The Impact of Women’s Traditional Caregiving Roles on their Paid Labor Force Participation throughout their Lifecourse

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THE IMPACT OF WOMEN'S TRADITIONAL CAREGIVING ROLES
ON THEIR PAID LABOR FORCE PARTICIPATION
THROUGHOUT THEIR LIFECOURSE

by

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A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Sociology

Western Michigan University
Kalamazoo, Michigan
December 1998
Since women are the majority of caregivers to older and/or disabled relatives, the increasing number of women in the labor force has meant that more caregivers are also employed. In an effort to expand our understanding of the perils and benefits of women's caregiving roles, the present study examines the impact of women's traditional caregiving roles on their paid labor force participation throughout their lives. This qualitative study involved semi-structured, in-depth interviews with sixteen women (i.e., six in their 50s, four in their 60s, and six women in their 70s), to answer the question, "how do family caregiving roles cumulatively and specifically impact women's paid labor force participation throughout their life course?"

This study found similarities in terms of age, family history, labor force participation, and caregiving experiences among its participants. Women's traditional caregiving roles within the family influenced the participant's caregiving experiences. Most saw women in their families care for others, and they grew up believing that caring for their family members was their job. Interestingly, most of these women did not really see themselves as caregivers, but as
mothers, daughters, and wives who had fulfilled their duties within those roles.
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The completion of this dissertation would not have been possible without the guidance, patience, support, and caring that Dr. Ellen Page-Robin has shown me for the past years. For how generously she gave her time to work with me, I will always be grateful. Her friendship, I will always treasure.

I also wish to thank the other members of my committee--Dr. Thomas VanValey, Dr. Douglas Davidson, and Dr. C. Dennis Simpson--for their guidance and support, and for sticking by me all these years.

I thank my friends for their encouragement and support. Finally, my deepest gratitude to my parents, Karl W. Ruf and Hersilia Alvarez-Ruf, for their support, encouragement, and love during this process and always. Without them, this dissertation and degree would have remained a dream.

Paulina X. Ruf
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CHAPTER I

INTRODUCTION AND BACKGROUND

Introduction

With the growth of the older population, caregiving responsibilities for older adults have become a major and often predictable part of life for many Americans (Glick, 1976). In theory, most family members can be involved in providing care for relatives in need (Hays, 1984), but caregiving responsibilities tend to be divided according to gender. Most of the direct care provided for older relatives is provided by women, particularly wives, daughters, and daughters-in-law, who must balance the care for older relatives with the demands of employment and their own children and families.

In the family division of labor, women traditionally play a vital role of 'kin-keeping' through maintenance of social networks and caregiving (Rosenthal, 1985). Although individuals are not paid for these caregiving activities, they certainly contribute to the economy of both their families and of the nation in general. In fact, the estimated unpaid wages from household work range from $700 billion to $1.4 trillion per year in the United States (Malveaux, 1993). The caregiving roles that are taken on by women throughout their lives, often have the consequence of removing them from the paid labor force (permanently or for a period of time) so that they accumulate lower pension benefits, lower Social Security benefits,
and generally results in cumulative disadvantage or diminished economic security in retirement and/or older adulthood. According to Schwenk (1992), less than one in ten women age 65 or older participate in the labor force. Not surprisingly, the median annual income of women over age 65 is about 58% that of the male counterparts (Hobbs & Damon, 1996). However, differences between older men and women, persist even among employed women. For instance, older men are three times more likely than older women to have incomes of $20,000 or more per year (U.S. Bureau of the Census, 1996).

This qualitative study looks at sixteen women, six in their 50s, four in their 60s, and six in their 70s, to answer the question, "How do family caregiving roles cumulatively and specifically impact women's paid labor force participation throughout their life course?" The goal was to expand understanding of the impact of traditional care-giving roles of women on their paid labor force participation, not at one point in time, but throughout their life course.

In this chapter background information will be presented for this work and the growth of caregiving as a phenomenon worthy of investigation will be discussed.

A review of the related literature is provided in Chapter II. The theoretical basis for this work will be discussed in Chapter III along with the research questions sought to be answered in this study.

Chapter IV describes the research problem and methods used in the study. An explanation of the demographic/background character-
istics that will be examined is provided. The methods section of this chapter describes the research design utilized in this study. Finally, the organization of the data and its analysis is discussed.

Chapter V offers the single-case analysis of the data and includes a description of the participants. Chapter VI presents the cross-case analysis conducted in order to answer the research questions identified in Chapter III.

Finally, Chapter VII provides a summary of the findings of this study, conclusions, and offers some recommendations for future research.

Background

Growing Old in the United States

Since the turn of the 20th century and particularly in the latter half of the century, the number of older adults around the world has increased significantly. In the United States, by 1970, as a percentage of the total population, the elderly had more than doubled; increasing from 4% at the beginning of the century, to 9.8%. By 1990, 12.6% of the total population was 65 and older (U.S. Bureau of the Census, 1993). The growth of the older population has been relatively slow during the 1990s in the United States because of the decline in the birthrate in the 1920s and during the Great Depression of the 1930s. It is estimated that the number of older people in the U.S. will reach 34.9 million (or 13.1% of the total population) in the year 2000. The most rapid growth in the elderly
population will take place in the twenty-first century, particularly as the baby boomers start turning 65. By the year 2050, the percentage of those 65 and older in the United States may reach 21.8% (U.S. Bureau of the Census, 1993).

According to Suzman, Willis, and Manton (1992), the population known as the "oldest-old" or those 85 and older, has grown more rapidly than any other age group in the United States. In 1990, ten percent of the population 65 and older or 0.47% of the total population in the United States was 85 or older. The number of those 85 and older is expected to reach 4.6 million in the year 2000, and over 8 million in 2030. Further, the tremendous growth in the oldest-old will take place before the baby boomers reach this age, since this latter group will not begin to turn age 85 until after the year 2030. By the year 2050, when the survivors of the baby boom generation are age 85 and older, they are estimated to number 19 million, or 5% of the total U.S. population (Day, 1993). Representing a 500% increase in a 60 year period, the impact of such an increase in the oldest-old on our society will certainly be dramatic, in terms of health services and resources, and on the American family as well (Hooyman & Kiyak, 1996).

Further, the aging population is primarily a female population. Women represent 56% of those 65 to 74, and 72% of those 85 and older (Hooyman & Kiyak, 1996). The reason for women's apparent longevity advantage is found in the average life expectancy of specific groups of people. In the United States, women born in 1993
can expect to reach age 79.5 while men can expect to reach age 72.5. Life expectancy at age 65 was an additional 19.5 years for women and 15.7 years for men (U.S. Bureau of the Census, 1993).

As life expectancy continues to climb, we will increasingly face quality-of-life issues for our older population. As a society, we will experience more chronic illness, disability, and dependency. More and more people will live long enough to suffer from cognitive diseases such as Alzheimer's disease. And there will be more older family members who will require care and attention from a smaller pool of younger family members (Taeuber & Allen, 1993).

**General Characteristics of Older Women Today**

**Marital Status**

Given the difference in life expectancies between men and women, it is not surprising that older women are less likely to be married than are older men of the same age. In 1993, among all women 65 and older, 41% were married (compared to 74% of older men) and 48% were widows (compared to 14% of older men). Opportunities for remarriage are also limited for older women. In 1993, there were 29 unmarried elderly men per 100 unmarried elderly women (Hobbs & Damon, 1996).

For ethnic minority older women, the situation is bleaker. African American women, for instance, have nearly twice the rate of widowhood of white women at age 65. Further, about 75% of African American women are widowed by age 75 (Ovrebo & Minkler, 1993, citing
As noted above, in the case of divorce and/or widowhood, opportunities for remarriage are limited for older women. First, because of the disproportionate number of older women compared to older men. And, secondly, because our society generally frowns upon older women marrying younger men. According to the AARP (1991), remarriage rates at 65 and over are 2 per 1,000 for unmarried women compared to 17 per 1,000 for unmarried men.

The differences in marital status between older men and women, result in different needs for support. Whereas, most older men rely on their wives for support, most older women rely on their children, particularly their daughters, for assistance (Hooyman & Kiyak, 1996). More and more adult daughters in their sixties and seventies, facing their own physical and economic limitations, will be helping their widowed or divorced mothers.

**Living Arrangements**

In 1993, 9.4 million persons 65 and older lived alone. Older women are more likely than older men to live alone. Eight in ten, or 79%, of older adults living alone were women, and 7 in 10, or 71%, were white women. In fact, of the 9.4 million elderly living alone in 1993, 5.7 million were white women ages 65 to 84 (Hobbs & Damon, 1996). Also, older women were more than twice as likely than older men to live with relatives (Hobbs & Damon, 1996).
Economic Status

As we near the end of the 20th century, we find that the feminization of poverty is not restricted to younger women, but rather it affects women of all ages. Although women were 58.4% of the total elderly population in the United States in 1992, they represented 71.3% of the poor elderly in this country (Hobbs & Damon, 1996). Particularly at risk of poverty are African American and Latina older women, women living alone, and those 85 years and older.

According to Hobbs and Damon (1996), 15.7% of older women are poor, compared to 8.9% of their male counterparts. By age 85 and older, 19.7% of women are poor. Further, 21% of widowed older women are poor; as are about 23% of older women living alone, and 26% of those who are divorced or separated (McLaughlin & Jensen, 1993). Further, poverty rates are highest among minority older women. For instance, in 1992, 15% of African American women fell below the poverty line; and 67.6% of African American older women 85 and older living alone were in poverty (Hobbs & Damon, 1996).

In addition, older women outnumber older men, among those economically vulnerable, or those with incomes below 150% of the poverty threshold. According to Littman (1991), of the 7.9 million elderly individuals with such incomes in 1990, 5.5 million or almost 7 in 10 were women.
Labor Force Participation

In the United States today, most women work for pay. According to the U.S. Department of Labor (1991), 57% of women 16 years and older work for pay. This represents a 20% increase over the last three decades. Moreover, women in the prime-working ages (25 to 54), were more likely to work for pay: 74% compared with 70% of women 20 to 24, and 23% of women 55 and older. According to Hobbs and Damon (1996), 8.2% of women 65 and older were in the labor force in 1993.

Women of the baby boom generation are more likely to be in the labor force than women from their mother’s generation. In 1991, 59% of married women were in the labor force, and three in four employed women worked full time (U.S. Department of Labor, 1991).

Women and Caregiving

In the past decade, increasing attention in the literature has been given to women’s roles as caregivers of aging relatives, chronically ill and impaired husbands, and disabled adult children (e.g., Abel & Nelson, 1990; Cantor, 1983; Dwyer & Coward, 1992; Franks & Stephens, 1992; George & Gwyther, 1986; Ory, 1985). Research on multiple roles is now turning from looking at a number of roles to the analyses of the effects of role combinations, patterns and characteristics (Piechowski, 1992).

Recently, our focus has turned to the intergenerational obligations of the “sandwich generation.” Many middle-aged individuals,
particularly women, struggle to fulfill the competing demands of roles in the family (involving younger and older family members) and the workplace (e.g., Brody, 1990; Rosenthal, Martin Matthews & Matthews, 1996; Spitze & Logan, 1990).

As women move into the paid labor force in greater numbers than ever before, traditional role obligations, such as caregiving for family members, become more complicated. Given the general economic disadvantage of older women today, it is crucial that we address this topic and attempt to clarify the extent to which women's paid labor force participation is hampered and/or interrupted by their caregiving responsibilities for older adult relatives (Breslau, Salkever, & Staruch, 1982; Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Steuve & O'Donnell, 1989).

Summary

This chapter provides an introduction to the topic of this dissertation and to the way in which it will be organized into the seven sections mentioned. The growth of the older population in the United States is discussed. Further, a profile of older women is provided, as well as brief discussion regarding the growth of caregiving (and its impact on women's labor force participation) as a phenomenon worthy of investigation.
CHAPTER II

REVIEW OF RELATED LITERATURE

Caregiving for Older Adults

At any given point in time, only about 5% of the elderly population in the United States are institutionalized (e.g., in nursing homes). This means that 95% of the population 65 and older live in the community. According to Toseland, Smith, and McCallion (1995), about 5.1 million of those elderly living in the community need some help with personal care, household management, and/or transportation, in order to continue living independently.

The myth that still exists in our society, that families abandon their older members, is just that, a myth. In fact, the last two decades of research in this issue has shown time and time again that our elderly population is not generally abandoned, neglected, nor rejected by their families, but rather that their families make great sacrifices and work many hours to help their elderly members in need (Marks, 1996; Merrill, 1993, 1997; Brody, Litvin, Albert, & Hoffman, 1994; Brody, 1990; Johnson & Troll, 1992; Stoller, 1989; Antonucci & Akiyama, 1987; Johnson & Catalano, 1983; Cicirelli, 1981; Gatz, Bengtson, & Blum, 1991; Kane, 1989). According to Stone and Short (1990), individuals who provide care for family members are more likely to reduce work hours, take unpaid leaves of absence, and even cease employment, than those who are not caregivers. According
to the findings of several employee surveys, between 23 and 32% of the workforce in the United States has the responsibility of caring for older family members (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993; Scharlach & Boyd, 1989; Wagner, Creedon, Sasala, & Neal, 1989).

Brody (1985) was among the first to argue that caregiving was a "normative family stress," which suggests that caregiving is a typical role in the life course of individuals. Further, Himes (1994) found that caring for a parent was a common occurrence, and estimated that about half of middle-aged women (between 45 and 49 years of age), who had a surviving parent could expect to care for their parent at some point in time.

The support of older family members is in fact one of the most frequently reported events in the caregiving literature. American families provide between 80 and 90% of the overall care for their older family members living in the community (Day, 1985; Parks & Pilisuk, 1991; Franks & Stephens, 1992; Miller & Furner, 1994; Kane & Penrod, 1995; Mui, 1995). Likewise, between 80 and 90% of Alzheimer's sufferers live at home and receive care from their families (Aneshensel, Pearlin, Mullan, Zarit, & Whitlatch, 1995; Wright, 1993; Cantor, 1983; Johnson & Catalano, 1983). Baldwin (1990), argues that about 10 million adults in this country provide care to an older relative (usually a parent), and that about 5 million of these caregivers provide regular, direct care. Acquiring formal care services does not encourage the withdrawal of family support (Kemper, Applebaum, & Harrison, 1987; Lawton, Brody, & Saperstein, 1991).
One of the earliest works that examined intergenerational support was that of Reuben Hill (1970), who looked at the exchanges among three generations of families in the 1950s. The study showed that all generations were typically involved in both giving and receiving assistance. The middle-generation was found to be the primary givers of support, since they provided a greater variety of support to both their older and younger family members. Further, Hill found that the oldest generation, or the grandparents, gave less but received the most assistance with household chores, and illness, as well as emotional support.

More recently, Hogan, Eggebeen, and Clogg (1993), studied intergenerational support in a national sample of more than 5,000 adults who had surviving parents, and one or more children under the age of 18 at home. These researchers found that 53% of the middle-generation were low exchangers, that is, they gave or received very little assistance. In addition, 19% of these middle-generation individuals received support from their older parents, and 11% were high exchangers, or provided and received a variety of support to and from their older parents. Hogan and colleagues (1993) also found that family structure influenced the exchange of support among the different generations. That is, when there were several siblings, they were less likely to receive support from their parents. The older parents, however, increased their likelihood of being the recipients of support with each additional adult child.

Caregivers are more likely to be female family members than
male. Stone, Cafferata, and Sangl (1987), using data from the 1982 National Long-Term Care Survey, found that 72% of caregivers were female. Women are also more likely than men to provide higher levels of assistance (Horowitz, 1985; Stoller, 1983), and tend to experience more stress and burden (Horowitz, 1985; Miller & Cafasso, 1992), and depression (Pruchno & Resch, 1989) as a result of their caregiving responsibilities. Also, the caregiver role tends to fall on the individual with the fewest competing responsibilities, such as obligations to their spouse and children, employment, or providing care to another older family member (Brody, 1990; Stern, 1996; Horowitz & Dobrof, 1982; Ikels, 1983; Lang & Brody, 1983; Stoller, 1983; Stueve & O’Donnell, 1989). Stern (1996) argued that work responsibilities have little to do with a family’s decision as to who would assume the caregiver role. Rather, the family makes this decision based on the location of each family member, which suggests that geographic proximity is more important. Stoller, Forster, and Duniho (1992), found that geographic proximity influenced whether or not adult children participated in the care of their older parents.

Moreover, for some caregivers, the severe impairment of their older relative precedes the start of their caregiving career (Albert, Moss, & Lawton, 1993, cited in Merrill, 1997), which suggests that their caregiving responsibilities started quite suddenly. Other studies however, have found that a period of intermittent assistance preceded entry into the caregiving role (Dwyer, Henretta, Coward, & Barton, 1992; Walker & Pratt, 1991).
Additionally, caregiving to a family member is usually done for an extended period of time. In a national survey of caregivers, Stone, Cafferata, and Sangl (1987), found that 44% of caregivers assisted between one and four years; while 20% provided care for five or more years. In terms of hours per day spent caring for a family member, the researchers found that 67% provided one to four hours of care per day, and 25% provided five or more hours on an average day. In this study, 75% of the caregivers lived in the same household with the person they were caring for, and 72% of these caregivers were female. Mostly wives cared for their husbands, and daughters cared for their widowed mothers.

Finally, most studies that examine caregiving differentiate between spousal and filial care, and focus on one or the other (Brody, Litvin, Albert, & Hoffman, 1994; Abel, 1991; Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Coward & Dwyer, 1990; Matthews, Werkner, & Delaney; 1989; Spitze & Logan, 1990; Stueve & O'Donnell, 1989). In the following sections, spousal and filial caregiving will be discussed separately.

Spouses as Caregivers

Past studies have shown that when a spouse is available, she or he will most likely take on the role of primary caregiver (Cantor, 1993; Chappell, 1991). Data from the National Long-Term Care Survey show that 35.5% of all persons caring for a disabled elder were spouses (Stone, Cafferata, & Sangl, 1987). Because women live long-
er than men, and because of our cultural bias against women marrying younger men, wives tend to care for their husbands more frequently. According to Manton and Liu (1984, cited in Morgan & Kunkel, 1998), 37% of wives and 10% of husbands served as caregivers to their spouses. Spousal support decreases with advancing age, which affects women more than men. At age 85 and older, 20% of men who need care have a spouse available to care for them, while only 2% of women in this age category have a spouse to care for them (Manton & Liu, 1984, cited in Morgan & Kunkel, 1998). Those wives, however, are likely to be elderly themselves and have limited caregiving capacities. Hence, they are often assisted in their caregiving efforts by their adult children. Pruchno (1989) found that daughters provided more than three times as much assistance to their older parent caring for a disabled spouse than did sons.

According to Tennstedt, McKinlay, and Sullivan (1989), spouse caregivers not only provide more hours of assistance, but also assist with a greater variety of tasks than do other types of caregivers; and spouse caregivers are more likely to provide personal care than other types of caregivers (Stone, Cafferata, & Sangl, 1987). In addition, spouse caregivers are less likely to receive assistance from either informal caregivers or formal services than nonspouse caregivers (Tennstedt, McKinlay, & Sullivan, 1989). Only 15.8% of husbands, and 9.1% of wives, who were primary caregivers received informal and formal help with their caregiving responsibilities (Stone, Cafferata, & Sangl, 1987).
In addition, Stone and colleagues (1987), who used data from the 1982 National Long-Term Care Survey, found that 23% of the care­givers were wives and 13% were husbands. Wives and husbands formed the majority of the sole care providers (60% and 55%, respectively). Ninety-seven percent of spousal caregivers reported providing care seven days a week. Further, there was little difference in the per­centage of wives and husbands who were forced to leave the labor force because of their caregiving responsibilities (14% and 11%, respectively).

Miller (1991), also using data from the 1982 Survey, looked only at spouses who were the primary caregivers, and found that over 55% of husbands and 44% of wives provided care to partners with 3 or more activities of daily living limitations. And, about 29% of wives and 20% of husbands, were caring for spouses with some cog­nitive impairment.

In short, when a spouse is available, he or she is most likely to become the primary caregiver. Because women tend to marry men who are older than themselves and because of women’s longer life expectancy, wives are more likely to become caregivers for their hus­bands. Also, spousal caregivers not only spend more hours providing assistance, but they also assist with a greater variety of activ­ities. Finally, spousal caregivers were found to be the majority among those who are the sole providers of care. When a spouse is not available, the caregiving responsibilities fall on the adult children, and as we will discuss in the next section, this usually
means that the adult daughter will become the primary caregiver.

Adult Children as Caregivers

The prevalence of adult children assisting their older parents has been well documented (Brody, 1985; Cicirelli, 1983; Shanas, 1979; Stone, Caferrata, & Sangl, 1987; Cantor, 1975, 1983; Sussman, 1988). Although adult children assist their parents in many ways (e.g., banking matters, transportation, household chores, and activities of daily living); the research indicates that as a whole, adult children provide less intensive care and provide care for a shorter period of time than do spouse caregivers (Johnson, 1983).

A majority of studies have shown that more adult daughters than sons assist their parents, and daughters are particularly likely to provide direct personal care to their parents (Birkel & Jones, 1989; Cantor, 1983; Horowitz, 1985b; Johnson & Catalano, 1983; Jones & Vetter, 1984; Noelker & Townsend, 1987; Finley, 1989; Coward & Dwyer, 1990; Montgomery & Kamo, 1989; Stone, Caferrata, & Sangl, 1987; Spitze & Logan, 1990; Stoller & Pugliesi, 1989; Graham, 1983; Qureshi & Walker 1989). In addition, some women have caregiving careers. For instance, Brody (1985b) found that about half of the married daughters who were caring for their widowed mothers, had also cared for their fathers before their deaths; and one-third had helped other older relatives in the past. In fact, 22% of the daughters caring for their mothers in this study, were helping another older family member at the same time.
Further, daughters are more likely than sons to assume the role of primary caregiver (Abel, 1987; Coward & Dwyer, 1990; Kivett, 1988; Kivett & Atkinson, 1984; Montgomery & Kamo, 1989; Stoller, 1990). Adult sons are more likely to assume a supportive, secondary role over a shorter period of time. Horowitz (1985b) found that even when sons were the primary caregivers, they spent less time in caregiving tasks and were less likely to engage in hands-on caregiving than daughters caring for a parent(s). Montgomery and Kamo (1989) argued that sons are more likely to be managers of care rather than direct care providers. Horowitz (1985b) found that when sons were the primary caregivers, they both expected and depended on their wives for emotional and concrete support. In this study, over three-fourths of the married sons and less than half of the married daughters who were primary caregivers reported that their spouses were involved in the care of their older parents.

Moreover, the role of primary filial caregiver usually falls to daughters with fewer competing roles, such as those daughters who are divorced, widowed, or never-married (Brody, 1990; Crimmins & Ingegneri, 1990; Ikels, 1983; Stoller, 1983). Brody, Litvin, Hoffman, and Kleban (1992) found that never-married women were more likely to share households with their older parents than women in other marital status groups. These women also reported that their parents needed more assistance than the parents of daughters of other marital status groups. Further, Soldo and Myllyluoma (1983) found that sharing a household with older parents is associated with
increased involvement in caregiving tasks, and also tends to deter labor force participation.

In addition, adult children care for their disabled parents in a variety of ways; some divide the primary care responsibilities between two or more siblings. For instance, Cicirelli (1992) found that adult children coordinated their efforts to care for their disabled parents in about half the families; one-quarter of the families provided partial coordination; and in the remaining quarter, each sibling helped with care as he or she wished.

Moreover, the increasing divorce rate may impact the extent to which adult children can provide assistance to their disabled parents (Crimmins & Ingegneri, 1990). In fact, daughters who are caregivers may also be widowed (or divorced) and older themselves, thus, may face more limitations in terms of their caregiving capacities than younger daughters (Johnson & Troll, 1992).

As stated earlier, caring for an older relative will become more common in the future, particularly as the baby boom generation enters old age. Again, the fastest growing segment of the population are those 85 and older (Kinsella, 1995); and life expectancy is on the rise. Hence, we can expect older people to live longer, and probably require care for a longer period of time (Himes, 1994); and their caregivers may easily become overwhelmed physically, emotionally, and financially (Quinn & Tomita, 1986). To make matters worse, lower fertility rates of women mean that adult children will have fewer siblings to share the responsibility of parent care in
the future (Aldous, 1994). Because of high divorce rates and the fact that more and more women are joining the paid labor force, it will be more difficult for adult children, especially daughters, to care for their older parents (Aldous, 1994; Maugans, 1994; Cantor, 1993).

Briefly then, when a spouse is not available, adult children become caregivers to their disabled parent(s). The responsibility of caring for a disabled parent(s) usually falls on an adult daughter, particularly those with fewer competing responsibilities (e.g., marriage, children of their own, and/or employment). Even when sons do become caregivers, however, they are less likely than their female counterparts to provide assistance with personal care and housekeeping. They also tend to spend less time in their caregiving roles than do caregiving daughters. Finally, the negative aspects of caregiving tend to be more frequently experienced by caregiving daughters. In the next section, the investigator will discuss more in-depth the gender differences in caregiving that have been discussed in the literature.

Gender and Caregiving

It is difficult to find a study about caregiving that has not found women to be the majority among primary caregivers of disabled family members. In Stone, Cafferata, and Sangl (1987), 72% of all caregivers were female. Horowitz (1985) and Mui (1992), found that between 70 and 80% of adult children caring from older parents are
daughters (also see Coward & Dwyer, 1990; Spitze & Logan, 1990; Stoller & Pugliesi, 1989). The primary caregiver responsibilities tend to fall on the daughter with the least competing obligations such as those who are not married or working, but many daughters facing multiple responsibilities take on the caregiving role regardless of these responsibilities (Abel, 1987; Brody, 1990).

Research has shown also that there are differences in the caregiving tasks performed by men and women. For instance, daughters are more likely to provide direct care such as feeding, dressing, and bathing, and assist with household chores (Cantor, 1983; Horowitz, 1985b; Kramer & Kipnis, 1995; Matthews & Rosner, 1988; Montgomery & Kamo, 1989; Noelker & Townsend, 1987; Stoller, 1990); sons, on the other hand, are more likely to provide assistance with household management and repairs, and to arrange transportation and formal services (Stoller, 1994; Chang & White-Means, 1991; Coward, 1987; Stoller, 1990). Dwyer and Coward (1991) found that daughters were 3.2 times more likely than sons to assist with activities of daily living such as eating, bathing and dressing. The authors also found that daughters were 2.5 times more likely than their male counterparts to assist with instrumental activities of daily living such as household chores, transportation, and managing money.

Also, there are gender differences in the amount of care provided (Allen, 1994). For instance, Chang and White-Means (1991) found that daughters, daughters-in-law, sisters and sisters-in-law, consistently provided more hours of care than did their male coun-
terparts. Other studies have found that there are differences in how men and women respond to their caregiving roles. Females caregivers report experiencing more stress and burden due to their caregiving roles (Horowitz, 1985; Miller & Cafasso, 1992), suffer from more depression (Pruchno & Resch, 1989), and experience more emotional strain as a result of their caregiving responsibilities (Stoller, 1983; Horowitz, 1985b; Morycz, Malloy, Bozich, & Martz, 1987; Young & Kahana, 1989). Also, female caregivers are more likely to quit their jobs than are male caregivers (Mace, Whitehouse, & Smyth, 1993).

However, these gender differences tend to disappear when we study spousal caregivers. Spouses spend many more hours caring for their loved ones than do sons and daughters, and provide assistance with a greater variety of tasks than do other types of caregivers (Tennstedt, McKinlay, & Sullivan, 1989; Stone, Cafferata, & Sangl, 1987; Chang & White-Means, 1991). Further, Harris (1993) who studied husbands aged 68 to 88 who were caring for a wife suffering from Alzheimer's disease, found that the husbands were deeply committed to caring for their wives.

Briefly, the vast majority of studies point to the overwhelming prevalence of women as primary caregivers of older family members. Not only are women more likely to care for older adults, but they are also more likely to spend more hours providing assistance, helping with a greater variety of tasks including both activities of daily living and instrumental activities of daily living. Stud-
ies have also shown that there are differences in terms of how male and female caregivers react to their caregiving roles. For instance, female caregivers report higher levels of stress, burden, depression and emotional strain associated with their caregiving responsibilities than do their male counterparts. Interestingly, these gender differences tend to disappear when we study spousal caregivers. Given the complexity of caregiving norms and issues surrounding family support, it is essential that we not only look at gender differences but at ethnic and cultural differences as well. Hence, the following section briefly discusses some of the racial/ethnic differences found in the literature.

**Race/Ethnicity and Caregiving**

Racial and/or ethnic differences in caregiving have received little attention in research efforts. However, there has been some research that has examined racial/ethnic differences regarding to expectation for care. For instance, C. Johnson (1995) found that both daughters and daughters-in-law of Italian ancestry, placed a strong emphasis on caring for their disabled parents. T. Johnson (1995), found that while Anglo-Saxon families emphasized individuality and being self-sufficient, families from other ethnic groups were more likely to rely on family members in times of need. Other researchers have argued that ethnic differences in familial support are at least in part due to the fact that many aspects of specific cultural heritages involve the family and interaction between family
members (Markides & Mindel, 1987; McAdoo, 1993).

Studies have shown that African Americans are more likely to rely on family for assistance than on formal services, as compared to their white counterparts (Mindel & Wright, 1982). Obligations for mutual care among family members have also been found to be more prominent among African Americans (Mutran, 1985). Further, the author found that African Americans are more likely to view older persons with respect than whites, and are also more likely than whites to feel that the care of older parents is the responsibility of their adult children (Mutran, 1985).

Mui (1992), using data from the 1982-1984 National Long-Term Care Channeling Demonstration project, found that white daughters experienced significantly higher levels of emotional strain related to their caregiving roles compared to their African American counterparts. Further, the researcher found that "Due to differences in terms of filial norms, values, role expectations, extended family support, patterns of formal service use, and ways of coping, black and white daughter caregivers perceive and react to the caregiving responsibilities in different ways" (p. 209). Also, racial differences in terms of role expectations and how women cope were found in this study. For instance, African American women expected to do more in the caregiving role, and when this role demanded less from them, they reported more strain. In terms of filial norms, white caregiving daughters reported more strain when the relationship with their parent was poor; while, a poor relationship with their parent
was not an issue for African American daughters.

Among Latinos, familial support tends to be higher than in the general population. This is due, at least in part, to the fact that Latino families tend to be larger and that Latinos are also more likely to live in multigenerational households (Bean & Tienda, 1987; U.S. Bureau of the Census, 1991). According to Cubillos and Prieto (1987), not only are Latino elderly more likely than other elderly groups to live in multigenerational households, but three out of four of these households are headed by an adult child. Markides and Martin (1983, cited in Aranda & Miranda, 1997) found that among Mexican American families, there was considerable mutual support between older parents and adult children. Also, these families reported high expectations in terms of adult children providing care for their older parents, and reported also a high frequency of daily contact. However, Talamantes, Cornell, Espino, Lichtenstein, and Hazuda (1996) found that among Mexican Americans certain characteristics (i.e., being female, widowed, and suffering from diverse chronic illnesses) are associated with a less likelihood of perceiving that someone would be available to care for them if needed.

In short, there have been few attempts to examine racial and/or ethnic differences in caregiving, although some researchers have examined these differences regarding the expectations for care. For instance, Italian, Mexican, and African Americans tend to place a greater emphasis on caring for older parents. Other studies have found that both African Americans and Latinos are more likely to
rely on the family rather than on formal services for assistance. This is in part due to the prevalence of multigenerational households among these groups, as well as to a cultural heritage that emphasizes filial support.

Recently, the caregiving literature has turned to the multiple roles of caregivers, particularly to the combination of employment and caregiving responsibilities. The following section discusses the labor force participation of caregivers, as well as its impact on their caregiving experiences.

Caregivers and Their Labor Force Participation

According to Ferber and O'Farrell (1991), over 70% of women between 18 and 50 years of age were in the labor force. Since women are the majority of caregivers, the increasing number of women in the labor force has meant that more caregivers are also employed. Estimates indicate that between one-fourth and one-third of the workforce also takes care of an elderly parent (Neal, Chapman, Ingersoll-Dayton, Emlen, 1993). Not surprisingly, labor force participation has been found to be one of the inhibitors of caregiving, and is often negatively affected by the caregiver role (Lang & Brody, 1983; Olson, 1989; Stueve & O'Donnell, 1989; Stone & Short, 1990). Obligations to one's family also compete with caregiving responsibilities (Brody, Litvin, Albert, & Hoffman, 1994). Further, Robison, Moen, & Dempster-McClain (1995), found that because of the growing need for elder care, even women who have sisters, and who have been
continuously employed, must assume caregiving roles.

Most studies that look at the relationship between women's caregiving roles and their paid labor force participation focus on women's lives at but one point in time (Horowitz, 1992). For example, a review of 17 studies determined that one-fifth to one-fourth of employees were involved in caring for older adults (Gorey, Rice, and Brice, 1992). About 25% of the respondents of an employee survey conducted by the Travelers Companies (1985) reported providing some assistance to older adults for an average of 10 hours per week. Brody, Kleban, Johnsen, Hoffman, and Schoonover (1987) found that the women who had quit their jobs spent the most time in caregiving tasks, while those still employed spent fewer hours in caregiving.

Neal, Chapman, Ingersoll-Dayton, and Emlen (1993) looked at the effects of combining employment with three forms of caregiving: for older adults, adults with disabilities, and children under age 18, and found that about 13% of the workers who responded to their survey reported caring for elders, while only 1.5% cared for an adult with a disability. Also, they found that employed women were more likely than men to be caregivers for those two groups.

In Moen, Robison, and Fields (1994), it was found that while there is no institutionalized time frame for informal family caregiving, it is an increasingly common role for women in the United States. Over three-fifths of the women in their study were caregivers at some time in their lives, most typically in later midlife or between 45 and 65 years of age. Further, they found that care-
giving becomes a life contingency, that is, an unpredictable turning point (i.e., usually short-term, intermittent role, frequently combined with paid employment, without necessarily interfering in the latter). Moreover, the caregiver role remains prominent as women age, even as they retire from their jobs. In fact, the investigators argue, caregiving appears to be increasingly a role that is more, not less, characteristic of women's lives, which is evident given the increasing incidence of caregiving across succeeding birth cohorts.

The findings of studies that looked at gender differences in care provided to parents among employed children are somewhat inconsistent. Some studies found that employed female caregivers average more hours of care than their male counterparts (Wilson, 1989); and other studies found few differences (Connidis, Rosenthal, & McMullin, 1996; Enright, 1991; Starrels, Ingersoll-Dayton, Neal, & Yamada, 1995). Stoller (1983) found that employment reduces the amount of assistance to parents for sons but not for daughters. Women, however, are more likely than men to adjust work schedules (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993; Stone & Short, 1990) and/or leave the labor force altogether because of their caregiving responsibilities (Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987).

Brody and Schoonover (1986) found no significant differences between employed and nonemployed daughters in the number of hours of help provided to mothers (see also, Brody, Litvin, Albert, & Hoffman, 1994). However, in terms of specific tasks, mothers with work-
ing daughters received slightly fewer hours of assistance with such tasks as housework/laundry, meal preparation, and emotional support (see also, Lang & Brody, 1983). In addition, 61% of nonworkers' mothers and 44% of the workers' mothers received assistance with personal care. Other studies have found that the extent of employment does impact the amount and type of caregiving provided. However, the major difference is found between full-time and part-time work, rather than between those who are employed and those who are not (Lang & Brody, 1983; Olson, 1989; Stueve & O'Donnell, 1989). Stueve and O'Donnell (1989) found that daughters working full-time had less interaction with parents and were less available to provide instrumental assistance, while daughters working part-time provide similar amounts of types of care to their older parents as daughters who are not employed.

In Stone, Caferrata, and Sangl (1987), 20% of all caregivers reported having conflicts between work and caregiving responsibilities, the result of which was the result in altering work schedules in some way: 20% cut back their work hours; 29% rearranged their work schedules; and 19% took time off without pay. Further, in this study, wives caring for their husbands were more likely to rearrange their schedules, and daughters were more likely than sons to use all three alternatives listed above. However, daughters were more than twice as likely than sons to have left the labor force because of their caregiving responsibilities (12% and 5%, respectively).
In a study of adult daughters in the Los Angeles area, Abel (1991) found that about 42% of these daughters were employed full-time, and 12% worked part-time. In Stone, Cafferata, and Sangl (1987), 31% of all caregivers worked, with 44% of daughters and 55% of sons working full-time.

In terms of how caregiving affects employment, most studies suggest that caregiving responsibilities often cause people to quit their jobs, adjust work schedules, take unpaid leaves, and/or reduce work hours (Brody, 1985; Brody, Kleban, Johnsen, Hoffman, & Schoonover, 1987; Franklin, Ames, & King, 1994; Neal, Chapman, Ingersoll-Dayton, & Emlen; 1993; Olson, 1989; Scharlach & Boyd, 1989; Soldo & Myllyluoma, 1983; Stone & Short, 1990). Employed caregivers may change jobs to have more time to provide care, and are often tired while at work (Abel, 1991). According to Boyd and Treas (1996), between 12 and 28% of caregiving daughters leave the labor force to provide care for an older relative.

Hoyert and Seltzer (1992) found that the caregiving role is correlated with negative outcomes in every domain they studied, including employment, marital satisfaction, and overall well-being. However, the employment of caregivers may also have positive consequences. Employment may serve as respite, as a source of social support, and may also provide a sense of personal accomplishment. In the same light, being employed may guard against some negative consequences of caregiving such as isolation, role restriction, boredom, and feelings of helpless and hopeless (Baruch & Barnett,

In a study conducted by Scharlach and Boyd (1989), the majority (58%) of the participants reported that work had no overall effect on their ability to manage their caregiving duties. But, when work did have an effect, emotional and physical strain were the most difficult to manage. When asked about the amount of interference experienced between their jobs and family responsibilities, 74% of caregivers and 49% of other employees reported some degree of interference. Further, 40% of the caregivers reported interference with work-related activities specifically due to their caregiving responsibilities. Also, 22% reported that it was 'somewhat likely' or 'extremely likely' that they would have to quit their jobs due to caregiving duties, and 9% reported that they had considered quitting in the previous two months to provide care.

Scharlach, Sobel, and Roberts (1991), found that work interference was more common among those who cared for someone who was significantly impaired, and when the help they received with caregiving tasks was considered inadequate. Job flexibility (e.g., ability to receive and make telephone calls at work; adjust work schedules, and take work home) was found to be associated with less work interference.

Individuals who are employed and care for older family members often have other dependents to consider. Gibeau and Anastas (1989)
found that having children at home resulted in greater conflict between work and family responsibilities for women caring for older parents. However, as stated earlier, multiple roles can also have positive effects. Stoller and Pugliesi (1989), for instance, found that multiple roles contributed positively to the general well-being of caregivers. Further, being employed was found to be associated with less depression, and more nonfamilial roles were associated with less stress for the caregivers.

Scharlach (1994) found that 56% of employed caregivers reported reduced productivity at work due to their caregiving responsibilities; 51% reported having had to take time off during the work day; and 29% reported being absent from their jobs in the two previous months due to their caregiving responsibilities. In terms of the positive impact of caregiving on their work, 18% reported that work was more meaningful and enjoyable for them; 16% reported that caregiving had enhanced their jobs performance; and 7% reported having higher self-esteem. Further, when asked to assess the overall impact of their caregiving duties on their work, 36% reported that the impact was mostly positive, 29% said it was mostly negative, and 35% were neutral.

Fredriksen (1996), using a sample of the personnel age 30 or older at the University of California at Berkeley, found that female employees were more likely than their male counterparts to be providing care to disabled adult family members. Also, this study found that female caregivers were significantly more likely than...
their male counterparts to be young, African American, Hispanic or Asian, not married or living with a partner, employed in a staff position, and with lower household incomes. In terms of caregiving tasks, the researcher found that male caregivers were more likely to provide assistance with home maintenance, while female caregivers were more likely to assist with emotional and housekeeping support. However, when looking at the performance of the majority of caregiving tasks, this study found no significant differences between male and female caregivers. Likewise, no significant differences were found regarding the number of hours of care provided or the level of financial assistance provided between male and female caregivers. On the other hand, female caregivers were found to be significantly more likely than their male counterparts to report that they needed to quit their jobs because of their caregiving responsibilities. Also, female caregivers reported significantly higher levels of role strain.

Doty, Jackson, and Crown (1998) using data from the 1989 National Long-Term Care Survey, found disabled older adults who are cared for by employed female primary caregivers tend to receive more hours of formal services than older adults who are being cared for by nonemployed female caregivers. They also found the increased labor force participation of women is having little effect on the availability of caregivers for the elderly disabled. The authors argue that this is due, in part, to the fact that for the majority of caregivers, the eldercare role starts at a point when they are
Finally, caregiving research efforts have recently focused on the combination of employment and caregiving roles. Studies have shown that employed female caregivers are more likely to adjust work schedules and consider leaving their jobs because of their caregiving responsibilities. Further, some studies have found that there are differences in the caregiving tasks provided by employed caregiving daughters as compared to nonemployed caregiving daughters. For instance, caregiving daughters who are employed tend to spend fewer hours providing assistance with tasks such as housework/laundry, meal preparation, and emotional support, than daughters who are not employed. Also, employed caregiving women who have other family responsibilities such as children at home, face greater conflict between their diverse roles.

Summary

In this chapter a review of the caregiving literature has been presented. Relatively few older adults are in institutions at any given time, and those who live in the community, often depend on their families for support. The vast majority of studies point to the overwhelming numbers of women who become the primary caregivers of older family members. Because women live longer than men and women tend to marry men older than themselves, wives are more likely to be caring for a spouse than husbands. When spouses are not available, adult children, usually daughters, step in and become the
primary caregivers.

Studies have found gender differences in terms of caregiving that go beyond the numbers of females versus males who become primary caregivers to family members. For instance, female caregivers are more likely to provide assistance with personal care and housekeeping, and usually spend more hours providing care than the male caregivers. In addition, female caregivers report experiencing more stress, emotional strain and depression as a result of their caregiving responsibilities than their male counterparts.

Racial/ethnic differences in caregiving have received little attention in the literature. The few studies that have taken into consideration race/ethnic differences, indicate that African Americans and Latinos, for instance, tend to be more likely to rely on family members in times of need, and that expectations of mutual care are higher among these groups.

The last section of this chapter discussed the labor force participation of family caregivers. Studies indicate that between one-fourth and one-third of the workforce are providing care for older relatives. Caregivers who are employed tend to spend fewer hours providing care, particularly in terms of household management. Further, employed female caregivers are more likely to rearrange work schedules and consider leaving their jobs in order to continue to provide care than their male counterparts. Other family responsibilities such as having children at home, tend to increase the level of strain for employed female caregivers. Although there is
some evidence that the employment of caregivers is correlated with negative outcomes, there is also evidence that working can have positive consequences. For instance, employment may serve as a respite from caregiving responsibilities, and it may provide the caregiver with a social network that consequently guards against some negative aspects of caregiving such as isolation, role restriction, and boredom.
CHAPTER III

THEORETICAL BACKGROUND: ROLE THEORY AND CAREGIVING

Functionalist, Conflict, and Symbolic Interactionist Perspectives on Gender Roles

During the first half of the 20th century, the traditional functionalist perspective on gender roles dominated our views about family life. This perspective, greatly grounded in Weber’s work, and Durkheim’s work on the division of labor, postulates that in order to maintain harmony and stability within the family, a division of labor is required. Men take on the predominantly instrumental roles in which they must provide for the family’s basic economic and material needs. Women, on the other hand, take on the expressive roles in which they provide for the emotional and physical well-being of their families (Parsons & Bales, 1955; Parsons, 1966; cited in Lindsey, 1997). Further, any attempts to combine these two fundamentally different roles resulted in role conflict, forcing the family into a state of disequilibrium [which functionalists believe to be a temporary state that could be avoided if individuals would not stray from their traditional roles].

The conflict perspective, emanating from the works of Karl Marx (1848/1964; 1867-1895/1967, cited in Lindsey, 1997), suggests that within the family, the exploiter-exploited relationship which exists in society between the bourgeoisie and the proletariat, is
used to describe family relationships. With the advent of capitalism, women's work "no longer counted beside the acquisition of the necessities of life by the man; the latter was everything, the former an unimportant extra" (Engles, 1884/1942, pp. 41-43, cited in Lindsey, 1997). Further, Dahrendorf (1959) and Collins (1975; 1979; both authors cited in Lindsey, 1997), argue that conflict is not just derived from struggle between the classes, but from struggles between other groups as well; between husbands and wives, males and females, young and old (cited in Lindsey, 1997). Because women's traditional work (in the home and involving the family) is no longer valued in society, men have an economic advantage over women which serves as the basis for gender inequality (Lindsey, 1997).

The symbolic interactionist perspective "is based on the assumption that society is created and maintained through the interaction of its members and how its member negotiate and define reality" (Lindsey, 1997, p. 8). Hence, gender is a social construction which is based on what the society defines as "masculine" or "feminine." Further, the process of negotiation is expressed in The Thomas theorem (referring to William I. Thomas, 1931/1966, cited in Lindsey, 1997): "a situation defined as real is real in its consequences" (p. 8). George Herbert Mead (1934, cited in Lindsey, 1997), argued that symbolic interaction is concerned with the meanings individuals assign not only to their own behavior, but that of others as well.

Briefly, during the first half of the 20th century, the func-
tionalist perspective on gender roles dominated our views about family life. Proponents of this perspective postulate that in order to maintain harmony in society, there must be a division of labor, in which men take on instrumental roles of meeting their families' economic needs, and women take on expressive roles and meet their families' emotional and physical needs. In contrast, the conflict perspective emphasizes the exploiter-exploited nature of family relations. Conflict, then is derived not only from the struggle between classes, but between other groups as well. And because women's caring work is not paid, they are in a disadvantage position compared to men, which is the basis for gender inequality. Lastly, according to symbolic interactionist perspective, gender roles are socially constructed, depending on what society's views as feminine and masculine, and these roles are maintained through social interaction.

Role Theory and Caregiving

Goode (1960), argued that role strain or overload was a common occurrence since most people occupy more than one role at any given time. Because an individual cannot fully satisfy all role obligations, and since many of these roles depend on his or her relationships with other individuals (i.e., role sets or combinations), the individual must continuously bargain with others in order to reduce his or her own role strain. Goode suggested that "In his role decisions, as in his economic decisions, the individual seeks to keep
his felt strain, role cost, or monetary and performance cost at a minimum, and may even apply some rationality to the problem" (p. 488), while accepting that some solutions would not be what was expected. Moreover, individuals' efforts to obtain the best bargain involves pressing others to adhere to social and institutional norms related to their role relationship.

Goode also suggested that role bargaining that involves ascriptive statuses, like family roles, was more difficult, and that "some may have to pay a higher role price than they would in an entirely free market..." (p. 492), which would certainly be the case for women with caregiving responsibilities. However, Goode also suggests that family roles are like "role retreats" or "role escapes," in that the individual's efforts are not as prestigious, or held with as high regard as are occupational roles. Hence, the individual should "give a higher proportion of his energy to the ranked performance statuses" (p. 494), or occupational roles, where one's performance is ranked by the whole society and not just by one's family.

Miller (1976, 1986) examined the advantages and disadvantages of women's traditional caregiving roles on women's general well-being. Taking care of others builds the self-esteem of the caregiver, and provides a sense of efficiency in that one is providing a service to society. Yet, because women's caring work takes place at home (i.e., outside of the "real" world) and is not renumerated, it tends to deter women from paid employment and other roles.
Miller (1976, 1986) suggests that this could cause isolation from others and can stifle the individual. Although women's traditional caregiving roles can provide psychological benefits to the individual, they can also be costly, and the costs may exceed the benefits (Miller, 1976, 1986). Others, like Menaghan (1989) have focused on the attitudes and desires of individuals holding particular roles and on the people they come in contact; on the existence of a normative timing for roles (Brody, 1985).

More recently, some researchers have argued that women are more likely to be caregivers partly because they are less likely than men to be in the labor force (Horowitz, 1985b). Moen and Dempster-McClain (1987) add that women are also more likely to be employed on a part-time basis or for part of the year, and contribute less financially to the household (Spitze, 1988). Therefore, it may be more costly for men to become primary caregivers (e.g., an adult son) since their own families may depend more heavily on their incomes. Further, because the caring work women do for their families is not paid, it is less valued in our society, which places a great deal of emphasis on the material fruits of our labor (Dwyer & Coward, 1992). Glazer (1990) argued that, in part, women's caring work is less valued because not all the costs involved in this type of labor are taken into consideration. For instance, Aronson (1985) suggests that we generally do not take into consideration the financial losses experienced by women who have to either reduce their hours or quit their jobs altogether in order to continue to provide
care to their families. We also do not consider the impact of these losses on women’s private and public retirement pensions. Glazer (1990) notes that these costs have a disproportionate effect on minority and low-income women. As discussed earlier, women not only experience financial costs but psychological costs as well. Women report higher levels of caregiving burden (Barush & Spaid, 1989), and depression as a result of their caregiving responsibilities (Gallagher, Rose, Rivers, Lovett, & Thompson, 1989; Pruchno & Resch, 1989; Young & Kahana, 1989).

In the last three decades, the study of roles has focused on the negative and positive consequences of holding different roles and role combinations on the well-being of the individual (Moen, Dempster-McClain, & Williams, 1989; Marks, 1977; Sieber, 1974; Thoits, 1983, 1986; Barnett, Marshall, & Singer, 1992). For instance, as discussed in Chapter II, employment was found to make caregiving a little easier in that it provides respite, a source of social support, and may guard against isolation. This is consistent with role accumulation theory, which argues that, as an individual gains roles, he or she accumulates a greater sense of satisfaction and achievement (Moen, Robison, & Dempster-McClain, 1995; Scharlach, 1994; Stoller & Pugliesi, 1989). Other researchers have studied the impact of caregiving tasks on women’s health, social mobility, and resources, especially during late life (e.g., Older Women’s League, 1989).

Spitze, Logan, Joseph, and Lee (1994) looked at how the roles

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of adult child and parent of adult children are combined with those of employee, spouse, and parent of younger children, to affect the psychological well-being of middle-aged men and women. These investigators found that helping one's parents increased the distress for men, while helping adult children enhanced women's well-being. They also found no negative consequences of multiples roles for women, which, the authors argued, could mean that for most women the demands associated with these roles are not high enough to cause burden. This finding may also be due to the fact that women have more experience in juggling a variety of roles than men, and have learned to handle them. They may even derive satisfaction from their ability to handle a variety of roles simultaneously.

Pavalko and Artis (1997), using data from the National Longitudinal Survey of Mature Women, found that labor force participation did not affect middle-aged women's decision to provide care for older family members. Yet, the women in their study who did take on these responsibilities, were more likely to decrease the number of hours they spent at work or even quit their jobs in order to meet these demands.

Murphy, Schofield, Nankervis, Bloch, Herrman, and Singh (1997), studied nearly 300 women caring for an older parent (half of whom also participated in the labor force, and a third had children at home) in Victoria, Australia. They found that role overload was highest for caregiving daughters with multiple roles, in particular for those who worked outside the home or had dependent children.
Life satisfaction was highest among married and employed caregiving daughters, and resentment in terms of their caregiving role was highest among those who had few roles aside from caring for their parent.

Barnett and Baruch (1985), who studied the multiple roles of middle-aged women, found that the number of roles a middle-aged woman holds was significantly related to role demand, overload and role conflict. Barnett and Baruch (1985), proponents of the role enhancement perspective, argue that the multiple roles held by an individual increase his/her power, prestige, resources, emotional satisfaction, and include social recognition and a deepened sense of identity (see also Sieber, 1974). This perspective was substantiated by Thoits' (1983, 1986) work, who found that the acquisition or loss of roles affected the psychological distress of individuals (both male and female).

Another perspective that was utilized to explain the effects of being involved in multiples roles is that of role context (Moen, Dempster-McClain, & Williams (1989). The authors describe this approach as looking beyond the focus of both role enhancement and role strain, since it also considers the nature of the roles and the circumstances under which people hold multiple roles. Proponents of this perspective would argue that specific role combinations can either harm or benefit women, for instance, in terms of their own health and well-being.

Generally, the literature related to the multiple roles of
most caregivers focuses on the negative aspects of these role combinations such as role conflict, role strain, and stress (Brody, 1985; Pearlin, Mullan, Semple, & Skaff, 1990; Harper & Lund, 1990). Implicit in this argument is that roles create only obligations and demands on individuals, and it ignores any possible benefits associated with taking on these roles. Under these circumstances, a married woman caring for her disabled mother could only feel burdened by these caring responsibilities. Yet, as mentioned earlier, studies have shown that people who hold multiple roles can and do have positive experiences (e.g., Stoller & Pugliesi, 1989). Few studies have looked at the cumulative impact of women's familial roles on her labor force participation throughout her life course. Moen, Robison, and Fields (1994), using data from a sample of about 300 women from four birth cohorts in upstate New York, studied the relationship over time between women's employment and their caregiving responsibilities to older and/or disabled family members. The investigators found that the likelihood of women taking on the caregiver role increased with age and across birth cohorts, with the women in the most recent cohort studied being more likely to have been caregivers at some point in their lives. Also, increased labor force participation of women in this latest cohort, did not seem to alter their caregiving responsibilities.

In short, Goode (1960) argued that role strain or overload was normative in that most people occupy more than one role at a time. Thus, people are constantly bargaining with others to reduce their
own strain. Miller (1976, 1986) claimed that there are advantages and disadvantages to women's well-being, in terms of their traditional caregiving roles. Others suggest that women are more likely to become caregivers because they are less likely than men to participate in the labor force. And even when they do participate, their economic contribution is likely to be less than their husbands', and therefore, the most expendable. More recently, studies have focused on the negative and positive consequences of holding a variety of roles or role combinations. For instance, women's role combination of caregiving and employment was studied, both in terms of its positive and negative consequences.

Gender Roles and Caregiving

Lee (1992) sees gender differences in parent-care as an example of the more widespread phenomenon of gender differences in domestic work, family relations, and nurturing. Further, this author argues that one element that explains in part the prevalence of women as caregivers to older family members, is the preponderance of mothers among those older relatives receiving the care. Studies suggested that older women in need of assistance consider their daughters to be the most appropriate person to become their caregiver (e.g., Brody, 1985), and other results suggest that caregivers tend to be of the same sex as the care recipient (e.g., Lee, Dwyer, & Coward, 1993).

Abel (1987) argued that caregiving is women's work. In fact,
regardless of the growing number of women participating in the paid labor force, traditional female and male roles in terms of household division of labor, have changed very little (Stoller, 1994). In the same light, Finch and Groves (1983) suggest that caring is not only associated with women, but with the places that are closely associated with women, like the home, family, and in the caring professions. Further, Graham (1983) argues that in their caregiving efforts, women are motivated by the attachment to those they care for, or by caregiving being central to the identity of women. Markides, Boldt, and Ray (1986) claim that women tend to have a stronger emotional bond with members of their families than do men, and this leads more women to feel responsible for the care of their loved ones. Abel (1987) suggests that the mother-daughter relationship is particularly strong and compelling. Because mothers and daughters tend to fulfill similar roles in life, Kivett (1988) suggests that they have more opportunities for sharing activities and mutual assistance.

Chodorow (1978) suggests that mothering is reproduced in our society in such way that caregiving becomes identified with women. Later, Gilligan (1982) expanded Chodorow's work and suggested that women have an ethic of care that involves their "sensitivity to other" and assumes that women have the "responsibility for caregiving" (p. 16). Part of a woman's moral development, from this standpoint, is to struggle with the conflict between meeting their own needs and those of others. As stated by Hooyman and Lustbader
(1986), "socialized from childhood on to attend to others' needs, women often have difficulty refusing requests for attention and nurturance from employers, workmates, and subordinates, as well as from relatives" (p. 18). Stohs (1994) argues that although women have been socialized to an ethic of care, with the growing number of women entering the paid labor force, more and more women are becoming sensitized to the competing "ethic of equity," in which the question of the fairness of socially assigned gender roles comes to light.

Some researchers argued that the psychological significance women place on caring can explain why women have more trouble setting limits on their caregiving efforts and suffer more distress (George & Gwyther, 1986; B. Miller, 1989; Zarit, Reeves, & Bach-Peterson, 1980; Zarit, Todd, & Zarit, 1986; Harper & Lund, 1990). Hooyman and Lustbader (1986) state that when women are the primary caregiver to their spouse or parent, they tend to have a hard time setting limits to what they can do and may even refuse offers of assistance from others. In fact, Brody and Schoonover (1986) and Horowitz (1985b) suggest that employed female caregivers do not lessen the assistance they provide to their parents, but rather they sacrifice their own free time to meet their loved ones' demands for care. Pett, Caserta, Hutton, and Lund (1988) argue that women continue to care for their families, regardless of the possibility of role overload. Miller and Montgomery (1990) who looked at family caregivers of frail older persons, found that 56 and 52% of the daughters and wives, respectively, reported limitations in their
social activities due to their caregiving responsibilities, while 44 and 36% of the sons and husbands, respectively reported these same limitations.

Merrill (1997) found that one's perception of what was appropriate for one's gender, greatly influenced one's willingness to assume the caregiver role. For instance, the sons in this study were less likely to volunteer for the caregiver role than the daughters. Likewise, the mothers and fathers who were to receive the care, were less likely to choose their sons as their caregivers. Further, most caregiving tasks are associated with what traditionally has been considered feminine, such as personal care, and household chores, including cooking and shopping (Graham, 1983).

Finley (1989), in looking at possible explanations for gender differences in caregiving, tested four hypotheses: time available, socialization/ideology, external resources, and specialization of tasks. In this study, which included over 600 respondents who had a mother (or mother-in-law) 70 or older, the investigator found that the daughters' responsibility for the care of their mothers had been so institutionalized that none of the variables that were used to test each hypotheses explained any additional variance. In fact, female gender explained most of the variance.

Matthews (1995), using data obtained from a sample of 50 sister-brother dyads, examined how the size and gender composition of sibling networks is related to the division of filial responsibility, and found three interrelated factors. First, it was found
that families used culturally based beliefs about what constituted
gender-appropriate behavior. Second, when there was one sister in
the sibling network, she was responsible for the caregiving. And,
thirdly, both sisters and brothers viewed the brothers' contribu-
tions to the caregiving to be less important than the sisters' con-
tributions.

Miller and Kaufman (1996) looked at whether or not gender was
a significant consideration in the ways white and African American
caregivers of persons with dementia thought about caregiving. In
their study, about half the respondents reported gender role stere­
types in their views concerning caregiving. For instance, many
spousal caregivers saw caregiving in terms of emotional character­
istics, household and child care activities, and physical strength,
but male caregivers were less likely to view caregiving as emotional
work. Male and African American caregivers were more likely to deny
any gender differences than other caregivers, and African Americans
of both sexes were more likely to minimize gender differences in
terms of household and child care work.

In addition, women and men are more likely to take different
paths to caregiving among working class families due to the greater
adherence to sex role segregation among working class individuals.
According to Langman (1987), working class families place a greater
emphasis on traditional gender role patterns for husbands versus
wives, where the husband is the head of the household. Other stud-
ies have substantiated these findings (Rubin, 1976; 1994).
As stated in Chapter II, spousal caregivers are more likely to provide extensive care for a longer period of time than nonspousal caregivers. Troll, Miller, and Atchley (1979) explain that this greater commitment for care is due to the belief that taking care of one’s spouse is a normal expectation of marriage; a part of the marriage contract (Miller & Montgomery, 1990). Fradkin and Liberti (1987) found that wives were especially likely to feel that placing their husbands in a nursing home was a violation of their marriage vows. It is not surprising then that husbands are less likely than wives to be institutionalized (Fischer & Hoffman, 1984).

Men and women also approach the caregiving tasks differently. Corcoran (1992) who looked at caregiving husbands and wives, found male caregivers tend to use a task-oriented approach to their caregiving. They tend to perform caregiving tasks in a linear fashion, much like they would in the workplace, in that they focus on completing a particular caregiving task in the most efficient way, often delegating tasks to others (including formal service providers). Women, on the other hand, tend to use a parent-infant approach in which they take total responsibility for the care and nurturance of their loved one. Also, women are more likely to perform all instrumental tasks themselves rather than to hire formal services.

Gender differences can also be found in how men and women cope with caregiving burden. Quayhagen and Quayhagen (1988) studied 58 families caring for individuals suffering from Alzheimer’s Disease,
and found respite and social support were the most important for
dughters who were caregivers; social support was most important for
wives; but neither was important to the male caregivers in their
study. Respite was found to have a negative effect on the ability
of the men in this study to cope with caregiving burden.

In essence, gender differences in caregiving for older family
members are generally seen as an extension of gender-based division
of labor. Caregiving seems to be women's work, in spite of the in­
creasing numbers of women participating in the labor force. Some
argue that women are more likely to feel responsible for the care of
their loved ones because they are more attached to them. Others
suggest that caring is a central component of women's identity, and
that women are socialized to be concerned with the needs of others.
Further, because caring for their families is of greater signifi­
cance to women, they tend to have a hard time setting limits to
their caregiving efforts, and sacrifice their own needs in order to
meet the needs of others. In addition, one's perception of what is
gender-appropriate behavior was found to influence one's willingness
to become a caregiver. Finally, gender differences are also found
in how individuals approach their caregiving responsibilities, and
in how they cope with the caregiving burden.

Research Questions

In reviewing the literature, it has become apparent that the
diverse caregiving roles women hold throughout their lives have a
cumulative effect on their well-being, particularly in their financial independence and financial resources in later life. In order to answer the question, "how do family caregiving roles cumulatively and specifically impact women's paid labor force participation throughout their life course?" the present study seeks to answer the following research questions.

1. How is women's paid labor force participation affected by their family caregiving roles?

2. How does women's paid labor force participation change as they grow older?

3. How do women's caregiving roles change as they grow older?

4. How do general demographic variables (i.e., marital status, number of children, educational background, occupation, socio-economic status, etc.) impact women's caregiving roles, and how do they impact their paid labor force participation?

5. Are there any differences in terms of how caregiving roles impact the paid labor force participation of women according to their age (possible cohort differences)?

6. What are the women's perceptions, observations, feelings of how their caregiving roles have impacted their paid labor force participation throughout their life course?

7. What is the person's family history regarding caregiving during her childhood, adolescence, and young adulthood? Does this family experience influence her own expectations of herself? How or why not?
Summary

This chapter briefly discussed functionalist, conflict, and symbolic interactionist perspective on gender roles. More recent works such as Goode's (1960) role strain, was also discussed, given its great influence on caregiving research. Goode (1960) argued because most people hold a variety of roles, role strain or overload is not uncommon, and people must continuously bargain with others in order to minimize their own role strain. Miller's (1976, 1986) work on the impact of women's traditional caregiving roles on their well-being seems to have also influenced the efforts of researchers. Lately, studies have focused on particular role combinations, and have found that holding a variety of roles may have both negative and positive consequences.

In terms of gender roles and caregiving, it was found that caregiving is largely a woman's job because it tends to be an extension of gender-based division of labor. Researchers suggest that women are more likely to become caregivers because they are more attached to their family members, and, thus, feel responsible for their care. Others suggest that caring is central to a woman's identity, and that women are socialized to be caregivers. Also, because women place more significance in caregiving, they are likely to experience difficulties in setting limits to their efforts, and sacrifice their own needs to meet those of their loved ones. Gender differences were also found in terms of how men and women approach their caregiving responsibilities, and in how they cope with the
burden associated with caring for a family member.

Lastly, it was concluded that determining the impact of women's traditional caregiving roles on their paid labor force participation throughout their lives, will shed light on the cumulative effects of this role combination. The seven research questions this study seeks to answer were discussed.
CHAPTER IV

RESEARCH PROBLEM AND METHODS

The Research Problem

In spite of the growth on research related caregiving, few attempts exist at furthering our understanding of the impact of women's caregiving roles on their paid labor force participation throughout their lives. Older women's disadvantaged economic status has been widely documented (i.e., Goetting, Raiser, Martin, Poon, & Johnson, 1995; Malveaux, 1993; Littman, 1991). Little attention has been given to the cumulative economic impact of women's caregiving roles throughout their life course.

Using data collected through face-to-face, semi-structured interviews, the present study attempts to provide a clearer picture of the impact of women's caregiving roles on their paid labor force participation throughout their life course. This study will expand our understanding of these issues, and, thus, help women and their families, as well as policy-makers, become better prepared for the future. Further, the investigator believes that through qualitative methods we can produce a more in-depth understanding not only of the topic at hand, but also of women's lives in general; and ultimately, provide us with a better idea of where future research efforts should concentrate.
Study Description

Methods of Data Collection

Qualitative research methods were selected for this study because these methods generate data rich in detail, and provide an in-depth view of the issues embedded in the dynamics between women's caregiving roles and their paid labor force participation. Face-to-face interviews were the primary methods of data collection, but participants were given the option to fill-out on their own or with the investigator, the general demographics section of the instrument. The interviews were semi-structured or open-ended in-depth interviews (see Appendix C for the instrument).

Instrument

The instrument utilized in this study was designed by the researcher and divided into two parts. The first part, which was administered orally and face-to-face, involves the questions related to the participants' family histories, caregiving histories and paid labor force participation. The second part, which the participants chose to do orally or answer in written survey-format following the first part of the instrument, or on their own time, involves general demographic questions such as their educational background, economic status, and health related questions (see Appendix C for parts 1 and 2 of the instrument). The specific questions involved in this instrument were designed to answer the seven research questions (dis-
cussed later in this chapter) in this study.

Interviews

With the consent of each participant, interviews were audi­taped for accuracy. Further, the interviews are confidential. The participants signed an informed consent document that included in­formation about the study (please see Appendix A for HSIRB clearance and Appendix B for the informed consent form).

Each interview lasted between one and a half and three hours. Six of the sixteen participants decided to answer the second part of the instrument on their own and all returned this part to the in­vestigator within a few days. The remaining ten participants an­swered the questions on their own, immediately after they had an­swe red the first part of the instrument.

The confidentiality and anonymity of the women was protected at all times. Their real names were not used in this study, instead numbers were used to identify each participant. The tapes of the interviews will be retained for the three years required by federal law, and then destroyed.

Study Participants

There were sixteen participants in this study: six women in their 50s, four in their 60s, and six in their 70s. All but two of the women reside in the Kalamazoo, Michigan area year-round, while two women spend some time every year elsewhere with other family
members. The rationale behind the decision to interview women between 50 to 70 years of age is that these women are most likely to have experienced diverse caregiving roles throughout their lives as well as have participated in the paid labor force. Regarding the size of the study group, the investigator decided that this was an appropriate number of participants for a small-scale qualitative study that seeks in-depth knowledge and understanding about the participants' experiences with caregiving roles and paid labor force participation throughout their lives.

The investigator contacted a variety of local agencies to identify potential participants. However, the primary method used in creating a sample for this study was the snowball process. Women who were already interviewed knew of someone or asked their friends if they knew anyone and gave a telephone number where they could contact the investigator. The investigator also sought diversity on the basis of race/ethnicity and social class in the sample.

Regarding the demographic characteristics of the sample, the investigator interviewed fourteen white women and two African American women. Eight women were widowed, four were divorced, and four were married at the time of the interviews. In terms of income, four women were of upper-middle class (households with incomes over $40,000 per year), three women were of middle class (with incomes between $20,000 and $34,999), seven women had incomes below $20,000 per year, with three of them having incomes between $5,000 and $9,999 per year. Two women refused to state their incomes. Six wo-
men were high school graduates; three had a either a college degree or some years of college; and four had post-graduate education. Three women had not graduated from high school: one having completed 8th grade, and two the 11th grade.

Variable Conceptualization

For the purpose of this study, the terms "working" and "employed" are used interchangeably, as they are used in everyday conversations. Working/employed refers to paid labor force participation. The respondents were asked if they were ever employed in the labor force at various stages in their lives, and if they had, whether it was part- or full-time employment. This allowed the investigator to compile the work histories of the participants, according to their own memory of these events.

In order to compile the caregiving histories of the participants, the investigator asked the participants whether they had ever been involved in caregiving at various stages in their lives. In this study, caregiving refers to childrearing activities as well as providing assistance to sick, physically challenged, or older relatives and/or close family friends (e.g., neighbor, mom’s friend), as defined by the respondents themselves. Note that caregiving is defined or conceptualized broadly since the purpose of this study is to determine the frequency and impact of caregiving on women’s lives rather than to focus on those who are being cared for.

In addition, general demographic variables were included, such
as: marital status, number of children, educational background, age, level of income, health insurance coverage, and general well-being—in terms of health and social well-being (at the time of the interview).

Methods of Analysis

The process of data analysis was ongoing. First, tapes of the interviews were transcribed and coded for single case-study analysis where themes were identified and dimensionalized. Then, a conceptual framework containing themes that cut across cases was constructed for cross-case analysis of the data. Themes were dimensionalized to illustrate relationships among them. In both single- and cross-case analyses, cross-tabulations were constructed to identify patterns, comparisons, trends, and paradoxes.

Single-Case Analysis

As the tapes of the interviews were transcribed, the data were coded (or categorized to facilitate its analysis). The codes were inductively generated from the participants' experiences, according to Glaser and Strauss' (1967) grounded approach to theory building. As themes were identified, dimensionalization (Strauss & Corbin, 1990) was carried out, along with the recoding of the data to develop dimensions (or properties) of a given theme. Also, cross-tabulations were constructed from the data and were used to identify patterns, comparisons, trends, and paradoxes (Maxwell, 1996).
Cross-Case Analysis

The first step was to construct a conceptual framework (Miles & Huberman, 1984) that contains the themes that cut across cases. The goal was to identify recurring themes regarding the impact of caregiving roles on the women's paid labor force participation. Then, each theme was dimensionalized (Strauss & Corbin, 1990); in other words, broken into factors and displayed, thus, illustrating the relationships between them. Again, cross-tabulations were constructed to display cross-case themes (Maxwell, 1996).

Validity Issues

In terms of the information, although the investigator is confident that the respondents provided accurate information to the best of their recollection, there are no means by which to check the degree of accuracy and validity of the information.

Summary

This chapter discussed the research problem and the methods utilized in this study. Seven research questions were identified along with an explanation of the demographic/background characteristics that were examined. Also, the way in which the data were collected, organized, and analyzed was discussed in this chapter.
CHAPTER V

FINDINGS: SINGLE-CASE ANALYSIS

Introduction

This chapter presents the findings of the single-case analysis conducted, which was described in Chapter IV, and includes a brief description of each participant. The single-case analysis involves identifying patterns and paradoxes within each case, in terms of each participant's caregiving, labor force participation, and family histories. In order to determine the impact of the participants' caregiving roles on their paid labor force participation throughout their lives, it is essential that the investigator examine each individual case and identify the impact of each woman's caregiving roles on her labor force participation, prior to making comparisons among all the participants of the present study.

The summary section of this chapter includes a brief discussion of similarities found among the participants that will be elaborated on in Chapter VI, involving the cross-case analysis conducted in this study. This section also includes a summary table, which displays each participant's caregiving and employment histories.
Study Participants

Participant #1

Born in August of 1941, at the time of the interview, participant #1 was 57 years old. She was raised in a traditional household, with an older brother, and a considerably younger brother, for whom she often cared. Her father always worked, and her mother was a homemaker who often took in women who were "down and out" as well as family members who needed a temporary place to stay. Participant #1 was married for about 13 years, and had three sons, the oldest is 31, the youngest is 26 years old, the second son died in infancy. She has worked all her life, and is currently pursuing post-graduate studies, which have temporarily decreased her income. She also reports to be in pretty good health, but for the past few years, has had a medical condition that limits her activities.

Taking care of other people was always part of participant #1's life.

We had my aunt...my uncle...and we had any bum that my mother picked off the street and brought into our house, mostly women, who were down and out, who were homeless, alcoholics sometimes, sometimes just homeless.

Likewise, her caregiving responsibilities started quite early in life. As in many other families, the mother was primarily responsible for the care of the children, but often the care of the younger children was delegated to the older ones in the family, particularly the oldest daughter.
I took care of my younger brother all the time...and I ended up doing a lot of the first dentist, the first hair cut, the first bus ride, train ride, plane ride, the kid went with me. Although participant #1 enjoyed taking care of her brother, she entered the paid workforce to escape that responsibility.

...[B]y the time I was 14 I went out and got a job to escape taking care of my little brother because the minute I walked into the house my mother would say "get this kid off my hair.

She started to work full-time after high school, and when her first child was a few months old, she quit and stayed home for five years. When her third and last child was a few months old, she went back to work both because of financial reasons and because she was going "stir crazy" at home.

However, participant #1's caregiving experiences did not end with her little brother and her own children. When she was in her late 40s, working full-time, with a teenage son in the house, and starting college, her mother was diagnosed with breast cancer and given six months to live.

I took care of my mother full-time for about 2 months, May and June, and she died early June, so maybe six weeks, where I would do, I would clean, and I usually got out of there around 4 a.m. and I go home and sleep until 8 or 9 in the morning and then I would go to the house and I would stay at my mother's until 7 or 8 at night, and then go to work, and that's how my life was...

Caring for her mother also meant that she was helping her father, who was her mother's primary caregiver.

...[T]here were, the grocery shopping still had to be done, the laundry still had to be done, he was driving, he was still driving and he had his own errands to run around with, and there were always prescriptions to go get....and he also needed time to go for walks, and just to get out of the house. He needed respite, so I filled in with that...
Currently, participant #1 is part of a network of friends and family members taking care of a woman who is terminal and probably has only a few months left to live.

...I'm doing the stuff that Hospice won't do...I'm doing the night-time stuff, I set up the infusion system, tuck her into bed and make sure she's got everything she needs, the phone, the water, the throw-up cup, the commode...and turn off the lights, and lock the doors...

When asked if she thought her different caregiving roles had impacted her paid labor force participation throughout her life, participant #1 focused on her caregiving responsibilities to other adults not to her children. In terms of when she cared for her mother, the impact involved loss of other job opportunities, not on the work itself.

Well, I think when I think back upon working with mother, that I probably would of found a different job, where I didn't have to clean toilets half the night...but at the time that mother was sick I didn't think about doing anything other than what I was doing, I didn't think about it enough to do anything about it, we'll put it that way...

With her latest caregiving responsibilities, participant #1 has had to rearrange her priorities and focus on her paid work and the care she is providing, rather than on the completion of the requirements of her post-graduate degree.

...I'm going to continue to work on it, but I'm not going to work on it as I would of had this not happened, because I was doing that, and I was making myself crazy and I cannot get sick, I'm useless to everyone then, especially me.

In terms of how her life was changed by her different caregiving responsibilities, participant #1 felt that in caring for her mother she had grown up in her parents' eyes, she was no longer mom-
my and daddy’s little girl.

...[M]y parents both took on a different, saw me on a differ­
ent light, I was no long a child, I was an adult, and capable
of doing grown up things and capable of making decisions...I
do know that with my mother’s death and prior to her death she
freed me...I mean she tried to control me, but after she got
sick she let that control go, and she let me be me.

She also had the chance to get to know her father, and become closer
with him. "...[W]ell with mother being sick I spent a lot of time
with him, and since mother had died, dad and I have really gotten
close, and we’re friends..."

Currently, taking care of her friend who is dying has left
participant #1 with deep sadness, perhaps with a sense of loss of
future time spent with a dear friend, and definitely a renewed ap­
preciation for life.

Taking care of her loved ones has also added to this partici­
pant’s life satisfaction.

...I have seen death more than once now... all of that has
added to my love of life...it’s a remainder of how precious
life, this life, is and how finite it is and how every minute
has to be lived, somehow or another...

She also expresses a sense of personal satisfaction, of comfort, in
knowing that her sacrifices will be someday repaid.

Because I also believe that what goes around comes around,
that when my turn comes, there will be somebody there, maybe
somebody that I haven’t even met yet, who would come out of
the woodwork and have compassion...

Finally, when asked what she had learned from her caregiving
experiences, participant #1 asserted, "[c]ompassion, I think that’s
the most important thing I learned for myself, compassion."
Participant #2

Born in December of 1929, participant #2 was 69 years old at the time of the interview. She had three brothers, one older and two younger than herself, and often took care of her younger brothers. Her mother was a homemaker, and her father worked, although he wasn’t around much, and consequently her maternal grandfather was always around to help his daughter’s family. She finished high school in 1948, and while working she took college courses. Participant #2 married in her late 30s, and has four step-children and one biological child. When she married, her step-children were young (i.e., the youngest was 6 years old), and so she decided to quit her job and stay home to take care of her new family. Her husband is now retired and is in fairly good health. She recently had surgery and is recuperating quite well. Participant #2 reports being in poor health, but is energetic and has no medical conditions that limit her activities.

As is true of other women in this study, participant #2 started to work for pay when she was quite young (i.e., around 12 years old), primarily by babysitting neighborhood children. She also was responsible for taking care of her younger brothers, and helped them,

...with a lot of things, with their child care, with their homework, taking care of them in many ways, very much like a parent...and so as soon as I was able, I helped with finances as well as helping to clothe them.

At 16, she held her first job that did not involve babysitting and
worked at a drug store. Her responsibilities for the care of her younger siblings continued at that time.

...I started clothing and dressing myself probably when I was about 14 maybe younger, and then when, I was always a saver, so I helped to dress my younger brothers because I was always very conscientious and I wanted them to look nice.

Participant #2 worked until she got married, and then she stayed home to care for her stepchildren, and the daughter she and her husband had when she was 40. When she was in her late 40s, her mother, who was about 77 years old at the time, came to live with her and her family. At that time, the boys were teenagers and her daughter was about 8 years old.

Well, she was fine when she first came to live with us, it's just that...it was more convenient to have her live with us than for me to go in and help her with her shopping and take her here and take her there...

Participant #2 cared for her mother for about 6 or 7 years. In the beginning, her mother could help out, by watching the kids or by folding the laundry, but the situation quickly changed.

...[S]he progressively started, you know, she was getting senile and so I kept on as long as I could until I couldn't handle her, we put her in a nursing home, and that, she only was there for about three months and died.

Taking care of someone with probable dementia and a large family at the same time, certainly took its toll.

Well, there was a lot of work...caring for her and caring for the kids, and it was very, very difficult. My emotional health was really taking its toll, trying to keep it all together, but it worked out.

Her caregiving responsibilities were paramount, regardless of their impact.
Currently, this participant's mother-in-law is in a nursing home, and although they are not responsible for any direct care, she and her husband visit often and make sure she is taken care of appropriately. Participant #2 reports that her caregiving experiences did not impact her paid labor force participation. "Well, my husband made a very good living, so my lack of contribution financially... [and] my working was not necessary. But he didn't want me to anyway, and I was happy in my role."

When asked what she had learned from her caregiving experiences, participant #2 focused on specific caregiving tasks, rather than on personal characteristics.

...I had to learn a lot, you know. I had to learn, well, I knew how to wash clothes, but I had, you know, all of the sudden I went from one bed to five, you know, so I had to learn to pace my, you know, my laundry day, there was, well laundry day was everyday, then cooking and quantities I had to learn there, but I enjoyed all of those things.

Participant #2 is satisfied with her life, and asserts that the happiest time of her life was when she was taking care of her kids. Consequently, with her children grown and leading their own lives, she seems to be more content with her past experiences rather than with her life today. 

"...I'm fine with everything, the only thing I'm not fine with is that...we are empty-nesters, and daughter is too far away."

By her own admission, participant #2's upbringing was less than adequate, particularly because of her father and his alcohol problem. This certainly had an impact on how she cared for her own family, on how much of herself she gave to them, and probably had an
impact on how empty she sees her life today.

...Sometimes, you know if God closes one door in your face, he'll open up another one, and so I knew how not to treat them. I definitely knew how not to treat them. So that was, probably a blessing in the sky. That was very important to me... that they not be treated like we had been.

**Participant #3**

Born in March of 1944, participant #3 was 54 at the time of the interview. She was the third born in a large family. She has three sisters and two brothers, a father who always worked and a mother who was a homemaker. From a very young age, she was responsible for the care not only of her younger siblings but also her two older sisters who had polio, and her mother and her mother's sister, both of whom suffered from severe depression. She was married for about 25 years and has four children, the oldest of whom is 30 and the youngest is 22 years old. She is currently pursuing post-graduate education, and she reports being in good health and has no medical conditions that limit her activities.

As stated above, this participant's caregiving experiences began during her childhood.

...[F]rom the time that I was really pretty young, it was my responsibility to take care of not just my younger siblings but my mother and my older sisters... I have always been the one that did the caretaking, because I was healthy, my two older sisters weren't, I mean they were, but because they had polio there was this vulnerability attached to them that I didn't have.

In spite of her young age, her caregiving responsibilities were quite extensive. "...[D]id a lot of babysitting, did a lot of meals,
made a lot of meals, did a lot of laundry, did a lot of grocery shopping, basically everything."

At 18, participant #3 got her first paying job. She was married at the time and supported her husband who was a college student. Her caregiving responsibilities for her family, which are part of the reason she married, ceased at that point.

"...[I]t was actually a pretty free time in my life, all I had was a husband to deal with, and so...we had these 5 years of... lots of traveling, lots of parties, lots of fun basically. I think that’s partly why I got married so young, to get away from all of that stuff at home, for sure.

Once she started having children, her primary responsibility was their care. She stayed home to take care of them, and did some babysitting at home to have her "own money." Later, she started to work outside the home again, but since it was not an economic necessity, her work schedule was arranged around her family's needs.

"...I worked off and on...I had this deal where I worked part-time throughout the year and I could take the summers off because by then we had a summer home, and so starting in like May I quit my job until September and then I would go back and work 4 hours a couple of days, I could basically work when I wanted to.

After her last child was born, she did not work for a long time, and it wasn’t until he was six, and she was going through her divorce, that she had to find a job. Participant #3 felt that she needed to be home with the kids, so she started her own business at home.

"...I did accounting for small businesses, monthly accounting, and payroll and taxes and things like that, and so I could work at home and that's what I did, I mostly worked in the evening after they went to bed, like from 8 o'clock until 2 in the morning or so, and I did that for probably three years.

In her early 40s, participant #3 started college and has worked part-
time at different jobs since then.

Interestingly, when asked if she ever cared for an ill or aging parent or relative, she answered "no, not really." And yet, she did care for several people "[j]ust in the last weeks of their lives, but never, not in my home, while they were hospitalized..."

Her mother spent the last year of her life in a nursing home, and participant #3 and her sisters shared the responsibilities of caring for her, "of getting her to doctors' appointment and stuff." Her children at this time were in their 20s, and were not living at home. Later in the interview, she remembered that in the early years of her marriage she had taken care of her brother,

...he came and lived with us here in Kalamazoo. He was, he is kind of, well, he's paranoid-schizophrenic, so he goes through these periods where he doesn't do too well, so he came to stay with us for about a year.

She later admitted that it was difficult to think objectively about her caregiving, although taking care of other people was such a big part of who she was.

...I mean it's like so integrated in my life it's hard to even look at in an objective way because it's so much of who I am...you just do it so routinely that it's, that you are it, you know, it's like that's who you are, it's just a huge piece of who you are, and I know until I started school, it always came first and it was only after the first year in college that I realized that I couldn't do it all.

Clearly, taking care of others was this participant's role, and not just because that is what others expected of her, but also because she expected it of herself.

When asked about what she had learned from her diverse caregiving experiences, participant #3 asserted that she learned how to
balance the different aspects of her life, without losing herself and her needs in the process.

...[W]hat I had to learn was how to balance things, how to take care of myself as well as take care of other people, and that was a primary task of my, as a mother, is balancing that whole thing, and not becoming so involved in that role that I lost myself. Because for a time I feel like I did lose myself and that was not, that was not good, so I think what I learned was how to prioritize things a little bit better in my life from caregiving. How much is too much? How much is not enough?...and so, it’s balancing their needs with my own needs and it did take me a while to even acknowledge that I had needs and that they deserve to be tended to.

Like other women in this study, participant #3 reports that her upbringing influenced her caregiving experiences, particularly in terms of her children.

I think that my upbringing influenced my caregiving to my kids in that I basically did for them what never was done for me...my mother was never there for me, so I was always there for my kids...my mother had expectations of me that were unrealistic, and so I think in some ways I went the other way with my kids and didn’t expect much from them.

Participant #4

Born in the summer of 1928, participant #4 was 69 at the time of the interview. She was an only child; her mother left her with an aunt who raised her and eventually adopted her. She married right after graduating from high school, had a boy and a girl in her first four years of marriage, and fifteen years later had two more girls. She and her husband were married for almost 50 years before he passed away two years before this interview. Participant #4 reports being in very good health, although she reports having a medical condition that limits her activities. She graduated from high
school and when her youngest child was in school, she started to work outside the home.

Participant #4 reports having grown up in a very close family, with family members who were always there for one another. Sometimes they lived in the same household, other times lived right next door to her and her adoptive mother, and grandmother, who lived with them. Her adoptive mother was in many ways the family’s caregiver. She took care of her mother, and other family members when they needed.

...[M]y aunt was my mother eventually, she was a real open-hearted person and from the time she was like 12 years old she worked and coming up from the south, then she gradually brought an uncle and I don’t recall him living there when I was there, but my grandmother certainly, her mother, lived with her, she supported her. And after there was a time when another uncle and his wife and three children lived with us, we had a large house, and [she] supported them until they were able to be on their own...

Participant #4 seems to have followed in her mother’s foot steps, as she as cared for many family members herself. At age 23 with two small children, her grandparents moved in with participant #4 and her family.

...[B]ut there wasn’t as much, what I term caregiving in both cases because they weren’t bedridden, they were mobile, they weren’t well, we had to cook for them, and make their beds, and stuff like that, but other than that they each tended to their own things.

Her grandmother died first, and a short while later, her step-grandfather died in a hospital. At about age 50, she took care of her mother, with whom she moved in for about three months until she died.

...[S]he had pancreatic cancer and so three months before she died I moved in and she was up and around for a couple, three
weeks before she got bedridden and it was so that someone had to be with her and she couldn’t afford to hire somebody, and I, we couldn’t either...

This was a particularly stressful time because participant #4 had two teenage daughters at home, and she felt torn between feeling that she should be home with her daughters, and feeling that she needed to be there for her mother.

...[B]ut the kids it was hard on...things were going on at the house, they were teenagers, and it was difficult when I felt that tension and stuff but what could I do?...

At age 65, participant #4 took care of her mother-in-law for a while before she needed to be placed in a nursing home because "she would collapse and stuff and it was hard and couldn’t handle her." However, she still visited her everyday and made sure she had company. This caregiving experience seems to have been the most difficult to embrace for participant #4 for two reasons. First, she did not have the warmest relationship with her mother-in-law, who seems to have been a very difficult person, and secondly, because her mother-in-law had two daughters and another son, and "one [daughter] lived in town, the other, the son lived in town, I never saw them, they never came over." And participant #4 felt that at the very least her husband’s siblings should have shared the caregiving responsibility with her and her husband. Participant #4 was around 67 years old when her husband became ill and she took care of him for about a year until he died almost two years prior to this interview.

All four of them were different...Nothing was exactly the same, and services were different too. It was a tad easier with my mother-in-law because social services helped with her, and then having her in a nursing home, that helped me a lot.
And then with [my husband], we had Hospice, but we didn't have Hospice till just a couple of days before he died...

In terms of the impact of her caregiving roles on her paid labor force participation, she reports that caregiving did not interfere with her work. In fact, when she was taking care of her mother, someone from the Cancer Society told her not to quit her job, which she had been thinking about doing, and "she said try and hire somebody part-time and go to work because...for your own well-being, mental health..." Financially speaking, taking care of her grandparents was most difficult. "...[W]e were a young couple trying to support two kids and buy this house and everything..."

Participant #4 felt that her caregiving experiences not only taught her how much patience she really had, but they also gave her more compassion for older people. "...[A]nd it just made me aware...of course you have empathy for the older people...and of course maybe that's something that is second nature to me because of the way I was brought up..." Taking care of other people was such a big part of her life that, after her husband died and she was retired, she got a job as a volunteer at a hospital. In fact, participant #4 felt that if she had not married so young and started a family right away, she would have probably become a nurse.

Participant #5

Born in August of 1922, participant #5 was 76 years old at the time of the interview. She was the oldest of six children, and she had two brothers and three sisters, one of whom died in her teens.
Her father started out as a tenant farmer, and later held a regular job with the telephone company while continuing to farm their land. Her mother was busy at home with the six children, and farm chores. She graduated from high school in 1940, and a year later she and her husband went to Defiance, Ohio to get married, during a short leave he had from the service. She had three sons, although the first died when he was about a year old. Participant #5 reports being in poor health and having little energy. Also, she has had a medical condition (i.e., a bad leg) for the past few years that limits her activities. She and her husband are both retired now and look forward to spending time every summer with their grandchildren.

Participant #5 started to work right after high school, and continued to work while her husband was in the service. She stopped working when she was pregnant with her first child, and did not work outside the home until her boys were in high school, at which point she went back to work on a part-time basis. Like other women, this participant does not believe her paid labor force participation was harmed by staying home to take care of her children; that was her job and she wanted to do it. Her husband did not want her to work outside the home either, but when she did get a part-time job, he eventually came around.

...[W]e had a little battle, but I did work and it was probably better for all of us because it helped us catch up and get ahead...But see, I had to show him that it really did pay off for me to work even though he forgets that it wasn't a full-time thing...he was angry at first but then he began to see. He's always been very supportive of me in almost everything, and I could see his thinking too, and I think he eventually saw my thinking on it too.
Participant #5’s caregiving experiences did not only involve her children, but her parents as well. Because her husband and she were retired at the time, they were "the ones to be elected to do it." Her mother had been placed in a nursing home earlier; she had dementia and it became very difficult for her father and others to take care of her. The majority of the care she provided after retirement involved her father. In the beginning, their responsibility involved taking her father to see her mother at the nursing home every day.

...[A]nd helped with meals. When he was able we had [him] come to the house for meals, and then we would take him home because he didn’t want to stay all night. But then it got so that he wasn’t able to be on the stairs for very long, then we [would] go out there, and I [took] meals out there, and had dinner with him, and get him settled. Between myself and my sister...we were pretty much looking after him at the time.

Eventually her father lost his sight, and that was the beginning of the end. "He gave up hope." He became forgetful and confused, and it became more and more difficult to take care of him. He was placed in a nursing home, but he died shortly after. According to participant #5, she and her sister, who were their father’s primary caregivers, were ostracized by their siblings because their father changed his will in their favor, without their knowing about it, before his death. Their siblings did not really help with their parents’ care, and because of that, their father felt that they should not receive an equal share of the inheritance. To this day, her relationship with her siblings is practically nonexistent, and this, she feels, was the greatest negative impact of the care she provided.
to her parents.

In terms of the impact of her caregiving roles on her labor force participation, participant #5 believes there was no impact, because she was not working outside the home at the time. When her children were growing up, she felt compelled not to work outside the home. She "was needed at home more." And when she cared for her parents, she and her husband were retired and "at loose ends," according to her siblings. Her upbringing certainly influenced her decision to stay home and care for her children, "...that's what we were brought up to do...you take care of your family first."

When asked what she had learned from her caregiving experiences, she responded, "...I think more patience than anything else, I learned I had more patience than I thought...because dad was so difficult after he lost his eye sight and everything."

Participant #6

Born in July of 1928, participant #6 was 69 years old at the time of this interview. She was the second oldest child in her family and she had three brothers and two sisters. She was raised in a traditional household in which her father worked while her mother stayed home to take care of the family. She graduated from high school, and was married at age 20. She and her husband had one daughter and they were married for 39 years when he passed away about fourteen years prior to this interview. Participant #6 reports that she is in very best health, and has no medical conditions
that limit her activities.

Participant #6's first introduction to work was on her family's farm

...I was raised on a farm, so we worked as long as we were able to get out. My uncle owned the farm and he hired us kids to do the hoeing of the crops, the hoeing of the corn...We had 5 acres of celery, and we had green houses so we transplanted from the time we knew how to transplant, so, we really learned how to work when we were home.

After high school, participant #6 got a full-time job at a local business, where she remained for over five years. When she was eight and a half months pregnant, she quit her job and stayed home with her daughter for about two and one half years, and then went back to work full-time for several years.

When participant #6 was in her mid-forties, her husband was diagnosed with early on-set Alzheimer's disease, and it was her husband's doctor that recommended that she find herself a part-time job. "...[H]e is the one that told me to go back out and get something to do, to get a job, he said, for your own sanity." Participant #6 followed the doctor's recommendation and found a part-time job at a local business, where she was still employed at the time of this interview. This participant credits her ability to work while she took care of husband to the support she received from her boss and co-workers.

...[W]hat they did is they moved my office from the main shop into a big house that sits in front of the place...they turned that into an office and they made [my husband] a t.v. room in there and told me I could bring him anytime I wanted so it would let me work.

Participant #6 took care of her husband for over ten years at home,
with little to no outside assistance. He was in a nursing home his last one and one half years and she visited daily. When asked how her life changed by taking care of her husband, she replied "[t]otally changed...my whole life revolved around [my husband]...We couldn't do all that much together anymore because he couldn't do it." In terms of a social life, participant #6 stated "we didn't have much to begin with, but that took care of that..." Her daughter had moved to the south with her husband, and her siblings were not helpful and that created a rift between participant #6 and most of her siblings that remains to this day.

They deserted me, but they didn't know how to handle it, and it made me mad at the time but...I couldn't waste my time on them...my sister is the only one that stuck by me, she went over the nursing home every weekend with me on sundays, and sometimes she'd come over and go at night, 'cause I was there every night at 6 o'clock, in all the time he was there, never missed a day...

Participant #6 states that from her caregiving experiences she learned to be a fighter, to "fight for what your patient should have, not for what I wanted, I mean it was my job to see that [my husband] got the best care he could have..." And whether it involved the hospital or the nursing home where her husband spent his last days, she fought to get him the best care possible.

I even took on [B.] hospital, stopped their Medicare payments, they had [my husband] up there for four days and when I found out that he was up there four days without being fed, I tore the place apart...so when [my husband] was released back to the nursing home, I went up to the office and I said is Medicare being billed for this? and he [hospital administrator] said no, he said we are eating the bill, 17,000 dollars!

She did not take the administrator's word to be true, so she called
Medicare and they stopped all payments to this hospital, which was forced to stop services for a 24-hour period and conduct an investigation.

Participant #6 reported being quite satisfied with her life and added "...in fact, I'm kind of proud of myself, the way I handled it, you know." Caring for her husband and fighting for his rights, added to her life satisfaction. And to an extent, her satisfaction with life and with how she had handled herself throughout the years she cared for her husband, involved how she was raised, especially in how she viewed marriage.

...Because if I was raised like they are being raised now, half-hazard [sic] and no responsibilities, I wouldn't have been available to take care of [my husband]. I would have been thinking you know, it wouldn't have been a partnership deal.

Participant #7

Born in June of 1944, participant #7 was 54 years old at the time of this interview. She was also raised in a traditional household where her father worked while her mother stayed home to take care of participant #7 and her older brother. Participant #7 was divorced a few months prior to this interview and has a teenage daughter. She completed post-graduate studies, and has worked outside the home most of her adult life and reports being in very good health with no medical conditions that limit her activities.

For the past few years, participant #7 has been taking care of her mother, who lives with her and her daughter. Interestingly, she
did not think of herself as a caregiver.

Well, I hadn't thought of myself as a caregiver, but I guess I am. My mother moved in with us a few years back because she couldn't be by herself anymore, she is very frail, but still does a lot of things for herself.

Participant #7 seems to be very aware of her mother's needs, including her need to have some independence in spite of the fact that she now lives with her daughter.

I think it's important to let her do things for herself, for as long as she can. I don't mind helping her at all, but I think it's important for her to feel she has some independence and she can pretty much take care of herself.

The layout of the house in which they live has allowed her mother to remain somewhat independent, because the lower level is set up with all the facilities her mother could need. She has her own kitchen, bathroom, living room, and bedroom, and she can choose when and if she wants to join the rest of the family in the upper level.

Although her brother does not assist with her mother's care, participant #7 receives support from her daughter and ex-husband.

...[H]e was very good about mom. In fact, he still comes over and takes her grocery shopping, or if I have to go somewhere, he would come over and keep an eye on her. So yes, he was very supportive and still is.

When asked how her life has changed since she has been taking care of her mother, she replied,

Well, having mom at home has meant that we couldn't always go away together for very long, you know, we can't leave her at home alone for long, so I guess our social life suffered a little, but that was okay with us. Now that I'm alone, although my ex still helps out, it may be harder, it certainly will be in the future, to do vacations and that sort of thing.

In terms of her labor force participation, participant #7
feels fortunate that because she has a job that allows her to be very flexible with her time, she has been able to care for her mother without it interfering in her work. And in the future, as her mother needs more assistance, she is certain that her job will allow her to care for her adequately, and pay for any additional help they may need.

Participant #7 reported that she was pretty satisfied with her life, and her caregiving experiences added to her life satisfaction.

"...I think they have, I mean having my daughter has been a wonderful experience, and she is a pretty good kid. And my mother well, yes, having been there for her and being able to help feels pretty good.

Her caregiving experiences have also taught her a few things about life. "...I’ve learned about human nature, you know, my limits and others’ limits, what I am capable of doing, patience, compassion, understanding, respect. I guess I’ve learned a lot."

Like other women in this study, participant #7 reports that her upbringing influenced her caregiving experiences. "I was brought up to believe family was the most important part of your life, and it is, and when someone needs you, you know, you are there for them."

Participant #8

Born in June of 1934, participant #8 was 64 years old at the time of the interview. She had two older brothers and grew up on a farm. Participant #8’s father also had his own business, and her mother took care of the children and then worked outside the home.
when participant #8 was around 10 years old. She married in her late 20s, and had two girls and one boy. They were married for almost 30 years before her husband passed away 5 years prior to this interview. Participant #8 graduated from high school and worked outside the home most of her adult life. She reports that she is in the very best health, and has no medical conditions that limit her activities.

Participant #8 worked outside the home after her children were born, partly because her husband was paying child support to his two sons from a previous marriage, which she knew before they married, and they therefore needed the income she earned. Because her mother wanted to and was available to take care of her children this meant that they did not have to leave the children with strangers, which they did not want to do.

During a ten-year period, participant #8 cared for several family members, some of the time simultaneously.

That was the rotten part in my life, only because I was, I think I was getting worn out 'cause at that time my dad was sick and my husband was sick and my mom had...off and on, for years, I just didn't know what to do, the kids were still little and it was really mind-boggling, and I had my own work...

Her husband had been diagnosed (and pronounced cured) with Hodgkins disease seventeen years prior to this period, but he developed inoperable pancreatic cancer and radiation was not an option. Her parents had heart problems and her mother had open-heart surgery at one point. Obviously, this was a very difficult time for participant #8, particularly in the beginning since her children were still
young at that time. Eventually, the situation got so difficult, that participant #8 quit her job.

...[T]hen it was my dad, and that's the way it went for several years and I thought I can't handle this. I prayed and prayed and prayed, what do I do? I hate this job, I can't handle it...so I finally just took vacation for two weeks, I thought maybe that would help, I had four weeks coming, then I worked two weeks and gave my notice...

It is obvious that this participant wishes she had remained at her job, or gone back to work at some point. "The sad thing is that now I don't have nobody to do anything with, you know, that's rotten, nobody likes to do things I like to do." She does not believe she was harmed by leaving the paid labor force. "...[B]ut no, I don't think I missed anything about not working, if you don't think about, well, I want this and I want that, you know, what do I need it for?" When asked if she thought she was financially harmed by quitting her job to take care of her mother, she said yes, but she did not focus on herself or her family, but rather on what she was not able to give to her mother.

...[M]y dad passed away and mom lived 8 years and then I could not do the things that would give her enjoyment...it was just hard 'cause I knew what she liked and what she liked to do, and yet I couldn't do anything about it because I didn't have the money.

In the ten-year period participant #8 took care of her husband and parents, she also lost other family members and friends, and all these experiences seem to have had a tremendous impact on her life.

...[E]verything changed, everything is different...it's just entirely new, it's like turning around and being in a strange land you know, you don't know what to do even...if I clean the house, what good does it do? no one's going to see it anyway, stuff like this, and this is where I'm at right now, you know.
Participant #8 appears to feel quite alone and feels the loss of her husband, not just in terms of her life partner, but also in terms of the loss of the plans they had made for their retirement.

Yeah, it's a complete change, I still don't know where I am going as far as that goes and there is no help, no encouragement, I haven't found it, I mean, my kids can only do so much you know, and at first I thought well, I got to do all the things we always planned to do...we waited because he was going to retire in two months before he died, and he that's what we were waiting for, then we could do everything...

In spite of it all, participant #8 reports being satisfied with her life, and although she would have liked more time with her husband, she "wouldn't change anything about that ten-year" period.

Participant #8 reports that she learned some important lessons from her caregiving experiences.

Not to force my opinion, my way of living, my thoughts, on somebody else, because they have their thoughts, their opinions, their desires of their own...I think patience, and not just going at it, well I got to go over there, well maybe I can get away with half an hour or ten minutes, you are not fooling anybody but yourself, you know...I think patience and being aware and not just looking at the surface you know, understanding, they want to tell you stuff...you can't make decisions for people.

Participant #9

Born in August of 1921, participant #9 was 77 years old at the time of this interview. She was the oldest child and had three brothers, one who died at birth. Her parents worked outside the home and her father died when she was in her early 20s. Participant #9 was married at 25, and had three children, a daughter and two sons, both of whom have passed away. She was married for 37 years before
her husband died in the early 1980s. She worked outside the home most of her adult life. Participant #9 reports that she is in fair health, but has no medical conditions that limit her activities.

Participant #9 stayed at home with her children until they were in high school, and then went back to work at a local hospital. This was in the early 1960s and her husband had already had heart problems so he had given up farming and was working at a local business. After about twenty years, she quit working because of her husband's health.

...[W]ell, he was having trouble with his diabetes and they started amputating the legs, he had five operations on them and by the time our son died in Arkansas, he would tell me when I was going to work, "well, don’t worry about me, when you come back in the morning I’ll probably be dead..."

She took care of her husband on and off for about 15 years, during this time he had several medical conditions and numerous surgeries. After her husband died, her mother came to live with her and she took care of her for a few years until she died at home. "Mom was very difficult to take care because she was getting irrational you may call it." Participant #9 also took care of her oldest son for a short period of time, before he died of lung cancer.

...[A]nd he was in a coma, and some friends of his that he went to school with took him to Battle Creek you know, to the VA hospital...he had extremely high calcium count and he was in a coma...then they said if we get him straightened out, he'd have lung surgery... and about the first of December he had surgery, and then they call me from Ann Arbor, he could come home...he couldn't get around well, and he pretty soon developed the hiccups and there was no stopping and he got weaker and weaker...and we took him to the VA again...they took him to Ann Arbor, and he was in intensive care and he died.
She also has helped a couple of friends through their health crises, but not to the extent that she helped her family members.

In spite of the great losses she has suffered throughout her life, participant #9 seems content with her life, and reports to be satisfied. "...[C]ompared to some of the people I know that was doing other things, I never felt that I was cheated from not participating in their activities, I felt that what I was doing was right for me."

She reports that her caregiving experiences taught her how to take care of myself better. You can't keep passing on knowledge without some of it...staying with you. I cook differently and I think I do more exercise now, because I'm not just sitting taking care of patients...

Also, her caregiving experiences taught her how to search for solutions to her problems and carry them through, "I think I know what's right and I just do it for me."

**Participant #10**

Born in March of 1919, participant #10 was 79 years old at the time of this interview. She had three sisters and two brothers, her mother was a homemaker and her father was a farmer. She married in her late 20s, and had two daughters. She was married for 50 years when her husband died about two years before this interview.

Participant #10 completed the 8th grade and has worked most of her adult life. She reports to be in fair health, and for the past few years, has had a medical condition that limits her activities.

As is the case for other women in this study, participant #10
did not work outside the home while her children were very young, but once they were in school, she went back to work part-time. After her daughters were grown, she worked at a realtor’s office full-time for about 20 years, and retired from that job right before her husband retired.

Participant #10’s caregiving experiences for adults started with her father and stepmother.

...[A]ll I’ve done, sat in for them, I always helped my dad and my stepmother, well, we were the only ones that had a car, so we had to take them everywhere...At that time I had just stopped working, although they would call me in, but we did stuff for them, but my husband would help...

She also had a terminally ill granddaughter for whom she and her husband would care.

This participant took care of her husband, who suffered from fibrosis of the lungs, for about 10 years before he died in 1996.

Well, he started going down...it wasn’t that he couldn’t get up and get around, but he was in bed more than he was up, but he could go to the store and he could run to the restaurant if he didn’t like what I cooked...but then the last two years, he wasn’t even doing that, he was pretty much bedridden...

She reports that she "didn’t ask anybody" for help. One daughter lived in another state, and the other was taking care of her terminally ill daughter. Hospice was helpful, but it is obvious that participant #10 felt she had to be at home with her husband.

...Hospice also had volunteers who would come and sit for you, went for groceries, also I was very uncomfortable using them, because no matter what I did, hurry home, hurry home, that’s always in your mind.

In terms of the impact of her caregiving roles on her paid labor force participation, participant #10 asserts that, because she
was no longer employed at the time, her caregiving experiences had no impact on her paid labor force participation. "...In my situation...it didn’t, but like...if I had gone on to another job, then I probably, I would have had to quit. Oh yes, he could not, somebody would had to be there." Also, she reports being satisfied with her life, and when asked if her caregiving experiences added to her life satisfaction she responded, "I never even thought about it, it was my job. It was something you had to do, and you did it." Participant #10 clearly saw caring for her family as her job, her role within her family.

I didn’t do anything that I didn’t expect myself to do at all, it was my job, and I’ve always been that way, even on the farm as a kid growing up, my job, and I was always proud of it.

Certainly, her upbringing influenced her caregiving experiences, "[o]n the farm, you work and, you know that... if there was a problem there, the family took care of it..."

Participant #11

Born in December of 1919, participant #11 was 79 years old at the time of this interview. She has one brother who is two years younger, her father worked for the railroad and her mother was a homemaker. She married at 18 and had three children, two sons and one daughter. They were married for about 40 years, before her husband passed away about 20 years prior to this interview. Participant #11 completed high school and, while working outside the home, she took a great number of college-level courses. She reports hav-
ing very serious health problems, and her activities have been limited.

When her children were in school, participant #11 went back to work part-time. She had a couple of different jobs before she found a job as a librarian, where she remained for 26 years. Even though she reports that she loved to work, she didn’t work while her children were little because "I thought that was my job to tend to my children."

Before she was pregnant with her third child, her in-laws moved in with her and her family, and they lived with them for about five years. She and her husband fixed an apartment on the second floor of their home, "...we wanted to do it differently so they would have the downstairs, but my mother-in-law was very strong-headed, things were the way she wanted or they didn’t go..." While she was pregnant with her third child, participant #11’s father-in-law became ill and had to be hospitalized, and while he was in the hospital, her mother-in-law became ill as well.

...[G]oing up and down the stairs was harming me and the doctor said, "well you just can’t do that." My husband would do what he could do, and I cooked the meals down here. Well she got sick and come to find out she had cancer...so she, she died first...

Participant #11 also cared for her husband, who lived with emphysema for over 20 years, and the last years were very difficult. He was bedridden and in and out of the hospital all the time. Her children were very supportive during this time. "...[H]e was in intensive care for two weeks and they stayed right up there at the
hospital, my daughter lost her job over it..." She has also pro-
vided some assistance to several of her neighbors (i.e., preparing
meals and light housework), mostly for older women whose children
worked and could not be there all the time.

Although she was working during some of her caregiving experi-
ences, she does not feel her work was affected by these roles, pri-
marily because she was working part-time, and her job was flexible
enough that if she could not make it to work because her husband was
hospitalized, for instance, she did not have to worry.

When asked how her life changed because of her caregiving ex-
periences, she asserted,

...it made me a better person to help somebody else. I guess I
naturally did that, my daughter and the kids the same. Well
that's what you do, and I didn't begrudge any of the time that
I was doing that...

For participant #11, caregiving not only came naturally, but
it was also something others expected of her. "...they figured
that's what mothers did and that's what neighbors did...no, they
just expected it, somebody needed help, 'ma' will be there..."

Also, she reports being satisfied with her life, and that her
caregiving experiences "...made [her] giving...it wasn't any effort.
[She] didn't feel like [she] was depriving [her] family or [her]self
by doing it..."

When asked what she had learned from her caregiving experi-
ences, she reported that, "[I]t could happen to me. Well, it just
made more giving, more loving, I think. You went to bed at night
satisfied that you'd done what you thought was right."
**Participant #12**

Born in May of 1938, participant #12 was 59 years old at the time of this interview. She has a half-sister who is eleven years older, and both parents worked outside the home while she was growing up. She married right after high school and has two daughters and one son. Her husband is now retired while she continues to work outside the home as she has done for most of her adult life. Participant #12 completed high school and has an associate degree. She reports being in good health, with no medical conditions that limit her activities.

About a year and a half before this interview, participant #12’s father passed away, which left her and her sister to care for their mother, who needed a lot of help at that time. In the beginning, participant #12 would go to help her mother, who lived in a town about one hour away, during the weekends, since she worked full-time.

...[B]asically, [my sister] had her ready Saturday morning and we ran errands and do all the kinds of things that she hadn’t done with my sister...She always wanted to go out for lunch, and so we always went out to eat. I would sometimes vacuum and dust, whatever she needed done. My sister did her laundry for her...and so I never did things like that, but small things, whatever she need.

But in the last months of her mother’s life, she reports that "I was going over there like 2 or 3 times a week, running during the week, but my sister lives over there so she was her [mother’s] primary person to help..."

Participant #12 has also cared for her husband, who has had
heart problems for about 15 years.

...[A]fter his first open-heart surgery, that was in '83, that was rough then because he would wake up 2-3 times a night and just be soaked...I’d have to help him up because he couldn’t get out of bed by himself, and then change the sheets...Then I ran out of sheets, and so he had to sleep on a towel...I had to work the next morning, but I was younger then, and we managed...

In the last three years, her husband has had more health problems. He had another open-heart surgery and the year before this interview, he was involved in a major car accident. Fortunately, he is doing well now, and she does not feel that her labor force participation was affected. "...[A]nd I’ve managed to stay employed through the whole thing, but I have very understanding employers, would let me go whenever I needed to..."

When asked about how her life changed because of her caregiving experiences, she reports having a renewed appreciation for life.

...[I]t made me appreciate life and now I’m thinking at 59 I want to retire in the next couple of years...you know, he could have been killed at three different times, I mean, during the car accident he died in the operating table...you never know what’s going to happen.

Participant #12 reports being very satisfied with her life, and believes her caregiving experiences have added to her life satisfaction. Her upbringing certainly influenced her caregiving experiences, as she saw her parents care for others.

...[B]ecause my mother and father were very, very good at it, and they never resented it, anything that they did for my grandmother, my mother had to quit school...she probably took care of my grandmother all of her life...and she never complained, so and that had an influenced on me of course, and my dad a jolly, laughing, good natured, everybody loved my dad...
Finally, when asked if she thought that as a woman, she was expected to care for others, she replied "oh sure, my mother did it, and I was [married] in the 1950s and it was unusual for people to work...most of my girlfriends stayed home."

Participant #13

Born in June of 1922, participant #13 was 76 years old at the time of this interview. Participant #13 comes from a large family, she had 11 brothers and sisters, and she was the oldest daughter. Her father worked while her mother was busy at home, taking care of the children. Participant #13 has been married twice, and has one son from her first marriage. Her second husband, to whom she was married for about 35 years, died in the mid-1970s. She completed the 11th grade and worked outside the home most of her adult life. Participant #13 reports being in the very best health, although for the past few years, she has had a medical condition that limits her activities.

Participant #13 took care of her mother, who died three years prior to this interview, as well as some of her siblings and her second husband. "For some years, but she didn't need that much help, I would just go and stay with her for a while, and she lived with my sister. I helped with housework and all that." Although she obviously has cared for several family members, participant #13 really plays down the care she has provided through the years. All she had to say about her second husband was that she took care of him "...a
little, but not very much..." She also mentioned briefly that she
cared for some of her siblings, particularly when they were ill, but
would not expand on the type of caregiving she provided.

Participant #13 obviously enjoyed her caregiving experiences,
"I enjoyed taking care of my child and my family." And, although
she was working outside the home for at least some of her caregiv­ing
experiences, she reported that caregiving had no impact on her
labor force participation.

She reports that she learned a lot from her caregiving experi­
ences. "I learned a lot from it you know, like giving and getting,
and taking care, and it's a joy." Also, she believed that her up­
bringing influenced her caregiving experiences, "that's what we were
supposed to do, take care of our families." Participant #13 was the
oldest daughter, and as such, she helped her mother care for her
younger siblings as she was growing up.

Participant #13 is African American, and when asked if she
believed her ethnic background influenced her caregiving experienc­
es, she did not seem to believe that there are ethnic differences at
least in terms of expectations of care. "Well, yes, but like others
also, you are expected to take care of your family."

Participant #14

Born in April of 1939, participant #14 was 59 years old at the
time of the interview. She was an only child, her father always
worked, and her mother joined the paid labor force when participant
Participant #14 was in junior high. She and her husband did not have any children of their own, but they did adopt. They have been married for about 34 years. She completed a college degree and has worked outside the home most of her adult life. She reports being in good health, but has a medical condition that limits her activities.

Participant #14’s first work experience involved helping her parents in their catering business. "...I worked with my father, he used to take me with him in catering jobs, say, I was maybe 13, 14, somewhere in there." In the last years of high school and during college, she worked full-time during summer vacations.

Her father died in the late 70s, which left her mother alone in another state. After his death, her mother’s deteriorating health also became more apparent.

From then the dementia and the diabetes got worse. She would forget to eat, to eat the right things, and all that...I worried about her a lot, right after my father died, until I was convinced that she couldn’t do okay by herself.

Participant #14 moved her mother into her home with her husband, who was very supportive. She took care of her mother for about five years before she had to place her in a nursing home five years prior to this interview.

...[M]y mother lived with us before she had to go, I don’t mean I pushed her out of the door or anything, it’s just that she has dementia, senility, and she has diabetes, and the two just worked to such a degree that it was just not possible anymore, so it was the best thing for her to go somewhere where she could get the full nursing care.

Although participant #14 was employed full-time at the time she cared for her mother, she does not believe her caregiving roles
impacted her labor force participation.

I feel really fortunate in that given the job that I have with the state and the benefits that it offers and also the support I’ve had from my husband, it hasn’t really affected me at all...about the only way I can say it may have impacted, maybe at vacation because since mother has been in the nursing home, I’m not so comfortable going very far away for a very long time, by long time I mean more than, maximum a week...

She adds that her caregiving experiences have not affected her social life, ‘’cause for the most part the social activities that I attended or my husband and I attended, my mom went with us...” And, this was the case up until about a month before her mother was placed in a nursing home.

...[A]nd as she became more ill, she was less willing to go out...and so up until, oh I think probably the last month that she lived with us, she was able to be, to stay alone for a couple of hours, you know if she didn’t want to go out.

In terms of her family relationships, participant #14 reports that she became closer to her mother and they both learned how to get along while they lived together those five years.

...I guess going back to growing up, I was always daddy’s girl. My mom and I were kind of loving adversaries, and so we didn’t really learn to get along together until we had to live together. We got along, but it was like whenever I went to visit, I always had to relegate myself to be the child again... mom is always right, and it’s my way or no way...and so having to care was a real learning experience and I learned a lot that I wished I had known otherwise and earlier.

Like other women in this study, participant #14 reports being satisfied with her life. "...I am happy with the way my life has turned out...I mean I would still be married to the man I’m married to...

From her caregiving experiences, she learned that she was not
a very patient person, and laughing she added "...however, I must admit that I suspected that for a long time." Taking care of her mother taught her to be more patient, and "I learned that it's important always to express love to the persons that we care about in general." She also learned more about her mother's condition.

...I wished we had been better friends when I was younger. While she was here, she became my best buddy. It wasn't a perfect relationship even then. We fought, we had arguments because I didn't know about her condition, senility, while I was caregiving for her it was a learning process for me too.

Participant #14 is African American, and when asked if her ethnic background had influenced her caregiving experiences, she was ambivalent.

I don't know, maybe, maybe not. I can remember a time when Black people never put their loved ones in nursing homes...they were always taken care of at home ...but that was the traditional thing when there was a lot more extended family that always lived in the home, and there was always somebody around to take care of grandma or whoever. Today, more Black people are doing and living the kinds of lives that white America has lived...so people are not as able to be home and take care of people like they used to.

Participant #15

Born in July of 1940, participant #15 was 58 years old at the time of this interview. She has one brother and one sister, and grew up on a farm. Both her parents worked outside the home. She was married for 8 years and has one son. Participant #15 has some courses toward a M.A. and has been employed most of her adult life. She reports being in poor health, and has serious medical conditions. However, these medical conditions do not significantly lim-
Caring for other people was very much part of participant #15's upbringing. Her mother was a nurse and worked her whole life. And although she was the only woman in the family who worked full-time, she was the one who was called upon to care for anyone who was sick.

...My mom got called on to take care of everyone, I mean, my mother worked full-time, and she had four brothers and sisters ... and a mom and dad, and any time anybody was ill,...she was always called on to be the caregiver.

Participant #15 admits that she grew up thinking that this was how the world worked. "If you had a family member that needed help you were there..."

Once she finished high school, participant #15 started to work full-time at the same place that she had worked part-time up to that point. She has always worked, and even when she had her son and stayed home for two years, she found temporary jobs. "...I was just not good at staying home."

About two and a half years before this interview, this participant's mother moved to Kalamazoo to live near her daughters, and soon after that she became ill. Her mother was living in an apartment complex for older adults, but they provided very little assistance. Participant #15 works full-time, but was able to help her mother in the evenings and during the weekends. Her sister, who is retired, was also available for assistance.

My mother would have liked to have done more with me, but I was working at the time...my sister moved up here also, and we always had dinner together on Sundays, and my mother spent...
a lot of time both at my house and at my sister’s house...

However, her mother’s condition got worse and she was in and out of the hospital, before she died in participant #15’s home.

...[W]ell just before my mother died she was quite ill and she spent, for the last few nights out of the hospital with me, and I thought I don’t think I could have done that for much longer. I may have gotten stronger to do that, but that was very difficult when she was very ill. But, I am thankful that I was able to do that.

Participant #15 is satisfied with her life, and stated "I think I’ve been very fortunate, I have a lot of support from a lot of people." She also learned more about herself, and particularly in her ability to make a seemingly negative situation, into a positive experience.

Participant #16

Born in January of 1928, participant #16 was 70 years old at the time of this interview. She had two half sisters and three half-brothers. Her father died when she was very young, but her mother remarried. Both her mother and step-father worked outside the home, and the children spent a lot of time with other family members. She was married twice, her first husband died shortly after they were married, and she divorced her second husband after 13 years of marriage. She was with her third partner for 32 years. Participant #16 never had children of her own, but her latest partner had six children which she helped raise. She completed one year of college and has worked outside the home for most of her adult life. She reports being in the very best of health and has no med-
ical conditions that limit her activities.

Participant #16's mother was a nurse and was called on to provide care to several family members. "My mother was always taking care of someone...so she took care of my aunt and she took care of my grandmother, she took care of my grandfather..." Participant #16 reports that her caregiving experiences were influenced by her upbringing, particularly in that she saw her mother "always doing for someone."

Throughout her life, participant #16 has cared for six people, four of them in her home. The first person she cared for was her former husband's brother, who had polio, "...and couldn't work, didn't have any money, so anyway we got him to move in with us...we had oxygen, and everything, until he went to the hospital and then he died." Then, with her partner's help, participant #16 cared for her father's sister, who lived in Battle Creek.

...[T]hat was long, hard ordeal, she was in a wheelchair, and we go in the morning and then we go at noon and then we go at night, and for a while, I mean we got six kids running around here, we couldn't come home until she gone to bed, we fixed her supper, and she went to bed early, 7:30, 8 o'clock, but still yet, it was quite a balance act.

Eventually, her aunt's condition deteriorated and they had to place her in a nursing home, and although this decision was difficult, they did not have a choice. "...And she wouldn't have visiting nurses, and she wouldn't have this, she wouldn't wear diapers, she wouldn't do this, she wouldn't do that, so there was no cooperation whatsoever."

After her aunt, she took care of her mother who had leukemia.
Her mother had been in a hospital for a while before the doctor called and said "...you take your mother home tomorrow or she's going to a nursing home..." At the beginning, it was very difficult because "...they sent her home a drug addict...but after [they] got over the drug bit, she was an excellent patient..." And she took care of her mother for nine years, throughout all of which she was bedridden. They did have outside help for her mother, including Visiting Nurses and a woman they hired to come between 8 a.m. and 4 p.m., while they were at work.

After her mother, they took care of her partner's mother who had a heart condition and was with them for about a year and a half. "That was hard, she didn't want to be here. She didn't like me, but whenever she needed something or had fallen, I'm the one she called..."

Seven years before this interview, participant #16 took care of her partner. "...And then [she] was here, she was sick for, well she was diagnosed in August and she died the next August..." Participant #16 reports that she received a lot of assistance, including Visiting Nurses, and "...of course the kids helped tremendously..." Her partner had pancreatic cancer and it was a very difficult year for all of them.

...That was bad...she couldn't eat anything at all, nothing by mouth, we had a feeding tube...we had this tube that came out her stomach and just, if she choked it would loosen it, and the stomach acid would burn her skin and then I had to change it...I got real good 'cause I'm not the nurse in the family, but you do what you have to do. But that was, that was long and hard.
Two years prior to this interview, she helped her niece care for this participant's sister, who was living up north at the time. Her sister had been diagnosed with ovarian cancer about a year and a half before she died. "...her daughter was there full-time, and I would go up and I'd come home, but I was there, what a month, toward the end to take care of her."

Participant #16 was about 45 years old when she took care of her brother-in-law, and when she cared for her sister, she was about 68 years old. She also worked throughout all her caregiving experiences. However, when she cared for her partner, she did stay home a large part of the time, particularly toward the end. Participant #16 admits that it was probably easier for her than other people, to take time off from work, since she and her partner owned their own business. "...[A]nybody else would have fired me..."

...[W]e adjusted our hours to what was needed, but we worked when we could, we had to, but if we needed to be here we just stayed home....it was great having your own business, you don't get rich that way...

Participant #16 reports that her caregiving experiences did affect her financially, particularly when her partner was sick.

When [she] was sick we had to cash in most of her monies that we had put away, and of course when you raise six kids you don't put much money away...[she] wanted new carpets, so we got new carpets, she wanted to do different things and we did it before she got too sick...we spent quite a bit of money, and that's fine...but I'm glad that it was there for us to spend...and with [my aunt] there was the loss of earning money, but money isn't that important really, it isn't to me, it is to a lot of people.

When asked if she was satisfied with her life, participant #16 responded, "...I think I have had a fantastic life, I wouldn't
change a bit." Her caregiving experiences have certainly contributed to her life satisfaction. Taking care of others, she believes, "...made [her] a better person, [and] more understanding..."

Summary

This chapter presents the findings of the single-case analysis conducted in this study. Although these women are quite different, they have all experienced diverse caregiving roles throughout their lives. Some began their caregiving experiences quite early in life, by caring for their siblings. And for others, caregiving did not become part of their lives until they were married and had their own children.

Women's traditional caregiving roles within the family influenced these women's caregiving experiences. Most saw women in their own families care for others, and they grew up believing that caring for family members was their job. And although most of these women worked outside the home, their caregiving responsibilities were their priority, their primary role. It is no wonder then that most of these women saw no impact on their paid labor force participation due to their caregiving responsibilities. Working outside the home was not their primary role, so how could it be impacted by fulfilling their primary responsibility of caring for their loved ones? This argument is supported by the fact that most of these women did not feel that they were financially harmed by not working for pay while caring for family members. The participants were also satis-
fied with their lives, and having provided care to their loved ones added to their life satisfaction. Hence, they had fulfilled their primary responsibility. Interestingly, most of these women did not really see themselves as caregivers, but as mothers, daughters, and wives that had fulfilled their duties within those roles. In other words, caregiving is a normative experience for women who are mothers, daughters, and wives.

The single-case analysis conducted in this study, also revealed similarities in terms of age, family history, labor force participation, and caregiving experiences (see Table 1 below). All of which, will be discussed in detail in Chapter VI.
Table 1
Summary of Participants' Caregiving and Employment Histories

<table>
<thead>
<tr>
<th>Part. No.</th>
<th>Age</th>
<th>Nature of Caregiving</th>
<th>Employment Status at The Time of Caregiving</th>
<th>Feelings About Caregiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>57</td>
<td>younger brother</td>
<td>was not working, but started to work to escape this responsibility</td>
<td>positive and negative feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- two sons now 31 and 26 years old</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- took 5 years off when kids were little, then worked full time</td>
<td>positive and negative feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mother: for about 2 months as she was dying of breast cancer; #1 was 47 years old at the time</td>
<td>worked full time at nights</td>
<td>positive and negative (very stressed due to physical nature of job)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>friend: currently she is dying of cancer</td>
<td>works part-time and goes to school</td>
<td>positive feelings</td>
</tr>
<tr>
<td>2</td>
<td>69</td>
<td>younger siblings, including financial assistance</td>
<td>worked since early age and helped dress herself and brothers</td>
<td>positive and negative feelings</td>
</tr>
<tr>
<td>Part. No.</td>
<td>Age</td>
<td>Nature of Caregiving</td>
<td>Employment Status at The Time of Caregiving</td>
<td>Feelings About Caregiving</td>
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<tr>
<td>----------</td>
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<td>--------------------------</td>
</tr>
<tr>
<td>1</td>
<td>54</td>
<td>siblings, mother aunt</td>
<td>not employed</td>
<td>mostly negative, resented mother for not doing her job</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- brother: who is paranoid-schizo and live with them when first married for about 1 year</td>
<td>employed full-time</td>
<td>neutral about it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 4 children (oldest is 30 and youngest 22)</td>
<td>employed part-time after youngest didn't work for about 6 years; worked for personal growth</td>
<td>very positive</td>
</tr>
<tr>
<td>2</td>
<td>54</td>
<td>4 step-sons (41 to 34 years old), &amp; 1 biological daughter (26 years old)</td>
<td>not working when married at 40</td>
<td>very positive feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- mother: she moved in with her at 77 years old; cared for her for 6-7 years, until had to place in nursing home</td>
<td>not working; youngest child was around 8</td>
<td>positive, and negative especially towards the end, because of stress of caring for 5 kids and her mother</td>
</tr>
</tbody>
</table>

Table 1--Continued
Table 1--Continued

<table>
<thead>
<tr>
<th>Part. No.</th>
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<th>Feelings About Caregiving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- mother: in last year of life</td>
<td>- working part-time, full time student</td>
<td>positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- sister: in last few weeks of life</td>
<td>- same as above</td>
<td>positive</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>- 4 children (oldest is 50 and youngest 34)</td>
<td>- worked when youngest was in 3rd grade</td>
<td>very positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- grandparents: moved in with her when her 2 youngest were little</td>
<td>- not employed; she was 23 years old at the time</td>
<td>mostly negative because of stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- mother: part. #4 moved in with her mother for her last 3 months of life</td>
<td>- working part-time (suggested by someone from the Cancer Society; Part. #4 was 50 at the time)</td>
<td>positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- mother-in-law; was bedridden, then placed in a nursing home</td>
<td>- working; part. #4 was 65 at the time</td>
<td>mostly negative because of bad relationship and the fact that there were others that should have been involved</td>
</tr>
</tbody>
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Table 1--Continued

<table>
<thead>
<tr>
<th>Part. No.</th>
<th>Age</th>
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<th>Feelings About Caregiving</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- husband, at home for several months before he died</td>
<td>- retired at the time; part-#4 was 67</td>
<td>very positive</td>
</tr>
<tr>
<td>5</td>
<td>75</td>
<td>- 3 children: one died he was 1 year, other sons are 48 and 45</td>
<td>- worked part-time when kids were in high school</td>
<td>- positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- parents, father primarily</td>
<td>- retired at the time</td>
<td>- positive and negative feelings</td>
</tr>
<tr>
<td>6</td>
<td>69</td>
<td>- 1 daughter, who is now about 48</td>
<td>- went to work full-time when she was 25 years old</td>
<td>- positive and negative feelings (would have rather stayed home)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- husband: took care of him for about 10 years (Alzheimer's) at home, 15 years at nursing home</td>
<td>- worked part-time, as recommended by his doctor</td>
<td>- very positive feelings, employers were very supportive</td>
</tr>
<tr>
<td>7</td>
<td>53</td>
<td>- 1 daughter, who is 14 years old</td>
<td>- worked full time</td>
<td>- positive feelings</td>
</tr>
<tr>
<td>Part. No.</td>
<td>Age</td>
<td>Nature of Caregiving</td>
<td>Employment Status at The Time of Caregiving</td>
<td>Feelings About Caregiving</td>
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</tr>
<tr>
<td>8</td>
<td>64</td>
<td>- mother, who has lived with her for several years but is not bedridden</td>
<td>- worked full time</td>
<td>- positive feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- parents; mother had problems; several years, not in her home</td>
<td>- worked full time, until she had to quit because of mother’s condition</td>
<td>- some positive, but mostly negative because of the stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- husband: pancreatic cancer</td>
<td>- not working at the end</td>
<td>- positive, negative in that she wished she would have gone back to work</td>
</tr>
<tr>
<td>9</td>
<td>77</td>
<td>- 3 children, 2 sons (both have died) and 1 daughter</td>
<td>- went back to work when the kids were in high school</td>
<td>- very positive</td>
</tr>
</tbody>
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Table 1--Continued

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- husband: on and off for 15 years, several health conditions</td>
<td>- worked full time until husband’s condition got worse</td>
<td>- positive, some negative toward the end, or before she quit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- mother: who moved in with her after husband died (for few years)</td>
<td>- not working outside home</td>
<td>- positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- son: for less than a year, lung cancer</td>
<td>- not working outside home</td>
<td>- positive</td>
</tr>
<tr>
<td>10</td>
<td>79</td>
<td>- 2 daughters</td>
<td>- went to work part-time when kids were in school, later went to work full time</td>
<td>- very positive, some negative because husband didn’t want her to work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- father and step-mother: with transportation and errands</td>
<td>- had just stopped working full time, but would be called in to help occasionally</td>
<td>- positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- terminally ill granddaughter; mainly provided some respite for daughter</td>
<td>- not working outside home</td>
<td>- positive</td>
</tr>
<tr>
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</tr>
<tr>
<td>11</td>
<td>78</td>
<td>- 3 children</td>
<td>- went to work part-time when kids were in school</td>
<td>- very positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- in-laws: moved in with them for few years until they died</td>
<td>- not working outside the home, but pregnant with third child</td>
<td>- positive, but also negative, very stressful and she didn't have a good relationship with mother-in-law</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- husband: who had emphysema for 20 years, and his last years were very difficult</td>
<td>- was working part-time</td>
<td>- very positive</td>
</tr>
<tr>
<td>12</td>
<td>59</td>
<td>- 3 children, 2 daughters and 1 son, oldest is 40, youngest is 36</td>
<td>- went to work full time a couple of years after the first, and 3 years after the next 2</td>
<td>- very positive</td>
</tr>
<tr>
<td>Part. No.</td>
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</tr>
<tr>
<td>- mother: helped mother for over a year before she died (part's sister was primary caregiver since she lived in same town)</td>
<td>- working full time</td>
<td>- positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- husband: on and off for the past 15 years, he has heart problems</td>
<td>- working full time</td>
<td>- positive</td>
<td></td>
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</tr>
</tbody>
</table>

<p>| 13 | 75 | siblings (11, she was oldest daughter) | - not working | - very positive |
| - has one son, who is about 61 | - working full time | - very positive |
| - husband: who died in late 70s rather suddenly | - working full time | - very positive |
| - mother: for several years, mother lived with her sister | - retired | - very positive |</p>
<table>
<thead>
<tr>
<th>Part. No.</th>
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</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>58</td>
<td>no children of her own, but adopted</td>
<td>working full time</td>
<td>very positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mother: who has dementia; she moved her with them and cared for her for 5 years before she had to be placed in a nursing home for the past 5 years, where she goes daily</td>
<td>working full time</td>
<td>very positive; but with some stress</td>
</tr>
<tr>
<td>15</td>
<td>57</td>
<td>1 son who is about 34</td>
<td>went back to work full time a couple of years after he was born, worked temporary jobs during those 2 years</td>
<td>positive, with some negative because husband wasn’t financially stable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mother: for about 1 year, with her sister</td>
<td>working full time</td>
<td>very positive</td>
</tr>
<tr>
<td>16</td>
<td>70</td>
<td>no children of her own, but helped raise her partner’s 6 children</td>
<td>working full time</td>
<td>very positive</td>
</tr>
<tr>
<td>Part. No.</td>
<td>Age</td>
<td>Nature of Caregiving</td>
<td>Employment Status at The Time of Caregiving</td>
<td>Feelings About Caregiving</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>- brother-in-law; moved in with them, had palia</td>
<td>- working full time</td>
<td>- very positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- aunt: on a daily basis, did not live with them, partner helped</td>
<td>- working full time</td>
<td>- very positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- mother: who had leukemia, moved in with them for her last 9 years, most of which she was bedridden, partner helped</td>
<td>- working full time</td>
<td>- very positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- partner's mother: moved in with them for last 2 and a half years, she had heart condition</td>
<td>- working full time, took time off when necessary, especially the last months</td>
<td>- positive with some negative because partner's mother didn't like her</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- partner: had pancreatic cancer, for about a year</td>
<td>- working, took time off when necessary</td>
<td>- very positive</td>
</tr>
</tbody>
</table>
Table 1--Continued

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<thead>
<tr>
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<th>Feelings About Caregiving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- sister: helped niece take care of her, off and on for about a year and half, sister lived up north, she went there for her last month of life</td>
<td>- mostly retired</td>
<td>- very positive</td>
</tr>
</tbody>
</table>
CHAPTER VI

FINDINGS: CROSS-CASE ANALYSIS

Introduction

This chapter presents the results of the cross-case analysis conducted in this study. The similarities and differences found among the participants, will help identify patterns, themes, and paradoxes regarding the impact of women's caregiving roles on their paid labor force participation throughout their lives. The patterns identified through the cross-case analysis, are discussed in relation to the seven research questions listed in Chapter III.

Women's Paid Work and Caregiving Roles

This section addresses this study's findings regarding the first research question sought to be answered, which asked "how is women's paid labor force participation affected by their family caregiving roles?"

All of the women who participated in this study worked for pay at some point in their lives. As they married and started to have children, their focus turned to their families. The majority, or thirteen of the sixteen participants, took time off the paid labor force while their children were small, and then went back to work outside the home either on a part- or full-time basis. Participant #11's statement exemplifies the reasons why most participants did
not work outside the home while their children were small. "...I guess I didn’t want to work, I always thought my place was here..." Others, like participant #5, felt that they "...[were] needed at home more..."

Among those who did go back to work when their children were still small (i.e., about two years old), the reasons were primarily for economic survival. Participant #6, who went back to work when her daughter was about two and a half, states "...I didn’t really want to go back to work, but it was a necessity..." For participant #8 there was little choice also, "I didn’t like to work after the kids came, and he didn’t want me to work, but...he was paying support...

Other participants went back to work when their children were older and in school, and they worked not just for economic reasons, but for other reasons as well. Their husbands were not always happy about their paid labor force participation, but were generally supportive of their wives and their wishes to work. Participant #4 states that "...my husband’s attitude toward it was, he didn’t really want me to work but it was okay, and then he got to where he used to say it was cheaper than a psychiatrist..." Participant #5 went back to work when her sons were in high school, and the reason was not economically based.

...I was bored staying home doing housework and what have you, so I went to work part-time...he didn’t want me to work, but I had the choice of having to be at the doctors of boredom or whatever, depression really, or working and having the best of both worlds really ‘cause I didn’t work full-time...
Participant #3 took care of a couple of kids at home while she stayed home with her children. "...just because I wanted my own money...I wanted my own money, even minimal as it was, I just like to have something to fall back on for my own self, to be crazy with it or whatever." And even when she worked outside the home, when her youngest child was around six years old, work "...was definitely a choice...it was more of a, like a change of scenery and it was to get out in the world."

In the case of participants #07 and #16, the types of jobs they held allowed them the flexibility to care for their children and continue to work outside the home. Participant #7 works in an academic setting where she "...could pretty much make [her] own schedule..." For participant #16 and her partner, taking care of the children and working outside the home, was made easier by the fact that they owned their own business.

...[W]e were in business together, and we never left the house until the kids went to school, and then we came home by the time they were home, so we adjusted our hours so that there was quite a bit of supervision on the house...

Participant #1 felt that she and her husband had been harmed financially by her staying home to take care of the children, although she had no regrets. "...it cut our income, I made more money than he did...so we took quite a beating when I quit work." Other participants expressed some financial concerns when they stayed home to take care of their children, but there was no impact on their paid labor force participation because if they had worked, they would have had to pay child care.
In analyzing the data obtained in the present study, it became clear that for these women, staying home to take care of their children was their primary responsibility. In short, they viewed the responsibility of taking care of their children, of being a homemaker, as their job. Therefore, they saw no impact on their paid labor force participation. Caring for their children did, however, keep most of these women away from the paid labor force from a few months to several years.

Regarding the impact of the participants' caregiving experiences beyond those of childrearing on their paid labor force participation, we see a similar pattern. The women who participated in this study cared for a variety of individuals, most of whom were family members, and they believe that families take care of their own. Inasmuch as they grew up believing that one should take care of their family members, and family comes first, they generally saw no impact on their paid labor force participation due to their caregiving activities. Once again, their family caregiving responsibilities were paramount.

Six of the sixteen women who participated in this study, were working full-time when they cared for an older family member. For participants #7, #14, and #16, their employment situation facilitated their ability to continue to work while they cared for their loved ones, and these women recognized their good fortune in this regard. "...I feel really fortunate in that given the job that I have with the state and the benefits that it offers...it hasn't really
affected me at all..." states participant #14. Participant #16 felt that "...anybody else would have fired [her]..." if it were not for the fact that she owned her own business.

Four participants were working part-time when they cared for an older relative, and their jobs allowed them the flexibility to care for the loved ones. Two of these women had been told either to remain employed part-time (participant #4), or to seek a part-time job (participant #6), by health care professionals. For participant #6 it was her husband’s doctor who suggested that she "...get something to do, to get a job...for your own sanity..." he told her.

Participants #8 and #9 were the only two that reported they had to quit their jobs because of their caregiving responsibilities. For participant #8, leaving her job was a particularly hard decision to make.

...[A]nd I thought, I can’t handle this, and I prayed and prayed and prayed, what do I do? I hate this job, I can’t handle...so finally I just took vacation for two weeks, I thought maybe that would help...then I worked two weeks and gave my notice...

Yet, when they were asked how their caregiving roles impacted their labor force participation, both women agreed in that there was no impact. Participant #8 reported that at the beginning, quitting her affected them a little, because they had to adjust and cut corners, "...but once you learn that, you don’t need everything you think you need..."

The remaining four participants, were not working outside the home at the time. They were retired, with the exception of partici-
pant #2 who did not work after she was married. Not surprisingly, these women saw no impact on their paid labor force participation because of their caregiving responsibilities. In addition, the length of a particular caregiving experience, was found to be significant, not necessarily in that the longer they cared for someone, the more likely they were to quit their jobs, but at least in terms of the stress they reported. Participant #9, who quit her job when her husband's condition worsened, indicated that it became harder for her to leave her husband at home while she worked. "...[8]ut it got to the point where I couldn't stand worrying about pa' being home alone, you know, with his condition..." For participant #8, the stress came not only from working and taking care of one older adult, but caring for both her parents, her husband, and at least at the beginning, her children.

...I was getting worn out 'cause at the time my dad was sick and my husband was sick and my mom had...off and on...and I just didn't know what to do, the kids were still little and it was really mind-boggling...

Also, the longer participant #8 cared for her parents, for instance the more likely other caregiving responsibilities would become part of her life, such as caring for her husband.

In terms of the first research question, this study found that the participants' family caregiving responsibilities did keep them away from the paid labor force for diverse periods of time throughout their lives. However, because they did not see working outside the home as their primary role, from their perspective, there was no impact. They did their jobs, they fulfilled the caregiving re-
sponsibilities within each of their roles (i.e., mother, daughter, and wife).

Women's Labor Force Participation as They Grow Older

In this section, the investigator answers the second research question, which asked "how does women's paid labor force participation change as they grow older?"

Inasmuch as the women that participated in this study viewed their primary responsibility to involve taking care of their families, their paid labor force participation did not changed as they grew older, and was generally dependent on their caregiving responsibilities.

Work became part of life when most of the participants were quite young. For those who were raised in farms, their work-related experiences started quite early in life. "...I was raised on a farm," explains participant #6, "...so we worked as long as we were able to get out..." Several women reported babysitting neighborhood children starting in their early teens, as a means to earn their own money. For participant #2, the paid work she held in her teens, not only provided her with the things she wanted, but also helped dress her younger siblings.

Most of the women worked full-time before they were married, and most quit only when they had a child or were pregnant. From that point on, their labor force participation was tied to their family responsibilities. And when they did work outside the home,
it was for financial reasons, or if it did not interfere with their homemaking.

Participant #11 stayed in the labor force after she was married because there already was a woman who stayed at home to take care of the family. While they waited for their own place, they lived with her in-laws, and "...it didn't make sense to have two women in the house, there wasn't that much work to do, so I went to work at a restaurant..."

As the women grew older, and their parents, in-laws, and/or husbands/partners needed their assistance, their labor force participation continued to be tied to these family responsibilities. For two of the women who participated in this study, working part-time was recommended to them as a form of respite from their caregiving activities. For others, their labor force participation continued because their jobs were flexible, and they were able to adjust their work outside the home with their caregiving responsibilities. Four women were not working or retired when they were faced with taking care of an older family member. Participant #2 did not work outside the home after she married in her late 30s, and the other three women, retired or stopped working around the time their husband's retired from their jobs.

Regarding the second research question, this study found that women's labor force participation changes as they grow older, in that it becomes dependent on their caregiving roles. The participants generally worked full time until they were married and/or they
had their first child. And from that point on, whether or not they worked outside the home depended on how much time they had available after fulfilling their familial caregiving responsibilities.

Women’s Caregiving Roles as They Grow Older

The third research question, which asked “how do women’s caregiving roles change as they grow older?” is the focus of this section.

For several of the participants of this study, caring for others began during childhood, as they cared for their younger siblings, or even older family members who were ill (e.g., participant #3 took care of her mother and aunt as a child). The majority had children in their 20s and 30s, and stayed home, at least for a period of time, to care for them. Between their 40s and 60s, all except one of the participants cared for their in-laws and/or parents, particularly their mothers. During this same period, nine of the sixteen women cared for their spouses as well, and four also cared for either a friend, sibling, brother-in-law, or aunt, and five of these women, cared for more than one person at a time.

In terms of the third research question, this study found that the familial caregiving roles the participants’ held, started quite early in life. Many cared for younger siblings during their childhood, and in their 20s and 30s, their own families became the center of their caregiving activities. During midlife, women’s caregiving responsibilities centered around older family members.
Caregiving, Work, and Demographic Characteristics

This section focuses on the fourth research question, which asked "how do general demographic variables impact women's caregiving roles, and how do they impact their labor force participation?"

The marital status of the participants did have an impact on their paid labor force participation in that for most, working outside the home was a choice, and not an economic necessity. When the women were divorced, however, working became a definite economic necessity, as in the case of participants #1 and #3. Participant #3, however, started her own business at home, so that it wouldn't interfere with taking care of the children. "...[A]nd because I felt I needed to be home with the kids, I didn't go out to work, so I started a little business in my home..."

Also, those participants who had a spouse, generally found that they could rely on them for at least some assistance. Participant #5 stated that "...we had to take [my father] to see mother everyday and because we were retired, we were the ones that got elected to do it..." when speaking about the care she and her husband provided to her father. Even their divorce did not prevent participant #7's husband from continuing to help take care of her mother. "...[H]e was very good about mom. In fact, he still comes over and takes her grocery shopping, or if I have to go somewhere, he would come over and keep an eye on her..." Yet for other participants, being married or living with a partner, meant that they would also become responsible for the care of their in-laws (i.e.,
participants #4, #11, and #16). For participant #4, it was difficult to care for her mother-in-law not only because they didn't have a close relationship, but because she felt since her mother-in-law had a daughter and another son who lived in town, she should not have been the primary caregiver.

The educational background of the participants was not found to impact their caregiving experiences. In terms of their labor force participation and educational background, this study found little to no impact. For participant #7, education did have an impact in as far as the job she has is directly related to her educational background, and which allows her great freedom in terms of her time. For participant #16, owning her own business, also allowed her the freedom to rearrange her schedule and miss work when necessary, in order to fulfill her caregiving responsibilities. Yet she did not finish high school.

Regarding the fourth research question, this study found that the marital status of the participants had an impact on their labor force participation in that, working outside the home tended to be a choice, rather than an economic necessity. Also, marital status affected their caregiving experiences, since most of the participants cared for their spouses in midlife. The educational background of the participants was not found to be significant in their caregiving experiences. Educational background and occupation was significant for one participant, who, because of her extensive educational background, had a job that allowed her the flexibility
necessary to care for her family. The ethnic background of the par-
ticipants was found to have no impact on their caregiving experi­ences, however, only two of the sixteen participants were members of
an ethnic minority group.

Age, Caregiving, and Work

The fifth research question, which asked "are there any dif­ferences in terms of how caregiving roles impacted the paid labor
force participation of women according to their age?" is the focus
of this section.

Among the participants of this study, age was significant in
terms of who they were likely to be caregiving for at what age. As
mentioned earlier, the majority of the women took care of their
children in their 20s and 30s, and most of them started their fam­ilies in their 20s. Taking care of parents and/or in-laws did not
become a part of their lives until they were in their 40s, peaking
in their 50s and early 60s. Likewise, taking care of a husband/
partner, was more likely to be part of their lives during their 50s
and 60s.

Age was also significant in whether or not the participants
felt they would provide care in the future. The participants who
were in their 60s and 70s at the time of the interviews, reported
that they were not sure if they could provide assistance because of
their age and/or health status. Participant #4 reported,

...if the need comes up, I would step in, but whether I could
do it, I don't know...health wise I am not in top, tip-top
shape, but I could...if like the kids were sick I would come in...

Participant #16, who was 70 years old at the time of the interview, answered quite quickly when asked if she expected to continue to provide care.

Not at this age, no. I would if like one of the kids was sick or something like that, but I don't think that at my age I could be the main caregiver, I'm too old, I really am...

Also, the participants whose husband were still alive, did expect to care for their husbands in the future (or recognize that that was an expectation that they each had of each other). When asked if she expected to continue to provide care, participant #5 immediately pointed to her husband who was in the next room and added, "...he is doing okay right now, but, you know, that won't be forever...."

Not surprisingly given the ages of the participants, as they grew older, formal services became more widely available, and thus, they were more likely to utilize this type of services. Participant #4 reported that it was a little easier to take care of her mother-in-law "...because social services helped with her..." For participant #16, hospice-type services were very helpful when she cared for her partner and sister. Because her aunt did not want any formal services, that caregiving experience was very difficult. Ultimately, her aunt had to be placed in a nursing home.

In terms of the fifth research question, this study found that age does have an impact on women caregiving roles and their labor force participation. In their 20s and 30s, the participants married and had children, and generally did not work outside the home until
their children were in school. Between their 40s and 60s, the participants took care of older family members, such as their spouses and parents, and although a large number of them were working outside the home at the time, they reported no impact on their labor force participation due to their caregiving roles. This was partly due to the fact that most worked part-time, and those who worked full-time, felt that their jobs were flexible and allowed them the freedom necessary to work and care for their loved ones.

The Participants' Perceptions Regarding the Impact of Their Caregiving Roles on Their Paid Labor Force Participation

This section focuses on the sixth research question, which asked "what are the women's perceptions, observations, feelings of how their caregiving roles have impacted their paid labor force participation throughout their life course?"

The women who participated in this study, did not see an impact on their paid labor force participation because taking care of their families was their job. In other words, labor force participation for these women was generally viewed as a secondary responsibility.

At least among the participants of this study, labor force participation while caregiving for family members, tended to depend more on economic necessity and in the nature of the job, than on anything else. For instance, participant #2 stopped working when she married because her husband had four sons who were still young,
and because he made a "...very good living..." As mentioned before, for participants #7 and #16, the flexibility in their employment situations, allowed them to earn a living and care for their loved ones at the same time.

Some of the participants saw their paid labor force participation as respite, either because it was recommended to them for their mental health, specifically because they were caring for an older adult, or as their children grew up and their family responsibilities were not as demanding as before. Both, participants #4 and #6, made references to potentially seeking medical help (e.g., for participant #4 it was a psychiatrist), if they did not do something outside the home to reduce the boredom of their household routines.

In terms of the sixth research question, the present study found that the participants did not see an impact on their labor force participation due to their caregiving roles. This was primarily due to the fact that taking care of their families was their job, their primary responsibility within their families, and working outside the home was secondary.

Family History and Caregiving Roles

This last section focuses on the seventh research question sought to be answered by this study, and which asked "what is the person's family history regarding caregiving during their childhood, adolescence, and young adulthood? Do these family experiences influence her own expectations of herself?"
The participants' upbringing had a significant impact on their caregiving experiences. Most of the participants grew up seeing other female family members caring for other people, and as grown women, they expected this of themselves. Participant #15 explains, "...[m]y mom got called on to take care of everyone...and any time anybody was ill, she was the only woman that worked full time, she was called on to be the caregiver." Participant #1 reported that her mother "...was a caregiver...[she] was one of these gals that would bring somebody home..." and take care of them. Other participants saw their mothers (and fathers) care for their mothers, as is the case for participant #12.

...my mother and father were very, very good at it, and they never resented it, anything that they did for my grandmother, my mother had to quit school...she probably took care of my grandmother all of her life...and she never complained...and that had an influence on me...

According to participant #5, "...that's what we were brought up to do, you know, you take care of your family first." Participant #7 asserts that, "...[she] was brought up to believe family was the most important part of your life, and it is, and when someone needs you, you know, you are there for them." For participant #4, caregiving was very much impacted by her upbringing. "...[I]t was just a part of everyday living...helping someone else."

Regarding the seventh and last research question, the present study found that the participants' upbringing was very influential in their caregiving experiences. Most participants grew up seeing female family members, primarily their mothers, caring for others,
and as grown women, they expected this of themselves.

Summary

The cross-case analysis conducted in this study, revealed several patterns among its participants. Taking care of their children was very important to these participants, they generally saw childrearing as a normative occurrence in women’s lives, and therefore expected it to be part of their own lives.

Most of the women were kept outside the paid labor force for diverse periods of time throughout their lives, as a result of their family caregiving responsibilities. However, because these women viewed caregiving roles as their primary responsibility, in their eyes, there was no impact on their labor force participation.

Also, age determines, at least in part, who one is likely to care for. In their 20s, the women in this study cared for their own children. In their 40s and 50s, it was their parents and/or in-laws who needed their assistance, and in their 50s and 60s, they became their spouses’ caregivers. Because caregiving for older family members peaked when these women were in their 40s and 50s, they were not likely to be caring for their children at the same time, since most married and started their families in the 20s.

For some women, being married meant that they could count on their spouses at least for some assistance in their caregiving efforts. For others, however, it meant that they would be caring for their in-laws.
The participants' upbringing was found to be a significant influence on their caregiving experiences. They were brought up to believe that family came first, and, more importantly, that it was their job to care for family members.

Finally, the following table (Table 2), depicts this study's findings regarding the seven research questions answered.

Table 2
Summary of Findings Regarding the Seven Research Questions

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How is women's paid labor force participation affected by their family caregiving roles?</td>
<td>Women's familial caregiving roles tend to keep them away from the paid labor force for diverse periods of time, throughout their lives.</td>
</tr>
<tr>
<td>2. How does women's paid labor force participation change as they grow older?</td>
<td>Women's labor force participation is tied to their caregiving roles throughout their lives.</td>
</tr>
<tr>
<td>3. How do women's caregiving roles change as they grow older?</td>
<td>During young adulthood, women's caregiving roles involved their spouses and children. During midlife, the women cared for older family members (i.e., their spouses and mothers.</td>
</tr>
<tr>
<td>4. How do general demographic variables impact women's caregiving roles, and how do they impact their paid labor force participation?</td>
<td>Being married tends to allow women the freedom to stay home and care for their families, and it means they will some</td>
</tr>
<tr>
<td>Research Questions</td>
<td>Findings</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
<tr>
<td>day care for their spouses and maybe their in-laws. Educational background had no impact on women’s caregiving roles. This study found no ethnic differences in expectations of care.</td>
<td></td>
</tr>
<tr>
<td>5. Are there any differences in terms of how caregiving roles impacted the paid labor force participation of women according to their age?</td>
<td>Age was found to be significant, in that it determined who the women were likely to care for at what age. Also, the older women in this study, were less likely to report that they expected to provide care, primarily because of their age and health status.</td>
</tr>
<tr>
<td>6. What are the women’s perceptions, observations, feelings of how their caregiving roles have impacted their paid labor force participation, throughout their lifespan?</td>
<td>The women reported no impact on their labor force participation due to their caregiving roles. And this was because caring for their families was their job.</td>
</tr>
<tr>
<td>7. What is the person’s family history regarding caregiving during her childhood, adolescence, and young adulthood? Do these family experiences influence her own expectations of herself?</td>
<td>The participants’ upbringing was very influential in that saw their female family members care for others. They grew up expecting this of themselves.</td>
</tr>
</tbody>
</table>
CHAPTER VII

DISCUSSION AND CONCLUSIONS

Introduction

This final chapter presents a discussion of the findings of both the single- and cross-case analyses conducted and includes the findings concerning the seven research questions introduced in Chapter III. This chapter also includes a discussion of how the findings of this study are supported by the existing research, and how they contribute to the theoretical basis of this work. The limitations of this study are also addressed. Finally, directions for future research are suggested.

General Findings

The lives of the sixteen women who participated in the present study generally adhered to traditional expectations about women's lives. Most married in their 20s and started their families soon after they were married. From that point on, their labor force participation became secondary in importance to them and their families and was directly related to their family caregiving roles. Their primary role was to take care of their families, and because of this, they were kept outside the labor force participation for diverse periods of time throughout their working lives.

The participants' familial caregiving roles not only involved
their children but other family members as well. Many took care of
their spouses in their 50s, which they generally saw as a responsi-
bility they promised to fulfill as part of their marriage vows, or
of what being married is all about. Taking care of their parents
and other family members, primarily their mothers, was also part of
their lives. Because most women believed that families take care of
their own, in caring for other family members, they were fulfilling
their responsibilities as daughters, nieces, and sisters. The
caregiving experiences of the participants, added to their life sa-
tisfaction, at least partly because they fulfilled their role ex-
pectations. In this light, the caregiver role for these partici-
pants was not a separate role, but a responsibility within their pri-
mary roles as mothers, daughters, and wives.

The women who participated in this study reported no impact
on their labor force participation as a result of their caregiving
experiences. The type of jobs they held was partly significant, in
that because they worked part-time, or because their full-time jobs
were flexible, they were able to fulfill their caregiving obliga-
tions along with their obligations at work. For most of the partici-
pants, there was no perceived subjective impact on their labor
force participation, because their job was to take care of their
families, and this job did not necessarily include economic contri-
bution to their households. In fact, even when they worked outside
the home for economic reasons, their jobs were secondary to their
familial caregiving responsibilities.
Findings Concerning the Research Questions

Research Question #1

The first research question that the present study sought to answer asked "how is women's paid labor force participation affected by their family caregiving roles?" This study found that the participant's family caregiving roles tended to remove them from the paid labor force at least for periods of time and at different points throughout their lives. The majority of the participants stayed home to take care of their families as they married and/or had a child. A great number of the participants went back to work either part- or full-time, once their children were in school. But their employment was secondary to their familial responsibilities. In fact, for most of the participants, their primary role was to take care of their families. That was their job.

In terms of the participants' caregiving responsibilities to other adults, the investigator found a similar pattern. Although the majority were working either on a part- or full-time basis at the time they were caring for older family members, they reported no impact on their paid labor force participation due to their caregiving responsibilities. This was in part due to their employment situation, in that, their jobs allowed them the flexibility necessary to fulfill their caregiving responsibilities. Also, the intensity of their caregiving responsibilities was significant. Two of the participants, whose caregiving experiences were lengthy and
more demanding of their time, had to quit their jobs in order to continue to provide care.

Research Question #2

The second research question sought to be answered in this study, asked "how does women's paid labor force participation change as they grow older?" The investigator found that the paid labor force participation of the sixteen participants changed as they grew older, and was generally dependent on their familial caregiving responsibilities.

The majority of the participants started working when they were quite young. Some worked for pay, by babysitting neighborhood children, others grew up on farms and helped with farm chores from an early age. After high school, the majority of the participants started full-time jobs, which most kept until they were married or had their first child. From that point on, their labor force participation was tied to their familial responsibilities. The majority went back to work after their children were in school. Even when their reason for working outside the home was economic necessity, their caregiving roles came first.

Research Question #3

The third research question sought to be answered in this study asked "how do women's caregiving roles change as they grow older?" Among the participants of this study, it was not uncommon
to find women who had family caregiving responsibilities quite early in life. As children, many were responsible for their siblings, and helped their mothers with household chores. The majority of the participants had their children in their 20s and 30s, and their caregiving responsibilities to older family members generally took place between their 40s and 60s. In their 50s, the majority of the participants cared for a spouse, and later (and for some simultaneously) they cared for a parent, especially their mothers.

**Research Question #4**

The fourth question asked "how do general demographic variables (i.e., marital status, educational background, occupation, etc.) impact women's caregiving roles, and how do they impact their paid labor force participation?" In this study, most of the married women reported that working outside the home was more of a personal choice rather than of economic necessity. Also, married women in this study generally reported that they could rely on their spouses for at least some assistance in their caregiving responsibilities. Being married meant, however, that most of the women would become responsible for the care of their spouses, and sometimes their in-laws.

The educational background was not found to impact the participants' caregiving responsibilities. Also, the educational background of the participants had no to little impact on their labor force participation. For one participant, her extensive education
background has secured her a job that allows great freedom in terms of her time.

This study found no differences due to the ethnic background of the participants. All the participants were generally brought up to perform traditionally females roles within their families (i.e., expressive roles). It should be noted, however, that only two of the participants were ethnic minorities.

Research Question #5

The fifth research question asked "are there any differences in terms of how caregiving roles impacted the paid labor force participation of women according to their current age?" In the present study, age was found to be important in terms of who the participants were likely to be caregiving at what age or life stage. As mentioned above, in early adulthood, the participants were married and started their families. Between their 40s and 60s, the participants' caregiving responsibilities to older family members were part of their lives. Age was also found to be important in whether or not the women felt they would provide care in the future, in that older women were less likely to believe they would be able to provide such care because of their advancing age and/or health status. However, there were no age-related differences found on whether or not the participants saw caregiving as their primarily responsibility within their families.
Research Question #6

The sixth research question asked "what are the women's perceptions, observations, feelings of how their caregiving roles have impacted their paid labor force participation throughout their life course?" The participants of this study, generally saw no impact on their labor force participation because their caregiving responsibilities were paramount. Taking care of their families was their job, and their primary role within their families. Hence, although their caregiving responsibilities did keep the participants away from the paid labor force for diverse periods of time throughout their lives, they did not believe that their labor force participation was impacted by their caregiving roles. This is directly related to the fact that the majority of the participants viewed their labor force participation as secondary, optional (in the absence of economic necessity), and certainly not their primary responsibility as mothers, wives, and daughters.

Whether or not the participants worked outside the home while they cared for family members, depended on their economic necessity, on the nature of their job, and on the nature of their caregiving responsibilities, than on anything else. Also, for some of the participants, working outside the home provided respite from their caregiving responsibilities. But working outside the home remained a secondary role for most of these women throughout their lives. In addition, it was their ability to fulfill their caregiving responsibilities that added to their life satisfaction, and not necessarily
their ability to earn money.

Research Question #7

The last research question sought to be answered in this study asked "what is the person's family history regarding caregiving during her childhood, adolescence, and young adulthood? Do these family experiences influence her own expectations of herself?" For the participants of this study, their upbringing, or in fact, their [gender roles] socialization had a significant impact on their caregiving experiences. Most grew up seeing other female family members, especially their mothers, care for other family members. Their own caregiving experiences started early in life, as many of the participants cared (or helped care) for family members such as their younger siblings. These women were socialized to expect themselves to care for their families.

Inasmuch as they expected themselves to care for their families, they generally did not see themselves as caregivers. Their caregiving responsibilities, were part of the primary roles. Hence, caregiving was a part of being a mother, a wife, and a daughter, and not separate role for the participants of this study.

Support of the Existing Research and Theoretical Contributions of the Present Study

Support of Existing Research

The present study generally supports Brody's (1985) argument
that caregiving is a "normative family stress," as all of the participants have had several familial caregiving experiences throughout their lives. The participants viewed these caregiving responsibilities as a normal part of life, and as a responsibility that comes from the belief that families take care of their own members. This study supports previous findings (e.g., Stone, Cafferata, & Sangl, 1987), that caregiving to family members takes place for an extended period of time.

As in other studies, the women in this study became their husband's primary caregiver, and generally received little assistance from others in these efforts, and, thus provided more hours of care and assisted with a greater variety of tasks than other caregivers (e.g., Manton & Liu, 1984; Tennstedt, McKinlay, & Sullivan, 1989; Miller, 1991). The women who participated in this study became caregivers to their parents, usually their mothers (e.g., Coward & Dwyer, 1990; Myles, 1991; Aronson, 1992; Martin, Matthews, & Campbell, 1995). Those who cared for a parent, tended to be the parent's primary caregiver (e.g., Abel, 1987; Kivett, 1988; Stoller, 1990), receiving little assistance from others, for instance, their siblings.

In terms of women's caregiving roles and their labor force participation, the present study supports the findings of Moen, Robison, and Fields (1994), in that caregiving experiences tend to be part of women's lives particularly during midlife. When caregiving is combined with paid employment, it does not necessarily
interfere in women’s jobs. Also, the work of Scharlach and Boyd (1989), in which most participants reported that their jobs had no overall effect on their caregiving efforts, is supported by the present study. However, it is not clear if the participants in these two studies reported no overall effect for the same reasons, since the work of Scharlach and Boyd did not include information regarding the reasons their participants felt their caregiving efforts had no overall effect on their jobs.

Further, the work of Moen and Dempster-McClain (1987) is supported, in that the participants were more likely to be employed part-time, particularly in midlife, contributed less financially to their households and, thus, became the most likely candidates within their families to become primary caregivers. As found in previous studies (e.g., Pavalko & Artis, 1997), for the participants, working outside the home did not affect their decision to provide care.

The participants who had other dependents at home, did report added stress in their caregiving efforts (see Gibeau & Anastas, 1989). Although some of these women were also working outside the home at the time, the added stress they reported was not necessarily due to their jobs, but to how adequately they felt they had performed their caregiving responsibilities.

Theoretical Contributions

The findings of the present study are quite consistent with existing theoretical views on gender roles. The women who partici-
pated in this study, viewed their caregiving responsibilities as their primary role within their families, and in performing these caregiving roles, they were assuring that their families were stable. Also, they grew up believing that caring for family members was primarily the responsibility of women, since they saw female family members perform these roles. Thus, the present study supports Merrill's argument (1997), that one's perception of what is appropriate for one's gender, greatly influences one's willingness to assume caregiving responsibilities.

Abel (1986) argued that caregiving is seen as women's work, and this study also found that for the participants, caregiving was also an integral part of being a mother, a wife, and a daughter. This finding supports Graham's argument (1983), that caregiving is central to the identity of women, since the majority of the participants did not view their caregiving responsibilities as a separate role, but as a responsibility within other roles (i.e., mother, wife, and daughter). In this light, the care of family members is clearly an extension of traditional gender-based division of labor (see Lee, 1992).

Because of the psychological significance most women place on caring (see George & Gwyther, 1986; Harper & Lund, 1990), they tend to have trouble placing limits on their caregiving efforts, which is an argument that this study supports. Some participants clearly had difficulty recognizing that they needed help, and sacrificed their own needs to meet those of their loved ones (see Brody & Schoonover,
1986; Horowitz, 1985b). This was particularly true for the participants who cared for a spouse, and who generally viewed these caregiving efforts to be a normal expectation of marriage (see Miller & Montgomery, 1990).

Discussion of Findings

One of the most significant findings of this study involves the fact that the participants did not really see themselves as caregivers. The caregiving they provided was not a separate role, but the responsibilities within other roles. It was part of being a mother, a daughter, and a wife. In fact, the participants did not see their caregiving efforts to be extraordinary. It was what mothers, wives, and daughters did, and should do. They were socialized to believe their familial roles were paramount, and the responsibilities that came with these roles took precedence over their own desires to participate in the labor force.

Another fascinating finding of this study, involves the fact that the participants reported no impact on their labor force participation due to their caregiving responsibilities. A finding that points to the substantial power of traditional [gender roles] socialization. Interestingly, the power of women’s traditional roles was significant for all participants, regardless of their age. This finding challenges assertions that traditional gender roles have lost their power or significance for women, at least, from one generation to the next.
The implications of these findings are noteworthy. Are women more likely than men to utilize public assistance programs such as welfare, in order to stay at home and care for their children? And, is this because they believe their familial roles are their primary responsibilities, like the middle-class women in the present study believed? Therefore, staying home to care for your children takes precedence over participating in the labor force, even if it means becoming dependent on the state. This argument could explain at least in part, why some women who are dependent on public assistance programs have difficulty leaving their families to find employment.

Also, what do these findings mean in terms of women's occupational choices? Are women's apparent preference for service-related jobs an extension of their familial caregiving roles? Previous studies have documented the psychological significance women place on caring for others, and it is entirely possible that women would be drawn to occupations in which they somehow care for others. The findings of the present study also tell us a lot about the significance of women's upbringing. All participants believed their upbringing had been very influential in their caregiving experiences. As girls, they saw female family members care for others, and grew up believing that caregiving was the responsibility of women. Interestingly, the participants' role models for their caregiving roles in late life, were their mothers, their aunts, and grandmothers, who cared for loved ones when the participants were
young. The idea that role models affect our behavior if we are ex­posed to them at that same point in time, is challenged by the find­ings of this study.

Suggestions for Future Research

Inasmuch as the findings of the present study generally sup­port the existing literature on caregiving, they also shed light on issues that future research efforts should take into consideration. Certainly, the significance of studying the impact of women's care­giving roles on their paid labor force participation throughout their lives, has been established. However, the fact that most of the women in this study did not recognize the cumulative impact their caregiving roles had on their labor force participation, and ultimately their personal economic resources, calls for further investigation. In this light, future research efforts should focus on how women define their roles, and how these definitions change, and under what circumstances. For instance, utilizing a sample of caregivers that includes women who are divorced and taking care of an ex-spouse, or ex-in-law, may prove to shed significant light on this matter. Also, future research efforts on this issue should in­volve longitudinal research designs so as to better understand how role definitions change.

Future research efforts should also look deeper into women's expectations about their caregiving efforts. Particularly in rela­tion to specific caregiving roles, tasks, and their use of formal
services. What are women’s expectations in terms of the responsibilities associated with their roles as mothers, daughters, and wives? Are women more likely to use formal services when they care for a parent than when caring for a spouse? If this is so, why is it all right to receive assistance when one cares for a parent and not when caring for a spouse? Is this indicative of a hierarchy of obligations, where a wife feels more obligated to provide extensive care to her spouse than she does to others? Or is this because, providing assistance with personal care to parents is more embarrassing and adult children feel better if it is appropriate to receive formal services? Is the availability of formal services somehow related to women’s willingness to care for certain family members (e.g., their in-laws, or siblings)?

In the present study, the investigator found no age-related differences in terms of the participants’ adherence to traditional gender roles. However, future research should include women in their 30s and 40s, and attempt to determine if women’s beliefs about their responsibilities within their familial roles are changing, and if so, why and how are they changing. For instance, with the growth of female-headed households, and as more women take on traditionally male roles within their families (i.e., instrumental roles), are they less likely to feel responsible for the care of other family members such as their parents?

Also, future research on women’s caregiving roles should include women who become parents to their grandchildren, which is an
increasingly common phenomenon, particularly among ethnic minorities in the United States (Saluter, 1996; Burton & DeVries, 1995). In this light, the caregiving experiences of ethnic minority women in this country need extensive investigation, since their experiences have generally been ignored by past research efforts.

Finally, efforts to design and implement formal services to caregivers in general, particularly at the local level, should include diverse methodologies and make a substantial attempt to focus on the lives of those they intend to serve.

Limitations of the Present Study

The most significant limitation of this study involves the sample utilized by the investigator. The sample included sixteen women who lived in the Southwest, Michigan area, and who were not randomly selected to participate in this study. Therefore, the findings cannot be generalized to the population of female caregivers, and only reflect the experiences of the participants. Also, this qualitative study asked that the participants recall information about their lives, and although the investigator is confident that the participants provided accurate information to the best of their recollection, there are no means by which the investigator can guarantee the validity of the data collected.
Summary

The findings of the present study clearly point to the fact that women's caregiving roles do have an impact on their paid labor force participation throughout their life course. The women in this study saw their family caregiving roles as their responsibility, and because of this, their labor force participation was irrelevant, even when working was necessary for the family's economic survival.

Working and caring for others became part of the participants' lives when they were quite young. Yet, once they entered the institution of marriage, their familial caregiving roles took precedence over their own needs or desires to work outside the home.

The findings of this qualitative study, are generally supported by previous research on caregiving experiences. Particularly during midlife, women tend to become their spouses' primary caregivers, and usually receive little assistance in their efforts. During this stage of life, they also tend to become their parents' caregivers, and are particularly likely to care for their mothers. In essence, the lives of the women who participated in this study revolved around their caregiving responsibilities to their families, in as far as they tended to adhere to traditional views regarding gender roles and the path that women's lives should take, according to these traditional views. Generally, their labor force participation becomes significant only when it means the economic survival, and even then, it is seen as a secondary role, that can be discarded when it interferes with the primary role as caregivers.
Future research efforts concerning women’s caregiving roles throughout their lives, should include women who have become parents to their grandchildren, as well as include women in their 30s and 40s. Also, we need to further our understanding of the caregiving roles, and lives in general, of ethnic minority women in our society. The existing literature seems to point to the existence of cultural differences regarding familial support, yet we know very little about the actual cultural differences.

Further, new research efforts should focus on furthering our understanding of women's actual expectations of the responsibilities that accompany the roles that women tend to perform, and in how these expectations affect the choices women make throughout their lives. Also, given the growth of the older population, and the increased likelihood that families will be responsible for the care of their older members, qualitative methodologies should be utilized more extensively not only to determine the actual experiences of caregivers, but also to help us design and implement policies and services that more adequately address the needs of caregivers and their families.
Appendix A

Letter of Permission From the Human Subjects
Institutional Review Board to
Conduct Research
Date: 15 September 1997

To: Ellen Page-Robin, Principal Investigator
    Paulina Ruf, Student Investigator

From: Richard Wright, Chair

Re: HSIRB Project Number 97-09-01

This letter will serve as confirmation that your research project entitled "The Impact of Women’s Traditional Caregiving Roles on Their Paid-Labor Force Participation Throughout Their Lifecourse" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 11 September 1998

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Appendix B

Informed Consent Form
I have been invited to participate in a research project entitled "The impact of women's traditional caregiving roles on their paid-labor force participation." I understand that this research is intended to study how women's traditional caregiving roles (i.e., childrearing, caring for older family members) affect their paid-labor force participation throughout their lives. I further understand that this project is Paulina Ruf's dissertation project.

My consent to participate in this project indicates that I will be asked to attend one or two, about two-hour long private interview sessions with Paulina X. Ruf. I will be asked to meet Paulina Ruf for these sessions at a place we both agree upon. These private sessions will involve an interview during which I will be asked questions regarding my caregiving experiences, paid-labor force participation, and life in general (i.e., family composition, health status, life satisfaction, etc.). I understand that if I am unavailable to attend a second session, I can complete a survey that includes demographic questions at home and mail to Paulina Ruf in the self-addressed envelop provided.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to me except as otherwise specified in this consent form. I understand that one potential risk of my participation in this project is that I may be upset by the content of the interview. I understand, however, that Paulina Ruf is prepared to make a referral if I need to talk with a professional (i.e., counselor). I will be responsible for the cost of therapy if I choose to pursue it.

One way in which I may benefit from this activity is having the chance to talk about my caregiving experiences and paid-labor force participation. I also understand that others who experience caregiving during their lives may benefit from the knowledge that is gained from this research.

I understand that all the information collected from me is confidential. That means that my name will not appear on any audio-tapes, transcriptions, and papers on which this information is recorded. The audio-tapes, transcriptions, and forms will all be coded, and Paulina Ruf will keep a separate master list with the names of participants and the corresponding code numbers. Once the data are collected and analyzed, the master list will be destroyed. All other forms will be retained for three years in a locked file in the principal investigator's office.

I understand that I may refuse to participate or quit at any time during the study without prejudice or penalty. If I have any questions or concerns about this study, I may contact either Paulina Ruf at 387-2642 or Dr. Ellen Page-Robin at 387-2647. I may also contact the Chair of Human Subjects Institutional Review Board at 387-8283 or the Vice President for Research at 387-8288 with any concerns that I have. My signature below indicates that I understand the purpose and requirements of the study and that I agree to participate.

________________________________________   __________________________
Signature                                      Date
Appendix C

Interview Instrument
INTERVIEW SCHEDULE - PART 1
Paulina X. Ruf
Doctoral Dissertation Project

PARTICIPANT'S CODE NUMBER____________________  Date________________

1. When were you born? Date: ________________

2. Would you describe the family you were born/adopted into? Did you have any brothers and/or sisters?
   - If have siblings, what is your placement in the family? (i.e., middle child, first born, etc.)
   - [What is the ethnic/racial background of the participant?]

3. As a child, did anyone else, apart from your immediate family, live with you? Who?

4. As a child, do you remember helping to take care of others? Such as a younger sibling, grandparent(s), neighbor(s), or helping your mother/parents with household chores.
   - If so, who do you remember helping and how did you help?
     - E.g.: grandparent(s), aunt, uncle, etc.
     - If so, who was primarily responsible for his/her/their care?
     - How did you help?

5. As you were growing up and in your immediate family, who was primarily responsible for taking care of the kids?

6. As you were growing up and in your immediate family, who was primarily responsible for taking care of other relatives and/or family friends?

7. As you were growing up and in your immediate family, did both your parents work for pay?
   - If so, what did your father do for a living? What did your mother do for a living?

8. Would you say you grew up in a traditional household? E.g., your father was the bread-winner, and your mother was a homemaker.
9. Do you have children?
   - If so, how many do you have?
   - How old are they today? or When were they born?
10. Are you married now? or Have you ever been married?
   - If so, when were you married?
   - If divorced, for how long were you married? How old were you when you divorced?
   - For how long were you married?
   - If separated, for how long have you been separated? How old were you when you separated?
   - For how long were you living together?
   - If widowed, how old were you when your husband passed away?
   - For how long were you married?
   - If no, are you romantically involved?
   - If so, do you plan to get married?
11. Have you ever worked for pay?
12. What jobs have you had? What is the sequence of the jobs you have held?
13. How old were you when you first started working?
14. What was your life like when you held your first adult job? Please specify job.
   - Were you married, single, separated, etc.?
   - Did you have (a) child(ren)? If so, how many and how old were they?
   - Did you live alone or with others? Specify others.
   - Were you helping others in any way? E.g., Driving older neighbors or family members around, or taking care of small children for other people.
   - What were your primary responsibilities at home?
   - Why were these your responsibilities at home? Did you expect this of your self, and/or did others expect this of you as well?
   - Did you feel that your job interfered with those responsibilities? If yes, how so?
   - Why did you quit this job?
15. How old were you when each of your children were born?
16. Did you work while you were pregnant? How long?
17. Did you continue to work after each child was born?
   - If yes, why?
   - Would you have rather remained at your job?
   - Would you have remained at your job, if your employer had been more understanding and flexible?
   - Would you have remained at your job, if your husband (and family) had taken more responsibility in terms of household chores and child care?
   - If no, why?
   - Was the decision to quit/to continue your job yours to make alone?
   - If yes, what factors did you take into consideration?
   - If no, who helped you make this decision? What factors did you take into consideration?
   - When did you go back to work?

18. Do you think you were financially harmed by leaving your job to take care of your child(ren)?
   - If so, how were you harmed?

19. Have you cared for an ill or aging parent or other relative, or family friend or neighbor?
   - If so, who did you care for?
   - If so, how did you care for them?
   - Were you working when you were caring for him/her/them?
   - How old were your children when this was taking place?
   - If not caregiving,
     - What prevented you from caring for him/her/them?
   - Was there a family member caring for him/her/them?
   - If caring for parents or in-laws,
     - Where were the other family members?
   - Did other family members help in caring for parents or in-laws?
   - Did other family members agree with how you cared for him/her/them?

20. How do you think your (diverse) caregiving roles have impacted your paid-labor force participation throughout your life?

21. In what way(s) was your life changed by that particular caregiving experience?
   - Did it affect your work? If so, how?
   - Did it affect your other family relationships? If so, how?
   - If married (at the time), did it affect your marital situation? If so, how?
- Did it affect your financial situation? If so, how?
- Did it affect your child caretaking? If so, how?
- Did it affect your social life? If so, how?
- Did it affect your free time activities or leisure pursuits? If so, how?

22. **Looking back, were you satisfied with your life (or different aspects of your life)?**

- Did the caregiving experiences add to the satisfaction in your life? If so, how?
- Did the caregiving experiences add to the dissatisfaction in your life? If so, how?

23. **What did you learn from the caregiving experiences?**

24. **Are you expecting to continue to provide care?**

- If so, to whom?

25. **Do you think your upbringing, including your ethnic background, influenced you caregiving experiences?**

- If so, how?
- If not, why not?
INTERVIEW SCHEDULE - PART 2

GENERAL DEMOGRAPHIC INFORMATION

Paulina X. Ruf
Doctoral Dissertation Project

PARTICIPANT’S CODE NUMBER_________________ Date________________

26. What is your educational background? Please specify grade/degree(s) and their respective dates (month & year).

27. Here is a list of income categories. Which category best describes your total household income today? By total household income, we mean to include your (and your spouse’s or partner’s) wages, overtime pay, bonuses, commissions, pensions, and Social Security income. Please also include any income you receive from investments, savings, rent, alimony, etc.

- Below $4,999
- $5,000 - 9,999
- $10,000 - 14,999
- $15,000 - 19,999
- $20,000 - 24,999
- $25,000 - 29,999
- $30,000 - 34,999
- $35,000 - 39,999
- $40,000 - 44,999
- $45,000 - 49,999
- $50,000 - 54,999
- $55,000 - 59,999
- $60,000 - 69,999
- $70,000 - 79,999
- $80,000 - 89,999
- $90,000 or more

28. IF RETIRED, how does your retirement income compare to your pre-retirement income?

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much worse</td>
<td>0</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>Much better</td>
<td>100</td>
<td>100</td>
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</tr>
</tbody>
</table>

29. On a scale of 0 to 100 would you please compare your standard of living now to what it was when you were in your early 40’s? Mark a spot on the scale.

<table>
<thead>
<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
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<th>100</th>
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</thead>
<tbody>
<tr>
<td>Much worse</td>
<td>0</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>Much better</td>
<td>100</td>
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</tbody>
</table>
30. On a scale of 0 to 100, how well does your current income meet your financial needs? *Mark a spot on the scale.*

0 = Much worse  
100 = Much better  

Answer: ________

31. In 5 years, how adequately will your income meet your financial needs? *Mark a spot on the scale.*

0 = Much worse  
100 = Much better  

Answer: ________

32. Are you currently volunteering?  
YES____  NO____

33a. If YES, please list the volunteer work you are currently undertaking:

______________________________

33b. If you are NOT currently volunteering, please circle the number beside the reason(s).

No time___________________________ 1  
Not willing_________________________ 2  
Not interested_______________________ 3  
Not aware of need___________________ 4  
Poor health________________________ 5  
Transportation problems____________ 6  
Too expensive, can’t afford___________ 7  
Not asked__________________________ 8  
Other reasons, *specify*_____________ 9

34. How would you rate your health?

10  Very Best Health  
9  
8  
7  
6  
5  
4  
3  
2  
1  Very Serious Health Problems
35. How would you rate your energy level?

10 Always Full of Pep/Energy
9
8
7
6
5
4
3
2
1 Never Have Any Pep/Energy

36. Do you have a physical or mental condition that limits your ability to: Please circle (1) to answer yes; circle (2) to answer no.

a. Walk six blocks? YES NO
b. Climb a flight of stairs? YES NO
c. Do day-to-day household tasks? YES NO
d. Work for pay? YES NO
e. Move about inside the house? YES NO
f. Care for personal needs, such as dressing, eating, or going to the toilet? YES NO

37. IF YES TO ANY ITEM IN THE PREVIOUS QUESTIONS, how long have health conditions limited your activities? Circle one.

Less than one month________________ 1
One to six months__________________ 2
Six months to one year_____________ 3
One to five years__________________ 4
More than five years_______________ 5
All your life______________________ 6
Have no health limitations_________ 7

38. Have you had any of these illnesses or injuries? Circle (1) for yes, (2) for no.

Diagnosis or flare-up of a severe life-threatening illness, such as:

YES NO
a. AIDS 1 2
b. Cancer 1 2
c. Leukemia 1 2
d. Stroke 1 2
e. Heart attack/other serious heart problem 1 2
f. Severe kidney or liver disease 1 2
g. Multiple sclerosis 1 2
h. Epilepsy or other neurological disorder 1 2
For a-h, if yes, when? Please specify____________________

Severe disabling or life-threatening accident or injury, such as:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Skull or neck fracture</td>
</tr>
<tr>
<td>j.</td>
<td>Paralysis</td>
</tr>
<tr>
<td>k.</td>
<td>Loss of arm or leg</td>
</tr>
<tr>
<td>l.</td>
<td>Other, specify__________</td>
</tr>
</tbody>
</table>

For i-l, if yes, when? Please specify____________________

39. Have you had any of these chronic health conditions?

Chronic, severely disabling physical condition, such as:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Severe arthritis, rheumatism</td>
</tr>
<tr>
<td>b.</td>
<td>Severe asthma, tuberculosis, emphysema, or other lung/breathing problems</td>
</tr>
<tr>
<td>c.</td>
<td>Disabling heart disease</td>
</tr>
<tr>
<td>d.</td>
<td>Insulin-dependent diabetes</td>
</tr>
<tr>
<td>e.</td>
<td>Advanced lupus</td>
</tr>
<tr>
<td>f.</td>
<td>Advanced multiple sclerosis</td>
</tr>
<tr>
<td>g.</td>
<td>Severe epilepsy or another neurological disorder</td>
</tr>
</tbody>
</table>

For a-g, if yes, when? Please specify____________________

Serious emotional problems and conditions, such as:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>h.</td>
<td>Depression</td>
</tr>
<tr>
<td>i.</td>
<td>Anxiety</td>
</tr>
<tr>
<td>j.</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>k.</td>
<td>Another serious emotional disorder or illness</td>
</tr>
<tr>
<td>l.</td>
<td>Alcoholism or alcohol abuse</td>
</tr>
<tr>
<td>m.</td>
<td>Drug abuse or addiction</td>
</tr>
<tr>
<td>n.</td>
<td>Other, specify__________</td>
</tr>
</tbody>
</table>

For h-n, if yes, when? Please specify____________________

40. Do you consider yourself now to be overweight, underweight, or about the right weight? Circle one.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight____________________</td>
<td>1</td>
</tr>
<tr>
<td>Underweight___________________</td>
<td>2</td>
</tr>
<tr>
<td>About the right weight_________</td>
<td>3</td>
</tr>
</tbody>
</table>
41. Do you have health insurance?
   If yes, please specify ____________________________

42. Taking all things together, how would you say you feel these days? Circle one.

   Always happy_________________ 1
   Usually happy_________________ 2
   Rarely happy__________________ 3
   Never happy___________________ 4

43. In general, how satisfying do you find the ways you're spending your life these days? Circle one.

   Completely satisfying___________ 1
   Mostly satisfying_______________ 2
   Rarely satisfying_______________ 3
   Never satisfying_______________ 4

44. Please circle (1) if your answer to the statement is yes; circle (2) if your answer is no.

   a. Things keep getting worse as I get older
      YES NO 1 2
   b. I have as much pep as I had last year
      YES NO 1 2
   c. Little things bother me more this year
      YES NO 1 2
   d. As you get older you are less useful
      YES NO 1 2
   e. As I get older, things are better than I thought they would be
      YES NO 1 2
   f. I sometimes feel that life isn't worth living
      YES NO 1 2
   g. I am as happy now as I was when I was younger
      YES NO 1 2

45. Here is a list of role-identities which are important to individuals at different stages in their lives: Some are more important than others.

46a. Put an X in front of all role-identities which are most important to you AT THIS POINT IN YOUR LIFE.

   _____ Daughter
   _____ Student
   _____ Worker
46b. Put an X in front of all role-identities which were most important to you 10 YEARS AGO.

_____ Wife  
_____ Caregiver  
_____ Friend  
_____ Citizen  
_____ Mother  
_____ Homemaker  
_____ Volunteer  
_____ Church/Synagogue member  
_____ Grandmother  
_____ Great-grandmother

46c. Put an X in front of all role-identities which will most important to you 10 YEARS FROM NOW.

_____ Daughter  
_____ Student  
_____ Worker  
_____ Wife  
_____ Caregiver  
_____ Friend  
_____ Citizen  
_____ Mother  
_____ Homemaker  
_____ Volunteer  
_____ Church/Synagogue member  
_____ Grandmother  
_____ Great-grandmother

47. For each of the following statements, please circle:
(1) if you strongly agree,  
(2) if you agree,  
(3) if you are unsure,  
(4) if you disagree, and  
(5) if you strongly disagree.
47a. It is much better for everyone if the man is the main provider and the woman takes care of the home and family.

1  2  3  4  5

47b. It is more important for a wife to help her husband's career than to have one herself.

1  2  3  4  5

47c. When men and women are in the same organization, women should let men take the lead and not try to take over.

1  2  3  4  5

47d. A working mother can establish just as good a relationship with her children as a mother who does not work outside the home.

1  2  3  4  5

48. Do you drive a car? Please circle (1) to answer yes; circle (2) to answer no, circle (3) to answer 'I used to, but I don't any more.'

1______YES
2______NO [SKIP TO QUESTION #49f]
3______I USED TO, BUT I DON'T ANY MORE. [SKIP TO QUESTION #49d]

IF YES:

49a. How old were you when you started to drive? Please enter actual age.


49b. How regularly do you drive today?

Once a month or less__________________________ 1
2 to 3 times per month________________________ 2
Once a week_______________________________ 3
2 to 3 times per week________________________ 4
4 to 6 times per week________________________ 5
Once a day_______________________________ 6
More than once a day________________________ 7

49c. Do you help your friends and/or family members by driving them to and from places they need to be? Please circle (1) to answer yes; circle (2) to answer no.

1______YES
2______NO
If yes, how many times per month do you drive to help others?

_____________________

IF YOU USED TO DRIVE, BUT DON'T ANYMORE:

49d. How old were you when you stopped driving? Please enter actual age.

_____________________

49e. Why did you stop driving? Please list the reason(s) why you no longer drive.

_____________________

_____________________

_____________________

IF YOU DON'T DRIVE:

49f. How do you get to places you need to be? Please list all form(s) of transportation you currently use.

_____________________

_____________________

_____________________

_____________________

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BIBLIOGRAPHY


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Stone, R., & Short, P. F. (1990). The competing demands of employment and informal caregiving to disabled elders. Medical Care, 28(6), 513-526.


