

Social Support and Parent-Child Relationship

Masaaki Hoshino^{*1} Kiyomi Ando^{*2}

[Abstract] Although the necessity of social support increases with growing older, available social support may not be sufficient. Filial responsibility is an issue of concern not only at individual level but also at the national level; combination of informal and formal supports is required for an aging society. However, the support's system still heavily relies on family members, and family is a final and indispensable source of social support with regard to the quality or intimacy of the relationship. Thus, in this paper, we focus on the relationship between parents and adult children and discuss about social support for the elderly's independence.

[Key words] The Norm of Reciprocity, Social Support, Parent-Child Relationship,

I Introduction

Who should support the dependent elderly is not only the concern of government but also the concern of the individuals who have older parents. Since an elderly individual becomes dependent on others, especially his or her children, for helping with daily life, the relationship between an older parent and adult children has become an important social issue. This relationship develops through the life course; it begins when a parent has a baby, and it ends when a parent dies. The quality or intimacy of the relationship during childhood influences the time a parent is provided with support by a child. A caregiver and a caretaker are the last relationship whose quality or intimacy will significantly affect social support.

Social support may be based on an ethical principle, which is derived from social norms or the ideas of "fairness" or "equity." Since children receive much support from their parents, they

may feel an obligation to care for their older parents. Yet, levels of support may be related to the characteristics and the environment of individuals. For example, children's age, family status (marital status and numbers of children), financial condition, employment status, and geographical distance have an effect on social support (Stoller, 1983¹⁾; Dewit, Wister, and Burch, 1988²⁾; Rossi and Rossi, 1990³⁾; Hoyert, 1991⁴⁾). Cohesiveness of the family and the quality of the internal bond are also important for social support (Rossi and Rossi, 1990³⁾; Hoyert, 1991⁴⁾; Ingersoll-Dayton and Talbott, 1992⁵⁾). Even though many problems have been observed in the relationship between caregivers and caretakers, being a caregiver would be less burden for children if a family has an intimate relationship.

Thus, while the necessity of social support increases with growing older, available social support may not be sufficient. Filial responsibility is an issue of concern not only at individual

*1 Masaaki HOSHINO : Mie Prefectural College of Nursing

*2 Kiyomi ANDO : Nagoya Women's University

levels but also at the national level. "Who should do what to help frail older persons?" has become a serious problem in our society. This issue implies an underlying conflict between family (informal support) and government (formal support). How well does governmental support meet the needs of the elderly? How much does family provide social support? In fact, the support's system heavily relies on family members although combination of informal and formal supports is required for an aging society.

The problems arising from the parent-child relationship, such as the stress and burden of caregiving, are important issues in an aging society. Thus, this paper analyzes the association between social support and parent-child relationship. As well, the factors that cause this relationship to erode will be discussed.

II The Norm of Reciprocity

In our society, there are many norms and rules that we automatically follow. Caregiving is one example of these norms. Stress from caregiving may be explained by the "norm of reciprocity", the norm of reciprocity exists in an interpersonal relationship and implies equivalent profits and losses (George, 1986)⁶⁾. In general, most human relationships exist under this norm. One expects rewards when he or she provides things or advice to someone, and rewards may be expected of at least an equivalent amount. However, a provider often thinks the rewards are inequitable or less than he or she offered (Ingersoll-Dayton and Talbott, 1992)⁵⁾. Thus, equitable reciprocity may be difficult to sustain.

Gouldner (1960)⁷⁾ defined two forms of equivalence: 1) "the things exchanged may be concretely different but should be equal in value" (Gouldner, 1960)⁷⁾ and 2) "exchanges should be concretely alike, or identical in form, either with respect to the things exchanged or to the

circumstances under which they are exchanged" (Gouldner, 1960)⁷⁾. However, these forms may not perfectly apply to reality. In general, people's value systems are not always the same; even if one provides material things, the other may return cognitive things. In other words, a provider may not always receive the rewards from the same source. Thus, it may be difficult to balance benefits and costs in human relationships because social exchange is not the same as economic exchange. Complete equivalence of social exchange may not exist as "the process can involve a broad array of rewards such as instrumental assistance, reassurance, self-esteem enhancement, and companionship" (George, 1986)⁶⁾. In addition, as rewards are some times offered to a provider in the future, a long-term imbalance will be expected so that the imbalance creates an uncomfortable circumstance.

A unique reciprocity may exist between parents and children. Although benefits or rewards between a dependent parent and an adult child are not balanced, both should expect neither equitable benefit nor overbenefit. The degree of intimacy and the primary of exchange or norms may be associated with the reciprocity. If a parent and a child have great intimacy, an imbalance of profits will be tolerated. The parent-child relationship is dynamic, it changes and develops through the life.

Walker, Martin and Jones's study (1992)⁸⁾ examined reciprocity between parents and children underlying the benefits and costs deriving from caregiving. A child (caregiver) tends to pay more costs when a parent (caretaker) needs more support. In addition, the costs tend to be greater when the child shares the household with the parent. Parent's age and dependent level are also related to the costs. If a parent is over age eighty-five, the costs will be much greater than if he or she is between 65 to 69

(Hoyert, 1991)⁴⁾.

Although the parent-child relationship is associated with degree of intimacy, imbalance reciprocity produces negative effects; when parents are overbenefited, they may feel dependent (Walster, Walster and Berschid, 1978⁹⁾; Ingesoll-Dayton and Talbott, 1992⁵⁾), and when they are underbenefited, this may feel social isolation. If a child always provides support to a parent, or a parent only receives, the parent may feel uncomfortable and the child may feel stress and burden. Since the parent's well-being would be positively associated with providing support to his/her children, it may be uncomfortable for the parent to sustain imbalanced reciprocity (Lee and Ellithorepe, 1982)¹⁰⁾. However, this help is given if it is desired by the parent or nor. So, they gradually lost their independence.

III Factors of Dependence

The concept of independence has been defined in various ways. Lawton (1971)¹¹⁾ viewed independence as "basic self-maintenance functions," such as dressing, cooking, handling finances, and shopping. Kalish (1975)¹²⁾ defined independence as the ability which the elderly adapt their environment and retain a customary life-style. Also, independence implies autonomy and individualism, which is reflected in the elderly's life-style (Bould, Sanborn, and Reif, 1989)¹³⁾. Practically, independence is living alone or with a spouse and the ability of handling daily life without help. Maintaining independence is not easy in later life. For instance, the elderly gradually lose their self-determination when receiving social support (Bould et al., 1989)¹³⁾. To maintain independence or to minimize dependence, at least three conditions need to be met; adequate health, income, and social support, must be required. An older individual's physical

condition is the most critical factor of losing independence. Since many elderly, especially age over eighty-five, suffer from chronic illness, they need social support. If they can receive adequate social support, they may minimize dependence.

Financial resources are related to maintaining independence or receiving social support (Krause and Jay, 1991¹⁴⁾; Krause, 1991¹⁵⁾). Thus, sufficient financial resources can provide a great deal of independence. If an older individual does not need financial support, he or she is allowed to maintain the customary life-style, which is strongly related to the elderly's well-being. However, when elderly's financial situation becomes strained, they may depend on social support (family and/or social security programs) (Kalish, 1975)¹²⁾. Economic dependency is not only due to poor health but also due to the loss of a career or the retirement from work.

In summary, dependence may be due to poor physical condition and financial strain with less social support. Thus, social support; available resources in community and government as well as in family, are necessary factors for minimizing elderly's dependence.

IV Social Support

Increasing industrialization and urbanization reduce the importance of kin. Geographic mobility created geographic distance between children and parents. Also, the nuclear family creates social distance among kin (Shanas, 1979)¹⁶⁾. As a result, interaction patterns between parents and children have changed. For instance, frequency of visiting parents and time sharing with parents have decreased. Additionally, changing patterns of marriage and divorce have an effect on the family relationship. Since divorce and remarriage have become common,

family relationship has become complicating, and then the relationship between parents and children may erode. A family may no longer be as important as the source of support for the elderly. Who takes responsibility to provide social support? Who should provide social support has become a national issue in modernized society.

There are three types of social supports: financial support, instrumental or physical support, and emotional or psychological support. Or, they are often classified into formal support and informal support. Formal support is provided by government as social programs (such as Social Security and Medicare) and the community. Informal support, on the contrary, is provided by family members (spouse, children, and relatives), friends, and neighbors. Instrumental support, such as homemaking, personal care, health care, and maintenance of house, as well as emotional support is mainly provided by the family members. Physically, the elderly can live without emotional support, but it is a necessary factor for their psychological well-being.

Emotional support is strongly connected with family members, and the degree of intimacy among them is related to the level of emotional support. In general, frequency of visits and telephone calls is applied for measuring the degree of intimacy. For investigating the degree of intimacy, Holahan and Holahan (1987)¹⁷⁾ used five indicators: "attachment (I feel a strong emotional bond with at least one other person); social integration (there are people who enjoy the same social activities I do); reassurance of worth (I have relationships where my competence and skill are recognized); reliable alliance (there are people I can depend on to help me if I really need it); and guidance (there is someone I could talk to about important decisions in my life)" (Holahan and Holahan, 1987:)¹⁷⁾.

Social support does not always have a

positive effect on the elderly. If an older individual receives much support from his or her children, they will become uncomfortable with their relationship because of the imbalance of reciprocity. For children, the more support they provide to their parents, the more stress and burden they report (Pillemer and Suitor, 1988)¹⁸⁾.

Social support is related to parent's income, health condition, and educational level. Females who are not married (widowed, divorced, or separated) with lower income and in poor health are more likely to receive social support from their children (Mancini and Blisezer, 1989)¹⁹⁾. On the other hand, well-educated, healthy, resourceful older parents are less likely to receive social support from their children (Mancini and Blieszer, 1989)¹⁹⁾. They do not expect instrumental support from their children, but rather provide it to their children. However, in general, children are more likely to provide social support to parents when parents get old. Thus, levels of social support are strongly associated with parent's age and dependence level.

V The Parent-Child Relationship

Rossi and Rossi (1990)³⁾ longitudinally researched continuity and change in the relationship among three generations. They found that gender of a parent and a child has an effect on social interaction, feelings of obligation, degree of intimacy, and the exchanges of help (Rossi and Rossi, 1990)³⁾. One example of relationships between gender and parent-child relationship is seen in social contact. Daughters are more likely to contact their parents and to help than are sons (Rossi and Rossi, 1990)³⁾. Spitze and Logan, 1990²⁰⁾). Having at least one daughter is strongly related to frequency of telephone calls, visits and help (Spitze and Logan, 1990)²⁰⁾. The number of children, however, is less important

than gender of children for the frequency of social contact. Additional children, three or more children, increase the frequency of visits, but do not increase the frequency of telephone calls (Spitze and Logan, 1990)²⁰⁾. Thus, gender of children may be much more important than the number of children for social support.

However, having a daughter is not as important as the number of children for living arrangements (Spitze and Logan, 1990)²⁰⁾. An old individual who has three or more children is more likely to live with his or her child than one who has two or fewer children (Spitze and Logan, 1990)²⁰⁾. Additionally, children's age and marital status are crucial for living arrangements. Since more and more middle-aged married women who rear younger children have been in the labor force, they do not have extra time and energy to take responsibility for their older parents (Roff and Klemmack, 1986)²¹⁾. Thus, when children are in middle-age and in the work force, they are less likely to live with their parents.

Further, geographical distance has an effect on the frequency of contact between parents and children. Great distance reduces the frequency of social contact and instrumental support (Rossi and Rossi, 1990)³⁾. Thus, parents living close to their children receive more informal support than those living further away from children (Hoyert, 1991)⁴⁾.

Ideally, parents and children engage in mutually supportive exchange patterns or interdependence. Overall, benefits and costs through the life course may be equitable between parents and children. However, in general, assistance and support between parents and children gradually change; the gap between parental support and child support becomes greater in later life (Rossi and Rossi, 1990)³⁾. In other words, parents are more likely to receive help from their children than to provide help in

later life. Especially, if the parents suffer from chronic illness, the children will be expected to provide long-term care, which may give burden and stress to them. As a result, even though parents and children have great intimacy and respect, sustaining equitable reciprocity may be impossible.

VI Conclusion

Since human life is not unidimensional and unidirectional, each individual has different experiences, backgrounds, and current environments, so that complex interactions may exist in social life. Therefore, balancing reciprocity may be very difficult. Reciprocity between parents and children may be broken when unexpected events, such as divorce, illness, and death of spouse, occur. An older individual will become dependent and receive more support from his or her children. These children will pay more costs, and the reciprocal relationship may erode.

As a result, in later life, the parent-child relationship will be illustrated as a caregiver and a caretaker, and the cohesiveness of the early family and the quality of the emotional bond between parents and children will have a strong effect on the relationship (Rossi and Rossi, 1990)³⁾. Thus, the quality of the relationship between a caregiver and a caretaker, mostly between a mother and a daughter, can be associated with the levels of social support and of stress and burden.

Further, if the benefits from caregiving exist, it may be result from the act of caring itself, or it may derive from the relationship between caregivers and caretakers (Walker et al., 1992)⁸⁾. When the costs are greater than the benefits, stress and burden arising from caregiving may be very great. On the other hand, when caregivers assess the relationship

positively, they may provide with less burden and stress. Thus, benefits may underlie the quality or intimacy between the caregivers and the caretakers.

In conclusion, family is a final and indispensable source of social support with regard to the quality or intimacy of the relationship. Filial responsibility norms are behaviors that have clearly and traditionally been sex-stereotyped (Roff and Klemmack, 1986)²¹⁾. Thus, gender of children is a very important factor for the informal support, and intimacy of the relationship is a necessary factor. The relationship between parents and children may be reciprocal if we respect the developmental view; studying the life course of the relationships. On the contrary, if we focus on the current relationship, such as a caregiver and a caretaker, parent-child relationship may define unreciprocal or one way relationship. Thus, the point (long-term or short-term) or the method of research (longitudinal or close sectional) may be crucial to analyze the parent-child relationship.

References

- 1) Stroller, Eleanor P. "Parent caregiving by adult children." *Journal of Marriage and the Family*, 45: 851-858, 1983.
- 2) Dewit, David J., Andrew V. Wister, and Thomas K. Burch. "Physical distance and social contact between elders and their adult children." *Research on Aging*, 10: 56-79, 1988.
- 3) Rossi, Alice S. and Peter H. Rossi. *Of Human Bonding: Parent-Child Relations Across the Life Course*. New York: Aldine de Gruyter, 1990.
- 4) Hoyert, Donnal L. "Financial and household exchanges between generations." *Research on Aging*, 13: 205-225, 1991.
- 5) Ingersoll-Dayton, Berit and Marial M. Talbott. "Assessments of social support exchanges: Cognitions of the old-old." *International Journal of Aging and Human Development*, 35: 125-143, 1992.
- 6) George, Linda K. "Caregiver burden: Conflict between norms of reciprocity and solidarity." Pillemer Karl A. and Rosalie S. Wolf (eds.). *Elder Abuse: Conflict in the Family*. Dover, MA: Auburn House Publishing, 1986.
- 7) Gouldner Alvin W. "The norm of reciprocity: A preliminary statement." *American Social Review*, 25: 161-178, 1960.
- 8) Walker, Alexis J., Sally S. K. Martin, and Laura L. Jones. "The Benefits and costs of caregiving and care receiving for daughters and mothers." *Journal of Gerontology*, 47: S130-S139, 1992.
- 9) Walster, Elaine, G. Willism Walster, and Ellen Berscheid. *Equity: Theory and Research*. Boston, MS: Allyn and Bacon, Inc, 1978.
- 10) Lee, Gary R. and E. Ellithope. "Inter-generational exchange and subjective well-being among the elderly." *Journal of Marriage and the Family*, 44: 217-224, 1982.
- 11) Lawton, M. Powell. "The functional assessment of elderly people." *Journal of the American Geriatric Society*, 19: 456-481, 1971.
- 12) Kalish, Richard A. *Later Adulthood: Perspectives on Human Development*. Monterey, CA: Brooks/Cole Publishing Company, 1975.
- 13) Bould, Sally, Beverly Sanborn, and Laura Reif. *Eighty-Five Plus: The Oldest Old*. Belmont, CA: Wadsworth Publishing Company, 1989.
- 14) Krause, Neal and Gina Jay. "Stress, social support, and negative interaction in later life." *Research on Aging*, 13: 333-363, 1991.
- 15) Krause, Neal. "Stress and isolation from close ties in later life." *Journal of Gerontology*, 46: S183-S194, 1991.
- 16) Shanas, Ethel. "Social myth as hypothesis:

- The case of the family relations of old people." *The Gerontologist*, 19: 3-9, 1979.
- 17) Holahan, Carole K. and Charles J. Holahan. "Self-efficacy, social support, and depression in aging: A longitudinal analysis." *Journal of Gerontology*, 42: 65-68, 1987.
 - 18) Pillemer, Karl and Jill Suitor. "Elderly abuse." V. B. Van Hasselt, R. L. Morrison, A. S. Bellack and M. Hersen (eds.). *Handbook of Family Violence*. New York: Plenum, 1988.
 - 19) Mancini Jay A. and Rosemary Blieszner. "Aging parents and adult children: Research themes in intergenerational relations." *Journal of Marriage and the Family*, 51: 275-290, 1989.
 - 20) Spitze, Glenna and John Logan. "Sons, daughters, and intergenerational social support." *Journal of Marriage and the Family*, 52: 420-430, 1990.
 - 21) Roff, Lucinda L. and David L. Klemmack. "Norms for employed daughters' and sons' behavior toward frail older parents." *Sex Roles*, 14: 363-368, 1986.