Negotiating Care: Ties Between Aging Mothers and Their Caregiving Daughters

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Objectives. Using a feminist social constructionist perspective, we illuminate how aging mothers and their caregiving daughters negotiate issues of connection, autonomy, and conflict.

Methods. We conducted a qualitative analysis of videotaped interactions between 31 White mother–daughter pairs.

Results. We found that the mothers and daughters mostly (a) were attentive and responsive, (b) preserved mothers’ autonomy, and (c) minimized open conflict and tension. Subtle behavioral cues visible on the videotapes also exposed underlying emotional tension in these relationships. These cues alerted us to important variation in relationship quality among the pairs. Three patterns of relating emerged: (a) symmetrically connected, (b) asymmetrically connected, and (c) symmetrically constrained.

Discussion. Our exploratory study suggests that a balance between autonomy and connection is fundamental to the success of these mother–daughter caregiving relationships. Not only is it important for frail mothers to be responsive to their caregiving daughter’s needs, but also it is important for daughters to support the autonomy and independence of their mothers. Our study also highlights the importance of attentiveness in these relationships. Even when mothers, because of illness and frailty, were less capable of attending to their daughters’ lives, daughters in connected pairs interacted with their mothers in attentive ways. In constrained pairs, neither intergenerational partner was attentive.

The intergenerational caregiving literature tends to focus on the instrumental and emotional support children give to their aging parents (Treas & Lawton, 1999), oftentimes emphasizing caregiver stress (Allen & Walker, 1992a). Less often do researchers focus on the quality of parent–child caregiving ties. In this study, we explore how 31 White aging mothers and their midlife daughters negotiate caregiving relationships. Using a qualitative observational method, we ask how aging mothers and their caregiving daughters (a) are connected to one another, (b) sustain their own and each other’s autonomy, and (c) resolve conflict.

The study is rooted in a feminist, social constructionist perspective and focuses on ways that frail mothers and their caregiving daughters create relationships with one another and sustain each other’s sense of self through everyday interaction (Berger & Kellner, 1970; Gergen & Gergen, 1991). We focus on these processes by observing interactions and listening to conversations between mothers and daughters as they discuss problems and work together on everyday tasks. Social constructionists attempt to understand the world of lived experience from the points of view of those who live it (Schwandt, 1994). In this study, we seek to understand the lives of aging mothers and their caregiving daughters through their conversations and interactions with one another.

Congruent with social constructionism and feminism, we attend to how relationships are shaped by the cultural and social contexts surrounding them (Doherty, 1999; Markus & Kitayama, 1991). Because women provide most of the work of family care (Coltrane, 2000; Walker, 1999), our feminist perspective sensitizes us to the importance of women’s experiences in providing and receiving care. Our perspective also draws our attention to the contradictions inherent in women’s lives. For example, women can feel both burdened and enriched by their caregiving activities. They may feel burdened by their responsibility for unpaid care work while simultaneously feeling enriched by their efforts to promote family relationships. In this study, we attend to both positive and negative relational processes involving aging mothers and their caregiving daughters.

Mother–Daughter Relationships in Middle and Later Life

Connections in mother–daughter ties.—Relative to all other intergenerational pairings, mother–daughter ties in middle and later life can be characterized as being the closest, both psychologically and emotionally (Fingerman, 2000; Fischer, 1986; Josselson, 1996; Silverstein & Bengtson, 1997; Walker & Allen, 1991). This pattern of close ties has been common in North American life at least since the 19th century, contrary to popular portrayals of mother–daughter ties as full of strife (Abel, 1994; Rosennweig, 1993).

Not all mother–daughter relationships are supportive or cooperative (Fingerman, 1996; O’Connor, 1990), but most seem to be (Rossi & Rossi, 1990). Despite the tensions between them, mothers and adult daughters tend to build positive relations with one another—a pattern that not only prevails across the life course (Fingerman, 2001) but also becomes intensified over time (Carstensen, 1992; Field & Minkler, 1988). Empirical evidence suggests that close connections between aging mothers and their caregiving daughters are common as well (Sheehan & Donorfio, 1999; Walker & Pratt, 1991).

Autonomy in mother–daughter ties.—Researchers also have explored the importance of autonomy, or independence, in mother–daughter ties. Because dominant cultural ideals require
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women to be compassionate, caring, and selfless (Cancian, 1987; Cross & Madson, 1997; Markus & Kitayama, 1991), mothers and daughters may expect extensive self-sacrifice from one another without the balancing expectations that women—both mothers and daughters—have ambitions and independent needs of their own (Donofrio & Sheehan, 2001). Some researchers (Boyd, 1985; Chodorow, 1978) have shown that mothers and daughters do indeed experience conflict over separation and individuation, particularly when daughters are younger. Others, particularly those studying women in later life, have found that mothers and daughters foster each other’s autonomy. For example, Mathews and Rosner (1988) highlighted how adult daughters seem to develop a principle of least involvement, giving no more care to their mothers than is needed to maintain their own and their mothers’ independence. Mothers, in turn, want their adult daughters to be mature and independent (Ryff, Young, Essex, & Schmutte, 1994). Older mothers also want their own independence to be respected by their adult children (Eisenhandler, 1992). For very old mothers, it is often important to them to maintain as much independence as possible (Johnson & Barer, 1997). These studies highlight the importance of autonomy for women in general and for mother–daughter relationships in particular.

Conflict in mother–daughter ties. —Finally, tensions can arise between mothers and daughters as they negotiate relationships with one another. The truism that families are sites of both struggle and support (Baber & Allen, 1992; Hartmann, 1981; Thorne, 1992) applies to mother–daughter relationships as well (Blieszner, Usita, & Mancini, 1997; Fingerman, 2001). For example, mothers sometimes place higher value on their sons compared with their daughters, and their values, in turn, influence the extent to which they protect their daughters from hardship (e.g., Hill & Zimmermann, 1995). Mothers tend to require more household labor from their young daughters than from their sons (Benin & Edwards, 1990; Demo & Acock, 1993; Gager, Cooney, & Call, 1999). Mothers also can create problems with their adult daughters when they intrude upon or are critical of their daughters’ lives (Fingerman, 1996).

In comparison, daughters can contribute to contentious ties with their mothers by believing the cultural ideology that denigrates mothers and by viewing their mothers as the cause of their problems (Debold, Wilson, & Malave, 1993; Levinson & Levinson, 1996; Phillips, 1996). Daughters also may have difficulty being responsive to their mothers’ relational and instrumental needs because of adherence to sociocultural values regulating filial obligations that favor husbands and children (Rossi & Rossi, 1990; Walker, Pratt, & Wood, 1993).

Our study continues the thematic exploration of connection, autonomy, and conflict in mother–daughter ties, highlighting processes associated with caregiving relationships in later life. We use a qualitative observational method to understand how aging mothers and their caregiving daughters create relationships with one another while engaging in everyday activities.

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Our qualitative analysis focused on videotapes of 31 White mother–daughter pairs interacting and conversing with one another. Typically, observational researchers have applied pre-existing coding schemes to narrowly defined behaviors (e.g., gaze aversion) coded at specified frequencies to analyze data in a quantitative fashion (Gottman, 1979; Gottman, Coan, Carrere, & Swanson, 1998). They also have used a more general qualitative approach, having discovered that global assessments were valid as well (Forbes, Vuchinich, & Kneedler, 2001; Grotevant & Carlson, 1989; Maccoby & Martin, 1983; Moos & Moos, 1981; Olson, Portner, & Lavee, 1985). Further, these studies have focused on married couple or parent–young child interactions (e.g., Gottman et al., 1998). We moved away from quantitative methods to a qualitative approach that focused on the negotiation of relationships within an intergenerational caregiving context. In our constructionist framework, our aim was not to identify an unchanging empirical reality but to illuminate the socially constructed worlds aging mothers and their caregiving daughters co-create on videotape.

Consistent with our qualitative approach, we observed mother–daughter pairs in natural settings (their own homes), provided opportunities for them to interact in unstructured formats, and analyzed their interactions and conversations for themes. Through analysis of the videotaped interactions, we offer a partial view of the relational dynamics between White mothers and their caregiving daughters as they carry out everyday activities and discuss daily challenges.

Our method provided a way for us to view subtle as well as obvious interactions between women working out caregiving relationships while engaged in everyday activities. A basic strength of the method is that we were able to analyze the interactions repeatedly rather than relying on field notes or on the memories of those engaged in data collection. Beyond practical considerations, we were able to see, for example, the physical distinctions between frail mothers and their caregiving daughters with clarity unavailable through other methods. We could systematically observe and analyze subtle cues of affection and tension between mothers and daughters because the interactions were recorded on videotape.

Description of Participants

Our sample included 31 mother–daughter pairs who participated in a larger longitudinal study of family caregiving. This larger study consisted of 222 pairs of women living in rural and urban areas of western Oregon. They were recruited primarily through articles in local newspapers that described the researchers’ interest in women’s intergenerational caregiving. To participate in the larger study, daughters had to provide at least one of the following services for their mothers: housekeeping, transportation, meal preparation, laundry, personal care, or financial management. Mothers also had to live within 45 miles of their daughters, be age 65 or older, and be unmarried at the time of the study.

From the larger study, pairs of mothers and daughters were asked to participate in the exploratory videotape portion of the study. Because the videotape study took place within the larger study, we began by inviting pairs who had recently been interviewed or who were scheduled to be interviewed soon. We aimed for the participation of 30 pairs and succeeded in recruiting 31 pairs. The few women who were asked but refused to participate did so because of their reluctance to be videotaped.

All of the mothers in the videotape sample were White, and all daughters but one, whose father was American Indian, were also White. The mean age of mothers was 79 years (range 68–91
years), and that of daughters was 49 years (range 35–63 years). Mothers’ health varied, but most had at least one chronic condition limiting their ability to perform independently instrumental activities of daily living. Mothers’ mean education level was 12 years (range 4–17 years), and daughters’ was 14 years (range 7–20 years). Of the mothers, 27 were widowed and 4 were divorced. Of the daughters, 4 were never married, 3 were widowed, 5 were divorced, 14 were in first marriages, and 5 were in second marriages. Daughters had an average of 2.3 children (range 0–8 children). Similar to most volunteer samples, the women in this study were disproportionately middle class, but low-income women participated as well.

**Videotaped Interactions**

Research assistants traveled to either the mothers’ or the daughters’ homes and recorded three different types of interactions during one taping session. The first taping consisted of a 5- to 10-min warm-up interaction to help the women feel comfortable in front of the camera. This tape was given to the pairs as a token of appreciation for their participation. Then, two additional 10-min tapings took place, involving (a) participation in an activity and (b) discussion of an issue or conflict. A minimum of 620 min or 10.3 hr of analyzable interactions were collected during this process. We did not interrupt interactions to adhere to the 10-min time limit, allowing mothers and daughters to carry a conversation or activity to completion.

Suggestions for activities and discussion topics were drawn from data in the larger study and shared with each pair. The women, however, were not required to use these suggestions. Instead, they chose what activity to engage in and what to discuss during the tapings, resulting in rich contextual data. Examples of activities included but were not limited to (a) housekeeping projects such as dusting, sewing, cooking, or organizing the kitchen; (b) discussion of finances such as making up a will; (c) hobbies such as jewelry collecting, quilting, and making crafts; (d) organizing family photo albums; and (e) leisure activities such as playing board games or pool. Discussions of an issue or conflict varied widely as well. Generally, however, topics centered on mothers’ health, needs for assistance, concerns that daughters do too much for them, and on other family members, family history, and everyday happenings. In addition to the gift of a videotape, each woman received $10 in appreciation of her participation.

**Data Analysis**

Similar to the analytic method suggested by Huberman and Miles (1994), our analysis process contained three linked subprocesses: data reduction, data display, and conclusion drawing/verification.

During the data reduction phase, we viewed both sets of videotapes (a set consisting of pairs discussing an issue or conflict and a set consisting of pairs participating in a caregiving activity) to identify mother–daughter patterns of conversation and interaction that were relevant to our theoretical framework and to our research questions. As stated earlier, we attended to how White aging mothers and their caregiving daughters negotiate (a) connections with one another, (b) their own and each other’s autonomy, and (c) conflict. Seven initial concepts sprang from this first viewing. These concepts were attending (or not) to one’s own and the other’s life circumstances, cooperating (or not) to carry out women’s family labor, avoiding (or not) open conflict, accommodating (or not) differences, maintaining (or not) mothers’ and daughters’ autonomy, maintaining (or not) connection, and gendered family labor.

During the data display phase, we reviewed each videotape, searching carefully for evidence and issues related to the concepts that emerged as important in the first viewing. Using a worksheet that we created to guide our efforts, we each wrote extensively about the interactions. Similar to qualitative field notes, we recorded pertinent quotes, issues, activities, and nonverbal behaviors between the mothers and their daughters. Through this process, we identified and defined four key concepts for further analysis. These concepts were attentiveness, facilitation of autonomy, conflict resolution strategies, and the emotional climate or connectedness of each relationship.

In the conclusion-drawing and verification phase, we developed themes related to our four key concepts through analysis of our notes and through discussion with one another. We analyzed each pair in relation to the four concepts to identify variation in relationship style. We also analyzed whether a type of activity or a topic of discussion affected the relationship style of each pair, finding no association among these factors.

Finally, during the process of writing about our findings, we worked to portray vividly what the women said and what they did. Oftentimes, the women’s discussions were brief. Instead of relying on lengthy verbal exchanges, the pairs tended to combine brief comments with expressive body language to communicate with one another. In Results, we provide evidence of these everyday, mundane interactions.

**Results**

The aging mothers and caregiving daughters in our study portrayed themselves as purposeful creators of relationships that (a) are attentive and responsive, (b) preserve mothers’ autonomy, and (c) minimize open conflict and tension. Though all of the pairs attempted to create positive relationships on videotape, a few were unable to do so. Rather, subtle behavioral cues visible on the videotapes exposed the underlying emotional tension in these relationships. These cues alerted us to important variation in relationship quality among the pairs. Three different patterns of relating emerged from our analysis of the emotional tone or connectedness of each of the mother–daughter pairs. These patterns are (a) symmetrically connected, (b) asymmetrically connected, and (c) symmetrically constrained. In presenting the findings, we focus first on relational themes and then on variation in emotional tone in the mother–daughter relationships that these themes reveal.

**Relational Themes**

**Attending and responding to one another’s circumstances.** — The attentive and responsive behaviors portrayed by the women in this study illustrate Ruddick’s concept (1989) of **attentive love**. Attentive love is the capacity for attention combined with the virtue of love that springs from the process of providing care for another person. The conversations and interactions between aging mothers and caregiving daughters in this study support other empirical evidence suggesting that caregiving daughters can practice attentive love for their aging mothers (Allen & Walker, 1992b). Similar to studies of other types of relationships
(e.g., Gottman & Silver, 1999), positive ties between aging mothers and their caregiving daughters seem to rest on each making room for the other in their lives, both in thoughts and in deeds. Mothers and daughters in our sample demonstrated awareness of and responsiveness to each other’s lives in a variety of ways.

Daughters, for example, monitored their mothers’ health and well-being and made suggestions about how their mothers could improve upon both. Daughters encouraged their mothers to exercise more frequently, offering to walk with them when they could. Daughters often recommended that their mothers seek the advice of physicians or adhere to advice already given by health professionals. To persuade their mothers to attend medical appointments, daughters offered to arrange, provide transportation to, and pay for the appointments. Daughters with particularly frail mothers demonstrated personal care such as brushing their mothers’ hair or clipping their nails. The daughters performed these activities in gentle and careful ways. Mothers stated that this personal care was soothing.

Daughters looked for other ways to improve upon the well-being of their mothers. For example, one daughter offered to buy a television set to enhance her mother’s leisure time. Other examples of daughters attending to their mothers’ needs included shopping for clothing, giving food coupons, and making desserts for mothers’ social occasions. Daughters exhibited an awareness of the daily rhythms of their mothers’ lives by knowing what they liked to eat and wear, when they liked to do certain chores, and how they preferred chores to be done. One daughter, Donna (all names are pseudonyms), stated in a humorous tone, “I don’t dust the upper shelves at my house. I am doing this for you.”

Most daughters appeared to work hard to develop strategies to respond to their mothers’ needs in ways that seemed to be acceptable to their mothers. For example, Jan helped her frail mother, Sharon, abandon her plan to take over lawn-mowing duties from her paid lawn service in a way that was satisfactory to Sharon. When Sharon emphatically stated, “Get me a lawnmower,” Jan pointed out the problems associated with an electric mower. She said, “You will struggle with the chord. You will have to clean it. You will have to store it.” When Sharon stated that she wanted “fresh air and exercise,” Jan suggested that her mother use a “dandelion digger” instead of the lawnmower. In this way, the mother could be outside and perform an activity that was meaningful. The mother appeared to be happy with this suggestion and stated, “I guess I’ll think about it.” Ultimately, the decision was the mother’s to make.

Many daughters expressed concern about mothers’ financial well-being, devising ways to minimize the need for their mothers to pay for caregiving services. For example, when mothers offered their daughters money, daughters reminded their mothers that they contribute to their daughters’ lives in numerous ways and that an exchange of money was unnecessary. One daughter, June, stated, “No, I don’t want to take your money. You might need it. Anyway, I might need to borrow money some day, so hold on to it.” Other daughters offered to pay for services and items their mothers needed, such as a pair of prescription glasses.

Viewing family photo albums served as a stimulus for discussions on past lives. Daughters showed interest in their mothers’ lives by listening to them reminisce and by admiring their mothers’ accomplishments. Kate stated to her mother that she appreciated how her mother raised her with little money. She said, “You didn’t have much money, but you sewed. [You made sure] I always had such beautiful hair.”

The aging mothers in our study also seemed to be attentive and responsive to their caregiving daughters, though less frequently than their daughters were to them. The majority of the mothers acknowledged their daughters’ other obligations to paid work, husbands, or children. For example, during a conversation about the scheduling of her ophthalmologist appointment, one mother, Esther, acknowledged, “You have three kids to take care of. I don’t even have a man.” She further suggested that they arrange the appointment to meet her daughter’s needs. This mother was quite attentive to her daughter’s life, asking her how she felt about her teenage son being able to drive and about a recent fundraiser in which the daughter participated. A few mothers spoke admiringly of their daughter’s accomplishments and thanked them for their caregiving efforts. One mother, Jenny, complimented her daughter while talking to the research assistants on camera, “She’s so good to me. I appreciate her a lot more than she thinks I do. She made a cobbler for my church picnic. Everyone liked it.”

Four pairs appeared not to be noticeably attentive or responsive to each other’s needs. Instead, each woman was concerned about her own needs without expressing interest in her partner’s circumstances. One daughter ignored her mother’s statements that she enjoyed doing the laundry, insisting that she would continue to do her mother’s laundry for her. Another daughter, who was frustrated with her mother’s behavior, talked over her mother even when the mother was answering a question the daughter had asked. These less attentive pairs illustrate that attentive love does not automatically occur in women’s relationships.

Preserving mother’s autonomy. —Similar to findings in other studies (Allen & Walker, 1992a; Mathews & Rossner, 1988), most, but not all, of the daughters in our study followed a principle of least involvement by giving no more care to their mothers than was needed to maintain their own and their mothers’ independence. Daughters appeared to promote their mothers’ autonomy by respecting their decisions and by structuring their lives to optimize mothers’ independence and self-sufficiency. Mothers also seemed to focus on preserving their own autonomy.

Mothers preserved their own autonomy by asserting themselves and making their preferences known. For example, when one daughter, Sarah, mentioned that she had not seen her mother, Eleanor, wear a certain pair of earrings, Eleanor responded, “You don’t see me every day!” Sarah agreed that her mother had her own life. When pairs discussed how mothers could improve their health, mothers indicated that they would make their own decisions and do what they preferred. As one mother said about an appointment with a gynecologist, “I will go when I want to.” Her daughter acknowledged that this was true.

Many mothers also indicated that they wanted to pay their daughters for caregiving services because they did not, as one mother stated emphatically, “want to sponge off anybody.” Some of the mothers and daughters appeared to maintain a careful balance between mothers’ needs to maintain their autonomy through paying for services rendered and daughters’
needs to help their mothers without payment and to emphasize the long-term, reciprocal nature of their relationships. For example, one daughter explained, “I don’t want money. Look what you did for me when I was younger.”

Some daughters tried to support their mothers’ wishes in other ways. One daughter, Leah, helped her very frail mother, Dorothy, purchase clothing for a special event by obtaining her mother’s permission to scout out potential blouse options in advance. Then, she drove her mother to the store and waited for her to choose from the limited selection. In this way, Dorothy could maintain a degree of independence without being taxed physically. Another daughter helped her visually impaired mother by reading from a catalog and waiting for her mother to say what books she wanted to buy.

Many daughters went to great lengths to preserve their mothers’ autonomy, but, occasionally, their efforts came into conflict with other responsibilities. Though daughters asserted their needs far less frequently than mothers, daughters sometimes stated their need to balance their obligation to provide care for their mothers with competing responsibilities. The same daughter who helped her mother select a blouse also explained that they might need to hire someone to provide bathing services in the future. She stated that her job and family made it difficult for her always to be available to her mother, especially during family vacations with her husband and children. Though her mother was not happy with this decision, she stated, “I don’t like this, but I will do it if I have to.”

Daughters’ autonomy was paramount in a few discussions, particularly if the daughter was in need of assistance from her mother. For example, one daughter needed to borrow money from her mother but resisted doing so. She explained, “I don’t want to use up your savings.” The mother understood her daughter’s reluctance and asked another daughter to encourage her to accept the loan. The two agreed that a promissory note would be signed with the understanding that the daughter would “work weekends to pay the loan back quickly.”

Occasionally, mothers and daughters were less supportive of their intergenerational partners’ autonomy, focusing, instead, on their own wishes. One daughter, Karen, stated, “Whatever you want to and can do by yourself, I’m happy to have you do.” Karen also said, however, that she would like to have things her own way and was not pleased when her mother, Ruth, pruned the roses after she had asked her to wait until they could prune them together. Karen seemed to adhere to a belief that Ruth should be independent but became distressed when Ruth implemented an independent decision. Both daughter and mother wanted to do things their own way, and so they argued about daily chores.

**Managing conflict and tension.**—Though some pairs exhibited tension-filled interaction, a reciprocal spirit of generosity was characteristic of the mother–daughter relationships in our study. Despite the many challenges they negotiated, the women created positive relationships with one another. Similar to enduring marital relationships (Gottman & Silver, 1999), enduring, happy mother–daughter relationships seem to consist of women who allow their partners to influence them during times of decision making.

Mostly, the mother–daughter pairs portrayed low levels of negativity toward one another, even during discussions about difficult problems they faced. They stated their disagreements openly, minimized their differences, and emphasized areas of agreement. For example, one mother, Margaret, expressed a desire for her daughter, Susan, to visit more often. Susan explained that she could not visit more frequently because of her inability to drive at night. Margaret said, “This is what I’d like, if it’s not too much trouble. But, if you can’t come every week, I understand. I’d be glad to see you whenever you come.” As was true of the intergenerational families in Pyke’s study (1999), mothers in this study helped to smooth over tension by considering their daughters’ wishes when making decisions and by making concessions when necessary.

These pairs often used humor, compliments, and other supportive statements to diffuse tensions. One pair was particularly good at using humor to downplay their differences. Both admitted that the mother was “stubborn and would not listen to reason,” yet they laughed merrily when discussing their issues. The daughter appeared to love her mother very much and showed her care by giving her mother a foot massage on camera. “She loves when I do this,” she said. Both were accepting of each other’s differences and laughed about the challenges these differences brought to their relationship.

Daughters played a key role in managing conflicts. We were struck by the physical distinctions between mothers and daughters. Relative to their mothers, daughters were small, weak, and sometimes frail. Daughters were more physically robust than their mothers and could have used their size to gain advantage over their mothers during disagreements. None of the daughters we observed, however, did so. Instead, in response to their mothers, daughters lowered their voices and slowed their conversations to match their mothers’ volume and pace.

The four pairs in our study that had trouble resolving conflict consisted of women who were focused on their own concerns rather than on finding a mutually acceptable solution to their problems. These women were reluctant to yield to each other’s wishes. Sometimes daughters (two pairs) and sometimes both mothers and daughters (two pairs) were less accommodating. These pairs had difficulty cooperating on chores, preferring, instead, to work independently. For example, Betty and her daughter, Jen, chose to can tomatoes for their activity. Betty stated, “This is the first we’ve done a job together that I know of.” When Betty and Jen worked together for the benefit of the research project, tension arose. The pair had difficulty agreeing on how to prepare tomatoes. Rather than cooperating, each woman insisted that her way of peeling tomatoes was the best way, refusing to acknowledge that the other’s way could be good, too.

**Patterns of Relating**

All of the pairs in our sample portrayed themselves and their relationships on videotape in relatively positive ways. The emotional climate within the pairs, however, seemed to vary. Three different patterns of relating emerged from our analysis of these generally well-functioning pairs: (a) symmetrically connected, (b) asymmetrically connected, and (c) symmetrically constrained.

**Symmetrically connected.**—Thirteen (42%) pairs were categorized as symmetrically connected. These pairs appeared to be more comfortable being near each other, both physically and emotionally, than were other pairs. These emotionally close
pairs sat close to one another and touched affectionately. They seemed to have fun together, and they laughed often. They discussed their regular participation in leisure activities (e.g., attending quilt shows and concerts, playing games, and going out to eat), and they understood each other’s likes and dislikes. They seemed to trust one another. When we reviewed the videotapes again, we discovered that these intimate pairs exhibited high levels of attentiveness and responsiveness, encouraged mother’s autonomy, and handled conflict in positive ways.

As an illustration, a symmetrically connected pair shared an interest in selling jewelry and chose to price the mother’s collection for the caregiving activity. When they looked at the jewelry, they talked and joked enthusiastically. They knew one another well—well enough to finish each other’s sentences. The daughter, Sarah, mentioned that she was going to make an apple–raisin pie for her mother, Eleanor. When Eleanor stated that she was not going to attend a Halloween party, Sarah said she was no longer interested in going to the party. Instead, she indicated that she would rather spend time with her mother. Sarah explained, “The only reason I was going was because of you.” Eleanor showed support and concern for her daughter by saying, “You have enough on your hands, especially with your hypoglycemia. You get so tired with work and that little baby. You like [your] job, but they expect too much of you.” The pair discussed several potentially significant issues, none of which seemed problematic for them. For example, Eleanor wanted her granddaughter to attend church. Sarah did not want to attend church but agreed to take the granddaughter to Bible study classes when she turned 3 years old. Another issue the pair discussed was equally unproblematic. Sarah took money from Eleanor to wash her windows but had not done the work. Sarah laughed and stated, “I took the money and I didn’t do it!” Eleanor showed trust that her daughter eventually would follow through by saying, “I have faith in you.”

Asymmetrically connected.—A plurality (45%, n = 14) of pairs was identified as asymmetrically connected. Similar to symmetrically connected pairs, daughters in asymmetrically connected pairs appeared to go out of their way to preserve their mothers’ autonomy. Mothers and daughters in these pairs also managed conflict effectively and positively. The distinction between these pairs and symmetrically connected pairs rests in a pattern of nonreciprocal attentiveness and responsiveness. Daughters were more attentive and responsive to mothers than the reverse. Mothers did not ignore daughters’ explicit stated needs or comments; however, interactions were more subtly focused on mothers’ needs.

As an example, an asymmetrically connected pair—similar to symmetrically connected pairs—showed their enjoyment in one another’s company by planning to attend an art show in which the daughter, Michele, was participating. Michele supported the autonomy of her mother, Shirley, by responding positively when her mother indicated her preference for hotel arrangements. Shirley stated, “I hope we will have twin beds.” Michele responded, “Two queens!” This pair also accepted their differences with humor. Michele reported to her mother, “Good news for you, mother. I am signing Tony up for religious education at the Unitarian Fellowship.” Shirley replied, “At first I thought you were taking him to my church!” Michele changed the subject, teasing, “Remember when Max took me to church? He thought you were neglecting my religious education.” Both women laughed over the memory, leaving the discrepancy in their church preferences behind. Though the pair managed conflict effectively, encouraged Shirley’s autonomy, and enjoyed one another’s company, their conversation and interaction mainly focused on Shirley’s poor health and physical limitations. Shirley was legally blind, suffered from severe headaches, and had arthritis. The discussion primarily focused on Michele’s concern that her mother overexerted herself at the local senior center. Throughout the videotape, Michele, cognizant of her mother’s pain, worked to make her mother more comfortable while they talked.

On two occasions, mothers in our study attended more to their daughters’ needs. This was the case when one mother loaned her daughter money and when another daughter had severe health problems. The latter pair’s conversation focused on the daughter’s upcoming surgery. More attentiveness to daughters occurred when mothers were younger and healthier and daughters were experiencing health or financial problems.

In our study, then, attentive love occurred within a relational context. For asymmetrically connected pairs, attentive love seemed dependent on each intergenerational partner’s needs and on the ability to meet one’s own and one’s partner’s needs. Generally, mothers had more needs than daughters. Many of the mothers struggled with mobility and coped with limited perceptual abilities, making it difficult for them to attend to their daughters’ lives. Although mothers were less attentive in asymmetrically connected pairs, relationship quality between mothers and daughters was positive. These pairs appear to enjoy each other’s company, support the mother’s autonomy, and problem-solve effectively.

Symmetrically constrained.—Thirteen percent (n = 4) of the pairs were symmetrically constrained. This small group was characterized by symmetrical inattentiveness. We noticed a discrepancy between what daughters and mothers said and what their nonverbal behaviors revealed (e.g., a mother used a term of endearment for her daughter, but her tone of voice was tension filled and her arms were folded tightly across her chest). Relative to symmetrically connected and asymmetrically connected pairs, women in these pairs appeared to be less attentive to each other and were less likely to promote mothers’ autonomy. Similar to attentive love, autonomy seems to emerge from specific relational contexts. The mothers in our study could not have lived as autonomously as they did without support from their intergenerational partners. When relationships were troubled, mothers’ autonomy seemed to be in jeopardy.

Compared with women in connected pairs, women in these pairs tended to disagree more and had more difficulty resolving their conflicts in mutually acceptable ways. More tension and less humor were evident in their interactions. Mothers and daughters in constrained pairs showed little evidence of compromise.

As an example, a constrained pair decided to organize the mother’s travel brochures during the caregiving portion of the videotaping. Instead of holding the brochures so that both could see them, the daughter, Debbie, held them so that only she could see them. Debbie kept physical distance between herself
and her mother, Pat. Debbie talked to Pat as if she were a young child, perhaps because Pat experienced neurological problems related to brain surgery. On videotape, however, Pat seemed alert and coherent. Debbie pointed out that Pat has “a tendency to get belligerent.” She also ignored Pat’s wish to help with household chores. Debbie told Pat that she could not be helpful because her help was burdensome. She stated that she was frustrated with Pat’s refusal to adhere to medical advice, indicating that Pat could not get up unassisted. Debbie wanted Pat to accept her physical limitations and stated, “That’s just the way it is.” Debbie indicated that she worried about Pat’s health; yet, she did not convey this concern in an attentive and respectful way. Pat, in turn, seemed unwilling to compromise with her daughter. Throughout their conversation, Pat stated that she would continue to do household chores.

**DISCUSSION**

Women in the United States perform most of the work of family care (Calasanti & Slevin, 2001; Hooyman & Gonyea, 1995). Paradoxically, women’s responsibility for family care is associated not only with their powerlessness in the larger economic and cultural systems but also with generally close connections among female family members (Rossi & Rossi, 1990). Despite the important role intergenerational family care plays in the lives of women, particularly in the lives of aging mothers and their caregiving daughters (Walker, 1999), relatively little empirical attention has been given to how these complex relationships function. The women in this study illuminate how aging mothers and their adult daughters can work to create positive caregiving ties. Their relationships appear to be a product of their purposeful attention to each other’s lives, support of each other’s autonomy, and cooperation to resolve tensions. Our findings fit within a growing literature that suggests that mother–daughter relationships are characterized by warmth and support (Rossi & Rossi, 1990; Silverstein & Bengtson, 1997), a pattern that continues in caregiving relationships (Walker & Allen, 1991; Walker & Pratt, 1991).

Though mother–daughter ties generally seem to be positive, we do not suggest they are unproblematic. Connidis and McMullin’s (2002) reconceptualization of sociological ambivalence is relevant to the results in our study. Sociological ambivalence is the “structurally created contradictions that are made manifest in interaction” (p. 558). Connidis and McMullin further argue that ambivalence “is a particularly useful concept when imbedded in a theoretical framework that views social structure as structured social relations, and individuals as actors who exercise agency as they negotiate relationships within the constraints of social structure” (p. 558). Our study highlights how mothers and daughters are intentional in their negotiation of relationships within a socially structured context that holds them responsible for the quality of family ties (Baber & Allen, 1992). Most of the women in the study seemed to adapt well to their responsibilities, illustrating how women can create and sustain positive relationships in the context of caregiving. Some of the women, however, illustrate the pitfalls inherent in a care system that encourages “family” care to the exclusion of a variety of viable alternatives. Perhaps the women in symmetrically constrained pairs, for example, would have chosen different caregiving arrangements if they could have. Our study did not afford them the opportunity to express their wishes. Regardless, their interactions highlight the potentially problematic nature of an overreliance on women, particularly those who may be ill prepared, to provide family care.

In addition, our study suggests that caregiving pairs must strike a balance between connection and autonomy for their relationships to function well. Generally, women in connected pairs supported their intergenerational partner’s autonomy: Both the relationship and the needs of individuals were important in these caregiving ties. Women in symmetrically constrained pairs, however, focused primarily on their own wishes, had difficulty resolving problems, and appeared to have less positive relationships than connected pairs. In other words, the needs of individuals were paramount. Pyke (1999) found that aging parents play an important role in creating positive caregiving relationships. When aging parents emphasized their own autonomy and were not deferential to their caregiving children, for example, their relationships with these children were troubled. For positive relationships, it was important for parents to be able to back down from conflict and to carefully consider their children’s wishes and interests when making decisions. This deference, however, came at a price. Pyke concluded that deferential parents held less power in their relationships than their caregiving children. In comparison, the results of our study suggest not only that it is important for frail parents to be deferential to their caregiving children’s needs, but also that it is important for caregiving children to support the autonomy and independence of their frail parents and, when necessary, their own autonomy. Again, a balance between independence and connection seems pivotal.

Our study also highlights the importance of attentiveness in relationships. Interestingly, even when the mothers in our study were less capable of attending to their daughters’ lives, because of illness and frailty, daughters interacted with their mothers in positive ways. Though we do not have longitudinal observational data, we imagine that asymmetrically connected pairs were, prior to mothers’ decline in health, symmetrically connected pairs. We also suspect that symmetrically constrained pairs had difficulty getting along for many years. Future studies are needed to discern what makes asymmetrically connected pairs resilient and symmetrically constrained pairs troubled.

The findings from this exploratory qualitative sample cannot be generalized to all mother–daughter ties. Our sample included only 31 pairs of White women who volunteered to participate. Perhaps more troubled pairs would not have agreed to interact on videotape. Most of the mothers and daughters, however, indicated that tension existed in their relationships, and we captured negative interactions on videotape. Also, though participants in this study varied by class and by family structure, they did not vary by race. How aging mothers and their caregiving daughters are similar to and different from each other, depending on racial/ethnic affiliation, awaits further exploration. Additionally, brief videotaped interactions gave us only a partial view of the quality of each pair’s relationship. Seen together, however, the videotaped interactions provided us with a powerful view of how mothers and daughters engage in everyday caregiving relationships.

Finally, as with every methodology, there are limitations to observational data. A major one is the reactivity of individuals in the setting. Aware that their behavior is being recorded, the
women in our study may have acted differently than they would have if the camera were not evident. Yet, this problem of reactivity is not as serious as might be thought. For example, one study found that couples in distressed and nondistressed relationships react similarly to being videotaped. Both types of couples shift their behavior in a more positive direction, but distressed relationships still evidence more negative sequences than nondistressed relationships (Vincent, Friedman, Nugent, & Messerly, 1979). Other studies have revealed no evidence of reactivity (Christensen & Hazard, 1983; Cohen & Christensen, 1980). The growing use of video cameras in home settings may be reducing reactivity effects (Vuchinich, 1987).

With these limitations in mind, our study offers a step toward a greater understanding of the reciprocal nature of caregiving ties. Through this understanding, we aim to provide knowledge that can support both caregivers and care receivers in later life. As feminist family gerontologists, we think it is important to highlight both the value of caring relationships and the economic vulnerability women can experience as a result of engaging in these ties (Meyer & Bellas, 1996). Tronto (1993) suggests that to see the world differently, we must value less the activities that legitimate the power of the privileged and value more the activities that legitimate a sharing of power with the oppressed. Valuing women’s family care is a step in this direction.

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