

Study: Moms can be stressed when certain children care for them

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(Medical Xpress)— Older mothers are more likely to be stressed when they receive help from an adult child who is not their preferred caretaker, according to new research from Purdue University.

"Most mothers have a preference for which child they turn to in a crisis, confide in and prefer as their future caregivers," said Jill Sutor, a professor of sociology. "And when mothers received care from the adult child who was not their first choice, they reported more depressive symptoms, such as sadness, loneliness and [sleep disturbances](#). Although mothers appreciated and acknowledged efforts from caregivers who were not their first choices, these children were less likely to share the mothers' values and to have the personal characteristics important to the mothers in selecting preferred caregivers. This incompatibility can have some strong negative effects."

On the flip side, receiving care from a mother's preferred child did not affect the mom's psychological well-being, she said.

"We expected having that preferred child care for a parent would make a positive difference, but surprisingly it didn't," Sutor said. "And we also found that mothers' [depressive symptoms](#) were higher when they received care from the non-preferred child than when they received no care from their offspring."

Sutor, also a faculty member in Purdue's Center on Aging and the Life Course who studies parental favoritism with adult children, collaborated

on this research with Megan Gilligan, a Purdue doctoral student, and Karl Pillemer, professor and director of the Cornell Institute for Translational Research on Aging at Cornell University. The research was funded by the National Institute on Aging and is online in [*The Gerontologist*](#).

The findings were based on in-person interviews with 234 [older mothers](#) as part of a larger study of 566 multigenerational families that began in 2001 when the mothers were 65-75 and had at least two adult children still living. All of the mothers were interviewed again seven years later; the new research is based on the 234 women who reported they needed care within the previous two years because of serious injury or illness.

During the initial interviews, 75 percent of the mothers named a particular child they would prefer provide care if they became ill or disabled. This was compared to the children's actual roles seven years later after the mothers needed help. The reasons why preferred children sometimes could not care for their moms were because they moved away or had medical problems themselves.

Researchers also controlled for family size, and no differences were found based on number of children.

The researchers found that being cared for by a non-preferred child is stressful because the alternate caregivers did not possess the social and emotional characteristics that the mothers expected.

"This matters because it makes people comfortable, and this is especially important when people are under a lot of stress and in situations where they relinquish control to another person," Suitor said. "And who do you want to give up control to? To someone who has the same outlook on life and who you think is very much like you, and, therefore, can respond to your needs and be a source of reassuring support."

For example, one of the moms in the study said that her preferred caregiver, who lives far away, was her preference because they "can talk about anything. I think she understands me best." And while the mom acknowledged the daughter caring for her was helpful and reliable, she couldn't talk with her as openly. She "would get annoyed with me. Although, she's my rock here because she's the one that's here."

These findings are similar to previous work by Suitor and Pillemer that shows these factors are critical in relationships for spouses and adult siblings.

This connection also can be amplified as someone ages.

"As people become older and their health declines, they start placing greater emphasis on relationships with family and friends with whom they have a personal history or an especially close and comfortable relationship, and reducing contact with people with whom they are less comfortable," Gilligan said.

When asked about the implications of these findings, Suitor said making assumptions about which children mothers want as their caregivers may be problematic. Her previous studies on adult children and mothers show that the children accurately predict whether their mothers favor some children over others about 80 percent of the time, but they are correct only about half the time in identifying which child the mom favors regarding closeness, confiding in or for future care.

"We are not clinicians, but I think there are lessons that can be learned from this research that can be put to use in conversations that families have about advanced care planning," Suitor said. "Perhaps these conversations can be expanded to include which children mom would prefer provide her with care. Geography often plays a role in preventing the preferred child from providing care, but perhaps the adult children

stepping into the role can call their brother or sister and say, 'I'm thinking about doing this for mom, what do you think?' Ideally, they can coordinate and avoid conflict."

The survey data is part of a 13-year project, the Within-Family Difference Study, led by Sutor and Pillemer to evaluate the role favoritism plays in adult and family relationships. The data for the project was collected in the Boston metropolitan area by the Center for Survey Research at the University of Massachusetts-Boston.

In the project's next phase, they plan to expand the study of causes and consequences of favoritism to three generations of the families they have been following. They also plan to extend the project by collecting data from several hundred multigenerational Hispanic families in the Chicago metropolitan area.

Provided by Purdue University

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