in the provision of instrumental or emotional support. However, there were two-way interactions between demographic variables and support. Results suggest that race moderates gender differences in instrumental and emotional support. Also, results suggest that parents’ marital status moderates adult child marital status differences in providing emotional support at the daily level. Surprisingly, there were no significant associations between type of support and the adult child’s well-being. As expected, however, the association between daily support and affect were moderated by multiple demographic variables, including gender, parents’ marital status, and adult child’s marital status. Results suggest that women, adult children providing support to divorced parents, and married children providing support to parents reported higher levels of negative affect.
Variations in Family Assistance

Gender

Contrary to previous research, this study does not find significant gender differences in amount of instrumental support provided to parents. However, consistent with previous research, this study has found significant gender differences in the amount of emotional support provided to parents. Current research suggests that women tend to take on the role of family kin keeper (Fingerman & Birditt, 2011; Lawton et al., 1994; Lye, 1996; Marks, 1995; Milardo, 1987; Silverstein et al., 1995). Adult daughters are reported to have more contact with parents than adult sons (Fingerman & Birditt, 2011) in the form of visits and telephone calls (Lye, 1996; Spitze & Logan, 1989; Spitze & Miner, 1992). However, the findings in this study revealed that female adult children provided more emotional support to their aging parents. Unexpectedly, findings did not suggest that gender role norms play a significant part in providing assistance to parents (Lye, 1996; Martire & Stephens, 2003). As a result of more women entering the workforce (Bengtson, 2001; Furstenberg, 2010), adult daughters may have less time to devote to providing assistance to their parents as they age. Therefore, societal gender norms are changing for women. Women are no longer required to stay home to be a housewife and take care of the kids, which may be contributing to the similarities seen between men and women when they are providing assistance to parents.
Race

Further, this study also found racial similarities in support provided to parents. Prior research suggests that White caregivers access formal supports more than African American caregivers (Miller & Guo, 2000), which suggests that African American adult children provide more support to their parents than their White counterparts. Contrary to this research (Miller & Guo, 2000), findings from this study suggest that African American and White adult children are equally as likely to provide support to their parents. Although current research suggests racial differences at the formal level, there are not racial differences seen in normative assistance patterns. This may be due to the strengthening of intergenerational ties (Fingerman et al., 2012; Fingerman et al., 2013) for both races. If intergenerational ties are becoming stronger, more people are most likely engaging in normative assistance patterns, which are resulting in racial similarities between African American and White adult children. However, it is also possible that African Americans are beginning to experience weakened parent-adult child relationships, which is resulting in the similarities between African American and White adult children who provide support to their parents. Therefore, African Americans are becoming more similar to Whites.

However, interactions between race and gender were present in the findings, indicating that race moderates the gender differences in providing informal and emotional support to parents. African American males provide more informal and emotional support to their parents than White males. This indicates that race and gender interact to influence
informal and emotional support. This could be a result of stronger cultural values about reciprocity, filial obligation, and responsibility for providing assistance to family members (Coleman et al., 2006; Dilworth-Anderson et al., 2002; Gans & Silverstein, 2006; Pinquart & Sörensen, 2005) in African American men. However, for African American women and White women, there is little difference in the amount of time they spent providing instrumental support and emotional support to their parent(s). This may be due to women primarily having more nurturing characteristics due to societal gender norms, which makes them more apt to be a family caregiver or supporter (Lye, 1996; Martire & Stephens, 2003).

**Family Structure**

Contrary to my expectations, there were no significant marital status differences in support provided to parents. Adult children provided similar levels of support to married and divorced parents (Hypothesis 1c) and married and unmarried adult children did not differ in the support they provided to parents. However, findings did reveal an interaction between parents’ marital status and adult child’s marital status. This finding indicates that unmarried adult children provide less emotional support to married parents than unmarried adult children provide to divorced parents. This may be because older adults who are divorced have poorer social and health outcomes (Allen et al., 2000; Brown & Lin, 2012; Cooney & Dunne, 2001; Lin & Brown, 2012), and as a result, they need more assistance as they enter old age. Also, unmarried children may provide less emotional support to married parents because the unmarried child may have fewer
resources to draw on than do married children, and therefore, they only provide support when their parent(s) are in more need. Current research states divorced daughters receive more help from their parents (Aldous, 1987; Bucx et al., 2012; Lye, 1996; Spitze et al., 1994), which suggests that divorced daughters may be unable to provide extensive support to their aging parents. Contrary to this research, this study found that unmarried adult children are providing more support to divorced parents than married adult children. Even more research has been done with the same assumption: Divorced adult children are less likely to provide support to their aging parent when compared to married adult children (Aquilino, 2005; Fingerman et al., 2011; Shapiro, 2003). The findings from this study suggest the opposite: unmarried children are the adult children who are providing the support to their parents, particularly to divorced parents.

**Assistance to Parents and Well-Being**

There were no associations between amount of support provided (i.e., informal and emotional) and affect (i.e., positive and negative). Current research states, most family caregivers have multiple roles and responsibilities (Bookman & Kimbrel, 2011; Martire & Stephens, 2003; Pinquart & Sörensen, 20011; Savla et al., 2008), and therefore, the demands of multiple roles lead to negative well-being for the caregivers (Pinquart & Sörensen, 20011; Savla et al., 2008). This study does not support the findings from previous research. This could be in part because adult children are adjusting better to balancing multiple roles by learning how to cut back on some of their other responsibilities (Murphy et al., 1997; Savla et al., 2008; Stephens et al., 2001). The
data used in this study was collected in 2004-2006, and it had respondents who ranged in age from 32 years old to 84 years old. Therefore, it is likely that some of the respondents are at the leading edge of the Baby Boomer cohort, and the findings in this study may reflect cohort changes between the Baby Boomers and previous cohorts. It may also be due to adult children better preparing themselves to provide assistance to their parents because they are aware of the needs their parents will have as a result of the increasing life expectancy (Bookman & Kimbrel, 2011; Buettner, 2012; Crimmins, 2004; Dychtwald et al., 2004; Frey 2010; Pope et al., 2012). Additionally, this study considers normative assistance, not intensive caregiving, at the daily level. Therefore, it is possible that normative assistance is a less straining or less rewarding experience than intensive caregiving, which explains why there were no associations between affect and support provided to parents. Also, because this study was conducted at a daily level, there were not numerous hours a day spent providing assistance, which could lead to normative assistance being less straining or rewarding for the adult child. Therefore, there would not be a strong association between affect and daily normative assistance.

Some of the findings can be explained by the interactions between the demographic variables and emotional support. Specifically, gender, parents’ marital status, and adult child’s marital status moderated the association between emotional support and negative affect. Women who provide more emotional support to parents report more negative affect, whereas there is no effect of emotional support on men’s negative affect. This is consistent with prior research which has stated that women who
provide care may experience greater depressive symptoms, less positive affect, lower self-rated health, diabetes, hypertension, and premature death (Bookman & Kimbrel, 2011; Matire & Stephens, 2003), and women experience more costs from providing care than men do (Bookwala & Schulz, 2000; Raschick & Ingersoll-Dayton, 2004; Starrels et al., 1997; Young & Kahana, 1989).

Also consistent with expectations, parents’ marital status moderated the association between providing emotional support and negative affect, indicating that adult children providing emotional support to divorced parents report higher levels of negative affect. Divorce has had negative implications on reciprocity and attachment mechanisms that secure familial support by damaging the parent-child bond (Fingerman et al., 2012; Lin, 2008). Therefore, a weakened parent-adult child bond is created following divorce of parents, which may lead to adult children feeling obligated to provide support to divorced parents resulting in more negative affect. Also, providing more emotional support to a divorced parent could be a more straining experience than providing emotional support to married parents. Divorced parents no longer have a spouse that they live with who may have been a significant source of emotional support prior to the divorce.

Finally, negative affect from providing emotional support is moderated by adult child’s marital status, where, married adult children who provide more emotional support to their parents report higher levels of negative affect. This is inconsistent with the expectations of this study. Married adult children may have more difficulty listening to
or offering advice to their parents about their problems. As a result of the adult child having children and working, the married adult child may be struggling in their own personal life because they have too many daily responsibilities and daily tasks to accomplish. Therefore, the married adult child may feel burdened by having to provide emotional support to their parent(s) because it is adding another responsibility to their life. The married child could then struggle to balance all of their roles and responsibilities, which can result in reports of more negative affect when they start attending to their parent’s emotional needs. Emotional support is particularly stressful because it is emotionally taxing for the parent and child. These findings have begun to address the gap in the research concerning the implications of divorce of familial assistance.

**Study Limitations**

Although this study has its contributions, it also has its limitations. One of the primary limitations of this study has been the use of secondary data. The MIDUS has limited information regarding the respondent’s relationship to the parent. No distinction was made in the MIDUS if the respondent was a biological child, adopted child, or stepchild. It may be useful to determine the relationship between respondent and parent to ensure that there are no other variations in assistance patterns as a result of being a biological, adopted, or stepchild. Current research is still unclear on cultural norms and expectations for stepfamily relations (Swartz, 2009), therefore, it would be beneficial to determine the relationship between parent and child to begin to understand the
differences in support patterns for different relationships. Once there are some expectations regarding stepfamilies and adoptive families, it will be important to consider the implications that race and other demographic variables place on normative assistance patterns to determine any variation that is present.

A second limitation associated with using the MIDUS as a source of secondary data is that the MIDUS only considered African Americans and White Americans. The United States is comprised of more than just these two races, and therefore, it would be beneficial to determine the variations in patterns of assistance and affect for American Indians, Asian Americans, and Mexican Americans, to name a few. Members of these other races may experience the familial assistance differently than African Americans and White Americans. Some ethnicities (i.e., Hispanic and Chinese) view aging as a normal part of life, and members of these ethnic groups prepare themselves to provide support and eventually intensive caregiving to family members (Gray, Jimenez, Cucciare, Tong, & Gallagher-Thompson, 2009), which results in less negative affect because the adult child has prepared him/herself. In addition, there are cultural values and ethnic differences associated with stress and coping (Knight & Sayegh, 2010) that must be considered for all ethnic groups. It would be beneficial to understand how these cultures experience familial assistance to provide adequate community support to them. Also, although the African American subsample was representative of the United States population, it was still significantly smaller than the White American subsample.
The third limitation presented in this study is that there is no distinction in the MIDUS as to which parent is receiving the support. It would be valuable to know if the mother or the father was receiving the support because current research shows differences in the amount of support mothers and fathers receive from their adult children. Specifically, fathers tend to receive less support from their children than mothers, particularly in scenarios involving divorce (Amato, 2010; Brown & Lin, 2012; Fingerman et al., 2012; Goldscheider, 1990; Lin, 2008; Lye 1996; Seltzer 1994; Spitze & Miner, 1992).

Finally, the fourth limitation of this study is that the MIDUS does not include a measure for the parent’s positive or negative affect. Valuable information can be gained from knowing the implications of receiving support from adult children for the parents receiving the support. If parents are experiencing high levels of negative affect while receiving care, this may have severe implications on their health, which will only perpetuate the assistance they need on a daily level. The opposite may also be true. If parents are experiencing high levels of positive affect in association with receiving support from their children, they may prolong their ability to live independently, which will ease the burden that has been placed on the long-term care facilities across the country.

All of the previously noted inconsistencies with prior research may all be related to the type of support considered in this study. This study has considered normative assistance patterns to parents, whereas the majority of previous research considered more
intensive patterns of support. Intensive support can be more straining on the caregiver than normative assistance because, during intensive care, the care recipient depends heavily on the caregiver, which may result in negative implications such as stress and burden. Also, normative assistance is less intensive and straining, which may result in the lack of gender and racial differences in the amount of instrumental support that was provided. In addition, the type of normative assistance considered in this study created a limitation. This study only considered instrumental support and emotional support. It can be argued that emotional support is provided simultaneously with instrumental support. For example, an adult child may be giving their parent advice while helping their parent complete housework. Therefore, there may be over or under reporting of one or both types of support (i.e., instrumental support and emotional support).

Conclusions and Recommendations for Future Research

The findings from this study provide valuable information that will benefit the caregiving and aging experience as a result of diversification within the American population (Bookman & Kimbrel, 2011). The information gained from this study can aid in the development of policies and community assistance programs to improve the amount of negative affect experienced by those providing support to their parents. These findings can help policy makers or community program developers create programs specifically to the targeted population experiencing the most negative impact of providing familial care. This may mean that formal support policy will have to change as
a result of increases in divorce and singlehood in later life and smaller family sizes with fewer children to provide support.

Results from this study suggest that women experience more negative affect when providing emotional support to their parents. Therefore, it is important to focus on ways to help women improve their overall affect. As women take on the task of providing support to their parents, they are taking on a new role. They are no longer just daughter, sibling, spouse, mother, friend, and employee. Now, the woman has added supporter to her list of daily roles, each with their own expectations and responsibilities that must be fulfilled on a day-to-day basis. The addition of the supporter roles comes with a long list of responsibilities especially because these women are working to support their parent(s) who were responsible for her upbringing. This may make the woman feel pressured to do an exemplarily job providing support to her parent. Women can become over burdened, and they can be putting their own health and well-being at risk when adding another role to their already hectic life. So, it may be beneficial to create community support programs or community preparation programs to help women successfully balance their multiple role responsibilities.

Also, the findings support the notion that married adult children experience more negative affect when providing emotional support to their parents. Therefore, it is important to focus on ways to help married adult children improve their overall affect. Similarly to women, married adult children are probably experiencing some interrole conflict as they attempt to balance their roles as supporter to parent, child, spouse, parent,
and employee (Matire & Stephens, 2003). Married adult children can benefit from the same types of support as women because they are experiencing similar conflicts resulting in the increases in negative affect.

Further research is needed to understand the specific factors that influence patterns of support given by adult children to their parent(s) and to determine what variables interact with each other to predict positive and negative affect in the adult child. Researchers need to determine if and how relationship to the parent (i.e., biological child, adopted child, or stepchild) influence the type and amount of support provided to parent(s). Additional research will need to be done to examine how the relationship to parent influences affect as a result of providing support to parents. Researchers will need to examine how receiving different types of support from adult children is associated with the parent’s (who is receiving the support) positive and negative affect.

**Conclusion**

This study has expanded upon research on variations in daily support by examining demographic characteristics, associations between daily support and well-being for the adult child, and associations between daily support and well-being for the adult child as moderated by demographic characteristics. Results reveal significant differences between African American men and White men in the amount of time spent providing instrumental support and emotional support to parents. African American men provide more informal and emotional support to their parent(s) on a daily level than
White men do. Although there were no associations between amount of support provided and affect, there were associations between daily support and affect as moderated by demographic variables, including gender, parents’ marital status, and adult child’s marital status, suggesting that women, adult children providing support to divorced parents, and married children providing support to parents reported higher levels of negative affect. In a country with an increasing ethnic composition, an aging population, and varying family structures, understanding the complexities associated with familial assistance and caregiving is crucial to developing successful programs and policies to assist those in need.
Table 1

*Sample Characteristics (N=1911)*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>45.8</td>
<td>927</td>
</tr>
<tr>
<td>Female</td>
<td>54.2</td>
<td>1,095</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>13.9</td>
<td>266</td>
</tr>
<tr>
<td>White</td>
<td>86.1</td>
<td>1,645</td>
</tr>
<tr>
<td>Parent’s Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorce</td>
<td>25.5</td>
<td>283</td>
</tr>
<tr>
<td>No divorce</td>
<td>74.5</td>
<td>826</td>
</tr>
<tr>
<td>Adult Child’s Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>65.9</td>
<td>1,331</td>
</tr>
<tr>
<td>Not married</td>
<td>34.1</td>
<td>689</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Less than HS diploma</td>
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<td>155</td>
</tr>
<tr>
<td>HS diploma/some college</td>
<td>58.4</td>
<td>1,178</td>
</tr>
<tr>
<td>College degree</td>
<td>20.1</td>
<td>406</td>
</tr>
<tr>
<td>Grad school/professional degree</td>
<td>13.7</td>
<td>277</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 – 10000</td>
<td>18.1</td>
<td>301</td>
</tr>
<tr>
<td>$10001 – 20000</td>
<td>6.6</td>
<td>109</td>
</tr>
<tr>
<td>$20001 – 35000</td>
<td>11.5</td>
<td>191</td>
</tr>
</tbody>
</table>
Table 1 (continued)

Sample Characteristics (N=1911)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35001 – 50000</td>
<td>11.0</td>
<td>183</td>
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<tr>
<td>$50001 – 75000</td>
<td>17.0</td>
<td>282</td>
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<tr>
<td>$75001 – 100000</td>
<td>13.1</td>
<td>217</td>
</tr>
<tr>
<td>$100001 – 150000</td>
<td>12.0</td>
<td>199</td>
</tr>
<tr>
<td>$150000 and more</td>
<td>10.8</td>
<td>179</td>
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</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Min.</th>
<th>Max.</th>
<th>M</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
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<td>84</td>
<td>55.08</td>
<td>12.35</td>
</tr>
<tr>
<td>Number of Children</td>
<td>0</td>
<td>17</td>
<td>2.54</td>
<td>1.81</td>
</tr>
<tr>
<td>Average Positive Affect</td>
<td>0</td>
<td>4</td>
<td>2.72</td>
<td>.72</td>
</tr>
<tr>
<td>Average Negative Affect</td>
<td>0</td>
<td>3</td>
<td>.21</td>
<td>.28</td>
</tr>
<tr>
<td>Sum of all Informal Support to Parents (in min.)</td>
<td>0</td>
<td>1290</td>
<td>14.67</td>
<td>82.07</td>
</tr>
<tr>
<td>Sum of all Emotional Support to Parents (in min.)</td>
<td>0</td>
<td>2460</td>
<td>10.92</td>
<td>85.16</td>
</tr>
<tr>
<td>Total Number of Days Giving Informal Support to Parents</td>
<td>0</td>
<td>8</td>
<td>.10</td>
<td>.49</td>
</tr>
<tr>
<td>Total Number of Days Giving Emotional Support to Parents</td>
<td>0</td>
<td>8</td>
<td>.12</td>
<td>.55</td>
</tr>
</tbody>
</table>

*Note.* The sum of all informal support to parents (in min.) and the sum of all emotional support to parents (in min.) refers to the amount of time (in minutes) spent providing support to a parent aggregated over the entire 8-day period.
Table 2

*Summary of Correlations*

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Instrumental support</td>
<td>1.00</td>
<td>.181***</td>
<td>-.013</td>
<td>-.014</td>
<td>-.016</td>
<td>.001</td>
<td>.005</td>
<td>-.004</td>
</tr>
<tr>
<td>2. Emotional support</td>
<td>1.00</td>
<td>-.002</td>
<td>.007</td>
<td>-.015</td>
<td>.031</td>
<td>-.039</td>
<td>.033</td>
<td></td>
</tr>
<tr>
<td>3. Gender</td>
<td>1.00</td>
<td>.063**</td>
<td>-.071*</td>
<td>.205***</td>
<td>.005</td>
<td>-.007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Race</td>
<td>1.00</td>
<td>-.007</td>
<td>.283***</td>
<td>.002</td>
<td>.019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Parents’ marital status</td>
<td>1.00</td>
<td>-.045</td>
<td>-.055</td>
<td>.029</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Adult child’s marital status</td>
<td>1.00</td>
<td>-.033</td>
<td>.011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Positive affect</td>
<td>1.00</td>
<td>-.503***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Negative affect</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Instrumental support refers to the sum of all instrumental support in minutes provided to parents over the 8 day period, and emotional support refers to the sum of all emotional support in minutes provided to parents over the 8 day period. *p < .05, **p < .01, ***p < .001.*
<table>
<thead>
<tr>
<th>Variables</th>
<th>Instrumental Support</th>
<th>$F$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td>3.044</td>
</tr>
<tr>
<td>Male</td>
<td>14.59(83.2)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>12.46(75.5)</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td>1.777</td>
</tr>
<tr>
<td>White</td>
<td>12.51(73.4)</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>16.75(97.9)</td>
<td></td>
</tr>
<tr>
<td><strong>Parents’ Marital Status</strong></td>
<td></td>
<td>.006</td>
</tr>
<tr>
<td>Divorce</td>
<td>10.28(67.2)</td>
<td></td>
</tr>
<tr>
<td>No Divorce</td>
<td>14.36(82.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Adult Child’s Marital Status</strong></td>
<td></td>
<td>.716</td>
</tr>
<tr>
<td>Married</td>
<td>13.46(79.2)</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>13.13(78.0)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender*Parents’ Marital Status</strong></td>
<td></td>
<td>.173</td>
</tr>
</tbody>
</table>
Table 3 (continued)

ANOVA Results for Instrumental Support and Demographic Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Instrumental Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$ (SD)</td>
</tr>
<tr>
<td>Gender*Adult Child’s Marital Status</td>
<td>1.198</td>
</tr>
<tr>
<td>Race*Gender</td>
<td>5.426*</td>
</tr>
<tr>
<td>Race*Parents’ Marital Status</td>
<td>1.241</td>
</tr>
<tr>
<td>Race*Adult Child’s Marital Status</td>
<td>.624</td>
</tr>
<tr>
<td>Parents’ Marital Status*Adult Child’s Marital Status</td>
<td>.986</td>
</tr>
</tbody>
</table>

*p < .05
Table 4

*ANOVA Results for Emotional Support and Demographic Variables*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Emotional Support</th>
<th>$F$ test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$ (SD)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9.08(52.6)</td>
<td>3.923*</td>
</tr>
<tr>
<td>Female</td>
<td>12.14(65.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td>2.013</td>
</tr>
<tr>
<td>White</td>
<td>10.83(60.5)</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>10.61(71.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Parents’ Marital Status</strong></td>
<td></td>
<td>0.230</td>
</tr>
<tr>
<td>Divorce</td>
<td>7.94(55.0)</td>
<td></td>
</tr>
<tr>
<td>No Divorce</td>
<td>11.74(65.1)</td>
<td></td>
</tr>
<tr>
<td><strong>Adult Child’s Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>10.76(64.8)</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>10.83(58.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Gender*Parents’ Marital Status</strong></td>
<td></td>
<td>0.844</td>
</tr>
</tbody>
</table>
Table 4 (continued)

ANOVA Results for Emotional Support and Demographic Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Emotional Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$ (SD)</td>
</tr>
<tr>
<td>Gender*Adult Child’s Marital Status</td>
<td>0.963</td>
</tr>
<tr>
<td>Race*Gender</td>
<td>7.132**</td>
</tr>
<tr>
<td>Race*Parents’ Marital Status</td>
<td>2.578</td>
</tr>
<tr>
<td>Race*Adult Child’s Marital Status</td>
<td>1.716</td>
</tr>
<tr>
<td>Parents’ Marital Status*Adult Child’s Marital Status</td>
<td>4.459*</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01.
Table 5

Summary of Regression Analysis for Instrumental Support and Demographic Variables Predicting Positive Affect

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SEB</td>
<td>B</td>
</tr>
<tr>
<td>Age</td>
<td>.001</td>
<td>.002</td>
<td>.023</td>
</tr>
<tr>
<td>Education</td>
<td>-.027</td>
<td>.028</td>
<td>-.031</td>
</tr>
<tr>
<td>Gender</td>
<td>.033</td>
<td>.046</td>
<td>.023</td>
</tr>
<tr>
<td>Race</td>
<td>.017</td>
<td>.061</td>
<td>.010</td>
</tr>
<tr>
<td>Parent’s Marital Status</td>
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<td>.052</td>
<td>-.043</td>
</tr>
<tr>
<td>Adult Child’s Marital Status</td>
<td>-.040</td>
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<td>-.027</td>
</tr>
<tr>
<td>Instrumental support</td>
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<td></td>
<td>.000</td>
</tr>
<tr>
<td>Gender x Instrumental support to parents</td>
<td></td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>Race x Instrumental support to parents</td>
<td></td>
<td></td>
<td>.001</td>
</tr>
</tbody>
</table>
Table 5 (continued)

Summary of Regression Analysis for Instrumental Support and Demographic Variables Predicting Positive Affect

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th></th>
<th>Step 2</th>
<th></th>
<th>Step 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
<td>β</td>
<td>B</td>
<td>SE B</td>
<td>β</td>
</tr>
<tr>
<td>Parent marital status X Instrumental support to parents</td>
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<td>.001</td>
<td>.037</td>
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</tr>
<tr>
<td>Adult Child’s marital status x instrumental support to parents</td>
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<td>.001</td>
<td>-.071</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$R^2$</td>
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<td></td>
<td>.005</td>
<td></td>
<td>.008</td>
<td></td>
</tr>
<tr>
<td>$F$ for change in $R^2$</td>
<td>.841</td>
<td></td>
<td>.186</td>
<td></td>
<td>.854</td>
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</tr>
</tbody>
</table>

* $p < .05$, ** $p < .01$, *** $p < .001$
Table 6

Summary of Regression Analysis for Instrumental Support and Demographic Variables Predicting Negative Affect

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th></th>
<th></th>
<th>Step 2</th>
<th></th>
<th></th>
<th>Step 3</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>SE B</td>
<td>β</td>
<td></td>
<td>B</td>
<td>SE B</td>
<td>β</td>
<td></td>
</tr>
<tr>
<td>Age</td>
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<td>.001</td>
<td></td>
<td>.003</td>
<td></td>
<td>&lt;.000</td>
<td>.001</td>
<td>.003</td>
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<td>Education</td>
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<td>.082</td>
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<td>.026</td>
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<td>.082</td>
<td>**</td>
</tr>
<tr>
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<td>.017</td>
<td></td>
<td>-.045</td>
<td></td>
<td>-.024</td>
<td>.017</td>
<td>-.045</td>
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<td>.022</td>
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<td>.006</td>
<td></td>
<td>.004</td>
<td>.022</td>
<td>.006</td>
<td></td>
</tr>
<tr>
<td>Parent’s Marital Status</td>
<td>.038</td>
<td>.019</td>
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* $p < .05$, ** $p < .01$, *** $p < .001$. 

Table 6 (continued)  
Summary of Regression Analysis for Instrumental Support and Demographic Variables Predicting Negative Affect
Table 7

**Summary of Regression Analysis for Emotional Support and Demographic Variables Predicting Positive Affect**

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Table 7 (continued)

Summary of Regression Analysis for Emotional Support and Demographic Variables Predicting Positive Affect

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* $p < .05$, ** $p < .01$, *** $p < .001$. 
Table 8

*Summary of Regression Analysis for Emotional Support and Demographic Variables Predicting Negative Affect*

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*Note: **p < .01, *p < .05, ***p < .001*
Table 8 (continued)

Summary of Regression Analysis for Emotional Support and Demographic Variables Predicting Negative Affect

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* $p < .05$, ** $p < .01$, *** $p < .001$. 
Figure 1. Daily instrumental support to parents as moderated by race and gender

Note. This figure depicts that African American men provide significantly more instrumental support at the daily level to their parents than White men. There is little difference in the amount of instrumental support provided at the daily level to parents between African American women and White women.
Figure 2. Daily emotional support to parents as moderated by race and gender

Note. This figure depicts that African American men provide significantly more emotional support at the daily level to their parents than White men. There is little difference in the amount of emotional support provided at the daily level to parents between African American women and White women.
Figure 3. Daily emotional support to parents as moderated by parents’ marital status and adult child’s marital status

Note. This figure depicts that unmarried adult children provide significantly more emotional support at the daily level to divorced parents than parents who are not divorced. There is little difference in the amount of emotional support provided at the daily level to married or divorced parents by married adult children.
REFERENCES


