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# Intergenerational Support Systems: An Exploration of Multigenerational Support Exchange

Ariela N. Litman  
*Scripps College*

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INTERGENERATIONAL SUPPORT SYSTEMS:  
AN EXPLORATION OF MULTIGENERATIONAL SUPPORT EXCHANGE  
THEORY

by

ARIELA N. LITMAN

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Intergenerational Support Systems:  
An Exploration of Multigenerational Support Exchange Theory

Ariela N Litman

Scripps College

Stacey Wood

Judith LeMaster

### **Abstract**

Post-recession, middle-aged parents may provide various types of support to their grown children and parents. In the current study, parents age 40 to 60 (N =92) reported on a survey the support and affection they exchange with each child over age 18 (N =169) and each parent (N=185). The middle-aged generation (G2) differentiated among children (G3) and parents (G1) within families, and provided emotional, financial, and practical help on average to their children. The more dependent the child (G3), the more support was exchanged. Dependence was measured on normative status like education, employment, disability, and crisis as well as the emotional support and the overall affection. Parents (G1) received as a function of their dependence upon their children. Findings support contingency theory; downstream flow is more common in both physical and emotional support. Furthermore, the motivation the phenomenon is explained based on developmental stake theory and developmental schism to assure support later in life and progeny success. Finally, additional analysis of the upstream support found that a function of the existing relationship and individual factors based on caregiver burden, filial maturity, and appraisal impact the support exchange.

**Keywords:** intergenerational support systems, solidarity, contingency, parent-child relations

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### Intergenerational Support Systems:

#### An Exploration of Multigenerational Support Exchange Theory

The current study aimed to examine the intergenerational support system across three generations in a Post-Recession era. The term intergenerational support system is defined as the interaction between family members support exchange and affection given and received between generations. The study is based on a three-tiered sandwich generation model posed by Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt (2010) of the intergenerational support system of the middle-aged parent (G2) with children/progeny (G3) and their parents (G1) within the system.

#### **Support**

Previous research generally splits support exchange into two measures, either physically-based /financial support or affection-based/emotional support given or received by family members. (Fingerman, 1996; 2001) As a result, support in the current study, is determined in the same terms as either physically-based or emotional-based transaction between generations. Furthermore, the previous research also demonstrates the idea that individuals receive more support from their families than any other source. (George, 1998; Fingerman, 2001; Fingerman et al., 2010) For example, George's (1998) article speaks to this issue of exchange and support and argue that family based transfers (exchange) rival public transfers to the elderly-and surpass them in value. Furthermore, the analysis examined and defined transfers or exchange to be based on factors of need, resource, cultural restraint, time, and relationship. George (1998) theorized that the directions of support exchange are hard to disentangle due to intersectionality. (George, 1998) Therefore, most of the previous literature in the field focuses primarily on means

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and measures to disentangle the exchange, however most of the research limits the exchange to two generations rather than all three.

### **Three-Tiered Support Systems**

As a result, Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt (2010) developed a multi-dimensional model to investigate the exchange between all three generations (G1, G2, G3). The study investigated to whom the support was given, what support was given, and why it was given. The brunt of care giving and role of supporter generally falls onto the middle-aged parent generation (G2) to support both their parents (G1) and children (G3).

In the current study, the support of their children (G3) is deemed downstream due to its directional flow while the inverse applies to the support of their parents (G1) is deemed upstream. Previous to this study, research into intergenerational support systems addressed the importance and complexity of the multi-generational relationship, but only in the abstract way and failed to measure with success to integrate all three in one experiment. Therefore, taking into account each generation's unique characteristics and accounting for their needs, Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt (2010) and the current study was able to integrate and measure all three generations into one study.

### **The Transitioning Middle-Age Generation: G2**

G2 or the middle-aged Baby Boomer generation is distinguished from the other generations by its historical, psychological, and financial needs. Characterized as a product of the dramatic increase in birth rates post World War II, G2 comprises one of the largest generations in U.S. history. (Stein, et al. 2011) By 2012 the Baby Boomers (G2), or adults born between 1946-1964, will enter senior citizenship and retire. From the

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2010 census, Lindsey and Howden (2011) analyzed the results and found the Baby Boomer population is the majority and ranges from the 46-54 age group, which is increasing at 55.6 percent, is followed closely by the 55-59 age group, which is increasing at 46.0 percent, from previous years and age groups. Therefore, the greatest percentage of the population is in transition from midlife to senior citizenship.

As a result, the group's size impacts their relevance in regard to their needs from the rest of the population. Consequently, the large percentage of middle age and senior citizens will complete the transformation and retire over the next few years. Factors like economy, the job market, and health care will drastically change to public and familial support extended to this majority.

The strain on public resources as the transition occurs threatens resources and poses a problem of resources. Instead, a combination of both private and public support is necessary for the senior citizens. Additionally, when the 2008 Recession hit the United States economy, it resulted in people losing their stocks, shares, jobs, homes, and even cash from their retirement/401k. (Stein, et al. 2011)

As a result, the planning and the economic future of many Americans, especially the middle-aged and elderly, has drastically jeopardized many financial situations. Stein, et al. (2011) stated many people were forced to make tough decisions to either rely on the multiple support systems like public and private assistance or self. As a result, intergenerational support systems have changed and family relationships have shifted from the more common concept of the single generation home to a multigenerational home. Therefore, multiple aspects of the economy have specifically impacted G2 and families in the United States, and support or come together and return home.



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### **Greater Effects of Recession: G1, G3**

With the unemployment rate at a high of 8.6% in the United States, and many people are out of work. (US Bureau of Labor Statistics) Furthermore, Matthew Reed's analysis of college debt (2011) found that the unemployment rate for young college graduates rose from 8.7 percent in 2009 to 9.1 percent in 2010, the highest annual rate on record. Additionally, the unemployment rate for young college graduates continues to be much lower than that for young high school graduates, which was 20.4% in 2010. Therefore, the unemployment rate does not just affect only one generation, but the financial crisis permeates to all three. As a result, many children return home to receive financial support without jobs or even with a job that sufficiently compensates young employees to pay off debt incurred during college, life, etc., and financially rely on their middle-aged parents. Schoeni and Ross (2005) found that parents continue assistance to their adult children as they mature, especially for post-graduates of college. Mitchell (2006) examined this phenomenon and labeled the young generation as the "boomerang age" and investigated the impact of returning home and receiving support while transitioning professionally, financially, and in the formation of their own independent families. Although the primary focus was on Canadian families, Mitchell's (2006) generalizations can extend to other Western industrialized countries like the United States.

Additionally, the study concluded that not only are parents supporting their children, but extending support impacts the progeny's development within families. The study found that independence changed as the diversification of the home increased due to living in the multigenerational household. Therefore, as more families combine

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generations into one household, support behavior and relationship dynamics change within families and influence the intergenerational support systems and expand them.

On the other hand, the elderly parents of the G2 generation, or G1, are living longer, fuller, and healthier lives. (Stein, et al. 2011) The CDC (2009) used census data and death rates to find the average life expectancy to for women to be 80.6 years and 75.7 years for men. Therefore, the probability of G2's parent or parents still being alive and in need of support is a reality. Furthermore, with the Baby Boomers entering the same age group, public assistance is not as dependable as a mode of support due to stress on resources, budget cuts, and the Recession. As a consequence, the burden of support falls to G2 to support themselves, their "boomerang age" children/G3, and their parents/G1.

Thus, the current economic crisis of the Recession paired with the unique characteristics of each generational interact impacts the within the intergenerational support system and how support flows.

### **Flow of Support**

The literature agrees that the tendency or direction of support from G2 or middle-aged parents tends to flow downstream rather than upstream. (Kim, K., Zarit, S.H., Eggebeen, D.J., Birditt, K.S., & Fingerman, K.I., 2011; Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt, 2010; Rossi & Rossi, 1990) The direction of support generally flows downstream, however upstream flow does occur. Therefore, studies show support exchanges in a downstream flow to children (G3) and parents (G1) are based on two theories of support: the solidarity and contingency theory.

### **Solidarity and Contingency Theory**

Solidarity theory is not based on the individual's relationship, but simply the

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blood or marriage bond as a factor of support. Furthermore, the theory is similar to the idea of the “in group” and “out group” phenomenon. (Turner, 1981) The theory states that family members receive more help when they have greater need, even when they are not close or emotionally bonded. (Fingerman, Miller, Birditt, & Zarit, 2009, Eggebeen, et al. 1992; Silverstein et al., 2006)

The difference between contingency theory and solidarity theory is that contingency theory is given without the affection for a specific member. For example, contingency theory is applied to the typical downstream flow of support to children in that parents will support their children’s need for food or water because based on social norms, parents support their children’s everyday needs. (Mitchell, 2006; Aquilino, 2006; Fingerman, Miller, Birditt, & Zarit, 2009; Furstenberg, 2000) Extended further, from Mitchell (2006) concluded that the prolonged educational process, career uncertainty, marriage status, and delayed independent family foundation creates progeny who are dependent upon their parents. As a result the previous situation fosters increased dependency upon the fulfillment of everyday needs from parents. Thus, contingency theory may be a factor in the downstream flow of support to ensure progeny’s survival and success.

Contingency theory also addresses the issues of the relationship on the whole based on the overall love and affection. (Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt, 2010; Rossi & Rossi, 1990; Silverstein) The amount of affection or love in a relationship can explain the investment of some family members and not in other family members. Therefore, the measurement of the interaction and bond is crucial to determine the impact and strength of the relationship on helping behavior. (Rossi & Rossi, 1990;

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Silverstein et al., 1995) The factors that mediate the affection and love are based on a balance between tension and emotional importance. Birditt, Miller, Fingerman, and Lefkowitz (2009) address the multi-dimensional factors that impact relationships and how interactions function within families in respect to tensions. They stated that different tensions impact the overall exchange of support between the generations on both the level of the relationship (i.e. G1 to G2 or G2 to G3) as well as individual tensions (i.e. mother to daughter). Fingerman (1996) focused her study on the two aforementioned types of tensions and quantized them as measurable behaviors. The behaviors of the relationship and individual tensions included unsolicited advice, frequent contact, personality differences, child rearing advice, and past relationship problems. However, the study found that the tensions ranged not only by relationship or individual tension, but also based on topic. Therefore, in the research on relationships states, it is crucial to pick apart the multiple factors or layers that intersect and impact the relationship's strength due to the tensions impact on the entire bond. As a result, the relationship also can shape the type and amount of support exchanged based on need and affection. Thus, although there are many factors, the individual and relationship tensions impact the lengths to which the supporter will extend support.

The study's quantitative measure of two tensions allowed for a comparison of both parents' and adult children's ratings of the intensity of relationship and individual tensions. Therefore, the more actual interaction, love, etc. impacts the overall quality of the relationship and can be quantified. Utilizing the measure of the tensions in comparison to the relationship, it was clear that solidarity theory is stronger than contingency theory. Therefore, although support may be offered in a family, it is

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important to understand where the support comes from to interpret its strength in regard to the relationship.

### **Developmental Stake Hypothesis and Developmental Schism Theory**

Previously Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt (2010) found that relationship tensions were more highly associated with overall relationship quality than individual tensions. Therefore, an analysis into the aspects of relationship quality investigated the ideas in the developmental stake theory and developmental schism hypothesis. Fingerman (1996) based on the results of the impact of these tensions, created the developmental stake hypotheses. The developmental stake hypothesis postulates that parents have a “stake” or investment in their children as their future or “progeny”. Parents are more emotionally invested in offspring and feel more positively toward progeny than in comparison to their parents or “descendants”. (Fingerman, 2001; Shapiro, 2004). In the Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt (2010) the developmental schism hypotheses was supported as parents reported more intense individual tensions due to concerns for their children's independence and reported an increase in contact which resulted in more intense relationship tensions and more support exchanged.

As a result, due to the combination of both the developmental stake theory of investment and developmental schism hypothesis of development, the relationship of the parent and child is strong, but also contingent upon tensions. To assess the overall exchange that is extended both independence and affection must be measured to determine how much the middle-aged parent (G2) generation will extend to their adult child (G3).

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### **Support Upstream**

Upstream support flow is unlike downstream flow, such that the times that support shifts based on the life course of the older parent. As a result, middle-aged parents (G2) assist their parents (G1) later in life when their health deteriorates, daily routine is limited, or crises are become prevalent. (Fingerman & Birditt, 2009; Zarit & Eggebeen, 2002) Data from research documented specific patterns in upstream support from middle-aged parents (G2) and found when parents (G1) needed hands-on care or when parents are impacted by a major transition in old age (i.e. disability or death of a spouse). (Eggebeen & Davey, 1998, Fingerman, 2010) Thus, when middle-aged parents (G2) support upstream to their parents (G1), they are responding to external factors of may also extreme crisis, problems of health, or transitions in life.

### **Crisis of the Recession**

However, if all three generations are experiencing a crisis, like the economic Recession, then support systems will be impacted. Over the past several years, Painter (2010) analyzed the role of the economic downturn cycle, labor market and housing conditions on household formation. The results were such that since the Recession, homeownership rates declined due to people losing their homes, formation of renter households, and mobility rates have declined. Therefore, the concept of household shifted in the current economic environment as fewer young people are heading out on their own, and households are combining to lower costs. As a result, the previous cultural norms, obligations, and expectations have changed because of the housing market and financial crisis. (Savundranayagam, Montgomery, and Kosloski, 2011) Therefore, Stein, et. al (2011) conducted a study examining intergenerational differences between

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perceived economic pressures, relationship quality, economic future concerns, and psychological distress in a sample of 68 emerging adults and 68 of their parents. Both parents and adult children in the study were generally pessimistic in their overall perceptions of the U.S. economy. Although parents and the emerging adults had different financial responsibilities, results indicated no significant differences in affect/feeling toward the economy and its negative impacts. Additionally, the reports were consistent regarding the economic constraints, economic adjustments made because of the economic crisis, and material needs. Therefore, the results indicated that the current economic crisis negatively impacts all three generations. As a result, it is evident that the current financial crisis impacts the psychology of support exchange such that each generation is experiencing stress and burden, which impacts the extensions of support.

### **Hypothesis**

Thus, the current study tested the impact of the shared financial crisis on an intergenerational support system and the relationships within the system in a Post-Recession era. Based on from the aforementioned studies and theories, hypotheses, etc. the following hypotheses were predicted:

1. Hypothesis #1: In support of contingency theory and developmental stake theory, if support is exchanged, then it flows downstream. Support flow was operationalized as either parent support/upstream or child support/downstream by the middle-aged parent's self-report scores.
2. Hypothesis #2: In accordance with the developmental schism hypothesis, if there is more affection, or a closer relationship, and more dependence on the aforementioned relationship, then there will be more support exchanged.

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Three different scores operationalized support exchange, independence, and affection on the middle-aged parent's self-report scores based on the survey.

3. Hypothesis #3: Due to the two hypotheses prior, when support flows upstream it is due to external factors. Therefore, if support flows upstream, then it is due to parental disabilities or crisis. The middle-aged parent's self-report scores on both disability and crisis items on the survey operationalized the parent disability and crisis.

The current study is based on the Fingerman, et. al (2010), however the current study collected data in the current economic crisis to note the impact on the overall intergenerational support system.

### **Method**

#### **Participants**

Participants included 92 participants aged 40-60 years old ( $M= 48.627$ ). The sample was homogenous such that a majority were female ( $n=73$ ), white ( $n=81$ ), and of mid to high socioeconomic level ( $n=86$ ).

Each of the participants, to be deemed eligible, had at least 1 child older than 18 years old ( $M=19.964$ ) and one parent ( $M=76.565$ ). The participants indicated consent prior to completing a survey. (surveymonkey.com) The responses were collected anonymously regarding their support, affection, and the G1 or G3's dependence. Participants completed a self-report questionnaire on which they provided demographic information like their age, gender, position in family, location, SES (based on their career).

For each child over the age of 18 ( $n = 169$ ) and each parent ( $n = 185$ ), participants



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then provided information regarding similar demographics and normative status, support exchange, affection, disability, and crises in the past 2 years. Based on the Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt (2010) to avoid participant fatigue, the information regarding relationship quality was set at a maximum of three grown children. The participants, if they had more than three children, selected the child who received most support, the child who received least support, and another child.

### **Materials**

#### **Dependence Score**

The Dependence score is the sum of everyday needs and normative status, functional disability, and crisis scale. (See Appendixes A, B, C for complete scale).

#### **Everyday Needs and Normative Status**

Participants answered questions regarding status that affects everyday situations. For example, the student status (1 = student and 0 = other), employment, unemployment or retirement status (1= retired or not working and 0 = working), marital status (1 = married and 0 = not married or widowed), and presence of young children (1 = has children and 0 = does not have children) were added together to determine the everyday needs and normative status and an aspect of the measure of overall dependence. (See appendix A)

#### **Functional Disability**

The measure assessed functional disability of each subject the participant listed. The survey questioned each child/parent was able to accomplish five tasks of daily living

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based on the Community Disability Scale. (Bassett & Folstein, 1991) (See appendix B for scale)

### **Crisis Scale**

The measurement was based on a national study (Greenfield & Marks, 2006). On the scale, participants indicated whether any of their children and/or parents had experienced any of 10 problems in the past 2 years (e.g., victim of a crime, alcohol or drug problem, financial issues). The participant indicated with either a “yes” or a “no” if the directed party experienced the item. Likewise, when a participant indicated a parent had incurred a problem, were coded by the occurrence of each problem for each family member dichotomously (0 = no and 1 = yes). As in other studies, the sum of the problems was calculated. (Fingerman et al., 2009; Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt, 2010) (See appendix C)

### **Support Exchanges**

Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt’s (2010) developed the Intergenerational Support Scale (SE) to assess support from G2 to either G1 or G3. Participants rated five items on a Likert-like scale from other measurements of social support (Vaux, 1988; Vaux & Harrison, 1985), and one more item interaction about daily events (Fingerman, 2001). Participants repeated the survey for each family member. In analyses, the scores were based on frequency of support and in terms of, socializing, advice, finances, and talking about daily events. The scores were combined and coded by frequency of 1 (less than once a year or not at all), 2 (once a year), 3 (a few times a year), 4 (monthly), 5 (a few times a month), 6 (weekly), 7 (a few times a week), and 8 (daily). The mean of the six items (which is mathematically equivalent to the sum) for ease of

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scoring. (See Appendix D for complete scale).

### **Affection Scale**

To assess the solidarity, a two-item measure of quality as well as importance scale amongst other social partners was used. Participants indicated (a) how much each party (i.e., their father/mother/child) loves and cares for them and (b) how much the other party understands them from 1 (not at all) to 5 (a great deal). (Birditt, Fingerman, & Zarit, 2010; Fingerman, Pitzer, Lefkowitz, Birditt, & Mroczek, 2008; Umberson, 1989).

The importance of each parent or child compared with other social partners was rated on a scale and 1 (most important person in your life), 2 (among the 3 most important), 3 (among the 6 most important), 4 (among the 10 most important), 5 (among the 20 most important), and 6 (less important than that). (Fingerman, 2000, 2001; Fingerman et al., 2008; Fingerman, Pitzer, Chan, Birditt, Franks, and Zaritt created their experiment, 2010). (See Appendix E for complete scale).

### **Procedure**

Participants were recruited by convenience sampling through Facebook (a social networking site), email solicitation, and mturk (a survey site). Participants recruited through Facebook and mturk were invited to join a Facebook event and/or to take the survey on SurveyMonkey.com. The event invitation explained the study was researching intergenerational support systems, affection, and support exchange. Also, the emails with survey links were sent out accordingly. No extra credit was given, but a \$0.10 incentive was given to mturk participants and a \$25 gift card to Target was raffled off.

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Participation was voluntary and could be terminated at any time during the survey. All participants' responses were confidential and no identifying information was required. The gift card recipient's email was kept separate from the surveys.

By using SurveyMonkey, all participants were directed to the informed consent form at the beginning of the survey. Each participant was required to read the document and clicking, "I Consent" on the bottom of the page indicated that they were above 18 years old before starting the actual survey and could choose to continue the survey.

Participants were presented with questions of their own demographic information, leading to the question regarding the number of each child and number each living parent. Based on the answer to the aforementioned question, the participant was directed to either one set of survey, two sets of surveys, or three sets of surveys, contingent upon their number of children. Each survey had scales of Everyday Needs and Normative Status, Support Exchange Scale, and Affection Scale, and Disability Scale, and Crisis Scale. After the completion of each child's survey, participants were presented with a question regarding the number of parents. Based on the answer to the aforementioned question, the participant was directed to either one set of survey or two sets of surveys, contingent upon their number of parents. Each survey had scales of Everyday Needs and Normative Status, Support Exchange Scale, Affection Scale, and Disability Scale, and Crisis Scale. The researcher combined the scales of Everyday Needs and Normative Status, Disability Scale, and Crisis scale were combined to determine the Dependence Score. Upon the completion of the survey, which generally took between 20-40 minutes, all participants were presented with debriefing section, which reiterated the reasons for, benefits of the study, and the contact information for the primary researcher.

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### Results

Multiple correlations were run to determine the impact and relationships between middle-aged Support Exchange and Affection for G1 and G3 and Independence of G1 and G3. The correlations were paired into three pairs to address each hypothesis. Table 1 and 2, Table 3 and 4, and Table 5 and 6 organize the pairs

A correlation set was run in response to the first hypothesis correlation between the variables in the study presented in Table 1 and 2. In the first correlation, the Overall Independence was correlated significantly more negatively with Parent Support Exchange ( $r = -.357, p < 0.01$ ) than with Child Support Exchange ( $r = -.230, p < 0.05$ ). In addition, a correlation was run between Support Exchanges were correlated the Parent Support Exchange and Child Support Exchange the results were positive. ( $r = .319, p < 0.01$ ) (see Table 1)

The second correlation was run between Independence and affection and indicated that the Independence was significantly more negatively correlated with Parent Affection ( $r = -.311, p < 0.01$ ) than with Child Affection. ( $r = -.284, p < 0.01$ ) Additionally a correlation was run between Parent and Child Affection was not significantly positively correlated. ( $r = .174, p < 0.05$ ) (see Table 2)

Therefore, the results of the Table 1 and 2 pair indicated that as independence increased, both generation's (G1 and G2) support and affection decreased. However, the overall value of support exchanged was greater for the child less negative and greater indicating that both support exchange and affection flowed downstream. (See Table 1 and 2)

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Another correlation set was run between the subscales of Child Independence and Child Support Exchange ( $r=.163$ ,  $p < 0.05$ ) Child Independence and Child Affection ( $r=.091$ ,  $p < 0.05$ ) were not significantly correlated. However, the correlation between Child Affection and Support Exchange ( $r=.807$ ,  $p < 0.01$ ) was positively significantly correlated. (see Table 3)

The next correlation was run between the subscales of Parent Independence and the Parent Support Exchange ( $r= -.425$ ,  $p < .01$ ) were significantly negatively correlated, and the lesser but still negatively significant Parent Affection ( $r = -.312$ ,  $p < .01$ ). The most significant results indicated that the greatest positive correlation was between Parent Support Exchange and Parent Affection. ( $r= .770$ ,  $p= .01$ ) (see Table 4)

The results of second pair indicated that the downstream correlation of G2 support tended to decrease as independence increased, but not as negatively as for G1. Therefore, Independence was inversely related to the less support and affection was received. Additionally, the results of the upstream flow were such that as Independence increased, the support and affection significantly decreased. As a result, upstream support was mitigated by developmental schism hypothesis, and as independence increases support and affection decrease, but support more so. Again, as noted previously, the correlations between the support and affection were significantly positively correlated indicating a significant relationship between support and affect. The relationship was such that, as Support Exchange increased so did affection. (See Table 3 and 4)

The correlation supported the previous correlation's analysis of support flow such that the downstream flow is overall more positive and than the upstream flow. Therefore,

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the results indicated that G2 tends to support G3 more than G1 and has overall greater affection and support exchanged. (see Table 3 and 4)

A final set of correlations was run between Parent Affection, Parent Support Exchange, Parent Crisis, and Parent Disability. The first correlation was between Parent Crisis or experience with crisis ( $r = -0.334$ ,  $p < 0.01$ ) and was correlated significantly more negatively to Parent Affection than Parent Disability ( $r = -0.034$ ,  $p < 0.05$ ) to Parent Affection. (see Table 5)

Furthermore, when Parent Support Exchange was correlated with Parent Crisis ( $r = -0.311$ ,  $p < 0.05$ ) it was significantly more negatively correlated than Disability. ( $r = 0.056$ ,  $p < 0.05$ ) (see Table 6)

Thus, the third pair of correlations indicated as support exchange and affection decreased, the amount of crisis experienced increased. Additionally, the results for disability indicated a similar tendency, but none of the results were significant. Additionally, consistent with the trends in Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt (2010) affection, but not in regards to the support exchange. Therefore, the evidence throughout both correlations of Affection and Support Exchange, portrayed the upstream support is extended to G1 goes down the as G1 experiences more crisis. (see Table 5 and 6)

## Discussion

### Implications of the Current Study

The present study confirmed the first hypothesis, which stated that support tends to flow downstream (G2-G1). To test the direction of the flow of support, a correlation set was run between each generation's Support Exchange, Affection and overall

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Independence. The results indicated that support tended to flow downstream in accordance with contingency theory and the developmental stake theory. (Refer to table 1 and 2)

To test the second hypothesis a second correlation set found a continuously significant relationship between Support Exchange and Affection in which both were highly positively correlated and the relationship was indicated in both correlation sets. The results also indicated that as Independence decreased, Affection and Support Exchange increased. Thus, the more dependent G1 or G3 is, the more support is exchanged and affection. Fingerman (2006) stated that this relationship and support pattern tends to exist due to constant interaction and contact. (Refer to table 3 and 4) Consequently, the inverse relationship also indicated a strong relationship between the factors of Affection and Support Exchange. Thus, the relationship quality and support exchange upholds the second hypothesis about affection and support exchange and the developmental schism hypothesis. Recall the developmental schism hypothesis stated that due to increasing autonomy, or the greater independence, the less contact or interaction exists and the relationship's quality goes down. Therefore, the more independent the child, the less support is exchanged and the affection is given based on contact and need. (Fingerman, 1996; Lin, 2008)

Interestingly, when the third set of correlations between the Parent/G1 Affection and Support Exchange on Parent Disability and Parent Crisis was run the results of upstream flow did not follow Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt (2010) results. The Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt (2010) results were such that as crisis and disability increased then support exchange and affection would increase



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as well. The results from the current study revealed an inverse relationship in which the greater amount of crisis was experienced by G1, the less affection and support was exchanged. The results for Disability were not significant indicating that when support is necessary or critical for survival it is given. (Fingerman, et al., 2010) Thus, the results from the current study indicated that the amount of crisis impacted support exchange in upstream support flow with data taken post dynamic economic change.

### **Implications of the Flow of Support, Results, and Tendencies**

The current study's results support previous research's theoretical models and theories of intergenerational support systems. To begin, the results support contingency theory, or the idea that individuals exchange support based upon relational and individual tensions. Furthermore, these tensions are controlled by two other ideas, which were also proven. First, the developmental stake theory, or "progeny theory", posed that downstream flow is more common than upstream flow because parents have a "stake" in the progeny's success. (Fingerman, 2006) However, there are also limitations on the support extended to the child. As a result, the developmental schism hypothesis, specifies the specific limits or conditions of the downstream flow arguing that factors of child's independence and relationship combine to impact the perceived need. Therefore, each of these individual and relational tensions, like employment status, distance, their family status, etc. impact the relationship and influence of the connection between supporter and supported. Thus, the current study supports previous research, however, the emphasis upon the relationship quality appears throughout the results.

Consequently, when the current study found significantly different results from the results of the Fingerman, Pitzer, Chan, Birditt, Franks, & Zaritt (2010) regarding

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upstream flow of support and amount of crisis an analysis of support exchange was crucial to determine the impact of the data taken post-Recession.

Recall, downstream flow was heavily influenced by relationship characteristics and quality in regards to support exchange. Therefore, when analyzing the upstream flow, accounting for both the relational tensions and individual tensions in regards to the support exchange became crucial. Care giving which is identical to support exchange is both emotionally-based and instrumentally or physically-based. (Fingerman, 2001; 2006; Birditt, et al. 2008; Merz, 2010) Therefore, support exchange upstream is interchangeable with care giving and with this type of exchange, the parent–child relationship, which is one of the most long-term and emotionally rich social ties, is crucial in determining how and when to care. (Fingerman, 2001) Therefore, research into the factors that impact the care giving relationship shape to the overall relationship quality and care. (Fingerman 2006)

### **Care giving and Caregiver Burden**

Merz (2010) defines the behaviors of care giving being identical to support exchange such that there are two types-emotional and physical or instrumental care. However, the individuals receiving the care are not the only ones impacted the support. The activities range from household chores, shopping, etc. for physical to phone calls, face-to-face contact, etc. for emotional care. Therefore, the results of care giving are extremely complicated phenomenon due to the polarizing positive and negative impacts both the cared for and the caregiver. (Amirkhanyan & Wolf, 2003; 2006)

The majority of the research focuses primarily on the negative results of care giving. The negative phenomenon, commonly known as caregiver burden, is defined as physical,

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psychological, emotional, social, financial problems that are experienced by family members caring for impaired older adults' as a means to interpret the negative correlation between crisis, support exchange, and affection. (Ankri, Andrieu, Beaufils, Grand, and Henrard, 2005) Therefore, the stress and emotional strain on the caregiver is a result of care giving and can cause the caregiver to avoid extending care. (Fingerman, 2006; Merz, 2010) The results of Merz (2010) supported the previous research on the phenomenon and found that those caring for an elderly parent also tended to have feelings of stress and depression in middle-age. Therefore, the caregiver's psychology, more specifically their affect, may cause the caregiver to avoid of caring.

### **Tendencies of Caregiver Burden**

As a result, research consistently found that caregiver burden was influenced by the relationship characteristics, or relationship quality, and individual characteristics, or the person's constitution, upon the support exchange. Although there are not exactly predictors of caregiver burden, there are tendencies of individual characteristics that impact care. Merz (2010) found a few specific tendencies, which impact how caregiver burden manifests based on factors of relational and individual characteristics.

### **Filial Maturity**

Relationship characteristics or relationship quality is mediated by filial maturity. Filial Maturity is a phenomenon by Blenkner (1965) to describe the offspring's ability to mature within their parent-child relationship and perceive parents as individuals with unique characteristics, histories, and limitations. As a result of filial maturity, the offspring invert the roles and can empathize and commiserate due to life experience.

Birditt et al. (2008) completed a multi-step analysis to assess factors that facilitate

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filial maturity, and examined the associations between filial maturity from other parent–child relational constructs to determine predictors of filial maturity. The results of Birditt et al. (2008) found that filial maturity involves a distinctive two-step process of distancing and comprehending.

The first dimension coined “distancing” was defined as the acceptance that the parent has weaknesses and can objectively identify flaws, and the child separates his/her achievements and leads an independent life. The second dimension in the process was labeled “comprehending” and it was when the child begins to view the parent as a peer. Comprehending was the result of distancing and the parent’s role shifts from superior into a peer with an individual experience and relationship. As a result, the aspects of a relationship’s development and the role reversal over time between child and parent only evolve through this process and facilitate a complex exchange of empathy, compassion, and reciprocity with the understanding of parental need and limitation. (Barber, 1988, Birditt, 2008) Thus, relationship factors impact quality and closeness are contingent upon the distancing and comprehending of the child-parent relationship, allowing the children to reshape their concept of the Parent. The closer and higher quality of the child-parent relationship influences care giving positively, such that children exhibit caregiver satisfaction rather than burden. (Amirkhanyan & Wolf 2003; 2006; Barber, 1988 ; Birditt, 2008; Merz, 2010)

### **Individual Characteristics**

In addition to the relationship characteristics, individual characteristics also impact the relationship quality in upstream support flow or care giving. Firstly, one tendency that impacts caregiver factors are gender and culture, which impact the supporter based on the

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pressures perceived. More specifically, normative status, age, and culture significantly influenced the overall support exchange. (Merz, 2010)

Merz (2010) found daughters, younger adult children, and children from an individualistic or Western cultural background experienced more caregiver burden than sons, older children, and children from collectivist or Non-Western cultural backgrounds.

The individual characteristics most highly correlated with caregiver burden was gender such that females tended to experience pressure to be the ultimate caregiver and this pressure was in direct competition with other roles women tend to pursue. Merz (2010) defined the gender phenomenon as role conflict as the competition of roles such as wife, mother, employee, or any combination therein. Each of these identities weighs down heavily on the daughter, who tends to care for the family as a result of gender norms. (Birditt, 2008; Merz, 2010).

Furthermore, in regards to age, the caregiver's position in life influences the relational and individual characteristics. Similar to the research on filial maturity, Merz (2010) found the experiences, stresses, needs, and welfare of others must be accounted for as well as any transitions of life. For example, younger adult children tend to be just beginning their own lives, families, and children, which transition into other stresses, responsibilities, and independence from the parent-child relationship. Thus, the age and stage in development of the child's own life situation impacts their ability to extend support and develop a relationship. (Loomis, 1995; Merz, 2010)

Finally, individualistic or Western Culture promotes a more centralized and atomic model of a single generation household. Without multigenerational interaction or models support interaction tendencies are isolated. Unlike most non-Western societies

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have multigenerational households, which shift and expose the interaction of the family to a broader age dispersion, wider and more frequent contact, and support network. Specifically to G2, the multigenerational household alleviates the burden of caring for both G1 and G3 due to the redirection and redistribution of support across generations. Another interesting aspect of the cultural phenomenon is that the amount of support or care giving is controlled by specific familial, racial, and cultural norms, obligations, and parents' expectations. (Pype, Marcoen, & Van Ranst, 1996) Thus, the specific perceptions of norms, obligations, and expectations impact the overall relationship in regard to perception of ancestors as well as the individual's response to stress or burden.

### **Appraisal**

As both the relationship characteristics of filial maturity interact in conjunction with the individual characteristics of gender, age, and culture, the process of appraisal of care giving occurs. In the current study, the appraisal by G2 deemed upstream support either as caregiver burden or as caregiver satisfaction. Lai (2010) found a model in which the relationship between different care giving outcomes, was implored the different predictors of positive and negative care giving outcomes are portrayed. This model presents satisfaction with care giving leads to positive outcomes, and care giving burden leads to negative outcomes. Therefore, when a parent is deciding to extend support, the multiple intersecting factors that impact the caregiver's decision are the perceptions of workload, fear of burden, and stress shape the feelings of burden or satisfaction. (Lai, 2010) Therefore, Lai (2010) specifically found that the perceived threat of caregiver burden permeated multiple aspects of the caregiver's life and caring for an elderly family

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member and was associated with decreases the amount of self-care and relaxation time, which impact stress coping and compound stress. (Gupta and Pillai, 2002) In the end, Lai (2010) cited the aforementioned characteristics on care giving as well as other external factors that acted on the caregiver like health, income, social support, social relationships, personality factors, and coping strategies as a means to appraise potential care giving burden.

### **Hypothesis #3**

Incorporating the complex model of appraisal to upstream care giving, the results of the third set of correlations which stated that the greater amount of crisis experienced, the less amount of affection and support exchanged were present is contingent upon care giving burden. Supporting the appraisal model, the factors of the relationship quality (affection) and the support exchanged (care) were both negative indicating to the caregiver that burden existed. For example, the question asked if in the past two years had (the scenario) occurred. (see Appendix C) Therefore, the high amount of crisis experienced could be a past issues that may have already been dealt with or is not currently relevant. Furthermore, compared to when G1 was deemed disabled, and the support exchange was not as severely negatively correlated indicated that unless upstream support is necessary, it is perceived as a burden. Thus, the care giving is perceived as stressful and a threat of burden was mitigated by the relationship between G2 to G1. As a result, the threat of more crisis, time, work, and stress lower the chance of a positive experience from the strained G2 in the current financial crisis.

### **Limitations**

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To ensure that the results of the study were not due to error, an analysis of the limitations and potential confounds was conducted and indicated that the updated and Post-Recession data was valid. The limitations of the following study were such that the study's relevancy and reliability became suspect due to the homogenous sample. Out of 92 participants, a majority was female (n=73), white (n=81), middle to upper middle class or coded as high SES (n=86), and lived in a single generation households (n=77). Therefore, the limited sample could be classified as a confound, however, the results of the research based on the third hypothesis indicated that caregiver burden existed, especially to this population. Recall, during G2's appraisal of care giving or support exchange, the individual characteristics like gender, age, and culture as well as the relationship characteristics of filial maturity all interacted with the appraisal stresses. More specifically, the stresses such as role conflict of the female caregiver or the individualistic cultural view of support were examples of the predictors that may impact the perceptions of burden and extension of care giving. Finally, the sample's specific individual characteristics of gender, age, and culture made them a strong support in the argument for the theory of caregiver burden and the mechanisms behind appraisal. Thus, the sample's homogeneity proved to be a benefit and reflected the relationship of characteristics on appraisal and caregiver burden or satisfaction.

Addressing the economic crisis as a means of comparing the results of the current study and the results of the Fingerman, K.L., Pitzer L.M., Chan W., Birditt K., Franks M.M., & Zarit, S. (2010), when the socioeconomic status of the sample was isolated, however, the sample's homogeneity made comparative analysis impossible. However, based on the sample, it is interesting to note that participants' income, career, and



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education were analyzed because adults of higher socioeconomic status (SES) provide more family support due to the lack of financial stress. (Fingerman, 2006; 2010)

Therefore, the current financial crisis may have impacted financial burden of the SES sample, however, further research should be conducted.

### **Future Research**

Over the next few years, as the senior population increases significantly with the Baby Boomers transition and the current economic crisis persists, research should continue to probe the intersecting factors of intergenerational support systems and determine the trends and relationship dynamics that impact support flow. It is clear from the current study's results and previous research that a strong relationship exists between support exchange and affection. (Birditt, K. S., Fingerman, K. L., Lefkowitz, E. S., & Dush, C. 2008; Eggebeen, D. J., & Davey, A. 1998; Fingerman et al., 2006; 2010) Therefore, the factors that influence overall affection such as closeness, contact, etc. should be analyzed, quantified, and interpreted to aid in the development of a more complex model of intersections. This model could support a deeper analysis of support flow both upstream and downstream.

In regards to upstream flow, it is critical to understand the factors of individual and relationship characteristics and how they intersect. The factors impact overall perceptions of caregiver's satisfaction over burden. The current research is limited because its main focus is on the negative impacts of care giving and support. As a result, it is clear further research needs to expand on the positive impacts of care giving or satisfaction. Current research states that relationship quality and filial maturity between generations is associated with better well-being such that the stronger the relationship the better the overall well-being. (Shaw et al. 2004; Birditt, et al., 2010) Therefore, if care

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giving were perceived as positive rather than negative, then the benefits would impact not only one generation, but also multi-generations. Within families, support from family members could lower elder neglect and abuse, and increase new interventions and networks to support seniors, middle-aged parent caregivers, and children.

Secondly, evident in the limitations, future research should also examine the intersection stresses of socioeconomic statuses, races, and gender that impact multiple population's support systems. As a result, with a more culturally sensitive approach, more effective interventions will positively influence relationship quality, and determine other factors that impact intergenerational support systems created to promote support exchange. Therefore, a longitudinal study incorporating multiple generations (G1, G2, G3) with varying intersecting factors like race, gender, and socioeconomic status should be conducted in order to assess the current economic crisis' impact on the formation of the household, affection, appraisal, and support exchange.

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**Appendix A***Everyday and Normative Needs*

1. Child/Parent's birthday

(Fill in) 00/00/0000

2. Where does your child/parent live?

(Fill in)

City, state

3. Student status= yes or no

(1 = *student* and 0 = *other*)

School=

Year=

4. Employment status: Choose one

Unemployment

Employed

Retirement (1= *retired or not working* and 0 = *working*)

5. Marital status: Choose one

(Pull down bar)

Single

Dating

Engaged

Married/partner (1 = *married* and 0 = *not married or widowed*)

6. Presence of young children=

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Yes or no (1 = *has children* and 0 = *does not have children*).

How many? =

Age= (per child)

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**Appendix B***Disability Scale*

1. Can your child prepare a meal? Yes or No
2. Can your child use the phone? Yes or No
3. Can your child do housework? Yes or No
4. Can your child take care of finance and correspondence? Yes or No
5. Can your child going on an outing? Yes or No
6. Can your child take medications and ability to stay safely at home? Yes or No

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**Appendix C***Crisis Scale-Child*

In the past 2 years...

1. Has your child been a victim of a crime? (such as sexual assault, physical attack, robbery, mugging, etc.) Yes or No
  
2. Has your child had a problem with alcohol or drug abuse? Yes or No
  
3. Has your child had psychiatric issues? Yes or No
  
4. Has your child been diagnosed with any serious health issue(s)? Or taken prescribed medication for any psychological / emotional problem? Yes or No
  
5. Has your child been in any man-made or natural disasters? Yes or No
  
6. Has your child been in an automobile crash? Yes or No
  
7. Has your child experienced sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury? Yes or No

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8. Has your child witnessed events include observing the serious injury or death of another person? Yes or No
  
9. Has your child experienced the sudden or unexpected death by a family member or a close friend? Yes or No
  
10. Has your child experienced financial issues? Yes or No

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**Appendix D**

1 (most important person in your life), 2 (among the 3 most important), 3 (among the 6 most important), 4 (among the 10 most important), 5 (among the 20 most important), and 6 (less important than that).

1. You really try to help your child. 1 2 3 4 5 6 7 8
  
2. You give the emotional help and support when your child needs it. 1 2 3 4 5 6 7 8
  
3. Your child can talk about his/her problems with you. 1 2 3 4 5 6 7 8
  
4. You are willing help your child make a decision. 1 2 3 4 5 6 7 8
  
5. You discuss daily events with your child. 1 2 3 4 5 6 8
  
6. Overall support of your child 1 2 3 4 5 6 7 8

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**Appendix E**

11. How much do you love and care for this child? 1 2 3 4 5 1 (*not at all*) to 5 (*a great deal*).

12. How much do you understand your child? 1 2 3 4 5

13. Compared to relationships with children, this person and this relationship is...

Rate: 1 (*most important person in your life*), 2 (*among the 3 most important*), 3 (*among the 6 most important*), 4 (*among the 10 most important*), 5 (*among the 20 most important*), and 6 (*less important than that*).



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**Table 1**

	<b>Overall Independence</b>	<b>Child Support Exchange</b>	<b>Parent Support Exchange</b>
<b>Overall Independence</b>	<b>XXX</b>	<b>-.230 *</b>	<b>-.357 **</b>
<b>Child Support Exchange</b>	<b>-.230 *</b>	<b>XXX</b>	<b>.319 **</b>
<b>Parent Support Exchange</b>	<b>-.357 **</b>	<b>.319 **</b>	<b>XXX</b>

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

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**Table 2**

	<b>Overall Independence</b>	<b>Child Affection</b>	<b>Parent Affection</b>
<b>Overall Independence</b>	<b>XXX</b>	<b>.174 *</b>	<b>-.284 **</b>
<b>Child Affection</b>	<b>.174 *</b>	<b>XXX</b>	<b>-.311 **</b>
<b>Parent Affection</b>	<b>-.284 **</b>	<b>-.311 **</b>	<b>XXX</b>

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

## INTERGENERATIONAL SUPPORT SYSTEMS

**Table 3**

	<b>Child Independence</b>	<b>Child Support Exchange</b>	<b>Child Affection</b>
<b>Child Independence</b>	<b>XXX</b>	<b>.163</b>	<b>.091</b>
<b>Child Support Exchange</b>	<b>.163</b>	<b>XXX</b>	<b>.807 **</b>
<b>Child Affection</b>	<b>.091</b>	<b>.807 **</b>	<b>XXX</b>

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

## INTERGENERATIONAL SUPPORT SYSTEMS

Table 4

	<b>Parent Independence</b>	<b>Parent Support Exchange</b>	<b>Parent Affection</b>
<b>Parent Independence</b>	<b>XXX</b>	<b>-.425 **</b>	<b>-.312 **</b>
<b>Parent Support Exchange</b>	<b>-.425 **</b>	<b>XXX</b>	<b>.770 **</b>
<b>Parent Affection</b>	<b>-.312 **</b>	<b>.770 **</b>	<b>XXX</b>

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

## INTERGENERATIONAL SUPPORT SYSTEMS

Table 5

	<b>Parent Disability</b>	<b>Parent Affection</b>	<b>Parent Support Exchange</b>
<b>Parent Disability</b>	<b>XXX</b>	<b>-.034</b>	<b>.056</b>
<b>Parent Affection</b>	<b>-.034</b>	<b>XXX</b>	<b>.770 **</b>
<b>Parent Support Exchange</b>	<b>.770 **</b>	<b>.056</b>	<b>XXX</b>

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).

## INTERGENERATIONAL SUPPORT SYSTEMS

**Table 6**

	<b>Parent Crisis</b>	<b>Parent Affection</b>	<b>Parent Support Exchange</b>
<b>Parent Crisis</b>	<b>XXX</b>	<b>-.334 **</b>	<b>.056</b>
<b>Parent Affection</b>	<b>.192</b>	<b>XXX</b>	<b>.770 **</b>
<b>Parent Support Exchange</b>	<b>-.311 **</b>	<b>.056</b>	<b>XXX</b>

\*. Correlation is significant at the 0.05 level (1-tailed).

\*\*. Correlation is significant at the 0.01 level (1-tailed).