ADULT DAUGHTERS RELATIONSHIPS

WITH THEIR

INSTITUTIONALIZED MOTHERS

by

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ABSTRACT

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A qualitative research design using grounded theory methodology was used to study adult daughters' relationships during the transitional period following their mothers' institutionalization in a nursing home. The central question was: What characterized the relationships between adult daughters and their institutionalized mothers?

A voluntary sample of 32 adult, white women, age (40-71), were interviewed during a six month period in a large Midwest metropolitan area. Their mothers, age (72-99), had been residents in nursing homes for three months to 14 years. In-depth interviews were used for data collection based on the theoretical perspective of symbolic interactionism. Using methods of qualitative analysis, two Basic Social Processes were named.

"Becoming the Chosen Daughter" was a Basic Social Psychological Process that occurred for those daughters who took on the responsibility of their institutionalized mothers. A matrix of role delegation and acceptance was developed for clarification of this process. These daughters either accepted, resented, or assumed their roles. Families

either delegated or didn't delegate the roles to the chosen daughters. Becoming the chosen daughters resulted in profound changes in their lives. Changes in structural dimensions included: (a) time, (b) holidays, (c) vacations, (d) careers, (e) finances, (f) living arrangements, and (g) health. The phenomenon of family social support, or lack of such support, was an important social dimension. Guilt over institutionalization of their mothers and grief over their losses were of psychological importance.

The Basic Social Structural Process of "Redefining their Roles," delineated the reorganization process of daughters' role relationships with their mothers. The four stages of the process were, (a) pre-institutionalization, (b) post-immediate, (c) transitional, and (d) reorganizational. Three outcomes of role reorganization emerged: (a) role resolution, (b) role flux, and (c) role disorganization. Social-psychological and structural factors important to role reorganization were: (a) previous mother-daughter relationship, (b) philosophical/religious beliefs, (c) social support system, (d) emotional status, (e), attitude, (f) health, (g) finances, (h) career, and (i) mother's length of institutionalization.

Adult daughters reorganized their role relationships with their institutionalized mothers with the creation of new social worlds for themselves. Propositions were constructed which supported substantive role transitional theory for mother-daughter relationships in later life.

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Valerie J. Matthiesen

Dedication

To the "Chosen Daughters" who
shared a part of their
lives with me.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ADULT DAUGHTERS RELATIONSHIPS WITH THEIR INSTITUTIONALIZED MOTHERS

Chapter I

INTRODUCTION: RESEARCH ISSUES

The Research Problem

Parent-child roles are learned behaviors that occur in response to a life-time of interaction. Changes in parent-child roles occur over time and have the potential for leading to either growth or disruption in existing patterns of relationships. One always remains a parent or child but the character of the relationship changes. Aging parents may be experiencing physical and/or psychosocial changes and need the support of their adult children. It is generally acknowledged that relational changes occur when aging parents can no longer function; but these relational changes are poorly understood (Binstock & Shannas, 1976; Blenker, 1965; Hirschfield & Dennis, 1979; Peterson, 1979).

Caring for the older parent is an expectation and a value that varies in intensity among cultural groups. Younger adults are socialized to care for elderly parents by the role models of their parents toward their grandparents. Parent care is becoming a normative experience for families, though gaps are present between

cultural norms and achievable realities especially for the white middle class today. Elderly persons are living longer, generally have more chronic diseases, and can expect more years of dependency. Parent care is often a time-extended process. The demands of parent care may be incompatible with the adult child's psychological, emotional and physical capabilities. An absence of behavioral norms for this life crisis exists. Old norms of family behavior may no longer be feasible but new norms have not yet been established. Problems related to caring for elderly parents result for adult children because of these changes (Brody, 1985).

Presently society is confronted with many aging parents with whom the middle-aged must concern themselves. Findings suggest that over 5 million persons are involved in parent care at any given time. Generally women are socialized to assume the nurturing role and care for family offspring and kin. The characteristic child to whom the older person turns for help has been shown to be the adult woman, usually a daughter (Brody, 1981, 1985; Ragan, 1979; Riley & Foner, 1968).

Daughters become the principle caregivers to their aging, dependent mothers. They are more likely to be the primary care provider, even when employed. When daughters can no longer care for their mothers at home, institutionalization occurs. The daughters then become overseers of care to their institutionalized mothers despite the many role strains they experience (Brody, 1985).

Mothers and daughters provide a frame of reference to one

another throughout life. Socialization, role modeling, and values are transmitted from mother to daughter (Hess & Waring, 1978). Developmentally, one way daughters prepare for old age is through lifelong identification with their mothers. Mothers and daughters play complementary roles throughout their lives with parental and child roles being assumed respectively.

In this study roles are viewed from a symbolic interactionist perspective. Role expectations are defined by the individuals involved, in this case mothers and daughters. According to Turner (1962) roles are created by individuals through the process of interaction and socialization. Anticipatory socialization throughout the lifespan should aid in the negotiation of this role-making.

The roles of mothers and daughters are ascribed roles; they were acquired rather than achieved. They are also complementary. The informal mother-daughter role relationship allows for creation, as well as renegotiation of their role behaviors. This allows them to act freely within their roles without much concern for societal evaluation. Role behavioral patterns, as well as changes are allowed to emerge within these relationships.

Role expectations change over time. A change in one role is reflected reciprocally in the role of the other. As role expectations change, existing role behaviors are no longer complementary and changes occur between individuals involved in such relationships. When aging mothers can no longer maintain

their parental roles, many daughters report feeling helpless and guilty. Such daughters feel that they are never doing enough for their mothers (Brody, 1985; Hausman, 1979; Troll, Miller & Atchley, 1979; Weishaus, 1979).

Role transitions occur throughout the life course. Transitions denote change, and with change, uncertainty. Golan (1981) describes a transitional period as follows:

> It involves a process of change, a shift from one life structure to another, terminating the existing one and creating the possibility for a new one. The transitional period involves an ending, a process of separation or loss ... either partial or complete. (p. 12)

Levinson (1978) sees a transition as a bridge between two stages of greater stability. A transitional period involves a process of questioning and reappraising an existing structure or relationship; a time to explore the possibilities for change and make new choices. This period is followed by a period of stability in the structure or relationship.

Major role transitions, such as widowhood and institutionalization, are likely to occur for older women in our society. Brody (1980) estimates that 74% of nursing home residents are women. The majority of older women are widows, seventy percent of all women age 75 and above. Other role transitions and changes are the death of friends, changes in residence, or the departure of children from the home. Changes in mother-daughter relationships also occur

throughout life. Marriage of the daughter, with the presence of a husband and children, and other related family obligations, have a major effect on this relationship.

According to Golan (1981) "transitions may be sudden and dramatic or gradual and unobtrusive...they may have a varying impact on the individual's total life experience. Yet they all involve transformation and change" (p. 14). Persons tend to maintain established relationships and resist change. The aging process may eventually demand some changes, such as institutionalization of the mother, and thus the mother-daughter relationship may be affected. These role changes may or may not be difficult for both mothers and daughters to accept. Reporting on the institutionalization of a parent, Brody (1966) found that children avoided institutionalizing a parent at great "cost" to themselves. The actual precipitating factor appeared to be the last in a series of attempts to keep their parent in the community.

Roles and the processes of role transitions between adult daughters and their aging mothers needed to be explored and described in order to understand and support persons experiencing these changes. Specifically the relationship between daughters and their institutionalized mothers needed to be examined closely. These mother-daughter relational changes are poorly understood.

Statement of the Problem

The purpose of this study was to investigate what adult daughters tell about their relationships with their mothers during

the transitional period following the mother's institutionalization. The central question was: what characterizes the relationships between adult daughters and their institutionalized mothers?

Additional questions that arose for inquiry were: What behaviors are exhibited by these daughters during the transitional process of institutionalization? What were their areas of concern? As role expectations changed, how did mothers and daughters respond to these changes? How are these changes reflected reciprocally in the role of the mother? How do mothers participate in this process? What new role behaviors are created by these daughters? Were there differences between transitional periods that began suddenly versus those of a more gradual nature, and how were they managed?

In the section which follows, the conceptual framework for this study is presented and relevant research related to mothers and daughters is summarized.

Conceptual Framework and Related Research

The literature on family relationships has focused mainly on childhood and the young adult whereas the study of middle-aged and elderly persons has been of only recent interest (Troll, Miller & Atchley, 1979). Studies of relational processes and their effect on the role transitions between adult daughters and their mothers are scarce in the literature.

Family developmental models which include role positions, sequences, clusters and complexes have focused on the nuclear

family and are difficult to relate to the extended family. Continuing parent-child role complexes in later life are not included in these models. The concept of reciprocal role development as an interactional and reciprocal process needs to be explored (Troll et al, 1979).

Family relationships, and more specifically, those of adult daughters and their aging mothers, comprised the major focus of this literature review. A family solidarity model, developed by Bengston, Olander and Haddad (1976) provided a basis for this discussion. Three interdependent components of family solidarity: consensus, affect and association, provided concepts to which mother-daughter relationships were related. In addition, the principle of role reciprocity in relation to mother-daughter role behaviors will be discussed.

Symbolic Interactionism

The theoretical perspective of symbolic interactionism provided the conceptual framework for this study. Symbolic interactionism is a broad theory that covers all forms of human relations. It focuses on the definitions and interpretations given by the persons involved. Meaning and order are "created" in the process of interaction (Turner, 1962).

Symbolic interactionism has been defined as a formative, ongoing process that occurs among persons and gives meaning to the interaction. It is a process of interpretation and continual

redefinition of the other's actions and the meanings attached to them. While it focuses on the processes of interaction, it also encompasses the social, structural and behavioral aspects of human relationships. It focuses on the definitions and interpretations given by the persons involved (Blumer, 1966; Lindesmith, Strauss & Denzin, 1975; Turner, 1962).

Symbolic interactionism assumes an anti-reductionist position. Man's behavior is not equivalent to animal behavior and must not be studied as such. Humans are unique in their use of symbols which develop through interaction. Symbols are shared meanings. Meanings are acquired by the socialization process. Changes in meaning can occur throughout this process as persons engage in self-reflexive behaviors. Reflective of their own behaviors in relation to those about them. Social roles are created by the meanings attributed to the processes of interaction. In this study, role has been defined as behaviors of an individual that are an outcome of interaction (Lauer & Handel, 1977; Lindesmith et al, 1975; Stryker, 1959; Turner, 1962).

Symbolic interactionism was chosen for this study because of its methodological flexibility and conceptual openness which lend themselves to an exploratory study. This perspective facilitates an examination of the social worlds of a group of daughters who have institutionalized mothers.

The Literature and Mother-Daughter Relationships

Solidarity or cohesiveness among individual family members is a process that develops and changes over time. Solidarity between generations is enhanced by many aspects of socialization: role modeling, expectations, anticipatory role rehearsals, value congruence, and caring for one another (Hess & Waring, 1978). Bengston, Olander & Haddad (1976) developed a conceptual model which related three interdependent components of family solidarity: consensus, affect, and association. Mother-daughter relationships will be discussed in relation to this model.

Family Solidarity Model

Five independent variables primary to Bengston et al's model include: residential propinquity, helping behavior, American birth, acceptance of changed norms for the elderly, and experiences not shared across generational lines. The remaining variables are secondary, modifying the primary variables, as their vectors and valences indicate (see Figure 1).

The concept of solidarity within families has been of interest to social psychologists for some time. Homans (1950) generated three basic processes in human interactions; similarity, sentiment, and activity, which promoted cohesiveness among family members. Bengston et al (1976) elaborated on the concept of solidarity by relating three interdependent aspects of solidarity: consensus, affect, and association, to Homans' as follows. Similarity refers

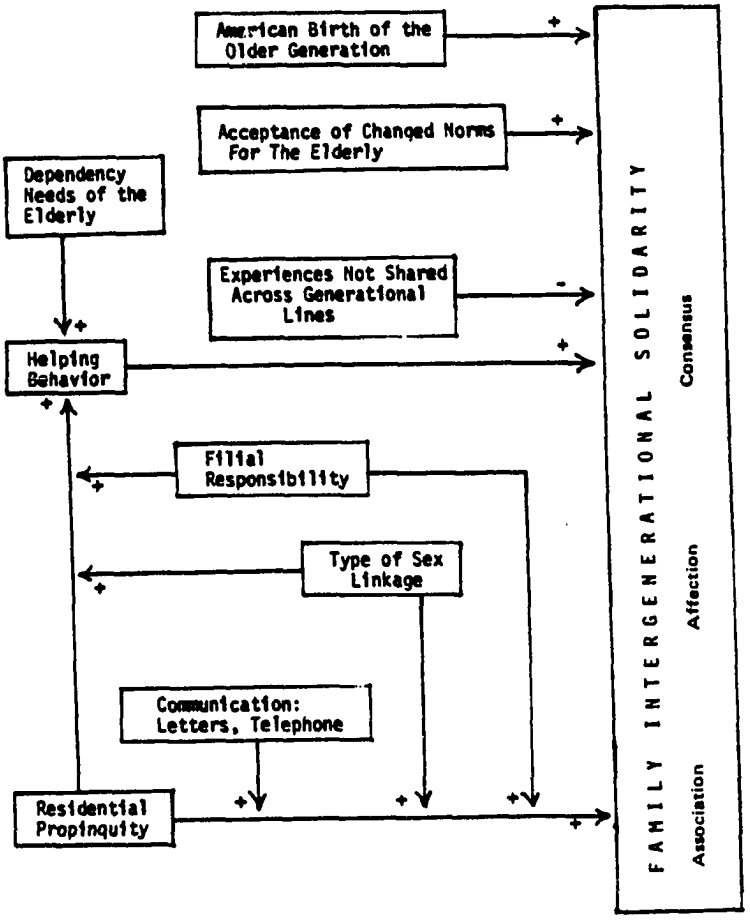

Figure 1. A multivariate model of solidarity between the older and the middle generations. From Time, Roles, and Self in Old Age (p. 258) by J. Gubrium (Ed.), 1976, New York: Human Sciences Press. Copyright 1976 by Human Sciences Press. Reprinted by permission.

to consensus of values, whether personal or social, and beliefs found among family members. Sentiment is related to affect, the subjective interaction toward one another. The acceptance and closeness among one another. Activity pertains to associative behavior or the objective interactional patterns among members, such as visiting or telephone calls.

In the following section, the concepts of association, affection, and consensus are presented and pertinent mother-daughter literature summarized.

Association. The concept of association refers to the objective interactions and activities among family members. Research literature indicates that the following variables have been found to be reliable indicators of associations among members of the middle and older generations: residential propinquity (modified, where distance between residences is great, by mail or telephone), filial responsibility, and the type of sex linkage (Bengston et al, 1976; Brody, 1985; Shanas, 1965).

It has been reported that the majority of elderly parents and adult children live in relatively close proximity and interact frequently. Eighty percent of all older people have living children and 75% of them live either in the same household or have one child living 30 minutes away (Bengston & Cutler, 1976; Hess & Waring, 1978; Johnston & Bursk, 1977; Kohn, 1978; Olsen, 1980; Ragan, 1979; Riley & Foner, 1968; Robinson & Thurnher, 1979). Children are more

than twice as likely to have daily contact with a widowed parent than with a married one (Johnson, 1983). Presently, adult children provide more care and emotional support to more parents over longer periods of time than in the past.

Recent data indicates that 56% of married women in the 45 to 54 age group are in the work force, as compared to 60% of all women in that age group (U.S. Dept. of Labor, 1980). In Brody's study (1981), the amount of help given by middle-aged women to their elderly mothers increased steeply with increased ages of both:

> Subjects between the ages of 40 and 49 averaged 3 hours weekly of help given; those from 50 to 59 averaged 15.6 hours weekly; and those who were 60 years of age or older were giving an average of 22.7 hours of help weekly to their elderly mothers. (p. 476)

The older the adult women were the more likely they were to have elderly mothers living with them: 9% of those under age 50 and 34% of those 50 and over (Brody, 1981, p. 476).

Generally women are socialized to assume the nurturing role and care for family offspring and kin. Usually it is the woman who keeps in contact with older parents from both lineages (Hess & Waring, 1978; Ragan, 1979; Troll et al, 1979). Older people who need help look to daughters rather than sons for assistance, and the daughters respond (Brody, 1981; Troll, 1971). Townsend & Noelker (1984), in a survey of 110 daughters and 72 sons, reported

that daughters were more likely than sons to be the primary care provider to elderly persons even when employed. Brody, Kleban, & Johnsen (1984), reporting on 150 women (workers and non-workers) who provided parent care found that 28% of the "nonworkers" had stopped working to provide care and 26% of the workers were considering the same action. Those women who had already quit their jobs were older, had older and more impaired mothers, provided more hours of help weekly, had been helping longer, and were more likely to be depressed and to share homes with the mother.

In a prospective study of 800 patient charts in a community-based geriatric assessment center, family burden in caring for an elderly person was found to be a significant problem in over 25% of cases. Best predictors of caretaking burden, using a multiple regression analysis, were patient falls/gait disturbances, dementia, living arrangements, and lack of social support (Morycz, Malloy & Bozich, 1984). Deimling and Poulshock (1983) reported on a longitudinal study of 589 families who lived with and cared for an elderly person. Attitudinal factors concerning the suitability and quality of nursing home care were most important in predicting placement. Other important predisposing factors included the caregivers' perception of burden regarding caregiving tasks, the caregivers' physical health, and the restriction of caregivers' activities. The above reported findings seem to validate Shanas' (1968) statement that the elderly are neither isolated from their families in the community nor abandoned by them in nursing homes.

Affection. In general studies indicate that ties of affection are strong within families. Factors related to affection probably are also related to association, such as, helping behaviors. Dependency needs of aged parents tend to increase the helping behaviors of middle-aged children. Helping behavior is influenced by residential propinquity, with those children living nearby giving the most assistance. In addition, daughters are called upon more often for assistance than are sons (Brody, 1985; Hess & Waring, 1978). Johnson (1978) found that the current quality of a mother-daughter relationship was related to the development of that relationship over time. Women feel greater responsibility for helping parents than do men. It has been suggested that assistance in the form of emotional support has replaced instrumental needs for the elderly (Hess & Waring, 1978; Olsen, 1980; Robinson & Thurnher, 1979). In another study, elderly persons reported receiving more emotional support from their children, whereas the children reported giving both emotional support and other assistance equally. Thus, emotional support was perceived as the greater need by the elderly person (Bengston & Cutler, 1976). Johnson & Catalano (1983) reported that when caregiving to parents imposes high emotional costs to the daughters, they experience guilt and resentment.

Brody (1985) compared the effects experienced by married working and nonworking women who were principle care-givers for widowed, elderly mothers. Both groups were providing equal amounts of care to their mothers. Three-fifths of these women felt

they were not doing enough for their mothers and experienced guilt. Twenty-two percent of these women were also assisting another elderly relative. Two-thirds had children under 18 years of age still living at home. Parent care can impose high emotional, physical, and financial costs to daughters.

Consensus. The patterns of similarity and contrast in attitudes and values are complex with less differences noted between grandparents and their grandchildren than with their children. If the aged person is of American birth and his experiences, e.g. education and/or occupation, are shared across the generations, there will be increased intergenerational consensus (Bengston et al, 1976). Ragan (1979) has documented the presence of value continuity within families.

Values are transmitted from parent to child beginning at infancy and on throughout the life cycle. The resulting value consensus among family members appears to persist even with changing societal norms with older persons tending to minimize differences between the generations. Value congruence generally remains strong enough for intergenerational family members to feel responsible toward one another (Bengston, 1975; Hess & Waring, 1978; Kalish & Johnson, 1972).

Brody, Johnsen, Fulcomer and Lang (1983) reported on the effects of women's changing roles on attitudes toward responsibility for care of elderly adults. A three generation sample (n=403) of

women were compared on responses to Likert-scale attitude items relating to gender-appropriate roles and care of elderly persons. All three generations agreed that elderly persons should be able to depend on adult children for help. They also agreed that a working daughter need not quit work to care for her elderly mother. The oldest generation was more receptive to formal services than the two younger generations. Sixty-one percent of the middle-generation women in this study worked which is similar to the national average. These women were divided in their attitudes toward formal and informal services. This study demonstrates traditional values of family care and responsibility towards elderly parents. Clark and Anderson (1967) found that increased dependency needs and parental demands has the potential for increased conflict between aging parents and adult children.

Weishaus (1979) studied the determinants of the quality of relationships between middle-aged women and their mothers as viewed by the daughters. It was found that mother-daughter relationships persist through time but the quality changes, with a "slow, steady decline in daughters' affective ties for mothers" (p. 167). Factors which related to both daughters' and mothers' life situations were: work, marital status and satisfaction, social class, age of mother, education, and involvement in roles other than family or parental. While both mothers and daughters tended to agree on whether their relationship was positive or negative, the mothers' ratings on the quality of their relationships were consistently higher than the

daughters. This finding has been reported in other studies (Johnson, 1978; Johnson & Bursk, 1977).

Role Reciprocity. The interlocking of family relationships occurs over a life span. It is a dynamic process with inevitable role changes because of aging. Reciprocal role behaviors are generally quite predictable when societal norms remain constant. Changes cannot occur in one role without it being reflected in the role of the other. These roles are tentative because interaction is an ongoing process between mothers and daughters (Turner, 1962).

Reciprocal socialization occurs continuously between family members. Socialization is not entirely asymmetrical. It may be to a degree reciprocal: forward socialization from parent to child and reverse socialization from child to parent. In this way new roles are learned continuously throughout the lifecycle such as child, parent, and grandparent. As an older person is adjusting to life changes, the younger adult is experiencing anticipatory socialization. If adult children help their parents in coping with retirement, widowhood, institutionalization, and other life changes, it is perhaps because the parent has been a positive role model for these children (Cohler & Grunebaum, 1981; Hess & Waring, 1978; Lerner & Spanier, 1978; Riley, Johnson, & Foner, 1972).

Socialization provides for strong ties of identification between mothers and daughters. Reciprocal socialization occurs between them throughout their lives together. Creative role behaviors emerge

during these interactional processes. Their relationship appears to be the most salient intergenerational relationship (Hess & Waring, 1978; Johnson, 1978; Matthews, 1979).

Former mother-daughter role behaviors become less complementary as aging mothers become more dependent on their daughters. Neither mothers nor daughters adapt easily to these role changes. As adult daughters assume a principle caregiving role to their mothers, many experience emotional strain. Parent care has become a normative but stressful experience for many adult daughters. Institutionalization of the mother only adds to an already stressful situation.

Summary

In summary, symbolic interactionism provided the conceptual framework for this study. This theoretical framework explains the meanings of interaction among people. Here it was used to examine the relational processes and changes which occurred between institutionalized mothers and their adult daughters. This perspective supported the exploration of the social worlds of a group of daughters who had institutionalized mothers. The symbolic processes and the resulting behaviors of daughters who were experiencing the dilemma of institutionalizing a mother needs to be better understood. The concepts of consensus, affect and association were discussed in relation to mother-daughter literature. Solidarity within these relationships has been shown to persist over time even when changing role behaviors occur with

aging. The principle of role reciprocity was discussed in relation to these changing mother-daughter role behaviors.

In order to increase understanding of mother-daughter role relationships during the institutionalization process, the interactional process was studied. Strong and viable ties exist between mothers and daughters. Their relationships persist over time with changes in affective quality noted. Parent care is given by many daughters at high emotional cost. Many daughters provide help to their mothers as needed. The effect of this help on daughters' personal and emotional lives has only recently been addressed in the literature.

In the chapter which follows, the research process will be described.

Chapter II

THE RESEARCH PROCESS

Introduction - Research Design

In order to discover what characterized the relationships between adult daughters and their institutionalized mothers an exploratory design was chosen for this study. Grounded theory provided the overall methodology for this study. Process, transitions, and other aspects of relational behaviors were identified. The focus of analysis became the social process rather than the persons who were experiencing the processes. The theoretical perspective of symbolic interactionism provided the conceptual framework for data collection, using the field method of unstructured intensive interviewing. This perspective supported the exploration of the social worlds of a group of daughters who have institutionalized mothers. In-depth interviews produced the most appropriate strategy to study an on-going social process, e.g. relationships between mothers and daughters. This chapter will discuss the research methods used in this study. Data collection and analysis, delimitations, assumptions, issues of validity and reliability, and ethical considerations are addressed.

Research Method: Grounded Theory

Grounded theory, a qualitiative methodology developed by Glaser and Strauss (1967) was chosen to obtain and analyze data systematically for the purpose of theory generation. This methodology was chosen to fit the research question: what characterized the relationship between adult daughters and their institutionalized mothers? The issues or concerns are allowed to emerge from the data and are defined by those involved in the situation. Grounded theory approach concerns itself with the meanings, definitions and interpretations identified by the research subjects. The goal of a grounded theory methodology is to generate a substantive theory to account for a pattern of behavior that is relevant to one's research concern. By substantive theory, one means that which is developed empirically. Theory is discovered from the data. Generating theory is necessary in order to predict and explain behavior, as well as to provide a perspective on behavior. The goal of this study was to discover concepts and develop propositions which support substantive theory relative to the role relationships between adult daughters and their aging institutionalized mothers. This one area of substantive theory will lend itself to an emerging formal theory of relational behaviors in the later years.

Delimitations

This study was limited to investigation of relational processes and/or changes between mother-daughter dyads. Other parent-child

combinations found within the social network were not studied. Only adult women who had mothers living in nursing homes were interviewed. Their mothers were not interviewed.

Assumptions

This investigation relied on the subjects' willingness to share their experiences and their recall of past and present relationships. This raises issues of the validity and reliability of qualitative data. How does one make valid sense of another's social world? Wiseman (1974) addresses the issues of validity and reliability of qualitative data. In judging the validity and usefulness of data, she suggested the following rules:

1. Assume that no one is lying.
2. If you must choose between an official's story and that of an individual (that is institution versus individual) - most likely the institution is not being totally honest.
3. There is nothing that happens or that people tell you about that "doesn't make any sense." It is part of their lives. They think it makes sense.
4. Assume that human beings may not be very smart in the decisions they make, but they do the very best they can.
5. There is usually nothing that people tell you or that you will see that is truly irrelevant to your study.
6. There is no such thing as absolute truth. All the most objective researcher can report is his version of the

> actions and decisions of others and how they see the world. (pp. 325-326)

One must remember that it is the subjects' view of their world. The data become reliable and significant when the data reveal consistent findings and portray the general nature of the study problem. In-depth interviewing is a useful methodology for obtaining significant data about human behavior.

Data Collection

Data collection and analysis occur simultaneously in grounded theory methodology. The field method of unstructured, in-depth interviews was chosen for data collection. The "constant comparative method," elaborated by Glaser and Strauss (1967), provided the strategy for data analysis. The emerging concepts and variables from the data directed subsequent data collection, known as theoretical sampling.

Source of Data Collection

Thirty-two adult, white women, age 40-71 years, who had mothers living in an institutional setting, commonly known as a nursing home, became the population source for this study. Names of adult daughters for inclusion in this study were obtained from several sources; e.g. nursing homes, other nurses, and personal acquaintances. Potential subjects were contacted by mail using a letter that explained the study and gave information about the

researcher. It allowed the potential participant an opportunity to check the credibility of the study and the researcher. Three nursing homes, which were convenient to the researcher, participated in the study. Two of the three homes accepted persons on public assistance. Fifty per cent of the residents in these homes were receiving such assistance. The third home was a private facility.

Joint letters were sent by the home and the researcher to daughters having mothers in residence (See Appendices A and B). A total of 86 letters were sent; 36 daughters (42%) responded. Thirty of these women were interviewed for the study. Six daughters were not interviewed. Two interviews were cancelled due to the mothers' death. One daughter refused to participate because the researcher could not provide socialization for her mother in the home. Two daughters responded months after having received letters to say their mothers had died and expressed regrets that they were unable to schedule interviews earlier. Lastly, a daughter called to say that she wished to participate but she was too overwhelmed with family problems. In addition, four letters were sent to daughters whose names had been given by personal acquaintances. Two of the four responded and agreed to be interviewed. Thus a total of 90 daughters were contacted by letter and 32 of the 38 who responded were interviewed (36%). A letter, with an enclosed self-addressed stamped envelop, was the only means of contacting daughters. No follow-up letters were sent. No phone calls were made except to schedule an interview once a daughter had returned her response slip

indicating as to when and how to contact her in order to schedule an interview. An opportunity to ask questions was given prior to the actual interview itself.

The issue of the non-respondents is raised. Fifty-eight per cent of the 90 women contacted chose not to respond. The basis of Grounded Theory methodology is to develop a substantive theory relative to the questions raised. Theory is generated based on data yielded during the interview process. A theoretical sampling strategy searches for theoretical completeness of a social phenomenon and is not concerned with statistical significance. It becomes irrelevant as to what percentage of a sample responded. Once a Basic Social Process (BSP) is named and its categories become saturated, no further data are sought. This methodology will be discussed in more detail later in this chapter.

The following selection criteria were used for the daughters:

1. White, 35 years of age and above
2. Able to speak and understand English
3. Willing to participate in the study
4. Mother living in an institutional setting known as a nursing home.

Background information on the subjects interviewed was obtained by the investigator using the Background Data Sheet (see Appendix C). Data were collected verbally both during and following the interview. It included: subject number, date of interview, place of interview, mother and daughters' date of birth, place of

birth, sex and age of siblings, marital status, year of marriage, highest level of education attained, occupation (past and present), religious choice, income level, place of residence, mother's date of admission to nursing home, distance lived from mother, frequency of visits to mother by daughter, reported functional level of mother by daughter, and, if ever lived with one another.

Research Subjects

Thirty-two adult, white women, who had ages ranging from 40 to 71, were interviewed for this study. The following is a discussion of background information on these women as well as their mothers. Tables 1, 2, and 3 summarize this information.

Daughters. As shown in Table 1, the majority of the daughters were born in the United States (84%). One-third were only children (34%) at the time of the study. Most were born as only children but four had lost siblings through death, either as infants or adults. Another third had either sisters or brothers, with 16% having only brothers. Thirty-four per cent had siblings of both genders. Thus two-thirds of the participants had siblings in their family networks. Sixty-eight percent were married at the time of the interview and 12% were single. The majority of the widowed (20%) were in the 60-69 age range. Almost half of the participants had a college education or professional degree (47%). Forty-four percent had a high school diploma and 9% elementary schooling.

Table 1

Demographic Characteristics of Study Participants: Place of Birth, Marital Status, Siblings, Educational Level, Occupation at the Time of Interview, Income Level, and Place of Residence

	Age at Time of Interview			
	40-49 years n=4	50-59 years n=13	60-69 years n=13	70-79 years n=2
Place of Birth				
United States	4	11	11	1
Foreign Born	0	2	2	1
Marital Status				
Married	4	12	5	1
Single	1	0	3	0
Widowed	0	1	5	1
Siblings				
None	2	5	4	0
Sister(s)	0	1	2	2
Brother(s)	0	0	5	0
Both	2	7	2	0
Educational Level				
Elementary	0	0	3	0
High School	2	7	5	0
College	2	5	4	1
Doctoral	0	1	1	1
Occupation at Time of Interview				
Professional	0	3	1	1
White collar	2	5	2	0
Craftsmen	1	2	0	0
Homemaker/ Retired	1	3	10	1
Income Level				
$4,999 or less	0	0	2	0
$5-9,999/year	0	0	2	0
$10-14,999	0	1	0	0
$15-19,999	0	0	0	0
$20,000 or more	4	12	7	2
No response	0	0	2	0
Place of Residence				
Own housing	3	13	11	2
Rental housing	1	0	2	0

At the time of the interview, 47% of these women were retired and/or homemakers. Another 44% were white collar or professional career women. Fifty-three percent of all the participants worked outside the home which is slightly less than the national average for this group of women. Fifty-six percent were of stated Catholic faith and 34% Protestant (see Table 2). The 9% other include Russian and Greek Orthodox and atheists. The majority (78%) of women reported average, white, middle class income levels of $20,000/year or more. The two respondents who reported very low annual incomes of $4900/or less, were both widowed and appeared to be in difficult financial straits. The majority (91%) lived in their own homes; the other group (9%) lived in rental housing.

Mothers. The daughters' thirty-two mothers, age 72-99, played a significant part in this study (see Table 3). Almost half (44%) of the mothers had been foreign born, generally in northern and central Europe. Fifty-six percent were born in the United States. Twenty-seven of the 32 mothers referred to in this study were widowed (84%). Four were presently married and one had been divorced 64 years ago. Five were widowed for a second time. The majority had been widowed for many years, e.g. 25 years or so.

Table 2

Demographic Characteristics of Study Participants: Religious Choice, Distance Lived From Mother, Visits to Mother in Nursing Home, Mother Lived with Daughter Prior to Nursing Home, and Length of time Mother Lived with Daughter Prior to Nursing Home

	Age at Time of Interview			
	40-49 years n=4	50-59 years n=13	60-69 years n=13	70-79 years n=2
Religious Choice				
Protestant	3	2	6	0
Catholic	1	10	6	1
Jewish	0	0	0	0
Other	0	1	1	1
Distance Lived from Mother (nursing home)				
One mile or less	0	2	5	2
1.1-3 miles	2	6	3	0
3.1 or more miles	2	5	5	0
Visits to Mother in Nursing Home				
Daily	1	3	6	1
Weekly: (1X)	1	4	3	0
(2-6X)	1	6	4	1
Monthly	1	0	0	0
Mother Lived with Daughter before Nursing Home Placement				
Yes	2	6	9	2
No	2	7	4	0
Length of time mother lived with daughter prior to nursing home				
0-1 year	0	1	0	0
1-5 years	1	3	2	0
6-10 years	0	1	1	0
11-15 years	0	0	2	0
16-20 years	0	0	1	1
21-25 years	0	1	1	0
26-30 years	0	0	0	0
31-35 years	0	0	0	1
Lifetime	1	0	2	0

Table 3

Demographic Characteristics of Mothers of the Study Participants: Place of Birth, Marital Status, Educational Level, Religious Choice, Income Level, Length of Time in Nursing Home, Functional Level

	Age at Time of Interview		
	70-79 years n= 6	80-89 years n=13	90-99 years n=13
Place of Birth			
United States	4	9	5
Foreign Born	2	4	8
Marital Status			
Married	2	2	0
Widowed	4	11	12
Divorced	0	0	1
Educational Level			
Elementary	4	9	11
High School	2	2	1
College	0	2	1
Religious Choice			
Protestant	2	4	5
Catholic	4	9	6
Jewish	0	0	0
Other	0	0	2
Income Level			
Social Security/ Public Assistance	4	8	10
Self Paying	2	5	3
Length of Time in Nursing Home			
Less than 1 year	0	1	2
1-2.9 years	4	3	5
3-4.9 years	1	7	2
5-7.9 years	1	1	2
8 or more years	0	1	2
Functional Level			
Senile/confused	5	9	10
Alert but forgetful	1	4	3
Wheelchair bound	5	9	10
Ambulatory	1	4	3
Incontinent	4	6	6
Continent	2	7	7

Seventy-five percent had attained an elementary level education, 16% high school, and 9% college. The majority (59%) were Catholic as were their daughters and 34% Protestant. In regard to income, 66% were receiving public assistance in addition to social security benefits. Daughters paid major expenses for the other 34% through various means, e.g. mothers' savings and investments, or with their own money.

Fifty-nine percent (19) of the mothers had lived with their daughters prior to their institutionalization for varying lengths of time, ranging from two months to a lifetime (see Table 2). Three mothers and daughters had always lived together. The other 16 lived with their daughters for an average of 11 years. The average length of time the mothers had already been in the nursing homes was 3 years, excluding the three outliers. Two mothers had been in the home for 11 years and another for 14 years. Daughters visited their mothers frequently with 34% visiting on a daily basis. Another 38% visited 2-6 times/week and 25% on a weekly basis. The daughter who visited only monthly was 3½ hours drive from her mother.

The functional status of their mothers involved much of the daughters'discussion during the interviews. Frequently reported diagnoses were: Alzheimer's disease, cancer, post-cerebral vascular accident, congestive heart failure, hip fractures, depression, diabetes, and decubitus ulcers. Daughters reported much "senility" and/or confusion (72%) in their mothers. Mothers who were alert

but forgetful comprised another 25%. In conclusion, almost all were experiencing changes in their mental status. Seventy-five percent were wheelchair bound or on bedrest. Twenty-five percent were ambulatory, though many used walkers or canes. Fifty percent were reported to be incontinent of bowel and bladder.

In summary, 32 white, middle-class, adult daughters who participated in this study were described. Half had mothers living with them for many years prior to institutionalization. These daughters visited their mothers frequently in the nursing home. The majority of the mothers were on public assistance. Seventeen daughters worked outside the home which is typical of this class of women today.

Interview Process

The field method of unstructured intensive interviewing was used for the data collection. Lofland described the intensive interview as a "guided conversation." He states (1971):

> One such flexible strategy of discovery is termed the 'unstructured interview' or 'intensive interviewing with an interview guide.' Its object is not to elicit choices between alternative answers to pre-formed questions but, rather, to elicit from the interviewee what he considers to be important questions relative to a given topic, his description of some situation being explored. Its object is to carry on a guided conversation and to elicit rich, detailed materials that can be used in qualitative analysis. Its object is to find out what kinds of things are happening, rather than to determine the frequency of predetermined kinds of things that the researcher already believes can happen. (p. 76)

Unstructured, open-ended interviews were obtained from the adult daughters. Initially, the interviews began with the following general question. "Tell me about your relationship with your mother." Guiding probes were used only to elicit what the relationship had been like in the past, the present, and their anticipation of the future. The interviews averaged one and a half hours in length. The daughters were allowed to share their experiences as they perceived them.

An interactionist approach compels the investigator to attempt to understand the relationship from the actor's perspective. Insights were gained as to the social meaning that the daughters attached to the relationship - their definition of the situation.

Interviewing and data analysis proceeded simultaneously. As the two core processes, becoming the chosen daughter and redefining roles, and their dimensions began to emerge, the interviews took on a more structured nature with guiding questions being asked. This approach to data collection is known as "theoretical sampling" (Glaser and Strauss, 1967). See Appendix D for an interview guide.

Theoretical Sampling

An alternative approach to probability sampling, Glaser and Strauss (1967) define theoretical sampling as "the process of data collection for generating theory whereby the analyst jointly collects, codes and analyzes his data and decides what data to collect next...in order to develop his theory as it emerges" (p. 45).

Theoretical sampling strategy searches for theoretical completeness of a social phenomenon. The social phenomenon of mother-daughter relationships provided the direction for initial data collection. Data were collected, coded, and analyzed jointly. Emerging theory controlled the process of data collection. As the research problem and related categories emerged, they provided additional direction for data collection. Concepts, hypotheses and their interrelationships were purposefully discovered. As categories became saturated, theoretical competeness occurred. Saturation means that no new additional data are being found related to that particular category. According to Glasser and Strauss (1967), "Core theoretical categories, those with the most explanatory power, should be saturated as completely as possible" (p. 70). The core categories are those most relevant for prediction and explanation. Issues, hypotheses and concepts have been determined and little new data is elicited from the respondents. Data collection stopped when no new categories related to the core processes appeared in the data.

Data Analysis

Data analysis utilized the constant comparative method (Glaser & Strauss, 1967). As previously stated, it occurred concurrently with data collection. Constant comparative analysis is a process-oriented versus unit-oriented research strategy.

All taped interviews were transcribed verbatim by a typist

unknown to any of the participants. The transcriptions of the audio-tapes were checked for accuracy by this researcher. Each transcript was assigned a code number known only to the researcher. An on-going analysis of interviews occurred. Initially, a line-by-line coding occurred, searching for themes and conceptual categories. Many times the words used by the participants themselves became the generated code words, e.g. guilt, coping, relationships. Each category was assigned a number. All the data were read and the appropriate code numbers written in the margins of the transcripts. The coding categories are listed in Appendix E. After coding all the data, it was cut up and pasted onto 5X8-inch sort cards. The cards were coded to correspond to the appropriate coding categories. Data on each category could then be easily analyzed. Relationships between and among categories could also be considered. A theoretical scheme was developed as relationships between and among concepts emerged during analysis. Transition through time was used as an organizing principle to describe how daughters redefined their roles with their institutionalized mothers. One intact copy of all the coded transcripts was kept under lock and key.

According to Charmaz (1973), one does not look for the frequency and distribution of a problem. Conditions under which processes occur and under which conditions vary are delineated. Thus, the core properties in the daughters' relationships with their mothers were sought. Process became the focus of analysis

rather than the respondents, i.e. daughters who were experiencing those processes.

Following development of the theoretical scheme, two Basic Social Processes (BSP's), "Becoming the Chosen Daughter" and "Redefining Roles", were named. These two types of BSP's included a Basic Social Psychological Process (BSPP) and a basic Social Structural Process (BSSP), respectively. A BSSP "facilitates or is the social structure within which the BSPP processes" (Glaser, 1978, p. 102). According to Glaser (1978),

> BSP's are theoretical reflections and summarizations of the patterned, systematic uniformity flows of social life which people go through, and which can be conceptually 'captured' and further understood through construction of BSP theories. (p. 100)

The initial open-ended interviews led to emerging codes. Codes were grouped into theoretical ideas. The BSP's were named and became the core variables or processes. Once the BSP's were perceived, data were collected to develop specifically the properties of these processes. The core processes account for most of the variation in the social experience being studied. Properties and parameters of the core processes were developed during analysis. The generation of theory occurs around core categories or variables. Core categories account for most of the variation in patterns of behavior. Other relevant categories are related to the core categories. These related categories become an integral part of the

substantive theory which leads to theoretical completeness.

A core category is developed by looking for the "main theme" in the data, such as, process and change. Criteria useful in judging a core category or variable according to Glaser (1978) are:

1. It must be central and account for a large portion of the variation in a pattern of behavior.
2. It must reoccur frequently in the data.
3. It relates meaningfully and easily with other categories.
4. The core category can be a process, condition, a consequence and so forth. (pp. 95-96)

If a core category emerges as a temporal process, it must have two or more clear emergent stages.

BSP's should account for or explain most of the variations in behavior which occurred. Mother-daughter relationships involved processes which occurred over time and included changes in relational behaviors. BSP's should accurately reflect what has occurred in these relationships.

In summary, the aim of grounded theory is not a complete description of a phenomenon but theoretical completeness, an explanation of a social phenomenon in relevant terms. As Mullen and Reynolds (1978) stated, "The final form of the theory is an integration of the conditions, contingencies, contexts, consequences, and strategies around one or two core variables which are rich in conceptual detail and adequate to develop testable hypotheses" (p. 285).

Validity and Reliability

Concerning the issues of validity and reliability, Glaser and Strauss (1967) stress that a theory must have fit and relevance and it must work. Data are never forced. Categories of the theory must fit or be grounded in the data. By "work," Glaser (1978) elaborated that a "theory should be able to explain what happened, predict what will happen and interpret what is happening in an area of substantive or formal inquiry" (p. 4). It must be meaningfully relevant to the participants in the area of concern. Wiseman (1970) suggested that qualitative data become reliable and significant when the data reveal consistent findings. The phenomenon studied portrays the actor's world as he perceives it.

Ethical Considerations

Subjects were assured anonymity of all taped and written materials. Prior to being interviewed a Subject Information Sheet (see Appendix F) was given to each subject, and they were encouraged to ask any questions they had concerning the study. The taped interviews were typed by a person outside the communities in which subjects lived and unknown to the interviewees. The recorded tapes and transcriptions were kept under lock except during analysis procedures. Each subject was assigned a code number known only to the researcher. Approval was obtained through the Human Investigation Committee at

Rush-Presbyterian-St. Luke's Medical Center prior to implementing the study. Two of the three nursing homes that participated did the mailings to the daughters. The researcher supplied the letters and stamped, self-addressed envelopes. Thus the nursing homes kept names and addresses confidential. One nursing home gave the researcher a list of names and addresses of potential participants. The researcher completed the mailing of these letters.

Summary

Grounded theory, a qualitative methodology developed by Glaser and Strauss (1967), was chosen for this study. The theoretical perspective of symbolic interactionism provided the framework for data collection. Grounded theory methodology is most appropriate for studying relationships as an on-going process, e.g. mothers and daughters. The research procedures related to selection of study participants, data collection, theoretical sampling, and analysis were outlined and discussed in relation to this study. Subject participants were described as were their mothers. Issues related to the validity and reliability of qualitative data were addressed. Ethical considerations were included. In summary, a qualitative research design appropriate for studying the research question, "What characterizes the relationships between adult daughters and their institutionalized mothers?" was presented.

A discussion of the nature of role transitions will be the focus of Chapter III.

Chapter III

NATURE OF ROLE TRANSITION

Role transitions occur throughout the life course in our relationships. Transitions denote change and with change comes uncertainity. Former patterns of relating become incongruent. New role behavior patterns must be created to replace them. Generally, transitional processes are difficult for those experiencing them. Emotional upheaval is experienced during this time. Behavioral changes must result for stability in the relationship to be regained.

Marris (1974) coined the term "conservative impulse" to denote our wish to resist change and maintain the status quo. One has the impulse to restore the past relationship. If the past relationship cannot be restored, the "conservative impulse" encourages us to deny the loss. But, according to Marris (1974), "when this fails, it will also lead us to repair the thread, tying past, present and future together again with rewoven strands of meaning" (p. 21).

Mother-daughter role patterns are created throughout a lifetime of interaction. As both mothers and daughters mature with age, changes are experienced in their parent-child patterns of relating. Throughout the life course, transitions in these relationships occur. Generally, adaptation occurs and life proceeds. Role disruption takes place within these relationships when mothers can

no longer participate in their parent roles. Generally, increased dependency needs on their daughters result. Both experience relational disorganization during this transition period.

Role transitions occur for daughters when their mothers are institutionalized. Institutionalization represents loss of a parent for the daughter. The mother's institutionalization denotes a process of separation, physically as well as perhaps emotionally, from the daughter. Previous role behaviors and expectations associated with the mother-daughter relationship are no longer feasible or applicable. Role disruption occurs; the pattern of the relationship changes. Daughters report experiencing losses in their relationships. Their previous mother-daughter relationships can never be recaptured. They must learn to adapt to the changes. Role redefinition must occur.

Role Behavioral Changes

Role behavior changes were experienced by the daughters in this study. As their mothers became increasingly frail and more dependent, daughters reported changes in their relationships. Role disruption was taking place. Daughters described these losses and changes in various ways.

A 55 year old daughter commenting on the changes and loss experienced since her mother's institutionalization for schizophrenia five and one-half years ago.

> It would have been nice now for me to have a mother that I could have a conversation with. Someone that you can say, have a Sunday dinner. We will go out. That doesn't exist.

Another 55 year old daughter, whose mother suffers from Alzheimer's disease and has been in the nursing home for five and one-half years, describes her mother as she is presently. "She has become very dependent on me." When asked by the interviewer, "Is she still your mother?"

> I don't know. It it like she is dead already...She is sort of like a big doll to me in some ways...When it is peaceful, I don't know who she is...She is not the person you knew.

An only daughter and child, commenting on her relationship with her mother.

> She has become more dependent. I am well aware she is my mother, but we haven't had a mother-daughter relationship in quite a number of years. I have been the caretaker.

A daughter's comment on her feelings about the nursing home at the time of her mother's institutionalization. "I think, like the nursing home just took my mother away."

Role disruption also occurred for grandchildren. Daughters described the deterioration and nursing home placement of their mothers as a loss of grandparents for their children.

> She has sixteen grandchildren and she knew them all. Now she has great grandchildren too. She knew them all. There never could be any typical grandma. That is sad. Now that is one thing that I have missed.

A daughter commented that her father died when she was 23 years old. Her mother has been diagnosed with Alzheimer's disease and is now institutionalized.

> I resent the fact that I have lost both of my parents and I am young (41 years old). I resent the fact that my children didn't know either of their grandparents.

These daughters' comments demonstrate how their mother-daughter roles changed following illness and institutionalization of their mothers. Their mothers had long ceased to function in the typical mother and grandmother roles. Feelings of loss and separation resulted. Role expectations had to change in their relationships.

Transitional Process

According to Golan (1981) "transitions may be sudden and dramatic or gradual and unobtrusive...they may have a varying impact on the individual's total life experience" (p. 14). In this study both types of transitions, gradual as well as sudden, were experienced by daughters.

Changes may have been occurring for some years prior to the institutionalization event. Mothers and daughters adjusted their relationships accordingly. Many times neither wanted to accept these changes and so they chose to ignore them. The following episodes describe how one 41 year old daughter whose mother has Alzheimer's disease related to the changes in her mother during the past five years. In these excerpts, she shares how Christmas has

changed. The following occurred prior to the mother's nursing home placement.

> At Christmas time, she (her mother) did her own Christmas shopping, but I had to guide her. I said, buy this for this one, buy this for this one. So really, the only one she shopped for was me and she forgot to shop for me. That was crushing...I was an only child and I was spoiled...I was just absolutely crushed and depressed the rest of the day.

As her mother's disease progressed, she shared how she handled the following Christmas.

> The following year I was handling her money because she was living with us. So I went out and bought all kinds of things for myself and wrapped them from grandma. After that it was easy.

Her mother has now been in the nursing home for two and one-half years. How does she now handle Christmas in relation to her mother?

> Christmas was wonderful and she loved it and loved receiving presents no matter what the occasion. Holidays are hard. I don't buy her presents because they don't mean anything. She can't open them and it is hard on me. So I don't give them to her. We don't take her with us. She is constantly in my thoughts.

Another 40 year old daughter, an only child, described her mother's progressive deterioration with Alzheimer's disease.

> When we look back now we realize that things were going bad at the time. We didn't know. We thought that she was doing something strange, funny...but then she would be fine and we just thought, boy, she did something really silly. It progressively got worse and worse...it just got harder and harder

> because my dad could not cope. He was gone all the time (an alcoholic) so she wasn't being watched... It got to the point where she just had to go into the home.

This particular mother refused to live with her daughter which made the situation even more difficult.

In addition to mental status changes, daughters related many situations in which their mother's physical health was deteriorating.

> I would say that the last year that I had her here with me was a gross deterioration. She was having small strokes. It was really a matter of waiting for the big one.

Transitions also occurred very suddenly and dramatically, many times due to sudden, devastating illness. A daughter commenting on her 91 year old mother who has been in a nursing home for six months.

> Yes, you remember how things were. You can't believe it happened as fast as it did...She just really collapsed. I mean fell so far down you can't believe what happened to her. Independent and now she is in wheelchair, a diaper. She doesn't know what is going on. It is terrible.

Another daughter commenting on her mother's stroke which occurred three years ago.

> She had a stroke. She was in a coma, semi-coma. She never did come out of it...Maybe if she spoke. Even now I always pray if she could just talk. You go there and it is very hard to communicate and you don't know what she is trying to relate to you.

A 60 year old, only daughter displayed much sadness throughout her interview. She described her stormy relationship with her now 77 year old mother, the losses of her father and husband, two and six years ago, respectively; and her estranged relationship with her only brother. She described her mother as having been very uncooperative for many years prior to institutionalization.

> When she fell in November of 1983, these dates stick with you, she went in. It wasn't her hip. It was her leg. It fractured in six places. Mother weighed at the time, 225 pounds. So after the operation and her recuperating period, they were going to start the therapy and she wouldn't cooperate. You know, she was very belligerent about that. Leave me alone and all that stuff.

Thus this daughter had no choice but to put her mother into a nursing home. Placement made her mother very angry. The daughter related how her mother "cussed" her out the entire first day in the home. Relational deterioration had been occurring for some years.

These episodes describe both sudden and gradual onsets of role transitions for mothers and daughters. Changes in their mothers' mental and physical health statuses could no longer be ignored. The transitional process had begun. Levinson (1978) coined the term "marker event" to denote an event of a significant nature. Though parent-child role disruption may have been taking place for some time, the need for institutionalization represented a "marker event" for these daughters. Daughters described these events as being a significant part of the process.

Marker Events

Even though changes may have been occurring in their mothers' health for some time, daughters usually described a "marker event" which led to their mothers' nursing home placement. The marker events defined the onset of the institutionalization process. Their mothers' problems could no longer be ignored. Many daughters knew that their mothers could no longer live with them but had difficulty accepting institutionalization as the alternative. Half of the mothers in this study lived with their daughters prior to nursing home placement.

One daughter, whose mother with Alzheimer's disease lived with her and attended an Adult Day Care Center while the daughter worked, described just such a marker event.

> When I walked in the door, the kids were sitting down and my mother was standing at the sink. They looked at me and said, "Mom, grandma has pooped in her pants." I knew right then and there that if she was doing this in the man's car at the Day Care Center that that was going to be it. I had to clean her off and I cried and she cried. It was horrible because she had been sitting in it the whole way home. It was right then and there that we decided that it was going to have to be. I contacted her doctor and placed her into the hospital. It bought me some time to find her a nursing home.

Another 66 year old widowed lady described how her mother, who lived with her for two years, came to reside in a nursing home. Her mother, now 93 years old, is mentally alert but unable to ambulate.

> She started having these mini-strokes and several times when she had fallen down I couldn't lift her. She was

> dead weight. She was in the wheelchair all the time. At first she got to the place where she couldn't even stand, she just gave up. She decided that she was afraid to put any weight on her legs so the last time when she fell and I had to take her to the hospital. The doctors said that maybe she should go into a nursing home. Because I have back trouble and I was starting to have problems with my back lifting her, I thought well, if something happens to me, God help, she won't have anybody.

A daughter described the event which led to her 88 year old mother's institutionalization.

> That one morning, she said, _____ I just don't feel good. I had gotten a blood pressure apparatus and I took her blood pressure and it was elevated. She had been suffering with hypertension prior to this and she said that she just felt like a limp rag. She didn't know what she was going to do with herself. I called the doctor and said I don't know what to do with her. He said, "Do you want me to hospitalize her?" I said, really I think we should. He felt she had a stroke and that was the turning point.

Placement into the nursing home was generally a very emotional experience for daughters. A 66 year old professional woman described how she attempted to keep her 99 year old mother out of a nursing home. The mother had lived with her for most of her life.

> Mom was getting more and more old and I hired more help. We managed to keep her home because I didn't believe in putting my parents in the nursing home. Then one occurrence. Mom was very independent. She decided to fix her drapes and she fell and broke her arm. It was fractured. It healed. Second fracture with the other arm.

> It healed again. Then she fell without any provocation and broke her knee. She was hospitalized...the wound did not heal completely and infection set in...I still hoped that I could care for her at home. I brought her home and I couldn't manage...she didn't know where she was.

> We had to barricade the stairway. Bowel control was out. Everything was out. The doctor encouraged me to put her in the nursing home. He said, "You cannot give her exercise therapy. You can love her but unless you help her she will just die here." My maid was leaving. I tried to find someone else. And nobody wanted to watch an old, sick person. So with much heartbreak and tears we decided to get her into the nursing home.

Marker events led to the institutionalization of their mothers. Daughters became aware when it was inevitable and began adjusting their roles accordingly. The institutionalization process called for redefining their roles. Daughters expressed concern over lack of role models from which to learn. A few had experienced institutionalization of aunts and grandmothers, but generally it was a new experience for these daughters.

Role Redefining

Following the institutionalization of their mothers, with the resulting mother-daughter role changes, daughters had to create their own "new" roles. Daughters portrayed various styles of reorganization in their role-making processes. In this study, only 25% of the mothers were reported as being mentally alert by the daughters. So generally, mothers were not able to participate reciprocally during the process of role making.

For many daughters, new roles were created which for the most

part related to overseeing their mothers' care and/or being involved in it. One daughter commented on how foreign the environment of the nursing home seemed. She had no idea of what was expected of her during visits. One-third of the daughters in this study visited their mothers on a daily basis. Almost all visited at least weekly or more often. Three miles was the average distance daughters lived from the nursing home.

For those mothers who were confused, disoriented or otherwise not alert, daughters reported that their visits were basically to "check up on her" and make sure that she was receiving good physical care. Many participated in this caring process. The following is a series of comments received from daughters when asked what they did during visits with their mothers.

> I go in and I feed her evening meal. I stop in on the way home from work.

> She is not very good at communicating...I don't know how much good it does her. It does me some good. I bring body cream every time I go and I rub her arms and her legs. I put face cream on her. It is a way of communicating without talking or we hold hands or I take her something to eat that I know she likes in particular.

> I take the dog over because the dog was her pal.

> We put the earphones on her and we carry on a conversation and she gets to listen to her music...you know Mozart and Bach. I have a whole set of cassettes that I periodically change for her.

> Because my mother and I both smoke and you can't smoke in the rooms, we go into the dining room. I stop and bring coffee in. We sit across the table from one another and argue. (Another daughter is also present).
>
> I visit for myself and not for my mother's sake. She doesn't know that I am even there.

In the chapters which follow, this role making process will be examined more closely. Various styles of reorganization in role making will be addressed for daughters with institutionalized mothers.

Summary

Adult daughters experienced role transitions in their mother-daughter relationships with the institutionalization of their mothers. Role disruption occurred. Changes occurred in previous role behavior patterns and expectations. Daughters described "marker events" which indicated the onset of the institutionalization process. Mental status, as well as physical health problems in their mothers often prefaced the beginning of this transitional period. Changes began either gradually over a period of time or abruptly with a devastating illness. Following institutionalization of their mothers, daughters created new parent care roles for themselves. Role redefinition occurred within these relationships. The outcome was the construction of a new social world for the daughters.

In the chapter which follows, the Basic Social Psychological Process (BSPP) of "becoming the chosen daughter" who was responsible for the institutionalized mother will be described.

Chapter IV

BASIC SOCIAL PSYCHOLOGICAL PROCESS: BECOMING THE CHOSEN DAUGHTER

This chapter will focus on the basic social psychological process of becoming the "chosen daughter," which occurred for daughters who assumed responsibility for their aging mothers. The nature of their lives changed. Role disruption occurred for these daughters, with new roles being assumed. Daughters did not always choose these roles. Sometimes, these roles were delegated by other family members, or demanded by their mothers or other family. They either accepted or resented their roles. Nevertheless, becoming the chosen daughter, who was responsible for the institutionalized mother, was an issue with the daughters in this study.

Generally, one daughter would take on the major responsibility for the mother, even with the presence of other siblings and living fathers. Thus, sibling structure becomes important. The following sibling complexes were present in the family networks of daughters who were interviewed: (a) only children, (b) daughters who had only brothers, (c) daughters who had only sisters, and (d) daughters with siblings of both genders. Two-thirds of the respondents had siblings in their family networks. Sibling relationships made for varied and complex inter-relationships within families. Surprisingly, it wasn't always the eldest daughter who became the

chosen daughter. For example, sixteen participants or one-half, had sisters. Ten of these sixteen were not the eldest in the family. Many times the role evolved over time with numerous explanations given, such as follows:

> So I don't know whether they just assumed it or if it evolved...my sisters tell me they figured I worked better with my mother.

> It fell to me...I would feel worse if I didn't.

Another 53 year old daughter who was the fifth of eight children, composed of five girls and three boys, stated, "I felt that it got to a point where I guess you would say it was more or less expected." She had accepted the role delegated by her family.

The development of a typology of role delegation and acceptance explores this phenomenon of role expectation. Was the role of the "chosen daughter" delegated to this particular family member? By whom? Was the role assumed in some other manner?

Acceptance or non-acceptance of their roles, whether delegated or not, was another aspect of this occurrence. Chosen daughters varied in their manner of acceptance of their delegated roles. Four daughter complexes emerged from this study. A brief description of each group will be presented followed by illustrations found within the data.

Role Delegation and Acceptance

The daughters could be categorized into the following four groups.

Group One was composed of daughters whose role either had been delegated by other family members or assumed because they were only children. Each had accepted the role. Having accepted the role, these daughters generally had been caregivers for their mothers prior to institutionalization and continued in an "overseer" role following the mothers' admissions to the nursing homes. In addition, they generally were responsible for the decision to institutionalize the mother.

Group Two was those who had accepted the role of overseeing the mother's affairs but to whom the role had never been delegated. This would occur when a number of siblings were involved and no agreement could be reached about what should become of their mother. Also, the role may have been assumed because of sibling adbication. At times it appeared to be a shared role with or without sibling rivalry present.

Group Three was composed of those daughters who resented the role that had been delegated to them. Ambivalence and even anger were expressed toward their mothers and/or siblings, if present.

Group Four represents those who were uninvolved in any role with their mothers. They were portrayed as estranged from the family and/or mother. They were not available or chose not to be interviewed. Uninvolved sisters could be included in this group.

Process of Role Delegation and Acceptance

The process of role delegation and acceptance can best be described by examining responses by daughters found within these groups.

Group One

Daughters who accepted the roles delegated to them were of two types, either only children or those whose siblings delegated the roles. Generally, daughters who were only children assumed the role of "overseer" of their mothers and her affairs with little difficulty.

A 65 year old, single daughter commented on her closeness to her mother. Her father had died when she was two years old and her mother never remarried. She had found it very difficult to institutionalize her mother who had a very debilitating illness. Her affect portrayed much sadness.

> Of course I think because I was an only child and she was a widow, we were very close. You really become a substitute for the spouse, I suppose in many ways. Talking to one another. I do think it is a very close relationship with single parents and a single child.

A 51 year old daughter commenting on being an only child.

> Whether you have six kids or you are an only child, there is always one that manages to carry the burden.

She saw her role as a duty that her mother deserved.

> At some time I suppose there was a time where I resented (her mother's dependence). I had my own responsibilities and obligations and I really didn't need anymore. (She

> had four sons). I really feel that now I have put everything in perspective and I really feel sorry for her. She has lost everything that she ever had...I suppose part of my going and taking care of her is duty.

In addition to only children, there were those daughters who had brothers. They still assumed the caregiving roles delegated to them. A 54 year old daughter who had two brothers expressed the following concerning her relationship with her mother. Her father had died when she was 14 years old.

> It was kind of like her and I against the world. Not that it was that attitude, but it was like we did together. It was like there was no way I would ever leave her.

Following the daughter's marriage, she and her mother shared a two-flat home until her mother's institutionalization.

A professional woman, whose mother had lived with her since her father's death in 1957, assumed all the responsibility for the mother even though she has a brother.

> My brother doesn't know. He just visits and so is not much help as far as that. I can't depend on him...he would never take mama into his house. That worries me. I don't know why.

When more than one daughter was available to the mother, role delegation and acceptance became more complex. One single, 46 year old daughter, had always lived in her parents home and had two married sisters. When asked if she felt her sisters assumed she would care for their mother, she replied,

> The question never really came up. The one lives out East and the other had marital problems. So I don't know whether they just assumed it or if it was something that just evolved.

Some years prior her mother had come to her in tears when she had thought of relocating to California and said, "I don't want you to leave." She didn't. She went on to say,

> I think that the parent does have one, no matter where they fit in the age bracket. I think that you may find one who...I have had my sisters tell me they figured that I worked better with my mother or that I handled her better. That I knew what to say.

One 70 year old daughter, who had cared for her mother in her home for 31 years, was cautious in making the decision to institutionalize her mother. She sought the advice of her two sisters who reside in Europe.

> So I went to the Holy Land and then stopped off in _____ and talked with my two sisters. The older one did not want to know anything. And the younger sister was understanding and wanted to help.

The younger sister came to the United States and helped her sister choose a nursing home for their mother who had Alzheimer's disease.

> Interviewer: Your younger sister helped you then in making the decision?
>
> Respondent: Oh yeh. Because with myself then they would blame me later.

Another 50 year old professional woman, one of six children, assumed the role of "overseer" because none of her siblings would do so. She was the middle of three girls. The other two sisters were "estranged" from the mother. They did not visit her at all.

> It fell to me. Both my sisters have great resentment toward both of my parents. My older sister is on the frightened side especially through the violent period (the mother was schizophrenic). Now I expect that she has so much guilt over her, she can't face it. Her estrangement is more from the point of view that she can't deal with it. So her way of dealing with it is not to do anything. My younger sister is mad at the whole world. My mother's illness played havoc with the family in terms of relationships. So my younger sister just checked out completely and is hostile. She does not like my mother and is very resentful.

This middle daughter has to make all the decisions regarding her mother.

> Again in the family, I had the most education and they value education. So they figure that I am capable of doing it. My husband is a very supportive person. So it is the sort of thing that fell to me because of the circumstances. I think I am a more caring person. I could never do that to either one of them. I hated my father (an alcoholic now deceased) and I still couldn't do that to him. Even with all the terrible things. He is a human being. So my own philosophy has a lot to do with it. I think that is why she is my responsibility. My brothers assist in the ways that they can. Monetarily. Moral support. Which doesn't make me feel terrific. Whatever I decide, they back me up...I would feel worse if I didn't, as burdensome as she is. I think I would feel worse if I didn't do it. I think so. I don't know. I have been doing it so long now (5½ years).

Throughout the interview this particular daughter seemed to both rationalize why she was responsible for her mother and question

why such was the case. Following the interview, she shared that her mother had a very "tight relationship" with her older sister and questioned why she was the daughter who was closest to her mother now. She felt that her mother had no emotional ties to her. She felt that she was "convenient" for her mother to use in meeting her needs at the present time. She stated that her mother never asks about the older and younger daughters. Occasionally she asks about the sons who do visit her on occasion.

One may ask whether this daughter, and others like her, accepted the role as delegated or assumed it by default. It becomes a difficult issue to resolve. Either way, it appeared that they had accepted the roles their families had entrusted to them.

Group one daughters have accepted the roles delegated to them and assumed caregiving and/or overseeing roles with their mothers. Daughters who were only children appeared to accept these roles willingly. Many expressed relief that they didn't have to relate to siblings. In contrast, a few expressed a desire to have someone to share the burden of parent care. Role delegation became more complex with the presence of siblings. Decision-making often became a shared process even though one daughter appeared to assume the major responsibility for the mother.

Group Two

Group Two was composed of those who had accepted the role of overseeing their mothers' affairs but to whom the role had never

been delegated. At times the role of caregiver and/or overseer for the mother was accepted by a daughter but the role had not necessarily been delegated by the rest of the family. Daughters became "role bearers" for families in this group. At times sibling rivalry was present within these relationships.

One particular family of six children had two sisters who competed for the role of overseer. For twenty years, prior to the mother's institutionalization, two other siblings had shared their homes with her. Another daughter had participated by keeping her on the weekends. During the interview, the eldest daughter shared how her husband had refused to have his mother-in-law live with them. Sibling relationships have remained fragmented within this family. The mother, who is 99 years old, has been in the nursing home for eleven years.

Another daughter, the eldest of four children that also included a son, typifies this group. She accepted a role that was never delegated by other family members. Her mother, foreign born, came to the United States in the 1950's and had always lived with her children. Friction would develop with whomever she was living and she would move to another. This mother finally lived alone a few years before she became very ill and was hospitalized. She then came to live with the eldest daughter who did not want to institutionalize her. Sibling relationships had deteriorated to such an extent that no family ever came to help this daughter care for the mother, over a period of four years. In addition to having

a severe heart condition, the mother developed Alzheimer's disease. This daughter was extremely disturbed by her brother and sisters' behavior.

> But I cannot forget all the things that they did not do because we always did everything together. It had always been a good relationship...Why is it one? Did I inherit it?

She went on to say that she always felt that her mother liked the others more than she. "But first of all I must say that the love that she has and the strongest is for her son always. Her son."

Many daughters expressed this same feeling. The sons, seldom played any role in caring for their mothers or even visiting them in the nursing homes, but remained in good standing with their mothers. The pervading attitude among daughters was that mothers felt their sons could do no wrong! The daughters were left with the "burden" of caring for the mother. They felt there was little reward for their labors and their mothers seldom expressed any appreciation toward them.

A 56 year old daughter, with a single brother, represents this role.

> My brother, well, like I said, he comes for five minutes and she lights up like a Christmas tree. That's God!

An only daughter describes her 63 year old brother, who was the youngest in the family of three children.

> He has always been the "baby" and my _____. Anything that happened with my_____. This is my _____. He is marvelous.

Caregiving and overseeing roles were assumed by daughters in this group but role delegation had never been clearly delineated. Sibling relationships deteriorated because of lack of communication. At times sibling rivalry existed. Daughters, who accepted the roles, were not comfortable within them.

Group Three

Group three was composed of those daughters who resented the role that had been delegated to them. This group was comprised of those to whom the role was delegated but not accepted by the daughters. These daughters tended to be angry, bitter, and resentful that it had been delegated to them, generally due to lack of involvement by other family members.

A 62 year old daughter, who has three brothers, has been visiting her mother daily in the nursing home for the past four years. She feels terribly guilty about her mother being there and feels it "disrupts" her entire life.

> I am trying to work it out for her and for me. Where I will be free and have a life of my own. It's upsetting. I don't know what to do. She's not happy and I am not... I have a nice family but there is no one I can turn to and say, will you help me? They are all so busy, you can't...my brother visits once a week. It's not a close relationship. Sons, they are not like daughters anyway. The saying goes, "Daughters are daughters all of their lives, and sons will be sons until they take a wife."

She went on to ask,

> Did you ever have a mother and daughter that could live together and work together?

This particular daughter had been widowed five years previous and now had become "enmeshed" into her mother's life. She was also the "role bearer" for her family.

Another daughter, who resented her role, had two brothers out of state. When she told her younger brother that their mother could no longer manage by herself anymore, he replied, "Oh, but don't put her in a nursing home."

> They don't believe me when I am telling them because they haven't seen her and they can't believe that she can be this frail and unable to care for herself. I told them it is a 24 hour a day job. I was running over there (her mother's apartment) every day. Taking care of her feet, bringing in her groceries. They don't realize what you are doing.

Her older brother's response about his mother after visiting her the first time in the nursing home was that he couldn't do it anymore. She continued,

> Well, I am the only one that can't, but I have to! Now I don't know what is going to happen when we go to Florida (for the winter months). Because there will be nobody here to see her. The grandkids are all busy doing their own things. They don't want to see her.

This particular mother and grandmother had no one who wanted to be responsible for her at this time in her life.

A 66 year old widow of ten years cared for her mother in her home for eleven years prior to institutionalization. Many feelings were expressed toward her two sisters concerning the role she played.

> My sisters wouldn't have taken care of her. If it wasn't that my mother lived upstairs and I took care of her, she wouldn't have been home as long as she was...They never really helped...I guess I was a little bitter too. I will admit that...My sisters never did pitch in. They never did any work. I would clean her apartment and take care of her. I never got a helping hand. They would come over on a Sunday and say, "How nice you look, Mom." Sure, why not. I spent all morning on her. I neglected my life on her.

These episodes describe daughters who were resentful of the caregiving roles delegated to them. They felt it was not "fair," as one daughter said many times. It seemed other family members refused to let the mother disrupt their nuclear family unit. These siblings allowed their spouses and children higher priority than their mothers. As one daughter said,

> ...they were going on with their lives, with their children and everything else. Vacations and everything else.

This group of daughters had assumed their caregiving roles but had many concerns and complaints about the role which generally involved relationships with their siblings.

Group Four

Group four represents those daughters to whom the role of parent care had neither been delegated nor accepted. This group was comprised of those who were not involved in their mothers' care. Most were estranged in their relationships with their mothers and siblings. Generally, they were not available to be interviewed or

chose not to do such. Daughters, who were interviewed, spoke of them in relation to their mothers' care. Uninvolved brothers' behavior could be characteristic of this group.

A 66 year old only daughter, who was bitter about being the one responsible for her mother, because there was no one else, described her only brother who was 53 years old.

> My brother didn't want anything to do with her. In fact he hasn't seen her for fifteen months...In fact, I had to write him a letter just to tell him, "Please, put your feelings aside, go visit Ma"...because my brother was her everything...I haven't talked with him for nine months...Her whole life was my brother.

The 50 year old professional woman, one of six children, who discussed her role in group one, had described her sisters' relationships as estranged from their mother. The mother had been mentally ill for some time and had been in and out of institutions for years. She was the only child who would assume responsibility for the mother.

Because these daughters chose not to participate in the interviewing process or were not contacted, it was difficult to project their stories. One only knows that such relationships exist through others.

Matrix of Role Delegation and Acceptance

The existence of this fourth group is a logical conclusion when one examines the following matrix (see Figure 2).

Role Acceptance	Role Delegation: Yes	Role Delegation: No
Yes	Group One Caregivers Overseers Only Child Sibling Support	Group Two "Role Bearer" Assumed Sibling Rivalry
No	Group Three Only Child Sibling Rivalry Bitter Resentment Anger Enmeshment	Group Four Uninvolved Estranged Siblings

Figure 2. Matrix of role delegation and acceptance of adult daughters for their institutionalized mothers.

The four groups of daughters are symbolically represented in a matrix of role delegation and acceptance. The majority of the participants in this study would be found in group one, one-half of which had no siblings. The role had been delegated and accepted by them whether an only child or part of a sibling complex. Generally,

they were responsible for the decision to institutionalize their mothers. They described the process of role re-making during their interviews.

Only a few respondents were found in groups two and three. They tended to be confused about their roles. They projected much anger toward their siblings. Sadness seemed to characterize their lives. Their former roles as daughters had become disrupted. Their present mother-daughter relationships portrayed role disorganization. These daughters continued in the transitional process of role reorganization. New roles remained to be created in relation to their institutionalized mothers.

Though no respondents were categorized into the fourth group, their theoretical existence was possible. Daughters did talk of siblings that played no role in their mothers' welfare, especially sons. For reasons unknown, some siblings withdrew both socially and emotionally from their mothers. According to Weishaus (1979), it could be a "kind of self-protective disengagement on the part of the adult child from the deteriorating parent" (p. 167). Withdrawing from the situation was their way of dealing with the harsh reality of institutionalization and their mothers deterioration.

Role making is a continual process of modification through interaction. Social interaction provides meaning to a relationship. Behavior is created by interaction. Parental roles are enacted throughout a lifetime and expected by the recipient child. So when older parents can no longer fulfill their parental roles, adult

children become concerned and upset. They don't know how to respond or reciprocate to these changed roles. Their parent-child relationships are no longer complementary.

Chosen daughters also experience difficulties in their roles in relation to their institutionalized mothers. When aging, debilitated mothers could no longer participate in meaningful dialogue, the mother-daughter relationship was affected. Role disruption occurred for these daughters. Mother-daughter role behaviors were no longer complementary. New roles had to be created.

"Becoming the chosen daughter" was the social process that occurred for those daughters who took on the responsibility of their institutionalized mothers. With the acceptance, assumption, or resentment of this role, daughters were compelled to deal with their mother-daughter relationships. Their past, present, and future relationships had to be dealt with and put into perspective. A new role relationship had to be created in relation to their aging, debilitated, and institutionalized mothers.

Summary

This chapter developed the Basic Social Psychological Process of "Becoming the Chosen Daughter" for adult daughters who have institutionalized mothers. The process of role delegation and acceptance was introduced with the development of a matrix. Using this matrix for clarification, four groups of daughters emerged from the data. These daughters either accepted or resented their roles.

Families either delegated or didn't delegate the roles to the chosen daughter. At times, due to varied family circumstances, roles were assumed by daughters. Becoming chosen daughters resulted in profound changes in their lives.

The consequences of "becoming a chosen daughter" will be examined more closely in the following two chapters. Chapter V will address structural dimensions which affected their new roles. Chapter VI will discuss the social and psychological impact realized by these daughters with the institutionalization of their mothers.

Chapter V

STRUCTURAL DIMENSIONS OF ROLE TRANSITION

This chapter will focus on the structural dimensions related to the chosen daughters' new social worlds. With the institutionalization of their mothers, lifestyle disruptions occurred for these daughters. The structure of their lives changed in order to accommodate their new roles as chosen daughters. An interactionist perspective assumes that roles are created through an emerging symbolic process of interaction. Accompanying this process, significant structural dimensions relevant to the daughters' new social worlds impacted on their lives.

The first dimension, time, included three areas of implication; its immediate and long term impacts interwoven with those special times of vacations and holidays. The second dimension included the social structures of careers, money, and living arrangements. Lastly, daughters' health as it related to the role transitional process as chosen daughters will be discussed.

Structural Dimensions

Time

The dimension of time was an important factor in these daughters' lives. Daughters' lifestyles were structured around the time that was spent with their mothers. Time will be discussed

according to daily and yearly impacts.

Time-Days Stretch into Years

Generally, daughters visited their mothers often in the nursing homes. One-third visited on a daily basis. Another 38% visited 2-6 times weekly. Almost all visited at least once a week. How did these daughters find time to do this? Half of these daughters worked full-time outside the home. Fourteen daughters had children living at home; either younger children, adult children who had never left home, or adult children who had returned to live in the family home. Sixty-six percent had a spouse living with them. In order to appreciate the time daughters spent with their mothers at the nursing homes, we will examine some of their responses as they relate to this matter.

An only daughter, 62 years old and widowed, has visited her mother in the nursing home daily for the past four years. She has three brothers.

> I still go everyday. I cut down my time there and spend an hour everyday. She doesn't like that I know...she feels that I am rushing off.

Her response to disrupting her life.

> I was engaged and it really upset him that the burden was on me. Whenever he would invite me out somewhere, I would say, no, I can't go or I can't stay that long. He said, "You know I am getting tired of this." You can't turn invitations down all the time. It really does disrupt your whole life.

Only children were left with the burden of being the only one who generally visited the mother. Some responses from these daughters:

> I try to get over as often as I can. I usually try to get over there once a day, but I don't always because I work two nights. If I can, those days I try to get in and see her at lunch, to feed her. She is getting less and less able.

Another daughter described her pattern of visiting to her 93 year old mother, who is mentally alert but forgetful, and has been in the home for six years.

> We (she and her husband) only go two days a week for the reason that they say you should not come too often. Unless she is really crying and wants to see you. That is a different thing. Otherwise she knows the routine. We come on Wednesday and Sunday and that is it.

A daughter, who works full-time, is gone twelve hours with working and commuting, still visits her mentally alert mother every night. The 94 year old mother has been in the home for two years.

> I go every night. I go right from the train at night. She just likes to be put to bed. I go there maybe twenty minutes to a half hour depending how long she needs me to get her in bed...that is what she likes, is being put to bed.

Another full-time (evenings) working mother, 57 years old, with a child still in high school, and whose mother has been in the home for three and one-half years.

> I visit almost every day. Wednesday my aunt goes. Tuesday my sister goes and the rest of the time I go almost every day... When I go to work, I go an hour early or a half hour early, but if I spend an half hour lately that is all I do because there was a time when I used to feed her. I tried to go for the meal. I would feed her. On the weekend I do that. During the week it is too much for me.

Of interest is that when the interview concluded that morning, she was going to deliver "Meals on Wheels" to persons in her community. Many daughters in this study led very busy lives.

An unmarried daughter, who retired early, visits her mother daily.

> Unless it is an illness, a sudden illness, the flu or something like that, I am just there...Following retirement, I felt this was my job...I have wonderful friends. We just work our social life around my mother's time.

In concluding these excerpts, a daughter and her two sisters have taken turns visiting daily for the past two and one-half years.

> We do go every single day. Sometimes I go three times a week if my other sisters are busy. Today I wasn't supposed to go, but I have to go because she is up with her grandson. That is the way it goes you know. Every single day someone goes there. We spend about three hours there.

Time-Long Term

Daughters also talked about how visiting has changed with the years and with life circumstances.

An only child, 58 years old, widowed seven years ago, had to return to work full-time in order to support herself and her

children. She talked about how her visiting has changed over the three years since her mother has been in the nursing home. Her youngest son, who lives with her, has been mentally ill for some years.

> You use whatever resources you have and that is about it. In the beginning I went to see her about three times a week and then I dropped off to twice a week. I used to try and go see her at night on the way home from work and that proved to be not too nice because they start getting them ready for bed practically after dinner for some of them because they have so many to put to bed and I understand that. I don't quarrel with it. A lot of times she would be in bed when I got there and half dopey and it really wasn't a visit. Then I stopped going during the week and went on weekends. I will confess, I don't always go every week. I usually go at least three times a month. If something is really pressing, my son has recently been hospitalized again for two months...my visits were less frequent with my mother. It gets to be...I have to do something for myself to keep my own sanity.

This particular daughter wasn't pleased with her decrease in visiting her mother but the reality of time involved and life circumstances doesn't allow her the time. At age 51, her husband died of cancer, leaving her with six children to sustain. She has learned to accept the reality of the situation and make the best of it.

Another 56 year old daughter, who also works full-time, talked of the changes that the years had brought since her mother's institutionalization three years ago. An adult daughter lives with her and her husband. Also her divorced son brings his two children to her house in the evenings while he works. She describes the changes in time as follows,

> I see my mother on an average of once a week in winter time. I pick up her laundry. In the summer time I try to take advantage. She used to love to be outdoors. To sit on the patio...Sometimes it is, I will be very honest. It is two weeks, more so now. It isn't weekly. I am tired too and I have the grandchildren. We kind of slacked off. It wasn't as frequent as when she first had the stroke. I just felt ...I think we all do this. When they are first in you go religiously. You always felt guilty if you didn't go. Then you begin to wane off of it. I don't know. That is what I think anyway. We don't always go as religiously as we did in the beginning.

A 57 year old daughter, now an only child since her sister died five years ago, has always worked full-time. Her mother has been in nursing homes for fourteen years. For nine years she and her sister alternated Sundays in bringing their mother to their homes for the day. After her sister died, she recalls doing it weekly for another year. Then her mother began having a foot problem which affected her ambulation. Soon after, her mother no longer felt secure enough to leave the nursing home. This daughter and her husband continue to visit weekly.

For a 53 year old daughter, one of eight children, parent care has been part of her life for the past 17 years.

> It has been I don't know, since my son was born in 1968 (17 years ago). Two months later something happened to my father. Between my mother and my father this has been my life. Every year since my son was born it has revolved around my mother and my father. The sickness.

When her son began grade school, she returned to work. Following her mother's stroke, she decided that the family should care for their

mother at home. Initially, she took a six month leave of absence from work and cared for her mother during the day. As the months progressed, she finally terminated her job. Her three sisters alternated caring for their mother in the evenings. During the night, her father and brother took charge. All family members took turns on the weekend. They did this for three years. Following a second stroke, they were encouraged to institutionalize their mother because the doctors felt that she wouldn't live very long. She has now been in the nursing home for three and one-half years. This daughter continued to visit her mother daily in the nursing home. During the first year this daughter suffered a depressive episode and stopped visiting her mother for awhile. Two years after her mother's institutionalization, she returned to work full-time. Her son is now 17 years old. Her father is still alive and lives with a son. The daughter describes how the time they spend with their mother has changed over the years.

> I was going there (the nursing home) every day...then my sisters would come on Saturdays and Sundays. We would make sure that there is always somebody around. Somebody's there at least every day. Then as time went on they would call and say, "I'm not going today. You know, you don't have to go today. They really are taking pretty good care of mom." I said well, no more schedule and we just fell into this whenever we want to go. We have our own little schedules. Like I go every Thursday and Saturday. It is a short visit and a long visit. I stay pretty much of the day on Saturday. I haven't had a weekend to myself since my mother has been ill. Haven't had a weekend that I could call my own. Then my other sisters go on Sunday. But my sisters have cut down. I can see that. They used to go more often...Then my brother goes during the week. So that is where we are at now.

As one 66 year old daughter, widowed ten years, stated so well in regards to the years that she has spent caring for her mother,

> I feel, gee, I have got to live sometime. Eleven years of my life are already gone. You figure that those years from 50-65, after your children are out on their own, are your best years ...I figure sometimes, do you think we will ever be free where we don't have to look at the clock all the time. Then you spend three hours there and that is depressing too...you come home and you are just kind of...I just flop. I don't even feel like cooking.

In summary, the factor of time, with both immediate and long term components, impacted on these daughters' lives. Many had daily commitments of visiting their mothers in the nursing home. Life circumstances changed over the years with deaths of siblings, fathers, and/or husbands. Children grew up and left home. Retirement and/or career changes took place along with its numerous consequences. Patterns of visitation changed according to priorities and changes within daughters' lifestyles over the years.

In conclusion, the years continued on and with it these daughters' lives. Their social worlds were in a continual state of flux. Former roles and patterns of behavior became incongruent and new social worlds had to be created. During this transitional process, changes also occurred within their mother-daughter relationships.

Special Times

Holidays, birthdays and other special occasions, that one generally looks forward to with anticipation, were portrayed as

difficult times by these daughters. Holidays will now be examined in relation to its impact on the daughters and their families' lives.

Holidays

As previously stated, holidays were not generally viewed with anticipation by these daughters. For many families, holidays are times for sharing meals and other family and/or ethnic traditions. As mothers became ill or unable to participate in the festivities, loss was experienced by those who remained. These losses were experienced by some even prior to their mother's institutionalization.

As one daughter, whose mother had become increasingly incapacitated with Alzheimer's disease, shared,

> She was so bad toward the end that she really wasn't with us. She was up and down (the stairs). She wasn't really able to participate in the family doings.

Another daughter stated so well,

> That first year, the holidays were real hard. It is like a death. The first year is always the hardest.

Very few daughters felt that they would ever enjoy the holidays as they had in the past. Holidays are often equated with family and traditions. With the institutionalization of their mothers, family life had become disrupted and with it all the associated feelings of loss. As one daughter shared,

> That hurts me very much around the holidays. Not to have her in my home...and knowing that she is there and knowing

> that we can't have her here...The hard part is that I miss seeing her here. That is the part that I think you feel the pains of it.

or, another daughter who contemplated bringing her mother home for the holidays,

> It is hard for me for holidays. Someone said, "Are you going to take mother with you for Christmas?" I say, No, I cannot take my mother because she does not remember anything. All the time she will want to be in bed. We cannot take care of her at home for the holidays. Not that I will enjoy my holidays.

An only child, whose father and sister have both died said,

> Her birthday followed just by a few days at the time of admission. Her birthday is hard and I hate holidays. I absolutely despise holidays. I hate her birthday. I hate Christmas. I hate Easter. I hate Thanksgiving. Our family was small. We used to have nice little gatherings.

In summary, holidays and other special occasions were not pleasant times for these daughters. With the separation of their mothers from the family, both socially, as well as perhaps emotionally, holidays and other family gatherings left bittersweet memories. Previous family occasions with its emotional feelings could never be recaptured. Daughters portrayed a deep sense of loss.

Vacations

In addition to holidays, daughters rarely, if ever, went on vacations following the institutionalization of their mothers. Some

felt that it was an inappropriate activity. But most were concerned that the mother would "take a turn for the worse" or die while they were gone.

One daughter, whose mother had been in the nursing home for three years, said,

> I just love my mother and I feel like if I were in that predicament or anybody, I would want somebody to care about me too. I don't understand why people are abandoned when they have family and that. I could not go and sit in a show or go on vacations knowing that I have neglected that part of my responsibility.

Previous to the nursing home admission, this particular daughter quit her job and cared for her mother at home for three years. She and her husband have both experienced depressive episodes which required hospitalization and psychiatric interventions.

Another daughter described how they used to go on yearly vacations until her mother, who lived with them for twenty years, became more incapacitated. Her comment,

> Yes, the last time we were on vacation, it has been nine years.

When there were a number of siblings present, the chosen daughter would occasionally take a few days off. One daughter discussed vacations because her two sisters always went on them. She did go to Europe a few years ago. Her mother had always wanted some family member to return to the homeland. This daughter regretted that she hadn't done so years prior.

> Well, I did go away to Europe that time. They were surprised I went. "You mean you are going to go?" I made up my mind that I don't care what happens, I am going. Why shouldn't I? Yes, I am jealous. The sister that has the place up in Wisconsin, they will go on a Friday and come back on Sunday. They will take me along. But then there is always my daughter, who will take over at the home, and my other sister will. I maybe, go twice in the summer. But that is all!

Generally daughters felt a great responsibility toward their mothers, and remained home. Another daughter's response to vacations,

> That is the hard part. My husband is away this week and he would love for me to go with him. But see, I don't only have her. I have by mother-in-law that depends on me completely on a day to day basis. I have to be there.

So in addition to overseeing her mother in the nursing home, she was responsible for maintaining her mother-in-law in the community.

In conclusion, vacations were not a usual occurrence in these daughters' lives. Their responsibility and commitment to their mothers often overshadowed their own personal pleasures.

Social Structures

Three social structural dimensions played a significant part in these daughters' lives. First, careers, which were necessary from a financial viewpoint and personal fulfillment. Secondly, money, in relation to themselves, as well as their mothers' well-being. And thirdly, living arrangements, especially that of their mothers prior to their institutionalization.

Careers

The dimension of careers needs to be addressed. Previously mentioned statistics have shown that 60 percent of women in this age group work outside the home. At the time of this study, 53 percent of the women had jobs or careers and another 19 percent had already retired.

For the majority of daughters who were employed, working was a necessity. A few professional career women chose to work for the satisfaction it gave them, as well as financial security. For these working daughters, their careers were always discussed in relation to the need for their mothers' institutionalization. It had been a decisive time in their lives. They either quit their jobs and cared for their mothers at home or institutionalized their mothers in order to continue working.

Reasons daughters gave for continuing to work were: children were still at home or in college, husbands were disabled or retired, assist in bill payment or home mortgages, and because caring for their mothers at home would be too physically and emotionally draining to them. For many, their mothers had lived with them prior to institutionalization. Thus, they were quite realistic about their mothers' mental and physical statuses.

As one 57 year old daughter, whose mother had Alzheimer's disease, related,

> Just say I would have quit my job. For one thing, I need my job too because I still have a freshman in college. I would like him to go to school and we need the money. I

> don't think I could have done it, even then, because mentally, and of course now, the way she is physically.

Her mother had lived with her prior to institutionalization. She also had another child still in high school. This particular woman found a friend at work who was extremely supportive of her situation. When asked who she found helpful in supporting her decision to institutionalize her mother, she responded,

> I am sure people at work. I would say my job is a good thing too because I got away...I have very good friends also. The girl who was my very good friend had a father who died in a nursing home...she was great too. She was a lot of help just talking to me and understanding my side because there were times when she had a problem like I had.

These women also found that their jobs preoccupied their minds. It helped them to live a more balanced life style. As another 57 year old career woman stated,

> I know I don't think of her every minute of the day. I am so glad that she is somewhere where she is taken care of and that I can take my mind off her at times. Working helps. I am sure that if I were home it would be on my mind.

A Registered Nurse explained her job this way,

> Being at work stimulates my mind to the point where I don't think about home at all. I think about nothing but my job ...It is a stimulating profession. I have no time to think about my problems, not at all.

Another daughter who quit her job and cared for her mother

at home for three years and then returned to work some time following her mother's institutionalization, described how her job affected her,

> Sometimes I am at work and it is already Wednesday and I think, I didn't think about my mother for about three days, except at night, always at night time.

A professional career woman, with a child still at home, shared,

> I have a full-time job. That is really one of the reasons I put her here (a few blocks from her house) because it just makes life easier...I have a very full life. I have a very satisfying job and that makes me happy.

In summary, careers and jobs fulfilled three areas in these daughters lives. First, it provided them with necessary income, and secondly, a way to escape from continual thoughts about their mothers which generally focused on feelings related to institutionalization and whether they should be caring for her at home. The third area related to their careers which were personally satisfying.

Money

For the majority of the daughters in this study, their mothers' financial situation was a problem. Thus finances, their own as well as that of their mothers, was another area of concern.

Almost half of the mothers were foreign born. These women, if they had been employed following immigration to the States, were generally factory workers and/or cleaning ladies. Many had been housewives all their lives. With the exception of a few mothers, their spouses had died many years ago. They were generally receiving

a small social security check of $200-$400 dollars monthly.

Following institutionalization, these mothers' savings and other sources of income were soon exhausted. Two-thirds of the mothers were receiving public assistance, in addition to social security, in order to pay for their nursing home expenses.

When discussing their choice of a nursing home, daughters often commented on the need for a "public aid" home. This left them with few choices in choosing a home, especially one close to them.

As one daughter said,

> When she went in we were paying. I knew it wasn't going to take long to use it up. You had to go into a place that would take public aid.

Another daughter, 66 years old and widowed, stated,

> I hated to put my mother on public aid but my brother didn't give me any money and my mother had nothing except her social security check. I paid for three months myself.

A single 66 year old daughter, who had a sister, shared the following,

> We had to pay and of course my mother didn't have that much. So my sister and I shared it...then when her money ran out completely...we talked it over. Well, I suppose we could have, but it would have been such a drain that when I needed it, I would have been a problem for somebody to take care of.

A few daughters were paying for their mothers's nursing home expenses but generally they were using their mothers' savings and investment incomes.

The daughter of one such family explained their situation. Her mother was in a private facility.

> We were fairly fortunate in that dad, when he sold their house, put the the money into C.D.'s. When he died, I never touched the money...and that is what is paying for the nursing home... I figure we have another year and then the three of them (her siblings) are going to start coming across and we will split the expenses...especially since medicare will not pay. I am just so grateful and happy that the money was there. To take care of her in such a fine way in her last years.

Another 55 year old daughter, whose mother has been in a private home for the past five years, spoke of her financial dilemma.

> At least so far the money has held out. What I am trying to do is maintain the principal and hope the interest rates hold. That is all you can do. My husband is leaving his job of many years and I am thinking of retiring (from teaching)...If we don't both go back to work, one or the other part-time, or whatever, and how we can maintain her principal and not cut into our money to finish caring for her or maybe we will have to.

This particular daughter had many decisions to make which may eventually impact on her mother's care and their financial situation. The interest rates have not held. Nursing home care is costly and there is no way to predict the length of time her mother may require these services. Financial pressures, along with continued career choices, presented real dilemmas for many daughters.

Living Arrangements

Two types of living arrangements were described by the daughters in relation to their mothers prior to institutionalization. First

were those who had always lived with their daughters or had moved in with them; and secondly, those mothers who were living in separate residences, either alone or with their spouses.

Generally, being from a large metropolitan area, both mothers and daughters lived in close proximity to one another throughout their lives. As stated elsewhere, three had lived together always. A few had lived next door to one another or shared a "two flat" dwelling. In addition, some mothers had alternated living with their children, a few for many years.

As mothers became older, lost their spouses, and began experiencing difficulty with activities in daily living, daughters responded with the necessary assistance, from grocery shopping to providing physical care needs. Then, as mothers became progressively unable to care for themselves, many daughters invited them into their homes, with 58 percent in this study doing so prior to institutionalization, for an average of eleven years.

The following questions are raised when considering the two types of living arrangements. What factors were considered in making the living arrangement decision? What persons were involved in this decision? How did the various arrangements work for those concerned? The two types of living arrangements will be examined separately.

Shared Residences. One particular daughter, who had two sisters, had always lived next door to her mother. As her mother became older, her home was sold with the encouragement of her

son-in-law, and she moved into an upstairs apartment in the daughter's home. Following the death of the daughter's spouse, both mother and daughter shared in the activities of daily living. Years later, when the mother's health deteriorated, a niece stayed with her during the day while the daughter continued to work. A sitter was hired for a twelve hour shift. The daughter cared for her in the evenings and on the weekends. Following eleven years of living together in the same household and after all resources for keeping the mother at home were exhausted, this 88 year old mother had to be institutionalized. She required 24 hour care. The daughter described how she felt,

> I struggled for the last three years before we put her in. It was really rough. I thought, well, maybe next year. Next year comes. Not that we want her dead but...we kicked around having a 24 hour woman here. That would cost more than the home.

Family members and friends kept encouraging the daughter to put her mother in a nursing home.

> My daughter kept saying to me, "You better start putting her away. It is not fair to you. Why should you suffer? If the others (her two sisters) are not going to cooperate, why should you do it all?" I said, let's give it another try. Maybe she might not last. Well, we kept doing this for about three years.

Her sisters only helped her occasionally by staying with the mother for a few hours. The daughter could not do it alone. The mother has now been in the nursing home for two and one-half years.

When elderly mothers moved into daughters' homes, other family members were affected also. At times daughters and their spouses would give up their bedrooms. One daughter described their decision making as her mother deteriorated with Alzheimer's disease.

> She lived there (a few houses away) and maintained her home until five years ago. She was about sixty-eight. The disease had already taken its toll. She wasn't eating properly and she was becoming very, very thin. We decided right then and there that she would come and live with us. So we sold her home and and she came here to live. We have a three bedroom home (three children) and the decision had to be made. Do we move? Do we stay here? Do we go? What do we do? So she took over our bedroom. We have a hide-a-bed in the family room downstairs. So my husband and I slept downstairs. He was on unemployment for awhile so he built a bedroom downstairs in the basement for us. It turned out real nice. So we decided that we would just stay here and ride it out.

Grandchildren gave up their rooms for their grandmothers also, or shared rooms with them. They learned to cope with bizarre behaviors as their grandmothers experienced progressive mental deterioration. One teenage grand-daughter shared her bedroom for five years with her grandmother, who suffered from Alzheimer's disease. The daughter described the situation as time progressed.

> Then it got to be too much. My daughter couldn't sleep nights because she (the grandmother) was dressing and undressing herself all day long and talking into the mirror. Even that behavior pattern got so hard. No one could understand her. It was twenty-four hour care.

The mother became a safety problem as she was always attempting to leave the house. The family had installed a lock on top of the front door but even that proved futile.

> There was no holding her back. I ran to the store and came back. My neighbor across the street said, "Your mother was wandering around so I took her in because I was afraid something would happen to her."...She pulled the door so hard, she pulled the frame off. The frame of the door came off. That was how she was able to get out. She was so strong and determined...I put the couch in front of the door...because she was constantly opening that door.

Having an elderly person living in a family situation, whose mental status is progressively deteriorating, can play havoc with family life and relationships. One daughter had her mother living with them, along with two older children, for five years. The son had to sleep in the basement. The mother became verbally abusive and very demanding. As the daughter shared,

> It was toward the end (prior to institutionalization) and it was getting worse and finally I gave up. It was very, very hard for me...My husband was helping me and he said, "I can't get up anymore during the night because I have to go to work" ...My daughter, who works, said, "I'm moving out!" and she said that I should consider moving her.

Another daughter and her husband had her mother in their home for twenty years. They were very unhappy years for all concerned, though neither the daughter nor son-in-law would have considered abandoning her mother. The daughter described numerous incidents with her mother during these years, and stated,

> Living here, there were times, once in a great while that we would laugh together. My mother resented my marriage so terribly bad...her idea was to separate us. She would not eat anything that I would cook. Nothing. Because I was a child and didn't know how to cook...anything to antagonize me...no matter what I did, it was wrong.

This particular mother swore at them for twenty years, was nasty toward their friends, and ridiculed their religious beliefs. As the situation became more difficult, the couple became more united.

Though many daughters described very difficult times while having their mothers living with them, especially when their physical and mental capacities had deteriorated, it wasn't always the situation. While most expressed love and concern for their mothers' welfares, some described very good relationships and living arrangements which had existed throughout their lives.

One 70 year old professional woman shared the following,

> Since I have been born I have been with my mother. All my life. When I came here (USA) I made an invitation to invite her to come here. To meet my husband and daughter...then she stayed here with extensions. So all our life we were together. She was an excellent lady. Very nice. Brilliant.

A single 46 year old daughter who had always lived with her parents,

> We just had a normal, quiet, loving relationship. My sisters gradually got married and my brother. And I never married. I stayed with my parents. Fourteen years ago Dad died...So we found this apartment and have been here ever since...I really provided a home for her after my Dad died...I was close to my mother...and I don't feel that I gave up anything by having her with me. She was a very lovely companion...She would get up and fix my breakfast. This was something that she wanted to do. And it made her feel useful.

Another 66 year old daughter described how she married, had a child, and became divorced a short time later. She continued living with her parents.

> So I stayed right with my mother and dad. Mom helped raise my daughter and I went out and supported us. My dad died when my daughter was seven years old. So then it was my mother, daughter and I for the rest of the time...I continued to work and she took care of the house...She never really expected much from me except somebody to live with. She never wanted to live alone. We were very good companions...We were a very close knit family. We still are.

These descriptions illustrate how mothers and daughters lived together. For many mothers, there was no alternative living arrangement other than living with their daughters. Almost half of these daughters were only children. Generally, the mothers had few financial resources which limited their options. They were generally healthy, independent, and didn't require specialized care at the time. These daughters were merely providing them a place to live.

Independent Residences. Other daughters, whose mothers maintained separate residences until institutionalization, described their living arrangements. The following reasons were given for this arrangement:

Mother refused to live with them.

Spouse and/or daughters would not allow it.

Mother's spouse was still alive.

Care was provided in the mother's home.

Mother lived nearby or in same building.

A 40 year old daughter, an only child, whose father is still living, though an alcoholic, tearfully described how she tried unsuccessfully to maintain her mother in the community. Her 76 year

old mother has now been in the nursing home for one year because she refused to live with her daughter. She suffers from Alzheimer's disease. The daughter is married and has two children at home.

> Dad not being able to cope made me the main one to take care of both of them. So I would be there almost every day but couldn't stay there. I would take her shopping. Then it got to a point where she couldn't function in the store. I would do the shopping and bring it to her. Then it got to a point where she couldn't cook anymore. Then I was buying T.V. dinners or bringing casseroles or whatever over...I tried to get her to go to the doctor and she would not go...secretive ways that I had to work to get her to go to the doctor...it finally came out that it was Alzheimer's. At that point I wanted her to move in with me.

Apparently the doctor didn't feel that she needed protective care at this point in time.

> As I wanted her to move in, she was walking out the door with no shoes on. She was not going to stay with me and that was it. I called the doctor and he said that she is not that bad yet and let her go home. That is when it just got harder and harder because my dad could not cope. He was gone all the time and so she wasn't being watched.

Occasionally daughters admitted that their spouses would not allow their mothers to live with them. One particular daughter, who has five brothers and sisters, was faced with such a dilemma. Two of her siblings had had the mother living with them for fourteen years and felt that it was someone else's turn. She said,

> What are you going to do? It's my husband against my mother. So where am I? ...That is where I stand, between my husband and my mother. And my husband has to come first. So that is how I feel.

Four mothers in this study were still married. Thus prior to institutionalization, they had lived with their spouses and not their daughters. The daughters provided support, both physically in the manner of shopping or caregiving, and emotionally.

One daughter, whose mother became bedridden following a stroke, cared for her, along with her sisters, in the family home.

> We had a whole schedule. We had a wheelchair, a lift, and the water bed...My father, as much as he helped, that is as much as he hindered too, because if he heard my mother cough at night, he would get up and start giving her cough medicine and he would bother her.

Lastly, a daughter and mother shared a two-flat all their lives, following the daughter's marriage.

> Actually we have never been apart from one another...she bought this building after my father died. When I got married, my husband went into the Korean war. When he got out we just went to the apartment downstairs. Then as her health failed and she got older, it was like there was no way I could ever leave her.

In conclusion, life circumstances so often dictate what happens in people's lives. So it was for these families. Wars, The Depression, marriages, divorces, deaths, need for a job or place to live, and numerous other variables, all inter-related to form unique life situations. Daughters, mothers, and their families learned to adjust their lives accordingly. As one daughter said,

> We were thrown together by life circumstances...sometimes you have to be practical...you use whatever resources you have and that is about it.

Various factors were involved in making the living arrangement decision. It seemed mothers were included in the decision if they were mentally capable of doing so. Generally, the arrangements seemed satisfactory for those involved until physical and/or mental deterioration took its toll on the mother's health. The ultimate decision to institutionalize their mothers appeared to be difficult for all involved.

In summary, the social structural factors of careers, money, and living arrangements, impacted on mother-daughter relationships. These factors played a significant part in the daughters' decisions on whether to institutionalize their mothers. Consequently, the decision to institutionalize their mothers resulted in a profound role transitional process for these daughters.

Health

Daughters' personal health became an important variable in this study. Their mean age was 58 years and that of their mothers, 87 years. Thus, in addition to their mothers' health issues, these daughters were also experiencing changes in their physical and emotional well-being. Twenty-two daughters complained of specific health related problems which included: emphysema, bronchitis, heart conditions, elevated blood pressure, arthritis, depression, physical exhaustion, menopause, and insomnia. Six daughters specifically mentioned that they no longer could do the lifting that was required to care for their mothers at home. Mental conditions of their

mothers, such as Alzheimer's disease, confusion, paranoia and schizophrenia were reported by ten daughters as reasons for institutionalizing their mothers. They were unable to provide a safe environment and the necessary 24 hour care required. Other conditions which incapacitated their mothers, and left daughters unable to care for them, were: post-strokes and fractures, which generally required heavy lifting and physical care.

Following her mother's stroke, a 51 year old daughter commented that she could not care for her mother at home,

> Because I happen to have emphysema and there would be no way I could lift her in and out of beds and in the bathroom.

In addition to the above, the following comments were made about lifting:

> But I couldn't take care of her. I couldn't lift her either. She got quite heavy from sitting so much.

> I was starting to have problems with my back, lifting her.

> She wishes she could come home, but I can't take care of her. No way. My back goes out. I can't even stand up.

This particular lady was also experiencing cardiovascular changes which involved dizziness and fainting spells that came over her with little warning.

Years of working full-time and visiting their mothers almost daily in the nursing home, would eventually take its toll on the daughter's health. One particular daughter, 55 years old, visited

her mother in the nursing home daily for the past five and one-half years. During that time, her father died and she married, for the first time, a year ago. She described how she finally collapsed from physical and emotional exhaustion which prompted her taking a leave of absence from teaching.

> After I was married, I was working, going to mother, coming home, doing dinner, trying to settle here and then last spring we started to do my husband's house. Last winter I had a series of infections. And I am pretty healthy. By June, I said, I have got to stop. I just can't do it. I thought a couple of weeks off was all I needed. I got up, looked at the walls, I would go back to sleep.

Summary

The structural dimensions, that played a significant part in daughters' lives and transitional processes, were described in this chapter. These dimensions included: time, holidays, vacations, careers, finances, living arrangements, and health. Time had both immediate and long term impacts. It interfaced with their careers and the necessity to work. In addition to mothers' mental deterioration, daughters' health problems, and the necessity of working, were reasons given for mothers' institutionalizations. Both mothers and daughters' finances determined the type of care and living arrangements made for mothers. Lastly, holidays and vacations were two areas of additional change in daughters' lives. Holidays would never by the same without the presence of their mothers. Vacations were not a usual occurrence among the chosen daughters. These dimensions helped shape the chosen daughters' relationships

with their institutionalized mothers. They also affected how well they were able to adjust to their new roles.

We have thus far examined role transition, role delegation, role acceptance or rejection, and the contextual structure of the mother-daughter relationship. We must take a look at some of the resultants of that complex process of role transition in the forms of One, a social outcome: social support from the daughter's family; and Two, psychological outcomes: guilt and grief. In the following chapter, the social and psychological impact of being a chosen daughter will be addressed.

Chapter VI

SOCIAL AND PSYCHOLOGICAL DIMENSIONS OF ROLE TRANSITION

The focus of this chapter will be on the social and psychological dimensions of role transition for the chosen daughter. Social support for their delegated roles was an important issue for these daughters. A second issue was the way in which social support was re-directed within families following institutionalization of the mother. Social support by siblings and spouses will be discussed in the first section. The psychological dimensions of guilt and grief experienced by these daughters will be addressed in the second section of this chapter.

Social Dimensions

The phenomenon of social support, or lack of such support, became apparent for the chosen daughters in this study. In order to carry out their caregiving and/or overseeing roles toward their mothers, these daughters sought support from other family members, especially spouses and/or siblings, if present. Although friends and other relatives were generally supportive, the support of immediate family members was more important. Spouses and/or siblings, if present, were most valued. Interestingly, if siblings were present, their support and help was expected to come first, prior to that of the daughter's spouse. How social support was delegated within families

had a profound effect on the chosen daughter's morale and ability to deal with the situation.

The role of the surviving father was unclear and appeared dependent on his health and emotional status. Only four fathers were present in this study. Their statuses and involvements were: (a) an alcoholic who visited his wife weekly with his daughter, (b) a very elderly gentleman who lived with a divorced son and seldom visited his wife, (c) a spouse of a second marriage who was spending the winter in Florida, and (d) one who visited his wife frequently and brought her home a few hours each week. All four played different roles and thus no general statement could be made of their roles. Chosen daughters were present in all of these situations.

Sibling Support

Sibling support was an especially prominent issue for the daughters in the study. Two-thirds of them had siblings in their family networks. Ten daughters had siblings of both genders; five had only brothers; and another five had only sisters. Sibling support was varied and dependent on relationships within the immediate family network, as well as, extended family networks. In addition, other intervening variables affected family circumstances, e.g. finances, careers, deaths and responsibilities.

Generally, mothers provide necessary social support for children during their growth toward maturity, as depicted in the following diagram (see Figure 3).

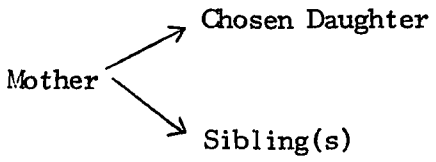

Figure 3. Early years: Social support directed from mother to to offspring.

During one's adult years, relationships could be delineated as follows. Ideally, a shared support for one another (see Figure 4).

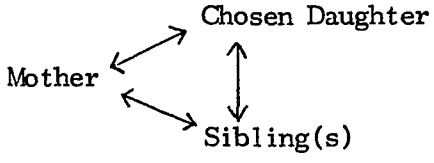

Figure 4. Middle years: Reciprocal social support between mother and her offspring.

As mothers age and become more feeble and are no longer able to function totally in the parent role, one sees changes occurring in mother-child relationships. Social support is now being directed toward the mother from her children (see Figure 5).

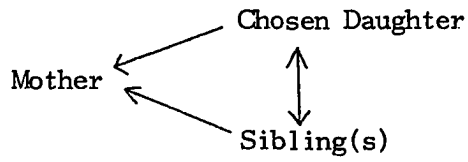

Figure 5. Late years: Family social support directed toward aging mother.

As mothers became incapacitated, it appeared that one child became "chosen" from among the adult children within a family to oversee the mother's affairs. This phenomenon was discussed in a previous chapter on "becoming the chosen daughter." At times, sibling relationships remained strong and the overseeing role was shared, as shown in the previous diagram. But it was more the exception than the rule. Generally, one began seeing strains occurring within these relationships, noted by the broken lines (see Figure 6). Social support was being directed elsewhere. This occurrence could be diagrammed as follows.

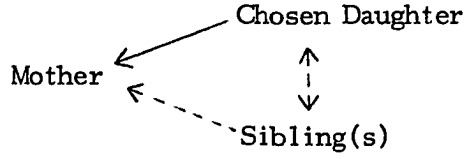

Figure 6. Later Years: Chosen Daughter directs social support toward mother and sibling social support becoming strained.

It appeared that if daughters had only brothers in their immediate families, these daughters were expected to care for their mothers. At times the brothers lived elsewhere or had demanding careers.

As one daughter described the situation with her only sibling, a brother,

> My brother, living in another country, doesn't know. He just visits and so is not much help as far as that. I can't depend on him because he has a very sickly wife... He would never take mama into his house.

Another 63 year old daughter, with an only brother, visits her mother daily. She described her situation. Neither of them ever married.

> Yes, it does make it hard being the only one. My brother goes about once a week. He has been very cooperative during the time towards the end when mother was home or even after she was at the nursing home. He would take over some of the household tasks which was another reason why I decided to retire. He is, like I say, older than I am, and has a very demanding job...He has been very cooperative.

A 62 year old daughter, with three brothers, visits her mother every day in the nursing home. Prior to institutionalization, this daughter and her mother, lived with one brother for a year and a half.

> I took care of my mother and my brother and my niece never helped me with her. I never had a day off or asked them to "babysit" as he called it. So we didn't work it out...

> He said, "Just the idea of having mother at home just gets on my nerves"...I have a nice family but there is no one I can turn to and say, Will you help me. They are all so busy; you can't. They are all working.

Varied experiences were also found among daughters who had only sisters for support. One 66 year old daughter, who works full-time and visits her mother every day after work, has one sister. This particular daughter lived with her mother all her life and is only a few blocks from the nursing home.

> My sister lives in _____(another suburb). She is married. She and her husband are retired. She comes down twice a week, on Monday and Wednesday. She does all of mother's washing. She is not working, and I am, so she takes care of that. She brings her treats which is what she likes...If I don't make it on Monday or Wednesday, I don't feel that I missed something. I feel like my sister has been there.

These siblings appear to have a mutually supportive relationship, especially as it pertains to their mother.

On the contrary, another daughter described difficulties between her and her two sisters. The mother lived in this daughter's upstairs apartment for eleven years and she became the "chosen" one who cared for her.

> I felt, too, it was their mother and they should come in here and help me with the windows or the curtains. It was their mother too, but I never got a helping hand.

A year after the mother moved into the apartment, the daughter's husband died unexpectedly. She admits to being bitter for some

time. She questioned why God took her husband instead of her mother. As her mother became physically unable to care for herself, outside help was hired because the daughter worked. But the daughter still cared for her in the evenings and on the weekends. After doing this for eight months, she attempted to get help from her sisters.

> Well, one weekend, I said, "Look, you guys have to take the weekends." So they slept over. They did it once. Each one of them came one night and that was it. They said, "That is it. We can not do this. We have a family. We have a husband. We can't do this. You are going to to have to do something."

Even though the older woman was also their mother, the problems of providing care and decision making became the chosen daughter's problem.

Another daughter, who cared for her mother in her home, described her feelings toward her only sister, and being the one responsible for the mother.

> There was a time when I resented it. I would say, like before I put her in the nursing home. Because I felt like if she would have shared half of the burden, maybe we could have kept her out or whatever. The more I think about it, she couldn't have handled it because she would have gotten sick too. And, then you know her husband too.

The sister was portrayed as emotionally fragile and her husband as not wanting responsibility for the mother-in-law.

Daughters, who had siblings of both genders described both supportive, as well as non-supportive, family situations.

Increased family size resulted in more and varied inter-relationships.

One particular daughter had both a brother and sister. The sister resided in a convent and was able to provide little support. Her brother was portrayed as supportive, but already had two aging in-laws in his home. Thus, this daughter was left being responsible for her mother's care and well-being. She lived with her for five years. She described how her brother tried to help.

> When she was ambulatory, they used to take her and relieve me on Sunday, before she got to be really bad, before she was doing all these really crazy things...The only support he has given me is telling me, "You can't go on like this" ...My sister and I went together looking, checking out a few nursing homes...Then when it came down to taking her, he insisted he come with me which was good. Then when we made the move, he took off from work so we could do it together. I appreciated that because he realized that it would be hard. Once a week he comes to see her.

This daughter's husband felt that her brother should have helped more, such as selling his folks' home in Florida. The daughter had to go to Florida by herself, sell the home, and bring her folks back north. Her father died of cancer a few weeks after the move.

Another 55 year old daughter, who has two sisters and a brother, was very critical of the lack of support she received from them while her mother lived with her for five years before being admitted to the nursing home. She described how her mother would wait for her children to visit her on Sunday afternoons.

> She would put this dress on, on Sunday afternoon, with a bow. She would put on some Chanel No.5 that I gave her. Like every woman, she likes to look her best. She would do her hair all by herself. And she waited and waited and waited. I knew but I never said anything. Many, many Sundays. So then after while she would say, "I have to change now," and maybe get ready for bed...I was so irritated and furious...She never complained. Never. Once I said something to her and she said, "Don't worry, God can always see everything." She was very religious. It was tearing me to pieces...and nobody came! Not once. I lost 20 pounds.

When asked by this interviewer whether her siblings visited their mother in the nursing home. She replied,

> Yes, they do go to see her now. But when she was here in this house, nobody came. I thought I was going to die a few times.

She continued,

> But I cannot forget all the things that they didn't do because we always did everything together. It had always been a good relationship.

One begins to see relationships that could be depicted as follows. There seemed to be little social support shown toward these chosen daughters (see Figure 7).

Mother ←———— Chosen Daughter

Sibling(s)————→

Figure 7. Later years: Chosen daughter directs social support toward mother and siblings direct social support elsewhere.

As one 50 year old chosen daughter who is one of six children stated,

> Most of the sisters are estranged from my mother...my brothers visit on occasion.

Generally, it seemed that brothers were the least supportive in the sibling group. Daughters portrayed them as being quite removed, both socially as well as emotionally from their mothers.

One daughter attempted to describe her brother's response to their mother who has now been in the nursing home for two years. Following numerous strokes, the mother was no longer responsive. Prior to institutionalization, he did help by stopping by and checking on her during the day while the daughter worked.

> I had an arrangement with my brother, who was out of work at the time, and my sister...She and my brother took turns coming in during the day to see my mother while I went to work. I would get mother out of bed and give her breakfast and comfortable. And then they would come in a couple of hours and make sure that she had lunch.

When the decision to institutionalize their mother was to be made, they said that it was their sister's decision. They agreed to "back her up" with whatever she wanted. Following institutionalization, the daughter described her brothers response.

> He had been there six times in the two years...He doesn't want to see her like that. He doesn't like the nursing

> home. He doesn't like the smell. I said, well, who does? And his wife is even worse!...I hope to God, that they never end up in one! He came in for her birthday and I think that he stayed for a minute and a half...He will not stay there with her alone...He just doesn't know what to do.

Another daughter shared a similar situation with her brother. He has not been to visit his mother in the nursing home for one and a half years. The daughter described two incidents in which she tried to encourage his visiting. Her mother used to ask why he wasn't visiting.

> Now she doesn't talk about him anymore...Before her birthday came, I wrote him and I told him mom's birthday is coming Sunday. We are going to bring a cake to the nursing home and we are going to celebrate her birthday. Please come. Nothing. He never even sent her a card. That hurt me...For Christmas (on her card), she wrote, love mama. I put down, "mother often asks why doesn't my son come to see me." That is all I wrote. I didn't say, why aren't you coming? I just wrote what she said and I let it go at that. And I had no response to that. I don't know what the problem is.

This daughter's husband forbids her from calling her brother and inquiring about what has happened.

A 56 year old daughter, whose mother has been in the nursing home for three years, following a devastating stroke, described how she and her only sister alienated one another.

> I never liked my sister...She is a cold person. She is very hard to get to know...Just a lot of things my sister did that appalled me and appalled a lot of people that

> know her...The relationship between my sister and me is not very good. We tolerated one another and now that my mother is really no longer around. I thought, well you get to a certain age, you are allowed to do anything.

When asked if her sister visits their mother, she replied,

> Now, I don't know because I have no contact with her. I do know she does around the holidays come and bring flowers and cards. I don't know how frequently she visits.

Sibling support was an expectation by the daughters in this study, though it wasn't always realized. Spouse and offspring support will now be addressed.

Spouse and Offspring Support

Support from their spouses and offspring was important for the daughters in this study. Two-thirds of the daughters were married and living with their spouses. Fourteen daughters, or approximately one-half, still had children living at home. So children and spouses were directly affected by decisions made concerning their grandmothers and mothers-in-law, respectively. Spouse and offspring support will be addressed mutually.

Many grandchildren lived in the same household with their grandmothers or in close proximity for many years. For some, it was their entire lifetime. Daughters often commented on the good

memories their children had of their grandmothers, who so often assisted in raising their grandchildren and doing household tasks. Grandmothers were an asset to the household. Social support, at this point in time, could be diagrammed as follows (see Figure 8).

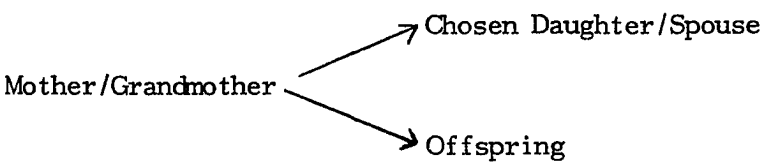

Figure 8: Early years: Social support directed from mother/grandmother to offspring.

One daughter described the grandmother's relationship with her grandchildren over the years.

> A very warm family. Even my sons now go and see my mother...When you give of yourself, kids remember. My mother would come in with crayons and a coloring book. She would sit down and color with them. When you give of yourself, you get it back...My sons remember all that my mother did for them. She was one "hell" of a grandmother.

As mothers began to age and became incapacitated, they required greater support from their families. Families began directing support toward their mothers/grandmothers Thus the social support came to be represented as diagrammed (see Figure 9).

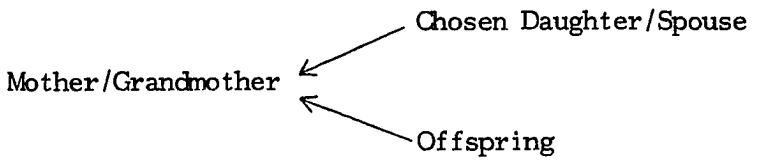

Figure 9. Later years: Chosen daughter and her family direct social support toward mother/grandmother.

This social support included such things as: assistance in activities of daily living, providing a home to live in, or checking daily on her general welfare. It was at this point in time that many mothers were invited into their daughters' homes to live.

As the mothers' health deteriorated, two types of response occurred within families. Either spouses and offspring supported or did not support daughters, wives and mothers respectively, in caregiving and overseeing roles. These responses are depicted as follows (see Figures 10 and 11).

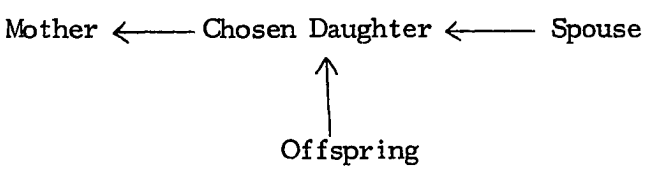

Figure 10: Later years: Chosen daughter directs social support toward mother and is supported by her family.

Mother ⟵ Chosen Daughter Spouse ⟶

Offspring ⟶

Figure 11. Later years: Chosen daughter directs social support toward mother and family directs social support elsewhere.

The following comments were made by two professional women, whose mothers had always lived with them, and had helped raise their children. The grandchildren appeared to have very positive feelings toward their grandmothers. These mothers have been in nursing homes for two years and three months, respectively.

> My kids loved her. My older daughter especially. She visited her every day.

> I have one son that is very fond of her. Both of them will visit her when they are in town. I have one son in college and the other one is in California. He was here at Christmas.

At times, grandchildren seemed to visit only on special occasions. Some appeared to have difficulty visiting grandmothers who were mentally incapacitated or non-communicative.

> My kids really don't go to see my mother very often. They are more occasion goers. Christmas, her birthday. They find it painful to go.

One daughter in particular commented on her adolescent son's lack of visiting. His grandmother had cared for him in his early

years while his mother worked.

> Well, he saw her a couple of times. She was not anybody he remembers because she is so completely different... I have not insisted that he see her. It was better to have some good memories, because they were good while she was well...She has no interest. She does not communicate.

Some grandchildren appeared to direct their social support elsewhere. A daughter commented on her three adult children who have seldom visited their grandmother during her two and one-half years in the nursing home.

> My children have not visited. I am sorry to say they don't...They have their own lives. They have their own social life. I don't push them. If they want to go, they go. They saw her for her birthday. They saw her at Thanksgiving time, Christmas time.

A 60 year old daughter, widowed, who has three children, commented on her adult daughter, who is divorced, has a child, and lives with her.

> No, my daughter doesn't want to hear about it because she feels if I don't want to go (to the nursing home), then don't go. Don't be a hypocrite. Some days I will say, "I hate to go." There is no talking. She doesn't want to know.

At the present time, this daughter has no social support system left. Her only sibling, a brother, neither visits his mother nor communicates with his sister. This daughter's husband died seven years ago, followed by his brother. The sister-in-law died a year

ago. She has lost those persons she considered to be her best friends. Her children don't support her either.

Another daughter shared her bitter feelings about family members who feel they can't deal with visits to the nursing home and an incapacitated relative.

> I just don't understand that. I don't care if they can't deal with it. They have to deal with it! I can't deal with it either!

Daughters appreciated visits to the nursing home from extended family members or friends but it wasn't a great expectation on their parts. They referred to visiting as a "family affair." It was a personal and private matter. Many would rather not have others around.

One daughter appreciated her immediate family's presence but expressed her feelings about outsiders.

> My husband is real cooperative. He encourages me to go and he makes it a little easier. It is such a drudge to go there. I dread going there. I don't like the environment. It is so depressing. I even hate the trip. Very often he will say, "Are you going by_____tonight? I will take you." He doesn't spend any time there. He just comes up and he will talk to her for a little bit and then he leaves and goes downstairs and waits for me.

She continued with her response about her children and other relatives.

> I have a daughter and a son. I don't really encourage them to go because there is no communication. If there was, I think they would go too. They don't go very often. More than anything, I wish someone would just come with

> me just for the company. We don't encourage any relatives to go other than my brother and sister-in-law. It is just terribly depressing. If you are not familiar with it, you know it smells terrible. It hits you immediately. It is not a place where you can take somebody visiting. I would rather not take anyone.

Families felt that others really didn't understand very well. It was really a family affair. Daughters tended to feel isolated and alone in their circumstances.

If daughters were asked to name their greatest support person, it was their husbands. One retired husband even visited his mother-in-law while his wife worked. Recent widows commented on how much they missed their husbands being available to support them emotionally. Just to have someone to talk things over with who understood.

Two daughters commented on their supportive husbands:

> My husband has been wonderful. Even when my mother gave us such a hard time about vacations. I would say the greatest support is from my husband.

> I have a very supportive husband. He doesn't do anything. He doesn't see her. But neither has he minded the amount of time that I have to give to her. That makes me comfortable in doing what I have to do.

Husbands tried to be supportive, but at times couples' relationships suffered because of the high emotional costs that were involved in parent care. Persons only have so much emotional energy available to them.

One couple had been married for twenty-seven years. There were no children in the marriage and the wife had a full-time career.

After being married for three years, her mother moved in with them. For ten years she functioned fairly well, though she had episodes of depression and other emotional problems. Following a stroke, she was admitted to a nursing home. She has been in nursing homes for fourteen years. (She is now 84 years of age.) For nine years, this couple alternated bringing the mother into their home on Sundays with another sister. The sister died unexpectedly, leaving this daughter as the sole person responsible for the mother's welfare. She admitted that they have had problems as a couple. She has suffered three depressive episodes following the death of her sister. Both have had professional counselling. It has been a very difficult situation with which to cope. She shared the following.

> I don't drive. I am very grateful that my husband drives. It has been a sore spot between us two. It has caused problems too. Every time I want to go, he has to go. You know, he has to take me and be there to wait. So he has shared alot. It hasn't been easy on our marriage because there always has been my mother in the middle...She lived with us ten years and at times that was a bone of contention between us.

Re-direction of social support within families occurred during the role transition periods for chosen daughters. As mothers aged, became more feeble and dependent, these daughters provided for their needs. Family members were either supportive or non-supportive, with many being partially supportive during this time.

Summary

A discussion of the social support for the delegated role of chosen daughter disclosed that daughters valued family support. Various sibling complexes revealed how social support was re-directed within families. Chosen daughters did not always receive the sustenance they felt was merited. Spouse and offspring response was another issue addressed in this section. Generally, spouses were supportive with various levels of involvement shown. Variable responses were found among offspring/grandchildren. Social support by those closest to the daughters was sought by them during this transitional process. Lack of support made their new roles difficult to perform.

Psychological Dimensions

The institutionalization of one's parent is probably the most difficult decision an adult child has to make in regard to his parents. It seemed to be an emotionally painful process for the daughters in this study. Daughters, as well as other family members, made valiant attempts to prevent the institutionalization of their mothers. Generally, only when all avenues had been tried and resources exhausted, were mothers then placed in the nursing home. The process seemed more difficult for some than for others.

The myth persists that todays' adult children do not take care of their aging parents. In reality, the opposite is true. At present, adult children are giving more care and attention to their elderly parents than ever known in the past (Brody, 1985). The

daughters in this study believed the myth. So when their mothers needed the services of a nursing home, they felt guilty and neglectful.

Guilt was a theme expressed by all the daughters in this study. It did not seem to ever be resolved, as other authors have indicated. Whether the mother had been in the home six months or eleven years, daughters were continually dealing with reoccurring feelings of guilt. It appeared to be initiated with their decisions to institutionalize their mothers. As time passed, guilt feelings would resurface again and again. They shared how they attempted to manage these feelings.

In addition, following the institutionalization of their mothers, feelings of loss and grief were experienced by these daughters. Loss was felt, in the social sense, with the nursing home admission. The mother's physical presence was gone from the home. Half of the mothers had lived with their daughters prior to nursing home placement, some for many years. An emotional loss was also experienced. As mothers deteriorated, both physically and mentally, daughters described changes in their mother-daughter relationships. The relationships could never be recaptured. Poor relationships could never be resolved. Daughters grieved over these losses.

In this section, the psychological impact of their mothers' institutionalization on the chosen daughters will be presented. This impact had profound consequences on their role transitions from

daughters and caregivers to becoming overseers of their mothers in the nursing home. New roles had to be defined. The following psychological dimensions will be discussed: guilt over institutionalization and grief over loss.

Guilt over Institutionalization

The decision to institutionalize their mothers was described as the most difficult decision these daughters had ever made. Most daughters never resolved their guilt feelings of placing their mothers in a nursing home. Generally, daughters felt that the transition from home to an institution was more difficult for them than for their mothers. No one is ever prepared to make such an emotional decision.

As one daughter, an only child, expressed so eloquently,

> It is like a death coming over a person. Slow death. I see a shell of a woman. She is really not my mother. I could express it that way. She is a human being that I still wish I could do something for and I am wondering if I am doing the right thing, leaving her there. If I should try to do more. I have my doubts. Whether it is guilt or not, I am not sure. I don't think it is guilt.

Her mother, now 89 years old, had lived with them for the past twenty-five years. She had experienced multiple fractures, was hospitalized, and now required full-time care. She had been in the nursing home for only three months. The daughter was still trying to sort out her feelings. She felt that her mother would live only a short time. This feeling was typical of most daughters at the

time of their mothers' institutionalization. For the majority of daughters who were interviewed, a number of years had now passed.

As one daughter, whose mother has now been in the nursing home for two years, stated

> The first year, I counted the months. Now she is there a month. I wonder how long? Of course in a way when we took her in with this lethargy, she couldn't even hold her head up. We really didn't think we were going to have her that long. Now she is just fine except she cannot walk.

Another 54 year old daughter, whose mother has been in the home for three years, stated

> When she first went in I had a horrible guilt feeling because I am the one who instigated it. But at the time, it was the best thing for her. I really think if she hadn't been in there she probably wouldn't be living now...If I really wanted to feel guilty, I could sit and think, well, if I hadn't talked about a nursing home, she would have died, which is what she wanted and I could run myself through the whole thing. But there is no way I will let myself. Things happen and you do what you think is the best thing at the moment. It might not be best but you never know. You just make your decision and live with it.

A 64 year old daughter, an only child, has a mother who has been institutionalized for four years. Her mother, who has Alzheimer's disease, had become unmanageable at home. She would kick, scream at, and hit the daughter.

> The doctor kept saying, "You are going to have to put her in a home." I didn't want to do it. It still bothers me. I have a guilt complex about it. I keep thinking I ought to bring her home but I know I can't cope with her.

A 57 year old daughter, who has always worked full-time, shared the following. Her mother had lived with them for one year. As her confusion and senilty increased, she became unmangeable at home. She has been in the home for three and one-half years.

> Believe me. I do feel guilty that I had to put her in a nursing home. You always think, "I was raised like that? They supported you as children and we can not take care of them?" Believe me, now I am real good. But I was very, very bad. The guilt goes with you. You can't get rid of it.

When asked if it has gotten any easier over time, she replied, weeping,

> Yes, I can talk and in the beginning I couldn't talk. I just couldn't. When she was in the hospital before we even took her to the nursing home, I would get crazy. My daughter called a psychiatrist and wanted me to make an appointment.

Although this daughter never did see a psychiatrist, she felt that her religious beliefs helped her survive the emotional atrocity.

Another daughter asked the question, "Why can't I take care of her?" Her mother, who has Alzheimer's disease, had lived with them for one and one-half years before institutionalization. She has now been in the nursing home for two and one-half years. Many daughters asked themselves this same question. This daughter attempted to answer her question.

> I ask myself, what is wrong with me that I can't take care of her at home...What is wrong with my make-up that I can't do that? Society does, you know, my Aunt just was appalled that I would put my mother in a home. I don't even think to this day that she realizes that it is so hard to care for them. Unless you live with that person, you will never know...When my mother lived here, I hated her. It was just mixed feelings because I felt like she was ruining my life. Yet I knew that she wasn't. I hated this disease. After I put her in the home, I once again could love her.

Daughters, whose values opposed institutionalization, seemed to struggle more with the expectation that they were to care for their mothers at home, no matter what the cost. They felt that society continues to give this message to families today.

As one daughter, whose mother lived with her for ten years, said,

> It was hard. There is that guilt. It is something you can't get rid of. I feel that I couldn't take care of her. I feel I would also be in the bed next to her if I had to take care of her twenty-fours hours a day. I feel guilty because I know she took care of her mother and her mother probably took care of her mother and this is the way it used to be.

Another 60 year old daughter shared her guilt feelings throughout her interview. For the past year, she has visited her mother four or five times a week in the nursing home.

> That's the worse part, to think that you are going to put your mother in a nursing home. I mean, you say to yourself, "Can I do it?" Because she has always said, "You are my daughter and I am your mother"...Then it started with those guilt feelings all the time. Am I doing this to my mother because I am selfish? It is easier to bear the burden than the guilt...I can't get rid of that. I can't turn it off...

> If you really wanted your mother home, you would say, nothing matters. I will bring her home and I will put up with it. But I don't know. I really don't want to and another part of me says you should. That is what it is all about.

It appeared that this individual, an only daughter, who had an estranged brother, had a poor relationship with her mother throughout her life.

Daughters responded to their guilt in many ways. They were especially glad when their mothers had never been aware or no longer were aware that they were living in a nursing home. As one daughter shared, "Part of my mother's problem is that she is still alert."

A daughter shared how her mother's lack of awareness made institutionalizing her easier. Her mother, who has Alzheimer's disease, had lived with her for five years.

> In a way, I am glad that her mind isn't well. At least she is not aware. That makes it easier because the guilt would just kill me if she would tell me, "How did you do this to me?" I wouldn't be able to bear it. I know what I am doing is the best I could do for her because I can't do it at home. I try to go every day.

A 56 year old daughter described how her response to her mother's institutionalization has changed during the past three years. Having suffered a devastating stroke, her mother was never communicative afterwards.

> When it first happens, you go so religiously. It is almost like a guilt if you don't go...you sit there for hours and make small talk and it is almost like, God forbid if you only came in for a half hour. You felt guilty that you only stayed a half hour and you feel like you really had to spend a lot of time there...now I go and it is just half an hour, forty-five minutes, or an half hour...it depends on how I feel.

Two daughters shared that the first year was the most difficult in their adjustment to the situation. A single, working woman, an only child said,

> I must say the first year she was there I didn't think I would ever get used to it. It still bothers me that I have to have her there. There wasn't any other alternative... At first it just seems so grim when you go over there. It is hard to face going in there. I have been going long enough (three years), I feel like I live there.

Another daughter, whose mother has been in the home for six years,

> The first year was rough. The nursing home had group therapy for the families. That was marvelous...that was the greatest thing in the world.

Guilt tended to fluctuate with the kind of day their mothers were having. Daughters' guilt increased if she was not being cared for properly or if the mother expressed unhappiness. For mothers who were unaware of their situations, daughters imposed guilt upon themselves for not checking up on her.

The following episodes express these feelings:

> I feel guilty if I don't go there. Not guilty because I know she is expecting me, because she wouldn't remember. I feel that I just want to be there. I just want to see that

> everything is going okay. I think the guilt comes and goes. You know there are times when I know something bad has happened there. Then it is worse.

> I don't have that much time to stay there that long... but I feel better if I go to work and I just stop by and give her a banana and see her. It is good for me. It is not for her because she doesn't know the difference.

Another 46 year old daughter, whose mother has been institutionalized for two and one-half years, relayed the story of how a cartoon she once saw in the paper helped her deal with guilt. The last panel said, "Unfortunately, guilt does not respond to logic."

> I keep picturing that. Many times I feel guilty and not being able to take care of her at the time she needs taking care of. And yet, it is probably the only alternative at this point. It was either that or a heck of a lot of money bringing someone here.

She also related how her faith has sustained her through the the last two years.

> And I also have a couple of prayers that help me any time that it gets rough or the guilt begins. In fact, one of the prayers opened up the day I decided to put her in the nursing home and I haven't closed it. It is right there and any time that...and I say, read it! You can't help but have guilt trips. I told this priest that and he just sat there..." Ohh."

The daughters would rehearse their decisions to institutionalize their mothers, repeatedly in their minds, to

determine whether all alternatives had been considered. They found themselves measuring doorways to determine if wheelchairs could fit or planning early retirements in order to have more time to spend with their mothers. Many considered quitting their jobs altogether. For some, working was essential as their spouses had died leaving them with few financial resources. These activities and responses were done in order to alleviate the guilt they were experiencing.

One daughter questioned whether she had institutionalized her mother too early. She had decided that once her mother became incontinent, she would have to be institutionalized.

> I relive the events leading up to the placement. The day it had happened that she had come home from the Day Care Center. I think about that. I think about maybe I should have waited and had her checked by a doctor because it was final once we put her in that I didn't want to bring her back out. I think about that but I don't dwell on it.

A daughter, 63 years old, who recently retired, contemplated whether to bring her mother home after being in the nursing home for five and one-half years.

> Then when I retired I thought, could I bring her home? Well, at this point she would have to have someone watching her constantly. I would be afraid. She can't see. She can't walk and she is beginning to get senile. Up till last year she broke her leg twice and that took a lot out of her. Just the aging process. If I bring her home, this means giving up my life...Periodically I go through this. I mean I go to the point where I am measuring doors. Would the wheelchair fit through? How could we work it out? My brother says, "No way!"

Another daughter and her father, who was alive at the time, struggled with the same decision.

> Many a time my father and I went through, Well, should we take her home? Can we do it? What will we need? You wouldn't need one nurse twenty-four hours a day, you would need several, twenty-four hours a day. You think, well, maybe you could. Many number of times we went through that discussion. Even now, my husband, a couple of times said, "Do we want to bring her here?" I said I can't do it, I can't do it emotionally. I couldn't face it twenty-four hours a day.

A daughter, who cared for her mother in her home for eleven years, still questions whether the nursing home was the best decision.

> There are days when she is really good. Really alert and everything. Then I come home and feel real bad...Even to this day, sometimes I will go home and feel like, why can't I have her home, with all the stuff you do over there.

Daughters had many and varied emotional responses to their mothers at this point in time. Almost all expressed the viewpoint that their mothers' deaths would be preferred to having them alive but empty shells, emotionally and mentally. When one recalls these mothers' functional statuses, daughters had reported that over 70% were quite forgetful. The majority of the mothers had been in nursing homes for an average of three years. So generally, daughters in this study had probably experienced a steady decline in their mothers' physical and mental well-being over a period of

years. For many daughters, this decline had been occurring long before institutionalization had taken place. In addition, their mother-daughter relationships had changed accordingly. Daughters had experienced the increasing dependency of their mothers.

Developing their roles in the nursing homes was a new and difficult experience for most daughters. They had little if any previous experience. They were also attempting to relate to their mothers on a different social and emotional level. Their new roles were developed through trial and error.

One daughter related her early experiences in the nursing home. She often found herself at odds with the nursing staff. She felt that she was only doing things for her mother's welfare.

> You do all this crazy stuff because you don't know what else to do...Many a night I have gotten in the car and screamed. Acutally screamed out loud. Fear is to anger and helplessness. You feel like you can't do anything.

A daughter's emotional response to having her mother institutionalized.

> It was very, very traumatic to me. I have had her all my life. I have come home to her every night for years... At first of course, I did a lot of crying because I broke a promise which broke my heart.

One daughter shared her response to her mothers' admission anniversary date.

> I just can't believe that her time hasn't come a long time ago. I think mentally those two weeks, around the time when I put her in, is my hardest time...Mentally I was really strung out. Quite strung out...

A family of eight children cared for their mother at home for three years following her first stroke. After another stroke, their doctor encouraged them to put her into a nursing home. The daughter described that first day.

> We were scared. I remember the first day all sitting around crying...We were desparate and we were scared. We didn't think she was going to live and we didn't think she was going to get the proper care...I was like a watch dog.

The mother has now been in the home for three years. She continued,

> Every night I say a prayer of her and I say, "God, please take her to her rest," because I know that is what she would want if she could talk...But when you think it is going to happen, you dont't want it to happen. Yet I would love to see my mother at rest. Because I know that is what she would want. There is no hope for her.

In summary, the guilt experienced by the daughters in this study, following the institutionalization of their mothers, was unrelenting. It appeared that many felt that their guilt would only be relieved with the death of their mothers Their responses to its effects on their emotional well-being and ways in which they coped have been identified.

Grief over Loss

Grief is identified in this study as emotional suffering caused by a loss. Daughters reported the grief they experienced following the emotional and social losses of their mothers. These losses

included: loss of their mother's parenting role, the mother-daughter relationship, and her physical presence in their homes. They were losses that might never be regained. One has only one mother during a lifetime. Mothers were at various levels of physical and/or mental deterioration. Daughters portrayed various responses to their grief over their losses.

A daughter, an only child, described her feelings of loss experienced with the institutionalization of her 89 year old mother, just three months previous.

> So I think that the loss one feels is more of an emotional loss. This is my mother!...It is a tie of family, I guess. I really don't know my feelings here. I suppose it is a loss...I feel like, she is like a butterfly trying to in the last spasms of life fluttering. Watching and being the sole person who is really interested in her because there is no one else.

Loss was experienced differently by daughters depending on their mothers' physical and emotional states. In addition, daughters' emotional make-ups were a factor, as well as their previous mother-daughter relationships. The previous daughter portrayed feelings of emotional disorganization often experienced with onset of the institutionalization process. As the years progressed, daughters worked through many of their feelings. But it was seldom a smooth transition.

One 55 year old daughter had been on an emotional "roller coaster" for more than five years. She mentioned that it would be a relief when her mother died. She described her feelings over the years and her religious beliefs.

> You give her up and you take her back. When she is having a good day you think, Oh God, am I selfish to even think that. Then when she is having a bad day or is in pain or something like that...But in the beginning when she was in such a wild state, we truly prayed that it would be over because if you believe what we believe, she would be better off...We are Catholic. We have been for generations and that is in our bones. I do sometimes have problems with, "God sends the cross." I am not too sure about that. I rewrite my own theology about every two years and change around beliefs in some things.

Daughters also attempted to prepare themselves intellectually for the inevitable physical and/or mental deterioration that awaited their mothers if they continued to live. One daughter, whose mother remains mentally alert, described her present feelings concerning her 94 year old mother, who is wheelchair bound.

> I would miss her and that routine of going every day would feel like a void in my life. But I could never wish her to always be like this in a wheelchair because I know how much she loved life...One of my responsibilities will be gone, that is all. I couldn't wish her to go on like this forever. If she is healthy, I would want her forever. I feel like she has gone through this now for over two years. If she were to close her eyes, it would be a blessing...The hardest thing I think is if she loses her memory and doesn't remember or if I can't communicate... I just couldn't stand that...if she got that way, would be just to pray that she would close her eyes because to me they are not living anymore.

All the daughters in this study experienced a relationship loss with their mothers' institutionalization and progressive deterioration. A 44 year old daughter described her response to her mother who has Alzheimer's disease. The mother has been in a nursing home for over three years.

> I think the shock has worn off. When you see your mother it is a very distressing thing...She is not the same person because my mother was very bright, and very sharp, and very witty, and of course all of that is gone. But, yes, she is my mother. I think of her as my mother, but I know she is not the same.

She went on to describe an incident which portrayed how she both consciously and unconsciously thought of her mother as no longer living. This particular daughter lives many miles from her parents and generally visits them monthly.

> Sometimes I forget she is alive. She just can't travel. For Christmas, Dad comes up here. He has for three years. He is the most vibrant, healthy, seventy-five year old man you ever met in your life. He looks forty-five and he is absolutely fantastic. We had a big Christmas Eve party with all of my friends and after Christmas one of my friends said, "Does your dad ever date?" Well, you know sometimes I think of things like that. Sometimes I see some neat, sharp widow and I think, gee, I wish he could take her out to dinner. Then I am embarrassed and ashamed of myself, but, I mean there he is. I really feel for him. He is absolutely committed to her.

In addition to feeling her own loss of any mother-daughter relationship, she shared her perception of her father's loss of a spouse.

Another 40 year old daughter, an only child, whose mother also has Alzheimer's disease, shared the loss of her mother-daughter relationship.

> It is a body that is alive but the person is gone. My mother is not there anymore. If I was down or felt bad, I could call up my mother and I haven't been able to do that for years. Not having any other family, I rely on friends in that way. I do feel that she is gone.

When asked what it was going to be like when her mother was gone, she responded,

> There are times, because my mother the way she is, I thought, well, God take her. Because there is nothing there any more. It may sound awful but in a way I feel like for her, she has nothing...I haven't really thought about how it will affect me. I don't know if it will be a relief. I keep telling myself that I have already lost her.

A daughter, who had a very close mother-daughter relationship, described how she perceived her loss.

> It is almost like as if part of her is buried and this is just like making a visit to the chapel, like you would at a wake or something. It is not like she is here anymore. There is no feedback.

Daughters described feelings of loss but also that of not wanting to "let go" of their mothers. A sense of avoiding the final loss was shared by many daughters. No one is ever prepared for that ultimate physical separation by death.

> I have lost my mother a long time ago, as a mother. But I haven't physically. Her body is still here so I haven't physically lost her yet. How traumatic that will be, I have no idea...I have lost part of her, but I haven't lost all of her yet!

These responses illustrate the process of separation that was occurring between their mothers and themselves. They anticipated

the loss of their mothers through death. The trajectory toward death was often lengthy and variable. Various grief responses were shared that related to this anticipated loss.

One daughter, 41 years old described her feelings about grieving for her mother who has Alzheimer's disease. She has grieved numerous times for different reasons. She mourned the loss of her mother as her parent. Also, the loss of a grandmother for her children.

> I have lived with the fact that I would rather see my mother die...As far as I am concerned, that person has died. That personality has died. That loving person is gone and I do grieve. Not any more. I did. As far as I am concerned, my mother is a living shell.

Her mother had become ill with pneumonia while in the nursing home. She and the doctor argued over whether it should be treated medically. The daughter did not want any medical intervention. The doctor refused to abide by her wishes and treated her mother with antibiotics.

> Getting back to when she was dying in April, before they revived her. I grieved that death because it didn't come. I stood by her bed every day and held her hand expecting her to die and she didn't. That is when I grieved. The fact that she didn't die. That she was not out of her misery. That she had to continue being this shell of a person. That was harder on me. Going back again to see her come out of it and thinking, why are we starting this all over again? So I had to re-grieve.

When asked how it was going to be when her mother finally died. She replied,

> I will grieve again. You always grieve for somebody that dies. But it is not a sudden death...When the final day does come I will rejoice that it will be over and I will cry because of the memories past. I do look forward to the fact that she will someday die and she will no longer have to sit in a nursing home.

Many daughters expressed similar responses. They desired to see their mothers die rather than continue with their mere existence. They had already mourned the loss of their mothers, whether it was social, emotional, and/or physical. Daughters also expressed their feelings concerning the anticipated deaths of their mothers. Generally they expected a sense of relief, both for themselves, as well as their mothers.

As one daughter, whose mother has not communicated since her stroke three years ago, related,

> To see her like this is very, very depressing. It is very difficult to accept this...I would of preferred if she would have died. I have seen her become a vegetable.

Another daughter, whose mother has slowly regressed mentally during the past three years, said

> Sometimes I don't do real well when I visit my mother. It depends on how bad she is. If we have a day where she is not communicating anything and the rest of my life isn't so hot, I can spend the ten minutes driving home with tears streaming down my face and wishing she were dead. Because it seems like people at that stage of the game are prisoners of their own body. Their minds are all locked up and it seems like what is the purpose of this.

A daughter, whose mother has been in the nursing home almost five years, and whom she visits daily, shared,

> I pray for her to go, I really do. It is terrible for her. I will feel relieved. I really don't know how it will happen...It will make life a little easier.

An on-going grief process appeared to be occurring with the daughters in this study. Social, emotional and/or physical losses were experienced following the institutionalization of their mothers. Grief work appeared to be in process even now prior to the mothers' deaths related to this anticipatory loss.

According to Simos (1979), "losses cannot be understood if viewed singly, because past losses emerge from the unconscious to mingle with current losses and with the fear of future loss" (p. 27). Daughters shared uncompleted grieving of past and present losses in their mother-daughter relationships. They grieved over past losses which could never be regained or resolved. For many, their current mother-daughter relationships were disorganized due to their mothers' physical and mental statuses. Their future losses focused on further deterioration in their mothers' health and well-being, and ultimately in her death. Simos (1979) postulated that "an anticipation of loss, no matter how brief, tends to prolong the grief period" (p. 40). Daughters described their grief responses to this lengthy trajectory.

An emotional distancing resulted between themselves and their mothers in the years following the nursing home placement. For

example, they began visiting less often or for shorter periods of time. Their mothers were being perceived as someone other than the parent they remembered. Terms used to describe her were: "that poor old woman," or "she's like a big doll" that is in need of care. Many daughters said, "She is not the person you knew." Daughters appeared to be withdrawing gradually from an emotional investment with their mothers. Some had begun reinvesting themselves elsewhere. This process had already occurred for some members of their immediate families as discussed previously by their redirection of social support. This process of detachment was being used by daughters and their families as a means of coping with the emotionally stressful situation (Bowlby, 1980; Simos, 1979; Werner-Beland, 1980).

Simos (1979) stressed the necessity of grief being shared with another person. For some daughters this was not possible because of the redirection of social support present within their families. Some were left to grieve in isolation which resulted in uncompleted grief responses. For others, their grief reactions had already become muted.

In conclusion, daughters shared their feelings about the anticipated deaths and ultimate losses of their mothers. For the majority it was reflected to be a time of relief. Because of the untimely nature of death, months often stretched into years and the daughters' emotional states varied accordingly.

Summary

Selected social and psychological dimensions of role transition for the chosen daughters were discussed in this chapter. The phenomenon of social support, or lack of such support, for the chosen daughter's role was developed. The lack of social support by their siblings and/or immediate families made their roles difficult to bear.

The guilt experienced by daughters, following the institutionalization of their mothers, seemed almost intolerable. All respondents experienced this psychological dimension. It seemed an unresolvable issue. Many resigned themselves to living with its emotional consequences. In addition, grief was experienced in relation to their mothers' physical and mental deterioration. It seemed that death would be a welcome relief for some daughters.

Thus far, the nature of role transitions and its various properties have been examined. "Becoming the Chosen Daughter," a Basic Social Psychological Process that developed through a process of role delegation and acceptance, emerged from the data. Significant structural, social, and psychological dimensions of this role transitional process have been presented. Having delineated the outcomes for these daughters of the role transition that has occurred, the linkage between the process of role transition and these social and psychological outcomes must be determined.

In the following chapter, the Basic Social Structural Process, "Redefining their Roles," delineates the reorganization process of daughters' role relationships with their institutionalized mothers.

Chapter VII

BASIC SOCIAL STRUCTURAL PROCESS: REDEFINING THEIR ROLES AS DAUGHTERS TO THEIR INSTITUTIONALIZED MOTHERS

Chosen daughters were thrust into a transitional process of role change with the institutionalization of their mothers. During this time of transition their mother-daughter roles had to be redefined. Behavioral and structural dimensions experienced by daughters in this role transitional process have been described in previous chapters. During this transitional process mother-daughter relationships were variously resolved by the daughters in this study.

The Basic Social Structural Process (BSSP), "Redefining their Roles," that emerged from the data explains the role reorganization that occurred for these adult daughters. The BSSP accurately reflects what occurred within these mother-daughter relationships.

Chapter VII is divided into three sections. The four stages present in the transitional process of daughters with institutionalized mothers are discussed in section one. Section two will examine the three role reorganizational patterns typified by the daughters in this study. The four stages and the three role reorganizational outcomes comprise the Basic Social Structural Process: "Redefining their Roles" as daughters. Section three will discuss the social process of redefining their role relationships with their institutionalized mothers. Lastly, formulated propositions are presented.

Four Stages of Role Transition

The role transitional process can best be described by examining the four successive stages found within the process (see Figure 12).

Stage one was the "pre-institutionalization" phase. Generally mother-daughter relationships were stable and predictable. Through an interactional process role behaviors changed according to their relational needs. As mothers aged, they became increasingly dependent on their daughters. Daughters responded by providing the necessary physical, emotional, and/or social support. The need for the institutionalization of their mothers occurred in one of two ways. Either gradually over a period of time until the mothers' mental and/or physical health needs could no longer be met, or by a sudden devastating physical assault. With either trajectory, the mother's care needs could no longer be met by the daughter or her family. "Marker events" were often present in this decisional process. Institutionalization of the mother led to the second stage.

Stage two was the "post-immediate" time following institutionalization. Role disruption occurred within the mother-daughter relationship, even though changes may have been occurring in role behaviors and expectations prior to institutionalization. The event of institutionalization seemed to be significant in their mother-daughter relationships. If mothers were mentally alert, daughters expressed how difficult it was for them to handle the situation. Even when mothers were mentally debilitated, the actual event of institutionalization was found to be particularly stressful. Guilt permeated their well

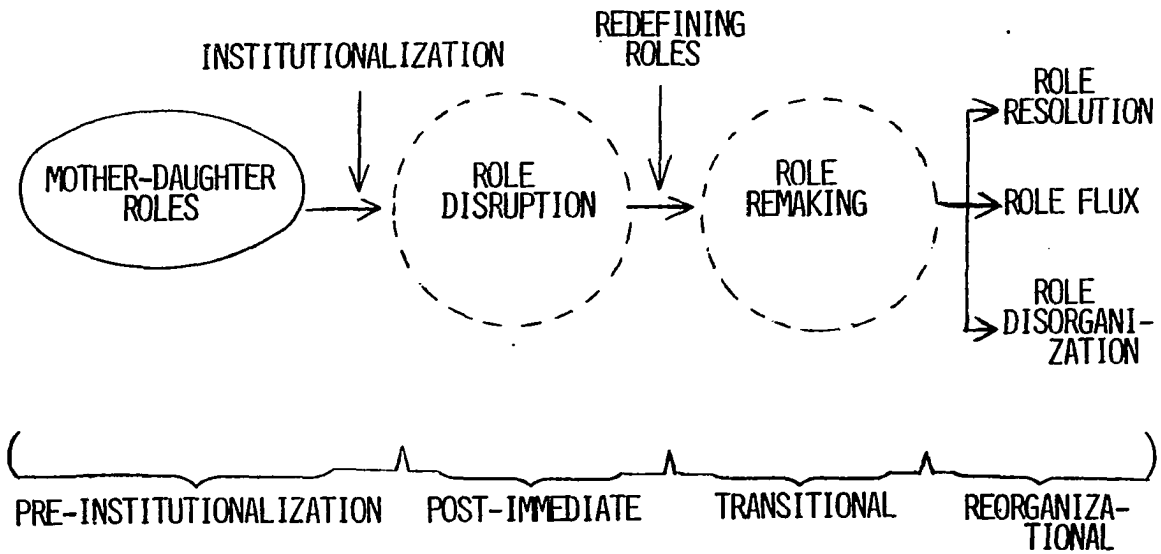

Figure 12. Process of role transition for adult daughters with institutionalized mothers.

being. Emotional and social losses were experienced within these relationships. Their mother-daughter relationships could never be restored. Daughters were confronted with new and unfamiliar roles. It was a period of role disorganization.

Stage three was the "transitional" phase during which daughters redefined their roles and began creating new ones. A period of uncertainty existed within their mother-daughter relationships. Daughters participated in various role remaking activities. Generally, they became overseers of their mothers' care in the nursing home. Some actively participated in this care. Patterns of visiting their mothers were established. It was a time when they had to deal with their emotional responses to the situation. Daughters began to redesign their lifestyles in order to accommodate their new role relationships with their mothers.

Stage four represents a "reorganization" of their mother-daughter role relationships. Three patterns of role reorganization were demonstrated by the daughters in this study. First, those who attained successful role resolution; Secondly, daughters who remained in role fluctuation and were only partially successful in reorganizing their relationships with their mothers; and Thirdly, those who were unable to reorganize their relationships and remained in role disorganization. Numerous factors presented themselves which affected the outcome of the daughters' role adjustments in relation to their mothers.

In the following section, the three reorganizational patterns are examined in further depth.

Role Reorganizational Patterns

Time was necessary in order for daughters to repattern their relationships with their mothers. Acceptance and adaptation of these role changes varied in difficulty among daughters. Following a period of transition, some daughters were able to achieve role resolution. New role behaviors were acquired and they became comfortable with their relationships. Some daughters failed to reorganize their relationships. Others appeared still in role transition. They seemed to be partially successful in adjusting to the changing relationships but had difficulty in resolving some aspects of the situation.

For some daughters it was readily apparent whether their roles had been reorganized or not. But one could not always easily categorize the daughters into one of the three role reorganizational patterns. Many factors affected this role adjustment. The role remaking process appeared to be an open system upon which several factors impacted. These factors appeared to be interdependently interrelated to one another. No one factor appeared more significant than the others. The total impact of these factors upon daughters and their individual unique situations determined how well they were able to resolve their role relationships with their mothers.

In this study the factors that presented themselves as significant to role reorganization have been categorized as social-psychological or structural.

Social-Psychological	Structural
Previous mother-daughter relationship	Health
Philosophical/religious beliefs	Finances
Social support system	Career
Emotional status	Length of institutionalization
Attitude	

These factors will be utilized in examining the three outcomes of role reorganization present in this study (see Figure 13).

Role Resolution-A Role Reorganizational Pattern

Daughters, who appeared to be successful in their role transition following the institutionalization of their mothers, seemed to possess strong philosophical/religious beliefs and adaptive capacities. The majority had good mother-daughter relationships throughout their lives. For many there was no alternative other than institutionalization, especially when their mothers were very ill, physically and/or mentally. Many of these daughters were employed full-time or had just recently retired. One must consider whether working was significant in their ability to adjust. Coping strategies were being utilized effectively within this group. Family and/or friends were supportive of their decisions. They appeared comfortable with their new roles. Role resolution had occurred in their relationships with their mothers.

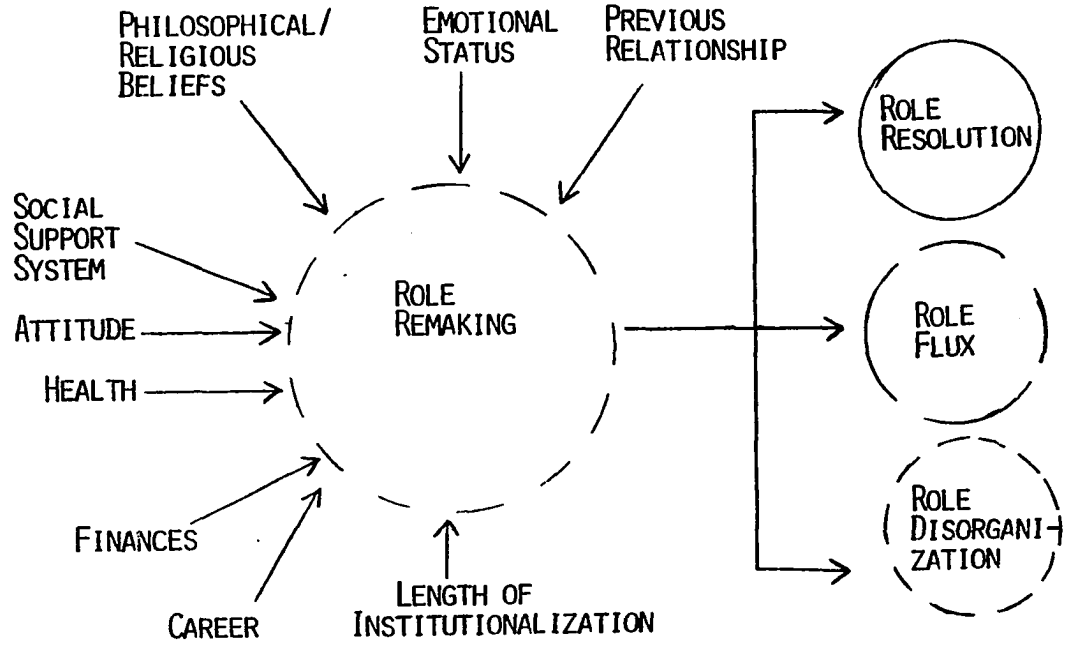

Figure 13. Impact of factors on daughter's role remaking and role reorganization outcomes.

Successful resolution appeared to include the acceptance of what they could do, as well as what they could not do. Two indepth case studies of daughters who appeared to have adjusted to their mothers' institutionalizations and reorganized their roles will be considered.

Case One - Role Resolution

A 51 year old daughter, an only child who is married and the mother of four children, had just recently returned to a career. The daughter and her mother had always lived near one another but never together. She and her mother, who had been a professional musician, lived totally different life styles. Her 82 year old mother suffered a debilitating stroke and has been in a nursing home for two years. She was described as wheelchair-bound and mentally alert but forgetful. This daughter visited her mother three times a week.

Following the mother's stroke, this daughter was responsible for deciding her mother's future. She had seen her mother care for her grandfather and felt that she could never make the same commitment. Her attitude toward her mother was expressed in the following:

> I felt I did not want to make that commitment if that ever happened to her. Of course the older she got, it got to be a little scary. Are you going to hold to this? We live a totally different life style than she is used to...I was worried that I did not feel that I could make that kind of commitment. Devoting my whole life. She would have to be pretty desparate...I would never just take her into the house.

She expressed how her health prevented caring for her mother.

> So fortunately I did feel that for me anyway that when she became sick I didn't have to make that decision. I didn't have to give myself a guilt trip about her going into the nursing home. Because I happen to have emphysema and there would be no way that I could lift her in and out of beds and in the bathroom.

This daughter shared incidents from her childhood which described her mother's career and lifestyle. Their previous mother-daughter relationship had been good but not particularly close. She described her feelings about their relationship.

> I have done a lot of things that she didn't do...I really don't think I would be near as understanding at this point for myself to accept all of the things that maybe perhaps that weren't what I would consider right in my growing up or how she may have done it.

Following the death of her spouse, this mother had become increasingly dependent on her daughter during the 14 years prior to the nursing home admission. They had helped her move a number of times, provided her entertainment and given other support. When the mother became ill, the daughter visited her daily in her apartment for more than a year.

This daughter responded to the issues of finances.

> When she went in we were paying. I knew it wasn't going to take long to use it up. You had to go into a place that would take public aid. She is now on public aid, of course, and that seems to be working out all right.

Daughter's response to how her mother adjusted to the nursing home admission.

> I have really been surprised that she adapted, if that is the proper word to use, to the nursing home.

Now that two years have passed since her mother's institutionalization, this daughter appeared to have completed role transition and reorganized her relationship with her mother. Her attitude toward her mother, along with her philosophical viewpoint, were summarized in the following.

> There are times when I think I really ought to spend more time with mother. Actually, I see her more now than I did before she got sick...I really feel that now I have put everything in perspective and I really feel very sorry for her. She has lost everything that she ever had. As far as her own lifestyle is concerned...I think that things aren't always the way we want them to be. You have to make the best out of a situation...I guess you can't get away from a guilt trip in some way, shape or another. At this point I really feel very comfortable with the situation.

This daughter appeared to have adjusted well with the situation. She had worked through her feelings and made a successful role transition. Both she and her mother seemed comfortable with her new role. This daughter had made the transition from caregiver to that of "overseer" of her mother's care in the nursing home.

Case Two - Role Resolution

A 46 year old, single woman, whose mother experienced "gross deterioration" the last 3-4 years that she lived with her daughter,

presented common coping strategies that had been helpful. While the daughter worked, arrangements were made with another brother and sister, who both lived in the area, to check on the mother during the day. The mother had suffered a series of small strokes accompanied with mental changes. A fall, resulting in a fracture, was the precipitating event leading to institutionalization. Because of financial savings the mother was placed in a private home. The following excerpts describe how this daughter has patterned a new role in relation to her mother. She has visited her mother six days a week for the past two and one half years. The mother is both physically and mentally incapacitated.

Her two sisters and a brother seemed to be quite supportive of her role as the chosen daughter.

> They said (siblings) that they would back me up with whatever way I wanted.

Though the brother seldom visits his mother in the nursing home, her sisters do. They have agreed to split the expenses once the savings have been exhausted. In addition to her family, she finds the following person supportive,

> This man I am dating, we are very good friends. That has helped me through a lot. He is always there...If I am not able to go over and see my mother, he will. And for awhile there he was going over there feeding her the one night a week that I don't go in.

She finds much support in talking with other daughters she has met at the home.

> Anytime I begin to feel sorry for myself with my situation and my mother...I look at _____ and I know that things could be worse.

This daughter has a full-time career which she finds helpful in balancing her life. Referring to another daughter from the nursing home:

> Her whole life revolves around that nursing home whereas mine doesn't.

In addition, she spends one evening a week away from the nursing home involved in an exercise group.

Her past relationship with her parents had always been good. She never married and always lived in the family home. She and her mother enjoyed a good relationship.

> I always had a very close, very comfortable relationship with my parents...(following her father's death) I don't feel that I gave up anything by having her with me. She was a lovely companion and I think the last few years have been tough but she was a lovely companion. A great one to go anywhere. A movie? Sure. Out to dinner? Okay. You didn't have to twist her arm. I would say up till the last three or four years she would get up and fix my breakfast. This was something that she wanted to do. And it made her feel useful.

This daughter's religious beliefs had sustained her during these difficult past years. She shared how these beliefs helped her.

> And I have a couple of prayers that help me. Anytime that it gets rough or the guilt begins, in fact one of the prayers opened up the day I decided to put her in the nursing home and I haven't closed it. It is right there. You can't help but have guilt trips. I told this priest that and he just sat there, saying, "Ohh."

These two cases are typical of daughters who had reorganized their role relationships with their mothers. The mother in the first case was mentally alert, whereas in the second case she was mentally and physically debilitated. Both had been in nursing homes for at least two years. These daughters both had careers, were generally healthy, and had good relationships previously with their mothers. Both had supportive family and friends. One mother was on public assistance, whereas the other was in a private facility. Neither of the daughters had graduated from college. Both seemed to possess strong philosophical viewpoints.

Role Disorganization-A Role Reorganizational Pattern

Daughters, who were not making a successful role transition following institutionalization of their mothers, presented lives filled with much emotional upheaval. Many had lived childhoods filled with sadness or had felt unloved as children. At times their relationships with their mothers had been "stormy" and unresolved hurts remained. These unresolved feelings continued to "haunt" these daughters. There seemed little hope that things would ever be resolved. Relationships among family members were strained

or distant in nature. They were unable to deal with the guilt caused by institutionalization. These daughters were experiencing the "emotional death" of their mothers. They experienced much role disruption and unhappiness with their new roles or had never accepted a new role. These daughters often resented being responsible for their mothers. Their mother-daughter relationships had been "weakened" over the years and they were unable to reorganize the relationship at this time. The examples in this next section are representative of those daughters whose relationships remained unresolved and their roles disorganized.

Previous mother-daughter relationships. A 55 year old daughter relayed the following incident of 30 years previous which caused a strain between her and her mother. Her mother had called her "silly" for crying during an emotional time in her life.

> And you know I couldn't say anything. I couldn't get myself to answer anything. This is how it stayed. And even now here a few times she would say, "Oh, you are exaggerating."

A 64 year old daughter's description of a childhood event.

> I wasn't happy at home. If she had a fight with my father, I was always the one that got the blame...I think truthfully too, mother didn't ever want a child...I remember as a little girl her saying to me, my mother she kind of shook me up a little bit, she said, "You better behave yourself. I never wanted you in the first place!" I was so crazy about my mother. I just worshipped her. I was so hurt.

Another daughter, 62 years of age described her childhood.

> My father died when I was five years old. My aunt took me in then. So I spent the school years with my aunt and than the summer vacations months with my mother. See, my mother is the weak type. She let her big sister take over. So that's what she did. So that's not easy losing both a father and a mother ...She kept the three boys. My father asked my aunt to take me in before he passed away because I was the only girl and so that was his wish. You know it's not easy to be taken away from your mother. I know it's not her fault. I am not going to blame her. My aunt was more like a mother. She was very domineering. So it wasn't a very happy childhood. Being with my aunt I was alone so much. That's bad. It was very lonely. There just wasn't any love there...I was reunited with my family during junior high.

These episodes describe unresolved hurts daughters' experienced in their childhoods. Unresolved issues led to poor relationships. These mother-daughter relationships remained poor even following institutionalization.

Family relationships and lack of support. Generally these chosen daughters received little support from their families. Often the role had been delegated or assumed by them because no one wanted it.

A daughter commenting about her brother and his attitude toward their mother.

> He went and saw mother once. He says, "I can't do it." But I have to.

She went on to share her brothers' previous involvement,

> My younger brother never lived here from the time he went to college. My oldest brother was too busy with all of his hobbies to be bothered. You know, if it was convenient... They never put themselves out to do something for her.

Daughter's emotional states varied with feelings of sadness, bitterness, anger and/or depression being expressed. They often spoke of how they were not able to cope with the institutionalization of their mothers. Visiting their mothers was often difficult for them. They did it from a sense of guilt.

A daughter who cared for her mother for four years in her home prior to institutionalization described her reaction to the nursing home. Her mother has been in the home for a year.

> And now I think I am going to lose my mind. Because she was always clean. She always had juice. When I think about what she had here and what she has now...So I say that every time I go there, there is something tearing me apart. I look at all this and I know how I was taking care of her...Sometimes when I leave (the nursing home) the tears are dropping. I feel physical pain. Some people would think I was crazy. But one can't excuse oneself. Must accept yourself.

She went on to question whether she and/or her family needed therapy.

> Me. Those who cannot cope with it!

As another daughter stated very similarly,

> It is really hard to see them like that. I come home. I am sick. Literally sick. Oh, it just hurts.

A daughter who has visited her mother daily for the past four years, though she shared that she has cut down to an hour each day except for Sundays when she stays all day.

> It is lonely at the nursing home. So I spend Sundays with her. Take her out to lunch...Yes, it's very depressing. So she is pouting now because I don't spend more time with her. She looked like she was going to cry. She just sat there. She said, "You spend such a short time with me." I said, "Well, I have been here three hours." It is just like reversing roles. You are the mother and she is the child. I don't want her to cry. So what do you do? You just don't know what to do. Everyone tells me, just ignore it and walk out. Kiss her good-bye. Tell her you will see her tomorrow...And then when you want to go on a picnic and I missed it, then you get so darn mad. I can't explain it. I wish there were two of me. I am trying to work it out now...
>
> Everyone says its wonderful that you have an 84 year old mother. I said, "I think it is wonderful but its not the quantity of life, it's the quality of life." She is not happy and I am not happy. Seeing her deteriorate like that is too much for me.

Generally these daughters had unresolved feelings of guilt over the institutionalization of their mothers.

Generally mothers' financial resources were limited. Many had never worked outside the home or had worked at low paying jobs. A number of mothers were on public assistance which limited the daughter's choice of nursing homes. Any available resources were exhausted quickly. One daughter who was paying for her mother's care, commented on the situation.

> It is driving me up a wall financially. Her money has long been used up. Mine is going to be right swiftly. I just don't know which way to turn.

Case Three - Role Disorganization

An in-depth case study of a 60 year old daughter, who has one

brother, illustrates an unresolved mother-daughter relationship with resulting role disorganization for the daughter. Following a hip fracture her 77 year old mother has been in a nursing home for one year. She refused to cooperate with physical therapy and so never became ambulatory following surgery. Because the mother weighed over 200 pounds the daughter was not able to care for her at home.

The daughter portrayed an emotional state of weepiness, guilt, anger and sadness. Guilt permeated her being. She described her mother as a very domineering, demanding woman who was "cruel" in her relationships. Her parents always fought and no happiness was present in their marriage. The mother lavished all her attention and love onto her one son. The daughter did not have a close relationship with her mother but felt a sense of duty toward her. She shared some of her feelings.

> It started with those guilt feelings all the time...That's what makes me so angry, that she did this to herself, though she blames me...It's always sad...I can't get rid of that (guilt). I can't turn it off...If I can get rid of the feelings of guilt, that is the main thing.

This daughter's husband died six years ago. A loss from which she has never recovered. She described her lack of any social support,

> My brother didn't want anything to do with her...My husband is dead. My father is dead. I have no sister, I don't know. My best friend died.

Her children don't support her in her role either. This daughter was left feeling "empty," a word she used to describe herself. She recently changed from visiting her mother daily to every other day. She described how she is afraid that her mother won't "last much longer." The mother rarely communicates with her daughter at this time and refuses to eat. She has lost 100 pounds in the past year.

Unresolved issues have existed for years within this mother-daughter relationship. Considering her mother's physical and mental conditions this relationship will probably never be resolved. The daughter remains in a state of role disorganization permeated with guilt.

Role Flux- A Role Reorganizational Pattern

A third group of daughters, those still in role transition, presented themselves. These daughters appeared to be in the process of adjusting to the changes present in their relationships with their mothers. Some uncertainty remained in their new roles. They were still in the process of role remaking.

One characteristic of this role uncertainty appeared to be the length of time following the mother's institutionalization. Daughters whose mothers had been institutionalized for a year or less appeared to be still in role transition. They expressed indecision about their roles. Likewise, daughters whose mothers had variable health trajectories.

As reported earlier, many factors affect role reorganization. The transitional process appeared to be an open system's model upon which several factors impacted. Daughters varied in their abilities to reorganize their mother-daughter relationships. Two case studies of daughters, who appeared still in role transition, will be discussed.

Case Four - Role Fluctuation

A 57 year old daughter has an 88 year old mother who has been in the nursing home for two and one-half years. The daughter works full-time. She has both a sister and brother; also a husband.

Previous mother-daughter relationship. This particular daughter had been a sickly child and became a favored child by her mother. In contrast, her older sister had felt unloved. This chosen daughter had had a good relationship with her mother.

Social Support. Her sister was very supportive and shared in an overseeing role in the nursing home. The brother seldom visited his mother and seemed uninvolved. Her husband visited his mother-in-law but absolutely refused to have her live with them. Thus, this daughter had no alternative but to institutionalize her mother following a mild stroke. The daughter described her mother's response to institutionalization.

> She is very depressed. She has never shaken that we have left her there. She wants to come home with us no matter what I say to her. I try to break it gently. Mother, my first concern is my husband and it has got to be that way ...To this day, she is very unhappy there. This is part of her problem. She is still alert.

Emotional status. This daughter admitted to not coping with the situation very well.

> We go through periods of real guilt...Are we doing the right thing? The first few months, that was the worst time...My mother said, "You didn't do the right thing. Take me out of here."...There are times I come home from there feeling very depressed and other times, I am ready for whatever she throws at me.

Her mother has threatened suicide a number of times. This daughter described how recently she has not been coping very well again.

> I wanted him (her husband) to come with me because I couldn't cope. I just fell apart and I was very upset about myself doing this because I understand what is going on and I couldn't cope with my own emotions. That was not too long ago. Maybe about two months ago.

Career. The daughter worked full-time in a demanding career that she found fulfilling, as well as a release from continual thoughts of her mother.

Finances. Because of past savings the mother was financially secure.

This daughter struggles with her relationship with her mother. As she said many times,

> She gets to me. If there were some way I could make her happier.

This daughter assumed responsibility for her mother's happiness and well-being. She felt the nursing home personnel thought she was "crazy" with all her suggestions and attempts at making her mother happy. She had not reorganized her role with her mother. Both seemed upset with the situation.

Case Five - Role Fluctuation

A 58 year old professional married woman, an only child, had an 89 year old mother who had been in the nursing home for only three months. Her mother had lived with them for the past twenty-five years following the death of her spouse. She described her mother as having "strong ties of dependency" to her.

Their previous mother-daughter relationship had been good but not particularly close.

> I have never been as close to my mother as I could be. I respect her highly...I think it is more of an emotional, this is my mother. This is about it. It isn't something that I depend on.

Throughout the years her mother always gave them problems when they wanted to go on vacation. She didn't want her daughter far away from her.

> She was very dependent, where I am very independent. I did not allow her to influence me to the point that I restricted my life.

Her career and attitude toward her mother's dependency.

> I am employed. I have quite a responsible position here as vice president of this firm...because I choose to work. She preferred to have me at home to take care of her. I would do the best I can, giving her what she needs and that is care. Not what she wants, but what she needs.

The daughter's emotional response to the process of institutionalization and her adjustment.

> Not very well (her adjustment). The doctor said it is harder on me than it is on her. If I had to express it, it is like death coming over a person. Slow death. I see a shell of a woman. She is really not my mother. I could express it that way. She is a human being that I still wished I could do something for and I'm wondering if I am doing the right thing leaving her there. If I should try and do more. I have my doubts. Whether it is guilt or not, I am not sure. I don't think it is guilt.

She described further her struggle with whether institutionalizing her mother was the best decision.

> I do struggle with that mainly because she being so dependent on me. It is a tie of family, I guess. I really don't know my feelings here. I suppose it is a loss. I feel like she is a butterfly, trying to, in the last spasms of life fluttering. Watching it and being the sole person who is really interested in her because there is no one else.

Philosophical belief.

> I am always trying to do as much as I can and could do for her. But as I said, I also don't let her run my life. I don't give her totally what she wants. I give her what I think she needs...She is a human being that I feel I have some responsibility for.

Length of institutionalization. This mother had only been in the nursing home for three months. The daughter had just begun the transitional process of reorganizing her role. Generally, daughters felt that their mothers would not last long following institutionaliztion. The daughter's emotional response.

> I don't think my mother will adjust and I think it is a matter of time. I would imagine this year sometime. I feel it is coming close...She is not happy at this point. And I still cannot be with her all the time and this is what she would like.

This daughter had a good support system comprised of her husband and two sons.

> I would say the greatest support is from my husband... I think my children. I have one son that is very fond of her.

In conclusion, it appeared that this daughter was in a state of role fluctuation. She was in the process of reorganizing her role in relation to her institutionalized mother. She shared her emotional response related to this process. Behavioral and structural factors contributing to her role transitional process were described. It appeared that many positive factors were present which should facilitate a successful role transition for this particular daughter.

Redefining their Role Relationship

Daughters were involved in a transitional process of role redefinition following institutionalization of their mothers. As

their mothers aged and became mentally and/or physically debilitated, their former mother-daughter relationships did not remain the same. Role disruption occurred. Various behavioral and structural factors appeared to be involved in this role reorganizational process. Daughters described their transitional processes and experiences of adjustment to the changes in their mother-daughter relationships. Redefining their roles as adult daughters to their institutionalized mothers was variously resolved by these daughters. The total impact of behavioral and structural factors resulted in the outcomes of role reorganization.

These data lend support to the development of propositions related to mother-daughter role relationships in later life and specifically with institutionalized mothers. Role remaking occurred within these mother-daughter relationships. New role behaviors were created during this role transitional process. The character of the relationship changed. Our understanding and knowledge of what occurs within these relationships has been deepened.

Propositions about Role Transitions of Daughters with Institutionalized Mothers

Based on the analysis of the data, the following propositions were developed.

1. Role transitions occur between mothers and adult daughters following the institutionalization of the mother.

2. Daughters who assume responsibility for their aged, institutionalized mothers experience a Basic Social Psychological Process of "Becoming a Chosen Daughter."

3. Becoming the "chosen daughter" is a role that is accepted, resented, or assumed by daughters and may either be delegated or not delegated by family members.

4. "Chosen daughters" experience a Basic Social Structural Process of "Redefining their Roles" with their institutionalized mothers.

5. Four successive stages are present in the role transitional process for chosen daughters with institutionalized mothers: pre-institutionalization, post-immediate, transitional, and reorganizational.

6. Social support for the "chosen daughter" is re-directed within families following the institutionalization of her mother.

7. "Chosen daughters" experience feelings of guilt, loss, and grief following the institutionalization of their mothers.

8. Five behaviors and four structural factors are interdependently interrelated to the role reorganizational outcomes of chosen daughters: previous mother-daughter relationship, emotional status, philosophical/religious beliefs, social-support system, attitude, health, finances, career, and length of institutionalization.

Summary

The Basic Social Structural Process of "Redefining their Roles" as daughters to their institutionalized mothers has been presented. Four successive stages of role transition were found within this process. In this study, three role reorganizational outcomes resulted for the chosen daughters: role resolution, role fluctuation, and role disorganization. Eight propositions about role transitions of daughters with institutionalized mothers were proposed.

In the following and last chapter, a summary of findings and discussion of role transitions related to daughters of institutionalized mothers are presented. Important findings and implications for nursing and research will be included.

Chapter VIII

SUMMARY AND DISCUSSION

A qualitative research design using grounded theory methodology was used to study adult daughters' relationships during the transitional period following their mothers' institutionalization in a nursing home. The central question was, "What characterized the relationships between adult daughters and their institutionalized mothers? The theoretical perspective of symbolic interactionism provided the framework for data collection. A voluntary sample of 32 adult, white women, age 40 to 71, were interviewed. Their mothers, age 72 to 99 years, had been residents in nursing homes for 3 months to 14 years with an average of three years. In-depth interviews, one to two hours in length, were used for data collection. Transition through time was used as an organizing principle. Major categories of the conceptualization resulted. Using methods of qualitative analysis, two Basic Social Processes, "Becoming the Chosen Daughter" and "Redefining their Roles," were named. Four successive stages were noted within the role transitional process. Daughters' roles were redefined through a process of role disruption and resolution. Social-psychological and structural factors were found to be important to role reorganization. Three reorganizational patterns for the daughters appeared. Propositions were developed which lend support to a substantive role transitional theory on mother-daughter relationships in later life.

Summary of Findings

"Becoming the Chosen Daughter" was a Basic Social Psychological Process (BSSP) that occurred for those daughters who took on the responsibility of their institutionalized mothers. Many times they had been caring for her for a number of years prior to the nursing home placement. Daughters did not always choose these roles. Sometimes these roles were delegated by other family members or demanded by their mothers or other family. A matrix of role delegation and acceptance was used for clarification of four groups of daughters that emerged from the data. They either accepted, resented, or assumed their roles. These chosen daughters would take on the major responsibility for the mother even with the presence of other siblings. "Becoming the chosen daughter" resulted in profound changes in their lives.

Role behavior changes were experienced by the daughters in this study as their mothers aged and became increasingly dependent upon them. Following illness and institutionalization of their mothers, feelings of loss and separation resulted. Mothers were no longer able to function in the typical mother role and role disruption occurred between these mothers and daughters. Role expectations had to change in their relationships. Daughters had to create new behaviors to replace former ones. These changes had to occur in order to restabilize their relationships. Because of the physical and mental debilitation present in the mothers in this study, generally daughters had to reorganize their roles without interactional reciprocity with their mothers. This made the process

more difficult for those daughters who had been very "close" to their mothers.

The onset of the transitional process was either sudden or gradual. In this study changes in the mother began either gradually over a period of time or abruptly with a devastating illness. Daughters' responses to either type of onset appeared similar in this study. The role reorganization process proceeded through the usual four successive stages. The actual event of institutionalization with its accompanying "marker events" began this process.

With the institutionalization of their mothers, life style disruptions occurred for these daughters. The structure of their lives changed in order to accommodate their new roles as chosen daughters. The following structural dimensions of their lives were affected: (a) time, (b) holidays, (c) vacations, (d) careers, (e) finances, (f) living arrangements, and (g) health. Daughters' life styles were generally structured around the time that was spent with their mothers. Generally daughters visited their mothers often in the nursing home. Holidays, birthdays and other special occasions were portrayed as difficult times for these daughters. According to York and Calsyn (1977) involvement of families with their relatives prior to the nursing home was related to their visiting patterns after placement. Generally their enjoyment of the visits decreased as their relatives experienced increasing mental deterioration.

Social and psychological dimensions of role transition resulted

for the chosen daughters. The phenomenon of social support, or lack of such support, was an important social dimension. Re-direction of social support within families occurred during the role transition process. Guilt over the institutionalization of their mothers and grief over the losses were of psychological importance. Daughters grieved over the emotional and social losses of their mothers. Daughters' reported that the actual event of institutionalization of their mothers was more difficult for them when their mothers were still alert. A number of daughters commented that they were glad their mothers were not aware of being in the nursing home.

Many daughters (53%) worked outside their homes. Some had already retired. Working was necessary from a financial viewpoint but it also appeared to help them live a more balanced life style. Daughters described how it allowed them to escape from continual thoughts of their mothers' situations in the nursing home. It appeared that daughters who worked were better able to adjust to the institutionalization of their mothers. It was reported earlier that a decline occurs in affection between mothers and daughters over the years. Scharlach (1985) reported that affection decreased but guilt, resentment, and role conflict increased between working daughters and their mothers when compared to nonworking daughters. These mothers lived in the community. The question is whether working becomes a positive factor for daughters following the institutionalization of their mothers.

The majority (66%) of the mothers were on public assistance. It

has been reported that 60% of all nursing home care is covered through Medicaid (Horn & Griesel, 1977; Moss & Halmandaris, 1977). Even though some daughters felt they might have been able to pay for their mother's care, it would have jeopardized their own future financial security. Daughters expressed a loss of control regarding their mothers' care with the transition from private pay to public assistance.

When mothers were no longer able to live alone the chosen daughters often invited them into their homes. Fifty-eight percent of the mothers in this study lived with their daughters prior to nursing home placement for an average of 11 years. Treas (1977) reported that one-half of all widowed or single women share a home with their children. In another study, Brody (1981) reported that 34% of adult women over age 50 had their mothers living with them. In this study many daughters hoped that nursing home placement could be avoided by caring for their mothers in their homes. This was not realized by the daughters in this study. The average nursing home stay has been reported to be two years (Brody, 1974). For these daughters it had become much longer.

Daughters valued family support for their roles as chosen daughters. Redirection of social support within families occurred during role reorganizational transition. Chosen daughters did not always receive the social support they felt was merited. Husbands, if present, were considered their most supportive person. Siblings, especially brothers were not perceived as being very supportive.

Lack of support by spouses, offspring and/or siblings made their new roles difficult to perform. These findings appear to be similar to those reported in the literature (Brody, 1981, 1985; Johnson, 1977; Ragan, 1979).

All the daughters in this study experienced guilt following the nursing home placement of their mothers. After their initial adjustment the guilt would seemingly be resolved but only to resurface again and again over the years. Daughters described how they handled these guilt feelings. For some it seemed almost intolerable. This finding was unlike reported findings in the literature. Smith and Bengtson (1979) reported on 100 institutionalized elderly patients and their adult children who were interviewed concerning their family relationships. Both groups reported an improvement of or a continuation of close family ties following the placement. The authors felt that guilt occurred prior to and just after placement but then both parent and child seemed to adjust. But according to them, "Guilt was a predominant factor among those children who did experience a deterioration of the relationship" (p. 446). In this study, guilt appeared a prominent theme for both good and poor relationships. Possibly because some had broken promises of never institutionalizing their mothers.

Daughters also experienced losses in their mother-daughter relationships following their mothers' institutionalization and progressive deterioration. Their response to this loss was grieving. These daughters expressed their feelings of loss and grief in many

ways. Daughters reported incidents of grieving throughout the institutionalization process in relation to specific situations and/or losses. Anticipatory grieving in preparation for the ultimate loss through their mothers' deaths may have been occurring. Many daughters looked forward to their mothers' deaths as a relief from the burden, as well as the guilt. It seemed that a process of disengagement was occurring between them. Their mothers were no longer perceived as their "mothers" but as another human being who was in need of care.

A Basic Social Structural Process (BSSP) of role redefinition occurred for chosen daughters following the institutionalization of their mothers. The following four stages of role transition emerged from the data: (a) pre-institutionalization, (b) post-immediate, (c) transitional, and (d) reorganizational. The role reorganizational process appeared as an open system's model with the following structural and behavioral factors impacting on daughters' role reorganizations: (a) previous mother-daughter relationship, (b) philosophical/religious beliefs, (c) social support system, (d) emotional status, (e) attitude, (f), health, (g) finances, (h) career, and (i) mother's length of institutionalization. Three patterns of role reorganization appeared: (a) daughters who reorganized their roles, (b) those who remained in a state of role flux, and (c) those who clearly were not able to reorganize their roles with their mothers.

It appeared that poor previous mother-daughter relationships

lend themselves to unresolved present relationships. As mothers became progressively incapacitated mentally, daughters realized that there was no longer any hope that their mother-daughter relationships would be resolved or improved. Sadness was portrayed with these situations. In contrast, most daughters who had had good mother-daughter relationships appeared content with their present relationships. Generally they were able to reorganize their roles with new behaviors being learned. Some daughters had difficulty learning new role behaviors. They talked about the lack of role models available from which to pattern their new roles. Daughters reported that their brothers especially had a difficult time developing new relationships with their mothers. For those who were unable to reorganize their relationships, being a "chosen daughter" became a difficult task. These findings are similar to those reported in the literature. Families need help in learning to cope with their elderly institutionalized parents. There is need for family role models in long-term care (Olsen, 1980; Smith & Bengston, 1979; York & Calsyn, 1977).

In conclusion, the findings in this study relate to the three components of the family solidarity model: association, affection and consensus (Bengston et al, 1976). The relationships between mothers and daughters continue throughout a lifetime together. Mother-daughter roles change but their relationship persists.

Association refers to the objective interaction and behavior between family members. The chosen daughters in this study were

very supportive of their mothers prior to and following placement in the nursing home. Over half of the mothers lived with their daughters for many years prior to institutionalization while the rest lived in close proximity. Daughters provided help to their mothers as needed. Following institutionalization these same daughters visited their mothers often. Many participated in caregiving activities in the nursing home.

Social support was often redirected within the immediate families following the institutionalization of the mothers. Chosen daughters were not always supported in their roles by their siblings, spouses, or offspring.

Affection refers to ties of affection among family and is generally related to association. Ties of affection appeared to remain strong between mothers and daughters throughout these later years. Changes in the quality of affection occurred when the mother's mental capacity declined and she could no longer reciprocate within the relationship. Following the institutionalization of their mothers, feelings of guilt, loss, and grief resulted. Generally daughters had a difficult time dealing with these feelings.

Consensus refers to value continuity within families and feeling responsible toward one another. The daughters in this study often compared their feelings and attitudes with the values of their mothers. Forty-four percent of the mothers were of foreign birth. Daughters of these mothers often referred to their mothers' ideas of the "old world." Sometimes a value conflict occurred between them on

the issue of institutionalization. Feelings of guilt followed the placement of their mothers in a nursing home.

Implications for Nursing

This study has implications for nursing. Three areas of concern are: (a) the mental health issues of daughters and their families, (b) nursings' role and response to these issues, as well as other concerns, and (c) the need for social health policy change.

Mental Health Issues

Institutionalization of a parent continues to be perceived as a deviant act in our society. The myth persists that adult children and families do not care for the needs of their elderly. Nursing homes are seen as "dumping grounds" for unwanted older persons. The mental health needs of individuals experiencing the institutionalization of a parent are many. This segment of our population suffers in silence. Daughters expressed feelings of isolation and thought the greater community did not understand or care about their situation. Even though this study focused on "chosen daughters," extended family members' needs as well as those of the institutionalized mother became apparent also.

Chosen daughters experienced much emotional upheaval in their role transitions in relation to their mothers. Previous unresolved issues with their mothers resulted in continued poor relationships. When mothers became mentally incapacitated, daughters realized their

relationships with their mothers probably would never be resolved. These daughters could benefit from therapeutic intervention.

Chosen daughters relationships with their spouses, siblings and offspring, if present, were affected likewise. The role of the chosen daughter was not performed in social isolation. This role affected one's entire life style. Inadequate preparation for these role transitional changes exist presently. Role models are not available for these daughters and their families. Many felt inadequate in meeting their mothers' needs.

The emotional responses of daughters following the placement of their mothers were profound. Feelings of guilt, loss, grief, and anger or resentment were expressed. At times daughters questioned whether they had institutionalized their mothers too early. Family relationships and the emotional responses of caregivers for elderly in the community has been well documented in the literature (Brody, 1981, 1985; Cantor, 1983; Horowitz, 1985; Johnson, 1977, 1983; Johnson & Catalano, 1983). Daughters often become that caregiver. Family relationships and emotional responses of chosen daughters caring for institutionalized mothers have not been addressed in the literature. This study demonstrated many unmet psychosocial needs. Nurses could play a significant role in meeting these needs in all health care settings.

Nurses' Role

Nurses who work in hospital, community, and nursing home settings need to become aware of the role of the chosen daughter who

becomes responsibile for the mother. Understanding this role is essential in order for a nurse to be supportive of a family's consideration of nursing home placement of their mother. Mentally alert mothers should be encouraged to become involved in the decision process. Institutionalization can be an extremely difficult time with the resultant role transition process for both mothers and daughters.

According to Moss (1977), one-third of the elderly who are institutionalized come form a hospital setting, 13% transfer from another facility, and over half are admitted directly from home. A lack of recognition of nursings' role prior to and following institutionalization was expressed by the daughters in this study. Doctors and social workers were reported as those involved in assisting the family in making the decision to institutionalize their mothers. The nursing home administrator was perceived as the one in control of their mothers' welfare following placement. The professional nurses' role was perceived as supervising the nursing assistants who cared for their mothers. According to Lodge (1985) nursing administrators in long-term care settings report spending nearly one-fifth (18 percent) of their time with residents and their families (p. 28). The role of the professional nurse in long-term care leadership must be strengthened with better linkages developed between the nurse and family members.

Administrators, directors of nursing, and other nursing staff in long-term care settings need to be made aware of the role of the chosen daughter. Families and their elderly often need assistance

in making the transition from home to an institutional setting. Following nursing home placement, role disruption occurs between mothers and daughters. Daughters as well as other family members lack role models for their new roles. Nurses can assist family members to develope caregiving and overseeing roles in the nursing home setting.

Appropriate psychosocial interventions for these daughters and their families are an area of need. Family counseling and related support services are important in order to preserve these relationships. Daughters need assistance during this role transitional process. Issues related to the institutionalization process and grief over the social and emotional losses of their mothers need to be resolved in order for daughters to achieve role reorganization. Chosen daughters need permission to go on vacations and assistance in establishing a reasonable visiting schedule. Family therapy groups may be an appropriate intervention for the chosen daughters and her siblings in order to assist them in working through their feelings regarding institutionalization of their mother. Spouses and offspring also have needs. Nurses could play an important role in providing these services through individual supportive therapy and in collaboration with other members of the health team. It has been reported that family programs in long-term care have been helpful (Del Soto, 1982; Hausman, 1979).

Social Health Policy

Social health programs for elderly persons in this country have evolved rapidly over the last 20 years. Presently, social health policy must be developed in order to better accommodate the health needs of the older segment of our population. In this country there is no national health policy on care of the elderly but a series of programs (Kutza, 1981; Pegels, 1981).

The passage of Title XVIII (medicare) in 1965 and Title XIX (medicaid) in 1967 provided new funding sources for long-term care institutions. Generally medicare pays for acute rather than chronic care. Thus, once an institutionalized elderly person's assets are liquidated, he becomes eligible for medicaid. Shechter (1984) estimated that "one of every three private-pay patients becomes a Medicaid recipient within a year of entering a nursing home" (p. 15). In 1979, medicaid paid for 57% of all nursing home costs, medicare 2%, veterans assistance 2%, private insurance 0.7% and private pay 38%. Seventy-five percent of the nursing home patients in this country receive at least partial medicaid support which supplements their social security or other income (Crystal, 1982). Nursing home care cost $27.3 billion in 1982 (Floyd, 1985). Generally families are unable to pay for the cost of long-term care without causing financial difficulties for themselves.

Long-term care insurance from the public private sector has been proposed to help defray the cost. Meiners developed one prototype insurance policy which would cover three years in a nursing home after a 90-day deductible (Meiners & Trapnell, 1984). The cost of

the policy varies with age but would be approximately $550 per year. Home health care could be substituted for institutional care. It appears that two reasons prevent the marketing of long-term care insurance. First, the lack of information to determine the cost estimate, and secondly, an inability to determine the potential utilization of this insurance. The demand may be greater than available resources (Floyd, 1985; Meiners & Trapnell, 1984). Public policy changes are necessary in order to assure financing of long-term care.

Nurses and consumers must be aware of the ramifications of existing social health policy. As the aged population increases, the inadequacies of present policies become more apparent. The need for added reform in long-term care health policy is urgent. More supportive social and health-related programs for families who are maintaining their elderly in the community are necessary. Payment for these family caregivers is available from some state medicaid programs. Other programs are already in existence, for example, day care for the elderly, housekeeping services, and Meals on Wheels. But health policy determines who receives these services. Available services are unable to meet the growing demand. Uncoordinated and duplicated services result in many inequities and wasted resources. In addition many families are unaware of their availability and utilization of these services are poor (Brody, 1985; Smallegan, 1985). Few daughters in this study used formal community services to assist them in caring for their mothers at home.

Recommendations for Further Research

This study was limited to the mother-daughter dyad. Other family relationships were not studied. It was limited to the daughter's role reorganization process following the institutionalization of her mother. The time following her mother's death was not studied. Being a retrospective study, one had to rely on the daughter's memory and perspective of past experiences.

The following areas for further research were identified from this study.

1. Daughters reorganization of their lives following the deaths of their mothers.

2. Sibling role relationships with their mothers and the processes of role transitions within these relationships.

3. Prospective study investigation of mother-daughter role relationships during the pre-institutionalization phase and post-institutionaliztion stages of role transition.

4. Adult daughters' relationships with their institutionalized fathers to determine similarities and differences in relation to this study's findings.

5. Social support changes among family members of institutionalized elderly.

6. Spouses' role in the institutionalization process of their wives when adult children are present.

7. Study replication with other cultural groups to determine similarities and differences.

8. Process of role delegation studied from both mothers and daughters' perspectives.

9. Comparison of the emotional health status of working and nonworking daughters' who have institutionalized mothers.

10. Son-in-laws' role and relationship to their institutionalized mothers-in-law.

11. Nurse-family relationships in the nursing home setting.

12. Daughters' perception of loss of control when payment for mothers' care shifts from private pay to public assistance.

Summary

A qualitative research design using grounded theory methodology was used to study adult daughters' relationships during the transitional period following their mothers' institutionalization. Two Basic Social Processes of "Becoming the Chosen Daughter" and "Redefining their Roles" emerged from the data. Four stages of role transition were noted. Three role reorganizational patterns were noted with the daughters in this study. Adult daughters reorganized their role relationships with their institutionalized mothers with the creation of new social worlds for themselves. These findings support a substantative role transitional theory for relationships in later life between mothers and daughters.

APPENDIX

RUSH UNIVERSITY 1743 WEST HARRISON STREET, CHICAGO, ILLINOIS 60612

Appendix A

Letter to Participants

COLLEGE OF NURSING

Dear Participant:

I am a Registered Nurse and presently a doctoral nursing candidate at Rush University, Rush-Presbyterian-St. Luke's Medical Center, Chicago. As part of my degree requirements I am completing my dissertation.

For my dissertation, I am studying mother-daughter relationships. The purpose of this study is to better understand the changes, if any, that may have occurred in this relationship. I am interviewing women who have mothers living in Nursing Homes and invite your participation.

Your participation is this research study involves describing what your relationship has been like with your mother. It will take approximately 1-2 hours of your time. The interview will take place in your home at your convenience. Your name and other identifying information will not be used in the study. Your comments will be held in confidence by me. There is no monetary remuneration for your participation. Your participation is voluntary.

It is known that sometimes talking with another person can be helpful in better understanding oneself. In addition, your participation will contribute to our knowledge and understanding about mother-daughter relationships. If you would be willing to be interviewed for this study, during the next few weeks, please fill in the form below and return it to me in the enclosed stamped envelope. If you would like to discuss this with me, please feel free to call me at [redacted]

Looking forward to meeting you in the near future.

Sincerely yours,

Valerie Matthiesen, M.S.N., R.N.

MOTHER-DAUGHTER RELATIONSHIP STUDY

Yes, I am willing to be interviewed for this study on mother-daughter relationships.

Name_____

Address_____

Phone Number_____

Best time to reach me_____

Appendix B

Letter from Administrator

Valerie Matthiesen, a Registered Nurse, and presently a Nursing Doctoral Candidate at Rush University, Rush-Presbyterian-St. Luke's Medical Center, Chicago, has asked our _____ Convalescent and Geriatric Center to participate in a research study concerning mother-daughter relationships. Having discussed the study with her, we support her endeavor and encourage your participation.

Enclosed please find a letter from her describing the study and inviting your participation. I will be happy to answer any questions you may have in regards to the study. Please feel free to call me.

Sincerely,

Administrator

cc: Enclosure

Appendix C

Background Data Sheet

Subject #_____

Date of Interview:_____
Place of Interview:_____

DAUGHTER	MOTHER
Date of Birth:_____ Place of Birth:_____	Date of Birth:_____ Place of Birth:_____
Siblings: M F Age____ M F Age____ M F Age____ M F Age____	Siblings: M F Age____ M F Age____ M F Age____ M F Age____
Marital Status:_____ Year of Marriage:_____	Marital Status:_____ Year of Marriage:_____
Highest Level of Education Attained: Elementary_____ High School_____ College _____ Other _____	Highest Level of Education Attained: Elementary_____ High School_____ College _____ Other _____
Occupation: Present_____ Past _____	Occupation: Past _____
Religious Choice: Protestant_____ Catholic _____ Jewish _____ Other _____	Religious Choice: Protestant_____ Catholic _____ Jewish _____ Other _____
Income Level: $4999 or less/year _____ $5-9,999 per/year _____ $10-14,999 _____ $15-19,999 _____ $20,000 or more _____	Income Level: $4999 or less/year _____ $5-9,999 per/year _____ $10-14,999 _____ $15-19,999 _____ $20,000 or more _____
Place of Residence: _____	Place of Residence: _____
Distance Lived from Mother: _____ Miles	Date of Admission:_____ Mother Lived with Daughter: Yes or No How Long?_____
How often do you visit your mother: Daily _____ Weekly _____ Monthly_____ Other _____	Functional Level of Mother: (physical and mental) _____ (reported by daughter)

Appendix D

Interview Guide

I. Background Information
Family history
Childhood
Siblings
Growing up years

II. Present Lifestyle
Household
Relationships
Career/work
Changes in recent years
Support systems
Time

III. Relationship with Mother (Past)
Childhood
Early Adult Years
Expectations
Emotional ties

IV. Process of Institutionalization
Mother's health
Living arrangements
Precipitating event
Decision making
Choosing a nursing home
Sibling involvement

V. Nursing Home Experience
Adjustments
Length of time in home
Visiting
Mother's health
Response to institutionalization

VI. Relationship with Mother (Present)
Changes since institutionalization
Mother's expectations
Future expectations
Emotional responses

Appendix E

Coding Categories

Family Background

1 Family history: parents
2 Birth data and place
3 Birth order and siblings
4 Death: Family members
5 Childhood
6 Education
7 Religious upbringing
8 Social activities
9 Young Adulthood
10 Marriage and children
11 Career/work
12 Living arrangement
13 Finances
14 Emotional ties
15 Social/ethic norms

Siblings

16 Childhood
17 Adult years
18 Relationship with mother
19 Relationship with sister
20 Relationship with spouse
21 Supportive/nonsupportive
22 Responsible/nonresponsible
23 Adjustment to institutionalization
24 Visits to nursing home/mother

Daughters Past Relationship with Mother

25 Childhood
26 Early adult years
27 Expectations
28 Lifestyle similarities/differences
29 Conflicts
30 Dependency/independency issues
31 Planning for mother's aging
32 Spouse response to mother-in-law
33 Offspring response to grandmother
34 Emotional ties with mother
35 Emotional response to mother

Mother's Status Prior to Nursing Home

36 Health issues
37 Functional status
38 Living arrangement
39 Support services
40 Dependency/independency issues
41 Precipitating event
42 Decision making
43 Choosing a nursing home
44 "Chosen daughter"
45 Emotional response by daughter

Nursing Home Experience

46 Adjustment
47 Functional status
48 Health issues
49 Transfers
50 Complaints
51 Response to institutionalization
52 Financial issues
53 Activities
54 Expectations of mother
55 Fantasies/wishes
56 Visits
57 Length of time in nursing home
58 Role models
59 Responses: friends/relatives/spouse

Daughter's Present Relationship with Mother

60 Expectations of mother
61 Mother's response to daughter
62 Responsibility for mother
63 Losses: relationship
64 Losses: anticipatory
65 Emotional response to mother
66 Grief process
67 Coping
68 Guilt response
69 Role changes
70 Disagreements
71 Dependency/independency issues
72 Regrets with relationship
73 Future

Daughter's Present Lifestyle

74 Career/work
75 Marriage/family
76 Living arrangement
77 Emotional state
78 Health
79 Time factors
80 Social supports
81 Friends/neighbors
82 Activities
83 Vacations
84 Holidays
85 Financial issues
86 Belief system: religious/philosophical
87 Household changes
88 Other parent care

Appendix F

Subject Information Sheet

Dear Participant:

I am a Registered Nurse and presently a Nursing Doctoral Candidate at Rush University, Rush-Presbyterian-St. Luke's Medical Center, Chicago. As part of my degree requirements, I am completing a research dissertation.

For my dissertation, I am studying mother-daughter relationships. The purpose of this study is to better understand the changes, if any, that may occur in this relationship. I am interviewing women who have mothers living in Nursing Homes. Your participation in this research study involves describing what your relationship has been like with your mother. It will take approximately 1-2 hours of your time. There is not monetary remuneration for your participation. I will answer any questions you may have about this study at any time.

Your name and other identifying information will not be used at any time throughout the study. Since your comments will be held in confidence, I am requesting to have the interview tape recorded and/or written notes taken by me.

You may refuse to answer any questions and may stop the interview at any time you wish. Also, you may request that the tape recorder be turned off at any time. Your participation is voluntary and your refusal to participate will involve no penalty to you. It is known that sometimes talking with another person can be helpful in better understanding oneself. In addition, your participation will contribute to our knowledge and understanding about mother-daughter relationships.

I have read and understand the information in this Subject Information Sheet and have received a copy. I have volunteered to participate based on this information.

Sincerely,

Valerie Matthiesen, M.S., R.N.
Doctoral Candidate
Rush University, College of Nursing

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