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Intergenerational Support to Aging Parents

The Role of Norms and Needs

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This investigation examines how norms of filial responsibility influence adult children to provide social support to their aging parents. Relying on intergenerational solidarity and social capital theories, the authors hypothesize that filial responsibility as a latent resource is more strongly converted into support when (a) the parent experiences increased need and (b) the child in question is a daughter. Using data from 488 adult children in the Longitudinal Study of Generations, the authors examine change in support provided between 1997 and 2000. Declining health of either parent increases the strength with which filial norms predisposed children to provide support. The conversion of filial norms into support is stronger among daughters than among sons but only toward mothers. Results are discussed in terms of the contingent linkage between latent and manifest functions and the persistence of gender role differentiation in the modern family.

Keywords: *intergenerational support; filial norms; aging parents; family solidarity*

Throughout most of recorded human history, adult children have taken on the primary responsibility of caring for older parents with acute needs. However, increased life expectancy during the past century has extended the period with which older people require care and has made family caregiving an increasingly common activity for adult children (Cicirelli, 1990). Estimates that more than half of middle-aged daughters can expect to care for their aging parents suggest that caregiving has become a normative part of the life course (Himes, 1994; Sorenson & Zarit, 1996).

Although the majority of older adults in most developed nations live independently of their extended families, adult children continue to be the

main providers of long-term health and social support to aging parents and by most accounts form the backbone of their support systems (Brody & Brody, 1989; Cicirelli, 1988; Stone, Cafferata, Lee, & Sangl, 1987; Troll, 1986). At the same time, older parents expect to rely on their adult children as critical sources of support and care should they become frail or experience other age-related deficits (Blieszner & Mancini, 1987; Burr & Mutchler, 1999; Cicirelli, 1990; Rossi & Rossi, 1990; Stein et al., 1998). In this investigation, we focus on the process by which adult children come to provide support to older parents in need, particularly the conditions under which normative commitments motivate supportive behavior.

Filial responsibility to older parents—an aspect of the broader concept of familism—refers to the generalized normative expectation that adult children have the duty to support their aging parents (Cicirelli, 1988, 1990). Norms of filial duty are conceptually distinct from personal intentions to provide support and the supportive behaviors themselves, though they are predictive of both factors (Bromley & Blieszner, 1997; Finch & Mason, 1990; Rossi & Rossi, 1990; Silverstein & Litwak, 1993; Silverstein, Parrott, & Bengtson, 1995; Stein et al., 1998; Whitbeck, Hoyt, & Huck, 1994). Even when children embrace the value of filial responsibility, they do not necessarily plan to or actually provide support to their parents (Peek, Coward, Peek, & Lee, 1998).

In this research, we develop the concept of filial norms as an aspect of social capital that resides in family relationships. Social capital is a latent resource that accrues when a person cultivates social relationships with people and provides them with resources or services so that they feel obligated to reciprocate and provide something of value in return (Bourdieu, 1983; Coleman, 1988). Furstenberg and Kaplan (2004) provide a normative definition of social capital with respect to families; they describe familial social capital as the “stock of social goodwill created through shared norms and a sense of common membership” (Scott, Treas, and Richards, as cited in Furstenberg & Kaplan, 2004, p. 221).

The support bank model is a useful metaphor for understanding how social capital is produced and consumed during the life course of the family (Antonucci, 1990). A support bank is a reserve of social capital that parents build early in the family life cycle through investments of time, money, and affection in their young children. These invested resources build a sense of obligation in children to reciprocate in kind when the parent experiences challenges in later life (Henretta, Hill, Li, Soldo, & Wolf, 1997; Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002). Thus, social capital in long-term intergenerational relationships may lie dormant in children, even for

decades, until it is triggered by an extenuating need such as a health crisis or the death of a spouse.

The concept of social capital is implicit in contemporary scholarly debates about the “decline of the American family.” Popenoe (1988), one of the leading proponents of the decline perspective, questions whether family members are able, or even willing, to serve as resources to each other, essentially challenging the notion that families represent significant repositories of social capital. An alternative perspective advocated by Bengtson (2001) proposes that families—seen in a broader definition that includes extended multigenerational kin structures and multiple types of solidarity—represent significant latent resources that can be activated at times of need. Themes of latency and activation are found in the “intergenerational solidarity” paradigm, a multidimensional model of intergenerational cohesion and integration (Roberts, Richards, & Bengtson, 1991). Recent refinements to the original six-dimensional model have identified two general domains of intergenerational cohesion: latent solidarity and manifest solidarity (Silverstein & Bengtson, 1997). Latent solidarity is represented by cognitive–emotional factors, such as feelings of obligation and emotional closeness, which favorably predispose family members toward each other. Manifest solidarity represents functional aspects of family life, such as exchanges of emotional, instrumental, and material support. Latent forms of solidarity have the capacity to trigger manifest forms of solidarity, but the exact linking mechanisms between the two have yet to be identified.

Life span developmental theorists also suggest that family integration and aid giving exhibit a metabolism characterized by shifts between latency and activation (Elder, 1992). This ebb and flow of intergenerational support is characteristic of what Riley and Riley (1993) have labeled the *latent kinship matrix*, a network of family members who alternate between being potential support providers and being actual providers of support. What remains to be investigated are the characteristics of persons most likely to be mobilized within the social support systems of older adults and the family conditions under which the supportive behavior of these persons are most likely enabled.

Although the concept of social capital is rarely used in family studies, and more rarely still in aging family studies, it has great advantages as an integrative concept that synthesizes ideas from discrete paradigms within a unifying theme. In its application to old-age support, social capital can be considered a linking concept that bridges structural and interpretive scholarly traditions in family science and social gerontology. The construct of normative solidarity has roots in structural–functional role theory that focuses on the rights and duties embedded within social relationships. A more interpretive

approach stresses negotiation in family relationships and introduces notions of variation and uncertainty in how roles are enacted. Indeed, modern perspectives on the family have increasingly emphasized the malleability of rules guiding relationships across generational boundaries (Finch & Mason, 1990). The intergenerational solidarity paradigm has firm roots in role theory, emphasizing the relatively static role structures and behavioral expectations of role incumbents; however, it has evolved to include interpretive theories that emphasize the latent and probabilistic nature of family relationships. Although internalized norms may be the starting point for understanding how family roles function in practice, they are predisposing rather than deterministic features of families, and as such, are necessary but not sufficient as explanations of behavior in contemporary families. In this light, filial obligation on the part of children represents a form of social capital possessed by older parents, even as its value—based on its potential usefulness—may be anticipated with less than perfect certainty.

Furthermore, gender roles are likely to bear on the process by which social capital in the family is accumulated and redeemed by older parents. In the United States, adult daughters are typically among the most prolific providers of support to aging parents (Aronson, 1992; Rossi & Rossi, 1990; Silverstein et al., 1995; Sorenson & Zarit, 1996), though there is some disagreement as to the degree to which differences between sons' and daughters' contributions are rooted in task specialization, wage disparities, or differences in normative attitudes toward care work. The gender of the parent is also a likely factor in how much support is provided, with mothers more likely to engage in behaviors that strengthen their commitment to elder-care norms and build social capital. Studies generally show that older mothers receive more instrumental, financial, and emotional support from their children than older fathers do (Rossi & Rossi, 1990; Silverstein & Bengtson, 1997); explanations for this differential generally center on greater maternal investments of time and emotion in child rearing.

The purpose of this investigation was to determine whether parental need and gender of child strengthened the linkage between latent and manifest solidarity in parent-child relationships. Specifically, we examined whether norms of filial responsibility and two types of expanding parental need—declining physical health and experiencing widowhood—interacted to synergistically increase support flows from children. The degree to which normative orientations of children are triggered into behavior by objective need states of their parents was taken as evidence that filial obligation operates as a conditional form of social capital in the older family. Second, because caregiving is still more central in the role set of women, we investigated whether the value of a child's filial obligation held greater value for aging parents depending on

whether the child is a son or daughter, with the expectation that daughters are more likely than sons to act on their professed beliefs concerning the parental care duties of adult children. Recognizing that mothers and fathers maintain qualitatively different types of relationships with their children and have differential propensities to receive support from them in later life, we created our models to consider mothers and fathers separately.

Method

Sample

Data are derived from two waves of measurement from the Longitudinal Study of Generations (LSOG). The LSOG began in 1971 as a mailed survey with an original sample of 2,044 respondents ages 16 to 91 from 328 three-generation families that were selected via a multistage stratified random sampling procedure from a population of 840,000 individuals enrolled in Southern California's first large health maintenance organization (HMO). All available grandparents, parents, and grandchildren 16 years of age or older in the selected families were eligible for the study. The sample reflects a diversity of social class backgrounds ranging from working class to upper middle class but underrepresents minorities because of the source of the sample and the time in history when the families were originally recruited. In 1985, the original sample members were surveyed again, and since then, data have been collected at 3-year intervals up to 2000. The longitudinal response rate between 1971 and 1985 was 73% and since then has averaged 80% between waves, a rate that is comparable to most long-term longitudinal surveys.

In the present investigation, we selected a subsample of 488 adult children in the parent and grandchildren generations who participated at both 1997 (T1) and 2000 (T2) waves and who had at least one surviving parent. Of this group, 63% were daughters, 73% were married, and three quarters (76%) had at least some college education. These children averaged 47 years of age. Because support provided to mothers and fathers was examined separately, models were constructed based on two overlapping subsamples: those adult children responding about their mothers ($N = 442$) and those adult children responding about their fathers ($N = 285$).

Measures

Dependent variables. Support provided to mothers and fathers was measured by responses of adult children at T1 and T2 to a nine-item scale that

asks, "How often do you provide any of the following types of help and support to your mother or father? (1) household chores, (2) transportation or shopping, (3) information and advice, (4) financial assistance, (5) emotional support, (6) discussion of important life decisions, (7) visiting or sharing of leisure activities, (8) help when she or he is sick, and (9) assistance with personal care (e.g., help with bathing, dressing). Respondents rated each item on an 8-point Likert-type scale corresponding to the following categories: *not at all*, *once a year*, *several times a year*, *monthly*, *several times a month*, *weekly*, *several times a week*, and *daily*. The reliability of the nine items across the two waves of measurement was $\alpha = .88$ and $\alpha = .90$ for support to mothers and $\alpha = .83$ and $\alpha = .86$ for support to fathers. Items were summed to form a total support score, potentially ranging from 0 to 63.

Independent variables. Norms of filial responsibility to aging parents were measured at T1 with the following question: "Regardless of the sacrifices involved, how much responsibility should adult children with families of their own have to" (1) provide companionship or spend time with elderly parents who are in need, (2) help with household chores and repairs and/or provide transportation for elderly parents who are in need, (3) listen to the problems and concerns of elderly parents and to provide advice and guidance, (4) provide for personal and health care needs of the elderly parent (for example, bathing, grooming, medication, etc.), (5) provide financial support and/or assist in financial and legal affairs of elderly parents who are in need, and (6) provide housing for the elderly parents who are in need. Respondents rated their level of responsibility on a 5-point scale ranging between *none* to *total*. Reliability of the six items was $\alpha = .90$. Responses to the six items were summed to form a scale ranging from 6 (*weakest responsibility*) to 30 (*strongest responsibility*), which was then mean centered.

Functional impairment of each surviving parent was measured as the ability to perform activities of daily living. Adult children answered five questions about the ability of each parent to do the following: (1) walk up and down stairs, (2) walk more than one block, (3) prepare meals, (4) do household chores, and (5) take care of own personal hygiene needs such as bathing and cutting toenails. Respondents rated the degree of difficulty on a 4-point scale: *no difficulty*, *can perform with difficulty*, *can perform with assistance*, and *unable to do at all*. The scale items for mothers and fathers were similarly reliable at each wave, ranging from $\alpha = .88$ to $\alpha = .94$. The items were summed to create total impairment scores for mothers and fathers. The total score ranged from 5 to 20, in which 5 represented *no difficulty* and 20 represented *complete incapacity*. A health improvement–decline score

was then created for each parent by subtracting T1 from T2 impairment scores. Negative scores indicated lessening impairment, positive scores indicated growing impairment, and a score of 0 indicated that no change in impairment occurred. The majority of fathers (62%) and mothers (64%) had impairment levels that were unchanged between T1 and T2. More fathers (27%) than mothers (23%) experienced declines in their functional ability, and more mothers (13%) than fathers (11%) experienced improvements in their functional ability.

For mothers, the change in marital status was measured with two dummy variables: (a) those that became widowed between T1 and T2 and (b) those that were unmarried at T1 and T2 (almost all of whom were widowed). The reference group consisted of those who were married in both periods. Because only three fathers were widowed between T1 and T2, only one dummy variable was tested: being unmarried at either wave of measurement (versus those who were married at both periods).

To examine how parents' needs and children's gender condition expressed norms affect provisions of support, we constructed three types of multiplicative terms to test for interactions: (1) To examine moderating effects of parental health, we interacted children's norms with changing functional impairment of mothers and fathers; (2) to examine moderating effects of parental marital status, we interacted norms with transitioning to widowhood and being unmarried at both periods (for mothers) and with being unmarried at either period (for fathers); (3) to examine moderating effects of gender, we interacted children's norms with children's gender.

In addition to the above variables, the following characteristics of children were controlled: age in years, gender (1 = female, 0 = male), marital status (1 = married; 0 = not married), and educational level (an ordinal scale ranging from 1 to 8, in which 1 = *fewer than 8 years of education* and 8 = *postgraduate education*).

Analytic Approach

We used multiple regression analysis to predict the provision of support by adult children at T2 while controlling for the support they provided at T1. Controlling for the lagged measure of support implies that other independent variables predict (residualized) change in support to parents during the 3-year period. First, we estimated main effects models and then included two interactions that test how the expression of filial norms is triggered into supportive behavior as parental need magnifies. The lagged, longitudinal design of our specification provided several advantages over cross-sectional research

designs by (a) allowing us to associate change in parental health and marital status to change in the behavior of children, thereby linking the reaction of children to specific developments in their parents' status; and (b) obviating potential endogeneity problems by discounting the possibility that the act of providing support alters one's endorsement of filial responsibility.

Because of the study design, the derived sample contains individuals who are related to each other within common families. Overall, 220 families are represented, comprising, on average, 2.2 individuals per family. In determining confidence intervals for estimated regression coefficients, we generate robust standard errors that take family clustering into account, thereby producing more conservative tests of significance (Stata, 2003).

Results

Of the 488 adult children with at least one surviving parent in our derived sample, 442 children reported about their mothers and 285 children reported about their fathers (258 had both parents alive). Characteristics of each child–parent subsample are presented in Table 1. Children are older in the child–mother sample (47.0) than in the child–father sample (45.0) because of differentials in the average longevity of mothers and fathers. Other child characteristics are roughly the same across the subsamples, with 73% married, 62% to 63% daughters, and mean filial norm scores identical at 16 out of a maximum of 25. In terms of parent characteristics, mothers had greater average functional impairment scores at baseline than fathers did (6.6 versus 5.9) and greater increases in impairment during the 3-year interval (0.9 versus 0.6). Not surprisingly, a greater percentage of mothers than fathers were unmarried at baseline (28% versus 7%) and became widowed during the interval (7% versus 1%). The average amount of social support provided to mothers was consistently higher than that provided to fathers—about 50% higher—although children increased their support to fathers to a greater extent with time.

We present unstandardized estimates predicting support provided to mothers in Table 2. The first equation, showing main effects only, reveals a lagged effect of T1 support, indicating that support is stable with time. Older children provided more support than younger children, a likely consequence of the fact that older children tended to have older parents. Adult children also provided more support to mothers who became widowed and who remained unmarried through the period, as compared to those whose mothers remained married. The effect was particularly strong for relatively

Table 1
Characteristics of Children and Parents in
Child–Mother and Child–Father Relationships

| Characteristic | Range | Child–Mother (<i>N</i> = 442) | | | Child–Father (<i>N</i> = 285) | | |
|--|-----------|-----------------------------------|-----------|-------|-----------------------------------|-----------|-------|
| | | <i>M</i> | <i>SD</i> | % | <i>M</i> | <i>SD</i> | % |
| Age of child | 29 to 76 | 46.98 | 7.5 | | 44.98 | 5.0 | |
| Education of child | 2 to 8 | 5.42 | 1.4 | | 5.55 | 1.4 | |
| Married child | 0 to 1 | | | 72.62 | | | 72.98 |
| Daughter | 0 to 1 | | | 62.44 | | | 62.81 |
| Filial norms expressed by child | 0 to 24 | 15.94 | 3.9 | | 15.94 | 3.9 | |
| Functional impairment of the mother in 1997 | 5 to 20 | 6.60 | 2.8 | | 5.86 | 2.0 | |
| Change in functional impairment of mother (1997 to 2000) | –15 to 15 | 0.91 | 2.6 | | 0.61 | 2.3 | |
| Parent unmarried in 1997 and 2000 | 0 to 1 | | | 27.60 | | | 7.37 |
| Parent became widowed between 1997 and 2000 | 0 to 1 | | | 6.79 | | | 1.05 |
| Support provided in 1997 | 0 to 63 | 13.71 | 11.9 | | 8.48 | 7.7 | |
| Support provided in 2000 | 0 to 63 | 13.97 | 10.8 | | 9.14 | 8.6 | |

recent widows whose increase in support was more than twice that of longer term widows.

Children also provided more support to mothers whose functional impairment worsened during the 3-year interval, although mothers' baseline impairment did not exert an influence on supportive behavior. With regard to expressed filial norms, adult children who more strongly endorsed norms of filial responsibility provided increasingly greater amounts of support to their mothers 3 years later. Although only marginally significant (less than 0.07), daughters tended to provide more support to their mothers than did sons.

Interaction terms between children's norms and mothers' need variables were added in the second equation of Table 2. The interaction term between filial responsibility and decline in mothers' function health status is statistically significant. To depict this interaction graphically, predicted values were calculated for mothers who experienced no change in impairment and for mothers who experienced greater impairment (one standard deviation

Table 2
Unstandardized Regression Coefficients Predicting Adult
Child's Provision of Support to Mothers in 2000 (N = 442)

| Predictor | Equation 1 | Equation 2 |
|--|-------------------|-------------------|
| Support provided in 1997 | 0.39*** | 0.40*** |
| Age of child | 0.16* | 0.13 [†] |
| Daughter (reference = son) | 1.58 [†] | 1.21 |
| Married child (reference = unmarried) | 0.04 | -0.13 |
| Education of child | -0.03 | 0.01 |
| Filial norms expressed by the child | 0.29* | -0.04 |
| Functional impairment of the mother in 1997 | -0.22 | -0.20 |
| Change in functional impairment of the mother (1997 to 2000) | 0.97*** | 0.96*** |
| Mother unmarried in 1997 and 2000 (reference = continuously married) | 2.83** | 3.02** |
| Mother became widowed between 1997 and 2000 (reference = continuously married) | 6.63*** | 6.81*** |
| Change in Functional Impairment × Norms | — | 0.11* |
| Mother Unmarried × Filial Norms | — | -0.27 |
| Mother Widowed × Filial Norms | — | 0.76 |
| Gender of Child × Filial Norms | — | 0.35 [†] |
| R ² | .40 | .42 |

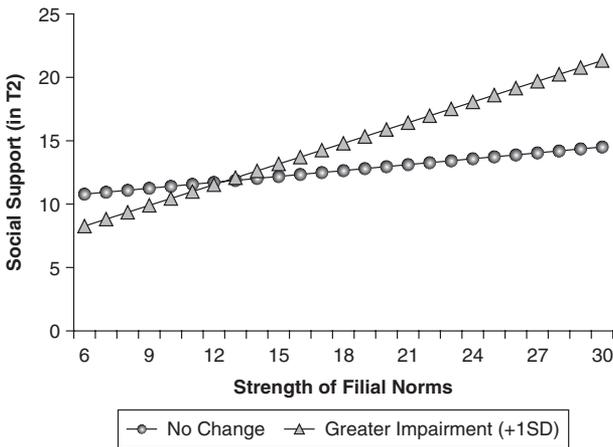
Note: Significance tests are conducted with robust standard errors adjusted for clustering.

[†] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

greater than the average amount of change). All other covariates were held constant at their respective means. These slopes, depicted in Figure 1, show that norms of filial responsibility most strongly raised support levels to mothers who experienced the greatest decline in functional health. Among children whose mothers did not change in their physical functioning, the amount of support provided was insensitive to the strength of norms.

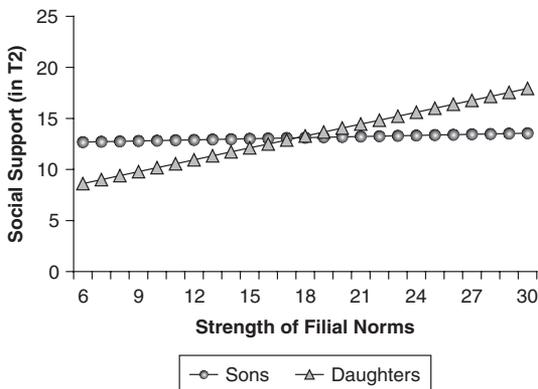
Interactions between beliefs in filial responsibility and transitions in mothers' marital status were not statistically significant. However, the interaction between filial beliefs and gender of children was marginally significant (less than 0.10). We discuss this interaction as substantively meaningful because of the low power associated with multiplicative terms in relatively small samples. This interaction demonstrates that daughters were more reactive than sons to their beliefs in the filial obligation of adult children. We portray this interaction in Figure 2, showing the strong positive relationship among daughters between their expressed norms and the amount of support

Figure 1
Predicted Relationship Between Filial Norms of Child and Support to Mothers by T1–T2 Change in Mothers' Functional Impairment



Note: T1 = 1997; T2 = 2000; predictions control for social support in 1997 and other covariates in the model.

Figure 2
Predicted Relationship Between Filial Norms of Child and Support to Mothers by Gender of Child



Note: T1 = 1997; T2 = 2000; predictions control for social support in 1997 and other covariates in the model.

Table 3
Unstandardized Regression Coefficients Predicting Adult Child's
Provision of Support to Fathers in 2000 (N = 285)

| Predictors | Equation 1 | Equation 2 |
|--|------------|------------|
| Support provided in 1997 | 0.76*** | 0.74*** |
| Age of child | 0.15† | 0.12 |
| Daughter (reference = son) | 0.59 | 0.67 |
| Married child (reference = unmarried) | 0.75 | 0.80 |
| Education of child | 0.32 | 0.39† |
| Filial norms expressed by child | 0.05 | 0.05 |
| Functional impairment of the father in 1997 | -0.14 | -0.05 |
| Change in functional impairment of the father (1997 to 2000) | 1.05*** | 1.05*** |
| Father unmarried in 1997 or 2000 (reference = continuously married) | 1.36 | 1.20 |
| Change in Functional Impairment × Norms | — | 0.13* |
| Father Unmarried × Filial Norms | — | 0.49 |
| Gender of Child × Filial Norms | — | -0.17 |
| R ² | .57 | .59 |

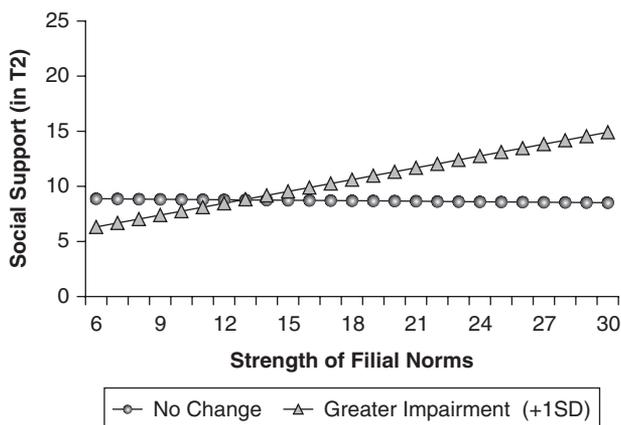
Note: Significance tests are conducted with robust standard errors adjusted for clustering.
 † $p < .10$. * $p < .05$. *** $p < .001$.

they provided to mothers and the trivial role played by norms in motivating sons to provide support to their mothers.

Table 3 shows multivariate estimates predicting change in support to fathers. In the first equation, the stability coefficient for support is strong, revealing a greater correspondence with time for fathers than was found for mothers. Declining health of fathers significantly increased the amount of support they were provided by children, a similar pattern to that found for mothers. However, norms of filial responsibility did not elevate support provided to fathers as it did to mothers.

With interaction terms added in the second equation, we found that the increasing functional impairment of fathers strengthened the effect that children's norms had on their level of support. Figure 3 shows the interaction for fathers who experienced no change in impairment and those who experienced an increase in impairment that was one standard deviation above the average change. Fathers whose functional health worsened during 3 years tended to capitalize on the filial norms of their adult children, whereas those who experienced no change in functional health received

Figure 3
Predicted Relationship Between Filial Norms of Child and Support to Fathers by T1-T2 Change in Fathers' Functional Impairment



Note: T1 = 1997; T2 = 2000; predictions control for social support in 1997 and other covariates in the model.

similar amounts of support regardless of their child's normative orientation, replicating the same pattern that was found with respect to mothers.

Discussion

We began this investigation by suggesting that filial duty is a necessary but not sufficient condition for adult children to provide support to their elderly mothers and fathers. Based on this idea, we tested a model in which social capital embedded in families lies dormant until a precipitating event draws out its behavioral manifestations as social capital is redeemed. Our analysis confirmed that push factors (norms held by child) and pull factors (need of parent) operate synergistically to stimulate a surge in supportive behavior from children. This suggests a contingent and adaptive model of family functioning found also in the modified extended family, a particularly modern family form characterized by geographic dispersion and residential independence of generations (Litwak, 1985). Although intergenerational relationships may move to the periphery of everyday social life in such a

family, their underlying functions as sources of care and support are essential and mainly become manifest when needs emerge.

In this regard, the importance of viewing the family from a dynamic perspective cannot be overstated. Conclusions that the family is in decline are inherently flawed if they are based on static observations. In this investigation, longitudinal observations have allowed us to arrive at an alternative conclusion about the state of intergenerational family life—namely, that it is best characterized by intermittent but intensive forms of support that punctuate periods of relative autonomy between generations. Obligations that adult children feel toward their aging parents represent a form of invested social capital that operates as an informal insurance policy for parents to draw on when needed; although, in some parent–child relationships, this capital may never be consumed. Our basic conclusion that normative solidarity and functional solidarity are conditionally linked provides additional evidence that intergenerational solidarity is more complex than a simple additive model is capable of capturing (Bengtson & Roberts, 1991).

Although declining health predicted support similarly for mothers and fathers, norms had only a direct effect on support provided to mothers, suggesting that supporting older fathers is a less social dictate and more a matter of exigent need. That norms were similarly triggered by health declines for mothers and fathers indicates that children are as viable a form of social capital for older fathers as they are for mothers. However, a direct comparison (not shown) revealed that overall, children provided greater support to mothers than to fathers even when differentials in their marital status and health are controlled. In fact, support to mothers in good health was higher than support to fathers in poor health. The persistent gender gap in support is consistent with speculation that the more peripheral involvement of fathers in family life (and at the extreme, the disappearance of fathers because of divorce and remarriage) may hinder their opportunities for receiving intergenerational support in old age.

Our finding that normative beliefs motivated adult daughters in particular to provide support to their mothers is consistent with cultural understandings of the gendered division of labor in the family and the socialization of daughters to caregiving roles (Rossi & Rossi, 1990). Recent research using the same data set found that profamily values regarding elder care were more likely to be transmitted to daughters than to sons (Silverstein & Conroy, *in press*). Findings from the present study provide evidence that this strategy is advantageous, at least for mothers who reap the rewards of having daughters with stronger normative orientations. In other words, social capital embedded in children appears to be a more valuable currency when it is invested in daughters than when it is invested in sons.

There are, of course, likely to be dynamic intervening processes that bring normative orientations of children into fruition as supportive behavior. These may include adaptive strategies such as reducing work hours, moving closer to one's parents, or having a parent move into one's home (this last strategy being very uncommon in our particular sample). We also note that alternative sources of support were not examined in our analysis. For example, parents and children from higher income families may have greater ability to purchase formal services from the private market. Although we have no direct data available from the perspective of parents to address this issue, in analyses not shown, we found that children's income was inconsequential in predicting the magnitude of support they provided, offering no evidence that higher income children reduce their time and labor contributions to parents by substituting purchased services. It is also important to recognize that the LSOG is not a nationally representative sample and because of its sampling frame, it underrepresents minorities and overrepresents those in the middle-income distribution. Therefore, caution should be used before generalizing our results to the general population or to ethnic groups known to hold traditional normative beliefs.

In spite of these limitations, the results of this study confirmed our basic expectation that the endorsement of filial norms by children would act in conjunction with growing health needs of parents to trigger increased social support. We more broadly recommend consideration of empirical approaches—such as the use of moderating effects—that render nuanced depictions of families that in modern times tend to be more variegated in form and more fluid in their functioning. As family caregiving demands are expected to rise with the aging of the baby boomers—the generation with the most diverse set of family configurations—it is important to better understand the social forces that enhance or inhibit the assumption of caregiving duties by adult children. It is toward reaching this goal that we hope our investigation has contributed.

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