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**Middle-aged sons' and daughters' resolution of moral conflict
with their aging parents**

Reece, Linda Wallace, Ph.D.

The University of North Carolina at Greensboro, 1989

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MIDDLE-AGED SONS' AND DAUGHTERS' RESOLUTION OF
MORAL CONFLICT WITH THEIR AGING PARENTS

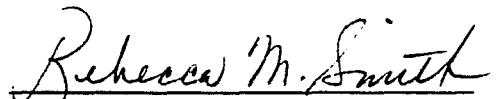
by

Linda Wallace Reece

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APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at The University of North Carolina at Greensboro.

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The purpose of this study was to examine how moral conflict is resolved between middle-aged sons and daughters and their aging parents. The theoretical framework for the design and analysis of this study was Gilligan's ethic of care. Gilligan asserted that individuals move through stages of development that range from care for self predominantly, to care for others predominantly, to a more equitable and higher level of caring for self and others equally.

The primary research question was concerned with categorizing the types of moral conflicts. A further concern was how and at what level of moral reasoning middle-aged sons and daughters resolved these conflicts. Related factors such as age, income, geographical area, and education were also examined.

The data were gathered from 60 middle-aged respondents, 30 men and 30 women, from three geographical areas in the state. Open-ended interviews allowed the participants to describe a moral dilemma they had experienced with their aging parent and to tell how they had resolved the dilemma. Dilemmas were placed into six moral conflict categories: health related issues, unresolved childhood problems, managing affairs, lifestyle differences, childrearing issues, and living arrangements. A 100% agreement was reached between three coders who independently scored statements about resolution of moral conflict from the transcriptions of the interviews. A continuous score on moral reasoning was obtained from this scoring. These data were then classified into one of the five levels of care. The majority of the middle-aged children used the upper levels of care.

Health and childhood were the two categories of dilemmas most often listed. All six categories of moral conflict were found across all variables, sex of child, level of care, education, income, age, and region. Although there was a significant difference in moral reasoning for income and category, there was a trend toward higher scores on moral reasoning among males, for males and females with higher education and higher income,

and for those with health dilemmas. The conclusion was that intensive interviewing and qualitative coding methods could be used to examine how moral conflict is resolved.

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Chapter I

INTRODUCTION

Family life stages and social expectations for the family are changing. With these changes come new conflicts between generations which call for resolutions that may or may not be equitable for each generation. When Duvall (1957) first described the family life cycle in the 1950s, there was a normative guide and a pattern of expectations for each stage of development. Families moved from the beginning stage to the adolescent stage and from the empty nest to retirement in a fairly standard way. However, many changes are experienced by families today as reflected in divorce, single parenting, remarriage, and stepfamily trends. These changes from the nuclear family have made relationships among members much more complicated, since more people are brought into the interactions and decision-making that cross several life stages and family types.

Four major personal and family changes are influencing the family life cycle stages and tasks that Duvall described in 1957 (Duvall & Miller, 1985). These four changes are (a) divorce, (b) wives working, (c) young adults staying at home or returning, and (d) greater longevity of aging parents. Hill (1986) elaborated on these changes to show the consequences of the first change, marital disruption, for family development. Because of the reciprocal nature of roles in the family, the single parent family finds itself experiencing role stress due to the lack of people to fill all the needed positions in the family. Most of the developmental tasks of the two-parent family now have to be met by one parent. Often such tasks as maintaining and repairing the house, socializing the children, and managing tensions, have to be accomplished on a poverty level budget. Parents of the single parent are likely to be called upon for instrumental and expressive support to

a greater degree than they would if their adult child were involved in a two-parent family situation. The great needs of divorced people, especially if they are parents, limit what they can do for aging parents. Needless to say, aging parents may have to help them. Conflict due to role overload would seem likely.

The second change, when wives work, also causes a change in roles of family members. Ideally, each member would take on some household responsibilities to ease the woman's workload. Many say wives have only added an additional role, and they report role strain and overload which leads to physical and mental exhaustion. Pleck (1985) stated five propositions of the role overload hypothesis: (a) husbands do not add household and childcare responsibilities when their wives work resulting in a longer work day for wives than for their husbands; (b) traditional sex role orientation influences the division of work in the family; (c) wives want more help from their husbands; (d) role overload has a negative effect on well-being; and (e) husbands are more involved with work than with the family. Adult daughters have typically been the ones to help aging parents, but their working may limit their ability to add the role of parent care and thus engender conflict.

A third change is in young adulthood. Several social changes have occurred that have resulted in an increase in reneating among grown children. Divorce and single parenting often necessitate a change in living arrangement, if for only a short time. Unemployment, dependency needs, or other causes of a change in lifestyle often send the adult child back to the parental home or keep the adult child home in the first place. This causes parents in their middle years not to be able to live in their anticipated empty nest stage and adjustments have to be made (Clemens & Axelson, 1985). Middle-aged sons and daughters often face the conflict of having to deal with both the younger and the older generations at the same time.

Another major change that impacts on the middle and elderly family is greater longevity. Since people are living longer, middle-aged children are having to make some critical life decisions about their aging parents. Confounding this may be all three of the above changes. Working women do not have as much time to spend in caregiving to parents who are living longer than in the past. It is this middle years generation that is of central concern in this research.

As an aging parent gets more dependent and puts pressure on middle-aged children, the middle-aged child must continue to reassess the moral decision level. The middle-aged child is encouraged by society to take a primary role in caring for the aging parent even to detriment of self. Since this stance excludes self, it is not the highest level of moral reasoning (Gilligan, 1977; 1986; Kohlberg, 1984). To care for self at the same time one cares for others is an entirely different thought structure. The care for self only thought structure is a lower level because it excludes others.

Cicirelli (1981) studied the middle adult children in the caregiving situation with their aging parent, and he concluded that both strong positive and strong negative feelings toward parents coexist. This conflict does not necessarily reduce the helping behaviors they expect to provide, however. When attachment and helping behavior were examined, it was discovered that feelings of attachment led to attachment behaviors (proximity to the parent, frequency of visiting, and frequency of phoning), increased amount of helping, and an increased commitment to help in the future. On the one hand, negative feelings decrease with high attachment feelings and behaviors. On the other hand, increased helping behaviors, more dependency, and greater interpersonal conflict caused an increase in negative feelings (Cicirelli, 1983).

For many years, there was not as much change in family relations from one generation to the next as there is now. Alternate family styles were far less prevalent and

consequently, the sources of dilemmas were not as numerous. As noted above, real change is occurring in the family life cycle with young adult children returning home, middle adult children having to make decisions about their aging parents, and aging parents living longer but still wanting to be independent. Each of these situations causes a difference between what has come to be expected at a particular stage of life and what one experiences in reality. Chances are increased then that there will be competing demands on one's need to "give of oneself" to older and younger generations while trying to find time for themselves as well. This problem between family expectations and self is the central issue of this research. In fact, this issue is the essence of the moral dilemmas of conflicting rights and competing claims.

What adult children and their parents see as moral dilemmas today probably differs from those in the past, but there is little empirical evidence. If it were known what dilemmas are experienced, how people are resolving them, and how equitable these resolutions are, families, counselors, and public policymakers could intervene appropriately for families in need. Dilemmas can be either a management problem, a social custom, or a moral problem. A social custom dilemma is limited to deciding which behavior is appropriate (Turiel, 1983). A management problem could be limited to carrying out the resolution of the dilemma, but a moral dilemma deals with the rights of individuals and the concern for the welfare of self and other (Gilligan, 1986; Harding, 1985; Kohlberg, 1981).

Only three reports on types of moral dilemmas of young adults, middle adults, and older adults were found. Rybash, Roodin, and Hoyer (1983) found that the older adults in their study identified moral dilemmas involving issues related to family, friends, and neighbors, and societal/legal expectations. Yussen (1977), using a younger population, found dilemmas in the areas of alcohol, civil rights, drugs, interpersonal relations, physical

safety, sexual relations, smoking, stealing, and working. The results of these two studies compare favorably with the results of Walker, de Vries, and Trevethan (1987) who found similar differences between the younger and older age groups of their study. Walker and his associates also found that women were more likely to raise family-related issues while men were more likely to talk about work-related issues. This held true whether the females were homemakers or employed outside the home.

Concern about these issues of family change is sufficiently great that public policy is being made to deal with some of them. These concerns are reflected in Medicare/Medigap, adult day care, changes in inheritance laws, living wills, and long-term care insurance. When these issues deal with the moral more than the management aspect, a different type of reasoning is involved in reaching an equitable outcome.

If the types of dilemmas experienced and the level of reasoning people use in resolving them were known, it would be instructive for approaching the increasing social problems of adult children and their parents. Needless to say, how these middle-aged children and their aging parents resolve their moral dilemmas has not been studied. Furthermore, the level of moral reasoning used in resolving the moral dilemmas has not yet been studied.

Purpose

The major purpose of this research was to study the way that middle-aged sons and daughters resolve moral dilemmas they face with their aging parents. To achieve this purpose, five objectives were planned: (a) to describe and categorize moral dilemmas middle-aged sons and daughters have with their aging parents; (b) to describe how these moral dilemmas are resolved; (c) to assess the moral reasoning used in the resolution; (d) to compare responses of middle-aged sons and daughters; and (e) to determine the

relationship between selected demographic variables on the categories of dilemmas and moral reasoning.

Research Questions and Hypotheses

Research questions were used to guide the endeavor since this is an exploratory study in an area not yet fully researched. Some, but insufficient, support for directions were found in the review of literature.

The research questions were:

1. What is the relationship between categories of moral dilemmas experienced with aging parents and sex of middle-aged child?
2. What is the difference in levels of moral reasoning that middle-aged sons and daughters use to resolve real life dilemmas with their aging parents?
3. What are the demographic factors which influence categories of moral dilemmas and level of resolution?

The hypotheses were:

1. There will be a relationship between categories of dilemmas and (a) the sex of the middle-aged child and the sex of the child/parent pair; and (b) the demographic variables, education, income, region, and age.
2. There will be a relationship between levels of care and (a) sex of the middle-aged child and the sex of the child/parent pair; and (b) the demographic variables, education, income, region, and age.
3. There will be a significant difference in moral reasoning scores for (a) sex of the middle-aged child and sex of the child/parent pair; (b) the demographic variables, education, income, region, and age; and (c) categories of dilemmas.

Chapter II

REVIEW OF LITERATURE

Two broad theoretical perspectives relevant to intergenerational relations are the family development theory of Duvall (1977) and the individual development theory of Erikson (1963). Both of these general theories cover life span development and consider the influences of the context. While Duvall emphasized family development, Erikson emphasized individual development. The assumption of both is that succeeding developmental levels depend on the preceding levels. Intergenerational relations are addressed in each theory as both an antecedent and a consequent variable.

Life Cycle Theories

In the eight stages of the family life cycle conceptualized by Duvall (1977; Duvall & Miller, 1985), the nuclear family predominated. She believed there was a predictability about family development that would help families know what to expect at any given stage. The events of marriage, childbearing and childrearing, launching of young adults, retirement, and death are all anticipated as normative in this theory. Duvall believed that families grew and developed as the children and parents did, and that there were developmental tasks expected within each stage for each family member and for the family as an entity. The age and school placement of the eldest child marks the stage until after the launching period when the focus shifts to those who remain in the original family. The later stages were of interest in the present study.

Erikson (1963), a psychoanalytic theorist, studied the psychosocial development from the individual perspective. He believed that Freud's ideas of development placed too

much emphasis on biological and sexual determinants. He proposed eight stages of individual development that covered the entire life span. Each stage was defined by a developmental task or crisis that needs to be resolved in order to continue in a healthy fashion to the next stage. Only the adult stages were of interest in the present study. The young adult stage or crisis was the conflict of intimacy vs. isolation, where the expectation is for healthy individuals to be able to form intimate relationships. If they cannot, a situation of psychological isolation often exists. Middle adults struggle with generativity vs. stagnation, where a sense of producing or creating is important. Finally, ego integrity gives a sense of order and meaning to life and helps one avoid the despair that comes if this developmental stage is not met satisfactorily.

Intergenerational relations are complicated because of the various developmental tasks that must be completed for each family developmental stage at the same time that numerous individual developmental tasks need attention. Tasks of middle-aged men and women include helping children get ready to leave home and to be independent, reestablishing a satisfactory marriage relationship, planning for retirement, accepting new members into the family in the form of in-laws and grandchildren, and adjusting to aging parents, and at the same time, following one's own interests (Duvall, 1977; Duvall & Miller, 1985). As can be seen, this is a very active period making high demands on both expressive and instrumental resources of the middle generation (Aldous, Klaus, & Klein, 1985). Lowy (1983) described this as a time of filial crisis when persons in their mid-to late forties realize that their parents are no longer able to be as supportive as before. Filial maturity is achieved when these adult children respond to their elderly parents' needs for comfort, support, and affection from an adult-to-adult point of view (Blenkner, 1965; Cicirelli, 1983) rather than from a filial obligation to do as the parent commands. These competing demands affect how much time middle-aged men and women can spend with

either newly launched children or their elderly parents. More recently, many middle-aged parents are having the additional task of dealing with their adult children who do not leave home or who return home (Goldscheider & Goldscheider, 1989).

Tasks of aged persons include adjusting to retirement, changing health, changing living arrangements, and widowhood (Duvall & Miller, 1985). The very young person is often thought of as experiencing many changes in a short period of time, but elderly people also face many role changes that sometimes come in rapid succession. The order of these changes is not predictable, and widowhood or poor health may interrupt adjustment to other roles experienced at this time.

Changing demographics have added several new tasks or at least changed the order or the number of times a specific family developmental stage comes back again. Hill (1986) revised Duvall's family life cycle model to include single parents and remarriage which statistically and realistically changed the perspectives.

Intergenerational Issues

What makes adjustments more problematic today is that each generation of the family may be undergoing different changes simultaneously, such as the retirement or death of a parent at the same time children are being launched (Hess & Waring, 1978). These role changes call for relating to each family member in his/her new role (widowed mother, daughter with new spouse). It also may mean that the two generations are responding to the same event from different perspectives (death of an elderly man may be experienced by his spouse and by the adult child) which would affect how supportive they could be of each other. The younger and older generations might feel they are being neglected and the middle generation feels pulled in too many directions at once.

Generally speaking and despite different developmental stages, relationships between the generations are usually satisfactory. The older family members are usually healthier, more financially secure, more active, and more eager to pursue their own interests than they were before. They value good relationships with younger generations but also guard their independence, preferring rather to intervene in their children's lives only if they are needed (Aldous, 1987; Shanas, 1979). Johnson and Bursk (1977) found that health and attitude of the parent toward aging were related to the quality of family interactions. The aging parents and their adult children reported high agreement on how they rated their relationship, but parents tended to give a higher rating. Other factors that enhanced the bond were shared values, mutual trust and respect, a realistic perception of each other, and if the parents perceived themselves as financially secure. Another study (Quinn & Keller, 1983) showed that parents and children were in high agreement on the two most salient variables of relational quality: affection and communication. Feelings of filial responsibility on the child's part were a strong predictor of good quality relationships.

Factors Related to Intergenerational Relationships

Several factors besides normative issues related to age can also influence intergenerational relationships. Not only do role conflict and proximity affect relationships, but so do choice, attachment, and cohort similarities. Kinship relationships are characterized by choice today. Individuals decide about a spouse, number of children, how close to kin to live, sibling relationships, and how close the ties between parents and adult children will be (Hess & Waring, 1978). In fact, people choose which family members to help. Aldous (1987) found that elderly couples were selective in their attentions to their children, and were more attentive to those who were most dependent. More attention and help were directed to divorced daughters with children, never married daughters, divorced childless, and presently married children in that order.

Geographic proximity was found to be one of the most prominent predictors of intergenerational help and contact by numerous authors (Aldous, 1987; Aldous, et al., 1985; Atkinson, Kivett, & Campbell, 1986; Kivett, 1988; Mercier, Paulson, & Morris, 1988). Help tended to be reciprocal except for financial aid which goes from the parents to the child (Streib, 1965). The types of help parents were more likely to give were loans, gifts, child care, help during a child's illness, and transportation (Aldous, 1987; Kivett, 1988). Children were more likely to provide household repairs and chores, car care, yard work, decision-making, illness care, comfort, and support (Aldous, et al., 1985; Kivett, 1988). Contact was maintained in various ways including letters, phone calls, visits, and celebrations of special occasions.

Another factor affecting the quality of parent/adult child relationships was whether the elderly resided in an urban or rural setting. The strongest predictor of high quality relations for rural residents was geographical proximity, followed by an educated parent, an internal locus of control, and low filial expectations. Locus of control was the strongest predictor for the urban elderly, with age and proximity following (Mercier, et al., 1988). Rural fathers hold a high level of affection for their sons, which attests to the importance of their emotional support (Kivett, 1988).

Cicirelli (1983) examined attachment and helping behavior and discovered that feelings of attachment led to attachment behaviors (proximity to the parent, frequency of visiting, and frequency of phoning), increased amount of present helping, and an increased commitment to help in the future. Thompson and Walker (1984; Walker and Thompson, 1983) found that interpersonal conflict with the mother did not have any effect on helping behaviors. While negative feelings decreased with high attachment feelings and behaviors, increased helping behaviors, more dependency, and greater interpersonal conflict caused an increase in negative feelings. Along these same lines, filial expectations by the elderly

seem to decrease communications and place greater demands on the child which produce strain and conflict (Quinn & Keller, 1983). Seelbach (1978) found that parents who were older, widowed or divorced, and more dependent due to health or low income expected more filial help and generally received more.

Role conflict was suggested by Finley and her colleagues (Finley, Roberts, & Banahan, 1988) as the cause of decreased feeling of filial obligation. They suggested that the number of children or whether the woman worked had little effect on filial obligations unless these conditions caused a role conflict for the adult child. The daughter was more likely to feel less obligation to her father if he made competing claims on her time, but the same conditions did not ease her sense of responsibility to her mother.

Cohort similarities improve the parent-child relationship. Since both parents and their children are adults and status equals with a wealth of separate experiences, they negotiate their relationship from independent positions and act more like friends than they could have earlier when there was an imbalance of power and dependency (Hess & Waring, 1978). Several studies (Johnson & Bursk, 1977; Streib, 1965) indicate that parents value quality in the relationship and find it the most gratifying component of good quality intergenerational relations.

Changing Relationships

A familial barrier to generational contact lies in the area of changing relationships over time. When children are young and dependent, there is a definite imbalance of power. During the teen years, many families experience tensions from the teenager's struggle to become an independent member of society. By the time the children are parents themselves, they should have established a mutually satisfying relationship with their parents as adults. However, before that situation becomes comfortable, the elderly parents

may be old and frail and dependent. The adult children then have to change roles again and become the caretaker of one who once cared for them. Since this event characteristically occurs either at the peak of midlife pressures or as adult children are themselves experiencing a decline, resentment and feelings of self sacrifice abound (Hess & Waring, 1978).

A positive aspect of familial bonds is related to the socialization and role modeling in family life to which people are exposed. Families give and receive from each other all through life. The dependency experienced as an infant is clearly understood when adult children have their own offspring, and this creates a sense of obligation to give back to the parents when they experience the dependency that so often comes with old age. Parents are role models for their adult children when they experience situations that their children will face as they age. Likewise, children can demonstrate ways of staying young that elderly parents can emulate. The exchange of services that has characterized families over time now includes sorting out the complications of bureaucracy and dealing with decisions about heroic measures at the end of life. Many of these areas are uncharted territory for the family and sometimes are a means of renewed closeness in later life (Hess & Waring, 1978).

Hess and Waring (1978) attempted to describe how the parent-child relationship is changing over time, both from a societal and familial point of view. When society provided assistance for health care and income maintenance in old age, it lessened the effect of parents' control of resources as a means of enforcing filial piety. The elderly can now be assured of minimal care in old age even if children do not come to their rescue. On a more positive note, children now care for their parents because they want to. Johnson and Bursk (1977) stated that emotional support of the parent is more salient today than physical support or care.

Sons and Daughters

One can hardly examine any of the research results without acknowledging the prominent position of the daughter in quality intergenerational relationships. The daughter has traditionally been the kinkeeper, the caregiver, the comfort giver, the confidant, and the be-all and do-all to all people. Practically every study examined for this review attests to the salience of the daughter's role in the family. The closest tie the daughter has is with her mother and there seems to be a developmental progression toward better quality relations as they both age. Before a daughter reaches her thirties, there generally is a noticeable improvement in the relationship with her mother. Conflicts of earlier years revolved around issues of autonomy and identity (Baruch & Barnett, 1983). When daughters marry and become mothers, they suddenly have much more in common and, therefore, the exchange of services and support begins to take place.

Thompson and Walker (1987) examined three generations of women on the variables of intimacy, aid, and contact. In the younger pair, one could not predict the amount of intimacy felt by the amount of aid and contact between the two generations. Proximal aid to the mother was the strongest predictor of intimacy for both the mother and daughter and for both generational pairs. Baruch and Barnett (1983) found that relationships were generally reported as rewarding, particularly by those who were not themselves mothers (less role strain). Lower maternal rapport was associated with the mother's poor health. For divorced women, there was a negative relationship between maternal rapport and a sense of mastery.

The most stressful role in which daughters find themselves is that of caregiver. They are the most frequent caregivers after the spouse. Women who find themselves in the caregiver role today are often older than in previous generations and they stay in that role

longer: an average of six years (Troll, 1986). Archbold (1983) identified the two major types of caregivers as providers and managers. Socioeconomic status was the major factor influencing a woman's choice of parent-caring modality. If a woman had little money, she provided the care herself, which was considered the more stressful of the two roles. She also was more likely to feel the need to continue her job, but in actuality she was more likely to give it up.

Not all children enjoy the same amount of favor from their parents. While parents and children generally continue to provide services for each other, they do not always do so because of high attachment feelings (Troll, 1986). Aldous, et al. (1985) found that parents more often listed among their favorite children daughters who lived less than 50 miles away and who shared their values and beliefs. These were labeled as comfort givers. Confidants also were more likely to be daughters who lived nearby, were early borns, and had similar interests. Comfort givers and confidants were the same children many times and there was high agreement by the mother and father on which child filled these roles.

Stoller (1983) found that daughters provided more assistance to their parents than sons, but both were less active if an elderly spouse was present. The daughter's employment or number of children did not affect the amount of help she gave. For the son, marital status, employment, number of children, and the domestic nature of tasks all reduced his participation. This is further evidence of the fact that women keep adding responsibilities while men exchange one role for another.

Horowitz (1985) found that sons and daughters in her study were providing about the same level of care to elderly parents. Even when they participated equally, daughters reported greater stress than sons did. Perhaps this is because sons did not view their involvement in their parents' care to be in conflict with any other role they filled, while daughters felt greater stress due to the additive nature of the many roles they played.

Elder Abuse

The incidence of elder abuse is on the rise. The problem of increasing stress caused by the elder on the caretaker is a common explanation for this increase in elder abuse (King, 1984; Bookin & Dunkle, 1985; Pillemer, 1985; Rathbone-McCuan & Voyles, 1982). Caregivers report exhaustion, lack of sleep and no relief from their role. Giordano and Giordano (1984) found the average amount of time spent per week in direct care was 24 hours. The average number of years was 9.5 with 10 percent caring for aging parents over 20 years (Steinmetz, 1983). Costs to the family included medications, treatments and equipment, which often left no money for vacations, entertainment, or a cushion for their own retirement. Caregivers were often old themselves and in poor health. The freedom they expected to experience during their empty nest and retirement years was interrupted by care of the parents. Furthermore, the high divorce and remarriage rate produces many extended kin which not only increases the burden of care, but also has the potential for divided loyalties.

Sengstock and Barrett (1986) characterized the abused elderly as more likely to be a white female over 70 who was living with the caregiver. The income was below \$5,000, a condition blamed on financial exploitation as one form of the abuse encountered. Chen and associates (Chen, Bell, Dolinsky, Doyle, & Dunn, 1981) described their population as white female between 60 and 80, widowed or single, of low socioeconomic status and below high school education.

Sengstock and Barrett (1986) found the perpetrator of abuse was most likely to be a daughter between 40 and 70 with one half of them over 50. However, Chen et al. (1981) found white males between 40 and 60 as the most likely abusers. They also were of low education and socioeconomic status, blue collar workers and close relatives. Three studies

identified persons with physical and/or mental impairments as being at high risk (Block & Sinnott, 1979; Lau & Kosberg, 1979; Rathbone-McCuan, 1980). Similarly, researchers were in agreement that stress was a contributing factor exhibited in the families surveyed (Block & Sinnott, 1979; Rathbone-McCuan, 1980; Steinmetz, 1978).

A criticism of each of those studies on abuse was that there was no control population. Giordano (1983) did include a control population to answer the question, "Do abused elders differ from nonabused elders?" She found that the abused were more likely to have reported marital problems (if abused by spouse), to be intellectually impaired, and to live with the perpetrator. The majority was white females between 66 and 83, not severely ill and with an income below \$7,000. If the victim was not married, the son was most likely to inflict physical and psychological abuse. Those participants identified as neglected were white males or females 72 to 89 who lived with a relative (the perpetrator) and had a physical illness.

Chen, et al. (1981) also identified some effects of the abuse on the family. The abused elder often exhibited signs of withdrawal, depression, fear, anxiety, hopelessness, suspicion, confusion, and suicidal tendencies. The abuser showed guilt, anger and hostility, fear of disclosure, denial, depression, and low self esteem. They also identified some positive effects of the abuse on the perpetrator, including lessened tension, financial gain, self gratification and a sense of power.

Numerous theoretical viewpoints have been proposed regarding the causes of elder abuse. Pedrick-Cornell and Gelles (1982) believed that none of them have been empirically tested. Several of the theories overlap, leading one to believe, as with most other social problems, that the phenomenon has multiple causes. Some of these theories are described below. They range from role conflict to pathology to learning to differential power.

Steinmetz (1983) coined the term "generational inversion." This is a situation where the roles of parent and child are reversed. She found that rights, responsibilities and expectations were reversed as well. However, parents often have trouble seeing their children as adults. In fact, 56% claimed that parents did not respect their privacy, just as some parents do to their minor children.

Beck and Phillips (1983) coined another phrase called "spoiled identity." Some attributes of the elderly may change to such a degree that his other characteristics are overshadowed. The mentally impaired are sometimes looked at as less than human. Those who have lost their expressive function are sometimes treated as objects. Failure to respond to instructions and the use of poor judgment may be so contrary to previous behavior that the "old" person is "given up" and the grieving process is begun. The "new" person then is viewed with less attachment and provokes less guilt when abused.

Two authors espouse the pathological personality viewpoint (Bookin & Dunkle, 1985; Rathbone-McCuan & Voyles, 1982). This model assumes that the abuser has some unhealthy mental mechanism which causes them to abuse. The latter author relates this to pent up rage of unresolved conflict during childhood. Built on a similar premise, the revenge or unresolved conflict models are supported by three authors (Bookin & Dunkle, 1985; Pillemer, 1985; Rathbone-McCuan & Voyles, 1982). This often revolves around parent-child conflict that has not been resolved such as child abuse or teenage rebellion.

Culture of violence, learned violence, or generational transmission of violence is purported by several authors (Bookin & Dunkle, 1985; King, 1984; Kosberg, 1983; Pillemer, 1985; Rathbone-McCuan & Voyles, 1982). In this framework, violence is viewed as a learned response that is tolerated because of cultural norms and values that legitimize or even require violence. Since the family is the major transmitter of values, generational transmission of violence seems possible.

Finally, the problem of dependency is postulated as a cause of violence (Bookin & Dunkle, 1985; King, 1984; Pillemer, 1985; Rathbone-McCuan & Voyles, 1982). Physical and/or mental dependence was discussed in characteristics of the abused, and according to those studies, did make the person more vulnerable to abuse. King (1984, p. 8) stated that "dependency is the most common precondition in domestic abuse." Associated with that is the notion of learned helplessness where elders feel they have no control over their situation.

Pillemer (1985) reported a study on dependency in which he used exchange theory to explain the notion of power. He believed that a perceived power deficit is a more relevant concept than that the abuser holds more power. Believing that they have a lack of power, abusers will turn to violence to help restore the balance.

Pillemer's (1985) study had some advantages over previous studies on elder abuse. The population was chosen from a group of abused elders who had experienced only physical abuse. Interviews were conducted with the clients themselves rather than with professionals. More importantly, a matched control group of nonabused elderly was used to isolate factors unique to the abusive family. Questions about the relationship between the abuser and the victim were also asked about the same relative of the control interviewee. The sample consisted of 42 abused and 42 control persons. Five potential causes were analyzed and are presented in the following section.

When looking at intra-individual dynamics, the abusers were more likely to be identified as having mental and emotional problems, abusing alcohol, or having been hospitalized for psychiatric problems. There were no significant findings on intergenerational transmission or external or financial stress. Social isolation was exhibited by fewer satisfactory outside contacts. Finally, the abused were not found to be more ill or functionally impaired but less so. Instead the abuser was more dependent on the elderly

victims for housing, household repair, financial assistance and transportation. He found that fewer than 36% of the abusers were financially independent of the victim and postulated that this was a crucial predictor of violence. The "powerlessness experienced by a child who is still dependent on an elderly parent may be especially acute, as such a situation goes so strongly against society's expectation for normal adult behavior" (Pillemer, 1985, p. 155). Whatever the associations and causes of abuse are, this condition could be related to levels of moral reasoning when dealing with intergenerational relationships.

Demographic Changes

Another situation which may assault the values of the elderly parent is that of divorce. Isaacs and Leon (1986) found that divorcing mothers benefitted most from relations with the parents that were characterized by a strong degree of approval, and financial and emotional support. If parents are not able to provide the needed support to an adult child who has divorced because of their inability to tolerate the thought of marital dissolution in their family, both adult children and their offspring suffer. Adult children may also have more difficulty helping their parents as the pressures of money, time, job responsibilities, and children compete for their attention (Cicirelli, 1986).

Change in family circumstances has gained attention recently with the return of grown children to the parental home. Suitor and Pillemer (1987) found that conflict with the adult child also caused conflict in the parental marriage. Clemens and Axelson (1985) enumerated several areas of conflict experienced by the parent/child pair when the latter came home to roost and in fact, 42.4% reported serious conflict. Such issues as time of coming and going, cleaning and maintenance, use of household resources, mealtime, money, entertainment of friends, and rent and other charges were sources of conflict. Other

than educational purposes, the most likely reasons to be back home were financial problems, to save money, unemployment, waiting to begin a new job, and "can't seem to get on his feet." The majority of parents wanted the child to move out as soon as it was reasonable and 47.6% reported that they experienced negative effects on the spousal relationship.

Using an older population, Suitor and Pillemer (1988) discovered that the frequency of disagreements with coresiding children seemed less than other authors reported, and in fact 64% said they had experienced no disagreements. They attributed this to findings in other studies (e.g., Straus, 1980) which suggested that conflict in the family tends to decrease with age.

Many of the problems of reneeting came from parents and children being confused about roles they should play regarding each other. While the children of the Blieszner and Mancini (1987) study were not living with their parents, they did address the parental role of the older adult. The parents cited the enduring and changing qualities of that role. Perceptions of stability in the parent role focused on enduring responsibilities and biological and emotional ties. Some of these were love, interest in activities and welfare, exchange of assistance and advice, and continued financial support. Some of the changes that occurred were the viewing of children as age peers and friends rather than subordinates, the character and intensity of responsibility, and change in amount of influence in the child's life. Children expected affection, assistance, respect, responsibility, and open communications. Parents wanted relationships characterized by warmth, sharing, affection, and avoidance of direct interference in each other's lives.

There are no clear-cut societal guidelines for the parenting role, particularly at the older end of the continuum. Parents today are living longer, are more financially secure, more mobile, and most are more healthy than generations before them. Many social

changes have come about that their parents did not have to face. These things as well as others impact upon the relationship with their adult children and neither generation has had role models for how to act in these new situations (Blieszner & Mancini, 1987). No previous parent/child generation has had to deal with divorce, reneeting, caregiving, mobility, and decisions about the final stage of life to the degree that present generations are facing. Families are facing greater change than ever before and the potential for conflicting rights and competing claims is growing.

Generational Equity

Generational equity in resource allocation at the national level has surfaced recently. Demographic changes and the "graying of America" have raised concerns about the solvency of the Social Security system, too few workers to support the dependent, and the increasing number of children living in poverty. Organizations such as Americans for Generational Equity (AGE) are calling attention to what they believe is inequity between the generations. Laws requiring adult children provide financial support to their elderly parents have been met with alarm from many (Callahan, 1985). Others (e.g., Neugarten, 1979; 1982) believe that Social Security and Medicare should be needs based since many of the current elderly are financially independent.

While no easy solutions can be found, a recent trend has emerged that purports to support the family (Kingston, 1988). By so doing the needs of all involved should be considered when policy changes are being made. Families may need support to care for their elderly. The economic conditions of today do not provide the opportunity for many families to care for their own children and their elderly parents and prepare for their own retirement at the same time.

Wisensale (1988) identified three family circumstances that have focused the attention of policymakers on families: (a) major changes in the constellation of families, such as single parenting and working women; (b) the economic hardship the family experiences today causing an increasing number to live in poverty; and (c) the middle-age squeeze caused by care requirements of children and the elderly concurrently.

Two recent books (Daniels, 1988; Longman, 1987) have described the demographic changes and the new government policies on aid to various age groups. The claim in both books is that there is generational inequity in these policies with the greater benefits going to the elderly. Daniels (1988) recommended that the moral perspective of justice be used to judge whether the policies are equitable. It is from a moral reasoning perspective that this research is based.

Moral Reasoning Theories

Perhaps the best known moral developmental theorist of recent times was Lawrence Kohlberg (1981, 1984). His theory was derived from a study of adolescent males who were asked to make moral judgments on nine hypothetical situations. Each of these called for resolving a conflict between an individual's rights of a legal-social nature, such as whether it is right to steal a life-saving drug when you can not pay for it, versus the well-being or needs of other individuals. His work has been criticized on several grounds: (a) that he used an exclusively male sample while trying to generalize to males and females; (b) that the dilemmas were constructed so that there was a large number of male protagonists with whom males are more likely to identify; and (c) that he used hypothetical dilemmas which respondents might find irrelevant or unfamiliar to their experience (Walker, 1984). Additionally, the situations did not involve the respondents in any way. When women were scored in Kohlberg's hypothetical dilemmas, Gilligan (1977) found that they tended

to be placed (on the average) at lower levels of moral reasoning when compared to men. Kohlberg said that these lower scores come from an immaturity of women as a result of less experience in the world.

Gilligan (1977, 1982), on the other hand, constructed her own set of moral development stages using data from 29 women who were considering a very personal decision about an abortion. It was her earlier contention that women were not deficient in moral development as Kohlberg claimed, just different. She claimed that in addition to the "justice" view identified by Kohlberg, there is another way to frame a problem of moral conflict. She called this other view "care." More recently Gilligan (1986) found that morally mature women more often responded from a care perspective rather than a justice perspective and that men usually responded from a justice perspective. However, she found that both men and women do see moral situations from both perspectives. The care perspective focuses on nurturance and responsibility in relation to people's needs. Moral conflicts from the care perspective are seen as conflicting responsibilities in relationships. Women in Gilligan's 1977 study were concerned with how the decision would affect the lives of the people involved and the continuance of the relationship. The justice perspective focuses on equality and individual rights. It is based on rational decision making where equality and fairness are more important than equity and need. A moral conflict for a male more often is seen as involving competing rights, whereas a moral conflict for women is likely to be one of response to needs in maintaining human connection.

Gilligan (1986; Gilligan, Brown, & Rogers, 1988) believes that the tendency for women to use the care perspective more readily and males to use the rights perspective more readily is socially influenced. At first Gilligan used Chodorow's (1978) theory which assumes this sex difference comes from early childhood when girls receive their

identity from their mothers and experience attachment and connection. If this connection is broken, feelings of abandonment arise. Little boys have to pull away from the mother to establish a male identity. Therefore, they learn human separateness. This sets the stage for feelings of oppression. These different perspectives influence the differential way boys and girls view conflicting rights and competing claims.

However, since both males and females can and do use either perspective (Gilligan, 1986; Gilligan, Brown, & Rogers, 1988), Gilligan began changing her belief that males and females have different voices. Instead, they can use both voices, but may be socialized to use one over the other. Johnston (1985) found that males predominantly use the justice perspective as their first response to resolving moral problems. However, when asked if there was another way to look at the problem, most could switch to the care perspective. Females usually chose the care perspective first, but could use the justice perspective just as readily. This shifting of perspective was described as the figure-ground phenomenon in which one sees first the face and then the vase each time with the other in the background. Care and justice perspectives are both there, a part of the whole, but coming forward as socialized.

Gilligan (Gilligan, Brown, & Rogers, 1988) further elaborated her theory by explaining that both males and females could experience abandonment due to attachment to parents as well as oppression due to unequal power that exists between parents and children. Instead of Chodorow's (1978) psychoanalytic explanation, Gilligan believes that obvious gender preferences for one perspective were explained by differences in the socialization of girls for connection and boys for individual rights.

Gilligan (1977, 1982) also described levels of care which were somewhat similar to Kohlberg's (1981) levels of moral judgments (justice) in that care levels were conceptualized as stages of self-other orientation. These stages are distinguished from each

other by the extent to which people care for self and for other as they resolve conflicts in relationships.

At the first level, which is the lowest, the individual resolves conflict based on concern for the self. When caring in this manner is construed as selfish, transition to Level II becomes possible. At this level, an almost opposite concern for meeting the needs of others is paramount. When one stays in Level II for a period of time, a feeling of self-sacrifice may ensue and if sufficient disequilibrium occurs, there could be a transition to Level III. For individuals who reach this highest level, concern for others as well as for self are incorporated into conflict resolution. It is at this stage that the individual realizes that the needs of both self and other are important in maintaining relationships.

Gilligan's method also was originally criticized because of the anecdotal nature of her data and the fact that she had offered insufficient explanation for the differences in perspective between males and females (Walker, 1984). A further claim was that the dilemma was one identified by the researcher rather than the respondent (Walker, et al., 1987). That is, while this is construed as more realistic by some, it is recognized that all respondents may not have to consider similar decisions. Therefore, other personal moral dilemmas have been identified as described below.

Rybash (Rybash, Roodin, & Hoyer, 1983) considered the criticism that Gilligan relied too heavily on the abortion dilemma in her first research using only women's dilemmas. They designed a study with older adults who were asked to describe a personal moral dilemma. Their dilemmas centered on independence, living arrangements, and health. Moral dilemmas of adolescents were described in a study by Yussen (1977). He found that their dilemmas were also on independence and living arrangements, with additional dilemmas about sex, drugs and alcohol, and interpersonal relationships. In another study by Walker, et al. (1987), the categories of dilemmas of boys and girls were

compared with those of men and women. The gender differences were that women were more likely to raise personal and family-related dilemmas, while men were more likely to raise impersonal and work-related dilemmas.

This review of the literature suggests some hypotheses for the research questions listed in Chapter I. Although moral dilemmas of adolescents and elderly men and women have been characterized, what adult children see as moral dilemmas in their relations with their aging parents has not. Furthermore, when faced with a moral dilemma, the level of self-other orientation adult children use to resolve it has not been studied. Whether men and women differ in the level of self-other orientation they use in resolving moral conflict with their aging parents is not yet known.

Chapter III

METHODOLOGY

This research was a cross sectional, retrospective design to determine the categories of moral conflict that middle-aged male and female children face in their relationships with their aging parents. The difference between sons and daughters in the level of moral reasoning used to resolve those conflicts was of equal concern. Since there were no objective research instruments found for studying these concerns, a qualitative methodology was utilized for data collection and data organization. However, these data were then quantified for certain analyses. The description of the sample as well as the description of the categories and levels of care are included in this chapter. The results of the analysis of the categories and moral reasoning are presented in Chapter IV.

Sample Selection and Description

A guide for sample selection in a qualitative study was designed by Trost (1986) in which a grid of all variables which might influence the dependent variables is developed. The grid in the current study was bounded by middle-aged sons and daughters and by their age, region, education, and income. When possible, sex of parent was considered. This retrospective design used 60 middle-aged respondents, 30 men and 30 women. Ten men and 10 women were selected from each of three areas in North Carolina: northwestern mountain area, western Piedmont area, and the central industrialized Piedmont area.

Since there was no list of middle-aged children with aging parents, the method for locating subjects who had experienced a moral conflict with their parents was by word of mouth. Each interviewer contacted persons they knew who would qualify for the study.

As subjects were interviewed, they were asked to identify others who might be eligible. Additionally information explaining the study was posted in beauty shops, churches, elementary schools, colleges, universities, and a nursing home.

These notices requested volunteers for interviews regarding intergenerational relations between middle-aged children and their aging parents. To be eligible for the study, the participant needed to be between 40 and 64 years of age and have a living parent. They were asked to contact the interviewer by telephone for an appointment. When the interviewers set up the appointments, they asked the respondent to be ready to discuss some situation in which they and their parent had disagreed on how to resolve a problem. If the respondent claimed no conflict ever with their parents, they were not interviewed. They were told the interview would be tape recorded and that they would be asked to describe the area of conflict briefly and to tell whether and how they had resolved it.

When it became apparent that the sample was predominantly in their 40's, and educationally and economically advantaged, a conscious effort was made to find volunteers who were older and more representative of the working class. The base of the sample was broadened somewhat by this effort.

The respondents were all white except one and ranged in age from 40 to 63 with a median age of 45 (see Table 1). Forty-four (73%) were between 40 and 49. Males and females were about equally distributed across these ages. Parents of these adult children ranged in age from 60 to 91. Sixteen (27%) of the parents were in their sixties, and nearly half (47%) were in their seventies. Male and female respondents were equally represented by design in this study, but the gender of the aging parent they discussed was predominantly female (70%, $n = 42$). There were 21 daughter/mother pairs, 21 son/mother pairs, 9 daughter/father pairs, and 9 son/father pairs. The predominance of female parents

Table 1
Description of Sample

Variable	Male		Female		Total %
	N	%*	N	%	
<u>Sex of Middle-aged Child</u>	30	50.0	30	50.0	100.0
<u>Age of Middle-aged Child</u>					
40-49	23	38.3	21	35.0	
50-59	5	8.3	8	13.3	
60-64	2	3.3	1	1.6	
		49.9		49.9	99.8
<u>Sex of Parent</u>	18	30	42	70	100.0
<u>Age of Parent</u>					
60-69	6	10.0	10	16.6	
70-79	9	15.0	19	31.6	
80-89	3	5.0	12	20.0	
90+	0	0	1	1.6	
		30.0		69.8	99.8
<u>Marital Status of Child</u>					
Single (never married, divorced, & widowed)	3	5.2	10	16.6	
Married	27	45.0	20	33.3	
		50.2		49.9	100.1
<u>Education of Child</u>					
High School Graduate	6	10.0	7	11.6	
Some College	0	0	6	10.0	
College Graduate	8	13.3	9	15.0	
Beyond College Degree	16	26.6	8	13.3	
		49.9		49.9	99.8
<u>Education of Parent</u>					
No High School	4	6.6	8	13.3	
Some High School	0	0	3	5.0	
High School Graduate	8	13.3	16	26.6	
Some College	2	3.3	7	11.6	
College Graduate	3	5.0	5	8.3	
Beyond College Degree	1	1.6	3	5.0	
		29.8		69.8	99.6
<u>Family Income</u>					
Less than \$10,000	1	1.6	0	0	
\$10-20,000	4	6.6	7	11.6	
\$21-30,000	5	8.3	5	8.3	
31-40,000	4	6.6	7	11.6	
41-50,000	5	8.3	4	6.6	
over \$50,000	11	18.3	7	11.6	
		49.7		49.7	99.4

* Totals do not always equal 100% because of rounding.

is probably a result of more elderly females than the possibility of greater conflict with a mother.

The educational level of the sample ranged from high school graduate (22%) to those with a degree beyond college (40%). Females and males were about equally represented in the high school graduate and college graduate educational groups. About a third (35%) of the parents had some college or were college graduates or beyond. Most (78.2%) of the respondents were married. Most (83.2%) of them had children of their own. Nearly a third of the participants (30%) had incomes over \$50,000. The median family income for these men and women was between \$31,000 - 40,000 (see Table 1).

All but two respondents were employed. Employment ranged from service to professional occupations. All but one participant reported a preference for the Protestant religion and 61.6% considered themselves to be strongly committed to their beliefs. Only two participants were living with the parent on a full time basis, whereas two had the parent in the home part-time. When asked about their obligations to their parents, they were most likely to respond that they had moral and ethical obligations.

Variables and Operational Definitions

The major variables of interest were type of dilemma, the moral reasoning used for resolving the dilemma, and the sex of the middle-aged child. Other variables of interest were sex of parent/child pair as well as education, income, region of residence, and age of the child.

Moral Conflict

A moral conflict and a moral dilemma were used interchangeably in this study. A dilemma was defined as an argument, or conflict in daily life, which demands resolution. Alternative solutions are usually equivalent with little valid reason for choosing one over

the other and no way with present knowledge to know which solution would afford a better outcome (Harding, 1985).

A moral dilemma, or conflict, involved conflicting rights of two or more people or parties or even society. Both parties had to have competing claims that could be resolved only by including or excluding self and/or others. The dilemma also involved the issue of breaking or keeping the relationship as the claims and rights are resolved. A real life moral dilemma in this study was one of conflicting rights or competing claims that had been experienced in the past between the middle-aged child and the aging parent. Moral conflict was described in categories and used only in crosstabulations with demographic variables or as the independent variable in an analysis of variance in scores on moral reasoning.

Moral Reasoning

The level of moral reasoning is the sophistication of a person's cognitive activity based on successively more equitable concern for both parties (Gilligan, Brown, & Rogers, 1988; Lifton, 1985). Moral reasoning is sequential and hierarchical levels of beliefs about rights and responsibilities to self and others from the (a) low of inclusion of self while excluding others to (b) a middle level of inclusion of others while excluding self to (c) a high level based on inclusion of both self and others.

Gilligan's Scoring Manual for the Ethic of Care (see Appendix A) was developed by Byrd and Smith (1988) and refined by Smith, Goslen, Reece, and Byrd (in press). The basis of the levels came from Gilligan (1977, 1982) and from Colby and Kohlberg (1987).

Gilligan's (1977) theory assumes that there are five levels of reasoning when deciding the inclusion of self and others in moral conflict. Since Gilligan's theory is based on the perspective of moral reasoning called the Ethic of Care, these levels are referred to as Levels of Care. The first level of care (Level I) centers on the middle-aged child who makes decisions which meet the needs of self while excluding their aging parents. The

rationale for this level of thinking is that preservation of self is important while believing that parents have already had their chance. A child moves to the first transition (Level I/II) when there is a cognitive disequilibrium upon realizing that this line of thinking is selfish and might not be acceptable because the parents continue to have needs. They also begin to believe that children should not live so much better than parents who might be in need. The movement to the second level of care (Level II) comes when morality is couched in a belief that dependent parents must always come first. In this case, the child decides in favor of the parent even if self is hurt. The rationale at this level includes thoughts such as parents know best, parents have the right to be taken care of since they raised the children, and children (even adult children) should not stand up to parents. The second transition (Level II/III) is also characterized by the discomfort of exclusion of self. The child begins to see that caring for parents without also considering one's own needs is not equitable. This transition level allows the child to move to the highest level of care (III) of moral reasoning in the Ethic of Care which considers the needs of the middle-aged child and the aging parent equally. The child begins to realize that the needs of self and aging parents are morally equal. Within this level, the child finds ways to care for both self and parent without sacrificing either.

Although moral reasoning is usually presented in these five levels, these levels were derived in this study from a continuous range of scores from 100 to 500. Each subject in this research first received a moral reasoning score based on the mean score of all the scorable statements made which described how he or she resolved the conflict with the parent. This individual score could be anywhere on this continuous range of scores according to their self-other considerations when resolving the conflict. When the analysis called for a continuous variable, these continuous scores were used. When the analysis called for categorical variables, as in Levels of Care (Levels of Moral Reasoning), each

person's score was transformed into one of five levels. Each of the five levels had a range of 80 points, that is one-fifth of the 400 points between 100 to 500. For example, a Level I included all the scores from 100 - 180; Level I/II was 181 - 260; Level II was 261 - 340; Level II/III was 341 - 420; and Level III was 421 - 500. See Appendix Table E-1 for these transformations for each subject.

Two coders independently scored the statements in each transcript. The agreement rate for the two coders was initially 80%. After discussion of the transcripts and the responses from a third coder for five randomly selected transcripts, there was a 100% agreement on the moral reasoning score on the continuous range. Although there were 80 points between levels, agreement was based on whether the coders were within 50 points of each other.

Procedure for Data Collection

A pilot study of the instrument used in the present research was conducted with a male and a female subject who qualified for the study. This allowed further refinement of the instruments and procedure.

The respondents in this study were assured that their participation in this study as well as information they shared would be treated with confidentiality (see Appendix B). Each respondent was allowed to designate an appropriate place to conduct the interview. Often this was in the respondent's home or place of work, or at the interviewer's home or office. Other methods that preserved the respondent's identity included assuring them that the tape would be erased when the study was completed and assigning each person a research number. There were only two places that the name and number of the participant appeared together: (a) on the consent forms, which were kept in a locked file and separate from other research data; and (b) on a master list which also was kept in a locked file.

Neither of these documents was shared with other interviewers or other coders. Participants were requested not to use names on the tape, but when a name was used inadvertently, it was left blank on the transcript.

Before the interview was begun, the participant was reminded briefly of the purpose of the study and the format to be followed. The consent form (see Appendix B) was given to the participant for a signature. They were reminded that the interview was to be taped and the recorder was turned on from the beginning. Although the demographic data were recorded directly on the form (see Appendix C) by the interviewer, it was assumed that the participants would be more at ease if they had this time to acclimate themselves to the recorder.

Intensive interviews about self-chosen, real-life conflicts that middle-aged sons and daughters experience with their aging parents were conducted to determine categories of conflict and levels of moral reasoning used in resolving the conflict. The intensive, open-ended, taped interview allowed the respondents to express their unique feelings about their personal dilemmas. The audiotape was analyzed later for patterns and themes which were eventually reduced to categories. The interview guide (see Appendix D) included probes to assure that the participant addressed pertinent issues and for exploration of topics in depth if appropriate. This open-ended interview allowed for elaboration and interpretation of answers that a survey would not permit.

After a definition and example of a moral dilemma were given, qualitative data were collected during the interviews by initially using one prompt, "Tell me about a dilemma you have experienced involving conflicting rights or competing claims with your parent." Other prompts were used to ensure coverage of the following areas: (a) why this was such a problem for them; (b) how the parent reacted; (c) how they felt about the dilemma; (d) how the dilemma was resolved; (e) why this solution was chosen or what factors were important

in the decision; and (f) whether they believe now that this was the best solution (see Appendix D).

There were six female and one male interviewers all trained in the qualitative, clinical research interview technique. Because of the potentially sensitive nature of some of the discussion, time was allowed for debriefing before the participants left. They also were offered a written summary of the findings after the study was completed if they were interested.

Procedure for Data Analysis

To analyze the data to answer the basic research questions presented earlier, the questions have been restated here in the manner in which they were analyzed.

1. What are the categories of moral conflict experienced by middle-aged sons and daughters with their aging parents? A content analysis was used to delineate the categories. Crosstabulations were used to describe the following relationships:

- a. What is the relationship between categories of moral conflict experienced with aging parents and sex of middle-aged child?
- b. What is the relationship between categories of moral conflict experienced and the demographic variables: education, income, geographical region, and age?

2. What is the moral reasoning that middle-aged sons and daughters use to resolve moral conflict with their aging parents? The transcripts were coded for moral reasoning. Crosstabulations were used to describe the relationship between moral reasoning and other variables. An analysis of variance was used to test the effect of sex, demographic variables and category of dilemma on moral reasoning scores.

- a. What is the relationship between levels of moral reasoning (levels of care) used and sex of the middle-aged child?

- b. What is the relationship between levels of moral reasoning and the demographic variables?
- c. What is the difference in moral reasoning scores between sons and daughters?
- d. What is the difference in moral reasoning scores for each of the demographic variables?
- e. What is the difference in moral reasoning scores by category of dilemma?

To understand the data, the categories of conflict were described and presented by percentage of each dilemma discussed. Moral reasoning levels were similarly described and presented by percentage of level used. Also a description of how the levels were derived from the continuous moral reasoning scores was shown.

In order to address the research questions, the categories of conflict were dealt with first and the moral reasoning levels and scores were analyzed last. Since categories of conflict and the demographic variables were all nominal data, crosstabulations were the only procedure used. Categories of conflict were observed for numbers of subjects for categories by sex of child, sex of child/parent pair, education, income, region, and age of child. When appropriate, percentages were also shown. No tests of association were computed.

Moral reasoning data were both continuous and ordinal. The ordinal data were the levels of care which were analyzed by crosstabulations using numbers of subjects for levels of care by sex of child, sex of child/parent pair, education, income, region, and age of child. Percentages were used when appropriate. No tests of association were computed. However, when moral reasoning data were continuous, they were analyzed by an analysis of variance (ANOVA) for sex of child, sex of child/parent pair, education, income, region, age, and category of conflict.

The audiotape of each interview was transcribed to allow for several readings. One reading allowed the dilemma to be identified and whether it involved the mother or father. It also allowed for categorization of the dilemma. Thirteen categories of dilemmas were originally identified, but were subsequently collapsed into a smaller number. Six categories were chosen since this number was conceptually valid and there were only 60 subjects in the sample.

A second reading allowed the researcher to get an overall sense of the level of care used in the resolution of the dilemma. Finally, statements were identified for coding according to the scoring manual (see Appendix B). It was necessary to reread the interviews to assure that coding would be done in context. Two coders independently designated the statements according to Gilligan's (1977; 1982; 1986) Ethic of Care levels which were Level I, Level I/II, Level II, Level II/III, and Level III. A third coder also rated five randomly selected interviews.

The agreement rate for the two coders who rated all interviews was initially 80%. After discussion of the interviews, all final levels of the 60 (100%) subjects were in agreement. The third coder was in agreement with the first two coders on the five randomly selected interviews. Agreement was reached if the coders were within 50 points of each other.

The subjects were placed in four child-parent pairs: daughter/mother (21), son/mother (21), daughter/father (9), and son/father (9). Each of the six categories of dilemmas were divided by the percentage of each category which was mentioned by the four child/parent pairs. Crosstabulations were run first for category of dilemma (6) and second for level of moral reasoning (5) by the independent variables: child/parent pair, education, income, region, and age. To test the differences between sons and daughters for levels of moral reasoning and for categories of dilemmas, an Analysis of Variance

(ANOVA) was used. An ANOVA was also used to test the effect of category of dilemma on level of moral reasoning.

Moral Conflict Categories and Resolution Levels

Categories of Moral Conflict

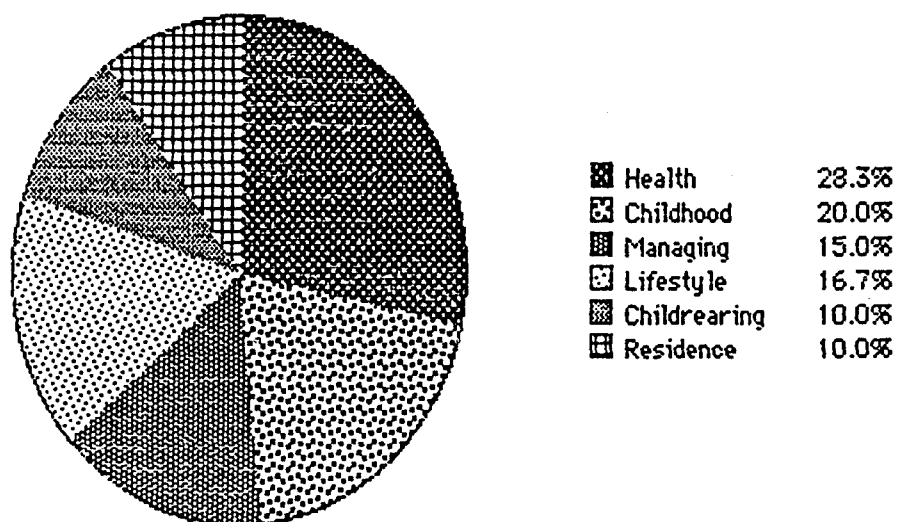
A content analysis resulted in six categories of conflicts between middle-aged sons and daughters and their parents. Usually the conflict was identified by the respondent, but sometimes the issue they identified was not the real conflict. With the probing technique, the moral conflict emerged. A conflict involved differences in the responsibilities expected of each person. In the beginning, 13 categories were identified, but in order to reduce the number to a manageable and meaningful number, they were collapsed into the six categories listed below. The person with whom the conflict resided was the aging parent for the categories of health, management, and residence. The other three categories of conflict, unresolved childhood problems, lifestyle differences, and childrearing practices, resided in the middle-aged child. Most of the conflict was in health related issues.

1. Health related issues (caregiving or obtaining proper care, role reversals)
2. Unresolved childhood problems (resentment, anger, being treated as child)
3. Managing affairs (inheritance, property, bookkeeping, running errands)
4. Lifestyle differences (divorce, companions, affairs, different values)
5. Childrearing practices (grandchildren)
6. Living arrangements (need for change of residence due to age or health).

Distribution and Description of Categories of Moral Conflict

Health related issues. As parents age, it is a common experience that health begins to fail. The most frequently mentioned dilemma middle-aged children face with aging parents was in the area of health (see Figure 1). Twenty-eight percent (17) of the dilemmas

Figure 1

Percentage of Subjects According to Dilemma

described were in this category. Four of the participants were involved in direct caregiving. Eleven persons were facing problems in arranging for proper care. One person needed to make a decision about whether to institutionalize and one felt a need to reverse roles with the parent.

There were many ways in which the parent's health could result in a dilemma for the adult child. Some were involved in hands-on caregiving either on a full time basis or at regular intervals. The latter were relieving siblings on weekends and holidays or up to two years at a time. Arranging for proper care included encouraging the parent to seek care or go for reevaluation of a changed condition, or having a parent at a distance. This involved not being able to provide the care personally or having a conflict between whether the parent's condition warranted their leaving job and family to be with the parent. Sometimes the health related issue was whether to institutionalize for care and sometimes it involved having to reverse roles with the ailing parent.

Unresolved childhood problems. Childhood issues accounted for 20% (12) of the dilemmas described (see Figure 1). Poor parenting was the central issue for six of the respondents. These included a father who could not express love, an alcoholic parent, a mother who would not encourage independence, and a parent who could never be satisfied with the child. Refusing to allow the child to grow up or trying to take over for the child when some problem arose was an issue for five persons. Some of these problems were picking a college, being told how to dress, having surgery and not telling the child in an effort to protect, always insisting on paying for dinner when dining out, and taking over the son's role as family head when he lost his job. An additional conflict in this area included a biological father, whom the child had never seen, making contact when the respondent was middle-aged and had a stepfather.

Things that happen in childhood often are carried over into adult lives and affect relationships. Adult children sometimes are angry and resentful over poor parenting such as having a parent who was an alcoholic, overprotective, unloving, or unable to be supportive. Each of these conflicts was described by this sample. Some of the other problems included the inability to face any conflict with the parent because of pity and the need to protect, not being able to please the parent, and long estranged relationships with a divorced parent or a grandparent that needed resolution due to impending old age or death. Sometimes it was an issue that was seemingly small by comparison such as being able to choose the college one wanted to attend, how to dress, or who would pay for dinner. Even these latter issues were seen by the child as a problem of the parent's not allowing them to be an adult.

Managing affairs. Adult children were caught between needing to handle business affairs and resources for parents who were no longer able to perform those tasks, and the parent's need to maintain control in seven cases. Another person had a problem with parents who did not want to retire but needed the son's help to begin a new business. One person had a problem with trying to run errands for her parent and her in-law. This category accounted for 15% (9) of the dilemmas (see Figure 1).

Adult children who were responsible for managing the affairs of their parents were often caught in disagreements over how resources should be managed. Some were trying to encourage their parents to write a will, or decide on cemetery plots to assure that their wishes were carried out. Others were concerned that their parents were wasting their resources or being taken advantage of but the parent wasn't willing to give control of resources to the child. Occasionally parents wanted to sell property while the child wanted it to remain in the family. Sometimes parents would make pledges for resources they didn't have and the child would have to intervene. At other times it was a matter of

assuring the safety of the parent while still allowing them some sense of control. Of course, running errands for the parent could become a problem if not carefully planned to conserve time and energy.

Lifestyle differences. Divorce of the adult child was the most common lifestyle problem identified. One parent was having an affair and one chose a companion who was taking advantage of her financial resources. Other issues included the child wanting health foods while the parent wanted good old Southern cooking. Since they typically spent a week at a time in each other's home, each began to experience withdrawal from their accustomed food and began to feel sick. Another situation involved the mother placing more value on money and status than family relations. Finally one son could not see his father as often as he wished because he considered his mother very obnoxious. These lifestyle differences accounted for 17% (10) of the dilemmas (see Figure 1).

How children live their lives is frequently a source of conflict between the generations, but parents also can exhibit behavior that is embarrassing to their children. The child's divorce was the most frequent source of conflict identified in this category. This caused estrangement in the relationship and feelings of failure and lack of support. When a married parent acknowledged having an affair or a single parent picked an undesirable companion, children often felt the need to "play the parent role" and remedy the situation. Heated confrontations often ensued, as was the case in this sample. Other less emotional issues involved a difference in the value placed on money, different tastes in food, and disagreement over one parent's lifestyle that kept the child from being able to enjoy a close relationship with the remaining parent.

Childrearing practices. Childrearing issues were reported by 10% (6) of the participants (see Figure 1). Three participants had problems that revolved around parenting

styles. Two problems were religious and cultural differences in how the grandchildren were being raised. Finally, one grandparent tried to take over the disciplining of the grandchildren.

Different generations of parents have had varying amounts of exposure to the current wisdom about how to raise children, and of course, this information changes over time. Middle-aged parents often find themselves in conflict with the grandparent over their childrearing practices. Grandparents often assert that middle-aged parents can and should control the lifestyle of young adult children. Such topics were issues in this category. Sometimes the grandparent tried to assume the parenting role with the grandchild and sometimes it involved adopted children who were racially and culturally different, thereby causing conflict.

Living arrangements. The remaining 10% (6) of the dilemmas had to do with a proper residence for the parent (see Figure 1). Four of the six living arrangement problems involved a parent who was becoming more dependent and needed closer supervision. One mother wanted to sell her home and the son objected, and the other issue involved the mother, who had never been on her own, wanting to move to another part of the state.

As middle-aged children realize that their parents are aging and becoming more dependent, they begin to consider how they can increase their attentions to their parents while maintaining job and their own family responsibilities. A way to make this easier from the adult child's point of view is to move the parent closer to them. Aging parents usually feel a real need to maintain their home and resist a change in living arrangements. Such was the central conflict this sample described in this category. These categories were different from those found by Rybash, et al. (1983). However, since the subjects were aging parents, it is not surprising. Two people in a conflict often put differing importance on the area of conflict.

Brody (1985) tried to lay to rest the myth that families do not take care of their parents now as was the case in the good old days. She asserted that families not only provide more care, but more difficult care and for a longer time than ever before. She found that about two-thirds of persons involved in parent care were in their forties and fifties. Most (73.3%) of the respondents in this study were in their forties (51.6% were 45 or less) which may account for the fact that they were more likely to be involved in arranging for care rather than being in full-time caregiving situations.

Moral Reasoning Used in Resolution of Conflict

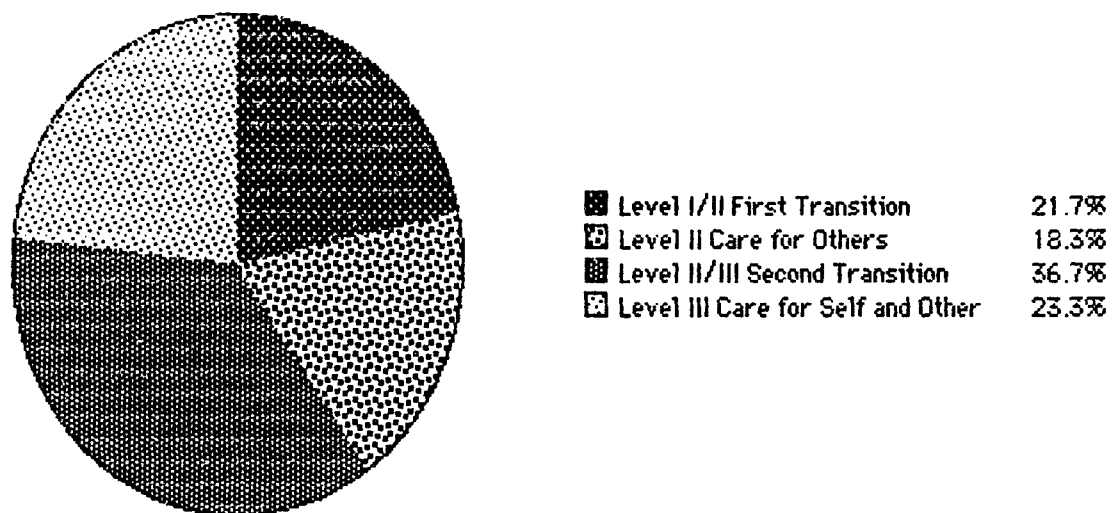
To answer the second research question and its five parts about the moral reasoning used by middle-aged sons and daughters in resolving conflict with their aging parents, moral reasoning responses from the transcripts were organized in both continuous and ordinal data as described in this chapter. See Appendix Table E-1 for these two types of moral reasoning data for each subject. All 60 subjects scored between 200 and 500 which represented the four highest levels of care.

Distribution and Description of Levels of Care

The modal level of moral reasoning used by these subjects was Level II/III, realization that excluding self in service to others is self-sacrifice. Figure 2 shows that 22 (37%) of the subjects used Level II/III. The next highest level used (14, 23%) was Level III, including both self and others. None of the subjects used the lowest level and only 13 (22%) used Level I/II. Only 11 (18%) used Level II, care for others to the exclusion of self, yet this was the modal level for the subjects in recent research (Gilligan, Brown, & Rogers, 1988).

Figure 2

Percentage of Subjects According to Level of Care



Level I: Care for Self First. A Level I response was one likely to be made in a situation where the respondent felt helpless to change the circumstances. Since they felt they could not solve the problem, they resorted to protecting themselves. A few people used Level I statements, but so few were used that no person was placed in this level in the final evaluation (see Figure 2). Examples of Level I statements included:

I just didn't tell her - it's one more sermon I'd have to listen to. It's a way of protecting myself (#13, female, childhood, alcoholic mother).

Before I married my husband, it took a lot of convincing that I could be loved for who I am. I didn't feel worthy of it. I was very bitter toward my father and no matter how hard I tried to please him, it went unacknowledged (#26, female, childhood, father unable to express affection).

I was worried how to pay bills and pay parents back, so I let my mother discipline the children. I really felt that while I was in their house I had to go by their rules (#30, female, childrearing, mother took over).

I get criticized when I tell him how much it costs - so I lie. I just can't set myself up for criticism (#33, son, lifestyle, father critical of how he spends his money).

Level I/II: From Selfishness to Responsibility. Statements that were made at this level acknowledged that thinking only of self was not acceptable. They were beginning to think of their parents as needing their response. About 22% (5 sons and 8 daughters) were placed in this level (see Figure 2). Some responses in this level are stated below.

I didn't want her to sell the house because of the attachment I had to it, but she hated the house (#37, son, living arrangements, mother wanted to move to an apartment).

I'm lying here at night hating my father and my brother, but feeling guilty because I don't want to feel that way. I don't feel good talking about him like this. I hate it. I want to learn to let go - to not care (#33, son, lifestyle, father critical of everything he does).

I just want her to let me raise my children the way I think I should. I know she's my mother, but I should be able to do what I want (#31, daughter, mother always takes over).

What mother would think (about my divorce) and how it would affect her was my biggest worry (#14, daughter, lifestyle).

Level II: Goodness as Self-Sacrifice. At this level, statements indicated that the participants accepted a socially prescribed role of the good son or daughter. They were willing to exclude themselves and give up time with their own family to respond to the parent's needs. Although a majority of a representative sample might be predicted to be at this level, only 18% of this sample scored at Level II (see Figure 2). Some examples of responses are listed below.

I don't know why I have guilt feelings. Everybody tells me I shouldn't, we do everything for her. But I feel like I should have her over here with me so I can look after her. I am the only daughter and I just feel like I need her here. I'll quit my job and take care of her (#2, daughter, health, cares for mom on weekends to relieve brother).

But they are your parents good, bad, or whatever. You've got that responsibility. You never get rid of it. You have to be responsible to somebody. When they get old it turns around. You owe that (#9, son, arranging for care at a distance).

You can exhaust yourself before you know it. But you just do it because you have to and you seem to think you are obligated to you parents. (#10, son, mother in home for care).

If I had had to worry about what my divorce would do to my mom, I guess I would have endured it (#3, daughter, lifestyle).

And I think that was my biggest worry and the cause of my weight loss, was worrying what mother would think, how my family was going to feel about it and what others would think and say about us. (#14, daughter, lifestyle, divorce).

I felt such an obligation to her, I just couldn't do anything that would add burden. If there was a conflict, I would resolve it myself or pretend it wasn't there. (#19, daughter, childhood, parents divorced when she was very young - overprotective of mother).

Level II/III: Transition From Goodness to Truth. The first movement away from Level II is the realization that excluding self in deference to parents is a sacrifice too great to continue. Respondents in this category began to see that failing to take care of themselves

would eventually lead to negative effects on both themselves and the parent. There was the realization that self must be cared for along with others. The largest percentage (37%) were resolving conflicts with parents at this level (see Figure 2). Examples are given below.

You give up your freedom with your children, your husband everything. I guess we still try to pet and humor her, but then her wishes get so demanding that you can't live your life because of what she wants (#2, daughter, health, caregiving on weekends).

I told her I couldn't do her house and mine and something had to be done (#1, son, living arrangements, safe house for mom).

A couple of times I've had to say, "Look, Mom, this is me. I'm not you and I know you don't always approve of the way I do things. But give me the benefit of doubt." (#13, daughter, childhood, alcoholic mother).

Finally, I had to say to myself, until she gets worse physically or mentally, I am not going to let her run my life for me (#16, daughter, managing, running errands).

I should have accepted sooner that he was the way he was and gone on with my life (#26, daughter, childhood, father unable to show affection).

Level III: Care for Self and Others. By the time respondents reached Level III, they had reached a balance between the needs of self and others. Sometimes they involved other siblings to care for parents' needs or they may have decided that parents would have to give some too, so that the child could respond more easily. Nearly one-fourth (23%) of the sons and daughters were using Level III (see Figure 2). Examples of statements coded at Level III are given below.

I gave her a lot next door with first priority over my siblings to buy it after mom died. When I would do things for her I always made her do her part, too. I kept mom as independent as possible (#1, son, living arrangements, providing safe house for mom).

I guess when you get right down to it, I knew I couldn't afford to take care of her because I have to work. And it didn't have anything to do with me worrying about my inheritance. I was worried about her - him taking total advantage of her (#5, daughter, lifestyle, mom's companion).

"I'm too old to put up with this. Stay here until you are well. You go back over there and I'm not going to mess with you anymore." I was more comfortable here and she likes it here. I have a family, too (#8, daughter, health, care of mom after surgery).

So except for the impractical things like washing windows and carrying in the wood, I let her do her own work. I feel like she needs to do those little things (#16, daughter, managing, doing things for mom)

I had put my life on hold for two years, now it was time to do something for me. I had done all I could for dad. I didn't feel like we were abandoning him. I felt like we were helping him (#25, daughter, health, father has Alzheimer's).

Chapter IV

RESULTS

When the crosstabulations were inspected there was a relationship observed between categories of dilemma and (a) sex of child and sex of child/parent pairs, and (b) the demographic variables of education, income, region, age. There also was a relationship observed between levels of care and (a) sex of child and sex of child/parent pairs, and (b) the demographic variables of education, income, age, and region. Finally, an analysis of variance showed that there was a statistically significant difference in moral reasoning scores for (a) income levels and (b) categories of dilemmas.

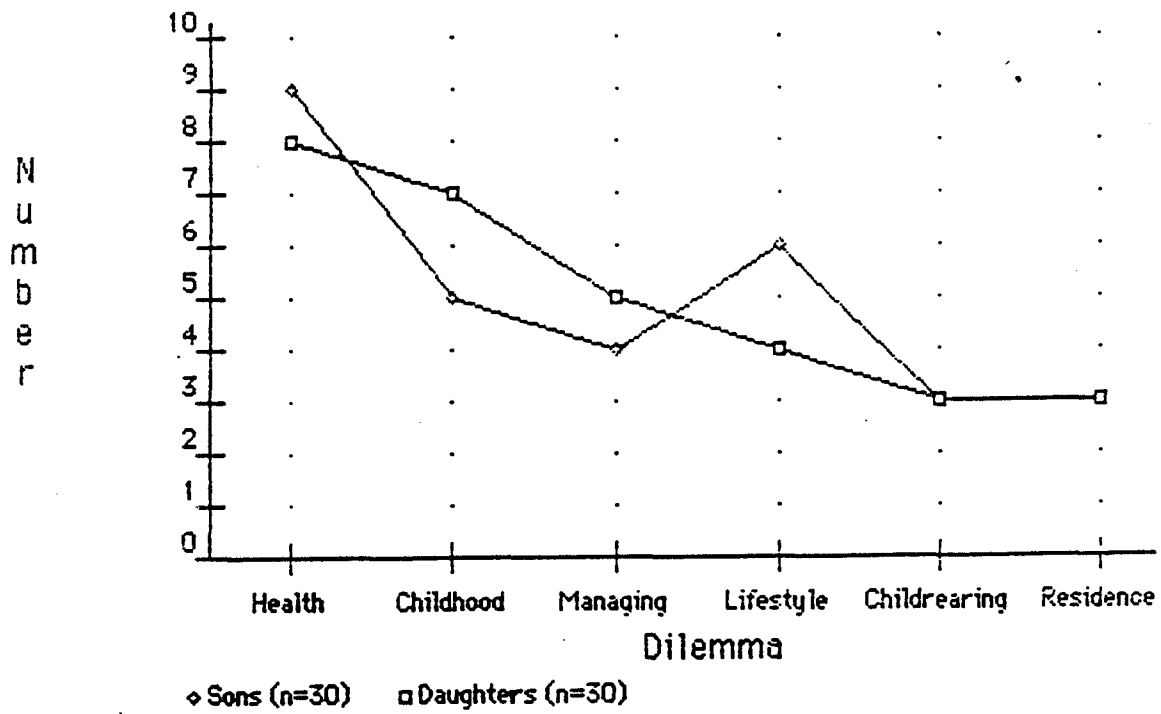
Variables Related to Categories of Conflict

The first hypothesis stated that there would be a relationship between categories of dilemmas and (a) the sex of the middle-aged child and the sex of the child/parent pair; (b) the demographic variables, education, income, region, and age; and (c) levels of care (moral reasoning). A crosstabulation was made and the percentage of subjects for each dilemma was observed for each variable of concern. The results are presented below.

Gender of Middle-Aged Child

The expectation was that the conflict categories for sons would be in management areas (such as health, managing, and residence), whereas daughters would have more conflicts in personal areas (such as childhood, lifestyle, and childrearing). Although no statistical tests were computed, the crosstabs showed that sons had more health conflicts as predicted but also more lifestyle conflicts than daughters did with their parents (see Figure 3). Daughters, on the other hand, had more conflicts in childhood, as predicted, and also managing, but not lifestyle and childrearing. Another way to look at the conflicts between

Figure 3

Type of Dilemma According to Sex of Adult Child

middle-aged children and their aging parents was to view them by the sex of the child/parent pairs. Both sons and daughters (21 son/mother and 21 daughter/mother pairs; see Table 2 and Figure 4) experienced more conflicts with their mothers than with their fathers (9 son/father and 9 daughter/father pairs; see Table 2 and Figure 5). Using the total number of subjects as 100%, the comparison here reflects the percentage of each conflict reported by each child/parent pair. Health related conflicts were the most salient problems identified with the mother by sons (7; 12%) and by daughters (5; 8%). Although the numbers are smaller for fathers because only 18 of the 60 parents were fathers, the percentage of health conflicts between fathers and their children was similar to that between mothers and their children. There were no living arrangement problems identified by sons or daughters that involved the father.

More mothers were identified as the one with whom there was conflict since 70% of the sample parents were mothers. This is probably due to the fact that women live longer, and since the study was restricted to a dilemma with a living parent, the mother may have been the only parent available for many respondents. It also seems reasonable that more caregiving problems occurred with the mother. Stoller (1983) found that wives are more likely to care for husbands, the husbands die earlier, and therefore, adult children are more likely to care for those mothers who are left. Data in this study seem to support Stoller's findings. The same thinking would hold true for living arrangements. Fathers are taken care of at home by their wives, while mothers are more likely to have to move from their homes for care.

Education

The dilemmas most commonly reported by the children who were college graduates or beyond were health (14) and childhood (10) issues (see Table 3 and Figure 6). Those in the "some college" group did not identify any dilemma in the areas of childrearing or living

Table 2

Type of Dilemma According to Child/Parent Pair

Dilemma	<u>Child/Parent Pairs</u>							
	S/F*		S/M		D/M		D/F	
	N	%	N	%	N	%	N	%
Health	2	3	7	12	5	8	3	5
Childhood	2	3	3	5	4	7	3	5
Managing	1	2	3	5	3	5	2	3
Lifestyle	3	5	3	5	3	5	1	2
Childrearing	1	2	2	3	3	5	0	0
Residence	0	0	3	5	3	5	0	0
Totals	9	15	21	35	21	35	9	15

* S/F = Sons and Fathers
 S/M = Sons and Mothers
 D/M = Daughters and Mothers
 D/F = Daughters and Fathers

Figure 4

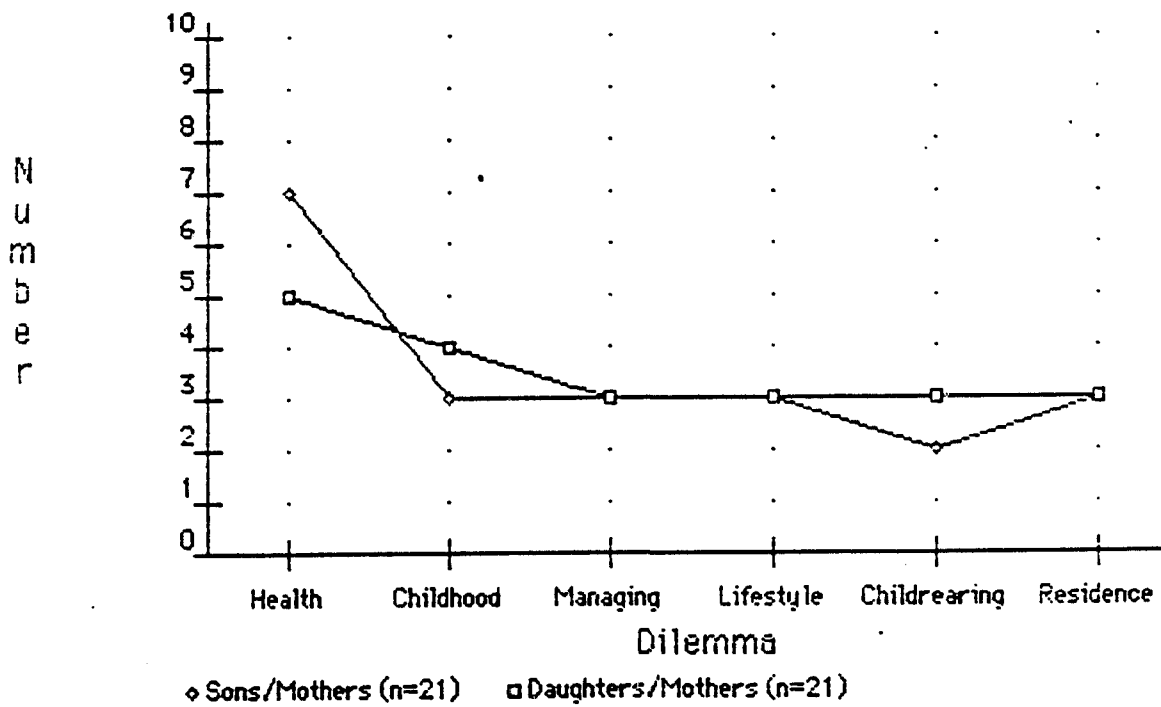
Number of Child/Mother Pairs According to Dilemma

Figure 5

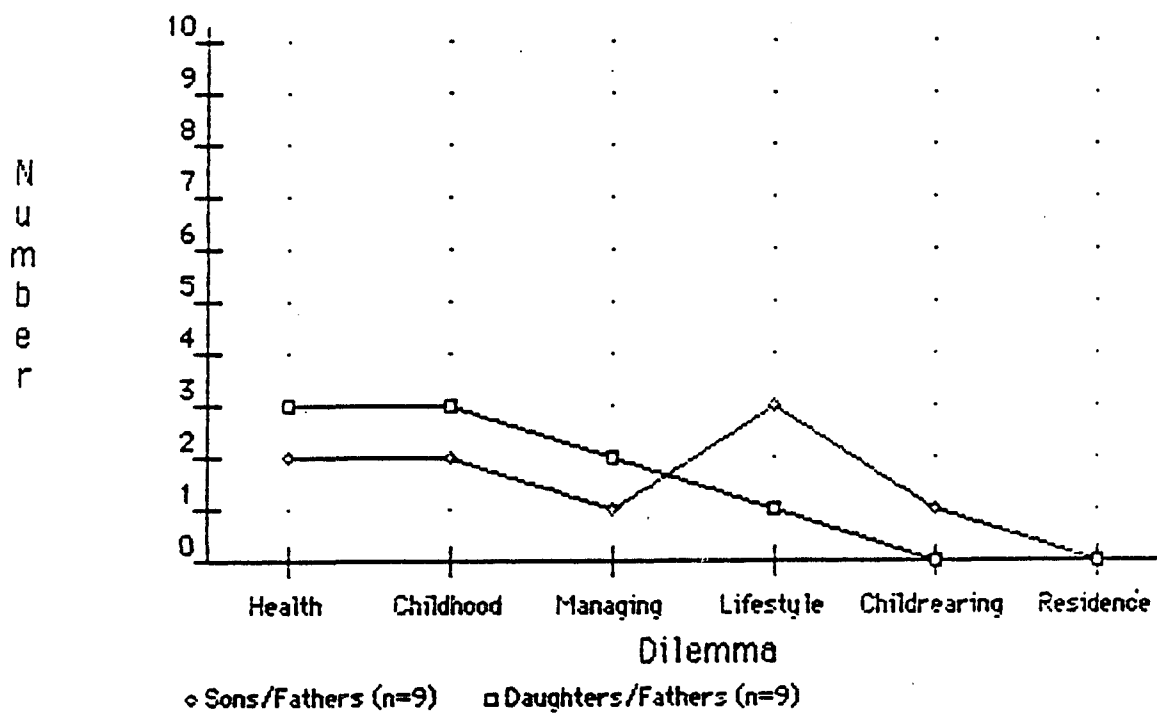
Number of Child/Father Pairs According to Dilemma

Table 3.

Type of Dilemma According to Educational Level

Dilemma	<u>Educational Level</u>							
	N	1* %	N	2 %	N	3 %	N	4 %
Health	2	3	1	2	7	12	7	12
Childhood	1	2	1	2	5	8	5	8
Managing	2	3	3	5	2	3	2	3
Lifestyle	4	7	1	2	1	2	4	7
Childrearing	1	2	0	0	1	2	2	3
Residence	3	5	0	0	1	2	2	3
Total**	13	22	6	11	17	29	24	40

* 1 = High School Graduate

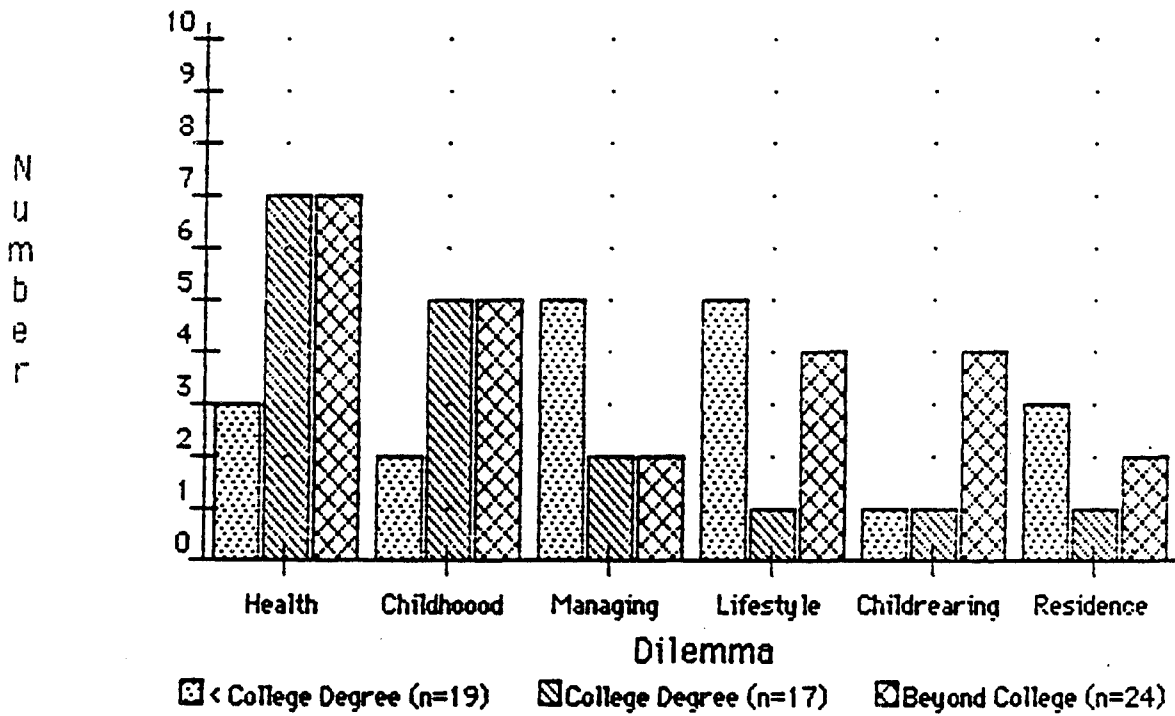
2 = Some College

3 = College Graduate

4 = Beyond College Degree

** Total percentage does not always equal 100% because of rounding.

Figure 6

Type of Dilemma According to Educational Level

arrangements. Middle-aged children with higher education were expected to have fewer conflicts in managing health problems and managing affairs than in other areas, but this did not hold true even though about half of the number of subjects had a college or post graduate degree.

Income

Since there was a wide divergence of income levels, the five groups were reduced to three: \$30,000 and under (n=22), \$31-50,000 (n=20), and over \$50,000 (n=18; see Table 4 and Figure 7). Other than equalizing the numbers in each income group, the rationale for the three groups was that the median family income is approximately \$30,000 and that the majority of the upper half of families make between \$30,000 and \$50,000. As expected, the dilemmas of the middle-aged children earning over \$50,000 were more likely to be in the areas of health (6) and managing (4), but they also were more likely to have childhood problems (5). These same people reported no problems with childrearing and living arrangements. However, the \$31 - 50,000 group of middle-aged children also had their highest number of conflicts in health (7), but their dilemmas in childrearing (5) and childhood (4) were almost as numerous. Lifestyle (6), not health, was the conflict with the highest number in the less than \$30,000 group.

Perhaps some of the differences between dilemmas could be accounted for by the level of income, because having more income allows for more choice about how and whether certain problems are eliminated or at least whether they become less salient.

Geographical Region

Although no prediction was made, health related problems were more prevalent in the Central (9) and Western (6) regions. Childhood problems were more likely in the Piedmont (5) and Central (5) regions. Managing (5) was the problem found more often in

Table 4.

Type of Dilemma According to Income

Dilemma	<u>Income</u>									
	1*		2		3		4		5	
	N	%	N	%	N	%	N	%	N	%
Health	0	0	4	7	3	5	4	7	6	10
Childhood	2	3	1	2	3	5	1	2	5	8
Managing	3	5	1	2	1	2	0	0	4	7
Lifestyle	3	5	3	5	0	0	1	2	3	5
Childrearing	1	2	0	0	2	3	3	5	0	0
Residence	3	5	1	2	2	3	0	0	0	0
Total**	12	20	10	18	11	18	9	16	18	30

* 1 = Under \$20,000

2 = \$20-30,000

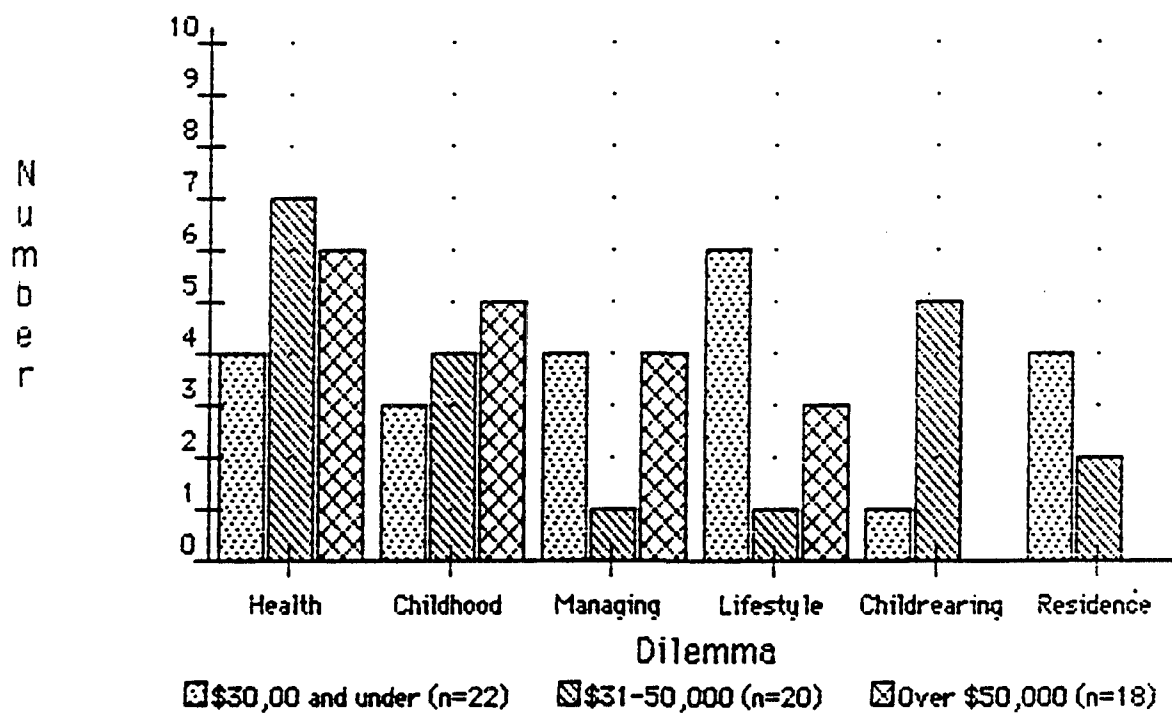
3 = \$31-40,000

4 = \$41-50,000

5 = Over \$50,000

** Total percentage does not always equal 100% because of rounding.

Figure 7

Type of Dilemma According to Income

the Western group. There does not appear to be any reason for this regional difference since the demographic characteristics of each region were similar (see Table 5 and Figure 8).

Age

No prediction was made about age, but health problems (10) were more frequently reported by the children over age 45. Childhood problems (7) were more commonly reported by those children under 45. More health related problems would be expected at the older age levels because the parents would be more likely to be older. Perhaps those under 45 reported more unresolved childhood problems because they have not yet reached Erickson's stage of relating to their parents as friends and peers. Childrearing problems are likely to be insignificant at the older age level because children are more likely to have been launched by this time (see Table 6 and Figure 9).

Variables Related to Levels of Care

Sex of Child

Although no statistical test was used for analysis of moral reasoning in levels, sons used more responses above Level II and daughters used more responses in Level II or below as predicted (see Figure 10). The largest number of responses (22) were in the II/III level of moral reasoning with sons making up the largest proportion (12 sons and 10 daughters; see Table 7). Using a midline split between Level II or lower and above Level II, sons (20) were more likely to use a higher level of moral reasoning than daughters (16). Although this was the predicted direction in the first part of the second research question, there was no statistical test used. However, Gilligan (Gilligan, Brown, & Rogers, 1988) would claim that with the greater socialization for females to serve others, this direction in the scores would be expected.

Table 5

Type of Dilemma According to Region

Dilemma	Region					
	Western		Piedmont		Central	
	N	%	N	%	N	%
Health	6	10	2	3	9	15
Childhood	2	3	5	8	5	8
Managing	5	8	3	5	1	2
Lifestyle	4	7	4	7	2	3
Childrearing	1	2	3	5	2	3
Residence	2	3	3	5	1	2
Total*	20	33	20	33	20	33

* Total percentage does not always equal 100% because of rounding.

Figure 8

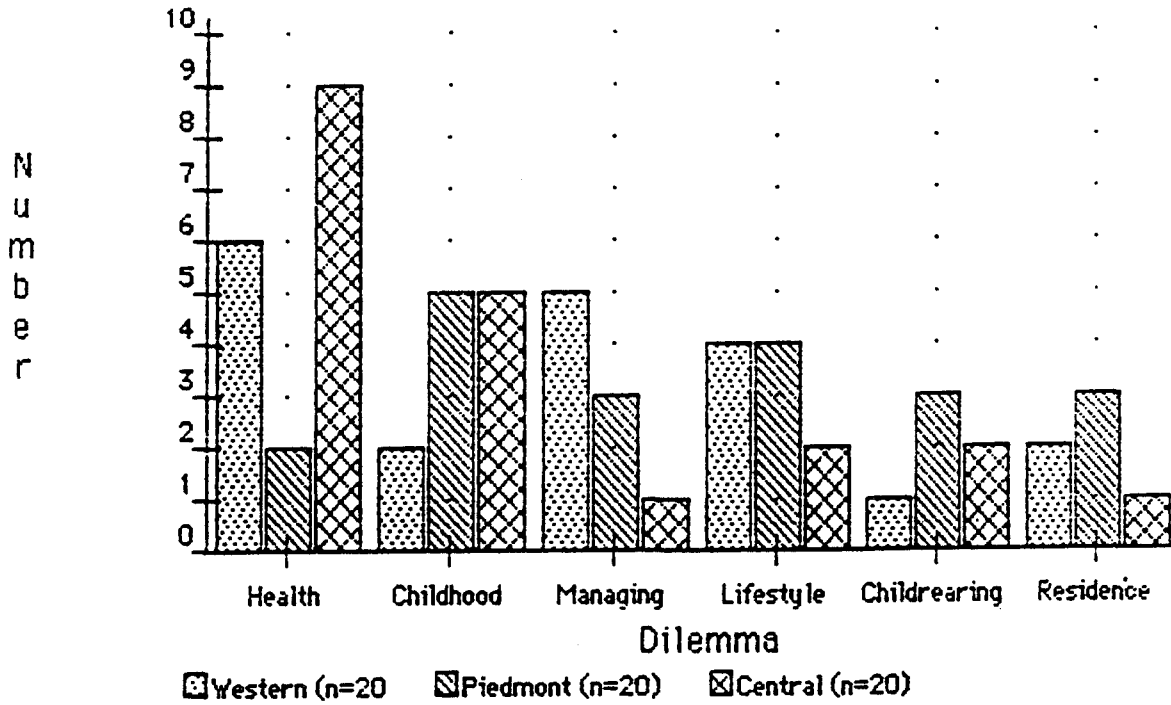
Type of Dilemma According to Region

Table 6

Type of Dilemma According to Age

Dilemma	<u>Age</u>					
	45 and under		46-50		Over 50	
	N	%	N	%	N	%
Health	7	12	4	7	6	10
Childhood	7	12	4	7	1	2
Managing	4	7	3	5	2	3
Lifestyle	6	10	0	0	4	7
Childrearing	5	8	0	0	1	2
Residence	2	3	2	3	2	3
Total*	31	52	13	22	16	27

* Total percentage does not always equal 100% because of rounding.

Figure 9

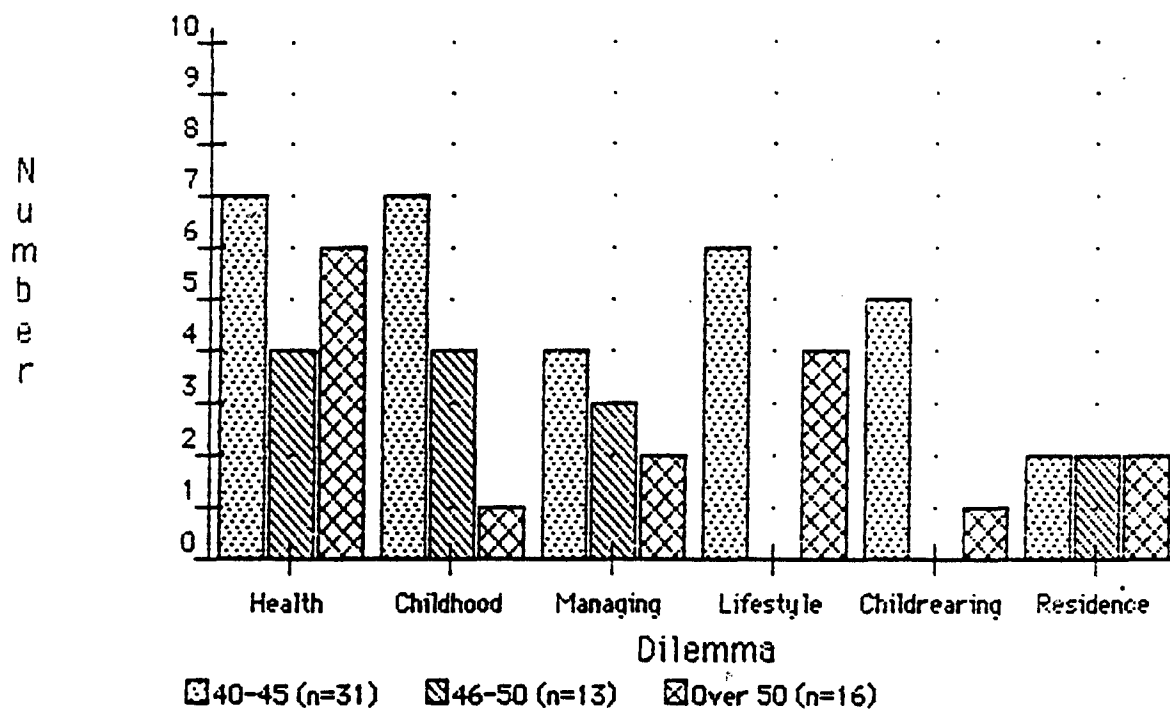
Type of Dilemma According to Age

Figure 10

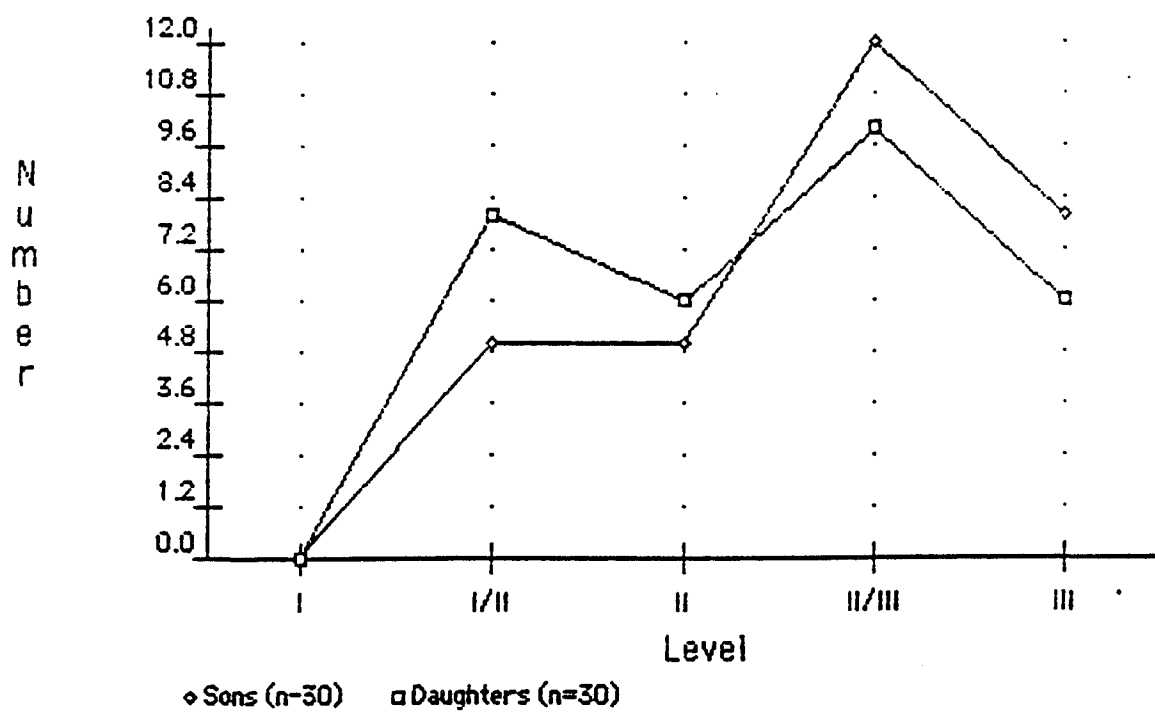
Level of Care According to Sex of Adult Child

Table 7

Level of Care According to Child/Parent Pair

Level	<u>Child/Parent Pairs</u>								<u>Sex of Parent</u>				<u>Sex of Child</u>			
	S/F*		S/M		D/M		D/F		F		M		S		D	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I/II	2	22	3	14	5	24	3	33	5	28	8	17	5	17	8	27
II	1	11	4	19	3	14	3	33	4	22	7	17	5	17	6	20
II/III	4	44	8	38	9	43	1	11	5	28	17	40	12	40	10	33
III	2	22	6	29	4	19	2	22	4	22	10	24	8	27	6	20
Total**	9	100	21	100	21	100	9	100	18	100	42	100	30	100	30	100

* S/F = Sons and Fathers D/M = Daughters and Mothers
 S/M = Sons and Mothers D/F = Daughters and Fathers

** Total percentage does not always equal 100% because of rounding.

The question arose whether sex of parent would be related to level of care. If sons operate at a higher level of care, would the sex of the parent influence this? Using percentages, since the number of fathers and mothers were unequal, it appeared that when fathers were involved in the dilemma, sex of child made no difference in level of reasoning (see Table 7 and Figures 11 and 12). However, for the daughters in the levels of care above Level II, it appeared that the mothers were more likely to be in the pair. Sixty-four percent of the resolutions were in Level II/III or Level III when the mother was involved, but only 50% when the father was involved. When sons and daughters are resolving dilemmas with fathers they use all levels of moral reasoning, but when resolving dilemmas with mothers, they are more likely to use a higher level of moral reasoning. Women tend to treat mothers as equals and defer to fathers.

Education

After collapsing education into three groups less than college graduate, college graduate, and beyond college degree, the highest number of responses were above Level II for the groups with less than a college degree and those with more than a college degree. Table 8 shows all four education categories and Figure 13 shows the collapsed groups. The prediction that there would be a higher level of care for the group with the highest education did not appear to hold true.

Income

Using the same midline split between Level II and Level II/III, the largest number (14) above level II was in the \$31 - 50,000 income range (see Table 9). Table 9 shows the 5 groups and Figure 14 shows the collapsed groups. However, subjects were equally spread above Level II for income levels under \$30,000 and over \$50,000. The same number (11) of participants were in the below Level II group for the income bracket of

Figure 11

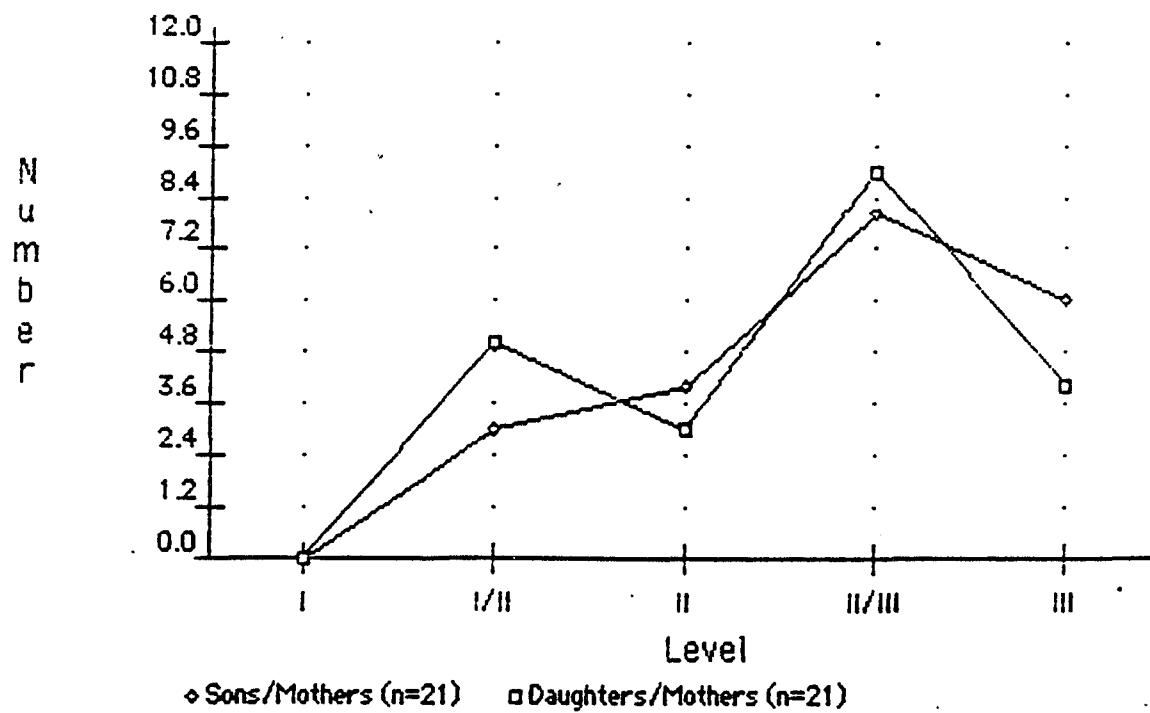
Number of Child/Mother Pairs for Level of Care

Figure 12

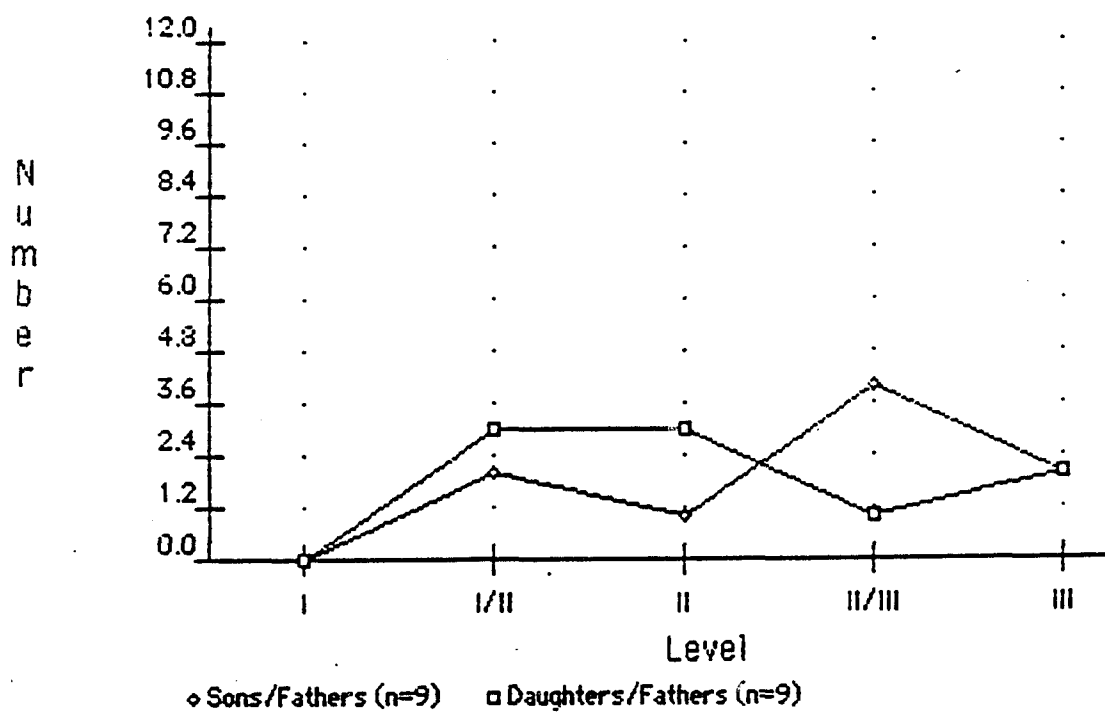
Number of Child/Father Pairs for Level of Care

Table 8

Level of Care According to Educational Level

Level	<u>Education</u>							
	1*		2		3		4	
	N	%	N	%	N	%	N	%
I	0	0	0	0	0	0	0	0
I/II	4	7	1	2	6	10	2	3
II	0	0	2	3	2	3	7	12
II/III	5	8	2	3	5	8	10	17
III	4	7	1	2	4	7	5	8
Total**	13	22	6	10	17	28	24	40

* 1 = High School Graduate
 2 = Some College
 3 = College Graduate
 4 = Beyond College Degree

** Total percentage does not always equal 100% because of rounding.

Figure 13

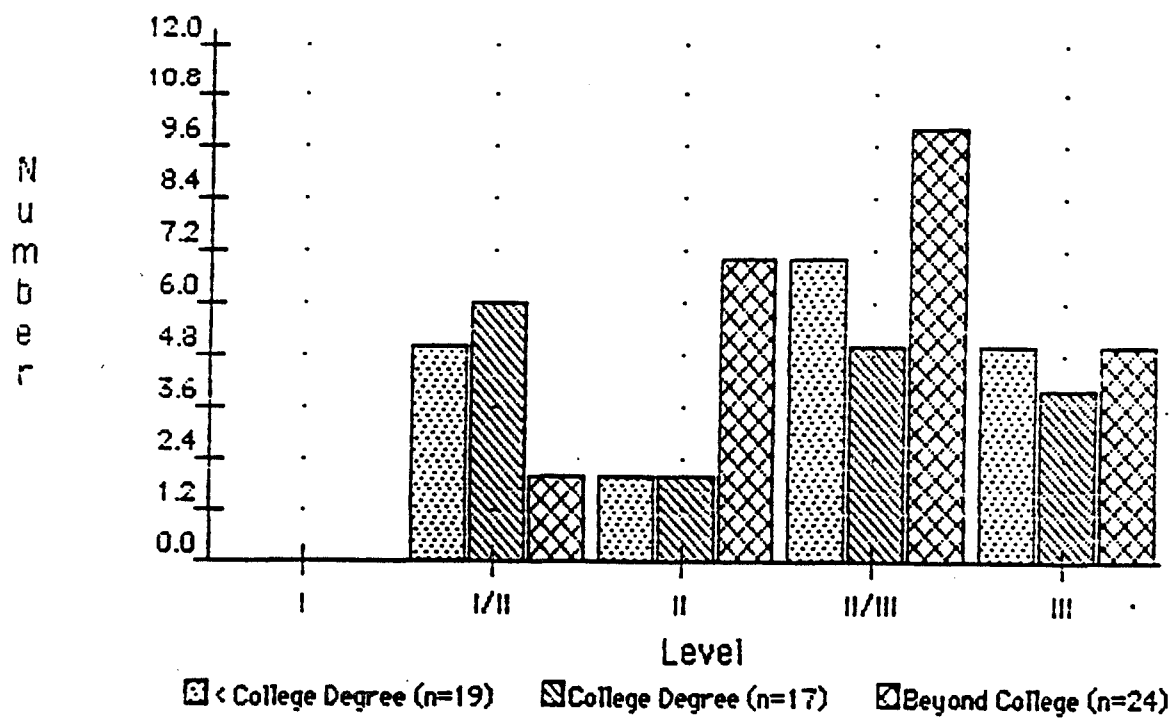
Level of Care According to Educational Level

Table 9

Level of Care According to Income

Level	<u>Income</u>									
	N	1* %	N	2 %	N	3 %	N	4 %	N	5 %
I	0	0	0	0	0	0	0	0	0	0
I/II	6	10	1	2	0	0	2	3	4	7
II	2	3	2	3	1	2	3	5	3	5
II/III	2	3	4	7	5	8	2	3	9	15
III	2	3	3	5	5	8	2	3	2	3
Total**	12	19	10	17	11	18	9	14	18	30

* 1 = Under \$20,000

2 = \$20-30,000

3 = \$31-40,000

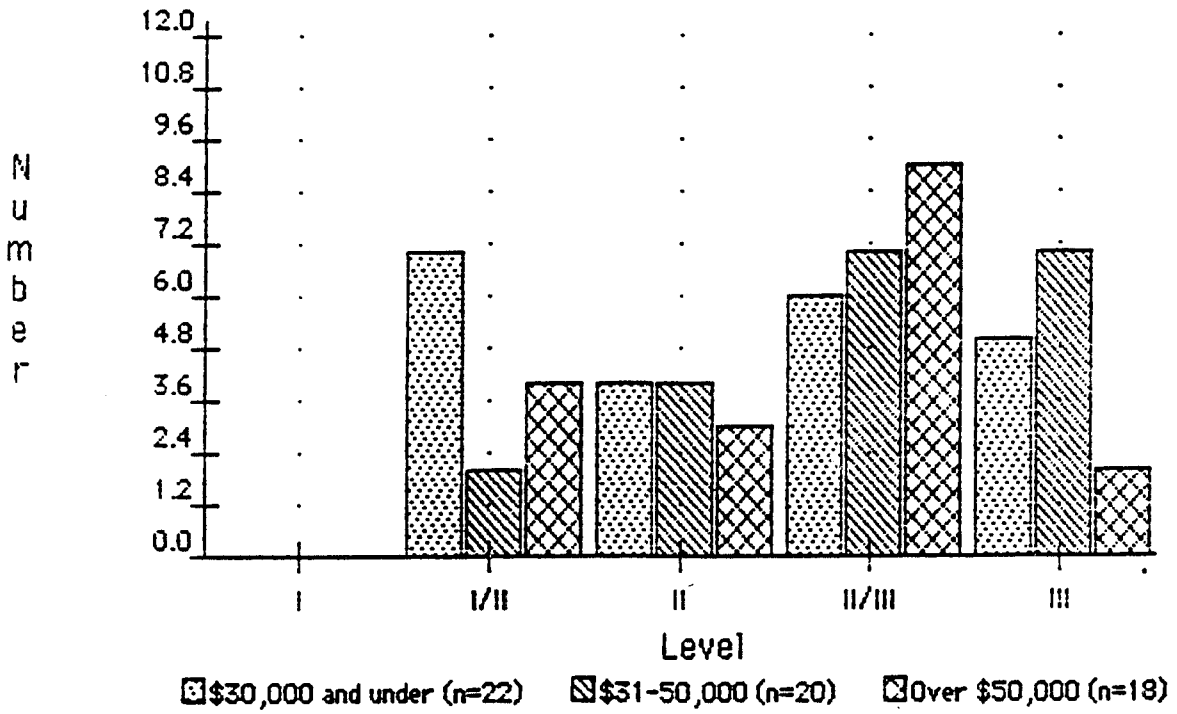
4 = \$41-50,000

5 = Over \$50,000

** Total percentage does not always equal 100% because of rounding.

Figure 14

Level of Care According to Income



30,000 and under. When observing these data in Figure 14, there does appear to be higher levels of care associated with higher income as predicted.

Region

The highest number (14) of subjects in the above Level II moral reasoning category were those who lived in the Western region (see Table 10). Both the Western and Piedmont regions also had more people in the levels above Level II (see Figure 15).

Age

Since the largest number of subjects were in the 45 and under age group (31), the other two age groups were collapsed for a total of 29 subjects. There did not seem to be a difference between these two age groups and their level of care (see Table 11 and Figure 16). Table 11 shows three age categories and Figure 16 shows the categories collapsed into two groups.

Variables Related to Moral Reasoning Scores

The third hypothesis stated that there would be a significant difference in moral reasoning scores for (a) sex of the middle-aged child and sex of the child/parent pair; (b) the demographic variables, education, income, region, and age, and (c) categories of dilemmas. Three separate analyses of the variance in moral reasoning were computed: one for sex of child by sex of parent; one for demographic data; and one for category of dilemma. It was predicted that a higher score on moral reasoning would be associated with sons, higher education, and higher income. No predictions were made for moral reasoning and the category of the dilemma, sex of parent, or interaction of sex of child/parent pairs.

Table 10

Level of Care According to Region

Level	<u>Region</u>					
	Western		Piedmont		Central	
	N	%	N	%	N	%
I	0	0	0	0	0	0
I/II	3	5	6	10	4	7
II	3	5	2	3	6	10
II/III	8	13	9	15	5	8
III	6	10	3	5	5	8
Total*	20	33	20	33	20	33

* Total percentage does not always equal 100% because of rounding.

Figure 15

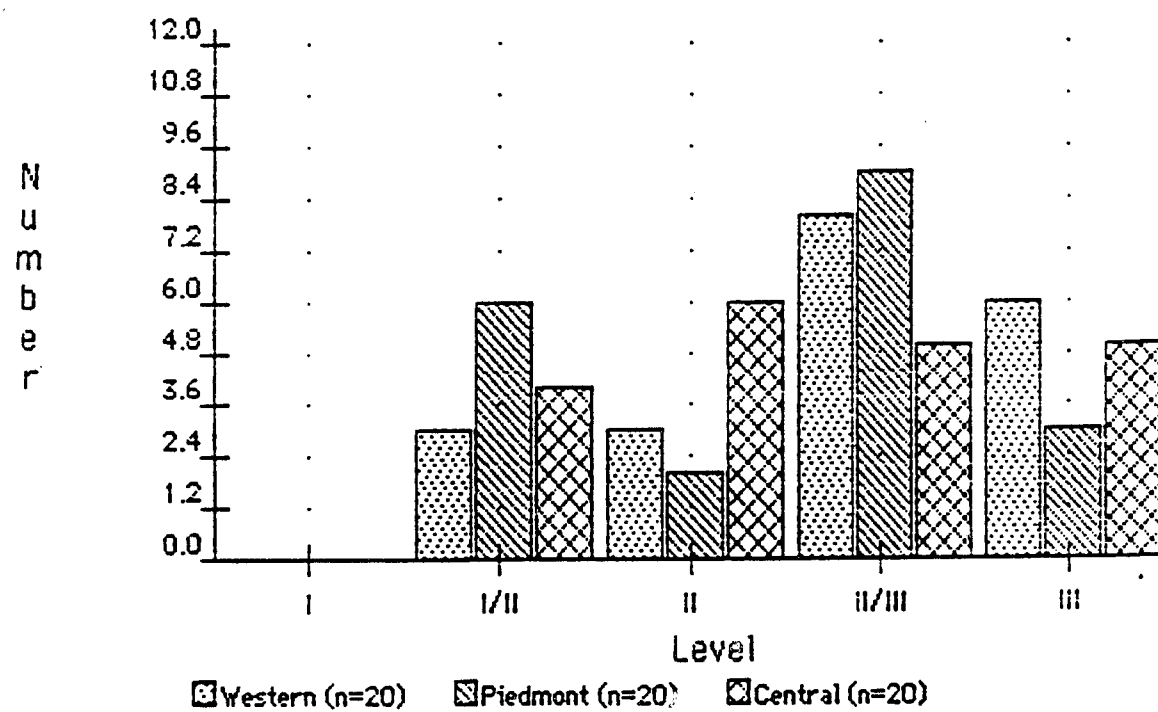
Level of Care According to Region

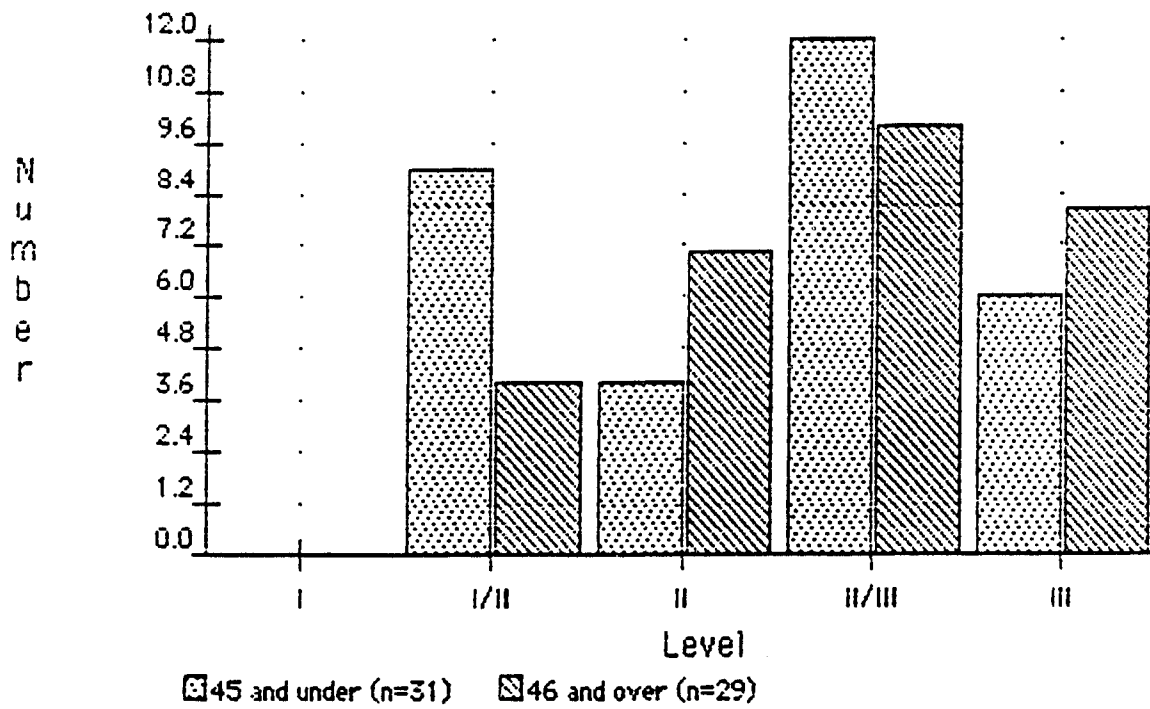
Table 11

Level of Care According to Age

Level	<u>Age</u>					
	45 and under		46-50		Over 50	
	N	%	N	%	N	%
I	0	0	0	0	0	0
I/II	9	15	1	2	3	5
II	4	7	4	7	3	5
II/III	12	20	5	8	5	8
III	6	10	3	5	5	8
Total*	31	52	13	22	16	26

* Total percentage does not always equal 100% because of rounding.

Figure 16

Level of Care According to Age

Sex of Child

When the data were examined by an analysis of variance, no significant differences were found in moral reasoning scores for either sex of child ($F = 1.91$, $p = 0.17$), sex of parent ($F = 0.58$, $p = 0.45$), or interaction of sex in child/parent pairs ($F = 0.13$, $p = 0.72$, see Table 12). These findings did not support the prediction that males have higher scores in moral reasoning.

Education, Income, Region, and Age

It was predicted that higher education and income would be associated with higher scores on moral reasoning. Only income showed a significant difference in moral reasoning scores when an analysis of variance was computed ($F = 3.01$, $p = 0.03$; see Table 13). A Scheffé post hoc test showed that the difference was between two income groups, \$21 - 30,000 and \$41 - 50,000, and the other three income groups. An inspection of the data showed that a higher level of moral reasoning was associated with the income levels of \$21 - 30,000 and \$41 - 50,000. Although these income levels were not the highest, neither were they the lowest.

Category of Dilemma

No prediction was made about the relationship between category of dilemma and score on moral reasoning. However, there was a significant difference in moral reasoning scores between dilemmas ($F = 2.44$, $p = .05$; see Table 14). A Scheffé post hoc test showed the difference to be between two categories, lifestyle and residence and the other categories. An inspection of the data showed that a higher score on moral reasoning was associated with conflicts about lifestyles and residence.

Table 12

Analysis of Variance in Scores in Moral Reasoning
for Sex of Child by Sex of Parent

Source	DF	SS	F-value	PR > F
Sex of Child	1	16757.16	1.91	0.17
Sex of Parent	1	5084.09	0.58	0.45
Sex of Child by Sex of Parent	1	1118.23	0.13	0.72

Table 13

Sums of Squares and F values for Four One-Way ANOVAS

Source	DF	SS	F-value	PR > F
Education	3	11568.29	0.43	0.73
Income	4	92066.38	3.01	0.026*
Region	2	10257.10	0.58	0.56
Age	2	5883.01	0.33	0.72

* Significant at $p < .05$

Table 14

Analysis of Variance in Scores in Moral Reasoning for Category of Dilemma

Source	DF	SS	F-value	PR > F
Level by Category	5	94447.18	2.44	0.046*

*Significant at $p < .05$

The outcome of this study was that most of the middle-aged sons and daughters resolved their moral conflict with their parents above the obligatory level of care. Also these higher levels were associated with higher education and income, which probably provided the means for dealing with the moral conflict on a more equal power basis. This higher level of care supports previous research which showed better child/parent relationships when the child and parent pair were not dependent on each other (Hess & Waring, 1978; Thompson & Walker, 1984) and did not have high filial expectations (Quinn & Keller, 1983).

The fact that the largest percentage of conflict was in the area of health management, not service, and was associated with higher income, adds further data to Archbold's (1983) finding that higher income allows children the option not to have to provide direct care service. Troll's (1986) finding that direct care and high attachment feelings do not always go together was also supported by the present findings. Steinmetz (1983) reported that parents have trouble seeing their children as adults. Maybe this, as well as the young age of these middle-aged subjects, explains the large percentage of conflicts stemming from unresolved childhood problems found in this study.

The abuse literature showed that dependency, role overload, obligation, and low income contribute to elder abuse (King, 1984; Sengstock & Barrett, 1986). Since lower levels of moral reasoning are based on self concern or obligation to others, a lower level may help explain those findings about elder abuse. Another finding that daughters operate on a higher level of moral reasoning with their mothers than with their fathers may be explained by Finley, Roberts, and Banahan's (1988) report that daughters were more likely to respond positively to aging mothers than to fathers.

Given the recent concern about intergenerational equity in social policy, (Daniels, 1988; Longman, 1987) and the recommendation to understand it in terms of moral

reasoning, it would seem that this research suggests a way to study this social policy problem. It may be that intergenerational equity is a national issue for public policy decisions, but it is a personal issue for particular middle-aged child/parent decisions. A moral reasoning approach to research with child/parent pairs could add to the understanding of their problems including the possibility of abuse.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Intergenerational relationships are becoming more complicated today because of an increasing number of social changes that are occurring. These include such things as an increased number of women in the workforce, renealing of young adult children, disrupted and reconstituted families, and greater longevity. Many of these changes have the potential for placing the family in more than one developmental stage at a time, thereby complicating relationships between the generations because of competing demands on resources and time. No longer can one concentrate on launching children, retiring, or parent caring as a single developmental stage with which to cope. Now these changes may be occurring simultaneously causing middle-aged children to have role overload which produces moral conflict.

Summary

The purpose of this research was to determine the categories of moral dilemmas middle-aged sons and daughters experienced in their relations with aging parents. A further purpose was to learn the moral reasoning they used to resolve these dilemmas. Gilligan's (1977, 1982) Ethic of Care framework was selected as the theoretical base for this research.

The analysis followed a factorial design, using sex, education, income, region, and age. The sample included 30 middle-aged men and 30 middle-aged women with an equal number drawn from three regions in the state. The data for the major variables, category of dilemma and moral reasoning came from intensive, open-ended interview data with the 60 middle-aged men and women who had a living parent. Participants described a conflict they had experienced with their parent and discussed their reasons for how they resolved

the conflict. These interviews were transcribed from audiotapes and later analyzed for category of dilemma and moral reasoning scores. These scores were used as continuous data for analysis of variance, but they were changed to five levels for the crosstabulations with the demographic variables and categories of dilemma. The participants in this study were mostly white, married, well educated, in higher income brackets, and predominantly in their early forties.

The data were analyzed using crosstabs, first for dilemma and second for levels of care, each by sex of child, sex of child/parent pairs, education, income, region, and age. An analysis of variance (ANOVA) was used to examine moral reasoning scores for those same independent variables. Scores were also examined for dilemma using ANOVA.

A content analysis showed 13 categories of dilemmas which were later reduced to six categories: health related issues, unresolved childhood problems, managing affairs, lifestyle differences, childrearing problems, and living arrangements. Health related issues were the most prevalent and these more often were problems in arranging for proper care than actual caregiving. Unresolved childhood problems were next in frequency and were more likely to involve the adult child's feeling that the parent did not recognize them as adults. When adult children were called upon to assist the parent in managing their affairs, it generally was due to the parent's need for assistance in this area. However, parents were reluctant to release control of resources so that the child could manage them. The final three categories were lifestyle differences, childrearing practices, and living arrangements. The latter usually involved a need for change in living arrangements due to the parent's deteriorating health. Lifestyle and childrearing differences generally resulted from a difference in opinion about how life should be lived. These dilemmas are ones which might be expected at the developmental stage the adult children were experiencing.

More dilemmas were experienced by both sons and daughters with mothers than with fathers. These were more likely to be health related issues and unresolved childhood problems. Generally, those subjects with higher education, more income, living in the Piedmont and Western regions, and under 45 years of age were more likely to express health related dilemmas. Within that category, the problem most frequently had to do with arranging for proper care rather than actual caregiving.

When the transcripts were analyzed for moral reasoning, participants in this study had levels of care ranging from Level I/II (transition from excluding others to excluding self) to III (inclusion of self and others). The most prevalent level was II/III (transition from excluding self to including self and others). Sons used higher levels more often than daughters did. Generally, higher levels of moral reasoning were used by respondents who had these characteristics: male, higher education, higher income, lived in the Western region, and were younger. Although the ANOVA showed no significant differences for sex of child, education, region, or age, there was a significant difference for income. Scheffe's post hoc test showed the differences were between family incomes of \$21-30,000 and \$41-50,000. An examination of the crosstabulation showed that the subjects in these income categories tended to resolve their dilemmas with levels of care above Level II.

Conclusions

It seemed clear that participants in this study were attentive to parents and they expended a great deal of effort to see that parental needs were met. While many were providing services at considerable cost to themselves (more emotional and service provision than financial), the majority have moved in the direction of trying to find a solution to the problems that will be helpful to the parent but not immobilize the child and cause neglect of other responsibilities. Adult children in this study clearly felt a sense of

obligation to see that parents' needs were met. Most often this was out of a sense of affection, but even those with unresolved conflicts that hinder the relationship say they will see that parent needs are met. The key for action seemed to be the child's realization of the parents' need. The key to equity in the resolution seemed to be when this parental need was acted on in balance with one's own needs, that is, above the level which excludes the self. Otherwise, the parent and the adult child maintained more of a social relationship.

The developmental nature of thinking toward the parent seemed evident from these data. By the time the respondent was over 50, only one unresolved childhood problem was identified. This supports Erikson's belief that one comes to understand parents better and forgive them for parental mistakes they may have made inadvertently. Childrearing problems, that is, problems about the grandchildren, also were not prevalent at this age.

To the knowledge of this researcher, this is the first research that has examined levels of moral reasoning utilized in the child/parent relationship at the adult level. Therefore, no comparison can be made with other study results. Kohlberg (1984) reported that the conventional level (stages three and four) is found most often in the general population. Gilligan (1977) found that her conventional Level II was used most often in a study of women. Therefore, this sample seemed to be higher than Gilligan's subjects in their level of moral reasoning. Most of them were using Level II/III. Level II/III participants were beginning to be concerned with the total picture to the extent that they realized that taking care of self was necessary so that they could also meet the parent's needs. When they were stuck in Level II, they were concerned for the parent to the exclusion of themselves. When they began to feel guilty about not doing more at the same time that they resented having to give up time with their own family or time for their own needs, they were in the second transition, Level II/III. This would be predicted by Gilligan's theory (Gilligan, Brown, & Rogers, 1988). Moving toward a Level III

perspective freed the adult child to make use of other resources such as other family members to relieve their own burden and assure a better quality of care for the parent. Reaching a Level III is possible only when people accept their own decision to care for self also. By assuring care for self and parent, the middle-aged child is operating from the highest level. Perhaps this sample reached higher levels of moral reasoning in part due to their being at higher levels of education and income.

One conclusion drawn from this study was that the intensive interview method can elicit data from which categories of moral dilemmas can be described and levels of moral reasoning measured. The major purpose of this research, to describe moral dilemmas and measure levels of care in resolving them, therefore, was achieved. Another conclusion was that categories of dilemmas and levels of care for resolving them were spread over sex of child, sex of parent, education, income, region, and age. Although there were trends for dilemmas and resolution levels for the independent variables, the nonrepresentativeness of the sample limits this conclusion.

Recommendations

The methodology used in this study was an improvement over methods in existing studies by allowing respondents to identify dilemmas in which they were personally involved rather than having to select one from a list or responding to a hypothetical dilemma. The intensive interview method allowed the researcher to use probing questions to get at the levels of moral reasoning employed in resolution of the dilemmas. The findings of this descriptive study would provide a basis for designing studies of a more experimental nature, thereby increasing the generalizability of the results.

It was anticipated that such persons as family counselors and social policymakers would benefit from knowledge gained in this study as they considered interventions and policies that would enhance family strengths and remedy weaknesses that currently exist.

Family counselors and other practitioners are in a position to encourage behaviors that are helpful to the family. It was evident from this study that children come to their parents' aid when they are aware of a need. Therefore, communication of needs should be encouraged. The elderly should be encouraged to accept government help in the form of community based programs rather than considering them as welfare. Middle-aged children should be encouraged to provide expressive help to parents and make arrangements for community based instrumental help as parents' needs warrant it rather than expecting to provide all the parent's needs. This would be in keeping with greater equity in intergenerational relations.

Policies that are designed from an intergenerational viewpoint would be more equitable than policies that respond to special interest groups. While it is important to provide for child care, elder care is also a reality in many families. Since the family is the preferred provider of care (Kingston, 1988), policies should be promoted that are supportive of such arrangements. Numerous and varied community based formal support systems should be readily available to the family who cares for an elderly parent. Some of these would be home health services, adult day care, respite care, long-term care insurance which includes home care, and leave for elder care. Payment for these services should come from the government for several reasons: to prevent middle-aged persons from having to make a choice between the needs of their own children versus the needs of their own parents; to avoid depleting their own retirement resources (Callahan, 1985); to pay for daily expenditures such as medicine and supplies; and to allow separate living arrangements as is clearly desired by both the middle and older generations (Brody, Johnsen, & Fulcomer, 1984). Each of these nonfamily supports would better enable the family to provide the affection and support that elders desire from their children. These same policies would reduce the number of stress producing tasks that hinder the relationship and

leave more time to provide the emotional support that no government agency can provide as well as the family does.

As with any study, it is important to replicate this study with a larger population which is more representative, particularly regarding education, income, and age. It would be helpful to know if both parents were living so that one could better evaluate whether more dilemmas occur with one parent or the other. Since all of these data were retrospective, requiring that the dilemmas be with a parent who is living might not be necessary. Subjects in this study were quite articulate and could relate the problem in sufficient detail for scoring. One would surmise from data in this study that if one had an experience with the parent that would be categorized as a dilemma, it would be remembered.

Including adult children of all ages as subjects would be important in order to learn how dilemmas change over the lifespan. Having a middle-aged person discuss a dilemma with both a young adult child and the aging parent, might illustrate whether middle-aged people resolve dilemmas differently if they are in the child or parent role. It also would be informative to know whether proximity to the parent or sibling position affect the categories of dilemmas or the level of care used to resolve them.

BIBLIOGRAPHY

- Aldous, J. (1987). New views on the family life of the elderly and the near elderly. Journal of Marriage and the Family, 49, 227-234.
- Aldous, J., Klaus, E., & Klein, D. M. (1985). The understanding heart: Aging parents and their favorite children. Child Development, 56, 303-316.
- Archbold, P. G. (1983). Impact of parent-caring on women. Family Relations, 32, 39-45.
- Atkinson, M. P., Kivett, V. R., & Campbell, R. T. (1986). Intergenerational solidarity: An examination of a theoretical model. Journal of Gerontology, 41, 408-416.
- Baruch, G., & Barnett, R. C. (1983). Adult daughters' relationships with their mothers. Journal of Marriage and the Family, 45, 601-606.
- Beck, C. M., & Phillips, L. R. (1983). Abuse of the elderly. Journal of Gerontological Nursing, 9, 97-101.
- Blenkner, M. (1965). Social work and family relations in later life with some thoughts on filial maturity. In E. Shanas & G. Streib (Eds.), Social structure and the family: Generational relations. (pp. 45-59). Englewood Cliffs, NJ: Prentice-Hall.
- Blieszner, R., & Mancini, J. A. (1987). Enduring ties: Older adults' parental role and responsibilities. Family Relations, 36, 176-180.
- Block, M. R., & Sinnott, J. D. (Eds.). (1979). The battered elder syndrome. Center on Aging: University of Maryland.
- Bookin, D., & Dunkle, R. E. (1985). Elder abuse: Issues for the practitioner. Social Casework: The Journal of Contemporary Social Work, 66, 3-12.
- Brody, E. (1985). Parent care as a normative family stress. The Gerontologist, 25, 19-29.
- Brody, E., Johnsen, P., & Fulcomer, M. (1984). What should adult children do for elderly parents? Opinions and preferences of three generations of women. Journal of Gerontology, 39, 736-746.
- Byrd, A., & Smith, R. (1988). A qualitative study of the decision to remarry using Gilligan's ethic of care. Journal of Divorce, 11, 87-102.
- Callahan, D. (1985). What do children owe elderly parents? The Hastings Center Report, 32-37.
- Chen, P. N., Bell, S. L., Dolinsky, D. L., Doyle, J., & Dunn, M. (1981). Elderly abuse in domestic settings: A pilot study. Journal of Gerontological Social Work, 4, 3-17.

- Chodorow, N. (1978). The reproduction of mothering: Psychoanalysis and the sociology of gender. Berkley: University of California Press.
- Cicirelli, V. (1981). Helping elderly parents: The role of adult children. Boston: Auburn House Publishing Company.
- Cicirelli, V. (1983). Adult children's attachment and helping behavior to elderly parents: A path model. Journal of Marriage and the Family, 45, 815-825.
- Cicirelli, V. (1984). Marital disruption and adult children's perception of their siblings' help to elderly parents. Family Relations, 33, 613-621.
- Cicirelli, V. (1986). The relationship of divorced adult children with their elderly parents. Journal of Divorce, 9, 39-54.
- Clemens, A. W., & Axelson, L. J. (1985). The not-so-empty nest: The return of the fledgling adult. Family Relations, 34, 259-264.
- Colby, A., & Kohiberg, L. (Eds.). (1987). The measurement of moral judgment (Vols. 1-2). New York: Cambridge University Press.
- Cook, T., & Campbell, D. (1979). Quasi-experimentation: Design and analysis issues for field settings. Boston: Houghton Mifflin Company.
- Daniels, N. (1988). Am I my parents' keeper?: An essay of justice between the young and old. New York: Oxford University Press.
- Duvall, E. (1957). Family development. Philadelphia: Lippincott.
- Duvall, E. (1977). Marriage and family development. (5th ed.). Philadelphia: J. B. Lippincott Company.
- Duvall, E., & Miller, B. (1985). Marriage and family development. (6th ed.). Philadelphia: J. B. Lippincott Company.
- Erikson, E. (1963). Childhood and society. (2nd ed.). New York: W. Norton and Co.
- Finley, N., Roberts, M. D., & Banahan, B. (1988). Motivators and inhibitors of attitudes of filial obligation toward aging parents. The Gerontologist, 28, 73-78.
- Finley, N. (1989). Theories of family labor as applied to gender differences in caregiving for elderly parents. Journal of Marriage and Family, 51, 79-86.
- Gilligan, C. (1977). In a different voice: Women's conception of the self and of morality. Harvard Educational Review, 47, 481-517.
- Gilligan, C. (1982). In a different voice. Cambridge, MA.: Harvard University Press.
- Gilligan, C., & Belenky, M. F. (1980). A naturalistic study of abortion decisions. In R. L. Selman & R. Yando (Eds.), New directions for child development: Clinical-developmental psychology (No.7, pp. 69-90). San Francisco: Jossey-Bass.

- Gilligan, C. (1986). Remapping the moral domain: New images of self in relationship. In T. Heller, M. Sosna, & D. Wellbery (Eds.), Reconstructing individualism: Autonomy, individualism, and the self in western thought. Stanford: Stanford University Press.
- Gilligan, C., Brown, L., & Rogers, A. (1988). Psyche Embedded. Cambridge, MA.: Department of Education, Harvard University.
- Giordano, N. H. (1983). Individual and family correlates of elder abuse. Dissertation Abstracts International, 43, 2463.
- Giordano, N. H., & Giordano, J. A. (1984). Elder abuse: A review of the literature. Social Work, 29, 232-236.
- Goldscheider, F., & Goldscheider, C. (1989). Family structure and conflict: Nest-leaving expectations of young adults and their parents. Journal of Marriage and the Family, 51, 87-97.
- Haan, N. (1975). Hypothetical and actual moral reasoning in a situation of civil disobedience. Journal of Personality and Social Psychology, 32, 255-270.
- Harding, C. G. (1985). Moral dilemmas: Philosophical and psychological issues in the development of moral reasoning. Chicago: Precedent Publishing, Inc.
- Hess, B., & Waring, J. (1978). Changing patterns of aging and family bonds in later life. The Family Coordinator, 27, 303-314.
- Hill, R. (1986). Life cycle stages for types of single parent families: Of family development theory. Family Relations, 35, 19-29.
- Horowitz, A. (1985). Sons and daughters as caregivers to older parents: Differences in role performance and consequences. The Gerontologist, 25, 612-617.
- Isaacs, M. B., & Leon, G. H. (1986). Social networks, divorce, and adjustment: A tale of three generations. Journal of Divorce, 9, 1-16.
- Johnson, E. S., & Bursk, B. J. (1977). Relationships between the elderly and their adult children. The Gerontologist, 17, 90-96.
- Johnston, K. (1985). Two moral orientations - two problem-solving strategies: Adolescents' solutions to dilemmas in fables. Unpublished doctoral dissertation, Harvard University, School of Education.
- King, N. R. (1984). Exploitation and abuse of older family members: An overview of the problem. In J. J. Costa (Ed.), Abuse of the elderly (pp. 3-12). Lexington, Mass.: Lexington Books.
- Kingston, E. (1988). Generational equity: An unexpected opportunity to broaden the politics of aging. The Gerontologist, 28, 765-772.

- Kivett, V. (1988). Older rural fathers and sons: Patterns of association and helping. Family Relations, 37, 62-67.
- Kohlberg, L. (1969). Stage and sequence: The cognitive- developmental approach to socialization. In D. A. Goslin (Ed.), Handbook of socialization theory and research. Chicago: Rand McNally.
- Kohlberg, L. (1981). Essays on moral development: The philosophy of moral development. (Vol. 1). San Francisco: Harper & Row.
- Kohlberg, L. (1984). The psychology of moral development. Vol. II. San Francisco, CA.: Harper & Row, Publishers.
- Kosberg, J. I. (1983). The special vulnerability of elderly parents. In J. I. Kosberg, Ed.), Abuse and maltreatment of the elderly: Causes and interventions. (pp. 263-275). Boston: John Wright PSG, Inc.
- Lau, E., & Kosberg, J. I. (1979). Abuse of the elderly by informal care providers. Aging, 299, 10-15.
- Lifton, P. D. (1985). Individual differences in moral development: The relation of age, gender, and personality to morality. Journal of Personality, 53, 306-334.
- Longman, P. (1987). Born to pay: The new politics of aging in America. Boston: Houghton Mifflin Company.
- Lowy, L. (1983). The older generation: What is due, what is owed. Social Casework: The Journal of Contemporary Social Work, 64, 371-376.
- Mercier, J. M., Paulson, L., & Morris, E. W. (1988). Rural and urban elderly: Differences in the quality of the parent- child relationship. Family Relations, 37, 68-72.
- Neugarten, B. L. (1979). Policy for the 1980s: Age or need entitlement? In Aging agenda for the eighties, National Journal Issues Book. Washington, DC: United States Government Printing Office.
- Neugarten, B. L. (1982). Age or need: Public policies for older people. Beverly Hills, CA.: Sage Publications.
- Pedrick-Cornell, C., & Gelles, R. J. (1982). Elder abuse: The status of current knowledge. Family Relations, 31, 457-465.
- Pillemer, K. (1985). The dangers of dependency: New findings on domestic violence against the elderly. Social Problems, 33, 146-158.
- Pleck, J. H. (1985). Working wives/working husbands. Beverly Hills, Ca.: Sage Publications.
- Quinn, W. H., & Keller, J. F. (1983). Older generations of the family: Relational dimensions and quality. The American Journal of Family Therapy, 11, 23-34.

- Rathbone-McCuan, E. (1980). Elderly victims of family violence and neglect. Social Casework, 61, 296-304.
- Rathbone-McCuan, E., & Voyles, B. (1982). Case detection of abused elderly parents. American Journal of Psychiatry, 139, 189-192.
- Rybash, J. M., Roodin, P. A., & Hoyer, W. J. (1983). Expressions of moral thought in later adulthood. The Gerontologist, 23, 254-260.
- Seelbach, W. C. (1978). Correlates of aged parents' filial responsibility expectations and realizations. The Family Coordinator, 27, 341-350.
- Sengstock, M. C., & Barrett, S. (1986). Elderly victims of family abuse, neglect, and maltreatment: Can legal assistance help? Journal of Gerontological Social Work, 9, 43-61.
- Shanas, E. (1979). The family as a social support system in old age. The Gerontologist, 19, 169-174.
- Smith, R., Goslen, M., Reece, L., & Bryd, A. (in press). Self-other orientation and sex role orientation in remarriage decisions of men and women. Journal of Divorce.
- Steinmetz, S. K. (1978). Battered parents. Society, 15, 54-55.
- Steinmetz, S. K. (1983). Dependency, stress, and violence between middle-aged caregivers and their elderly parents. In J. I. Kosberg (Ed.), Abuse and maltreatment of the elderly: Causes and interventions (pp. 134-149). Boston: John Wright PSG, Inc.
- Stoller, E. P. (1983). Parental caregiving by adult children. Journal of Marriage and the Family, 45, 851-858.
- Straus, M., Gelles, R., Steinmetz, S. (1980). Behind closed doors: Violence in the American family. New York: Doubleday.
- Streib, G. F. (1965). Intergenerational relations: Perspectives of the two generations on the older parent. Journal of Marriage and the Family, 25, 469-476.
- Suitor, J. J., & Pillemer, K. (1987). The presence of adult children: A source of stress for elderly couples' marriages? Journal of Marriage and the Family, 49, 717-725.
- Suitor, J. J., & Pillemer, K. (1988). Explaining intergenerational conflict when adult children and elderly parents live together. Journal of Marriage and the Family, 50, 1037-1047.
- Thompson, L., & Walker, A. (1984). Mothers and daughters: Aid patterns and attachment. Journal of Marriage and the Family, 46, 313-322.
- Thompson, L., & Walker, A. (1987). Mothers as mediators of intimacy between grandmothers and their young adult granddaughters. Family Relations, 36, 72-77.

- Troll, L. E. (1986). Family Issues in Current Gerontology. New York: Springer Publishing Company.
- Trost, J.(1986). Research note: Statistically nonrepresentative stratified sampling: A sampling technique for quantitative studies. Qualitative Sociology, 9, 54-57.
- Turiel, E. (1983). The development of social knowledge: Morality and convention. New York: Cambridge University Press.
- Walker, A. J., & Thompson, L. (1983). Intimacy and intergenerational aid and contact among mothers and daughters. Journal of Marriage and the Family, 45, 841-849.
- Walker, L. J.(1984). Sex differences in the development of moral reasoning: A critical review. Child Development, 55, 677-691.
- Walker, L. J., de Vries, B., & Trevethan, S. D. (1987). Child Development, 58, 842-858.
- Wisensale, S. (1988). Generational equity and intergenerational policies. The Gerontologist, 28, 773-778.
- Yussen, S. (1977). Characteristics of moral dilemmas written by adolescents. Developmental Psychology, 13, 162-163.

APPENDICES

Appendix A

Gilligan's Scoring Manual

Level I: Orientation to individual survival

The decision centers on the self. The concern is pragmatic, and the issue is individual survival. At this level, "should" is undifferentiated from "would" and others influence the decision only through their power to affect its consequences. The question of right decision would emerge only if one's own needs were in conflict; then one would have to decide which needs should take precedence.

At this level, the self, which is the sole object of concern is constrained by lack of power; the wish "to do a lot of things" is constantly belied by the limitations of what, in fact, is being done.

Relationships are, for the most part, disappointing. As a result, one may deliberately choose isolation to protect against hurt.

Match Examples

"My parents demand a lot of my time for household repairs and taking them places. I really don't want to spend time with them. But I will. You know why? I don't want them to cut me off the inheritance."

"I hate the way my father acts and the way he treats my friends. But it is his house, and everytime I try to talk to him about it, he just starts an argument and tells me I can move. I can't do that since I need his help to get around."

Level I/II Transition from selfishness to responsibility

The words "selfishness" and "responsibility" first appear. Their reference is initially to self in a redefinition of the self interest.

The transitional issue is one of attachment or connection to others. In order to be able to care for another, one must first be able to care responsibly for oneself. The growth from childhood to adulthood is conceived as a move from selfishness to responsibility. There is a contradiction in statements that show a desire for independence and connection at the same time. The dilemma now assumes moral definition as the emergent conflict between wish and necessity is seen as a disparity between "would" and "should."

This transition signals an enhancement in self worth and the ability to see oneself as having the potential for social acceptance. When such confidence is seriously in doubt, the transitional questions may be raised but development is impeded.

Match Examples

"I was finally enjoying life. I didn't ask to be born. But I guess they didn't ask to get old, either. It does look selfish for me to take trips now with them not able to get out."

"If she were not my mother, I'd never see her again. It's a real dread. It's a feeling of being trapped, because she demands every minute. But she did do a fairly decent job of providing a home for me to grow up in."

Level II Goodness as self sacrifice

The transition from selfishness to responsibility is a move toward social participation. Moral judgment comes to rely on shared norms and expectation. One's claim to social membership is through the adoption of societal values. Consensual judgment becomes paramount and goodness the overriding concern as survival is now seen to depend on acceptance by others.

One's worth is based on the ability to care for and protect others. The person now constructs the world in terms of the stereotypes of goodness. The strength in this position lies in its capacity for caring; its limitations is the restriction it imposes on direct expression.

Concern for the feelings of others imposes a deference which is recognized.

At the second level of judgment, it is specifically over the issue of hurting. When no option exists that can be construed as being in the best interests of everyone, when responsibilities conflict and decision entails the sacrifice of somebody's needs, the person then chooses the victim. At this level the victim would be the self.

Match Examples

"Since I am the only unmarried daughter, I am expected to look after my parents when they get old and need me. Therefore, I do not plan to marry or move too far from home."

"Where my family is concerned, I am not willing to appear to be out for personal gain. So it cost me a great deal in development of my career because I was waiting for mother to decide about the farm."

Level II/III Transition from goodness to truth

The second transition begins with the reconsideration of the relationship between self and other. The person begins to question the logic of self sacrifices in the service of a morality of care. The transition is noted in a reappearance of the word "selfish". The person begins to ask whether it is selfish or responsible, moral or immoral, to include one's own needs within the compass of care and concern.

The person asks if it is possible to be responsible to oneself as well as to others and thus to reconcile the disparity between hurt and care. This type of judgment requires an acknowledgement of what one is doing. The criterion thus shifts from "goodness" to "truth" and the acceptance of the realities of intention and consequence. There is an acceptance of the responsibility for decisions.

Match Examples

"I began to wonder if it was right for me to neglect my health by staying with my parents around the clock day after day. I thought my siblings should take their turn."

"I don't think I'll give up my job to take care of my father. I won't ruin my health. I'll find some other way for him to be taken care of."

Level III The morality of nonviolence

By elevating nonviolence - the injunction against hurting - to a principle governing all moral judgment and action, one is able to assert a moral equality between self and others. Care, then, becomes a universal obligation, the self-chosen ethic that allows the assumption of responsibility for choice.

Once obligation extends to include the self as well as others, the disparity between selfishness and responsibility is reconciled. The willingness to express and take responsibility for judgment stems from the recognition of the psychological and moral necessity for an equation of worth between self and other. Responsibility for care then includes both self and other, and the obligation not to hurt, freed from conventional constraints, is reconstructed as a universal guide to moral choice.

Match Examples

"I called a family conference to schedule times that each of us would be responsible for caring for our parents. In this way, my parents received the care they needed and each of us children could have time for our own needs."

"If he takes all her money, how is she going to be looked after when she gets old? I don't have the money to do it, and I have to work, so I can't provide the care myself. I think she had better be more careful about her money so she can feel real good about herself because that's important to a person."

Appendix B

Informed Consent

This research is concerned with moral problems that adult children and their parents face as they relate to each other. In addition, the study is designed to learn more about how people resolve these problems in the family.

The interview will last approximately one hour. Your participation in this research project is strictly voluntary. You may refuse to answer any question and may withdraw from the interview at any time.

Your individual responses will be held confidential. Each participant will be assigned an identification number, and this information will be kept in a locked file.

Certain parts of the interview need to be audiotaped in order to look for consistencies in the way people tell their story. The audiotapes also will be kept in a locked file. Any name used on the tape will be erased before the tape is transcribed.

All interview materials and audiotapes will be destroyed within twelve months after the completion of the project. Your permission to record your responses is requested.

Thank you for your help in this research.

I have read the above information regarding the research procedure and agree to participate voluntarily in this study and to permit certain portions of the research interview to be taped.

Signature of Participant

Date

If you would like to receive a summary of the results of this research, please list your mailing address below.

Appendix C

Demographic Data Sheet

Research # _____

Self as respondent Parent

1. Age _____
2. Sex _____
3. Educational level _____
(put number in blank)
- | | | | |
|----------------------|-----|-----------------------|-----|
| No high school | (1) | Some college | (4) |
| Some high school | (2) | College graduate | (5) |
| High school graduate | (3) | Degree beyond college | (6) |
4. Occupation (name) _____
(Describe occupation) _____
5. Number of children (Put number in blank) _____
- | | | | |
|------|-----|----|-----|
| none | (0) | 2 | (2) |
| 1 | (1) | 3+ | (3) |
6. Do you live with your parent? (yes) _____ (no) _____
7. Do you have obligations to your parents? If yes,
please describe _____
8. Marital status (Put number in blank) _____
- | | | | |
|-----------|-----|----------|-----|
| Unmarried | (1) | Divorced | (3) |
| Married | (2) | Widowed | (4) |
9. Family income (Put number in blank) _____
- | | |
|--------------------|-----|
| Less than \$10,000 | (1) |
| \$10,000 - 20,000 | (2) |
| \$21,000 - 30,000 | (3) |
| \$31,000 - 40,000 | (4) |
| \$41,000 - 50,000 | (5) |
| over \$50,000 | (6) |
10. Religious preference _____
11. Religious Strength (Put number in blank) _____
- | | | | |
|--------|-----|----------|-----|
| none | (1) | moderate | (3) |
| slight | (2) | strong | (4) |
12. Record race (by observation) _____

Appendix D

Interview Guide

Dilemma involving your parent

This part of the interview has to do with moral problems involving you and your parents. People your age often say they feel pulled in too many directions at one time. They feel a sense of obligation to their children and to aging parents. Some of the moral problems adults have with their parents include - "Should I ask my parent to live with me or place them in a home?" or "Do we agree on how I raise my children?" Would you describe to me an incident in which you and your parent have disagreed? This incident should concern an issue in which you and your parent both thought you were right.

Prompts

Why was this such a problem?

How did your parent react to the situation?

What were your feelings about this issue?

What were the factors involved that made you choose that solution?

Would you resolve it in the same way again?

Can you add anything else that would help me understand moral problems that people your age face with their parents?

Appendix E

Table E-1Moral Reasoning Scores for Levels of Care

<u>Subject</u>	<u>Score</u>	<u>Sex</u>	<u>Level</u>	<u>Subject</u>	<u>Score</u>	<u>Sex</u>	<u>Level</u>
1.	500	M	III	37.	333	F	II
2.	500	F	(421-500)	38.	320	F	(261-340)
3.	500	M	(n=14)	39.	300	M	(n=11)
4.	500	M		40.	300	M	
5.	480	M		41.	300	F	
6.	475	M		42.	300	M	
7.	466	F		43.	300	F	
8.	466	F		45.	283	F	
10.	450	F		46.	266	F	
11.	450	F		47.	266	M	
12.	450	M					
13.	450	M					
14.	450	F					
15.	420	F	II/III	48.	250	M	I/II
16.	400	M	(341-420)	49.	250	M	(181-260)
17.	400	F	(n=22)	50.	233	F	(n=13)
18.	400	F		51.	233	F	
19.	400	F		52.	233	M	
20.	400	M		53.	225	M	
21.	400	M		54.	200	F	
22.	400	M		55.	200	F	
23.	400	M		56.	200	F	
24.	400	M		57.	200	F	
25.	388	M		58.	200	F	
26.	375	F		59.	200	F	
27.	375	M		60.	200	M	
28.	366	F					
29.	366	M					
30.	366	F					
31.	366	F					
32.	360	F					
33.	360	M					
34.	350	M					
35.	350	M					
36.	350	F					

N = 60

Note: Range in moral reasoning scores: 100 - 500.