CARING FOR ELDERLY PARENTS

Juggling Work, Family, and Caregiving in Middle and Working Class Families

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This book is dedicated to
the caregivers who have so generously
shared their lives with me.

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CHAPTER 1

Introduction

> I have to be to work at 8:30. I get to my mother's house in the morning and there is shit everywhere. She is soaked. The bed is soaked. Sometimes I yell at her, "Look what you have done! Look what you have done." But I get her cleaned up and dressed, and I throw a load of clothes in. . . . I am thinking about them all day at work. Sometimes I call to check on them. . . . When I get a minute, I try to do their paperwork. But I have to take a day off just to renew my father's license. This is one and a half jobs, and I can't work any less. I can't be tired. . . . Still, I leave work early to go over and make their dinner. I dry the clothes. . . . I don't get home until 6:30 and I am still thinking about work and about them. Then there is my family. . . .

Adult children who care for frail, elderly parents are pressured daily trying to juggle the responsibilities of work, family, and caregiving. The statistics inform us of the number of hours of care they provide, the degrees of stress they are under, and how frequently caregivers have to quit their jobs or give up caregiving. Yet these statistics do not tell the story from the caregiver's perspective. They cannot adequately explain how caregivers manage to work and care for their parents simultaneously or why they provide care despite all of their competing obligations. The purpose of this book is to go beyond the statistics to describe the caregiving experience for "just plain

folk" (as one woman called herself), middle and working class caregivers, using the caregivers' own words. I will begin with an overview of the literature.

THE NATURE OF FAMILY CAREGIVING

Despite the popular misconception that formal institutions have replaced the family as the main source of care for the elderly, substantial evidence suggests that families provide multiple forms of support and assistance across and within generations, including care for the elderly (Connidis, 1994; Gallagher, 1994; Lee, Netzer, and Coward, 1994; Rossi and Rossi, 1990; Stone, Cafferata, and Sangl, 1987; Walker and Pratt, 1991). In fact, families provide between 80 and 90 percent of the overall care of elders living in the community, including for example, medically related care, personal care, household maintenance, transportation, and shopping (Day, 1985; Kane and Penrod, 1995). It has been estimated that as many as 5.1 million noninstitutionalized older persons receive at least one form of such aid from family and friends (Toseland, Smith, and McCallion, 1995).

Providing care for an elderly family member is usually done for an extensive period. In a national survey of family caregivers, researchers found that while nearly half (44 percent) of the caregivers assisted between one and four years, 20 percent provided care for five years or more. Similarly, two-thirds (67 percent) contributed one to four hours of care per day, while fully one-quarter (25 percent) furnished five or more hours on an average day. Consistent with such lengthy caregiving, 75 percent of caregivers shared living arrangements with the elderly relative. In addition, family caregivers were predominantly female (72 percent). Wives provided the bulk of care to their husbands, while daughters provided care to widowed mothers (Stone, Cafferata, and Sangl, 1987).

Caregivers assist with a wide array of tasks (Kaye and Applegate, 1990; Koch, 1990). In the earlier stages of caregiving, the caregiver may help with shopping/transportation or household tasks (referred to as instrumental activities of daily living), while more advanced impairment requires assistance with personal care, such as feeding, bathing, dressing, or toileting (referred to as activities of daily living). Two-thirds of caregivers assist with at least one of these tasks (Stone, Cafferata, and Sangl, 1987). Most primary caregivers have at least one helper; the majority of these helpers also provide hands-on assistance (Penrod, Kane, Kane, and Finch, 1995).

Despite the extensive commitment that caregiving entails, many adult children will become caregivers. Brody (1985) was one of the first to note that caregiving was a "normative family stress," suggesting that caregiving was a typical role in the life course. Himes (1994) also found that parental caregiving was common. According to her estimates, over half of middle-aged women (45 to 49 years of age) with a surviving parent could expect to provide care to their parent at some point in the future.

Caregiving is also common among those who work outside of the home. According to results of employee surveys, between 23 and 32 percent of the workforce has elder care responsibilities (Neal, Chapman, Ingersoll-Dayton, and Emlen, 1993; Scharlach and Boyd, 1989; Wagner, Creedon, Sasala, and Neal, 1989). Such estimates, however, do not take into account those caregivers who must quit their jobs in order to provide care and thus may underestimate the extent of employees who provide care. In contrast to these findings, Rosenthal, Matthews, and Marshall (1991) found in a study of Hamilton, Ontario residents that only a minority of adult children provided parent care and that it was not typical or normative.

Caring for an elderly family member is likely to become more common in the future. As the members of the baby boom enter older age and as life expectancy increases, the need for elder care will also increase. Currently, those 85 years of age and older are the fastest growing segment of the population (*Aging in America*, 1991; Kinsella, 1995). Similarly, the anticipated increase in life expectancy will mean that elders will require care over a longer period of time (increases varying depending on the rates of morbidity and mortality decline) (Himes, 1994). At the same time, lower levels of fertility will mean that adult children will have fewer siblings to depend on when their parents become elderly, thus increasing the chance that they themselves will provide the bulk of care alone (Aldous, 1994). In addition, the noted trend toward deinstitutionalization of all but the most medically needy (Gaumer and Stavins, 1992; Mor et al., 1988; Shaughnessy and Kramer, 1990) also means that there will be more elderly people left in the community who require care. Finally, increases in women's labor force participation, high levels of divorce, and increases in geographical mobility will all result in an increased difficulty in providing elder home care as adult children become less available (Aldous, 1994; Cantor, 1993; Maugans, 1994). Thus, just as the need for caregiving increases, barriers to providing care will also increase. This emphasizes the importance of considering a caregiver's policy (based on an examination of the needs of caregivers) in order to plan for the future.

WHO WILL BE THE CAREGIVER?

Certain characteristics increase the likelihood that one family member will become the primary caregiver or the person with the main responsibility for care. While married elders tend to receive care from their spouses, nonmarried elders are more likely to name their children as their primary caregivers (Chappell, 1991). Primary caregivers are more likely to be female members of the family versus male members (e.g., daughters versus sons), geographically proximate, and only children. In like manner, the caregiver role tends to fall to the person with the fewest competing responsibilities, including obligations to one's own spouse or children, employment, or being a caregiver for another family member (Brody, 1990; Stern, 1996; prior research: Horowitz and Dobrof, 1982; Ikles, 1983; Lang and Brody, 1983; Stoller, 1983; Stueve and O'Donnell, 1989).

Prior family history also affects the likelihood of becoming a caregiver. According to earlier research, an interruption in the parent-child relationship had a significant effect on later caregiving arrangements. Being separated from one's mother before the age of 18 decreased the likelihood of providing care for her. In contrast, being separated from one's father in the same time frame increased the likelihood of caring for one's elderly *mother* (Dwyer and Henretta, 1994). This implies that separation from one's father increases one's ties and later obligations to one's mother but not vice versa. This is consistent with findings that although adult children of divorce perceived relationships with both mothers and fathers to be of lower quality, the effect was generally two to three times greater for fathers (Webster and Herzog, 1995).

Researchers have extensively explored the characteristics that increase the likelihood of becoming a caregiver, but less is known about *how* one becomes a caregiver or the changes throughout the caregiving career. We do know that for some caregivers, severe impairment in the elder precedes the start of caregiving (Albert, Moss, and Lawton, 1993). This would suggest that caregiving often begins quite suddenly. In contrast, others have found that a period of sporadic assistance or aid-giving preceded entry into the self-defined career of caregiving (Dwyer, Henretta, Coward, and Barton, 1992; Walker and Pratt, 1991). But under what conditions does either prevail? In addition, many aspects of the self-defined entry of the caregiving career have not been explored, such as whether or not caregivers nominate themselves for caregiving or whether they are selected by other family members and under what conditions. In this book, I examine the different pathways caregivers take in becoming a caregiver so that we can better

understand the inception of the role as part of the overall caregiving career. It is important to investigate how a caregiving career begins since it is likely to have important implications for how the career course develops.

Once caregiving begins, it is not static, although definitive stages can be differentiated along the caregiving career. Pearlin (1992) found that at least three stages constituted the careers of many caregivers: residential caregiving, institutional placement, and bereavement. Within each stage, there are particular patterns and courses of events. In this book, I explore these changes in much greater detail, within the stage of residential or community care, in order to see how being a caregiver evolves over time.

ADULT CHILDREN AS CAREGIVERS

Most studies of caregiving differentiate spousal from filial care, focusing on one group or the other (Abel, 1991; Brody, Kleban, Johnsen, Hoffman, and Schoonover, 1987; Coward and Dwyer, 1990; Matthews, Werkner, and Delaney, 1989; Spitze and Logan, 1990b; Stueve and O'Donnell, 1989). This is due to the differences in the caregiving roles and experiences between the two groups, including, for example, the greater likelihood of competing obligations for children such as their own nuclear families and job responsibilities. Such obstacles to caregiving not only decrease the likelihood of being a caregiver but also substantially alter the nature of caregiving. Thus, not separating the populations would likely obliterate any observable patterns one might find for either group.

The prevalence of adult children as providers of assistance, ranging from emotional support to medical and personal care, has been widely documented over the last decade (Brody, 1985, 1990; Dwyer and Coward, 1991; Montgomery and Kamo, 1989; Mui, 1995; Stoller, 1983, 1990; Stone, Cafferata, and Sangl, 1987). More than one-third of older people who need help carrying out at least one activity of daily living (i.e., eating, bathing, dressing, toileting, getting in and out of bed, and indoor mobility) depend on a child for this assistance (Aldous, 1994). According to the National Long Term Care Survey, 37 percent of family caregivers were adult children compared to 36 percent who were spouses (Stone, Cafferata, and Sangl, 1987). In fact, adult children are the main providers of care for widowed mothers, while wives are the main providers of care for their husbands (Coward, Horne, and Dwyer, 1992).

GENDER DIFFERENCES

Over the last decade, researchers have extensively explored potential gender differences in the provision of care to elderly parents (Montgomery, 1992). Among the more well-known findings is the greater likelihood that daughters serve as primary caregivers in comparison to sons (Coward and Dwyer, 1990; Spitze and Logan, 1990; Stoller and Pugliesi, 1989; Stone, Cafferata, and Sangl, 1987). The key to an older, unmarried person receiving help is having at least one daughter. (Having additional children of either gender does not increase the probability of receiving assistance, although it may increase the total amount of assistance; see Spitze and Logan, 1990.) In contrast, sons tend to be caregivers only in the absence of an available female sibling (Horowitz, 1985b). In addition, daughters spend more hours per week providing care than do sons (Montgomery and Kamo, 1989). As a result, daughters experience a higher level of emotional strain from caregiving (Mui, 1995).

Daughters also perform different caregiving tasks. For example, daughters are more likely to assist with household chores and personal care tasks (Cantor, 1983; Horowitz, 1985b; Kramer and Kipnis, 1995; Matthews and Rosner, 1988; Montgomery and Kamo, 1989; Noelker and Townsend, 1987; Stoller, 1983, 1990). More specifically, daughters are 3.22 times more likely than sons to provide assistance with activities of daily living (i.e., eating, bathing, getting in and out of bed, indoor mobility, dressing, and toileting) and 2.56 times more likely to provide assistance with instrumental activities of daily living (e.g., household chores, transportation, running errands, and managing finances) (Dwyer and Coward, 1991). In comparison, sons are more likely to perform home repair and maintenance (Coward, 1987; Stoller, 1990). More generally, daughters provide routine care over long periods of time, while sons assume supportive roles that require shorter time commitments and that result in their being peripheral helpers (Matthews and Rosner, 1988; Montgomery and Kamo, 1989; Stoller, 1990).

In addition to providing less overall care, sons receive more assistance (both formal and informal) with their caregiving efforts. According to prior research, male caregivers were more likely to utilize formal services (Wright, 1983), for one of several reasons: sons may feel less capable of assuming certain tasks, such as household chores and personal care, and thus are more likely to ask for help; or they may more often be referred for assistance by medical and social services as well as by family. As for informal assistance, sons are more likely to rely on the support of their own spouses when providing care (Horowitz, 1985b). Sons do not necessarily

receive more help from sisters since they are more often secondary helpers when sisters are available.

Lee, Dwyer, and Coward (1993) explained the greater tendency for daughters to be caregivers, in part, by taking into consideration the gender of the care receiver. They found that adult children were more likely to provide care to a parent of the same gender and that infirm elders were more likely to receive care from a child of the same gender. Thus, because a substantial majority of parents requiring care from children are mothers, there is a greater tendency for daughters to be caregivers. Related to this finding, Lawton, Silverstein, and Bengtson (1994) found that while sons and daughters provided assistance to mothers equally, sons were more likely than daughters to provide help to fathers. Although the authors referred to the assistance as being "hands on," they included activities such as running errands and helping with repairs. They stated that the gender difference in providing assistance to fathers may have been due to the fact that some activities divided along gender lines, such as home and car repair. It is not clear, however, why fathers would need more assistance with home repair than mothers.

It is expected that gender differences are also in part due to different gender role expectations within the family. Matthews (1995) found that in families in which there was only one sister, family members assumed that the sisters were the family caregivers based on cultural assumptions of gender-appropriate roles. Even when brothers and sisters divided responsibilities evenly, both siblings viewed the sister as being in charge. The services that brothers provided were seen as being less important. Walker (1996) concurred that the high prevalence of daughters as caregivers is normatively based on stereotyped beliefs about the debts children owe to their parents and the expectations regarding appropriate gender roles.

Although researchers have extensively explored gender differences in the likelihood of becoming a caregiver and in the types and amounts of care that sons versus daughters provide, additional gender differences in the course of the caregiving career are likely. It is important to understand gender differences since they may have important implications for the probability of institutionalizing a parent prematurely, experiencing strain, and needing formal assistance as the caregiving career progresses. As such, this study considers gender differences in how children become caregivers (i.e., the pathways to becoming a caregiver), how they accommodate their work to caregiving, and how their caregiving careers change over time. Given prior differences, it is expected that sons will become caregivers as a last resort, while daughters will pursue additional pathways. Daughters

are expected to be more willing to accommodate their work to caregiving and to continue to provide care even if it interferes with their work.

I also examine differences in how sons versus daughters attempt to involve their siblings in caregiving and how they perceive their siblings' lack of assistance. It is important to understand these differences in the general study of sibling interaction in later life. Given our cultural assumptions that women are the main providers of care, it is expected that daughters will be less likely to receive assistance from siblings, especially brothers, while being more likely to accept the situation as normative. It is expected that sons will be more insistent that their siblings, especially sisters, help out and more likely to express their annoyance if they do not. Implications for sibling relationships are discussed.

CHILDREN-IN-LAW

Less is known about daughters-in-law and sons-in-law as caregivers to the elderly. We do know, however, that the integral role of daughters-in-law is not matched by the involvement of sons-in-law (Brody and Schoonover, 1986; Kleban, Brody, Schoonover, and Hoffman, 1989). In comparison to daughters, daughters-in-law are less likely to become caregivers and provide less overall care, although they assist with as many tasks and are as likely to designate themselves as the primary caregiver (Merrill, 1993). In addition, daughters-in-law do not expect to be involved in the care of in-laws as long as a daughter is available, although they are willing to provide backup care (Cotterill, 1994).

We also know little about affinal relations (related through marriage rather than blood ties) in later life families. Although in-law relationships have been characterized as both strangers and family simultaneously (Cotterill, 1994), we do not know whether or how this might change as the history of the relationship lengthens. The implications of the role of daughters-in-law as caregivers will help to shed new light on the meaning of affinal kinship.

In this study, I continue to investigate the role of daughters-in-law as caregivers. In particular, I document how they become caregivers, how they share caregiving tasks with their spouses and their spouses' families, and the meaning caregiving has for them. The differences between daughters and daughters-in-law are emphasized to more fully explore the role of the daughter-in-law and the implications of the in-law relationship for family roles and obligations.

SIBLING NETWORKS

In investigating the role of the caregiver, researchers too frequently consider the contributions of each caregiver in isolation (Kahana, Kahana, Johnson, Hammond, and Kercher, 1994). However, caregiving is often done by several family members. At least some of the research reveals that adult children often mobilize to form a caregiving network, taking into account one another's constraints and potential contributions in organizing to provide all of the elder's needs (Coward, 1987; Coward and Dwyer, 1990; Matthews and Rosner, 1988).

It is important for those who work with caregiving families to understand how siblings can successfully share care and for siblings who are trying to share care to see how other families do so. Researchers have not considered, however, how siblings manage to form these networks when they do exist. Therefore, in this study, the following questions are asked. Do siblings have to be pushed into sharing caregiving responsibilities, or do network members volunteer for the role? In families in which one person does assume the bulk of care, does that caregiver try to engage available siblings in participating? If so, what measures does the caregiver take? How do siblings respond? And finally, how does this conflict affect one's relationships with siblings?

There is some evidence that primary caregivers are reluctant to give up control of their caregiving responsibilities. In examining the division of labor between primary and other providers, researchers found that the pattern of cooperation was one of supplementation rather than cooperation. Other helpers assisted in the same care tasks as the primary caregivers, particularly when the burden of care was greater (Stommel, Given, Given, and Collins, 1995). This research, however, included spousal caregivers among the primary caregivers and both formal and informal helpers. It is expected that when receiving assistance from siblings, adult children providing care will not only be more likely to share care, but will also want assistance from siblings. This is because as adult children, the caregivers will feel less obligated to provide care totally by themselves than perhaps spousal caregivers. In addition, children will feel more comfortable sharing care with other family members of equal status than with formal helpers or more distant relatives.

COMPETING RESPONSIBILITIES

Although significant numbers of adult children do become caregivers and provide extensive care, they often do so at great sacrifice and against

enormous odds. Between 1950 and 1989, the percentage of all women in the labor force (working for pay or looking for work) increased from about 34 percent to 57 percent. And just prior to this study, more than 70 percent of all women between the ages of 18 and 50 (the ages of adult children) were in the labor force (Ferber and O'Farrell, 1991). As the main providers of family care, the increasing number of women working has meant that more caregivers are also employed outside of the home. Current estimates suggest that anywhere between one-quarter and one-third of the workforce also takes care of an elderly parent outside of work (Neal, Chapman, Ingersoll-Dayton, and Emlen, 1993). Not surprisingly, employment outside of the home has often been cited as one of the inhibitors of caregiving (of both the likelihood of caregiving and the extent of care provided), as well as being negatively affected by the caregiver role (i.e., caregiving resulting in people accommodating work) (Lang and Brody, 1983; Olson, 1989; Stone and Short, 1990; Stueve and O'Donnell, 1989).

While we know the numbers of caregivers who are employed and vice versa, to date no one has asked just how caregivers manage to fulfill both roles simultaneously. Therefore, this study focuses on the strategies that caregivers employ to work outside of the home while also caring for frail elderly parents. I also examine the caregivers' perceptions of important accommodations that employers make so that work and caregiving are compatible and the accommodations possible in different types of jobs. Understanding these issues is central in constructing policy initiatives in the workplace.

Obligations to one's own family also compete with the caregiver role. Married daughters provide less overall care themselves (Brody, Litvin, Albert, and Hoffman, 1994). Some evidence also exists that the presence of minor children imposes a significant burden for "women in the middle," resulting in daughters feeling pulled in separate directions by elderly parents versus children (Brody, 1990). As for the reciprocal effect, it appears that caregiving has a negative effect on marital satisfaction, but primarily when husbands do not offer emotional support (Suitor and Pillemer, 1994). In this study, I examine in greater detail how caregiving affects the caregiver's own family, investigating both spouses' and children's reactions. I also examine how caregivers involve their families in caregiving, if at all. Such topics have received little attention.

CLASS STATUS

In any investigation of elder care, it is important to consider the context of the family system and its characteristics, including class status. Class, as

defined by the occupational statuses of the heads of family, family income, and education (Kerbo, 1991; see also Appendix), significantly determines relationships within the family and the focus of family life. Since this study examines middle and working class families, I begin with a general discussion of the known differences between these two groups.

Working Class

Working class, or blue collar families, never seem to have enough money (Rubin, 1976, 1994). Tracked into unskilled and semiskilled positions (including service workers, factory operatives, and construction workers), opportunities for career mobility are limited (Langman, 1987). While some positions are better remunerated than others (such as more highly skilled construction work), earnings rates peak early and prior to the family's increased needs, such as when children are adolescents and parents require care (Oppenheimer, 1981). Lack of sufficient resources then affects the resources and types of assistance that family members can provide one another.

Social interaction in the working class is more local in orientation and more narrow in scope than in the middle class (Gardner, 1991). That is, middle class families place more emphasis on friendships and broader social networks, while working class families report higher rates of kin interaction, particularly for the wife's relatives, and interact with friends outside of the family less frequently (Allan, 1979, 1989; Gardner, 1991). This is due to the close proximity of kin, scarce financial resources, and an orientation that is more traditional and less open to new experience (Myers and Dickerson, 1990; Reiss, 1981). Other researchers have also noted higher rates of mutual helping activity among low-income family members, the result of economic scarcity (Brady and Noberini, 1987; Mutran, 1985; Myers and Dickerson, 1990).

In addition, working class women express a stronger family ideology vis-à-vis work roles than professional and middle class women. Although working class women still express relatively high levels of work enjoyment, their families are more important. In contrast, professional and middle class women emphasize work and its centrality to their lives. Working class women are more likely to have rigid work schedules that make it hard to integrate work and family (Burris, 1991).

In part to prepare their children for jobs in which they too will be in the lower rungs of a career chain, working class parents stress conformity, obedience, and authoritarianism in raising their children (Langman, 1987).

To differentiate themselves from the "lower classes," working class families stress respectability and traditional values. This is best exemplified by Rubin's (1976, 1994) findings that blue collar families were very strict with their children and allowed for little personal freedom. As such, young adult children were quick to leave home in order to gain the autonomy and privacy they lacked in their parents' home (whether through pregnancy, as was often found in Rubin's 1976 study, or more frequently in 1994 through beginning their own working class jobs). In addition, fathers stress a traditional masculine ideology in raising their sons, consistent with the overall gender division of labor and authority (Langman, 1987).

In Rubin's (1994) followup study, she found that the recent recession had only continued to exacerbate problems for working class families. Over one-third (35 percent) of the men had experienced episodic bouts of unemployment. Frustrated by low-paying jobs and mounting bills, over half (56 percent) of the families she originally surveyed had divorced. Still holding on to traditional values and a gender division of labor, husbands were embarrassed that their wives worked while the women themselves were haunted by the belief that they should be at home. Fragile family bonds were further threatened as families were pressed for time due to the multiple roles that wives assumed.

Middle Class Families

Based in part on higher levels of education, middle class families enjoy more stable incomes. Their positions range from lower echelon bureaucratic functionaries to small proprietors and midlevel managers. Consistent with the needs of their positions, their values emphasize personal autonomy, the ability to develop and carry out rational plans, and a high degree of individualism and independence. As such, parents are less likely to resort to physical punishments but instead use reasoning and a withdrawal of rewards to discipline children (Eshleman, 1994; Langman, 1987).

Middle class families also emphasize the ideal, at least, of an equality of status between men and women. As such, they are less likely to espouse a gender division of labor (Eshleman, 1994; Hochschild, 1989). Women are more likely to give work a high priority (versus family) due to structural advantages, such as job flexibility and available child care, which make work and family compatible. Middle class parents are more likely to stress autonomous achievement for both sons and daughters (Eshleman, 1994; Langman, 1987).

The middle class family is more child-oriented than the working class family. Relationships with children are egalitarian and reciprocal. Parental warmth facilitates attachment to the family network in comparison to the authoritarianism and hierarchy of parent-child relations in the working class (Langman, 1987).

Class Differences in Later Life

These class differences continue into later life families. In a classic study of twenty-seven working class and fifty-three middle class households in Cleveland in 1956, Sussman found that 100 percent of middle class and 93 percent of working class families had been involved in either the giving or receiving of interfamilial assistance in the last month. Nearly half of the adult children had helped their parents during an illness, accounting for 92 percent of the reported illnesses in the past twelve months (Sussman, 1988). However, middle class families provided one another with more financial aid (in terms of the amount exchanged), valuable gifts, care of children, and advice (both personal and business). Help during illness was provided equally, and for both groups the flow of financial aid was from parent to adult child (Sussman, 1988).

Other researchers have demonstrated higher levels of intergenerational contact in working class than in middle class families. Hill (1970) found that working class men engaged in more intergenerational contact than white collar men. Cantor (1975) also found that the lower the social class, the greater the extent of supportive relationships, as measured by both the frequency of interaction and the amount of help given and received.

Class differences also persist into caring for elderly parents. According to a review by Horowitz (1985a), lower class caregivers were more likely to live with the elder and to provide direct care. Similarly, Archbold (1983) found that women of higher economic status and in socially valued career positions were more likely to be career managers who identified resources and managed their parents' care versus care providers who provided direct care. Hoyert (1991) attributed this finding to the close proximity of working class families, while others (Abel, 1990; Glazer, 1993; Walker, 1983) attributed it to a lack of financial alternatives.

While higher socioeconomic status decreased the likelihood of one's self providing actual physical care (what we normally think of as caregiving), other researchers have found that having financial resources did increase the likelihood of providing financial gifts or procuring services. Less educated children endorsed weaker norms of obligation for parents than

more highly educated children (Lawton, Silverstein, and Bengtson, 1994). This likely reflected the greater financial capability of more educated children to fulfill the responsibility of supporting older parents.

Such differences persist throughout the world. In a review of sixteen countries at different stages of development, Kosberg (1992) concluded that, although impoverished families had fewer resources to share with elderly relatives, they upheld more traditional values of family caregiving. More affluent families provided only a perfunctory role in family caregiving. Throughout the world, wealthier families were more likely to purchase alternative lodging and care for elderly family members.

Discussions of class differences in social support are not without debate. While many researchers, like those cited above, argue that social networks in the lower social classes are extensive (Sokolovsky and Cohen, 1981), others believe that lower class standing is associated with diminished social support (Krause, 1991; Krause and Borawski-Clark, 1995; Turner and Marino, 1994). They found, for example, that elders from the lower social classes had less contact with friends, were less satisfied with support, and provided support to others less frequently (Krause and Borawski-Clark, 1995). In addition, older adults in the lower classes were less likely to anticipate that others would help in the future, should the need arise (Murrell and Norris, 1991). These results pertain to relationships with others in general. It is argued here that when it comes to relationships between elderly parents and adult children, norms of family interdependence in the working class will result in greater support to parents. Much of the above research also includes the poorest families in which working class norms of assistance may not exist.

Whereas other studies of caregiving have focused on a cross section of the population (Abel, 1991; Kaye and Applegate, 1990), this study focuses on the experience of working class caregivers relative to that of middle class caregivers. The need to focus on the working class is due to the many differences in family behavior and values noted earlier. For example, we know that working class children have more contact with elderly parents and are more likely to provide direct assistance. But how do these norms continue to manifest differences in the caregiver role itself? Since this study focuses on those already providing care, it examines how class continues to affect dimensions of the role beyond selection of the caregiver. I ask, how do the lack of financial resources, expectation of providing care one's self, and family interdependence affect the caregiving role for the working class? Are working class caregivers more willing to volunteer for the role? How do they manage to accommodate caregiving with rigid work schedules? Are