THE EXPERIENCES OF MID-LIFE DAUGHTERS WHO ARE CAREGIVERS TO THEIR MOTHERS
A PHENOMENOLOGICAL STUDY

By
MARY TIARA (TI) KING
B.Sc.N. Lakehead University, 1986
A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING in THE FACULTY OF GRADUATE STUDIES (The School of Nursing)

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
August 1990
© Mary Tiara (Ti) King, 1990
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Nursing

The University of British Columbia
Vancouver, Canada

Date September 14, 1988
ABSTRACT

Many mid-life daughters are primary caregivers to their elderly mothers. However, in most research studies daughters have been grouped with other caregivers; thus, the daughters' experiences have not been specifically identified. Without this information nurses will be unable to adequately assist mid-life caregiving daughters to attain their optimal levels of health.

The phenomenological research method was the methodology used to elicit the experiences of the mid-life daughters. The phenomenological method was congruent with the feminist perspective -- the conceptual framework -- which guided the study. The feminist perspective elucidated the importance of eliciting not only the visible caregiving experiences of the mid-life daughters, but also their internal experiences -- their feelings -- and the meanings they gave to their experiences.

The researcher recruited subjects for the study through a daughters-of-aging-parents program which was held at the Women's Resource Centre in Vancouver, British Columbia. In order to collect the data, the researcher interviewed the subjects. Congruent with the phenomenological method, data collection and data analysis ran concurrently throughout the study.

The conclusions that the researcher drew from the findings of this study include the following: at the start of
a caregiving daughter-mother relationship, a daughter is very responsive to the needs of her mother; when a daughter realizes that she is self-sacrificing herself in order to care for her mother, she becomes less responsive to her mother's needs and focuses, instead, on caring for herself; a daughter who is able to identify her own needs and then act on them is able to care for her mother and herself in a manner that meets both their needs; a daughter experiences a number of emotions while providing care for her mother; a daughter uses the logical process of working towards healthy differentiation in order to counterbalance her emotional reactivity, and a daughter who successfully counterbalances her emotions with logic discovers her basic self and becomes an entity distinct from, yet interdependent with, her mother.
TABLE OF CONTENTS

Page

ABSTRACT .............................................................. 11

TABLE OF CONTENTS .................................................. iv

LIST OF FIGURES ....................................................... vii

ACKNOWLEDGEMENTS ................................................... viii

CHAPTER 1: INTRODUCTION TO THE STUDY ............................. 1

  Introduction ......................................................... 1
  Background to the Problem ....................................... 1
  Conceptualization of the Problem. ............................... 8
  Problem Statement ................................................ 10
  Purpose of the Study ............................................. 11
  Research Question ................................................ 11
  Definition of Terms ............................................... 11
    Mid-Life Caregiving Daughter ................................. 11
    Caring .......................................................... 11
    Experiences .................................................... 12
    Enculturated Individual ....................................... 12
  Assumptions ........................................................ 12
  Limitations of the Study ......................................... 12
  Summary ........................................................... 13

CHAPTER 2: LITERATURE REVIEW ...................................... 14

  Why Examine the Experiences of Mid-Life Daughters Who Are Caregivers ........................................... 14
  Research Studies Which Address the Experiences of Mid-Life Daughters as Caregivers ............................... 18
  Final Theoretical Summary ....................................... 26
  Summary ........................................................... 28

CHAPTER 3: METHODOLOGY .............................................. 29

  Overview of Researcher's Use of the Phenomenological Research Method - A Qualitative Approach ................. 29
  Selection of Participants ....................................... 33
  Selection Criteria ................................................ 33
  Subject Recruitment .............................................. 34
  Characteristics of Participants ................................ 36
  Data Collection and Analysis ................................... 37
    Data Collection ................................................ 37
    Data Analysis .................................................. 39
  Ethics and Human Rights ......................................... 40
  Summary ........................................................... 41

CHAPTER 4: RESEARCH FINDINGS ....................................... 42

  How the Caregiving Relationship Begins ....................... 45
  The Outer-Centered Point on the Continuum of Care ... 47
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Continuum of Care</td>
<td>46</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

I would like to thank the very special women who took part in this study. By elucidating their own lived experiences so openly and articulately, they have illuminated and enhanced the life experiences and the understanding of those around them. In addition, these women have reaffirmed my belief in the complex nature of the informal caregiving relationship.

I would also like to extend my thanks to the members of my thesis committee -- Chairperson and Professor Alison Rice, and Professor Clarissa Green, and Professor Carol Jillings -- for sharing their very professional expertise with me, and for their ongoing interest, excitement, and support during the completion of this project.
CHAPTER I
INTRODUCTION TO THE STUDY

Introduction

In the near future, the number of Canadians 65 years of age and over will increase dramatically, and the majority of these older individuals will be women who are living alone. As women advance in age, they commonly need some support in order to remain living in the community, and the majority of this support invariably comes from informal sources, such as family and friends. However, little research exists about the experiences of informal caregivers, specifically, of the mid-life daughter who provides care for her aging mother. There is need for research in this area, because the mid-life daughter-mother caregiving relationship is more common than any other intergenerational informal support system (Fischer, 1986; Brody, 1981; Horowitz, 1981; Mederer, 1982).

In order to expand our understanding of the experiences of mid-life daughters as caregivers, we need to gain a better understanding of the perspectives of mid-life daughters. The aim of this study is to examine the experiences of mid-life daughters who are caregivers to their mothers.

Background to the Problem

Between 1981 and 2031 it is predicted that the number of Canadians 65 years of age and over will increase from 10% to 21% of the total population (Corelli, 1986). Most very old people are women (Brotman, 1982). Currently a woman of 65
years can expect to live for 19 more years; a man can expect 15 more years of life (Hees, 1987). Therefore, women outnumber men in the older population and the ratio of women to men widens with age (Ory, 1985). At age 75 years and over women outnumber men by 180:100, and at age 85 years and over the ratio is 229:100 (Brotman, 1982).

Since they outnumber men, older women are more likely than older men to be widowed and, because most older people and their children prefer independent living arrangements, nearly 50% of older women over 75 years of age live alone (Ory, 1985).

Although most seniors do not require any special health services, some need assistance to enable them to continue to live in the community, while others have needs which can only be met in institutional settings (Van Horne, 1986). In the community, informal or family support systems provide more assistance to elders than do formal or professional organizations. Estimates suggest that 80% of all care provided to elderly members of society comes from informal sources, such as family and friends (Chappell, Strain & Blandford, 1986). Of the elders who receive formal or professional care, 80% receive informal care as well (Chappell et al).

Over the next 40 years the number of elderly people with activity limitations will double, resulting in an even greater need for both informal and formal care services (Ory, 1985).
This growth will put even more pressure on informal and formal care providers. And, without the care given by informal support systems, many more elderly people will probably be forced to leave their homes and enter institutions (Brody, 1981; Cantor, 1980; Shanas, 1979). This move may serve to place even more pressure on the already stretched formal care system. In addition, this move may push many elders to despair.

However, it is important to realize that the functions served by family members in the informal system cannot be replaced by institutions in the formal system (Litwak, 1985). Possibly because they realize this, many children, as caregivers, go to great lengths to avoid the institutionalization of their elderly parents (Shanas & Maddox, 1976; Robinson & Thurnher, 1979; York & Calsyn, 1977).

The filial responsibility inherent in informal systems emerges from the continuing attachment of the children to their parents and from cultural expectations. It is not surprising, then, that within the informal support systems, caregiving is more likely in the mother-daughter relationship than in any other intergenerational relationship (Fischer, 1986; Brody, 1981; Horowitz, 1981; Mederer, 1982).

Chodorow (1974), when describing this mother-daughter attachment process, stated that within any given society, feminine personality comes to define itself in relation and connection to other people more than does masculine
personality. Specifically, mothers tend to experience their daughters as more like, and continuous with, themselves. Correspondingly, girls, in identifying themselves as female, experience themselves as like their mothers, thus fusing the experience of attachment with the process of identity formation (Chodorow, 1978). Girls have a basis for empathy built into their primary definition of self; a girl has a strong basis for experiencing another's needs or feelings as her own (Chodorow, 1978). In contrast, mothers experience their sons as a male opposite, and boys, in defining themselves as masculine, separate their mothers from themselves, thus curtailing their primary love and sense of empathetic tie (Chodorow, 1978).

The findings of many previous and famous studies posited what we felt was sound developmental theory; however, we now realize that the nature and significance of women's psychological development has been long obscured and shrouded in mystery, because a number of these previous developmental studies had a male bias (Gilligan, 1982). In their accounts of the moral development of children, Piaget (1965) devoted only four brief entries to girls and Kohlberg (1958, 1981) studied boys only. Because of this male bias, the milestones of childhood and adolescent development in psychological literature are markers of increasing separation and individuation, and women's failure to separate is viewed, by definition, as a failure to develop (Gilligan, 1982).
However, females do not fail to develop, they simply develop differently than males do. Chodorow (1978), writing about the masculine bias of psychological theory, argued that women do not have weaker ego boundaries than men; they simply have a basis for empathy built into their primary definition of self in a way that boys do not. Because they are parented by a person of the same gender, girls emerge with a stronger basis for experiencing another's needs or feelings as one's own. Girls come to experience themselves as less differentiated than boys, as more continuous with and related to the external object-world, and as differently oriented to their inner object-world as well.

Chodorow's (1978) theory appears to be substantiated by research findings. Fischer (1986) interviewed 11 elderly parents -- nine mothers and two fathers -- who had been recently discharged from hospital, and whose average age was 80 years, and their 15 adult caregivers -- 11 daughters, two sons, and 2 daughters-in-law -- whose mean age was 45 years. Fischer's findings suggested that 80% of adult daughters with children are substantial help givers to their mothers.

Cohler and Grunebaum (1981) studied three generations -- grandmothers, mothers, and daughters -- in four American families. They found that just as women learn from earliest childhood to be particularly responsive to cues from others, so they are also taught to respond in an active, intuitive, and empathetic manner to the needs of others. In addition,
their findings, from interviews and paper-and-pencil questionnaires, suggest that from earliest childhood a daughter is socialized into an undifferentiated and interdependent relationship with her mother, and that this relationship continues into adulthood as the daughter becomes a mother herself. The daughter's role is further supported in adulthood by the increased complementarity of the role portfolio of the two generations, including the convergence of interests and sentiments of the older mother and the adult daughter.

However, the intensity of this relationship may later diminish. Low (1978) studied the relationships between American adult daughters and their mothers, and found that the intensity of the identification of daughters with their mothers diminishes greatly after 40 years of age. An interesting finding, as this diminished intensity may occur at the same time that an elderly mother begins to require care.

Because women predominate among the elderly and among the caregivers of the elderly, old age can largely be defined as a women's issue (Reinharz, 1986). Caregiving daughters are characterized as "women in the middle" because they are middle-aged, are in the middle generation, and have multiple competing responsibilities (Brody, 1979). The whole framework of informal services for the elderly depends largely upon women's labour, including their unpaid labour in the home and their voluntary labour in the community (Finch & Groves,
Although the economic and social processes underlying each caregiving situation may be somewhat different, the processes are all reinforced by cultural designations of women's suitability for caring, and caring's close relationship to mothering (Finch & Groves, 1982). This is seen most visibly in assumptions about the care which women will provide for relatives in the family setting (Finch & Groves, 1980; Land, 1978). Government policies may reinforce these assumptions by supporting a household structure which serves to replenish the working population while maintaining women as a reserve labour force (Mcintosh, 1978).

Although caring is assumed to be women's work, research results do not suggest that caring for a parent is an easy task. Caregivers make personal sacrifices (Robinson & Thurnher, 1979), and they often feel guilt, resentment (York & Calsyn, 1977), and hostility (Silverstone & Hyman, 1982). In addition, they feel burdened and stressed, and generally have low morale (Fengler & Goodrich, 1979). Caregivers describe themselves as being physically and emotionally drained (Farkas, 1980). It is not uncommon for family members to give up their jobs in order to provide care, and for their own health to deteriorate (Brocklehurst, Morris, Andrews, Richards, & Laycock, 1981).

The caregiving role of an adult child is draining; therefore, adult children are priority targets for
interventions to strengthen their capacity to assist the elderly (Cantor, 1983). In an attempt to discover ways of strengthening informal caregiving capacities, attention is now being directed to the dynamics of the helping situation (Brody, 1981; Gibson, 1981). However, rather than looking at the needs of each category of caregivers, researchers and policy-makers have tended to group all caregivers into a single category (Cantor, 1983).

This grouping practice is not satisfactory because it has tended to obscure the differences among the various groups of caregivers and the types of stress that the members of each group may be experiencing (Cantor, 1983). Just as caregivers differ -- they may be spouses, children, other relatives, friends, and neighbours -- so do their needs and relationships with the elder person (Cantor). Only by examining the characteristics and strains of each group of caregivers can we provide intervention modalities which strengthen and maximize their individual capacities to care for the elderly (Cantor).

Conceptualization of the Problem

Because the researcher wants to come to understand the women's perspectives by listening to their own self-reported experiences (Marpherson, 1983), and because the researcher will, therefore, value the women's experiences as they talk about them, a feminist perspective will be utilized.

A feminist approach attempts to create social consciousness, social theory, and social policy which will
improve the life chances of a specific group (Reinharz, 1986). Feminist theories serve a dual purpose – first, they offer descriptions of women's oppression and second, they offer prescriptions for eliminating it (Macpherson, 1983). The feminist perspective is based on the assumption that political, economic, cultural, and social forces are important determinants of the human experience (Macpherson). In this particular instance the human experience is the mid-life daughter's caregiving experience. The feminist perspective will be flexible enough to incorporate the uniqueness of each woman's experience and still encourage the identification of common themes as shared phenomenon.

The mid-life daughter's caregiving experience is influenced by the socialization process during her upbringing, and by cultural processes and institutions, such as motherhood and the family. The experience is also influenced by economic forces such as the perception that caring, as women's work, should take precedence over other types of work (Lewis & Meredith, 1988). Yet, caring is unpaid and voluntary work. And if the daughter stops doing paid work she may suffer serious damage to her economic future as she may be unable to find reemployment and may lose her benefits. Finally, the daughter's experience is also influenced by the politically based perception that elderly women with daughters make few claims on the government and that it would, therefore, be counterproductive if the government separated individuals from
their kin, because this separation would increase the need for more professional services (Townsend, 1957).

Because of these social, cultural, economic, and political forces, some women may experience a limited world consisting of voluntarism, housework, living to meet the needs of others, and sacrificing their education and careers (Reinharz, 1986).

The need to care for older women within families places new stresses on women who are presently employed outside the home (Reinharz, 1986). The lack of recognition given to the unpaid work women do in caring for the family and home extends into the lack of recognition for mid-life daughters who provide care for their elderly parents (Reinharz). This lack of recognition is detrimental to the fabric of our society, because the capacity of women to respond to the needs of others in an active, intuitive, and empathetic manner is a competence of particular importance for both family and social order (Grunebaum, 1980). The kinwork and community work that women do keeps relationships and society alive.

Problem Statement

Many mid-life daughters are primary caregivers to their elderly mothers. Yet, in most research studies, daughters have been grouped with other caregivers; thus, the daughters' experiences have not been specifically identified. Without this information, nurses will be unable to adequately assist mid-life daughters who are caregivers to attain their optimal
levels of health.

Purpose of the Study

The purpose of this study is to explore what mid-life daughters, who are caregivers to their elderly mothers, experience.

Research Question

The research question is "What do employed and married mid-life daughters experience as caregivers to their mothers?".

Definition of Terms

For the purpose of this study, these terms will be defined in the following manner.

**Mid-Life Caregiving Daughter**

A "mid-life caregiving daughter" is an adult woman who occupies the lineal position between her living mother and her own child/children, and who provides care for her mother.

**Caring**

"Caring" is a process in which some kind of emotional attachment, generated from the dynamics of kinship, is integrally mixed into the labour of tending (Lewis & Meredith, 1988). Throughout the caring process the mid-life daughter delivers emotional, practical, light physical, and/or material assistance to her mother. The nature of caring changes over time in response to social, emotional, and physical triggers (Lewis & Meredith).
Experiences

"Experiences" are conscious events (Webster, 1987) derived from the nature of the mother-daughter relationship, and from the practical issues and level of predictability surrounding the caring process (Lewis & Meredith, 1988).

Enculturated Individual

An "enculturated individual" is one who has been conditioned by, has adjusted to, and has integrated with the cultural norms of the society in which the individual lives (Funk & Wagnalls, 1989).

Assumptions

There are a number of assumptions inherent in this study. First, because mid-life daughters are living the experience of caring for their elderly mothers, they can speak to and describe the experience. The second assumption is that the way people talk about their lives is of significance (Gilligan, 1982). The third assumption is that mid-life daughters are willing and able to talk openly and honestly, thereby giving an accurate account of their perception of reality. The fourth assumption is that the language they use and the connections they make reveal the world that they see and in which they act (Gilligan). Finally, it is assumed that the researcher, in order to listen effectively, is able to bracket any preconceived ideas.

Limitations of the Study

One limitation of this study is that it is restricted to
mid-life daughters living within the City of Vancouver and, therefore, does not reflect the experiences of mid-life daughters living elsewhere. Other limitations are that these are married, white, caucasian mid-life daughters, who have supportive networks, who have their own means of transportation, who have middle- to high-class economic status, and who chose to participate in a women's support group.

Finally, these findings were gathered at a particular moment in history, the sample of participants was small, and the mid-life daughters were not selected to represent a larger population.

Summary

Chapter one highlighted the lack of information about mid-life daughters who are caregivers to their mothers, and the reasons why more research on mid-life daughters is needed. This chapter also contained the conceptual framework which guided this study, the problem, purpose, and assumptions of the study, and some limitations of the study. Chapter two contains the literature review that is pertinent to the research study.
CHAPTER 2
LITERATURE REVIEW

Introduction

The literature review is in three sections. The first section of the review outlines why it is important that the experiences of mid-life daughters who are caregivers be examined. The second section of the review presents, in chronological order, some of the studies that have examined the experiences of mid-life daughters as caregivers. The third section of the review offers some summary rationale surrounding the need to examine the experiences of mid-life daughters who are caregivers to their mothers.

Why Examine the Experiences of Mid-life Daughters Who are Caregivers

There are many reasons for examining the experiences of mid-life daughters who are caregivers to their mothers. One reason is that between 1921 and 1981 life expectancy at birth increased by over 18 years for women; consequently, the life expectancy of females born in 1981 (79 years) is seven years longer than that of males born the same year (Parliament, 1987). Because women are living longer, more mid-life daughters may be called upon to care for their mothers.

Another reason is that the elderly are currently outnumbered nationally by more than four to one by those 24 years of age and under; however, because of the falling birth rate, the declining immigration of young adults and longer
life expectancy, the over 65s are catching up in numbers (Corelli, 1986). Therefore, one day the number of older women requiring care may outnumber the number of mid-life women available to care for them.

A third reason relates to current day trends. Ory (1985) explained the effects of these trends on the resources of mid-life daughters. Ten percent of community-residing adults aged 75 to 84 years need the help of another person in one or more of seven basic physical activities of everyday living, and the percentage increases to over 33% of the population for those 85 years of age and older. The sheer aging of the population over the next 40 years will double the number of persons with activity limitations, most likely resulting in an even greater need for both informal and formal care services (Ory).

Ory (1985) also stated that trends toward increased longevity will result in more four- and five-generation families, and the escalating numbers of older elders will create a need for increased assistance from aged spouses or, if they are unavailable, from younger caregivers who are themselves aging. It is of import to note that the majority of older elders will be female because as older women are living longer, and as they have married men older than themselves, they are four times more likely than men to become widowed (Gee & Kimball, 1987).

In addition, Ory (1985) stated that trends such as a decline in family size, high rates of divorce and remarriage,
and increased geographic mobility are likely to diminish the pool of people available to sustain older family members in the community. Specifically in relation to women in the middle generation Ory stated that there is already a squeeze on their time and resources, and increased labour force participation among middle-aged women may place an additional burden on them (Ory).

The fourth reason to examine the experiences of mid-life daughters who are caregivers to their mothers is that, like childrearing, meeting the dependency needs of a frail parent is extremely demanding, both physically and psychologically, on women. However, unlike childrearing, in which the child's emotional and physical dependence gradually diminishes, parentcaring involves the caregiver in meeting the sustained or increasing physical and emotional needs of the older person (Archbold, n.d.). The caregiving process does not become easier over time. The responsibilities remain the same or gradually, and perhaps unpredictably, increase. Who knows what kind of impact these responsibilities have on the quality of life of a caregiver?

In this regard it is only in recent years that several issues relating to the informal caregiver's burden have arisen, including issues surrounding the demographics and health profile of the aged population, the availability of potential caregivers, the major characteristics of ongoing caregiver behaviours, and the intended and unintended
consequences of caregiving behaviours (Ory, 1985).

In response to these issues, studies are beginning to examine the nature and extent of such caregiver burdens among different populations, and the factors associated with perceived as well as actual caregiver burdens (Ory, 1985). However, a fifth reason for examining the experiences of mid-life daughters who are caregivers to their mothers is that although studies are beginning to examine caregiver burdens, it is evident from the literature search that researchers have tended to group various types of caregivers in research studies, and only a limited number of the studies found focus solely on mid-life daughters caring for their mothers. Lang and Brody (1983) stressed that little is known about the effects of the dramatic demographic trends and changes in women's lifestyles on the caregivers themselves. Lang and Brody suggested that other questions requiring investigation are: "What are the experiences of older 'women in the middle'?", those women who respond to increasing parent-care responsibilities at a time when they themselves are among the younger old, and "How do individual styles vary as women try to balance the competing demands of their roles as wives, mothers, daughters, and employees?".

And a final reason for examining the experiences of mid-life daughters who are caregivers to their mothers is that it is evident from the literature search that the studies available are predominantly British and American and few
Canadian studies appear to have been undertaken. In addition, although researchers in the United Kingdom have studied dependent individuals and their caregivers far more extensively than researchers in Canada have, British knowledge about dependent people in the community remains patchy, and knowledge about the numbers and characteristics of the caregivers who are maintaining these dependent people in the community is even less reliable (Parker, 1985).

It does appear that, in order to care for dependent individuals, caregivers experience losses or reductions in earnings, lose opportunities for promotions, and suffer increased expenditures (Parker, 1985).

Research Studies Which Address the Experiences of Mid-Life Daughters as Caregivers

The following research studies are presented in chronological order. Robinson and Thurnher (1979) interviewed 49 adult children who cared for elderly parents over a five year period, and concluded that certain stressors are evident. The stressors include inconvenience, confinement, family adjustments, changes in personal plans, competing demands on time, emotional adjustments, upsetting behaviour, the parent seeming to be a different person, work adjustments, and feelings of being overwhelmed. Robinson and Thurnher's review of the literature revealed that sleep disturbances, physical strain, and financial strains are other stressors.

Rosenthal (1980) studied families and intergenerational
relationships in the context of aging. A random sample of 458 people aged 40 years and older (one third were aged 70+) was interviewed in Hamilton and Stoney Creek, Ontario. Seven in ten older women lived in the same city as did a child. The findings suggested the following. Both in middle age and later life, people continue to express commitment to fulfilling family obligations. Middle-aged children worry about their aging parents and are concerned about their own ability to provide the kind of care their parents might need. Elderly widowed women have more frequent contact with children than do other older people. Distance limits the exchange of some types of practical help but does not limit exchange of emotional support, advice, financial help, or help in crisis. Distance is also not associated with differences in the extent to which children worry about their aging parents. Rosenthal stated that women in their fifties and sixties may be coping with heavy family responsibilities related to aging parents, the declining health of their spouses, the possibilities of having grandchildren, and/or a child's marital breakdown. In addition, Rosenthal cautioned that expectations or policy that looks to children as a major source of support for the elderly must recognize that a substantial minority of elderly persons lack children and an equal minority has only one child, implying a resource that may be easily overburdened, limited by distance, or disrupted by divorce or even death. Rosenthal's study is interesting; however, it did not describe
the subjects, for example, the proportion of male and female caregivers and whether or not they were employed.

Cantor (1983) interviewed 111 American elders, the majority of whom were women, and their caregivers. Twelve percent of the caregivers were friends and neighbours, 19% were other relatives, 33% were spouses, and 36% were middle-aged children, mainly married women with families. Sixty percent of the married women with families were employed.

Cantor's findings included the following. Emotional strain is pervasive across all groups of caregivers; however, the closer the filial bond the greater the amount of strain experienced by the caregiver. Spouses are at the greatest risk of strain, followed by adult children. The amount of continual day-to-day involvement compounds the impact on the caregiver. Although strong familial ties and close bonds of affection are present, lack of mutual understanding and/or intergenerational differences are often reported. The caregivers in the study handle the dilemmas of conflicting demands and interpersonal strain not by denial of responsibility, but through considerable personal sacrifices. The greatest deprivation occurs in the sphere of personal desires, individuality, and socialization.

Cantor (1983) found that adult children suffer a multiplicity of roles. Their job performance is affected by the emotional stress and the time pressures involved in providing primary care to an older person. An overwhelming
concern of the adult children is their ability to obtain information on community resources, especially dependable, in-home services, and to obtain the necessary help. Often the adult children who are seeking assistance for their elderly parents are involved in time-consuming, bureaucratic duplication of effort. Various groups of caregivers were included in Cantor's sample; therefore, the focus was not solely on the experiences of mid-life daughters as caregivers.

Lang and Brody (1983) interviewed 161 American mid-life daughters regarding the nature and amount of help they provided to their elderly mothers. Eighty percent of the daughters were married and 60% were employed. The daughters were 40 to 66 years of age and they had an average of 3.7 children each. The findings of this study suggest that each mid-life daughter gives, on average, 8.6 hours of help, or the equivalent of one day's work, to her mother each week, and that an elderly mother's need for help increases with her advancing age. Each week, mid-life daughters in their forties provide an average of three hours, and those in their fifties provide more than 15 hours, of help to their mothers. This reflects the significant correlation between the ages of the daughters and mothers, as well as the fact that the need for help generally increases with advancing age. When the dependency needs of their elderly parents increase, most adult children respond, despite other responsibilities they may have to spouses, children, work, and grandchildren. And finally,
when called upon for help, the daughters who are the principle source of these needed services are likely to be in middle age or early old age themselves.

Many types of caregivers and caregiving situations were grouped together in Lang and Brody's (1983) study, including mothers living with their daughters, mothers living independently, married and unmarried daughters, and employed and unemployed daughters. In addition, the daughters came from various ethnic backgrounds. Lang and Brody concluded that it is necessary to find out what women in the middle experience as they try to balance the competing demands of their roles as wives, mothers, daughters, and employees.

Robinson (1983) outlined the development of a caregiver strain index with 85 spouses, family, friends, and neighbours who provided care to recently hospitalized individuals over 65 years of age. Of the 85 caregivers, 18 were daughters or daughters-in-law. There was a significant correlation between being employed and the caregiver strain index, suggesting that family members who have demands conflicting with caring for elders are apt to experience strain. This study included both daughters and daughters-in-law, and the elders were in the hospital and not in the community.

Stoller (1983) interviewed 753 American elders living in the community, and their informal caregivers. Sixty percent of the elders were women. Nearly half (47%) of the caregivers were adult children. Twenty-four percent of the adult
children were daughters and 22% were sons. Sixty-nine percent of the daughters and 83% of the sons were employed outside the home. Of the daughters, 71% had children living within their households.

Stoller's (1983) findings suggest that daughters provide more hours of help to elders than do sons. In addition, employed women cope with the additional responsibilities of paid employment by lengthening their total work week, rather than by reducing their caring services; conversely, employed sons reduce their caring services by an average of 22.9 hours per month. Stoller suggested that little attention has been given to the middle-aged woman who must juggle the competing role demands of employed worker, mother, and caregiving daughter.

Hill (1984) interviewed 50 married Canadians -- 48 women and two men. Each of them was either providing care and accommodation for an elderly relative or had done so within the past three years. Hill stated that the typical situation was a daughter caring for her mother. The findings suggest that daughters experience guilt and resentment; they desire both privacy and a change in their lifestyles. Hill concluded that services to meet the emotional needs of caregivers are an important component of any support services system. There are two limitations of this study. One limitation is that both male and female caregivers comprised the sample. The second limitation is that the research was done both on caregivers
who were presently providing care, and on those who had
provided care in the past and whose reflections, therefore,
depended a great deal on their memories.

Brody, Kleban, Johnsen, Hoffman, and Schoonover (1987)
interviewed 150 families from Philadelphia. Each family
included a widowed, elderly, noninstitutionalized mother
receiving care from a married, mid-life daughter. Two-thirds
of the daughters had children at home. Each of the mid-life
daughters provided a weekly average of 21.4 hours of care to
her mother. Half of the mid-life daughters were employed and
half were not. Prior to the study, some mid-life daughters
had terminated their employment in order to care for their
mothers. During the study, some of the remaining daughters
either considered terminating their employment or actually did
reduce their working hours. Brody et al. found that the women
who terminate their employment score lower on the mental
health measure than those who do not.

Lewis and Meredith (1988) interviewed 41 British mid-life
daughters who had ceased caring for their mothers within the
last 10 years. The mothers had lived with the daughters. The
mid-life daughters were either married, widowed, divorced, or
single. Lewis and Meredith's findings included the following.
Some daughters, as caregivers, experience mental health
breakdowns, health problems, guilt, bitterness, uncertainty,
resentment, impatience, and weight loss. In addition, eight
mid-life daughters retired from work to care for their
mothers, and five took less demanding jobs. Finally, Lewis and Meredith found that the daughter assumes full responsibility for the elder, and that the contributions of kin and friends decrease as the condition of the elder deteriorates.

Some of the daughters in Lewis and Meredith's (1988) study complained that their caring responsibilities had prevented them from getting married or advancing in their careers. However, it is difficult to draw simple cause-and-effect conclusions about their situations. Lewis and Meredith stated that one limitation of this study was that due to its retrospective nature the researchers had to judge the extent to which the daughters had reinterpreted their caring experiences.

Archbold (n.d.) did a phenomenological study of 30 middle-aged, American women. Fifteen of the women were care providers and 15 were care managers. Forty percent of the women were married. Sixty-seven percent of the care managers and 20% of the care providers were employed. Each of the women cared for one parent and 84% of the parents in the sample were women. The findings of this study suggest that a majority of care providers list nursing care, bathing, toileting, feeding, food preparation, home maintenance, and housekeeping as the caregiving activities they regularly perform. Half of the care providers could not identify any benefits of caregiving. Their responses elicited comments
reflecting sad resignation, tired frustration, and hostility toward their parents. Care providers identify decreased freedom, a lack of privacy, constant daily irritation, and guilt as the major costs of caregiving.

Many care managers in Archbold's (n.d.) study described the frustration of endless phone calls and interviews to accomplish the assessment of community resources. The care managers identified invasion of personal time, career interruptions, and financial burdens as the main costs of parentcaring. Data collection and data analysis were not well described in this study; however, Archbold concluded that caregivers represent a large and increasing group of vulnerable women in our society and should be viewed as an "at risk" population.

Final Theoretical Summary

According to Johnson and Spence (1982) knowledge of the important details of adult child-older parent relationships is just beginning to surface. The financial, emotional, physical, and other costs to the adult child can be significant, and the lack of role models for both generations can further intensify the pressure (Johnson & Spence). The adult must sometimes tread a fine line between the role of adult as helper, chauffeur, confidant, and the role of child (Johnson & Williamson, 1980). Although adults are often aware of the tensions in their relationships with their parents (Johnson & Bursk, 1977), they may perceive the tensions as
being uncontrollable and subject to change only with the death of the parent (Johnson, 1978).

In reference to pressures on the "woman in the middle", Brody (1981) stated that to an extent unprecedented in history, roles as caregiving daughters to dependent older adults have been added to the daughters' traditional roles as wives, homemakers, mothers, and grandmothers. Recently, discussion of the unique problems confronting adult daughters have begun to appear in the literature (Brody, 1978).

The need to focus solely on the unique experience of adult daughters appears to be supported in the literature. Lang and Brody (1983) stated that in the context of caregiving to the elderly, the word 'family' most often means the women in the family, and that a balanced understanding of the caregiving situation should include the perspective of both the caregiver and the care receiver. Lewis and Meredith (1988) concluded that professional helpers miss the problems experienced by those who immerse themselves in caring, doubtless because caring women appear to be committed to their caring activities, and to be 'coping' with their caregiving roles. The findings of Goodman's (1986) literature review suggest that an intuitive response by health care professionals is unjustifiable; the various innovative schemes should be carefully evaluated and the needs of both carer and dependent accounted for. Finally, Parker (1985) suggested that before developing services which they believe will help
carers, professionals must first discover what caregivers themselves would prefer.

Therefore, knowledge of both the caregiver and the care receiver is critical if practitioners, planners, and policy makers are to base their approaches and expectations on reality, rather than on the myths and biases that too often cloud attitudes about family behaviour toward the old (Lang & Brody, 1983).

Knowledge specific to the experiences and perceptions of mid-life daughters who are caregivers to their mothers remains limited. The aim of this study is to examine their experiences and perceptions.

Summary

This chapter was comprised of three sections. The first section of the chapter outlined reasons why it is timely to study the experiences of mid-life daughters who are caregivers to their mother. The second section of the chapter outlined research studies which have included mid-life daughters who are caregivers to their mothers. The final section of the chapter explained why a study of this sort would be beneficial, both in easing the pressures and tensions of the mid-life daughter's caregiving role, and in contributing to the work of health care practitioners, planners, and policy makers.
CHAPTER 3

METHODOLOGY

Introduction

Chapter three begins with an overview of the phenomenological research method, a qualitative approach. It also outlines the process for selecting the subjects, the selection criteria, the process for recruiting subjects, the characteristics of the subjects, the data collection and data analysis processes, and how the researcher protected the ethical and human rights of the subjects.

Overview of the Researcher's Use of the Phenomenological Research Method, a Qualitative Approach

The qualitative approach offers a broad interpretation of the effects of caring for dependents; it highlights the complexity of the problem (Goodman, 1986).

One qualitative approach is the phenomenological research method, an inductive, descriptive research method (Omery, 1983). The task of the phenomenological research method is to investigate and describe all phenomena, including the human experience, in the way these phenomena appear in their fullest breadth and depth (Omery). The concern of the phenomenological researcher is to understand both the cognitive and the subjective perspective of the subject who has the experience, and the effect that perspective has on the lived experience or behaviour of that subject (Morris, 1977).

In this regard, the researcher's task is to let the
experience, as it exists for the subjects, unfold in an unbiased way through the subjects' own descriptions (Omery, 1983). To ensure that the experience is being investigated as it truly appears to, or as it is truly experienced by, the subject, the researcher holds no preconceived expectations or categories of the experience (Omery). In addition, in order to fully understand the experience of the subject, the researcher, prior to collecting data, brackets or suspends any preconceptions of the experience (Riemen, 1986), including previous knowledge, biases, and prejudices. It is in this manner that the researcher comes to fully understand the experience of each subject (Riemen).

The study begins with participant selection. So that they are able to speak to the phenomenon being investigated, subjects are selected on the basis of their experience with the phenomenon being studied (Anderson, 1985). They are "experts" in the area under investigation (Anderson). In order to fully understand the depth and breadth of the experiences of the subjects, and in accordance with the phenomenological research method (Omery, 1983), the sample size is small. A convenience sample of subjects who meet the criteria and want to participate is initially sought (Morse, 1986) and interviewed. Subsequent to the initial interviews, theoretical sampling is used, whereby the continued selection and interviewing of subjects is related to the findings that emerge in the course of the study (Sandelowski, 1986).
The number of interviews conducted depends on the depth of information obtained and on the researcher's understanding of the information. Additional interviews are conducted in order to clarify data, to explore areas that seem more pertinent to the subjects, and to validate concepts from an earlier interview (Anderson, 1985). Sampling and data collection cease when each subject has described her experience and no further clarification is needed (Riemen, 1986).

Using Giorgi's method (Omery, 1983) data are gathered through taped interviews which involve one to three, hour-long sessions over a period of three to four months. In order to ensure that the experience, as it exists for the subjects, unfolds in an unbiased way, the researcher does not offer any helpful clarifications during the interviews (Omery).

The researcher analyzes the data using Giorgi's (1975) method of data analysis. In order to get a sense of the whole, the researcher first reads through each subject's entire description of the experience. Then the researcher rereads each subject's entire description and identifies the natural "meaning units", as expressed by the subject, which sequentially make up the whole experience for that subject. Having completed this step, the researcher then states, in as simple a statement as possible, the theme that dominates each natural meaning unit. Having identified the themes, the researcher interrogates the themes, and the raw data from which the themes were taken, in terms of the specific research
question. For example, the researcher asks, "What does this statement tell me about the experiences of this mid-life daughter as a caregiver to her mother?". Once the themes have been thus enumerated, the researcher attempts to integrate and synthesize the essential, non-redundant themes into a descriptive structure of the meaning of the experience.

The issues of internal and external validity, and reliability, are dealt with somewhat differently in the qualitative approach than they are in the quantitative approach. Credibility, rather than internal validity in the quantitative sense, is the criterion against which the truth value of qualitative research is evaluated (Guba & Lincoln, 1981). A qualitative study is credible when the individuals having the experience immediately recognize it from the description as their own, and when, on being confronted with it, other individuals can recognize the actual experience after having read about it in a study (Sandelowski, 1986).

Fittingness, rather than external validity in the quantitative sense, is the criterion against which the appliability of qualitative research is evaluated (Guba & Lincoln, 1981). Fittingness means that the findings can "fit" into contexts outside the study situation, and the audience views the findings as meaningful and applicable in terms of their own experiences (Guba & Lincoln).

Auditability, rather than reliability in the quantitative sense, is the criterion against which the consistency of
qualitative research is evaluated. A study is auditable when another researcher can clearly follow the "decision trail" used by the researcher in the study (Sandelowski, 1986).

The next section contains a description of the implementation process.

Selection of Participants

So that they were able to speak to the phenomenon, subjects were selected on the basis of their experience with the phenomenon being studied. The convenience sample was comprised of seven subjects who met or, in some cases, almost met the criteria and wished to participate in the study.

Selection Criteria

The criteria for selecting the subjects included the following:
1. each woman was 40 years of age or older, in order to represent the mid-life group of women;
2. each woman lived in the greater Vancouver area, for reasons of accessibility;
3. each woman spoke English, in order to facilitate communication;
4. each woman was married, because more female caregivers are married than single (Arber, Evandrou, Gilbert, & Dale, 1986);
5. each woman had children who lived at home or away from home, in order to reflect the woman's middle generation position (Brody, 1979);
6. each woman was employed on a part-time or full-time basis,
because the majority of middle-aged women are employed and 75% of them are employed full time (Brody, 1981);

7. each woman was enculturated into Canadian society, in order to decrease the chance of cultural factors affecting the study;

8. each woman was a primary caregiver to her mother and had been for at least one year, in order to ensure that the daughter could effectively speak to the caregiving experience, and

9. each woman was geographically located such that daily personal contact with her mother was possible.

The criteria for the mothers was as follows:

1. each mother lived on her own, as this criterion was congruent with Ory's (1985) statistics, and

2. each mother was not in the acute phase of an illness, in order to ensure the description of the caregiver's "normal" experiences only.

Subject Recruitment

The subjects were recruited through a daughters-of-aging-parents program which was conducted by Clarissa Green, a professor at the University of British Columbia School of Nursing. The program was held, and still is, at the Women's Resource Centre in Vancouver, British Columbia. Subjects were selected from past and present participants of the program who had indicated their willingness to participate in research studies relating to their role as caregivers. The potential
subjects had given their permission to Professor Green to make their names and addresses available to researchers in the University of British Columbia School of Nursing.

Potential subjects were approached through a Letter of Initial Contact (see Appendix A). The researcher contacted, by phone, each subject who responded to the letter. Six of the subjects were obtained in this manner. A seventh subject heard of the study, through a mutual friend of the researcher, and submitted her name, through that mutual friend, to the researcher. The researcher sent this potential subject a Letter of Initial Contact, and when the potential subject responded to the letter, the researcher contacted the subject by phone.

The researcher arranged with each subject, a mutually convenient time and place to conduct an interview. Five of the initial interviews were conducted in subjects' homes, one subject was interviewed in Professor Green's office, and the seventh subject was interviewed in the researcher's place of residence.

During these initial meetings, the researcher explained the purpose of the study and the consent to each subject, and answered any questions. Each subject then signed a Participant Consent Form (see Appendix C) and gave it to the researcher. The researcher gave each subject a copy of the consent form to keep. A total of seven women took part in the study.
The seven mid-life daughters ranged in age from 42 to 69 years. All lived in the lower mainland, spoke English, were married and living with their husbands, and had children. Only three of the daughters had teenage children still living at home with them. Three of the mid-life daughters continued to be employed full time. Two daughters had worked full time; however, one of them had recently taken a four-day-a-week position, and the other had recently begun to work on a part-time basis -- 12 or more hours per week. The two remaining daughters were employed on a part-time basis -- one daughter worked an average of two hours a month; the other worked an average of two to three days a week. All the daughters were enculturated into Canadian society. All of them were geographically located such that daily contact with their mothers was possible.

Two of the daughters were primary caregivers to their mothers. One had been the primary caregiver to her mother; however, her mother had died in 1988. Two of the daughters were sisters, each of whom provided care for her mother on an equal basis. One daughter shared caregiving for her mother with the daughter's cousin. And the last daughter shared caregiving with her sister who was not a participant in this study.

The mother of one participant was deceased; therefore, this participant spoke of her caregiving experiences in a
retrospective manner. In addition, two of the participants in the study were sisters. Thus, there were five mothers referred to in the study. Of the five mothers, one of them lived in a privately rented dwelling, one lived in a privately owned dwelling, one lived in an intermediate care facility — having progressed from a privately owned residence, to a privately rented apartment, to her daughter's house, and then to an intermediate care facility — and two of the mothers rented apartments in group-sponsored seniors' complexes which provided in-house recreational programs. None of the five mothers was in an acute phase of an illness. The age range of the mothers was 79 to 96 years.

Data Collection and Analysis

Data collection and analysis are discussed separately; however, as pointed out by Anderson (1985), these two processes ran concurrently throughout the study. The researcher analyzed the data throughout the collection phase, and the results of the analysis provided direction for the ongoing data collection process.

Data Collection

The researcher interviewed five of the daughters twice. Because of a faulty tape, the last half of the initial interview with the sixth daughter was lost and the researcher interviewed this daughter again. The researcher interviewed the seventh daughter once.

The interviews were somewhat structured and lasted from
one to two hours each. At the beginning of each initial interview, the researcher acquired some demographic data by asking the daughter about her family of origin and about her family of procreation, including the number of relatives she had, their ages, their sex, where they lived, etc.

Subsequent to this, the researcher used open-ended trigger questions (see Appendix B) during the initial and second interviews. The researcher did not ask all of the daughters all of the trigger questions, because once a daughter began speaking, the researcher followed her train of thought by asking her questions like, "Can you tell me more about that?", "Can you give me an example of that?", "What do you mean by that?", "How did you deal with that?", "How did that make you feel?", etc. In this manner, the researcher followed the language and the logic of a daughter's thought, and asked further questions in order to clarify the meaning of a particular response (Gilligan, 1982). Therefore, each daughter was truly a coresearcher because she helped to direct the data collection. The researcher used another trigger question to open a new topic only if the previous topic had been saturated by a daughter.

Following a first interview, the researcher transcribed the tapes and summarized from each daughter's transcript those areas needing clarification, further exploration, or validation. The researcher then used these summaries to guide the second interviews. During the second interviews, six of
the daughters addressed all areas requiring clarification, exploration, and validation. The researcher accomplished this clarification, exploration, and validation with the seventh daughter in only one interview. Therefore, the researcher did not need to conduct any further interviews or recruit any new subjects.

Data Analysis

The researcher analyzed the data according to Giorgi's (1975) method of data analysis. The researcher read each daughter's entire description of the experience, and then reread each description while, at the same time, identifying the natural meaning units which made up the experience for each daughter. The researcher then stated, in a word or a simple phrase, the theme that dominated each natural meaning unit. The researcher went through all the transcripts twice more to ensure that all themes had been identified. The researcher then gave a category to each theme and under each theme indicated the code number of each daughter who had discussed that theme and on which page of her transcript she had discussed that theme. In this manner, the researcher was able to identify which themes were dominant or common to all daughters.

The researcher then interrogated the common themes and the raw data by asking, "What does this statement tell me about the experiences of this mid-life daughter as a caregiver to her mother?". By so doing, the researcher was able to
group some of the common themes together under a higher-level theme category, and leave the rest of the common themes standing on their own. This left a descriptive structure of the meaning of the experience. The descriptive structure was at the general level, meaning that the structure centered on those aspects of the mid-life daughter's caring experience that were universal across all daughters. The descriptive structure helped to describe how this group of women perceived their experiences as mid-life daughters who were caregivers to their mothers. The results of the data analysis are contained in chapter four.

Ethics and Human Rights

The researcher protected the ethical and human rights of the participants in the following manner:
1. The members of the University of British Columbia Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects gave their written approval to carry out this study.
2. Each potential participant received a copy of the Letter of Initial Contact (see Appendix A) in the mail.
3. The researcher explained the study and the consent form to each potential participant.
4. Written consents in relation to participation, taped interviews, field notes, and confidentiality were requested from each participant (see Appendix C).
5. Each participant received a copy of the consent form to
The researcher told each participant that the participant could refuse to answer any question/s.

The tapes were erased once they had been transcribed.

The name-code sheet was destroyed immediately after the thesis was completed.

The coded transcripts will be kept for two years for use in scholarly publications, after which time the transcripts will be destroyed.

Summary

This chapter contained an overview of the phenomenological research method, followed by a description of the implementation of this method. The results of the analysis of the data are presented in chapter four.
CHAPTER 4
RESEARCH FINDINGS

Introduction

The purpose of this chapter is to report the research findings of this study. The daughters in this study described what they experienced as caregivers to their mothers. From their description a number of common themes emerged. The researcher integrated these common themes into a developmental framework -- a process that takes place along a continuum -- and entitled this continuum "the continuum of care". This continuum is both linear and fluid; therefore, there is the potential for a daughter to vascillate back and forth along the continuum.

There are three points and two transition phases along the continuum of care. The researcher has named the points "the outer-centered point", "the inner-centered point", and "the ethic-of-care point". The starting point on the continuum is the outer-centered point. There is a transition phase between the outer- and the inner-centered points, and between the inner-centered point and the ethic-of-care point. The order of the points and phases represents progressive movement and development along the continuum of care.

At the starting point -- the outer-centered point -- on the continuum the daughters are outer-centered, meaning that they are closely connected or fused with their mothers, and their attention is primarily on their mothers. Their outer-
centeredness is evident in their extensive knowledge of their mothers and their mothers' needs, and in their deference and responsiveness to their mothers' needs.

As the daughters enter the transition phase between the outer-centered and the inner-centered points along the continuum of care, they become cognizant of the inner conflict and turmoil which they are experiencing because of their relationships with their mothers. This inner conflict and turmoil takes the form of worry, anger, stress, disappointment, depression, and emotional pain.

Because of their inner conflict and turmoil the daughters become concerned with their own survival in the caregiving relationships. Realizing that they and their mothers are different, they begin to criticize their mothers and to resent their relationships with their mothers. They also begin to use their inner conflict and turmoil to create distance between themselves and their mothers.

At some point during the transition phase, each daughter reaches her upper limit -- her threshold -- of inner conflict and turmoil that she is able to tolerate. This threshold is presumably a different degree of inner conflict for each daughter. A daughter's realization of her individual threshold is a pivotal or turning point which results in her greater concern for her own needs than for those of her mother. The realization of her threshold results in a daughter's progression to the second point along the continuum of care --
the inner-centered point -- where her attention is primarily on herself.

As they near the inner-centered point along the continuum, the daughters become increasingly inner-centered. While at the inner-centered point, they begin to compare their present-day experiences with their mothers to their fantasies of what they thought their mothers, and their relationships with their mothers, would be like at this stage in their lives. Coming to terms with the fact that their fantasies are not, in fact, the reality, the daughters begin to grieve for their fantasies. Through the process of comparing and contrasting their fantasies and reality, the daughters also begin to identify their own needs in the caregiving relationships, a process which is critical to their further progression along the continuum of care.

Having realized their own needs the daughters move into the second transition phase, wherein they begin to act on their newly identified needs. Realizing that they cannot be knowledge-rich and action-poor, they begin to make contextual caregiving decisions -- decisions which consider not only their mothers' needs, but also their own needs, and the needs of any family members who may be affected by their decisions.

Because they are making contextual decisions, the daughters must, necessarily, set some limits on their caregiving activities. This limit-setting process generates further inner conflict which forces the daughters to question
the rightfulness of including their own needs in their circles of care.

If she can effectively deal with her inner conflict a daughter moves toward the third point along the continuum -- the ethic-of-care point -- where she finds a balance. Here the daughters are firmer in their commitment to make contextual decisions. They continue to set realistic limits on their caregiving activities, and they are better able to work through their inner conflict in a realistic manner.

One dominant theme encompasses the continuum of care, a theme which the researcher has entitled "the logical process of working towards healthy differentiation from mother". This theme incorporates the strategies which the daughters use to move towards healthy differentiation from their mothers.

To facilitate the reader's full understanding of this developmental framework, the researcher has described, in detail, each of the components of this developmental framework (see Figure 1, overleaf).

How the Caregiving Relationship Begins

Prior to addressing the continuum of care directly, it is of interest to explore what triggered the onset of the caregiving relationships between these daughters and their mothers.

The shift in a mother-daughter relationship was definitive enough to be identified, and often, but not always, involved a crisis. As is evident in the following quotes, this
Learning about and understanding mother and self
Identifying mother's behavior
Managing challenging situations
Rethinking control over my emotions
The logical process of working towards healthy differentiation from mother

Transition Phase
- Action on needs
  - Inner conflict generated by action on needs
  - Inner-centered
  - Outer-centered

Transition Phase
- Action on needs
  - Inner conflict, emotional turmoil, and distancing
  - Inner-centered
  - Outer-centered

Confinuum of Care
shift served to fuse or connect the daughters more closely to their mothers. For the purposes of quoting the daughters and the researcher, the daughters are referred to as coresearchers, and the letters C. and R. indicate coresearcher and researcher respectively.

Some of the caregiving relationships began with a crisis.

R. When did you first "feel responsible" as you said? Can you put a finger on it?...
C. Perhaps when my dad was sick and was hospitalized....it started...an awareness....Then... when my dad died...it was really apparent.

And, another daughter stated:

C. She [mother] had an emergency admittance into hospital one time...[because] she just hadn't looked after herself....I just felt that something should be done about it.

Some mother-daughter relationships shifted out of fairness. The daughters did not want their siblings, who had already cared for other elderly relatives until their deaths, to have to assume the caregiving role again.

C. I didn't want my brother to go through all that [caregiving] again. It was a horrible time [for him]....So, I said, "Well, come and live with us, Mom". That's when it [the caregiving relationship] started.

Thus, it appears that some crisis event or decision brought the daughters closer to their mothers and initiated their arrival at the outer-centered point on the continuum of care.

The Outer-Centered Point on the Continuum of Care

Three sub-themes of the caregiving experience are present at the outer-centered point on the continuum of care. The
researcher entitled these sub-themes "knowing mother and her needs"; "responding to mother's needs", and "deferring to mother's needs". The following is a description of each of these sub-themes, followed by examples of data to support them.

Knowing Mother and Her Needs

One of the dominant sub-themes at this point in the continuum is "knowing mother and her needs". The daughters' outer-centered orientation at this point on the continuum was evident in the extensive knowledge of their mothers and their mothers' needs that the daughters felt was important to their caregiving relationships. Everything that the daughters did for their mothers was explained in terms of their mothers; therefore, it appeared that their intimate and extensive knowledge of their mothers provided the daughters with direction regarding the types of caregiving activities required by their mothers.

The knowledge that the daughters had appeared to focus on their mother's likes and dislikes, their abilities and inabilities, their usual behaviours, their characteristics, their needs, and their values. Finally, the daughters were also knowledgeable about what types of supports and attitudes effectively served to meet their mothers' needs. The following quotes reflect the extent of the daughters' intimate knowledge of their mothers.

This daughter, whose mother was deceased, demonstrated
her extensive knowledge of her mother by describing her mother's characteristics, usual behaviours, likes, needs, and inabilities.

C. My mother was a strong woman....She never approved of anybody's relationship....She liked to be waited upon....She was always poking in and telling you what to do....She was alone in the world....She...had a terrible job making friends....She was absolutely terrible to people....[She] never talked about feelings.

Another daughter's extensive knowledge was evident in her description of her mother's inabilities, needs, and values.

C. She is not able to love people or to reach out and be loved...She's very independent...She presents a very tough image to the world.

Yet another daughter's knowledge came through in her description of her mother's characteristics, values, usual behaviours, inabilities, and likes.

C. She [mother] isn't a nurturing person and she isn't a good communicator....She's a high achiever....She must be independent....She's a very critical person...She gets quite tied up if she's around people and she has to talk....She doesn't like to be around old people.

Another daughter demonstrated her intimate knowledge of what types of supports and attitudes effectively met her mother's needs.

C. But it is amazing how good she [mother] feels when she is understood by not just the family but by other people.

And finally, in the following quote, this same daughter demonstrated her knowledge of her mother's characteristic pride.

C. She doesn't want me to talk about her to anybody....[She's] very proud that way.
In summary, while at the outer-centered point on the continuum of care, the daughters demonstrated their extensive and intimate knowledge of their mothers and their mothers' needs. The daughters' knowledge appeared to focus on their mothers' abilities and inabilities, characteristics, usual behaviours, needs, values, likes and dislikes, and on what supports and attitudes met their mothers' needs. Their knowledge appeared to provide the daughters with direction regarding the types of caregiving activities their mothers required.

Responding to Mother's Needs

Another dominant sub-theme related to the outer-centered point on the continuum of care is entitled "a daughter's responsiveness to her mother's needs". Although the daughters carried out a variety of caregiving activities for their mothers, it was apparent that not all the daughters did the same things for their mothers.

On a regular basis, the daughters provided various types of care for their mothers. These caregiving activities appeared to fall into eight categories: (1) tending to mother's legal affairs, including having power of attorney for her; (2) tending to mother's financial affairs, including giving her money, doing her income tax, paying her bills, and looking after her banking; (3) maintaining mother's social and family network, including chauffeuring her to social activities, taking her to see her friends, having her and her
friends over for lunch, having her over for dinners, holding family get togethers on holidays and special occasions and ensuring that she was present, helping her with her general correspondence, sharing mail with her; (4) maintaining mother's household and her quality of life, including vacuuming, shopping for her groceries, paying for her groceries, bringing her cooked food, bringing her flowers, taking her shopping and out for meals, doing errands for her, supplying her with jams and jellies from the pantry, and dusting and tidying her place; (5) organizing mother's activities, including taking her to appointments, and assisting her with her diary and her calendar; (6) providing mother with emotional support, including providing her with comfort care, encouragement, and reassurance, keeping her happy, and listening to her worries and complaints; (7) maintaining mother's image, including washing and setting her hair, doing her darning, mending, laundry, and drycleaning, and (8) communicating with mother, including visiting and phoning her.

One daughter, notable for her extensive involvement in her mother's life, responded to her mother's needs by using her own money to furnish a room in her basement for her mother and, again using her own money, caring for her mother for five years.

The same daughter also organized her mother's move into a group-sponsored seniors' complex. Prior to her mother's move
this daughter signed that she was responsible for her mother, including the rent, if her mother did not pay it. The daughter also ensured that the apartment was clean. She stocked the fridge, filled the place with flowers, put up pictures, and fixed the television. Then she took her mother there to show her the place.

Another daughter and her nuclear family fully gutted and redecorated the apartment which her mother had purchased after selling her own private home. This daughter's responsiveness to her mother's needs was also very evident in the following quote.

C. She [mother] had quite a very serious operation... she almost died, thanks to incompetence on the part of her physician....We [my family and I] were living 500 miles away...and we came down and tried to do something about it and ran into constant frustration. [So] I finally said to her [mother], "Okay, you've got two weeks and if you're not better you're coming home with us and I'll get our doctor to look after you"....She did come to live with us for about three weeks.

On two occasions, the mother of another daughter became ill. This daughter was also very responsive to her mother's needs. On the occasion of her mother's first illness the daughter took a week off work to be with her mother. On the second occasion the daughter cut her ski weekend short to fly to another city to be with her mother while she was ill.

This same daughter gave a vivid description of her responsiveness to her mother's needs.

C. We [my husband and I] have said to her [mother]..."Our place is your place...you are welcome here any time you want. If you ever want to come down or are
feeling lonely, just phone us and we'll come and pick you up."

And further:

C. I spend a lot of mental energy on her [mother] and I spend time almost every weekend....I'm trying to second guess what would make her happy. I think about her regularly....I talk to her all the time....I'll kid her....We go to restaurants where she likes the food....When she has dinner at our place...I give her a care parcel to take home....If I do some baking I always make sure she's got that and I give her apples from the tree....I pick flowers for her out of the garden....I bought her a toaster oven...so she can...heat it [the leftovers] up that way.

Another daughter, who had been her mother's primary caregiver for the past 18 years, explained how she helped her mother with her Christmas correspondence. This daughter also showed great insight into, and responsiveness to, her mother's needs.

C. It is difficult for her [mother] to keep people straight...We always have to go over it [her mailing list] very slowly. She has all her cards from last year. I've got them all in order so she can see what the person said to her last year....I know she gets a lot of pleasure in thinking that she can help with her cards this year because she couldn't last year.

In summary, it is evident from the findings, that when the daughters were at the outer-centered point on the continuum of care, they were very responsive to their mothers' needs. The daughters carried out a number of diverse activities for their mothers, and they did so with amazing frequency and for varying durations.

Deferring to Mother's Needs

Another dominant sub-theme at the outer-centered point on
the continuum of care is the daughters' deference to their mothers' needs, sometimes to the point of sacrificing their own needs. The daughters, by deferring to their mothers' needs, gave up their own personal time, their privacy, their peace of mind, their freedom, and their personal plans. Their deference was visible in the following quotes.

One daughter, whose mother lived with her from March until midsummer, was quite clear about the cost of her deference.

C. It [having mother with us] necessarily infringed on our [my husband's and my] privacy of course.

Some daughters silently put up with their mothers' behaviour even though they found their mothers' behaviour distasteful. In this manner these daughters gave up their peace of mind.

C. There are all kinds of things I'd like to say to her [my mother], but I don't want to do that, because she doesn't want to hear them.

And, another daughter stated:

C. I get kind of upset about the [mother's] complaints....I just start getting really uptight and it's just not pleasant. I feel quite negative and I start to feel a bit angry.
R. What do you do about that when you feel uptight?
C. Basically I feel I'm there to let her [mother] talk about it....I think that sometimes helps [her]. I don't...do anything other than grit my teeth.

For some daughters, their deference to their mothers' needs interfered with their freedom and their plans:

C. I don't always feel free to just go and do my own thing, or stay home and do my own thing, which I enjoy.
And

C. My husband and I can't go away...on an extended trip...so we're...not exactly putting in time...but...doing all we can without taking holidays.

Summary

While they were at the outer-centered point on the continuum of care, the daughters' attention was primarily on their mothers. Their outer orientation was evident in their extensive and intimate knowledge of their mothers and their mothers' needs, in their responsiveness to their mothers' needs, and in their deference to their mothers' needs. The daughters, by assuming this outer-oriented posture, voluntarily sacrificed their own needs to those of their mothers, and thus created a disparity. It appeared that the daughters felt that it was acceptable for them to put their own needs aside in this manner as long as their mothers did not experience any hurt, and were happier.

The Transition Phase Between the Outer-Centered and the Inner-Centered Points on the Continuum of Care

The transition phase between the outer-centered and the inner-centered points on the continuum of care was a period of covert, inner conflict and turmoil for the daughters. During this transition phase some daughters reached their upper limits, or their thresholds, of inner conflict and turmoil that they could stand. The daughters used this internal conflict to put distance between themselves and their mothers. It appears that each daughter had a unique upper limit or
threshold of conflict. If she reached her upper limit she "hit the wall" and moved on to the second point on the continuum of care.

The dominant sub-themes in this transition phase are entitled "inner conflict, emotional turmoil, and distancing" and "hitting the wall".

Inner Conflict, Emotional Turmoil, and Distancing

The issues generating this inner conflict and turmoil in the daughters appeared to centre around the daughters' inability to accept the caregiving role, their perception that they were getting little out of their relationships with their mothers, and their perception that their values were different than those of their mothers.

Because of these issues, the daughters experienced a variety of emotions, for varying durations of time. At various times, sometimes on a daily basis, the daughters reported feeling accepting, angry, annoyed, anxious, awful, bothered, calm, concerned, confused, defensive, depressed, devoid of love, disappointed, disturbed, embarrassed, exasperated, exhausted, frightened, frustrated, furious, great, guilty, heavy, horrified, hurt, impatient, irritated, mortified, overwhelmed, pissed off, pleasant, pressed for time, enraged, resentful, repulsed, sad, sandwiched, ashamed, sorry, spread too thin, stressed, trapped, worried, uptight, and upset.

The daughters, in becoming cognizant of the fact that they and their mothers were different, and in realizing that
their survival hinged on their ability to increase the
distance between themselves and their mothers, began to use
their inner conflict and turmoil to create more and more
distance between themselves and their mothers.

For some daughters, worry and fear were part of their
inner conflict and emotional turmoil.

C. When she [mother] was in the seniors' complex, my
husband worried about her having to move in here with
us again....That was his greatest fear. And that was
my fear and worry too, because I knew she expected me
to care for her.

As is evidenced by the following quotes, their growing
resentment of their mother and their caregiving
responsibilities fueled their inner conflict and turmoil.

C. And it [the chauffeuring] got to be every day,
sometimes twice a day, and it was very disruptive....I
had to, you know, juggle my life.

And

C. I felt that...if she [mother] said she had any aches
or pains, that she didn't really have them. She was
saying it to get my attention from my husband. I am
sure she did this but I can't prove it.

And, another daughter stated:

C. She [mother] respects him [my cousin] and she doesn't
respect my opinions. She thinks that I don't know what
I am talking about. So if I suggest something she just
ignores it. But if he [my cousin] suggests it then she
will do it.

And, finally, yet another daughter stated:

C. Sometimes I feel spread too thin....Too many
expectations from family, period.

Some daughters experienced inner conflict because they
perceived that they were getting little out of their
relationships with their mothers.

C. There's not much in it [our relationship] for me. I think there's a lot in it for my mother....My mother has no idea of what I do with my life.

And another daughter stated:

C. She [mother] never asks about me. I never share anything about my own family with her. She's not interested. She doesn't like my children.

And yet another daughter experienced inner conflict because of the unidirectional nature of the relationship.

C. It's [my mother's and my conversation's] a monologue with me deflecting. And sometimes I just want to stand up and scream.

R. So how does that make you feel?
C. Awful....I just sit there....and do all this active listening. But inside I'm getting...pissed off...angry.

And

C. Even if I pop in [to see mother] for lunch, I now bring my lunch. I even bring the lunch. Like it's a real trial for her to get lunch.

For some daughters, their internal conflict was fed by their anger, hurt, depression, and disappointment.

C. I just try to work on two levels with her [mother]. I just, sort of, live with her as though everything was fine and she likes it that way -- she prefers it that way....The other level is just that constant anger.

And, another daughter stated:

C. I feel angry and hurt and exasperated because....I'm trying to do things that make her [mother] happy....And when...she suddenly puts you down for something, you feel like dumping her out on the sidewalk and letting her take the bus home.

And, yet another daughter stated:

C. I find it really a depressing time...[I've] got a lot of anger...disappointment...whatever you would expect.
Part of their inner conflict was the stress the daughters felt in their relationships with their mothers.

C. When I'm with her [mother] it is stressful, because I find I'm always...on the defensive....Even when I hear myself say it I think, "Why do I do it?"

Part of their inner conflict arose from the worry and disappointment they experienced.

C. I'm worried about becoming like her [mother]....I am a worrier but I don't want it to get like it is with her, where she doesn't enjoy...anything.

Some of their inner conflict was fueled by irritation with their mother's inabilities.

C. It's the little things that she [mother] can't make decisions about....That is irritating.

Some of their inner conflict was fueled by anger at their mothers' inabilities.

C. Sometimes I get really kind of pissed off with her [mother's] dependency and her world getting narrower and narrower as mine tends to be going further and getting fuller and fuller.

And, some of their inner conflict was fueled by their mothers' different values.

C. One time...she [mother] said....He [your father] should have taught me so much more." And I just...said [to her], "That's your responsibility, not his....You should have taken that on."

Some daughters' inner conflict was fed by their anger, which appeared to arise from a conflict in values.

C. My mother phoned our daughter one day and said, "You should get rid of your boyfriend because he is much too old". I mean, we [my husband and I] would never say that.

Some of their inner conflict was fueled by shame
and horror at their mothers' behaviour.

C. She [mother] told him [my young nephew] that he didn't have the brains to understand something. And that just blows my mind....She said it...in such a malicious way....I was...so ashamed of her....That's such a destructive way to talk to people....I'm just horrified.

Their inner conflict was also fed by their uncertainty about their caregiving role.

C. I don't know what's expected of me anymore....And I've said [to mother], "I feel like I'm supposed to resolve your problems and I can't". And she said, "Oh, but I don't want you to resolve my problems." And I said, "What do you want me to do then?" And she said, "I just want you to listen." And I said, "Well, fine, I'll just listen." But I get sucked into it all....I tend to get all trapped into it all. I wallow in it. I fight it...It's very painful, very painful.

Because of their inner conflict and emotional turmoil, the daughters began to put more and more distance between themselves and their mothers.

C. It's not so easy to give loving care to somebody who, if they didn't happen to be a parent, you wouldn't bother to cross the road to see them....I am trying to be...more of a caregiver to her although I am having a hard time with it [caregiving], because I am at the stage in my development where I am...angry at her....At this moment it makes it very difficult. I have to fake it right now.

In summary, the issues generating the daughters' inner conflict and turmoil appeared to centre around their inability to accept the caregiving role, their perception that they were getting little out of their relationships with their mothers, and their perception that their values were different from those of their mothers. These issues generated a variety of emotions in the daughters, and the daughters used this inner
conflict to put distance between themselves and their mothers.

**Hitting the Wall**

At some point during the transition phase, some daughters reached their upper limits of inner conflict and turmoil. For each daughter who did realize her upper limit of conflict -- the point at which she hit the wall and could stand no more -- her realization was a pivotal point for her. Her realization was a pivotal point because at this point she broke her cycle of sacrificing her own needs, a cycle which had been, or had potentially been, unhealthy for her, and she began to progress along the continuum of care -- to come closer to finding her own sense of self. It appeared that a daughter could not progress from the outer-centered point to the inner-centered point on the continuum of care unless she first realized her upper limit of conflict and hit the wall.

The same issues that generated the daughters' inner conflict in the first place, also caused the daughters to realize their upper limits of conflict.

Some daughters realized their upper limits of conflict because their values, for example, about the way to treat others, were not congruent with those of their mothers.

C. Then she [mother]...started telling people off at the dinner table...She was particularly yelling at me about different things and I thought, "Who needs this?"

Some daughters reached their upper limits of conflict because of their anger and their perception that their mothers were not putting enough into the relationships.
C. I purposely did not offer her a lot of indulgence...because I thought, "That's...not what she would do for me". And I...took a serves-her-right kind of attitude. Almost vindictive, not nice...but that's just the way I wanted to do it....I was at that stage...where I was terribly, terribly angry, and I just thought, "To hell with her. Who cares".

Summary

The transition phase between the outer- and the inner-centered points on the continuum of care was a period of covert, inner conflict and emotional turmoil for the daughters. The issues generating this inner conflict and turmoil in the daughters appeared to centre around their difficulty in accepting the caregiving role, their perception that they were getting little out of their relationships with their mothers, and their perception that their values were different than those of their mothers.

During this transition phase the daughters experienced a variety of emotions, from a variety of sources and for unknown durations of time. The daughters, becoming cognizant of the fact that they and their mothers were different, and realizing that their survival hinged on their ability to put some distance between themselves and their mothers, began to use their internal conflict and emotional turmoil to create more distance between themselves and their mothers.

The Inner-Centered Point on the Continuum of Care

Daughters who realized their upper limits of internal conflict, and who began to reconceptualize their caregiving responsibilities, gradually arrived at the inner-centered
point along the continuum of care, where they further distanced themselves from their mothers. On arriving at this point they began to attend to their own needs as well as to those of their mothers; however, again, in order to survive, the daughters gave higher priority to their own needs, and they were less open to experiencing their mothers' needs as their own.

While at the inner-centered point on the continuum of care, the daughters became cognizant of the fantasies they had about what they thought their mothers, and their relationships with their mothers, would be like at this time in their lives. Concurrent to becoming aware of their fantasies, the daughters began to come to terms with the fact that they would never realize these hopes and dreams; hence, they began to grieve and to accept the impossibility of their fantasies. By recognizing and grieving for their fantasies, the daughters, either intentionally or not, initiated an important process of identifying their own needs.

The three sub-themes at the inner-centered point on the continuum of care are "recognizing my fantasies", "grieving for my fantasies", and "identifying my own needs".

Recognizing My Fantasies

By coming to terms with what they liked and did not like about their mothers and about their relationships, the daughters slowly revealed their fantasies about what they thought their mothers and their relationships would be like at
this time in their lives.

This daughter, in describing her fantasy of her mother and of their relationship, included many of the requisites of her fantasies, such as friendship, informality, having a perspective, and being interested, active, and understanding.

C. It would be great to have a friend who's got a perspective...who brings something to the conversation....I would...like to be able to pick up the phone and not go through the litany and formality of, "How was your day?"....I would like to pop in [on her]. I would like...somebody who...[has] some kind of understanding....I would love to have a mother who was active in whatever way she defined it, rather than dependent and threatened by everything that's out there. I mean, that's my fantasy....someone not physically different, not younger, but someone who might be interested in the world....in what my sister and I do and what our kids do. Not in this kind of clinging...you know, "There, there, you'll be alright".

The components of another daughter's fantasy included love, friendship, protection, and recognition as a distinct being.

C. I would like it if she had loved me, and I don't think she does....I would like her to have been a friend in the sense of being interested in what I was doing....I would like to have thought that she was there to protect me at times when I needed to be protected, and she never was. I guess I would have liked her to think of me as a human being and she never has. She thinks of me as an extension of herself, one that was not particularly welcome, I gather.

Another daughter described her requisites of her fantasy mother and their relationship together.

C. I guess I expect more of an interest in what I am doing....Just to have her as a friend....I'd like it [our relationship] to be more relaxed...and not feel expected to, or feel that I have to, take on her problems....I just don't want it to bug me....I'd like her to be happy and relaxed and not worry about everything and really want to do things....maybe I'd
hoped that's what our relationship would be like.

Another daughter volunteered detailed criteria, for example, friendship, sharing, good communication, etc., when she discussed her fantasy relationship with her mother.

C. I keep wishing she [mother] was more refined and sort of laid back and easy going and comfortable to be with, but she certainly isn't that way. So I think of a mother the way she isn't actually....I would love to have her the way my daughters and I have a relationship, which is totally adult....We are just friends....It really is a mutual admiration society....It's just very positive....[We are] really, really close and have good communication. We share things and there are no barriers....None of us is judgemental against the other....I think it's just a terrific role to have with your children and I would have loved to have had that with my mother.

And, further:

C. She [my husband's mother] really was what my picture of [what a] mother was....a dear little soul...a delight to be around...couldn't help you enough... friendly...fun...interested...caring...warm...and criticism didn't even enter into her vocabulary. Totally different from my mother.

The processes of comparing and contrasting facilitated another daughter's realizing her fantasy of a mother who was caring and shared her feelings.

C. One of my good friend's mothers, I felt, had more qualities of mothering than my own mother. She was a very gentle, caring person who shared some of her feelings on occasions....that sort of touched me....that my own mother did not. I don't feel that my mother shared her feelings with me when I was growing up....Probably I would have felt a lot closer to her had she done this.

Another daughter's fantasy mother listened as the daughter shared her feelings, focused on the daughter, and gave the daughter encouragement.
C. Just the feeling that I could say I was worried about something, or I was concerned about the kids, or something bothered me about such and such, or anything...that would concern me personally -- that she could be focused on me and not on herself...and not feel sorry for me, but to feel with me and be encouraging. I guess that's the part that I wish would be different.

And another daughter described her fantasy relationship as an active one.

C. I still have this mythology...bringing back the relationship that I had with her as a child. Which I am no longer sure ever existed. Like maybe it was all a myth. I don't know anymore....I was raised during the war and I have great memories of racing down to meet her as she left the school with her light pink suit and looking a bit like Betty Grable. I mean, I love those images.

And

C. I have this fantasy...of going off to movies together [with mother] and having brunch together and doing all of that.

Part of this same daughter's fantasy was a mother who was interested in her work.

C. She [my mother] doesn't have any idea of what I do [at work]....It's kind of disappointing.

In summary, the initial portion of the daughters' work, while they were at the inner-centered point on the continuum of care, involved their becoming cognizant of the fantasies they had about their mothers, and about their relationships with their mothers, at this time in their lives.

Grieving For My Fantasies

When the daughters realized that their hopes and dreams would never come to fruition, they began to grieve and to accept the impossibility of their fantasies.
One daughter discussed her feelings of loss while, at the same time, questioning whether or not her expectations of her mother were realistic.

R. So your relationship is different than what you expected. Is it safe to say that you feel a...loss... because it is not what you expected?
C. Oh, a tremendous loss. But then, on the other hand....maybe the loss is the loss of a fantasy and maybe that's totally unattainable from year one....Someone should have told me..."What you are thinking of does not occur". But I didn't know.

Another daughter mourned for the mother she never had.

C. I've never had a mother, really, in that sense of an older person...that I could go to...if I was unhappy or lonely or anything....And I guess I mourn that loss.

Later, this same daughter began to accept the loss of her fantasy and to plan ongoing forward movement along the continuum of care.

C. What I now know is, yes, that did happen [how mother mothered me]. Yes, it was awful and I sure wish it hadn't happened, and I sure wish she'd been a different person....But that isn't what happened, and so...we have to go from there. And that's what I'm trying to do.

Another daughter spoke of her grief over the loss of her fantasy.

C. I guess there is a sense of grieving for that old relationship and wanting it to be the same again, but knowing that it won't be.

And

C. I guess I sense a loss in not feeling that she is as involved with me as I would like her to be.

And this same daughter also experienced loss because of the role reversal she and her mother had experienced.

C. I had relied on her [mother] for advice or relief for
looking after the kids when they were growing up...and
now I see that my sister and I are her source of
support. So it's mainly us giving to her, I guess.
R. And does that all relate back to your comment that it
was...a loss that you felt because of the role change?
C. Yes.

Expecting things to be different in her fantasy, she also
grieved over her mother's lack of decision making and coping
skills.

C. I guess because you expected maybe something different
when you were together. I didn't see her inability to
make decisions and cope on her own.

Yet another daughter mourned her mother's inability to
communicate.

C. None of them [her grandchildren] like to be near her
[mother] which is really sad, because I think she
really wants it, but she just doesn't have
communication skills.

This same daughter mourned the fact that she could find
very little about her mother worth salvaging and appreciating.

C. What a sad little creature she [mother] is....She has
said in the past..."I wonder what people will say about
me when I die?" And I've thought, "Don't ask because
you're setting yourself up"....I can't think of
anything good [to say about her]. She must mean well
but there's nothing about her that says she does.

Yet another daughter mourned because she perceived that
aging-induced changes in her mother prevented her mother from
living up to her fantasy.

C. I think I am finding it [my relationship with my
mother] kind of depressing. I've gone through, I think,
a fair bit of depression, because I've realized that my
mom is aging very quickly....and just accepting that
whole part of her.

This same daughter also grieved over her perception that
her mother, by losing her will to live, lacked the desire to
realize the daughter's fantasy.

C. She [mother] has not a whole lot of will to live....She says "I wish I could die". Lots....
R. So how does that make you feel?
C. Very sad. Very sad, because....I find that very hard to understand....
R. Is it fair to say that she could reach out to other people and make herself happier if she wanted to, but that it makes you sad because she doesn't do that?
C. That's right. That's exactly what I feel.

In summary, when the daughters realized that they would never experience their fantasies — their hopes and dreams — they began to grieve and to accept the impossibility of their fantasies.

Identifying My Needs

The process of comparing and contrasting their fantasies to reality assisted the daughters to identify their own needs. In identifying their own needs the daughters put further distance between themselves and their mothers.

Not every daughter focused on exactly the same needs; however, the major needs that various daughters focused on were the need to maintain their own health and, thus, to survive; the need to enjoy their lives; the need to prevent deterioration of their relationships with their mothers; the need to maintain their levels of self-esteem; the need to address their own problems, rather than those of their mothers, and the need to avoid taking on responsibilities.

Some daughters focused on the need to maintain their health and to survive.

C. You don't have to make yourself sick. There's a woman up the road....She had her mother living with her for
26 years...and the daughter had a heart attack because of it [because of her caregiving responsibilities]. So you can make yourself sick. And I don't think that is necessary and I don't think it's right.

Other daughters recognized their need to address their levels of self-esteem. By meeting this need they thought they would also quell their need to destroy their mothers and their relationships.

C. I have to get to a point where I feel good enough about...the kind of person that I am, that I don't have to say things that would hurt her [my mother]....destroy her.

Some daughters emphasized their need to live their own lives.

C. It's your life....I feel that each of us is here to live our own life and not to live for someone else.

Others inferred that they were recognizing their own need to avoid taking on responsibilities.

C. Sometimes I feel responsible for her [my mother's] happiness...I'm trying to get out of that feeling.

And

C. I guess I feel that I should be doing something about it [my mother's worrying]. And I'm just trying to back off and tell myself that these are her issues and she has to deal with them.

Some daughters recognized their need to be inner-centered in order to learn how to handle specific problems they were having with their mothers' behaviour.

C. I now realize that...it's me that has the problem. I've got to learn how to handle it [my problem with her drinking].

Summary

While at the inner-centered point on the continuum of
care, the daughters focused on themselves. Initially they recognized their fantasies of their mothers, and of their relationships with their mothers, at this time in their lives. Realizing that their fantasies were not, in fact, the reality, and that they would never realize their fantasies, the daughters grieved for their fantasies. Ultimately the two processes of recognizing their fantasies and grieving over their loss assisted the daughters to identify their own needs. The outcome of these processes was a daughter's ability to articulate her own needs and a clear sense of self.

The Transition Phase Between the Inner-Centered and the Ethic-of-Care Points on the Continuum of Care

Having identified their own needs, the daughters entered the transition phase between the inner-centered point and the ethic-of-care point on the continuum of care. While in this transition phase the daughters, knowing they could not be knowledge-rich and action-poor, began to take further action on their needs. They became more firm in their commitment to include their own needs in their care decisions. Thus, their care decisions became truly contextual in nature. The daughters had to include their needs in their decision-making processes in order to continue their progression along the continuum of care.

We already witnessed some daughters acting on their needs while they were at the inner-centered point on the continuum. During this transition phase, the daughters continued to make
contextual decisions, by drawing the line and setting limits on their caregiving activities. However, because they were including their own needs in their caregiving decisions, the daughters again experienced inner conflict and turmoil, in the forms of worry, guilt, and feeling selfish and/or cruel.

The two sub-themes in this transition phase are entitled "action on needs" and "inner conflict generated by action on needs".

**Action on Needs**

The realization by the daughters that they were change agents led to a welcome feeling of control in their relationships.

C. She [mother] is consistently the same. I'm the one that isn't.

Realizing that they were change agents, the daughters made critical choices about actions to meet their needs. Their actions involved changing their phone behaviours, altering routines to meet their own schedules better, staying away from their mothers, self-talking, altering their communication patterns, suggesting to their mothers the use of alternate resources, being realistic about the caregiving activities they could take on, and gaining control of their emotional reactions. By following through with these actions, the daughters were able to retain more control over their relationships with their mothers.

Some daughters acted on their needs by changing their phone behaviours.
C. I didn't phone mom every day. I didn't want to be involved that much, because then she would expect it and ask why I hadn't phoned.....Then I felt that I became stronger in myself, because I would then choose whether I went to see her or phoned her, and if she complained...I would just laugh it off....So I felt that I was being more detached than I was before and it was easier.

Note, in the previous quote, that the daughter mentioned her growing strength, her growing detachment from her mother, and her growing control over the relationship. Rather than being solely outer-centered, or solely inner-centered, the daughter was considering both her mother's needs and her own.

Some daughters acted on their needs by altering routines to meet their own schedules better.

C. She [my mother] comes over if I ask her for dinner on an invitation.
R. How frequently would that be?
C. Not more than once a month. I'm trying not to get into some routine that's going to hang me up and just add stress in my life, so I try to do it when I feel that I want to do it.

Some daughters took action on their needs by staying away from their mothers. One daughter stated:

C. If I feel that I've had enough of it [the relationship], I'll phone her [mom] out of courtesy and I'll say, "I'm sorry I can't see you, but I'll give you a shout tomorrow afternoon and maybe we'll see what we can do." And then I'd leave it.

And another daughter stated:

C. I used to go over [to my mother's] even when I was tired and that was disastrous. So I decided when I'm feeling too tired from work I'm not going to go over, and I'll just phone her, and that seems to be a better way to handle it.

And, yet another daughter stated:

C. [Sometimes]...I just back right off away from
her....Like the last few weeks I've deliberately made an effort to stay away for my own...peace of mind, so I don't have to feel on the defensive.

Some daughters acted on their own needs by self-talking. Their use of self-talk enabled them to remain less involved in their relationships with their mothers.

C. I'm learning to let them [mother's complaints] go in one ear and out the other.
R. How do you let them go in one ear and out the other?
C. Well, yeah! Hah! I think it's easier said than done, but again, it's part of trying to not take on the responsibility for the issues and in my head thinking, "Okay, that's her problem and she has to sort it out. I can listen to what she has to say, but I can't do it [solve it for her]....She has to find other resources and she has them."

For some daughters, taking action meant altering their communication patterns.

C. I try not to give her [my mother] advice -- I just sort of say "um-hmmm" and try not to rack my brain to do something about something that's gone wrong....So I'm trying to back off taking on the responsibility and to offer advice and suggestions.

And another daughter stated:

C. We [my mother and I] sit and talk and it's never about thoughts and feelings and inner communication.... It [talking about thoughts and feelings] has been put down and kind of criticized [by mother]. So I'm not going to put it [my thoughts and feelings] out on the table to have it walked across any more.

Some daughters acted on their needs by suggesting to their mothers the use of alternate resources.

C. Sometimes I will say [to my mother] that I can't come today because I have these things that I have to do....But I'll...suggest that I'll call a lady that I know [who lives] in the [same] apartments, and have her do it [get the item for my mother].

Some daughters acted on their own needs by being
realistic about what caregiving activities they could take on.

C. I have to consciously work at...doing what I can do and not doing a whole lot of extra things and then resenting it.

For some of the daughters, acting on their own needs involved gaining control of their emotional reactions.

C. Trying not to get overwhelmed by her [mother's] worrying or the stress. Just trying to maintain calm -- a more objective -- attitude, than to feel responsible for all those worries.

In summary, while in the transition phase from the inner-centered point to the ethic-of-care point, the daughters continued to identify their own needs, and began to take action to meet their needs. Their caregiving decisions were contextual in nature because they considered both their mothers' needs and their own.

**Inner Conflict Generated by Action on Needs**

During the transition phase, the daughters who made contextual decisions by including their own needs in the decision-making process, realized some inner conflict.

Their inner conflict appeared to arise from three sources. First, their inner conflict arose from their realization that their continued deference to their mothers' needs was not congruent with their true intentions to meet their own needs as well as those of their mothers. Secondly, their inner conflict arose from their continuing to feel torn between what they "should" do and what they "wanted" to do -- between how they perceived that others viewed their action on their own needs -- as selfish -- and how they viewed their
action -- as self-assertive. Finally, their inner conflict also arose from their realization that being self-assertive meant that they had to accept responsibility for the consequences of their decisions.

The inner conflict that the daughters experienced from these three sources sometimes left them feeling worried, guilty, selfish, cold-hearted, and/or cruel.

Some daughters experienced inner conflict because of their decisions to let go of problems that they had no control over.

C. So I never talk about it [mother's drinking] with her anymore. And I guess it isn't as difficult anymore, but I hope I'm not the one to find her...if she's drinking and has a bad accident. But I realize that's a possibility.
R. So you worry about her?
C. Oh yes.

Some daughters experienced inner conflict because of their decisions to try to stay uninvolved.

R. Am I correct in assuming that your strategy...is to try to stay uninvolved, to try not to find all the answers [to your mother's problems?].
C. Yes....
R. Because you know that you don't have any control over some of these situations?
C. Yes. It sounds so cruel doesn't it.

And yet another daughter stated:

C. I tend to think of myself as being a cold-hearted monster.

Finally, two other daughters stated:

C. I guess that sounds selfish.

Summary

While they were in the transition phase between the
inner-centered point and the ethic-of-care point on the continuum of care, the daughters included their own needs, as well as those of their mothers, in their care decisions. However, their inclusion of their own needs in their circles of care generated some inner conflict and emotional turmoil in them.

This conflict appeared to arise from three sources — from their realization that their continuing deference to their mothers' needs was incongruent with their intent to meet their own needs as well as their mothers', from their being torn between how others viewed their actions and how they viewed their actions, and, finally, from their realization that being self-assertive meant that they must also accept responsibility for the consequences of their actions.

The Ethic-of-Care Point on the Continuum of Care

Having begun the ongoing process of acting on their own needs, the daughters, if they were able to effectively deal with their inner conflict and turmoil, began to move further along the continuum of care to a point called the ethic of care. While at this point on the continuum, the daughters further integrated their own needs, their mothers' needs, and their families' needs into their contextual decision-making processes. They sought the caregiving solutions that were most inclusive of everyone's needs, including their own.

In order to make contextual decisions and to be self-assertive the daughters had to set further limits on their
caregiving activities; therefore, while at this point on the continuum, they often continued to experience inner conflict and turmoil with their decisions. However, because they realized that contextual decisions are, by their very nature, accompanied by some inner conflict, the daughters were better able to work through their internal conflict in a logical and rational, as opposed to an emotional, manner.

At this point on the continuum, it was evident that although the daughters had differentiated from their mothers, they still continued to be connected to and interdependent with their mothers. Through their actions highly differentiated daughters demonstrated their realization that they had their own lives to live, and that their mothers' problems belonged to their mothers. In addition, through their actions highly differentiated daughters demonstrated many logical abilities, including an ability to make contextual caregiving decisions; an ability to set limits on their caregiving activities; an ability to accept responsibility for the outcomes of their care decisions; an ability to be sensitive to situations or decisions which might pose threats to their own needs, and an ability to be logically reflective about their relationships with their mothers.

Highly differentiated daughters recognized that they had their own lives to live.

C. I think there is a basic idea that perhaps we need to look after our parents when they are older, up to a point. But I also have the philosophy that you have to live your life and you can't let other people be a
barnacle. There's a happy balance, isn't there.

Highly differentiated daughters were able to make contextual decisions.

C. So out of all this [having experienced all of this] I've decided, and my husband too, that we will never live with our children, even if they ask us to....I have seen what it can do to people.

And, another daughter stated the following.

R. Can you tell me a little more about how that [your mother's moving in] wouldn't be good for you?
C. Because it would be a control issue...She would want to take charge of the home....And...I wouldn't succumb to the control. So it would be a friction and I don't want that. It's much better to be as friendly as we can and have her live in the seniors' complex.....I'm not prepared to have her [my mother] in my home because I really don't think that would be a positive move for me...certainly for my husband and I together.

Their high level of differentiation was evident in their ability to set limits on their caregiving responsibilities and to live with the outcomes of their decisions.

C. Sometimes she [mother] says to me in our house, "That's my room". And I say, "That's not your room, that's the den". And she'll say, "But that's where I'm going". And I'll say, "That's not where you're going. You've got your room up at the seniors' complex two minutes from here". And then she'll say, "Yes, but later, that's where I'm going". And I'll say, "No, it isn't Mom....Look, when you deteriorate you're going into the moderate care [facility]". And we laugh about it, and she'll say, "Oh, you always say that". And I'll say, "Well, that's right, because then you're in the same environment". I don't try to sell her on it, I just say it and leave it.

While making their contextual decisions these differentiated daughters demonstrated their recognition of their mothers needs, and also of their own needs to set limits.
C. I feel very clear that she [mother] will never live with us. I say that very firmly right now. When the time comes for her to be moved into a moderate care I'm sure it will be difficult, but I have every intention of being firm. I have no intention of thinking and renegotiating that at all....I realize most of her friends have probably died...[and that] she doesn't acquire new friends easily. And she doesn't have good communication with any family members, so she's really cut herself off. And I don't think she's happy with it [the fact that she's cut herself off], but she doesn't know what to do about it.

R. But you still see that [her inability to communicate]...as her problem?

C. Yes, I see that as her problem. Yeah, I do.

Because they were highly differentiated, they were able to stay sensitive to situations or decisions which might pose threats to their own needs.

C. And we [my mother, daughter, and I] had such a nice holiday together this year, and she [mother] wants to go everywhere we go now, and that's kind of dangerous, too.

Highly differentiated daughters were better able to be logically reflective about their relationships with their mothers. It is evident in the following quote, that this highly differentiated daughter was describing her progression along the continuum of care from the outer-centered point to the inner-centered point. Note her initial outer-centered orientation towards her mother, followed by her inner conflict and her need to distance herself from her mother. Then she reached her upper limit of conflict and progressed to the inner-centered point on the continuum, where she began to identify her own needs.

R. Did you always see it [your mother's inability to communicate] that way [as her problem] or did you evolve into seeing it that way?
C. I think I evolved into it. Because I remember a few years ago when I would take her shopping every Saturday...I gave her lots of licence...to tell me what to do and where to go....But that kind of broke. It started breaking when she started with these remarks. They [her remarks] became more frequent. And she started with her real self-assertion business, and I thought, "Well, no". And I started leaving it -- like that's her life....I just realized she was starting to take the role of my mother in a real control area. I didn't like that. I didn't like her questioning my judgement all the time and making me justify everything I did.

It appears that a daughter who was highly differentiated from her mother while her mother was alive, was able to continue, after the death of her mother, to accept responsibility for the outcomes of her caregiving decisions and to retain her peace of mind. This daughter, whose mother was deceased, stated the following about the caregiving decisions she had made while her mother was alive.

C. I think they [my decisions] were all fine. It was what was meant to be. I'm a great believer in that, you know, and that you have to follow your heart...you have to follow your insides to do what you need to do....So everything that we did was all for a reason to learn from the experience. And I think...I feel that it doesn't matter what the experience is. We draw experiences to us because we need them. And it's not the experience but it's the way that you handle it.

R. I like the way you said that.

C. And so, maybe I didn't handle it very well all the time, but it was the best I knew at that time. And I suppose that she [mother], too, struggled [in dealing with the relationship] because she couldn't express herself, you see. So it was alright.

This daughter perceived that the caregiving experience was a positive challenge for growth and learning. As a highly differentiated daughter, she recognized that she and her mother were separate entities with different needs, abilities,
levels of knowledge, and available resources.

By her final remarks, "So, it was alright", this daughter appeared to posit that the only requisite of the caregiving experience was that a daughter and her mother recognize that they are separate and unique entities, and be the best they can be as they live the caregiving challenge together.

Summary

While at the ethic-of-care point on the continuum of care, the daughters sought the caregiving solutions that were most inclusive of everyone's needs, including their own. Because they were including their own needs, and were making contextual decisions, they had to, at times, set further limits on their caregiving activities. Therefore, they often continued to experience inner conflict and turmoil with their decisions; however, they were better able to work through their conflict logically and rationally.

While at the ethic-of-care point on the continuum the daughters demonstrated, through their actions, both their high level of differentiation from, and their ongoing connectedness to, their mothers. By their actions the daughters demonstrated their realization that they had their own lives to live, and their realization that their mothers' problems belonged to their mothers. In addition, through their actions they demonstrated various logical abilities, including an ability to make contextual caregiving decisions, an ability to set limits on their caregiving activities, an ability to
accept responsibility for the outcomes of their decisions, an
ability to be sensitive to situations or decisions which might
pose threats to their own needs, and an ability to logically
reflect on their relationships with their mothers.

The Logical Process of Moving Towards Healthy
Differentiation From Mother

Another dominant theme in the findings of this study is
entitled "the logical process of moving towards healthy
differentiation from mother". The daughters used four
strategic processes in order to work through their
connectedness with their mothers, and to become differentiated
from their mothers. The four strategic processes, entitled
"gaining control over my emotions", "managing challenging
situations", "legitimizing mother's behaviour", and "learning
about and understanding mother and self", are sub-themes of
this dominant theme.

Gaining Control Over My Emotions

The daughters used a variety of techniques, resources,
systems, and outlets in order to gain control over the
emotions that they experienced in their relationships with
their mothers.

Techniques They Used to Gain Control Over Their Emotions

The techniques they used included using humor, not
thinking about their caregiving relationships, avoiding their
mothers, gritting their teeth, self-talking, confronting their
mothers, making their mothers feel better, internalizing their
emotions, and using self-abusive behaviours. It is also important to note that some daughters did not use any techniques and they did not gain control of their emotions.

Some daughters used humor in order to gain control of their emotions.

C. She [mother] went to visit this man...every day, and she took him...mince pies....And again my husband would say, "I'm paying for the mince pies", you know. It was really quite funny.

R. So you used some humor?
C. Oh yes....We do have a sense of humor, a terrific one, a warped one....we could see the funny side of all this.

Some daughters gained control of their emotions by not thinking about their relationships.

C. What I do is I don't think about it [my relationship with my mother]. I just don't think about it.

Some daughters gained control of their emotions by avoiding their mothers.

C. Sometimes I don't deal with it [my relationship].... If I'm having a particularly bad time with it I just don't phone her [mother].

And another daughter stated the following.

C. I see her [my mother] every weekend. I'm glad that there are weeks between the weekends because I find it quite stressful actually. But...I've rejuvenated myself and I have another energy surge by the next weekend and we [my mother and I] go at it again.

Some daughters gritted their teeth when their mothers' complaints made them feel uptight.

R. What do you do about that when you feel uptight?
C. I usually just try and carry on. A few times I'm a bit short with her...and she probably senses my impatience....I don't know that I do anything other than grit my teeth a bit.
For other daughters, the use of self-talk enabled them to gain control of their emotions. One daughter used self-talk to gain control prior to entering her mother's place.

C. I think, "Okay, everything's going to be fine. I'll be positive and I won't lose my temper and be impatient." Just, sort of self-talk, I guess, before I get in the door.

Another daughter, through her use of self-talk, ultimately avoided feeling responsible for remedying her mother's upsets.

C. It's part of trying to not take on the responsibility for the issues, and in my head thinking, "Okay, that's her problem and she has to sort it out. I can listen to what she has to say, but I can't do it [remedy the situation for her]....She has to find other resources and she has them".

Some daughters used confrontation in order to gain control of their emotions.

C. I said [to my mother], "That really annoyed me, your doing that".

And, this same daughter also stated:

C. [When] she [mother] suddenly puts you down for something....sometimes I say to her, "I just don't believe that you would make comments like that."

Some daughters gained control of their emotions by trying to make their mothers feel better.

C. Mother has been feeling very lonesome....
R. So how does that impact on you then?
C. Well...that sort of makes me feel that I should be trying to help her with that....
R. So how do you deal with that?
C. Oh....I try to make mother feel better because that makes me feel better.

Some daughters internalized their emotions, and their emotions emerged as physical symptoms.
C. Awful...I always feel that I should resolve whatever the [mother's] problem is, but I'm not...I can't. So I...do all this active listening....But inside I'm getting...pissed off. I get angry....And [I] have that sense of responsibility, but there's no way I'm responsible. I can't take that [her problems] on. But I still feel it [the responsibility].

R. And how do you feel it then?

C. I...wear a mouth guard at night and I cry in my sleep. And I feel constantly...uptight...like I physically get uptight. So I internalize it physically.

Other daughters gained control of their emotions through the use of self-abusive behaviours.

C. I do a lot of...self-abusive things, like smoking.

Other daughters did not gain control of their emotions.

C. I just tend to slosh through. I don't deal with it [my feelings] well at all.

Resources Used to Gain Control Over Their Emotions

These daughters also used a variety of resources in order to gain control of their emotions. Their resources included their faith, talking to significant others, joining groups, and seeing psychologists.

Some daughters used their faith in order to gain control of their emotions.

C. I would be churned up before I got there [to mother's place]...So I would pray...and send nice thoughts.

And another daughter stated:

C. Part of my way of dealing with it...is...my faith in God....That is...very important to me.....I can say it [how I feel] as it is. I don't have to pretend.

Some daughters gained control of their emotions by talking with their significant others, including their immediate family members, their in-laws, and their friends.
C. When things...spill over I've always got my husband....I try to talk with my family members, all of whom are close enough that they understand who I am and how I feel.

And another daughter stated:

C. Talking about things with my sister helps to let off a little steam, and some of the frustration....It clarifies things a bit.

And, another daughter stated:

C. I talk to my husband who is a very willing listener, because he thinks my mother is extremely cruel to me and he uses those words.

Another daughter gained control of her feelings by talking to her sister-in-law.

C. She's very supportive to me....And she often has given me some very, very good suggestions even though they are very simple.

Yet other daughters gained control of their emotions by talking to their friends.

C. I also have two other friends...who I find it very easy to say what I feel to.

Some daughters sought professional help in order to gain control of their emotions.

C. I...went this morning...to...[a] psychologist...and had my first private session with her. And I will continue to do that.

And another daughter stated:

C. I have gone to a therapist but I found that wasn't that helpful.

Systems Used to Gain Control Over Their Emotions

The daughters also used various mutual support systems to gain control of their emotions.

C. I talk to the other members of my group....we are all
in the same leaky boat together and it's been very reinforcing.

Some daughters maintained ongoing support relationships with others in order to gain control of their emotions.

C. She's [mother's] a very critical person....My youngest sister and I talk a lot about this [mother's criticism]. In fact we keep in very close contact.

Outlets Used to Gain Control Over Their Emotions

Finally, some daughters used various outlets in order to gain control of their emotions.

C. Sometimes I'm unhappy. Sometimes it [the relationship] gets the better of me and I would like to break something.

And, another daughter stated:

C. Sometimes...I'll just go into a room by myself and I'll just let it all out. Like I'll be angry. I'll say a few things that come out of my head and yell them out.

Another daughter stated:

C. I do a lot of walking on the beach....I find walking on the beach for me is probably the best therapy ever.

From the findings it appears that some daughters' strategies for gaining control of their emotions were limited by their knowledge of their mothers' needs and abilities.

C. Nobody has said to her [mother], "Do you realize what your effect on other people is. Do you realize how much you offend them?"....I'm certainly reluctant to do that because I don't know what kind of a waterfall that's going to start....I'm really not sure that she could deal with that.

Summary

As part of their logical process of differentiating from their mothers, the daughters used a variety of techniques,
resources, systems, and outlets in order to gain control of their emotions. Their choices of methods to use in order to gain control were sometimes limited by their knowledge of their mothers' needs and abilities.

**Managing Challenging Situations**

As part of their ongoing differentiation process the daughters also used various techniques and resources in order to manage challenging situations that arose during their caregiving activities. It was apparent that sometimes some daughters were unsuccessful at managing challenging situations.

**Techniques for Managing Challenging Situations**

The techniques that these daughters used were numerous, and included humoring, avoiding, self-talking, ensuring, self-asserting, having the answers ready, confronting, and proactively exploring.

Some daughters used humor in order to manage challenging situations.

C. I would make a joke of it....That was the only way I could handle things — make a joke....That livened it.

Another technique some of the daughters used to manage challenging situations was avoidance.

C. I had to deal with it if she was nasty about [my] sending her there [to the seniors' complex]. And she was [nasty], but I managed to never stay long to know.

And, another daughter stated:

C. If I phone her and she's drunk....I don't stay on the phone, I just get off the phone. I say [to her], "I'll talk to you tomorrow."
Some daughters used self-talk in order to decide how or, in this case, how not, to manage a challenging situation.

C. I'm just mortified by her [my mother's] remarks...And I try to rationalize it...to justify where she's coming from. And part of me says [about mother]...."It should be communicated to you in a very clear way that the way you are communicating is not acceptable to most people." ... The other part of me thinks, "Because she's the sort of person she is...how would she ever handle that [someone telling her that]?"

Some daughters used the technique of ensuring in order to manage challenging situations. When discussing her worry over her mother's tendencies to walk too fast and not use her cane, one daughter stated:

C. She tends to hurry [when she walks] and that's when she can fall. And she doesn't really use her cane and I think she should do that....[So] if I pick her up to come over to my house, or we go out shopping, I make sure she has her cane.

Other daughters used the technique of self-assertion in order to manage challenging situations.

C. I can be working in the garden and then lie down for a few minutes....[But] she [mother] feels everyone should be working flat out morning, noon, and night, and she'll tell me that....And usually...I'll just say [to her], "Look, if you want to go and work in the garden feel free. I'm resting".

And this same daughter also stated:

C. [Mother would say that] we don't do things the way she does them....And I say [back to her], "Yes, that's right, I know I don't. But we [my family and I] like it [done] this way".

Another technique that some daughters used to manage challenging situations was the technique of having the answers ready.

C. You always have to have the answers ready because
she's [mother's] challenging and critiques the things you do.

Another technique that some daughters used to manage challenging situations was confrontation.

C. She would make rules and regulations. And if I didn't agree with them I would sit down with her....[And] I'd say [to her], "I...really don't want that."

And, this same daughter also stated:

C. I used to share things with her [my mother]....And I would hear it back...in a really convoluted way.... and it really upset me. So...I said to her [mother], "I....told you that in confidence...I trusted you with that and you've broken that trust. So...I'm not going to share that kind of information with you any more....I'm...disappointed".

And another stated:

C. One time...she [my mother] said, "I really don't think he [your father] gave me a clear break. He should have taught me so much more." And...I...said, "That's your responsibility, not his." And she said, "Well, he knows so much and he's always so much more intelligent than I ever was." And I ended up yelling at her and saying, "You should have taken that on."

And, this same daughter stated:

C. My mother apologizes for being alive....It's almost like saying, "Excuse me for being alive".
R. Do you ever talk to her about that or not?
C. Yeah....I've...said [to her], "I cannot take the litany any more. I feel that you have something to offer....".

Some daughters managed challenging situations by proactively exploring the situation with the individuals involved in it.

C. My mother singled him [one of my children's cousins] out as the favorite grandchild...and did special things for him that she never did for anybody else. And I talked to my daughters about it when they were in their teens... so it wasn't a problem.
Resources Used to Manage Challenging Situations

As well as techniques, these daughters also used family resources in order to manage challenging situations.

C. We, as a family, actually got together and I...said, "We can't do that anymore [let mother play us off against each other]"....So we've all stopped doing that [playing each other off].

Unsuccessful Attempts at Managing Challenging Situations

Sometimes the daughters did not know how to manage challenging situations.

C. [Her apartment] desperately needs cleaning, but I don't suggest it...because she would just get angry....That bothers me at the moment -- I don't know how to handle that.

At other times, the daughters tried to use techniques and/or resources to manage challenging situation and they were not successful.

C. My sister and I have...tried to talk to the doctor about her [mother's] depression but he's not the slightest bit interested....If she says [to him], "I'm depressed", he says [to her], "There, there". And I think, "Oh give me a break". So it's kind of dead ended.

Another daughter tried, through confrontation, to ascertain her mother's expectations of her. About her attempt to manage this challenging situation this daughter stated:

C. I get sucked into it all....I've asked her specifically what she might want from me, or if she needs things....But [she said], "Oh, no, no. You lead your own life"....[And] you can't get any further [with her]. Or I don't know how to get any further. So I have attempted to define it [her expectations of me], but I tend to get all trapped into it all. I wallow in it. I fight it.
Summary

The findings suggest that as part of their process of logically differentiating from their mothers, the daughters used a variety of techniques and resources to manage challenging situations. It also was apparent that sometimes the daughters did not know how to manage challenging situations, and that their attempts to do so were sometimes unsuccessful.

Legitimizing Mother's Behaviour

Another logical process that the daughters used in order to move toward healthy differentiation from their mothers was the process of legitimizing why their mothers behaved as they did. The daughters legitimized their mothers' behaviour by attributing it to history, to different generational trends and expectations, to multigenerational effects, and/or to losses that posed threats to their mothers' survival.

Using History to Legitimize Mother's Behaviour

Some daughters used history to legitimize their mothers' behaviour.

C. See it goes right back to her [my mother's] mother being sick....When my mother was 10 she had to take on all the responsibilities of the home, like cooking...and cleaning.....She had to wait on her mother hand and foot. She [my mother's mother] was in bed nearly all the latter part of her life...[So] maybe she [my mother] expected that's what daughters should do.

And the same daughter stated:

C. He [my husband] still doesn't feel that she [my mother] ever related to him...When you look back, it may have been due to the fact that she was abused when she was young...[And] that spoiled all her
relationships with men....Or because she was never really happy in her marriages.

Another daughter used history to legitimize her mother's inability to love anyone.

C. My mother is not much of a caregiver. But my mother has never had care given to her, so she doesn't know how to be a caregiver....She was never shown anything from her parents.....My mother grew up tough.

Another daughter legitimized her mother's inability to be a nurturer and a good communicator by using history.

C. For some reason that [nurturing and coaching] wasn't a priority with her....Part of it was her upbringing. Her own father died when she was three and she really didn't like her stepfather....[because] he...curbed her development....She's a high achiever....[and] she didn't really meet her goals, I don't think, in her own life. And she's a very critical person....she thinks of positive things [nurturing and coaching]...as being weak....She would never show a weakness in anything.

Another daughter also used history to legitimize her mother's behaviour.

C. I don't feel that my mother shared her feelings with me when I was growing up....But I don't think mother was used to giving confidences either.

Another daughter legitimized her mother's behaviour by relating it to her mother's marital history.

C. Ever since I can remember....I've always been there for my mother, for her emotional state, because my father was a wonderful, gentle person, but he never sat down and listened.

Another daughter used the history of her mother and father's codependent relationship to legitimize her mother's present-day behaviour.

C. My father was alcoholic...what better role for her to move into...a marriage made in heaven. Somebody [like her] with low self-esteem and low self-
confidence...well, you marry an alcoholic and that's simply reinforced.

And, this same daughter also stated:

C. I don't think she's [my mother's] ever been a very happy person. And...she's never been direct and clear....I don't think she's ever allowed herself to state what she wanted out of life. I don't think she's ever seen that as something that she might have been able to do....My mother never did that [defined her needs] for herself, and she always gave over to somebody else....I don't think she would ever be able to say what [she] needs to grow or to expand as a person, or what gives [her] pleasure.

Using Generational Trends and Expectations to Legitimize Mother's Behaviour

Some daughters legitimized their mothers' behaviour by attributing it to changes in generational trends and expectations.

C. Ideally she [mother] probably would like to be looked after by a beloved child. And I think...that our expectations are so different from [those of] our parents'...They expected....that after all they'd done for us we would do this [care] for them....And it hurts them [parents] when their children don't volunteer to take them into their homes and take care of them. But they don't realize that they are better cared for in a facility.

Another daughter used generational trends and expectations to legitimize the behaviour of her mother and her mother's sisters.

C. All these women [my mother and her sisters]. And none of them really defining themselves, but defining themselves in terms of their husbands. And all of them very bright and very talented, and having had some crack at the workforce before they got married. And [all of them] quite accomplished. But then dropping it all once they got married, as was their "quote" rightful thing to do in that era.
Using Multigenerational Effects to Legitimize Mother's Behaviour

Some daughters legitimized their mothers' behaviour by drawing on their knowledge of the multigenerational effects of parenting.

C. She's [mother's] always been angry at her parents... And my grandmother was... very violent.... And... here's my mother who's looking to me... to make that all better for her, and it doesn't work, but she doesn't know what else to do. It's a real chicken and egg situation.

Using Recent Losses to Legitimize Mother's Behaviour

Finally, some daughters legitimized their mothers' behaviour by attributing it to recent losses that posed threats to their mothers' survival.

C. Her [mother's] worrying... got more intense after her [father] died, because she realized she had to do everything on her own... I sometimes feel that she's become very self-centered, but I understand that when you are worried about coping on your own... you're bound to become more involved in yourself.

And, this same daughter stated:

C. I didn't see her [mother's] inability to make decisions and cope on her own.... I think my dad was sort of the buffer for that.

Summary

Another logical process that the daughters used to differentiate from their mothers was the process of legitimizing their mothers' behaviour. The daughters legitimized their mothers' behaviour by attributing it to history, to generational trends and expectations, to multigenerational effects, and to recent losses that posed
threats to their mothers’ survival.

**Learning About and Understanding Mother and Self**

Another strategic process that the daughters utilized in their logical process of moving towards healthy differentiation from their mothers, was the process of learning about and understanding their mothers and themselves.

C. I think I'm always learning. Because of her [my mother]. I went to Alanon. And because of her I went to Clarissa Green's course. I'm open to learning anything about her. If somebody could say, "This is what you do, A, B, C...and things are going to work out" -- of course it would never happen that way -- but I would do it. I'm prepared to do it....I think as I'm getting older I'm learning more about my mother...learning her techniques...I'm always learning why we picked up things from her.

The daughters used a variety of avenues in order to acquire their knowledge about their mothers and themselves. They learned through their professional experiences. They also learned by doing genograms, reading books, attending groups, talking to others about their relationships with their mothers, talking to their mothers, talking to health professionals, reviewing history, and taking courses.

Some daughters learned by reading books.

C. I started to read this book and I though, "My God, they are talking about me in this book".

Some daughters learned by talking about their relationships with their mothers, to others.

C. I might learn some things if you ask me the right question. Or if you ask me a question and I have to answer it then I learn things about myself. And that's good for me. I like to do that.

Some daughters used their mothers as learning resources.
C. I sometimes sit down with her [my mother]. I really try to probe into her childhood just for my own interest. Because when she's gone we've lost that part of her heritage.

Some daughters acquired knowledge about their mothers and themselves through their professional experiences.

R. Your professional background...has it been a benefit [to you] or not?
C. It helps in communicating, and getting her to talk...about how she's feeling, and being aware of what happens to people when they get older...and the resources that are available for them.

And another daughter stated:

C. Since I was 30 I have counselled lots of people. And I've learned through the years...I'm 69 now so that's 39 years [in my profession]. And I've read a great deal....

The kinds of knowledge and understanding that the daughters acquired through their learning experiences was variable. Some of the topics they learned about included the following: how to express one's feelings; what impact generationally-induced attitudes and values have on a mother-daughter relationship; how multigenerational effects affect a mother-daughter relationship; how to cope and communicate in the caregiving relationship; the impact of history on a daughter's behaviour and on a mother's behaviour; healthy approaches to challenging situations; what a daughter can realistically change in her relationship with her mother and what she has to let go of and, finally, the aging process.

The daughters used their newly acquired knowledge and understanding in order to clarify the differences and similarities between themselves and their mothers, and thus to
logically differentiate themselves from their mothers.

Some daughters learned the art of expressing their feelings. This daughter, whose mother was deceased, stated:

C. You have to say how you feel and say it nicely. And I've done that, but I didn't do that with her [my mother].
R. You acquired that art on your own?
C. I had to.

Some daughters learned about the impact of generationally induced attitudes and expectations on the mother-daughter relationship.

C. I knew she [mother] expected me to care for her....Her generation expected that children should and would care for them [parents]....[but] I've seen what it [having your parents live with you] can do to people.

Some daughters learned about the impact of multigenerational effects on their relationships with their mothers.

C. We did a genogram...in my group and it's very obvious that...love has never been a part of her [mother's] life.
R. So how has that...affected your relationship with her now?
C. At the moment it makes it very difficult. I have to fake it...But...I'm hoping that I will be able to work my way to a stage where I'll be able to say, "Yes, this is what happened. It wasn't her fault....She interpreted her life in the only way she could".

And this same daughter also stated of multigenerational effects:

R. Does your relationship with her [your mother] resemble her relationship with her mom or not?...
C. Yes....When we did the genogram...that [resemblance] came out very strongly....that she....herself, was never shown anything from her parents.

And, finally, this same daughter also stated:
C. A book that I just read...talks about parents who, rather than having children...do what the book calls "taking hostages"...These are parents who...have never worked through their own anger at their parents for neglect...So...if they have a child, they say "There. Now I have had you. Now, take care of me". And that's my mother....It's not her fault. It just keeps going further and further down the line.

Some daughters learned how to cope with the relationship and how to continue to relate to their mothers.

C. That's one of the reasons I'm going to the group. Because....I have to get to a point where I can cope with it [our relationship] on some level, where I can relate to her on some level.

Some daughters, by reviewing history, learned about, and began to understand, themselves.

C. I never felt relaxed with my dad. And so we never expressed too much feeling with him, and we certainly didn't get angry around him. So, I don't think I ever learned how to express anger in a male-female relationship in a family....

Some daughters strove to learn about and understand their mothers' experiences because, in doing so, they learned about themselves.

C. I want to understand some of where I'm coming from, so if she [mother] can tell me some of the things that have happened to her. For example, say how she expressed anger....I'm wondering how that was handled in her family....I'd like to know more about her upbringing....I'm desperately trying to understand where she's [my mother's] coming from.

Some daughters learned how to handle challenging situations.

C. I've been to the drug and alcohol abuse clinic, and to doctors, and Alanon, and getting information and trying to educate myself....I really went around talking to her friends and our family members.

And this same daughter stated:
C. Earlier on... I was trying to come to terms with sitting down and really letting her [mother] have it between the eyes. And I just couldn't do it, and I wasn't sure what she would do... [so] I thought, "I'll wait and maybe there's more I can learn".

Through their learning activities, some daughters came to understand what they had control over and what they had to let go of.

C. [Now] I do understand I can't do anything about it [my mother's drinking].

Some daughters learned about their and their mothers' different perceptions of aging.

C. In that course I was on we talked about what old is... It depends on where you are sitting yourself. And I asked her [my mother] after I got off that course... "How old is old to you?" "Oh, about 102", she says.

Some daughters learned about the aging process and its impact on their mothers' behaviour.

C. What I'm learning... is... how many doors get closed because of old age itself. And not the psychology and the makeup, but the physical deterioration and the loss of memory, and the anger that must cause you, and the frustration... Everything is difficult for her [my mother], and a lot of it is a physical thing... and I have to be very careful that I don't judge this because sometimes I think, you know, "It [doing something] is not that hard". But for her it [doing that thing] is very hard.

Summary

Another strategic process that the daughters used in order to logically move toward healthy differentiation from their mothers, was the process of learning about and understanding their mothers and themselves. The daughters learned about a variety of topics through a myriad of learning
experiences. They used their knowledge and understanding in order to clarify the differences and similarities between themselves and their mothers, and thus to differentiate themselves from their mothers.

**What Facilitates the Daughters in Their Caregiving Role**

Some daughters did not think that anything would facilitate them in their caregiving roles.

C. I just feel it's a dead end....I don't see anything to facilitate it [my role in the relationship] at the moment, I really don't....

And this same daughter stated:

C. I don't see anything [that would facilitate the relationship]. I don't. I don't see anything at all....That's the most depressing part of it all. I just see it as just sucking in...just remaining the same....Maybe getting worse, I don't know. But I don't see much change.

However, other daughters volunteered what did, or what would, facilitate them in their caregiving relationships with their mothers. Although the researcher did not incorporate these facilitators into the continuum of care, knowledge of what did or what would facilitate the caregiving role is useful because it gives possible clues to valuable supports and interventions.

The researcher grouped the facilitators that the daughters mentioned into four categories and entitled them as follows: facilitators that centered around mothers; facilitators that centered around daughters; facilitators that centered around both mothers and daughters, and facilitators that centered around others.
Facilitators that Centered Around Mothers

Facilitators that centered around mothers included: a mother's being mellow; her taking control of her life; her being happy; her accepting the aging-induced changes that she was experiencing; her being active; her wanting to change, and the availability of confidential discussions for aging mothers. The following quotes reflect the facilitators that centered around mothers.

Some daughters found that their caregiving relationships were facilitated if their mothers had mellow attitudes.

C. She [my mother] was much more mellow after she...came out of hospital. And that made a difference... because when I went there [to my mother's place] I didn't feel nearly so bad. It seemed to be alright.

Some daughters thought that their caregiving relationships would be facilitated if their mothers' were happy, relaxed, and active, had more control over their lives, and/or did not worry.

C. I'd like her [my mother] to be happy and relaxed, and not worry about everything, and really want to do things. But she doesn't.... You get the feeling that she'd just like the day to be over with? I think she's kind of depressed. I would like those things to be gone... and I think that would probably make our relationship a little more relaxed -- less stressful for me.

And another daughter stated:

C. I know she should have control over her life.... I know she isn't particularly happy. If she was happy, or if she had ways of exhibiting happiness in spite of it [her lack of control over her life], I don't think that I would be worried [about her]... because I would accept that she doesn't have the same needs [as I do].

And, finally, another daughter stated:
C. It would make it easier for me if my mother would be happy...It would be easier on me if my mother could become active in some way.

The lives of some daughters were easier if their mothers accepted the situations they found themselves in.

C. She's quite accepting of the meals at the [seniors'] facility and has a positive attitude towards the whole set up there...It makes life a lot easier, because if she were unhappy I would really have more concerns about her.

For some daughters, their mothers' acceptance of what was happening to them facilitated the daughters' role by enhancing their ability to let go. And further, some daughters stated that their mothers' ability to accept what was happening to them would be enhanced if their mothers had access to confidential situations in which they could discuss what they were experiencing during the aging process.

C. The more she accepts what is happening to her the more I feel I can let go and not feel I'm wanting her to be something that she can't be....

R. And how do you think she's coming to accept it [her getting older and more forgetful]?

C. I wouldn't say any particular person has helped her...I feel really sad....that there aren't places for...older people...to have an outlet....It is amazing how good she feels when she is understood by not just the family but by other people. She doesn't want me to talk about her to anybody....She is very paranoid about things like that.

R. She would like a confidential situation where she could just be herself?

C. Yes.

Facilitators that Centered Around Daughters and Mothers

Facilitators that centered around both daughters and mothers included: opportunities for a daughter and her mother to talk about the changes that had gone on in their
relationship and their feelings; less personal topics of conversation; relating the past to the present, and open discussions about how it felt to grow old and about a mother's upbringing. The following quotes contain examples of facilitators that centered around both daughters and mothers.

Some daughters thought that a mutual exploration of the changes that had gone on in their relationships would facilitate their caregiving relationships.

C. I suppose if we could talk about [the] changes that had gone on [in our relationship] and how we were feeling, openly and honestly, that might help....That might change our relationship to a more positive one....Perhaps my feelings towards her [my mother] would be a little bit more like they used to be -- more enjoyment in the relationship.

And another daughter stated:

C. I suppose talking about what our relationship is and how we are getting along.

For some daughters, less personal topics of conversation facilitated their caregiving relationships.

C. Sometimes it's pleasant when you can move off from her [my mother's] needs and talk about things in general and less personal to her [or the] things she needs.

Some daughters found that the process of relating the past to the present facilitated their caregiving relationships.

R. If there was anything that would help your relationship with your mom what would it be?...
C. Talking about her past and connecting it with mine.

Some daughters thought that open discussions with their mothers about how it felt to grow old and about their mothers' upbringing would help to make their relationships more
positive.

C. Probably more about how it feels to grow old...and things like that...I'd like to know more about her upbringing...like...how they handled problems....

Facilitators That Centered Around Daughters

Facilitators that centered around daughters included: their ability to define their own needs; their understanding of their mothers and their mothers' backgrounds; their ability to control their emotional reactions; their not feeling guilty; their ability to distance themselves from the relationships; their ability to set realistic limits on caregiving; their ability to forgive their mothers; their faith, and talking about their caregiving relationships with others. The following quotes reflect facilitators that centered around the daughters.

Some daughters inferred that their ability to define their own needs would facilitate their caregiving relationships.

C. One of the things that's always been really hard for me is to define my own personal needs. Sometimes...I have to really work at defining what I need for me....I've taken workshops on it....It is really hard for me [to do].

Their caregiving relationships were also facilitated when the daughters had an understanding of their mothers and their mothers' backgrounds.

C. ...trying to understand where she [mother] is coming from.

And another daughter stated:

C. And my understanding...more about her [mother's]
background and where she came from...that always relaxes me and makes me not feel so uptight around her....because I want to understand some of where I'm coming from.

Some daughters thought that they could facilitate their caregiving relationships if they could control their emotional reactions.

C. Not to get angry with her [my mother].

Some daughters thought that their ability to avoid feeling guilty would facilitate their relationships with their mothers.

R. What if anything would facilitate your relationship with her [your mother]...?
C. I know that I shouldn't feel guilty....but I do feel guilty...It's just me.

For some daughters, distancing themselves from their mothers facilitated their caregiving relationships.

C. It's [guilt's] usually there all the time unless I'm away....[Then] I can't be there so I don't worry about it [my caregiving responsibilities]. I relax and enjoy myself very much, like we [my husband and I] did when we were on the sailboat.

Their being able to set realistic limits to avoid resentment, and their being able to forgive their mothers and not expect justice, were processes which facilitated the daughters in their caregiving relationships.

C. I have to consciously work at...doing what I can do and not doing a whole lot of extra things and then resenting it....And because of mom's aging...that is going so quickly right now...I feel that forgiveness there. I feel that I can forgive all that part of it and not feel there has to be justice for me.

A belief in God was helpful to some daughters.

C. Part of my way of dealing with it [my caregiving
relationship]...is knowing that I have...my faith in God....That is also very important to me.

Some daughters found that talking about their caregiving relationships with others acted as a facilitator.

C. I...like to do it [talk about my relationship] from a selfish point of view because...I can use it as a little bit of therapy for myself....If you ask me a question and I have to answer it, then I learn things about myself and that's good for me. I like to do that.

Facilitators That Centered Around Others

Facilitators that centered around others included:
someone else sharing the caregiving responsibilities;
discussion with, and understanding and support from, others in similar situations; understanding from important significant others, and feeling that they could be themselves and still be accepted. The following are quotes which reflect facilitators that centered around others.

Some daughters felt that their caregiving relationships were facilitated if others shared the responsibilities for their mothers.

C. He [my cousin] would take her [mother] out and would be able to talk to her very easily, much more easily than I, which was great. It [my cousin's doing that]...took the pressure off me....If there is just myself, then I am all she's [mother's] got....If he's there, that diffuses that responsibility....[Then] if she's unhappy it's not [only] my fault anymore.

Significant others facilitated the caregiving relationships of some daughters by sharing their caregiving responsibilities.

C. He's [my husband's] gone out there [to mother's place] and...she just...makes the big list [of things to do], and he just goes and does it which is wonderful for
me....Then I don't have to think about it [my responsibilities for my mother]....And if he phones her I don't call her....So if someone else takes it [the responsibility]....I just go and soak in the tub or read my book. Forget it.

And, another daughter stated:

C. Our daughter and son-in-law....take mother home with them sometimes from family dos, and I don't have to leave [the family get-together] and take mother back [to the intermediate care facility].

Other daughters thought that group discussions with individuals who were going through similar situations would facilitate their caregiving relationships with their mothers.

C. I would like to be in a group that gets together every so often...[with people] that are going through similar situations....That's very, very helpful...to be able to talk about it...to know that other people are going through it.

Another daughter stated:

C. I find I can't lay all that [my feelings about my mother's and my relationship] on my family. So, that's why I think it's important [to get support] outside of my family.

And another daughter stated:

C. I think that there is a need for women to talk together..., and maybe come up with some really concrete ideas on how you deal with it.

Other daughters felt that understanding from others who had lived the experience would help them in their relationships with their mothers.

C. I think just understanding from other people who've experienced the same thing.....It does make a difference when somebody is understanding and is going through it. And...you could take different things from what they are going through to help yourself....I think that's very important.

Some daughters found hearing about the experiences of
others helpful and supportive.

C. That one-day workshop was very good....That kind of bonding...that kind of support is really essential stuff....It was really helpful to hear about everybody else's experience. And the support network was really important.

Some daughters thought that understanding from important significant others, and feeling that they could be themselves and still be accepted, would facilitate them in their caregiving relationships.

C. It's to people that you really respect and you really care for that you want the most understanding from....

And, this same daughter stated:

C. I just want to be able to be who I am at the time.

Summary

Some daughters posited that there were a variety of facilitators which did or would facilitate their caregiving relationships with their mothers. These facilitators were of four types: those that centered around mothers, those that centered around mothers and daughters, those that centered around daughters and, finally, those that centered around others. Other daughters suggested that nothing would facilitate their caregiving role.
CHAPTER 5
DISCUSSION

Introduction

This chapter contains a discussion of the study's findings. The discussion is divided into three sections. The first section contains an analysis of the usefulness of the feminist perspective as a conceptual framework for the study. The second section centers around the various sources of the inner conflict which the daughters experience between the outer- and inner-centered points on the continuum of care, and the health-promoting behaviours, such as realizing their upper limits of conflict and distancing, which they use to manage this conflict. The third section of the discussion focuses on a further exploration of how the logical process of working towards healthy differentiation interrelates with the daughters' progression along the continuum of care to higher levels of health.

Conceptual Framework

In order to conceptualize the problem, the researcher used a feminist perspective. This framework was useful because it provided guidance for the literature search and it elucidated the importance of seeking the daughters' perspectives.

This conceptual framework was also useful because the researcher took direction from it when overviewing the findings. When one views the findings of this study using a
feminist perspective, it becomes apparent that political, economic, cultural, and social forces are important determinants of a mid-life daughter's caregiving experience.

The responsiveness of these daughters to their mothers' needs is both ongoing and laudable; at the same time, it is a silent response, one that receives little public recognition. From a political perspective, it makes sense for political leaders to ignore the essential role of caregiving mid-life daughters. By exercising ignorance of the unpaid work mid-life daughters do in caring for their mothers, politicians are able to curb spending that would increase community health services for this population. However, one wonders about the implications of this political reality on the health of these women. One also wonders about the implications for societal attitudes. It seems that mid-life daughters' desire to provide eldercare -- to give of themselves to their mothers and enhance the quality of their mothers' lives -- is a strong thread in the moral fabric of society, one that should be recognized and supported, rather than ignored.

From an economic perspective, it is evident from these findings that mid-life daughters, by responding to their mothers' needs, curb public expense by keeping their mothers out of institutions. However, the work of mid-life daughters is neither rewarded nor supported -- it is thankless, solitary, and voluntary in nature.

Finally, it is also apparent from the study's findings
that the caregiving experiences of mid-life daughters are influenced by social and cultural processes and institutions, such as motherhood, the family, and parental expectations.

In summary, the feminist perspective was a useful framework for directing the researcher to seek the daughters' perspectives. It was also useful in helping the researcher to delineate political, social, cultural, and economic forces that impact on the experiences of caregiving mid-life daughters.

Inner Conflict and Turmoil
and Health Promoting Behaviours

As health professionals, nurses are naturally concerned with actual and potential health-promoting behaviours. Therefore, in the second and third portions of the discussion, it seems appropriate to focus on findings associated with health-promoting behaviours. Accordingly, the second portion of the discussion focuses not only on the sources of the daughters' inner conflict; it also focuses on the potentially health-promoting behaviours the daughters display when they realize their upper levels of inner conflict, and when they effectively deal with their inner conflict through distancing. The third portion of the discussion focuses on the daughters' ability to move towards healthy differentiation from their mothers as potentially health-promoting behaviour.

Most of the inner conflict these daughters experienced appeared to arise from three sources -- from issues
surrounding role transition and role reversal, from the daughters' perception that their mothers should contribute more to their mother-daughter relationships, and/or from issues surrounding intergenerational and personal differences in attitudes and values.

Role Transition and Reversal as a Source of Inner Conflict

One might assume that as a daughter and her mother grow older, they progress through various role transitions. As is evident from the findings of this study, however, sometimes the final outcome of the role transition process is that daughters reverse roles with mothers; that is, daughters give up their roles as recipients of care from their mothers and accept their new roles as caregivers for their mothers. The findings of this study show that some daughters found this arrangement less than satisfactory, and they experienced inner conflict.

Bengtson (1979) explained that role transition, including role reversal, is an inevitable source of intergenerational conflict, and is an aspect of what he considered to be the number one problem of the normal family: coping with intergenerational relations over the years. Bengtson pointed out that role transitions require considerable adaptation on the part of both generations of family members, because the changing circumstances of family members, and their changing roles, create different expectations on the part of both children and parents.
Some of the inner conflict experienced by these daughters was generated by role reversal. Specifically, the new expectations that were part of their new roles caused inner conflict to some daughters. Bengtson's (1979) writing suggests that reversing roles from care-recipient to caregiver creates inner turmoil, and this inner turmoil requires adaptation. If one equates the process of adaptation with a higher level of health, one might logically posit that the behaviours associated with realizing their upper limits of turmoil, and then effectively dealing with their turmoil, were adaptive or health-promoting behaviours for the daughters in this study, because their behaving in this manner necessitated their further progression along the continuum of care.

The reasons why the expectations of their new role generated inner conflict in some daughters may revolve around several issues -- issues relating to social expectations, and issues relating to the daughters' not being given the opportunity to choose whether or not they wanted to take on the new role. Graham (1983) and Sommers (1985) alluded to these same issues. Graham stated that in our society the nurturing and protection functions are primarily ascribed to women. And Sommers posited that women are presumed to be responsible for the well-being of their family members. It seems that the daughters in this study reflected what many women have experienced -- the rote assumption of a new role for which they have been programmed throughout their lives.
There might be many reasons why, when a daughter reverses roles with her mother, she experiences inner conflict. One reason might be that a daughter may not be psychologically ready to take on the new role of caregiver for her mother, because it interferes with her already well organized life plan. Another reason might be that a daughter may not be emotionally ready to care for her mother, because she has not had time to work through the "loss" she is experiencing due to aging-induced changes in her mother. And, finally, a daughter may not feel that she is knowledge-equipped enough to take on the caregiving role.

In summary, it appears from the findings that some of the daughters' inner conflict was generated by the fact that they had to shed their role as care recipients and become, instead, caregivers. One might logically assume that the behaviours associated with first recognizing and then dealing with their inner conflict were health-promoting for the daughters, because by acting in this manner the daughters had to move forward along the continuum of care.

A Daughter's Perception that Her Mother Should Contribute More to the Relationship

Another source of inner conflict for some daughters was their perception that their mothers should contribute more to their relationships. Some daughters described their relationships with their mothers as unidirectional, rather than bidirectional, and as monologues, rather than dialogues.
A daughter's expectation of a just exchange in her relationship with her mother is congruent with the writings of various authors. Authors who described the intensity of generational investment and its importance in the lives of most individuals include Hill, Foote, Aldous, Carlson, and Macdonald (1970) and Shanas, Townsend, Wedderburn, Friss, Milhoj, and Stehouwer (1968). Bengtson (1979) posited that one problem families face when dealing with interaction between generations is the notion of equitable exchange -- the notion of a just balance of giving and receiving between generations. It therefore appears understandable why daughters who perceive that their contributions are not reciprocated by their mothers might experience inner conflict.

However, the findings from this study appear to present an interesting twist to the notion of equitable exchange. In the previously mentioned literature (Bengtson, 1979), the members of one generation want to ensure that their contribution to the members of another generation is equal to that received. From the findings of this study, it appears that some daughters use this notion of equitable exchange, not in relation to their own contributions to the relationship, but in relation to their mothers' contributions, and that a perceived disparity between the two generates inner conflict in the daughters. Taking direction from Bengtson (1979), Hill et al (1970) and Shanas et al (1968), perhaps when a daughter thinks she may be continuously giving more to the relationship
than her mother, she begins to compare their respective contributions and, if she perceives a disparity, the intensity of her own generational investment recedes.

In summary, it appears from the findings that some daughters affirmed the notion of equitable exchange in their relationships with their mothers, and when these daughters perceived a disparity in the exchange, they experienced inner conflict. In relation to inner conflict from this source, one might, again, logically assume that the behaviours associated with recognizing their inner conflict and then effectively dealing with it were health-promoting behaviours for the daughters, because acting in this manner necessitated their further progression along the continuum of care.

**Intergenerational and Personal Differences in Attitudes and Values**

Another major source of the daughters' inner conflict was the incongruency between their mothers' attitudes and values and their own. Some of this incongruency arose from intergenerational and personal differences in attitudes, values, and expectations.

The importance of the imprint of history (Elder, 1981) is a fairly new realization. Bengtson and Cutler (1976) stated that only recently has it become clear that generational differences reflect complex configurations of time and social structure, and Elder (1981) suggested that the imprint of history is one of the most neglected facts in development.
The mothers and the daughters in this study lived through a complex array of social history and life experiences. However, their social histories and their life experiences were very different. Marchand (1989) posited that aged parents are sometimes perceived to be individuals who grew up in the dark ages, "before Gloria Steinem"; they have different values than their children, and they don't understand the term empowerment.

Useful in examining intergenerational differences is the concept of cohort effect, that is, real or apparent differences between individuals born at different points in historical time (Bengtson, 1979). Because they were born in different decades in time, these mothers and daughters are presently experiencing different stages in their developmental -- psychological, physiological, and sociological -- processes (Bengtson). In addition to experiencing present events differently, a daughter and her mother also experienced past sociopolitical events differently, because they were at different stages in their life span development when they encountered these historical events (Bengtson).

The outcome of these different cohort experiences is an incongruency between the values and attitudes of a daughter and her mother, and it is this incongruency that is one source of inner conflict and turmoil in a daughter. This opinion is reflected in Parkes' (1971) beliefs that one factor that is likely to predispose to a relationship's breakdown is a major
discrepancy between the assumptive worlds of the two individuals in the relationship.

In order to appreciate the cohort effect seen in the women in this study, let us look, for a moment, at the sociopolitical events experienced by the birth cohorts of the mothers in this study. The mothers presumably experienced times of scarcity of resources and times of abundance. A sequential overview of the major sociopolitical events in their lives which shaped their psychosocial development might include the post-war 1920's, a time of unparalleled economic growth; the economic collapse during the Depression in the 1930s; recovery through industrial mobilization during World War II, and then growing prosperity during the 1940s and 1950s.

O'Reilly (1989) stated that women of this generation never knew themselves and they had no self-esteem. Most of them existed only to take care of a family and to work. They were pretty selfless; however, at the same time, many of them thought they were owed a great deal in exchange. They squashed all emotion --they didn't have time to worry about their own feelings or to give emotional support to others. Finally, their combination of ambitions was different from ours today.

The sociopolitical events experienced by the daughters in this study were probably quite different. All of the daughters, except one, were born after 1930. Therefore, a
daughter's first major sociopolitical event might have been World War II, and that at a very young age. Henceforth, their major life influences included the prosperous fifties, the peace and human rights movements of the sixties, the women's movement of the seventies, and the environmental movement of the 1980s.

It is easy to understand how the mothers' history-induced attitudes and values could be incongruent with those of their daughters, and how the mothers' behaviour, therefore, generates inner conflict in their daughters. The differences in the attitudes and values between the mothers and the daughters becomes very clear when one speculates how differently a mother and a daughter would interpret, for example, the notion of women in the workforce. The mothers grew up during the depression when the hiring practice was to give preferential treatment to men so that they could support their families. These women replaced men in the workplace only when necessary, for example, during the war. When the war was over they reassumed their rightful place in the home. Conversely, the daughters experienced the women's movement which advocated equal access to education and employment for women, and pay equity for women. And think for a moment about how differently the mothers and the daughters would relate to the notion of expressing one's needs and feelings. The mothers grew up during the depression and the war when people were rewarded for self-sacrificing their own needs to those of the
collective. Survival was the name of the game. The daughters, on the other hand, grew up during the human rights movement when the collective view cleared and the value and rights of each individual came to the fore.

In summary, it appears from the findings of this study that the inner conflict that these daughters experienced arose from three sources -- from role transition and role reversal, from some daughters' perceptions of inequities in the mother-daughter relationships, and from intergenerational and personal differences in attitudes and values, related to the cohort effect. In each instance their behaviours in recognizing and then successfully dealing with their inner conflict might be perceived as being health-promoting behaviours, because acting in this manner necessitated the daughters' further progression along the continuum of care.

The Logical Process of Working Towards Healthy Differentiation

The third portion of the discussion chapter centers on the daughters' logical process of working towards healthy differentiation from their mothers. Specifically, the content of this discussion focuses on how this logical process relates to the daughters' progression along the continuum of care towards a higher level of health.

Given the nature of the mother-daughter caregiving relationship that emerged in this study, it is reasonable to conjecture that these daughters were emotionally tied to their
mothers. This emotional attachment was evidenced in the inner conflict and turmoil the daughters experienced during the transition phases, and in the caregiving activities which they performed for their mothers. However, at the same time that the daughters were emotionally tied to their mothers, they were also mature adults, capable of logical thought; hence, this theme, entitled "the logical process of working towards healthy differentiation from mother".

Given that the process of working towards differentiation is, in part, logical and intellectual in nature (Bowen, 1978), one might assume that this logic dovetails with, and likely counterbalances, the inner conflict and turmoil the daughters experienced during their progression along the continuum of care. It could even be said that the daughters' ongoing process of counterbalancing their emotional reactivity with logic provided the ideal context for progression along the continuum towards a higher level of health.

These conjectures are supported by Bowen's (1978) belief that "differentiation of self" has to do with the way an individual handles the intermix between emotional and intellectual functioning. He also suggested that although it is out of awareness, emotional fusion is universal in all people. Based on this, it would appear that the daughters used the logical processes of gaining control of their emotions, managing challenging situations, legitimizing their mothers' behaviour, and learning about and understanding their mothers
and themselves, in order to decrease their emotional fusion and reactivity and increase their level of differentiation.

By differentiating from their mothers, these daughters were not abandoning their mothers. Differentiating from another does not preclude continuing connection with that individual. Miller and Winstead-Fry (1982) explained the differences between less differentiated and highly differentiated individuals. Less differentiated individuals are more controlled by the emotionality of individuals around them. Further, less differentiated individuals have a high level of fusion between their own emotional and intellectual systems, with the result that their emotional systems control their intellectual decision-making and behaviour. Thus, less differentiated individuals tend to emotionally, rather than intellectually, react to the emotions of those around them. In addition, because their intellectual systems, which develop choices, are overwhelmed by their emotional systems, less differentiated individuals are less adaptable to change and are less capable of planning their lives. One might logically assume that they are, therefore, less healthy individuals.

Conversely, continued Miller and Winstead-Fry (1982), highly differentiated individuals are less controlled by the emotionality of individuals about them. Highly differentiated individuals are able to use their intellectual systems in order to override their emotional systems. Therefore, they tend to react intellectually and logically, rather than
emotionally, to the emotionality of those around them. Given their ability to react in a more intellectual manner, highly differentiated individuals are more flexible, adaptable, and responsive to change, and they have more control over their lifestyles. One might logically assume that they are healthier than less differentiated individuals are.

Thus, it would appear that the behaviour of highly differentiated daughters, because it is driven by their intellects rather than by their emotions, is less controlled by the emotionality of their mothers. Further, because highly differentiated daughters are more confident of their ability to override their emotional reactivity with their intellect, they are not afraid to face the challenge of doing so. Therefore, rather than abandoning their mothers because of their fear of becoming lost in their mothers' emotions, they are able to continue their relationships with their mothers, while still maintaining their separate identities. One might logically assume that the relationships of highly differentiated daughters with their mothers are healthier in nature than are the relationships of less differentiated daughters with their mothers.

Because the term "differentiation" denotes a process, one might presume that these daughters became increasingly differentiated as they progressed along the continuum. However, the question still exists: what caused the daughters' emotional fusion with — their lesser differentiation from —
The literature contained in the initial chapters of this study alluded to some important factors which may have contributed to the daughters' initial emotional fusion with their mothers. Chodorow (1974) stated that feminine personality comes to define itself in relation and connection to other people more than does masculine personality. Specifically, mothers tend to experience their daughters as more like, and continuous with, themselves. Correspondingly, girls, in identifying themselves as female, experience themselves as like their mothers, thus fusing the experience of attachment with the process of identity formation (Chodorow, 1978). In contrast, mothers experience their sons as a male opposite, and boys, in defining themselves as masculine, separate their mothers from themselves, thus curtailing their primary love and sense of empathetic tie (Chodorow, 1978). Chodorow (1978) stated that women do not have weaker ego boundaries than men. Because they are parented by a person of the same gender, girls simply emerge with a stronger basis for empathy -- a stronger basis for experiencing another's needs or feelings as their own -- built into their primary definition of self, in a way that boys do not. Girls come to experience themselves as less differentiated than boys, as more continuous with and related to the external object-world, and as differently oriented to their inner object-world as well. Thus, it appears that the
female socialization process may have contributed to the daughters' being more emotionally fused with, and less differentiated from, their mothers at the outer-centered point on the continuum than they were at the ethic-of-care point on the continuum.

In addition, the previous discussion of the impact of the daughters' sociopolitical history on their assumptive worlds highlighted some factors contributing to the daughters' initial emotional fusion with their mothers. For example, these daughters were presumably very much affected by the social consciousness movements of the sixties and seventies, including the peace movement, the human rights movement, and the women's movement. Bowen (1978) suggested that in the past 25 years the members of society appear to have been emotionally regressing or slipping into a functionally lower level of differentiation from each other. The result, Bowen posited, is that today the members of society are less autonomous; they are fused into each other and they are more emotionally dependent on each other.

Therefore, it would appear that the major sociopolitical events that these daughters experienced simply reaffirmed and reinforced their socialization experiences and their resultant ability to empathize with others. The combination of sociopolitical events and socialization experiences may explain why these daughters were initially less differentiated from -- more emotionally fused with -- their mothers and
became more differentiated — less emotionally fused — as they progressed along the continuum.

The differentiation process began for these daughters during the transition phase when they experienced their upper limits of inner conflict — when they hit the wall — and realized that they had to distance themselves from their mothers in order to survive in their relationships. The fact that these daughters were internally motivated by the conflict to begin the differentiation process is congruent with Bowen's (1978) suggestion that differentiation is a self-motivated, self-energized effort that is undertaken for self alone.

The daughters used four processes — learning about and understanding their mothers and themselves, legitimizing their mothers' behaviour, gaining control of their emotions, and managing challenging situations — to differentiate themselves from their mothers. But one wonders how the use of these processes assisted the daughters to differentiate from their mothers. These processes might be interconnected; in fact, they might work in concert. Several scenarios serve to illustrate this. For example, by learning about her mother's multigenerational history, a daughter would perhaps be better able to stop emotionally blaming her mother for her behaviour and to start, instead, to logically legitimize her mother's behaviour. In addition, learning about healthy approaches to challenging situations perhaps enabled a daughter to avoid the emotional turmoil she usually experienced when she was unable
to handle a challenging situation. Further, her finding healthy approaches to challenging situations might have helped her to maintain her levels of self-respect and self-esteem. Too, by learning about the aging process, a daughter was perhaps more able to let go of aspects of her mother's behaviour that she could not change, and to concentrate her efforts on what she could control. By learning how to deal more effectively with her emotions, a daughter may have established a greater sense of peace with herself, because she was better able to think logically, rather than emotionally. Further, a daughter, by testing her ability to use her newly found knowledge during challenging situations, perhaps became better able to delineate her strengths and her vulnerabilities, and to identify her needs. It would seem that their use of each of these processes made the daughters more cognizant of the differences between them and their mothers, and subsequently assisted the daughters to further differentiate themselves from their mothers — to become healthier individuals.

However, it appears that the daughters' progression from lower to higher levels of differentiation is not a unidirectional and easy process. A daughter may get stuck along the continuum, or she may vascillate along it.

If a daughter is unable to overcome certain constraints or impediments to her further development, she will get stuck at some point along the continuum and she will not continue
her progression. For example, a daughter may get stuck if she is unable to both intellectually and emotionally accept the loss of her fantasies, or if she is unable to identify her own needs, or if she is unable to act on her own needs. It appears that not all of the daughters in this study were able to identify their own needs, and not all of those who identified their needs were ready to act on them.

Parkes (1971) stated that the fear of possible failure in a new life can retard the process of relinquishing the old. Taking direction from Parkes, some daughters may become stuck if they, for example, fear their inability to accept the consequences of accepting the loss of their fantasies, or if they fear the consequences of their contextual decision-making process. Their fear obstructs their road to healthier existences.

Some daughters may have had difficulty relinquishing their tendencies to defer to their mothers and to exercise, instead, their self-assertion. Four other authors posited reasons for the difficulty women experience in being self-assertive. Eliot (1965) attributed this difficulty to women’s susceptibility to adverse judgements by others. Taking direction from Eliot, perhaps some daughters became stuck because they were, for example, unable to act on their own needs because they feared adverse judgements from others. Gilligan (1982) stated that a woman listens to an inner dialogue which includes all voices -- the voices of others and
her own voice. Because we live by consensus, if a woman takes an action simply for herself, by herself, there is no consensus there -- between the voices -- and her action is relatively hard for her to defend in our society (Gilligan).

Taking direction from Gilligan, some daughters may have become stuck because they were unable to publicly rationalize the inclusion of their own needs into their circles of care. Or they may have become stuck because their sole criterion for success -- that their caregiving decisions please everyone involved -- was, unbeknownst to them, unrealistic.

Further, Sassen (1980) suggested that a woman's inner conflict might arise from her heightened perception of the 'other side' of competitive success, that is, the great emotional costs at which success achieved through competition is gained. Horner's (1968) findings supported Sassen's beliefs. Horner found success anxiety to be present in women only when achievement was directly competitive -- when one person's success was at the expense of another's failure. Taking direction from Sassen and Horner, some daughters may have become stuck along the continuum because they unrealistically viewed the caregiving situation as a mother against daughter, win-lose proposition, rather than as a mother and daughter, win-win situation.

It appears that some daughters may become stuck along the continuum of care only when they are not able to logically overcome their tendency to emotional reactivity. While stuck
they are emotionally fused with, and not differentiated from, their mothers. Because they are emotionally fused with their mothers, their primary goal is to control their emotional reactivity to their mothers and to somehow prevent the total deterioration of their relationships with their mothers. The pursuit of this goal takes up a great deal of the daughters' energy; therefore, they have little energy to devote to caregiving activities, per se. They continue to devalue these activities and they do only what is necessary for their mothers. They describe their caregiving relationships with their mothers as a "duty," and they participate in the caregiving relationship only because they feel obliged to their mothers. Taking direction from Gilligan (1982), daughters in this stuck position would be unwilling any longer to protect their mothers at what now seemed to be their own expense. As they retreat from their caregiving responsibilities, their own survival -- the ultimate self-protective stance -- returns as their paramount concern (Gilligan).

As well as the potential for a daughter to become stuck and remain emotionally fused with her mother, it appears that the inner conflict that the daughters experienced along the continuum of care generated a certain degree of fluidity or shifting -- ebbing and flowing -- in their degree of differentiation from their mothers and, presumably, in their levels of health as well.
The vascillation in their levels of differentiation from their mothers was also perhaps positively correlated with their abilities to control their emotional reactivity and to deal with situations logically. Taking direction from Bowen (1978), as their ability to control their emotional reactivity to their mothers increased, the daughters became more differentiated from — less emotionally fused with — their mothers. As their ability to control their emotional reactivity decreased, the daughters became less differentiated from — more emotionally fused with — their mothers.

Bowen (1978) referred to this ebb and flow as the pseudo-self. He explained the difference between the solid self and the ebbing and flowing pseudo-self. One's solid self is made up of the clearly defined beliefs, convictions, and life principles, which one derives from one's life experiences and then incorporates into self by intellectually reasoning and considering the alternatives involved in each choice. In choosing these beliefs and principles, one becomes responsible for self and for the consequences of one's decisions. Each belief and life principle within the solid self is consistent with all the others, and the solid self will take action on these beliefs and principles even in situations of high anxiety and duress.

Conversely, Bowen (1978) explained, the pseudo-self is created by emotional pressure and it can be modified by emotional pressure. Since the principles are acquired under
pressure, they are random and inconsistent with one another. The pseudo-self is a "pretend" self -- it is acquired to conform to the environment, and it contains discrepant and assorted principles that pretend to be in emotional harmony with a variety of social groups, institutions, businesses, political parties, and religious groups, without one's being aware that the groups are inconsistent with each other. The solid self is more or less stable, and is indicative of a higher level of differentiation. The pseudo-self, on the other hand, is unstable and responds to a variety of social pressures and stimuli. Because it is emotionally dependent, the pseudo-self is negotiable in the relationship system, and is indicative of a lower level of differentiation.

Taking direction from Bowen, it appears that a daughter who has a high level of pseudo-self -- a low level of differentiation -- would be unable to consistently control her emotional reactivity; until the less reactive stance was truly a part of self, she would continue to sacrifice her principles and her needs when caring for her mother. One might also presume that she would, therefore, be less healthy. As the daughter became more differentiated from her mother, that is, as she became more secure in her notion of self as a distinct entity, she would become more self-assertive and more comfortable with her decision to consider her own needs, as well as those of her mother, in her caregiving decisions. She would be at a higher level of health. Gilligan (1982) would
suggest that the daughter begins to see that these two modes of response, that is, response to her mother and response to herself, are not mutually exclusive; by including her own needs in her circle of care she is not being selfish, she is merely being honest and fair.

It would also seem that a daughter who is highly differentiated from her mother is better able to think logically and to set realistic limits to her caregiving activities, limits that are not negotiable in her relationship with her mother. This presumption is congruent with Bowen's (1978) statement that the basic self of a differentiated individual, once found, may be changed by the individual on the basis of new knowledge and experiences; however, one does not change one's basic self because of coercion or pressure, nor does one voluntarily change it in order to gain approval or to enhance one's stand with others.

However, although it would seem that once a daughter became highly differentiated from her mother she would retain that position, her level of differentiation could continue to fluctuate for two reasons. First, the fluctuations in her level of differentiation could reflect her own and/or her mother's developmental agendas and changing health states. Their developmental agendas and changing health states would alter their relationship and catalyze some negotiations regarding who now did what. Bengtson (1979) supported the notion of family negotiation. He posited that as we grow up
and grow older the relationships that we have within the family change. Further, he suggested that the negotiation of developmental agendas between the generations serves to highlight the apparent differences between the generations. Finally, he suggested that these intergenerational differences arise from normal crises which involve transformations in an individual's levels of autonomy and dependency. Taking direction from Bengtson, it would appear that a daughter's level of differentiation would fluctuate as she or her mother experienced a life change which necessitated their renegotiating their relationship.

A second reason for a daughter's continued fluctuation in her level of differentiation might be that her contextual decision-making process -- her inclusion of both her own needs and those of her mother in her caregiving decisions -- would always leave her with some degree of inner conflict, because she would no longer be self-sacrificing in order to make the best decision for her mother; instead, she would be choosing the decision that was the best and the fairest for both of them. Gilligan (1982) stated that all moral dilemmas entail hurt, and that the occurrence of the dilemma itself precludes nonharmful resolution to everyone involved, because there is no way of acting without consequences to self and other. Ellis (1970) supported the notion that there is no perfect solution to human problems. He stated that it is irrational for individuals to think that there is invariably a right,
precise, and perfect solution to a human problem, and to think that it is catastrophic if this perfect solution is not found.

The fact that these daughters were living a human experience quite simply precluded the existence of any easy answers to the caregiving situations they found themselves in.

Taking direction from Gilligan (1982) and Ellis (1970), it appears that the daughters' ability to remain highly differentiated from their mothers — to be healthier individuals — depended on their ability to logically overcome the emotional reactivity they experienced because of their inability to find solutions that totally prevented harm to everyone involved in the caregiving situation. Instead, they needed to accept that all they could do and, therefore, all they needed to do, was choose the decision which best -- not perfectly -- met the needs of everyone involved, including their own.

In order to remain highly differentiated from their mothers, the mid-life daughters had to rationally accept the fact that there were no moral absolutes to guide them because they were, in fact, breaking trail. They were living their own lives with their mothers. Therefore, no one else could truly speak to their experiences, or live their experiences for them, because they and their mothers were unique entities. And, for the same reason, no one would be qualified, or able, to judge the consequences of the daughters' caregiving decisions. Individuals external to the caregiving
relationships could only recognize and support the daughters in their challenging positions, and trust and hope that through their decisions they would be fair to both their mothers and themselves; that is, that the daughters would be able to realize personal fulfillment as separate beings, while still maintaining their vital connection to and relationships with their mothers.

Summary

This portion of the discussion focused on the interrelationship between the daughters' process of differentiating from their mothers, and the daughters' progression along the continuum of care towards higher levels of health. From the last two sections of this discussion it would appear that the daughters' realization of their upper limits of inner conflict during the initial transition phase, triggers their differentiation process and their progressive movement along the continuum of care. Their behaviour as they realize and then successfully deal with their inner conflict might be perceived as being health-promoting behaviour -- behaviour which is positive, mobilizing, and constructive in nature -- because if the daughters can effectively realize and then manage their upper limits of inner conflict they no longer need to sacrifice their needs, and they continue to progress along the continuum.

Subsequently, it appears that the daughters' further movement along the continuum of care towards higher levels of
health is fueled by their continuing ability to counterbalance their emotional reactivity with the logical processes of learning about and understanding their mothers and themselves, legitimizing their mothers' behaviour, gaining control of their emotions, and managing challenging situations.
CHAPTER 6
SUMMARY, CONCLUSIONS, AND IMPLICATIONS FOR NURSING

Introduction

This chapter contains a summary of the study and some conclusions about the findings of the study. In addition, this chapter suggests implications of the findings for the members of the nursing profession. The implications relate to nursing practice, nursing education, and nursing research.

Summary of the Study

Women, as daughters, tend to be the primary caregivers of their aged parents, and this trend is not likely to abate. As individuals age, the demands for caregiving will increase; concurrently, the complexity of the caregiving activities will also increase.

In their caregiving roles, women experience many stresses. As the demand for care, and for more and more complex caregiving activities, increases, so will the stresses experienced by women as caregivers. In addition, the number and types of stresses, and the challenge of coping with them, will only increase as more and more women enter the labour force and as life, in general, becomes more complex for individuals at all ages.

A literature search revealed few studies focusing specifically on mid-life daughters as caregivers to their mothers. Most of the studies tended to group caregivers and parents together; thus, there appears to be little knowledge regarding the experience of mid-life daughters -- of women in
The middle -- as they provide care for their mothers.

The phenomenological method proved the most effective methodology for eliciting the experiences of the mid-life daughters. This method was also congruent with the feminist perspective -- the conceptual framework -- that guided the study. The feminist perspective elucidated the importance of eliciting not only the visible caregiving experiences of the mid-life daughters, but also their internal experiences -- their feelings -- and the meanings they gave to their experiences.

The researcher recruited subjects for the study through a daughters-of-aging-parents program which was held at the Women's Resource Centre in Vancouver, British Columbia. The seven women who participated in the study were all mid-life daughters, and their ages ranged from 42 to 69 years.

The researcher conducted two intensive interviews with five of the participants in the study. Because of a faulty tape, the last half of the initial interview with the sixth subject was lost and the researcher interviewed this participant again. The researcher interviewed the seventh participant once. The researcher tape-recorded these interviews and subsequently transcribed the tapes.

Data collection and data analysis ran concurrently throughout the study. The results of data analysis provided direction for ongoing data collection. The researcher used Giorgi's (1975) phenomenological method of data analysis. The researcher identified the natural meaning units within each
daughter's description of her experience and the theme that dominated each natural meaning unit. The researcher then synthesized and integrated these themes into a descriptive developmental framework which the researcher entitled the continuum of care. By following the progression of these mid-life daughters along the continuum the researcher gained insight into how the daughters perceived their caregiving experiences.

Along the continuum of care there are three points and two transition phases. While at the outer-centered point on the continuum, the daughters' attention is on their mothers. Their outer orientation is evident in their knowledge of their mothers and their mothers' needs, and in their deference and responsiveness to their mothers' needs.

A daughter moves into the first transition phase as she realizes that she, alone, is being excluded from her circle of care. The transition phase is a period of growing inner conflict and turmoil. When a daughter hits the wall or realizes her upper limit of inner conflict and turmoil she, in order to survive, moves along to the inner-centered point on the continuum of care.

While at the inner-centered point on the continuum, a daughter's attention is on herself. She becomes aware of her fantasies about what her mother and their relationship would be like at this point in their lives. Realizing the impossibility of these hopes and dreams, the daughter then mourns for her fantasies. Concurrently, she also begins to
identify her own needs.

Having identified her own needs, a daughter moves into the second transition phase. During this phase she, realizing that she cannot be knowledge-rich and action-poor, begins to act on her own needs by including them in her circle of care. She does this by setting limits on her caregiving activities, thereby making her caregiving decisions truly contextual in nature.

However, her actions generate inner conflict and turmoil, because they are perceived by others and by herself as being selfish and cruel. Because she acknowledges her need to maintain her relationship with her mother and her need to ensure her own survival in the relationship, she attempts to find a way to care for both her mother and herself.

Coming to terms with the fact that the integration of deference and self-assertion is possible, a daughter moves toward the ethic-of-care point along the continuum. At this point a daughter continues to make contextual decisions and to set limits on her caregiving activities; however, she is able to logically and realistically deal with any inner conflict generated by her actions.

A dominant theme entitled "logically working towards healthy differentiation from mother" helps provide the context for a daughter's progressive movement along the continuum of care. The four sub-themes within this dominant theme are entitled "learning about and understanding mother and self", "legitimizing mother's behaviour", "gaining control of
emotions", and "managing challenging situations". A daughter uses these logical and intellectual processes in order counterbalance the subjective experiences -- the inner conflicts -- she experiences while progressing along the continuum of care. In this way she comes to see herself as a distinct entity, separate from her mother yet, at the same time, interdependent with her mother.

Conclusions

From the findings of this study the researcher drew a number of conclusions about mid-life daughters who are caregivers to their mothers.

1. At the start of a caregiving daughter-mother relationship, a daughter is very responsive to the needs of her mother.

2. When a daughter realizes that she is self-sacrificing herself in order to care for her mother, the daughter becomes less responsive to her mother's needs and focuses, instead, on caring for herself.

3. A daughter who is able to identify her own needs and then act on them is able to care for her mother and herself in a manner that meets both their needs.

4. A daughter experiences a number of emotions while providing care for her mother.

5. A daughter uses the logical process of working towards healthy differentiation in order to counterbalance her emotional reactivity.

6. A daughter who successfully counterbalances her emotions with logic discovers her basic self and becomes an entity
distinct from, yet interdependent with, her mother.

Implications for Nursing

It appears from the findings of this study that there are a number of implications for nursing practice, nursing education, and nursing research. The following section presents these implications.

Implications for Nursing Practice

A nurse can use the findings from this study in each phase of the nursing process. A nurse will first need to assess a daughter's experiences and perceptions and make a decision as to the daughter's position along the continuum of care. This decision should, of course, be validated with the daughter.

Given the daughter's present position along the continuum, the nurse will assess the daughter's ability to meet the requisites of her position on the continuum of care, and continue her progression along the continuum of care. The nurse will also look for constraints which are preventing the daughter from meeting the requisites of her position along the continuum. For example, while at the inner-centered point on the continuum, a daughter may be facing constraints which are preventing her from identifying her own needs.

The nurse will also determine the daughter's level of differentiation. To do this the nurse will assess the daughter's level of emotional reactivity, and her ability to counterbalance her emotional reactivity through the use of logical processes -- processes such as "gaining control of
emotions" and "learning about and understanding mother and self", which help her to work towards healthy differentiation from her mother. Of great importance here, is the need for a holistic, rather than simply a psychological assessment, since the impact of a daughter's emotional experiences might well be pervasive.

In planning care, the nurse will assist the daughter to identify realistic goals which are congruent with her progression along the continuum of care, and interventions to meet these goals. The nurse and the daughter may identify interventions to overcome constraints which are preventing a daughter's further progression along the continuum of care; for example, interventions which assist a daughter to identify her own needs while at the inner-centered point on the continuum, or to deal effectively with her inner conflict and emotional turmoil during a transition phase. From a health promotion and a systems perspective, here is an excellent opportunity for the nurse to build in healthy interventions to deal with emotion and stress, such as exercise, healthy nutrition, etc., which may be passed on to the members of the daughter's family system.

In implementing the plan of care, the nurse will continuously support the daughter by using techniques which facilitate the daughter's experience; for example, by explaining to a daughter why she is feeling as she does at this point in time, by reassuring the daughter of the normalcy of her feelings, by being non-judgemental of the daughter, and
by praising her strengths and accomplishments.

In evaluating the nursing interventions, the nurse can assist the daughter to determine her ability to include her own needs in her circle of care, her ability to counterbalance any ensuing inner conflict with logic, and her overall level of differentiation from her mother. If the daughter demonstrates any areas still needing strengthening, the nurse returns to the assessment phase in order to determine the daughter's present position along the continuum of care.

Using the daughters' description of what facilitates them in their roles as caregivers, the nurse should assess her own ability to be a facilitator to the daughters; for example, the nurse's ability to be non-judgemental. In order to be successful in this endeavor, a nurse has to be able to honestly identify any values or beliefs -- any personal biases -- that might interfere with her ability to collaborate with a daughter and ensure that she is the recipient of effective and professional nursing care.

During the assessment and planning phases of the nursing process, a nurse assists a daughter to identify, and then set goals around areas which need strengthening; however, the nurse puts just as much emphasis on the daughter's strengths. In this manner, the focus of care is on secondary prevention and also on primary maintenance and promotion.

In relation to health promotion, there are implications for nursing practice in secondary schools, as well. With an eye to proactive health care, the nurse might discuss the mid-
life daughter caregiving role and the differentiation process with graduating highschool students, prior to their entrance into the adult world. This would be an ideal time to address the topic with these students, because they will have tentatively formed their own identities and might be receptive to hearing how one can protect one's identity, given the many challenges of adult life.

And finally, nurses should work in collaboration with mid-life daughters in influencing public health policy and legislation. In this regard nurses and daughters should make visible the daughters' complex caregiving role in the community and their needs for professional and ongoing supportive services.

Implications for Nursing Education

Many of the implications for nursing practice are applicable to nursing education as well.

In addition, nursing curricula need to include content and learning experiences that highlight the importance of soliciting the perspectives of mid-life daughters and of avoiding stereotyping. In this regard, nursing students could learn communication techniques which would assist them to elicit information from daughters and to understand the daughters' perceptions correctly. Students might also learn techniques which they could use to facilitate the daughters' caregiving role, and interventions which would help daughters to overcome any constraints which were hindering their continued progression along the continuum of care. In order
to understand and assist the daughters in the process of
differentiation, curriculum designers might ensure that
students have a strong background in family systems theory,
role theory, multigenerational dynamics, and the differences
in cohorts of aging women. For referral purposes, curriculum
designers might also ensure that students are knowledgeable of
available community resources and supports.

In order to ensure effective and non-biased care
delivery, educators could provide students with learning
experiences which enable them to recognize their beliefs and
values and predict the impact of their beliefs and values on
their ability to deliver care.

Further, students might also learn holistic assessment
skills, and about the interplay between chronic emotional
disease and physical and social dysfunction.

Educators might also ensure that students learn about
primary and secondary interventions, so that they can take
full advantage of their contact with caregiving daughters by
indirectly influencing the health behaviours of the daughters'
family members as well. In this regard, students should
possibly have a strong background in family assessment and in
group theory. In addition, if students had strong backgrounds
in teaching and learning theory they could teach the members
of the daughters' families techniques to facilitate the
daughters in their caregiving role.
Implications for Nursing Research

The findings of this study begin to elucidate the perceptions and the experiences of mid-life daughters who are caregivers to their mothers. The findings also highlight the need for more studies of this nature.

Because the participants in this study were seven, white, anglo-saxon, middle-aged, middle-class women, there are limitations to this study. Additional studies are necessary in order to address these limitations; for example, studies that focus on women from different ethnic groups, women from different socio-economic levels, women who are less articulate, women living outside the Vancouver and lower mainland area, and women who do not choose to access support groups.

Each point and transition phase along the continuum of care should be focused on in a separate study. Case studies and longitudinal studies would be beneficial in clarifying, for example, the duration of time a daughter remains at each point or in each transition phase on the continuum of care; the effectiveness of the strategies and techniques that a daughter uses to gain control of her emotions and to manage challenging situations, and the progression of the differentiation process. Research into tools to measure one's level of differentiation would also be beneficial. Retrospective studies on the long-term effects of a daughter's previous inability to identify her needs or to act on her needs would also be useful.
In terms of social policy, and in order to ease the burden on mid-life daughters, there should be further research done on alternatives for care, for example, substitute care. Finally, proactive research is required on future cohorts because the policies they may need may be quite different than those developed for today's cohorts.

Summary

This chapter contained a summary of this study's findings and of the conclusions generated from the findings. In addition, this chapter also contained some of the implications of the findings and the conclusions for nursing practice, nursing education, and nursing research.
REFERENCES


comparison of four groups of women. The Gerontologist, 27(2), 201-208.


APPENDIX A

LETTER OF INITIAL CONTACT

September 25, 1989

Dear Mid-Life Daughter:

Several months ago you volunteered to participate in some research that explores what it is like to be a mid-life daughter of aging parents. I am now in the process of lining up interviews for one of these studies and am writing to see if you are still interested in being a participant.

This study, which focuses on the mid-life daughter's perspective of her relationship with her aging mother, is being developed by one of my graduate students, Ti King, who would be interviewing you.

The following is a description of the criteria for participating in this study:

Each mid-life daughter will:
- be 40 years of age or older
- speak English
- live in the lower mainland and within 50 miles of her mother, such that frequent personal contact is possible
- be married
- have children
- be employed on a half- to full-time basis
- have integrated the cultural norms of Canadian society, and
- for at least one year, have been the child responsible for providing the aging mother with regular support.

Each aging mother will:
- live alone, and
- not be acutely ill.

Ti would, over a period of three to four months, conduct one to three taped interviews with you. She would ensure that the information you volunteered was kept strictly confidential.
APPENDIX B

TRIGGER QUESTIONS

1. How long have you cared for your mother?

2. Tell me what it is like to be a caregiver for your mother.

3. What, if anything, would facilitate you in caring for your mother?
APPENDIX C

PARTICIPANT CONSENT FORM

This research project is entitled "The Experiences of Mid-Life Daughters Who are Caregivers to Their Mothers". This project has been explained to me by the researcher, Ti King, a candidate in the Masters of Science in Nursing Program at the University of British Columbia.

I understand that the purpose of this research project is to explore the experiences of mid-life daughters who, like me, are married with children, are employed full or part-time in the workforce, and are caregivers for their mothers. In order to explore my experiences, the researcher will interview me on one or more occasions. Each interview will be taped. During each interview the researcher will take notes. The interviews will take approximately one to three hours of my time over a period of three to four months. My time is offered voluntarily and I will not be compensated for it.

I understand that in order to keep my identity confidential, all tapes and notes will be coded with a number and only the researcher will ever know both my code number and my name. At all times, the researcher will keep my code number and name in a locked place.

I understand that an individual will be hired to type up the tapes and that once the tapes have been transcribed, the researcher and the members of her thesis committee (Alison Rice, Carol Jillings, and Clarissa Green) will have access to
the coded transcripts and notes.

The researcher, Ti King, has told me that I may reach her at [home phone number] should I have any inquiries concerning the project and that she will be glad to answer my questions.

I understand that I can refuse to participate in this project, or I can withdraw from it at any time, and that neither my refusal to participate nor my withdrawal will jeopardize the ability of the members of my family and/or me to attain necessary nursing and/or medical care should we require it.

I know that although the findings from this research project may not have direct implications for me, my participation might assist nurses to better understand the experiences of mid-life daughters in my situation.

I consent to participate in this research project.

Date________Signature______________________________

Name (please print)_______________________

I have received a copy of this consent form.

Signature______________________________