Responsibility for Aging Parents:
Independence and obligation within filial relationships

By

Laura Megan Funk
B.A., University of British Columbia, 1997
M.A., University of Victoria, 2002

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ABSTRACT

Thoughts and feelings around commitments and responsibilities to ensure the well-being of others are an important aspect of the everyday experience of relationships, particularly family relationships, and are especially salient in caregiving situations. In this dissertation I focus on the interpretation of the meaning of filial responsibility, from a sociological perspective: that is, how discourses are enacted within adult children's descriptions and assessments of what they do and feel towards aging parents. Between 2005 and 2006, I interviewed a non-random sample of 28 men and women with one or both elderly parents living in or near Victoria, British Columbia. Interviews were loosely structured explorations of participants' feelings and thoughts about their personal sense of responsibility for their parent(s). I viewed the data not only as windows into individual experiences, but as interpretive accounts mediated by dominant socio-cultural discourses. Participants responded to the construct of responsibility for parents by contradicting themselves, repeatedly qualifying their responses, or rejecting or revising the concept. There was particular difficulty in talk about "feeling responsible." Participants' accounts are explained with reference to the interpretive construction of personal meaning, and to the broader symbolic meanings of responsibility: as externally imposed obligation, as involving control over others, and as burdensome and unwanted. In their own accounts, participants reacted to this meaning by redefining or rejecting the concept at the level of

their personal experiences. In doing so, they often prioritized individualistic ideals of personal choice and parental autonomy. Many also emphasized the role of love and affection in their relationships, although the extent to which this represents the manifestation of individualistic or familialistic discourses varies between individuals. Lastly, despite privileging individualism in their accounts of personal responsibility for parents, when asked to comment about "Canadian society," a cultural emphasis on individualism tended to be characterized negatively by participants and blamed for a decline in filial responsibility more broadly. Participants' accounts are explored for what they reflect about the symbolic meaning of filial responsibility in contemporary Canadian society, as well as for what they suggest about the process of its interpretation at the individual level.

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Lastly, I would like to acknowledge and appreciate all of my family and friends for their support and kindness over the years.

Dedication

This dissertation is dedicated in memoriam for Dave Kelley

Introduction

In this dissertation I examine how socially and culturally normative ideals about family and caregiving manifest within individual interpretations of a personal sense of responsibility for aging parents. Indeed, responsibility and caregiving are particularly intertwined. Thoughts and feelings around commitments and responsibilities to ensure the well-being of others (Cancian & Oliker 2000; Glenn 2000; Macrae 1998) are an important aspect of the everyday experience of relationships, especially salient in caregiving situations: being and feeling responsible is a core feature underlying caregiving, fundamental to the experience (Twigg & Atkin 1994), and a central motif in accounts of caring (Graham 1985). An image of oneself as responsible was important for caregivers interviewed by Wuest (1997); Aronson (1992b) documented how family carers negotiated the line "between acceptable and unacceptable degrees of responsibility that they felt prepared to take on" (p.12).

Family relationships are distinctively conducive to the development of obligations, commitments and responsibilities across the life course, including responsibilities for supporting the well-being of other family members (Finch & Mason 1993; George 1986; Holroyd 2001; Hong & Liu 2000). For instance, Bowers (1987) claims that for adult children, caregiving "is not a formal role that exists separately from the ongoing parent-child relationship" (cited in Sheehan & Donorfio 1999, p.162). Family ties are distinguished by the presence of role obligations related to the permanence and durability of kinship. Primary groups are believed to differ from non-kin groups in structure and function, with a unique emphasis on long-term commitment: "the

distinction between family and non family caregivers is not simply a matter of what they do; it is in their *beliefs* about what they *ought* to do" (Fischer et al 1990, p.134).

Filial ties between adult children and their parents in later life represent the particular site in which I examine family responsibility. In contemporary Canadian society, filial responsibility is topical. When adult children enter midlife, many employed full-time and with families of their own, they may start to notice or have already witnessed changes in their parents' health. These changes may motivate feelings and thoughts about responsibility for parents, and for some, an increase or change in the nature of support provided to parents. This is such a common occurrence that this stage in the life course has been described as marked by "filial anxiety" about parent care (Sherrell et al 2001). Just over 10% of middle age Canadians currently provide care to their own parents (Stobert & Cranswick 2004). Recognizing that the majority of health care for older adults has always come overwhelmingly from informal sources, and given the shift away from institutionalization in the 1980s (Cranswick 2003), it can be argued that the probability of providing care for an aging parent has and will continue to increase (Marks et al 2001). It is estimated that adults will soon be spending more time caring for aging parents than raising their own children (McDaniel 2005).

For many middle-aged adults, the experience of filial responsibility and the provision of support to parents occur in the context of parent-child relationships already characterized by ambivalence (Abel 1990), and requires shifts and redefinitions in filial roles (Lang 2004). Indeed,

> . . . the social dynamics of intergenerational relations among adults revolve around sociological and psychological *contradictions or dilemmas* and their management in day-to-day family life. (Pillemer & Luscher 2004b, p.6)

Feelings of responsibility and providing support for parents further occurs in the context of a stage in the life course of adult children that involves numerous other "pulls" (Lang 2004); by mid-life, many adult lives "have become increasingly intertwined and interdependent with the lives of others" (Markus et al 2001, p.349).

Perhaps in part due to these challenges, the subjective experience of filial support provision can have significant implications for the quality of life, well-being and health status of some adult children (Anderson et al 1995; Cochrane et al 1997; George & Gwyther 1986; Lee 1999; Navale-Waliser et al 2002; Shultz et al 1990; Wakabayashi & Donato 2006). For instance, beliefs about obligations to parents are associated with mental and physical burden, guilt, quality of care, and decisions about formal service use (Cicirelli 1993; Kao & Stuifbergen 1999; Pedlar & Biegel 1999; Smyth & Milidonis 1999).

Despite general consensus regarding the importance of the concept of "responsibility" in caregiving and filial relationships, both the experience and construction of filial responsibility remain to be more fully explored. Most studies on caregiving impose researchers' own implicit definitions of the concept: commonly, this is the enactment of task-oriented caregiving behaviour. This reflects the general tendency within caregiving research to focus on what Hooyman and Gonyea (1995) term the "objective" dimension (type, frequency, duration of caregiving activities) as opposed to the "subjective" dimension (cognitive and emotional aspects, such as a sense of obligation) of caregiving experience. Likewise, formal care providers tend to espouse family responsibility for instrumental support (Guberman et al, 2006) even while family caregivers focus on "providing emotional and affective support to their family member

and expect [formal care] providers to do some or all of the instrumental work" (p.51). When the subjective dimension of responsibility is considered in research and practice, however, the focus tends to be predictive, for instance exploring attitudes as quantitatively measured motivators of caregiving for aging parents. We have learned little about either the process or content of individual interpretations of family responsibility, yet these interpretations are an essential part of the subjective experience of caregiving and care receiving, whether or not they predict care behaviour.

We also know little about the particular ways in which broader discourses mediate interpretations of personal filial responsibility. While acknowledging that discourse is a term also used in a broader sense encompassing the ideological (i.e., referring to Foucault's interest in how some groupings of statements are formed, maintained and others excluded: Foucault, 1966), my interest is more narrowly on how discourses are taken up by individuals to justify and account for their feelings, thoughts and behaviours, thereby mediating interpretations: "in the process of thinking about the world, we categorize and interpret experience and events according to the structures available to us and in the process of interpreting, we lend these structures a solidity and a normality which is often difficult to question" (Mills, 2003: p.56). Discourse is multi-faceted; at times in this dissertation I employ related terms (e.g., "normative ideals"; "schema"; "frameworks"; "discursive understandings") that emphasize these various aspects of discourse.

For example, I conceptualize individualism as one type of discourse manifested in and mediating interpretations of filial responsibility, as described in further detail in the next chapter. Some have argued that in a historical-cultural context dominated by the

operation of individualistic discourses, there is not a clear, shared understanding of the concept of "responsibility to others," and that there are few culturally prescribed "rules" around responsibility and family caregiving in either North America or the United Kingdom (Bellah et al 1985; Finch & Mason 1991; Holroyd & Mackenzie 1995; Markus et al 2001). It has been suggested that individuals socialized within this context may find it difficult to articulate, or talk about, the concept of responsibility to others (Bellah et al 1985; Markus et al 2001). However, rather than negating the possibility of coherent personal interpretations and talk about responsibility, I view individualism as a discourse that mediates interpretations of filial responsibility, as described in further detail in later chapters.

Alongside a cultural discourse of individualism, however, political-economic conditions in contemporary Canada, particularly a movement away from a welfare state model, create increased need for family care work. Federal and provincial governments have come to rely on private responsibility and family support as strategies for reducing public expenditures on formal care services for the elderly (Chappell 1993; Fast & Keating 2000; McDaniel & Gee 1993). Alongside these structural changes, researchers have identified the ways in which government, as well as health care practitioners, promote ideals of family responsibility for elder care (Armstrong & Kits 2001; Gadson 2003; Guberman et al 2006; Lakra 2002; Ward-Griffin & Marshall 2003). Not only are there fewer formal services available, but there is some evidence of technical aspects of care work being transferred to families, in day to day interactions between nurses and family members; practitioners' roles increasingly involve "activating" family support (Ward-Griffin & Marshall 2003). These changes are often justified with reference to

family and filial responsibility as a moral imperative, accompanied by a view that formal services substitute for informal care, despite evidence to the contrary (Penning 2002; Penning & Keating 1999). Such developments point to the need to consider familialism as another discourse operating in North American policies and practices.

In the present research, I was inspired by the analytics of 'interpretive practice' – an extension and adaptation of an ethnomethodological approach (Gubrium & Holstein 2000) to examine the articulation of broader normative, discursive understandings in the process of interpreting a personal sense of filial responsibility. I focus on exploring the richness, nuances, and dynamics of the process of interpretation of responsibility, but this includes consideration of how cultural discourses manifest as interpretive schemas within individual descriptions of personal experience. Specific questions that guided my inquiry include:

- How do adult children construct their sense of responsibility for their parents and how do they talk about and make sense of what they do and feel towards parents?
- How do various normative ideals and discourses manifest within personal interpretations of responsibility to aging parents?

In this dissertation, I document the methods I used to explore these questions and present the key findings and analyses. In Chapter 1, I present an overview of existing literature on filial responsibility that is relevant to understanding its interpretation and construction. This includes research that conceptualizes filial responsibility as an individual attitude, as well as other, more limited work on the meanings and experience of filial and family responsibility, with a focus on the North American context. I then summarize what is known about the process of interpreting responsibility for other family members, including how these interpretations are embedded in the broader social and

cultural context. Finally, I describe three discourses relevant to caregiving for family members, discourses that may mediate interpretations of filial responsibility: individualism, familialism, and collectivism.

In Chapter 2, I focus on the research approach and process. This includes detailing the qualitative, interpretive approach employed in the research, its underlying assumptions and theoretical influences (ethnomethodology and interpretive practice). I situate myself in relation to my research, and detail my decisions throughout the process, including those regarding recruitment, sampling, ethical considerations, data collection, transcription, and analysis and interpretation. I guide the reader through my research journey from its initial formulations and modifications, through later adaptations to meet emerging research needs. At the end of that chapter, I describe the basic demographic characteristics of the sample as a whole.

In Chapter 3, I present key descriptive findings regarding three increasingly specific aspects of responsibility: first, the interpretation of responsibility most broadly is explored in participants' characterizations of themselves as responsible people; followed by an exploration of responsibility *to others* (both others generally and family members) in participant accounts of socialization experiences regarding filial responsibility. Lastly, I explore the interpretation of "responsibility for parents" in participant descriptions of the onset of awareness of thoughts and feelings about filial responsibility, and in the ways in which participants reacted to the concept of filial responsibility in the interview context.

In chapters 4 and 5, I explore interpretations of filial responsibility in greater depth, with an emphasis on how cultural discourses operate within participants'

justifications and interpretations of their experiences, feelings and actions. In Chapter 4, I address how participants prioritized the role of personal and parental autonomy within or in opposition to their filial responsibility. I suggest that some participants did not want to describe themselves as feeling responsible (or otherwise qualified the meaning of responsibility) for parent(s) because they interpreted the meaning of 'feeling responsible' as implying a lack of personal control and choice, or an imbalance of power that they did not perceive or desire. Exceptions to these general tendencies are also examined, including situations in which responsibility for parents was not interpreted as a choice, as well as situations in which encroaching upon a parent's autonomy or independence was seen as justifiable. I also explore how the ideal of autonomy served the interests of these participants in setting practical limits and coping with feelings of guilt.

In Chapter 5, I explore the manifestation of familialism in participants' accounts, in particular in emphases on affection and love for parent(s). Particular examples are also drawn from participant accounts of the role of "reciprocity" in the context of their relationships with parents. Also in Chapter 5, I analyze how the discourse of collectivism or social responsibility operates in various ways within participants' accounts of themselves and generalized 'others'. There, I highlight how participants tended to contrast themselves, as filially responsible, against "others" in Canadian society more generally, and to negatively characterize current generations as selfish and feeling "entitled" to services. This is contrasted against the accounts of a few selected participants who emphasized the similarities between paradigms of collective and family responsibility for the elderly.

Discussions of the findings presented in Chapters 3 through 5 are integrated within the body of these chapters. In Chapter 6, I present a general summary of the findings as well as their limitations, and recommend avenues for future research.

Chapter 1. The Interpretation of Filial Responsibility: relevant literature

In this chapter, I present an overview of literature that is relevant to understanding firstly how researchers interpret filial responsibility (i.e., conceptualization and operationalization in academic literature), and secondly, how those researched (adult children and caregivers) interpret the concept. This includes an overview of the dominant conceptualizations of filial responsibility in existing research (i.e., explicit and implicit conceptualizations most frequently identified in research I reviewed); as well as an overview of other, more limited work on the meanings and experience of filial and family responsibility, with a focus on North American society. Then, I review three discourses relevant to the interpretation of filial responsibility: individualism, familialism, and collectivism (or social responsibility).

The dominant conceptualization of filial responsibility in current research: attitudes predictive of behaviour

Terms such as "attitude" and "personal responsibility toward parents" were identified by Donorfio (1996) as commonly used by researchers in relation to the concept of filial responsibility. The dominant conceptualization, as evidenced in high prevalence of use in empirical research, views filial responsibility as an individual attitude or belief regarding what a person should or should not do for parents. Specifically, researchers tend to equate filial responsibility with an internalized sense of obligation on the part of adult children towards their parents, and as a motivation for care behaviours. This conceptualization is most obvious in research employing an intergenerational solidarity framework (Bengtson & Harootyan 1994), which views filial responsibility as an element of normative solidarity in families (Peek et al 1998). The focus is on external pressures

and non-discretionary aspects (e.g., normative pressures from others), often contrasted with discretionary, self-motivated and internal desires (e.g., affection) as distinct motivations for parent care (Caputo 2002; Cicirelli 1993; Lyonette & Yardley 2003). However, some researchers seek to explain attitudes of filial obligation by psychological factors such as "attentive love" (Allen & Walker 1992; Ruddick 1989) and "attachment" (Cicirelli 1993); or blend a variety of motivations into a broader (and perhaps vaguer) concept of "sense of filial responsibility" that involves *both* a sense of externally-imposed duty and affection, as well as factors such as pragmatic considerations, perceived needs and family orientation (Blieszner & Hamon 1992; Dupuis & Norris 2001; Finley et al 1988; Holroyd 2001). McGrew (1998), for instance, revealed how caregiving daughters responded to parent dependency with an "impulse to care" (p.49) that often precluded a conscious decision and was motivated by need, compulsion, socialization, and moral ideas: from this perspective, having to and wanting to are inextricably intertwined, and a sense of responsibility involves a complex combination of motivations to care for elderly parents, including external and internal, obligatory and discretionary forces (Donorfio 1996). However, while the extent to which filial responsibility as an attitude is reflective of obligation or is more complex has been questioned, the dominant conceptualization still focuses on its role as a non-discretionary predictor or motivator of care behaviour.

Interestingly, the conceptualization of filial responsibility as predictive of the initiation of caregiving behaviour persists in empirical research, despite the fact that whether individuals hold pre-existing attitudes or expectations about filial responsibility or not has been debated. Finch and Mason (1993) concluded "people do not carry around with them stable sets of values and meanings about obligations to kin, but construct them

when they have to out of various materials available" (p.345). Another study found that while participants had "a vague mental awareness" of filial responsibility, personal meanings of this responsibility were created only after a "triggering event" occurred (Donorfio 1996, p.173). Next, I present a brief overview of selected findings from research that operationalizes filial responsibility as an attitude. Specifically, I address findings regarding the actions adult children encompass within their personal attitudes about responsibility for parents, variations in filial responsibility attitudes by gender and income status, and whether these attitudes predict supportive behaviour towards parents.

Whereas researchers most often equate filial responsibility with attitudes towards instrumental task provision, Piercy's (1998) participants expressed responsibility for both the instrumental and affective/emotional needs of parents, including: ensuring a safe and comfortable physical environment; being sensitive to and respecting the needs and desires of parents and preserving their autonomy, and including parents in one's own lives. Stein and colleagues (1998) suggest filial responsibility extends beyond expectations about assistance to include maintaining contact; participating in family rituals; avoiding conflict; personal sharing; and being self-sufficient. Filial responsibility, then, encompasses attitudes regarding both instrumental and emotional care/support; in addition, it can extend to beliefs about responsibility for protecting the relationship and maintaining a parent's sense of self (Caron & Bowers 2003); Cicirelli (1992) suggests these relational-oriented activities are more important for caregivers than task-oriented activities. In addition, research also indicates adult children also feel responsible for managing their own feelings toward their paren as a care recipient (Macrae 1998). Adult children also continue to feel responsible after a parent is institutionalized, although they

perceive a shift to a more indirect role (e.g. of overseer of care and advocate) as opposed to fulfilling specific tasks and providing physical care; many also view their role as providing personal comforts and being a link to the community (Keefe & Fancey 2000).

In some studies, women report stronger attitudes of personal responsibility than men (Cicirelli 1993; Stein et al 1998). It has been argued that filial responsibility is a particularly feminine personality characteristic embedded through gendered socialization experiences (Brewer 2001), that explains women's greater awareness of responsibility for others' well-being. Yet in a variety of other research, women do not express higher levels of filial responsibility (Blieszner & Hamon 1992; Calasanti & Slevin 2001; Finch & Mason 1993; Franks et al 2003; Ganong et al 1998; Hooyman & Gonyea 1995; Montgomery 1992; Rossi & Rossi 1990; Wolfson et al 1993), despite the pervasiveness of the assumption that women are more responsible to parents (which stems more from what women actually do in their relationships rather than the attitudes they express).

In regards to socio-economic status, some research indicates those with more resources and/or education may express attitudes more strongly in support of filial responsibility because they may be more able to accommodate care (Zhan 2004); or because in the U.S., educational attainment often represents strong past parental investment (Rossi & Rossi 1990). Others found no social class or educational differences in attitudes of filial responsibility (Dellmann-Jenkins & Brittain 2003; Finch & Mason 1993).

Research on the association of filial responsibility attitudes with socio-economic status or gender tends to be muddled by the tendency to make assumptions about filial responsibility attitudes from levels of caregiving behaviour, and vice versa. An important

distinction highlighted by Donorfio (1996) and Blieszner and Hamon (1992) is between filial responsibility attitudes and filial enactment – they define the latter as the time and tasks of caring; that is, the enactment of filial responsibility. Indeed, much of the literature on responsibility equates the term with the caregiving tasks and behaviours of individuals (Donorfio 1996), such as initiating the provision of support, the extent and type of their involvement, and bringing in or avoiding formal services. Indeed, conceptualizing the familial in terms of "concrete behavioural aspects of care and responsibility" may ultimately represent the interest of governments (Bould 1993). Yet confusion arises when the term filial responsibility is used to refer to behaviour or the enactment of responsibility, because this reflects the assumption that caregiving behaviour reflects attitudes of responsibility, when in fact a sense of responsibility is only one of a wide range of influences on caregiving behaviour (Donorfio 1996).

In fact, while there is a tendency to view attitudes of filial responsibility as a psychological motivator for caring behaviour, they do not necessarily predict that behaviour: rather, structural factors such as personal and family resources, gender, co-residence and household structure, the availability of siblings, and geographic proximity may be of greater or at least equal importance (Burr & Mutchler 1999; Holroyd 2003; Keefe & Fancey 2000; Lockery 1991; Mangum et al 1994; Montgomery 1999; Peek et al 2000; Wolfson et al 1993; Zhan & Montgomery 2003). Aronson (1992b) highlights the intersection of both an absence of alternatives for care (linked broadly to the gendered division of labour) as well as normative expectations (linked to broader ideologies) that fuel women's sense of obligation and decision to provide care. Such findings challenge what Finch (1989) calls a "tendency to assume that evidence of help being given by one

relative to another constitutes evidence of family or even individual duty" (p.11) and that it reflects choices based on beliefs or values.

In sum, current research predominantly conceptualizes filial responsibility as static attitudes about care obligation. In the next section, I review research emanating from an interpretive paradigm, which focuses on how individuals construct the meaning of filial responsibility. This paradigm addresses a key limitation of attitudinal research, which is its reliance on researcher-determined instrumental notions of responsibility. The interpretive paradigm provides a way to learn about how individuals negotiate and construct meaning about filial responsibility and the factors that influence this process. The next section begins with a review of relevant theoretical literature and continues with a summary of findings about the process of meaning construction around filial responsibility.

An alternative approach to the study of filial responsibility: interpretive process

An alternative approach to the conceptualization and study of filial responsibility stems from the interpretive tradition, which directs attention to the social production and symbolic aspects of family commitments; to the social norms of filial responsibility that become evident when they are transgressed; and to how order is constituted through individual practices of describing and accounting for filial responsibility. In interpreting the meaning of personal filial responsibility through talk, individuals invoke social and cultural ideals (components of discourse) to justify feelings and actions to oneself and others. Thus, interpretation may not only precede and influence decisions/behaviours, but may be the result of our attempts to explain and justify our actions and experiences in a

coherent way, after the action has taken place: indeed, this is the one of the key premises of ethnomethodology, as described by Attewell (1974) and Gubrium and Holstein (1997).

Ethnomethodology is one particular qualitative approach to documenting how social reality is constructed or accomplished, rather than merely experienced (Gubrium and Holstein 2000; Gubrium and Holstein 1997). The approach has roots in social phenomenology (Gubrium and Holstein, 2000; Gubrium and Holstein 1997), although is not a mere extension of it. Ethnomethologists study "how people in everyday settings reason and formulate their actions"; and in doing so seek to uncover the "taken-for-granted'' rules influencing our lives (Dowling, 2007: p.827).

In part due to concern with a lack of attention to social structural contexts within ethnomethodology, newer extensions and adaptations of the approach incorporate principles of Foucauldian discourse analysis to re-direct attention to "the broad cultural and institutional contexts of meaning-making and social order" (Gubrium & Holstein 2000: p.488); this analytics of "interpretive practice" focuses on "the constellation of procedures, conditions, and resources through which reality is apprehended, understood, organized, and conveyed in everyday life" (Gubrium & Holstein 2000: p.488). This is similar to the phenomenological interest in stocks of knowledge (Schutz 1967) as resources used "to meaningfully frame who we are, to typify our intentions and motivations, to derive intersubjective understandings, and to coordinate interaction" (Gubrium & Holstein 2000: p.86), although the Foucauldian concept of discourse is more nuanced and highlights consideration of how particular stocks of knowledge are produced and maintained as ideological systems of power (Mills 2003). Broadly defined, Holsteinand Gubrium (1994) refer to "interpretive resources" as "recognizable categories,

familiar vocabularies, organizational missions, professional orientations, group cultures, and other existing frameworks for assigning meaning" (p.266); in this dissertation, I expand this to include collective representations: culturally promoted and "publicly recognized structures, categories or images" (Holstein and Gubrium, 1994: p.267) that mediate experience. That is, Holstein and Gubrium focus more on the local contexts of meaning, and the embeddedness of meaning structures within diverse local conditions, as opposed to considerations of broader collective representations or frameworks. As an example of the latter, Pyke (2000) illustrated how Korean and Vietnamese immigrants articulated the idealized typification of "the normal American family" as an interpretive framework for assessing their own filial responsibility and family dynamics.

In the remainder of this review, I focus first on literature dealing with the more ethnomethodological and interpretive concern with the construction and production of filial and family responsibility, before turning to a discussion of particular discourses that may manifest within these constructions.

The interpretation of filial responsibility: relevant literature

Interpretation is fundamentally social: it is about the assessment and justification of one's feelings and actions not only to oneself but also to generalized and particular others; this explains individuals' tendency to invoke particular dominant and accepted normative frameworks. When we consider filial responsibility as it is constructed in talk, various normative concepts, ideals and individual experiences manifest as standards – that is, as criteria or references for comparison against, used to assess ourselves and others (Gubrium 1988). How are assessments of our own and others' filial responsibility

constructed and negotiated through a process of interpretation? Where is there flexibility? How are broader norms and discourses employed as interpretive schemas in accounting for responsibility? Much of the existing research is not focused on the interpretive process per se; in fact, few studies exist on the interpretive process of filial responsibility, with perhaps the exception of Gubrium (1988) and Pyke (2000). Therefore, selected information has been highlighted, or inferences have been made about the interpretive process, from a variety of qualitative studies on caregiving, particularly those regarding the subjective experience of parent care. In particular, research that considers how responsibility is evaluated and assessed highlights the interpretive process, as well as the various norms and other interpretive resources are employed in individuals' assessments and interpretations of themselves and others. Information on the assessment of others' responsibility is relevant to the study of individual interpretive processes; from a symbolic interactionist perspective, for instance, our awareness of how others are evaluated informs our own sense of whether our own actions will be accepted by others.

Research has identified a variety of standards of comparison[1] in assessing the responsibility of family members. In fact, family members "could be defined as responsible against one standard of comparison and irresponsible against another" (Gubrium 1988, p.199). For instance, responsibility is often assessed relative to the experience of others in one's peer group; relative to perceived or internalized expectations; to past experiences and histories; and to cultural or social ideals (Ayres 2000; Gubrium 1988; Wuest 1998; Yamamoto & Wallhagen 1998).

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[1] Referring here and elsewhere to criteria or references against which individuals compare and assess their own and others' filial responsibility and support for parents

Further, criteria for evaluation (of self and others' responsibility) are often applied differently in different cases and to different issues (Finch & Mason 1993; Gubrium 1988). For instance, the nature of the task and time commitment involved and how it affects the caregiver's ability to meet other demands (Finch & Mason 1993; Wuest 1998) may be important considerations. In this regard, Wuest (1998) emphasizes contextual or structural sources of variation in interpretation: "because demands are continually changing and new ones are being added and removed, women's judgment of legitimacy is fluid. What may be judged legitimate today may not be judged so tomorrow" (p.45). Contextual factors that affect a caregiver's ability to respond include competing commitments to other family members as well as the availability (and perhaps affordability) of other options, including formal services (Finch & Mason 1993; Gubrium 1988; Wuest 1998; Yamamoto & Wallhagen 1998).

In assessments of the family responsibility of others, not only contextual factors, but characteristics of the caregiver and the care recipient may be invoked as justifications. The 'incompetent caregiver' was identified as a relevant consideration employed in assessments of family responsibility by Globerman (1995), who describes how some adult children, described as generally incompetent (e.g., 'spoiled,' 'a problem child,' the 'intellectual,' or 'flaky.'), are excused from family responsibilities. Other researchers (Finch & Mason 1993; Wuest 1995; 1997; Yamamoto & Wallhagen 1998) have identified additional descriptions of caregivers unable to provide quality care and therefore excused – incompetence, unemployment or low resources, lack of expertise/experience, ill-health or physical incapacity, abuse experienced by a parent, or geographical distance. Many of these characteristics, as noted above, are contextual

considerations. A family member is not likely to be excused, however, if they have a reputation as someone who usually avoids responsibilities (Finch & Mason 1993).

Other ideas that operate in assessments of responsibility include labels and descriptions of the care receiver: whether he or she is deserving, their level of dependency, and the legitimacy of their need and appropriateness of the demand (Finch & Mason 1993; Wuest 1998). Lastly, descriptions of family or relationship may be invoked as considerations, including feelings of attachment and closeness, perceived reciprocity or mutuality, feelings of debt, a parents' own attempts to set limits; and sense of personal authority in the family (Wuest 1998; Yamamoto & Wallhagen 1998).

Like assessments of others, interpretations of personal filial responsibility are also highly variable, and relative not only to particular situational considerations, but also to the normative ideas and standards of comparison (and by extension, then, to the social and cultural context). Various concepts can serve as criteria for interpretations of one's own filial responsibility (Aronson 1998); these tend to appeal to or otherwise reflect prevailing (and often gendered) cultural or social norms. Further, whether one can justify tolerance limits to oneself as well as others is key, and ideas of desperation (Yamamoto & Wallhagen 1998) and personal threshold (McGrew 1998) may factor into our personal interpretations of filial responsibility.

There is interpretive flexibility not only in the particular considerations used to assess filial responsibility, but also how these considerations are applied. For instance, individuals reinterpret the moral ideal of filial responsibility in response to structural constraints to achieving the ideal: in China, one trend is for individuals to reinterpret filial piety as traditionally expressed in multi-generational co-residence, as sufficiently met in

situations involving only marriage in the parents' household followed by a short stay (Wang 2004). Similarly, Sorensen and Kim (2004) describe declining support for total obedience to parents as part of filial piety, as well as the increasing authority of daughter-in-laws. And as daughters become more involved in parent caregiving in Asia (Whyte 2004), co-residence with a daughter "has become an acceptable arrangement" for many (Zhan & Montgomery 2003, p.223). Lastly, in a study of Taiwanese and Hong Kong immigrant families in the U.S., the conceptualization of home care workers as "fictive kin" enabled adult children to "maintain, yet change, the cultural ideal of filial care" in an American context (Lan 2002, p.812). In this context, it is notable that "even a highly idealized and hegemonic value such as filial piety allows some flexibility in its standards of performance" (Sorensen & Kim 2004, p.159).

Changes can occur, then, to cultural understandings of filial responsibility, and these adaptations can also represent agentic responses to structural constraints to care provision. Finley and colleagues (1988) also describe how individuals lower their expectations and revise their own personal ideals to fit what is perceived as possible; this reduces dissonance that would otherwise foster guilt and inadequacy (Groger & Mayberry 2001). Redefining responsibility can also help family caregivers set limits: Piercy (1998) suggests that caregivers invoked a broadened conceptualization of family responsibility in which responsibility for elderly family members is balanced against the needs of other family members. Additionally, older parents themselves may lower their expectations, in effect redefining responsibility. Donorfio (1996) concludes: "the middle and old aged cohort … acknowledge that anticipations in terms of care depend upon situational variables and the circumstances of the child" (p.40). Research suggests parents

may also be more realistic in their expectations, particularly if they have experienced the demands of caregiving first-hand (Blust & Scheidt 1988). Older groups were observed by Groger and Mayberry (2001) to temper filial obligation ideals with what they knew of the realities of caregiving demands, recognizing the constraints and limitations of their childrens' situations. Similar findings were reported by Peek and colleagues (1998).

In some cases, individuals reject dominant social norms. Gubrium (1988) identified several standards of comparison operating within interpretations of family members' responsibility, including the ideal exemplar of the devoted spouse. However, in one caregiver support group, "the wifely martyr was transformed into a negative standard" and challenged as a standard of comparison (p.200). Similarly, Braudy-Harris and Orpett-Long (1999), in interviews with Japanese and American caregiving men, found that some cultural norms around caregiving were accepted by participants, such as "in terms of how and why they provided care," but others, such as "the designation of caregiving as a female activity" (p.263) were rejected. Additionally, Pyke (2000), describe how Asian immigrants used the "Normal American family" ideal to evaluate their own families. Specifically, they employed this ideal to criticize the strictness and emotional distance of Korean/Vietnamese parents; however, when considering filial care, the American family became a negative point of comparison that served to evaluate their own families in positive terms (Pyke 2000). Similarly, Spitzer and colleagues (2003) noted how the idea of caregiving is used to maintain and strengthen the boundaries of ethnic communities.

In sum, the interpretive processes associated with filial responsibility involve evaluations and assessments of oneself and others that vary according to the standards of

comparison, situational considerations of caregivers and care receivers and the family or relationship context. Standards of filial responsibility are not automatically applied, but considered in specific situations in an interpretive process. This may even result in re-interpretations, revisions, or rejection of the ideals themselves.

However, this more micro-level interpretive process occurs in cultural, discursive contexts that mediate (but do not determine) interpretations: in the remainder of this chapter, three discourses influencing the interpretive possibilities around filial responsibility are reviewed: individualism, familialism, and collectivism. I am not claiming that each discourse consists of an entirely consistent set of ideals, nor that they are mutually exclusive; in places they contradict or challenge each other, and in others they complement each other, depending on the particular way in which they are employed in policy and practice, as well as at the individual level. However, some of the main ideals and assumptions these discourses represent will be described, as they may influence individual interpretations of filial responsibility. Their ability to do so attests to the power of socialization throughout the life course. Cultural norms are modelled and communicated to us through ongoing experiences with social groups: within peer groups, within families, and a broad range of societal institutions. The norms that are successfully internalized are often closely tied to our sense of identity and thus have a particularly strong influence on our interpretations, attitudes and behaviours. It is in this way that socially normative ideas about family and responsibility eventually become available for use as an interpretive resource, and expressed within individual articulations and interpretations of their personal sense of filial responsibility. What an

ethnomethodological perspective directs attention to in this process is how individuals employ cultural norms and ideas to make sense of their caregiving and filial relationships.

Importantly, one's social position, as a particular kind of "local context" of culture, can influence interpretations. Finch and Mason (1993) found that women and those in parent-child relationships were least likely to have excuses (not to fulfill family commitments) accepted by other family members; they are perhaps more restricted in their range of available excuses; and/or make these excuses under different conditions. Further, Bellah and colleagues (1985) found that socio-economic status affects individual perceptions of responsibility to others – in particular, their more affluent American participants with higher education tended to enact a "therapeutic" language of expressive individualism to interpret commitments in terms of personal choice and interpersonal agreement. In other research (Markus et al 2001), college-educated participants tended to emphasize "self-focused" ways of being responsible, such as "Taking Initiative" and "Taking Care of Myself," that positioned the self as separate from others. In contrast, high-school educated participants emphasized "socially-situated" ways of being responsible to others, such as "Being Dependable to Others" and "Adjusting to Circumstances" that suggested "an understanding of responsibility that is more responsive "to the needs or requirements of others and to the contingencies of the situation" (p.354).

More broadly, individualism, familialism and collectivism will be discussed in this chapter as broader cultural influences (historical and institutionally available discourses) mediating interpretive possibilities for constructing meaning at the individual level (Holstein & Gubrium 2000). For instance, the cultural context in Asia arguably

influences norms of social exchange in families and the symbolic meanings of care in this context (Hong & Liu 2000). Filial piety, a culturally specific kind of commitment, (Braudy Harris & Orpett Long 1999), has particular dominance within the cultural context of family support in Asia (Sung 2001), a context that emphasizes collectivism and interdependency. This is a point that appears to be taken for granted with respect to Asian cultures, yet the influence of Western culture on the personal interpretations of filial responsibility in this context tends to be less scrutinized. In one study of Laotian and American youth, American youth tended to express views such as: "it is not an obligation. It's something I want to do" (Aday & Kano 1997, p.162): the authors conclude that there is little evidence of a cultural influence on filial obligation among these participants, yet the nature of such statements are not explored for what they may indicate about American cultural ideals.

Individualism, family relationships, and care

> Individualism can be characterized concisely by its assumption that the individual human being is the basic constituent of society. Each individual is seen as a discrete entity, with sharp boundaries between self and non-self. As a consequence, the individual is said to be free from the will of others and free to refrain from any involuntary relationship (Jansz, 1991: 1).

Individualistic cultural ideals include an ideal of individual autonomy that prioritizes self-rule and behaviours that are perceived to be self-initiated; this is reflected within a tendency to dissociate ourselves from the elements generating our actions (Agich 1990). The roots of an ethos of individualism and autonomy of the self have been traced in North America[2] by Bellah, Madsen, Sullivan, Swidler and Tipton (1985), who connect it

[2] It is possible that Canada is less individualistic in orientation than the United States. Clark (1999) maintains that unique historical and cultural experiences between the U.S. and Canada, have resulted in a stronger collectivistic ethos in this country (as embodied in, for instance, the universal health care system) and an emphasis on individual responsibility in the U.S., differentiating the two countries. However, he does note that the collectivist emphasis may be shifting in Canada (Clark 1999), and indeed, the erosion of

to particular historical, social and economic conditions. Jansz (1991) also emphasizes changes in economic, political social, and philosophical systems, such as industrialization, urbanization, compulsory schooling, Protestantism, and utilitarianism that structured life in a way fostered the salience of the individual. More contemporary influences that stem from and further reinforce individualism include political and economic trends towards neoliberalism, and the particular forms of power in a context of "responsibilization" (Burchell 1996; Rose 1996). Rose (1996), most notably, describes how neoliberal governance (in the sense of social control) occurs increasingly through the devolution of responsibility and monitoring "through the regulated choices of individual citizens, now construed as subjects of choices and aspirations to self-actualization and fulfilment" (p.46); the goals of authorities are translated (for instance, through self-care) into what is perceived to be 'voluntary' individual responsibility.

Individualism also manifests in practices and policies within health care. Empowerment, "the ability to control the factors that determine one's life" (Robertson & Minkler 1994, p.300), has been increasingly emphasized in policy and practice. In the movement towards increased resident involvement in care planning and decision making in care facilities (Happ et al 1996; Kane 1991), health care patient participation in self-care and decision-making (Brearley 1990), and the involvement of home care clients through direct payment schemes (Keigher 1999), individual autonomy and control is prioritized. Empowerment is valued not only for promoting physical and mental health, but also for enhancing the quality of care, representing an essential element of the civil right to autonomy, and addressing power inequities (Ashworth et al 1992; Asmundson &

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the welfare state in this country has arguably been accompanied by a strong emphasis on the individual, for instance, the ethos of individual responsibility.

Jones 1996; Ball et al 2000; Langer & Rodin 1976; Minkler 1983; Morris 1997; Tulloch 1995; van Maris et al 1996; White & Janson 1986). Related developments in practice and policy include the resident rights movement, individualized nursing care philosophies, the self-care movement, nurse-patient negotiation, and movements to incorporate consumer interests and individual responsibility into health care provision (Avis 1994; Biley 1992; Brearley 1990; Dean 1992; Happ et al 1996; Trnobranski 1994). Minkler (1999) describes personal responsibility for health, personal control and self-help as a dominant cultural preference, particularly in the United States but also in Canada, and echoed in health promotion which focuses on individual behaviour change. Individual responsibility for health is viewed as a personal virtue and ethical obligation, and tied to accountability. It is linked to the belief that we make independent, voluntary and rational choices and have personal control; however, it is also motivated by economic concerns of governments seeking to off-load service provision (Anderson 1996).

At the personal level, individualism manifests itself through socialization and within social practices, and is embedded within taken-for granted personal understandings of "the self" as autonomous, self-sufficient, and distinct from others and from the broader context (Jansz, 1991). This is often described in contrast against Asian understandings of the self, which are argued to be influenced by collectivism to a greater extent; collectivist cultures emphasize the social embeddedness of individuals within groups, obligations to others, and co-operation (Jansz, 1991). For instance, Japanese society accepts a degree of dependence on the part of the elderly as normative (Traphagan, 2000). In this chapter, this kind of collectivism is conceptualized and

discussed as it relates both to ideas about the family as a particular kind of group (which I term familialism) and as well as society more broadly (which I term collectivism).

How does individualism manifest itself in family relationships? The literature is equivocal. Contemporary North American cultural individualism, intertwined with social, economic and demographic changes that create increased structural opportunity for individual choice, has been suggested as contributing to the "individualization" of family relationships. For instance, North American culture is, by contrast to traditional Asian societies, more focused on links between immediate family members and "intimacy at a distance" (Cantor & Brennan 2000), although the extent to which this is attributable to normative, as opposed to structural influences, is uncertain. Beck and Beck-Gernsheim (2001) suggest that North American family commitments are increasingly voluntary and involving a greater degree of choice and interpersonal agreement than in the past, and tend to be interpreted this way by individuals. That is, individuals conceptualize family responsibilities with abstract notions of individual rights, viewing them as contractually based and voluntary (Beck and Beck-Gernsheim 2001, Markus et al. 2001; Silver 1998; Smith 1993).

Several authors have suggested that family care work performed by individuals socialized into individualistic norms tends to be based more on affection and closeness than social norms or necessity, although this assertion lacks strong empirical support (Blust & Scheidt 1988; Donorfio 1996; Lee & Sung 1997; Pyke 1999; Silver 1998). In fact, the extent to which family relationships have actually become individualized in this way, and related concerns around the long-term stability of support provided in these relationships (Beck & Beck-Gernsheim 2001; Nydegger 1983), has been challenged.

Smart and Shipman's (2004) research, for instance, indicates that individuals do not see care within families and kinship as contingent on one another (although much of this literature focuses on marital partnerships rather than filial roles). Beck and Beck-Gernsheim themselves maintain that individualization promotes a false stereotype of an autonomous, self-sufficient individual not tied or obligated to others (2001).

While the influence of individualism on the actual individualization of family relationships is uncertain, the language and rhetoric of individualism, which privileges independence between family members, is an important component of socialization in Western societies, with a potentially salient influence on individual constructions of family responsibility. For instance, in one study by Kemp and Denton (2003) attitudes favouring "personal responsibility for later life" (p.732) predominated, reflecting a neo-liberal social climate and government emphasis on the language of personal responsibility, choice and control in later life. Surprisingly, most of the 51 respondents "rejected the notion that family members should provide housing, financial support or personal care" (Kemp & Denton 2003, p.737). Further, several authors suggest that moral imperatives favouring dependence and obligation have little impact within contemporary family relationships in a Western context (Beck & Beck-Gernsheim 2001; Bellah et al 1985; Rose 1996; Smith 1993).

It is also possible that individuals socialized into cultural norms of individualism might tend to interpret responsibility to others as more negative and burdensome than within collectivist cultures, because it is constraining to self (and because it is less expected); again, this remains to be conclusively confirmed with empirical research. It is this idea, however, that is sometimes used to explain cultural differences in caregiving

stress and burden (Selig et al., 1992). Some research with Western samples suggests that a strong sense of obligation, for instance, is associated with a negative experience of caregiving, or carer stress and burden (Cicirelli, 1993; Lyonette and Yardley, 2003). In contrast, low perceived burden among Korean caregivers was associated with attitudes of high filial responsibility (Lee and Sung, 1998). Further, Ho and colleagues (2003) and Spitzer and colleagues (2003) both found that for female Chinese immigrants, fulfilling one's responsibility, and the sense of the cultural importance of their caregiving role, produced positive feelings that helped caregivers cope and mediated the effects of stress. Ho and colleagues (2003) noted that viewing care as a normative experience facilitates anticipation and acceptance of the role. However, the literature is not conclusive: while Choi (1993) found that congruence with traditional familialistic norms predicted some dimensions of caregiver burden, findings from Knight and colleagues (2003) challenged the idea that adherence to familialistic norms has any association with burden outcomes in a consistent way across ethnic groups.

Another example of how cultural differences may affect interpretations of caregiving experiences stems from research reported by Silver (1998). When Silver set out to interpret the higher mean scores of American (in contrast to Japanese) in national surveys regarding the item: "children should look after their disabled parents even if it means making sacrifices," she discovered that:

> . . . *sacrifice* had a different meaning for Japanese and American respondents. The Japanese, whose sense of self is formulated in relation to the group, are so attuned to the needs of others that they are not likely to experience 'sacrifice' the way Westerners do. Americans, who are highly attuned to individual rights and needs, experience themselves as making sacrifices for the group in a variety of circumstances. If a Japanese person is asked to make a sacrifice on behalf of an elderly parent, the magnitude of the sacrifice may be understood as considerably greater than in the United States. (Silver, 1998: p.394).

Individualistic ideals may also be reflected in attitudes about formal services: Silverstein and Parrott (2001) suggest an American ambivalence with regard to government intervention in the private sphere of the family reflects individualistic discourse. Notably, however, results from in their research with 1559 Americans *also* indicated "that some types of government penetration into family life are viewed as desirable if the intervention bolsters the family's capacity to provide care for its chronically ill and disabled members" (p.370).

Norms described as individualistic, such as empowerment, also prescribe an ideal way of providing care to elderly family members. In the context of North American individualism, "responsibility to others may also be viewed as harmful *to its recipients,* construed as fostering their dependence and hampering their independence" (Markus et al 2001, p.352). In research by Braudy Harris and Orpett Long (1999), American sons, in comparison with Japanese, placed greater importance on maximizing parental independence. Caron and Bowers (2003), in interviews with 16 caregivers, noticed that "backing off" or relinquishing certain aspects of care (e.g. not nagging) for instance, protects the care recipients' sense of self and maintains reciprocity in the relationship. Brody (1990) and Seltzer (1990) both challenge the concept of "role reversal" between aging parents and their adult children (and "parenting the parent") as superficial clichés damaging for a parents' sense of autonomy and control as well as for adult children's feelings of guilt. Cicirelli (1992) talks about "autonomy-related" and "paternalistic" caregiving practices, and sees a tension between autonomy and paternalism evidenced in conflicts between adult children exerting control over their parents' health and health behaviours. A cultural emphasis on independence and autonomy may also underlie a

phenomenon where aging parents express a desire not to be a "burden" on their children (Calasanti & Slevin 2001; Fry 1996; Hooyman & Gonyea 1995). For instance, a tendency for parents to have low expectations for care from their children may protect their self-esteem by living up to the ideal of autonomy (Aronson 1990). Indeed, Anglo-Saxon nursing home residents studied by Clarke (2001) who refused help from families and friends cited their pride in being self-reliant as the main reason for their refusals.

Lastly, the North American cultural context and its particular conception of the self as individualistically bounded identity (i.e., that signifies a person's separateness from others) has also been linked to the tendency for family members to interpret Alzheimer's disease as involving a loss of self (Smith 2003). In this context, caregivers struggle to preserve the erosion of the identity of family members with Alzheimer's Disease, equating this unique identity with their personhood (Blum 1991; Fontana & Smith 1989; Orona 1990).

The concept of 'responsibilization' has been proposed to describe how cultural and structural changes, while emphasizing independence and individualization, represent a new form of social control, involving ideas of self governance and self regulation: that is, we are still expected to individually choose the 'responsible' course of action (Rose 1996; 2000). In the next section, I address the discourse of familialism, which posits responsibility for family members as a moral imperative. Familialistic social norms, embedded and internalized as interpretive frameworks through processes of socialization in cultural contexts, also mediate individual interpretations of their responsibility to aging parents.

Familialism and filial responsibility as a moral imperative

Filial responsibility as moral imperative is situated within the broader discourse of familialism and related to the notion of reciprocity. Familialism as a discourse includes a particular set of social norms and values that prioritize family and family responsibility, the negative impact of familialistic norms and practices have been discussed in feminist writings on family care work. As a discourse familialism is closely related to collectivism, which emphasizes the importance of social groups and collectivities more generally, and which will be discussed in the next section. Familialism includes norms about how one should care for family members, and "that families should be private, emotionally close units free from outside intrusion" (Killian & Ganong 2002, p.1081). Familialistic ideals privilege the idea that the nuclear family is the rightful centre of individuals' "emotional attachment and social commitment" (Silver 1998, p.389). Hooyman and Gonyea (1995) refer to familialism as the "family ethic" (p.111), and are critical of the prescriptive assumptions made about the role of women as it pertains to caregiving. Aronson (1992b) describes how personal beliefs about appropriate behaviours are influenced by the pull of familialism, making care feel obligatory. Among the caregiving daughters she spoke with, both material and ideological constraints (normative expectations of women's role in family care work) contributed to viewing their sense of obligation as a necessity, rather than a choice. These women, who were socialized to put other's needs first, resisted complaining as they struggled with feelings of guilt resulting from the internalization of familialistic ideology.

The common assumption is that norms of familialism and filial responsibility are stronger in non-Western societies with a greater sense of familial interdependence than in

North America. While some research supports this assumption (Lee & Sung 1997; Silver 1998; Youn et al 1999), there is also evidence suggesting that familialistic norms remain important in North America. In fact, norms of familialism and filial responsibility are arguably implicit within many current Canadian social and health care policies and practices, and are promoted and enforced in Canada (Armstrong & Kits 2001). When the World Health Organization compared existing laws within Canada[3], the United States and Sweden (Lakra 2002), they noted that Ontario and some American states have chosen to maintain, rather than repeal, their filial responsibility laws (in contrast with Sweden, which has repealed their law): "the retention reflects the belief that care is primarily a family responsibility" (Lakra 2002, p.32).

Wolfson and colleagues (1993) suggest that few Canadians have knowledge of filial responsibility laws, for instance because governments neither publicize nor enforce them. Yet while Canadian filial responsibility laws are rarely used or applied in practice, Lakra (2002) predicts their increasing use in the future. Further, an emphasis on family caregiving as a private family or personal issue for women in particular has been identified in American newspapers and government discourse (Gadson 2003); an expectation of a moral obligation for families to take primary responsibility for care of dependent members is arguably the basis for current policy and practice in long-term care, as well as the dominant political view (Montgomery 1999).

The familialistic prescription that adult children should care for parents incorporates to some extent the notion of reciprocity or "paying back" a debt to those who cared for us (Albert 1990; Brakman 1995; Selig et al 1991). Of particular relevance

[3] For instance, a filial responsibility law in Ontario dictates an adult child's obligation to financially support, or provide care for, parents, determined in part by weighing need versus ability to pay; parent eligibility also depends on whether they themselves had cared for or supported that child.

are the concepts of "generalized reciprocity" in which an obligation to reciprocate exists but "is not subject to stipulations as regards quantity, quality, or time perspective" (Lewinter 2003); and "delayed reciprocity" (Clarke 2001), which refers to the desire to repay parents for help received in the past. Reciprocity is viewed by some researchers as an element inherent in family relationships, which functions to maintain social cohesion and define actions and obligations (Lewinter 2003). Finch and Mason (1993) note that most of their participants built up commitments over time throughout a history of mutual aid. In research by Sheehan and Donorfio (1999), daughters linked their accounts of sacrifice to the idea of repayment for past sacrifices by their mothers.

However, the conceptual relationship of reciprocity to the construct of familialism is not a straightforward one. While reciprocity creates conditions favourable to the emergence of filial responsibility in the context of familial solidarity, it is also possible to view reciprocity more simply as an instrumental exchange between family members (Cantor & Brennan 2000; George 1986; Lee 1992; Lewinter 2003; Pyke 1999). George (1986) for instance, argues that the notion of reciprocity runs counter to the norm of family solidarity and the idea that family members should provide assistance without expectation of return. Further, Hansen (2004) argues that as a normative imperative, reciprocity dictates that asking for assistance implies an obligation to repay that differs from obligations derived from kin membership. The idea that children repay a debt to parents is problematic because familialistic norms prioritize affection-based gratitude as a motivation for caregiving; this implies a more voluntary and altruistic behaviour on the part of children (Brakman 1995). Reciprocity in the sense of repayment represents a more individualistic approach based on social exchange and contractual obligations, yet in

other situations it is used by individuals, researchers and policy-makers to promote an idealized or romanticized sense of indebtedness or gratitude to parents. This is particularly evident in the popular Robert Munsch book Love You Forever (1995), in which a mother is portrayed caring for her son throughout his life course, the love implied in her care work was in the end of the book 'repaid' by her son's care for her in her older years.

Ideals that might be described as familialistic at times conflict with each other. Most notably, this is seen in the tension between "filial responsibility" and "kinship priority" – the latter being the belief that an adult child's primary responsibility is to their own children and spouse (Gubrium 1988). Kinship priority is a norm evident within individual negotiations of responsibilities, and is particularly strong in cultures with a heavy emphasis on the success and achievement of children. Sheehan and Donorfio (1999) found that most but not all daughters and mothers they interviewed acknowledged a priority for spouses/children; Gubrium (1988) observed that where caregiving by adult children was perceived as jeopardizing responsibilities to their own children and partner, filial responsibility was evaluated negatively. Piercy and Blieszner (1999) note how adult sons and daughters constructed an overarching sense of responsibility to all family members, employing the idea of kinship priority to justify the use of formal support services in care of the elderly parent (balancing the needs of multiple family members). However, in contrast, Finch and Mason (1993) illustrate how the presence of care-related commitments can be perceived by others as *conducive to additional involvement* in other such commitments (because these conditions generate the skills needed to juggle

commitments). However, in either situation, individuals actively attempt to balance of competing responsibilities to multiple family members simultaneously (Piercy 1998).

Familialistic social norms and values also include certain "feeling rules" towards family members, which are standards of feelings (rather than of conduct): feeling rules "are the explicit or implicit norms referenced in public considerations of personal feelings" (Gubrium 1989, p.249); normative guidelines of how we "ought" to feel[4]. Responding to feeling rules has been described as managing one's emotions - for instance, suppressing some feelings and trying to invoke others, and dealing with contradictory emotions (Macrae 1998). Feeling rules are applied and interpreted by individuals in specific caregiving situations through a process of emotion work: a complex process of interpreting feeling rules in the context of one's own personal experience. However, in times of social change, feeling rules themselves are unclear, and competing feelings and feeling rules exist, which can produce ambivalence (Aronson, 1992). In addition, expectations regarding emotional investment in the caregiver role may also be higher for women, whereas male caregivers may have "greater latitude in the emotions they are 'allowed' to feel" (Calasanti & Slevin 2001, p.160).

Most research utilizes aggregate data on individual attitudes as indicators of filial responsibility and other familialistic norms. Hamon and Blieszner (1990) conclude that their research "reconfirmed the strength of filial responsibility norms in contemporary American society" (p.111). Cantor and Brennan (2000) similarly argue that in their research adult children are quite willing to provide parent support. In fact, the majority of research indicates that parents have lower filial responsibility expectations of their adult

[4] Relatively little work has examined feeling rules in non-Western contexts, however, and most of the research in this area, most notably the work of Hochschild (1983), involves North American samples. There may be cultural variation in the nature and content of feeling rules.

children than these adult children hold themselves, adult children adhere more strictly than parents to ideals of unconditional filial responsibility and obligation (Blieszner & Hamon 1992; Donorfio 1996; Groger & Mayberry 2001; Peek et al 1998). In Canada, Wolfson and colleagues (1993) conclude from their data that "adult children feel a strong moral obligation to provide care for their elderly parents" (p.320). In addition, Wuest (1998) suggests that there is a stronger social standard for family caring in Eastern Canada as opposed to Western or Central provinces.

More specifically, some research, largely with Caucasian samples, supports the idea that responsibilities for care of the elderly are generally perceived as strongest for biological and close kin (most often children), gradually becoming less strong as the source of support becomes more removed and formal (Cantor & Brennan 2000; Coleman et al 1997; Finch & Mason 1991). However, *as with most social norms,* familialistic norms of kinship priority are only guidelines, and other research suggests the support of children is not regarded as unquestioned, but is both flexible and negotiated in practice (Ganong et al 1998; Traphagen 2004). Aronson (1992a) found that gender over-rode kin ties, for instance in the case of the involvement of daughters-in-law. There is also research that challenges the notion that families are the preferred source of care for the elderly (Aronson 1992a; Baines et al 1998; Barry 1995; Cox & Dooley 1996; Estes 1999; Roberto et al 2001). Support for parent-child obligations was evident among those interviewed by Finch and Mason (1991; 1993), but there was greater agreement about the abstract idea of filial obligations than the particulars of how obligations should be fulfilled, and participants did not view obligations as unconditional or automatic.

Overall, this research illustrates that familialism as reflected in the notions of kinship priority and filial responsibility constitutes negotiated and interpreted practice. This does not, however, necessarily mean that familialism is weak in a North American context. For instance, research suggests similar conclusions can be made about the norm of filial piety in traditional Asian cultures (Holroyd 2001; Sorensen & Kim 2004; Traphagen 2004). Further, it could be argued that to the extent that ideals embedded within contemporary policy, programs and services can influence broader social ideas about appropriate behaviour, familialism may be on the *increase* in North American society. Aronson (1990) highlights the role of the social context in which government services are seen as secondary to the primacy of family care. In the context of the erosion of the Canadian welfare state, the normative assumption of "kin first" may stem more from necessity than preference; familialistic ideas, used as ideological tools to justify the lack of formal care services, may also manifest within individual attitudes. Filial responsibility expectations within this context reflect dominant ideologies (Aronson 1990).

Familialism as patriarchal and neo-liberal ideology

Critical paradigm researchers have denounced familialistic social/cultural norms as ideological, resting on unquestioned assumptions about the appropriate source of care for the elderly and justifying the interests of governments in eroding formal services. Hooyman and Gonyea (1995) describe how policy-makers employ familialism (e.g., family as the best, natural source of care) "to cloak their goals of cost containment" (p.113). The ideology of family responsibility constrains relationships between care

givers and care receivers; in a context of the devolution of responsibilities to families, it is intertwined at the ideological level with individualism, basing family obligations on a "contract model" of voluntary consent (Aronson 1998; Baines et al 1998; Smith 1993). It has been argued that this devolution of responsibility, combined with the ideological emphasis on family care, increases demands to provide care, intensifies the problems associated with this work, and has harmful emotional, economic and physical outcomes, particularly for women (Aronson 1992b; Hooyman & Gonyea 1995; Wuest 1997).

Indeed, while previously in this chapter I cited evidence suggesting that individual attitudes of filial responsibility do not necessarily suggest gender differences; social norms of responsibility and caring for family members (in the sense of the criteria we use to judge others) are generally acknowledged to be highly gendered, and applied more strongly to women than to men; men have also, at least traditionally, been socialized with a greater emphasis on independence and autonomy (Badgett & Folbre 1999; Bellah et al 1985; Brewer 2001; Dalley 1996; Seelbach 1977). The concept of responsibility as it manifests within dominant social discourses of care has been criticized for encouraging women to take an "unselfish" responsibility for the well-being of others (Gilligan 1982). Gender differences appear in social expectations and standards of evaluation of "caring for" - we tend to judge women by higher standards in terms of the amount, extent, and quality of care, as well as emotional investment in the role (Baines et al 1998; Binney & Estes 1988; Calasanti & Slevin 2001). Finch and Mason (1993) speculate that we interpret the behaviours of men and women towards family members differently; women may have more difficulty having excuses accepted as legitimate by others. Aronson (1992) notes how women caregivers referred to competing responsibilities (i.e., kinship

priority) to justify limits on caregiving; the concept is employed because it maintains the image of "caring, responsiveness, and femininity" (p.23) compared with what might be perceived as more "selfish" reasons for limiting care.

Internalized familialistic ideals, in combination with structural constraints, can and do constrain daughters to provide care for elderly family members, maintaining a division of labour that benefits patriarchal and capitalist interests (Baines et al 1998; Binney & Estes 1988; Hooyman 1990; Olesen 1989) and obscuring these realities under the appearance of choice. Indeed, women do tend to take on more "nurturing" roles in family care work.

Importantly, however, the ideas inherent in familialism and filial responsibility are not in themselves "wrong." It is only where they operate as restrictive and concealing ideologies that they sustain structural inequities and limit alternative possibilities – (Baines et al 1998; Hooyman & Gonyea 1995). "It is not caring that is the problem but the social conditions under which it occurs" (Baines et al 1998, p.8). Further, reiterating the point made above, normative and ideological pressures towards filial responsibility are not unquestionably applied; more often they act as guidelines applied in specific situations, and vary in the extent to which they are internalized as individual beliefs and expectations, often intersecting with ideas about gender and generation and considerations of the context of family relationships (Finch & Mason 1993; Holroyd 2003; Stein et al 1998). Holroyd (2003) highlights the process in which cultural guidelines that "exist in dominant political and social structures of a particular society" are translated at the individual level into highly personalized, gender-specific understandings of what is 'right' or 'ought to be done'"(p.306). Research summarized

earlier in this chapter suggested there tends to be little consensus about the substantive actions or tasks involved in filial responsibility, and that in specific instances, a variety of considerations are invoked in assessments of filial responsibility: for instance, "children…should not have to accept an elderly parent into their home unless they really want it, or unless they have enough space, or unless it does not impose upon other aspects of their lives too much" (Finch & Mason 1991, p.358).

Socially normative ideals of filial responsibility and familialism may manifest within individual interpretations of their personal responsibility, although again this remains to be confirmed with empirical research. In the next section, following Killian and Ganong (2002), I discuss collectivism as a third, alternate discourse potentially informing individual interpretations; like familialism, it includes a positive characterization of support for aging parents, yet it is arguably a less prominent discourse in contemporary North American society than either familialism or individualism.

Collectivism and social responsibility

Collectivism is difficult to distinguish from familialism in existing research because the concepts are often used interchangeably (Killian & Ganong 2002). For instance, in one study (Pyke & Bengston 1996), families typified as "collectivist" tended to emphasize affection rather than autonomy, and "use caregiving to construct family ties" (p.379). In this dissertation, I consider collectivism as distinct from familialism, as a construct describing broader norms that prioritize a commitment to a collective responsibility for care, and a focus on ties between individuals more generally in a society. Collectivism represents "an ethic of care emphasizing interdependence and

responsibility" involving "identifying and making visible the social relations embedded in the decisions that involve obligation and responsibility" (Baines et al 1998, p.17). It is about the interdependence of all people, and views the self as "connected to [others] and bound in a larger social unit" (Gould 1999, p.601), and is "congruent with the social-good model of public policy, which defines a good and just society as one that provides for the needs of all" (Killian & Ganong 2002, p.1081). Collectivism in this sense is not only favourable to public assistance for the elderly, but also to helping the elderly more generally and in other ways (Killian & Ganong 2002). It is aligned with the concept of a "moral economy of interdependence" that Robertson (1999) advocates, a concept that draws on the ideal of 'community.' As such, it is not limited to considerations about family responsibility, but applied to consider a far broader collectivity. Whereas familialism emphasizes how family members are connected "economically and psychologically, making the family the primary centre of their emotional attachment and social commitment" (Silver, 1998), collectivism emphasizes solidarity at a broader level.

While Kemp and Denton (2003) found wide support for individual responsibility among 51 interviews with both middle-aged and older Canadians, not only did individual responsibility tend to be emphasized for its positive contribution to the collective good, but many of those they interviewed also had a strong sense of collective responsibility (albeit for 'deserving' citizens). Sometimes called "social responsibility," it encompasses the moral imperative of caring for others in need, in a general sense, whether they are family or not. In Canada, the ideal of collectivism is most evident in its institutionalized form in the welfare state and universal health care, although both of these institutions are being eroded (Williams et al 2001).

Killian and Ganong (2002) found that attitudes favouring "government obligation" for elder care were positively related to collectivism. However, collectivism was not related to attributions of responsibility to other sources, leading the authors to conclude that beliefs about the social good may be less important in these attributions than familialistic or individualistic beliefs. Interestingly, favouring government obligation was also positively related to familialistic beliefs: perhaps those favouring familialistic norms perceived government assistance as an aid to families (Killian & Ganong 2002). Importantly, Ward (2001) found that preference for government policies supporting the aged were related to expectations of family responsibility for the elderly; solidarity at one level may influence solidarity at another. Further, Rossi and Rossi (1990) found that beliefs in obligations to primary kin were associated with a willingness to perform civic duties – that is, a high level of obligations to others generally. However, the extent to which ideals of collectivism and social responsibility are related to a sense of filial responsibility remains to be more fully determined. Is a sense of social responsibility for the elderly generally something that both informs and is informed by a sense of responsibility towards one's own parents? Or are they in opposition – and in which case, how is a broader sense of collectivism reconciled, if at all, with feelings of personal filial responsibility?

Together, the literature reviewed in this chapter suggests that while there may be considerable flexibility and agency involved in the interpretation of filial responsibility, the particular content of these interpretations are likely mediated by participants' interpretive frameworks that reflect the internalization of dominant discourses (through

socialization) within particular social and cultural groups. However, the interpretive process of filial responsibility remains to be more fully explored to confirm or refute what this more general theoretical literature suggests, and to examine the particular ways in which normative ideals and discourses inform the content of individual interpretations of filial responsibility. Collectivism, individualism, and familialism represent shared cultural understandings about caregiving for others, including family members, each reflecting a slightly different perspective on the relationship between self and other. Further, while each of the three discourses may be expressed within individual interpretations of their personal sense of responsibility (i.e., they are not mutually exclusive), the ideas encompassed within one discourse may not necessarily be compatible with another. Whether and how these tensions are reflected at the individual level remains to be determined.

In the present research, I examine the process and content of the interpretation of filial responsibility by 28 middle-aged men and women living in or near Victoria, British Columbia, Canada. In the next chapter, I describe the process of this research and the particular methods and strategies employed, as well as some of the contextual circumstances and characteristics of the participants.

Chapter 2. Methodology

In this chapter, I describe the research process and its evolution, starting with the general methodological approach, theoretical orientation and reflexivity, through sampling and recruitment procedures; data collection; details of transcription, analysis and coding; and a description of the sample and its general characteristics. Throughout, methodological decisions, and my own role in the research process will be explicated.

Approach, theoretical orientation and reflexivity

My goal is to understand how individuals simultaneously interpret filial responsibility in describing and justifying the practice of helping aging parents. Specific questions guiding this inquiry from the outset included:

- How do adult children construct their sense of responsibility for their parents and how do they talk about and account for what they do and feel towards parents?
- How do cultural ideals consistent with three discourses (individualism, familialism, collectivism) mediate interpretations of filial responsibility?

With these goals and research questions, the congruent methodological orientation is the interpretive social science research tradition. Interpretive approaches seek to discover and understand the everyday processes by which people interpret the meanings of their own and others' actions (Connole 1993; Cresswell 1998; Schwandt 2000), as well as variations, nuances and dynamics in the interpretive process. Because my focus and interest lies with understanding subjective interpretations of filial responsibility rather than predicting behaviour or attitudes, my research design is qualitative. Indeed, "qualitative analysis offers empirical lessons about family responsibility that remain

untaught by other methods" (Gubrium 1988, p.197). A key strength of qualitative approaches, inherent in their emergent designs, is their flexibility and potential for discovery (Ambert et al 1995).

Gubrium (1995) argues for attention both to subjective experiences as voiced by participants, as well as discursive contexts and local cultures through which these experiences are interpreted and communicated. Together, Gubrium and Holstein developed a methodology of interpretive practice (Gubrium & Holstein 2000; Holstein & Gubrium 1994) that inspired the present study. This approach blends ethnomethodology and Foucauldian discourse analysis in the study of interpretive practices, described as "the constellation of procedures, conditions and resources through which reality (in this particular case, subjectivity) is apprehended, understood, organized and represented in the course of everyday life" (Holstein & Gubrium 2000, p.94). In other words, my interest is not only in what people say about responsibility to parents, but how they interpret and communicate it, and the resources they draw upon to do so. Ethnomethodology directs attention to the "hows" of the interview and is similarly interested in shared, taken-for granted meanings that lie within personal accounts of experiences (Meltzer et al 1975), viewing "culture" as providing resources that people use in a constant process of creating the appearance of normality and meaning (Hewitt 1984).

Parallel approaches include Holroyd's "cultural model" approach (2001; 2003) from cognitive anthropology, which examines "shared, recognized and transmitted internal representations of culture" and cultural guidelines that, while stemming from dominant political and social structures, are translated at the individual level into "highly

personalized, gender-specific understandings of what is 'right' or 'ought to be done.'"(Holroyd 2003, p.306). Holroyd focuses on how broader cultural understandings can influence personal interpretations, whereas Gubrium focuses on the role of more localized understandings. Finch and Mason (1993) also focus on how meanings are constructed for use, how they are conveyed, and how they are interpreted by others, although the focus is on the micro-level of negotiations between family members. Lastly, Karen Pyke (2000) describes how ideal images of the "Normal American family" or the Asian "model minority" are employed as interpretive structures by individuals in describing family relations.

As described in the previous chapter, interpretive resources are the various social, cultural and cognitive ideas and frameworks which inform the creation of meaning and justification of feelings, behaviours and experiences. These interpretive resources are cognitively internalized discourses which are available as representations in the cultural and social environment (in texts, practices, rhetoric, and social interactions); individuals are exposed to these discourses through socialization experiences. Pyke (2000), in discussing family ideology as an interpretive structure, for instance, refer to cultural "images we carry in our heads of how family life is supposed to be frame our interpretation of our own domestic relations" (p.242). Culture, according to Spradley (1979), represents shared, acquired meaning systems that are used as a map or guidelines to interpret experience; these systems are revised and defined in the context of social interactions.

The interpretation of the meaning of filial responsibility occurs in social contexts, through comparisons, assessments and evaluations of self and other. A traditional

ethnomethodological approach focuses on the collection and analysis of observational data and naturally occurring talk and interaction (Hammersley 2003). While this dissertation is inspired by ethnomethodology and interpretive practice, this is where my project differs. I use an ethnomethodological perspective to analyze the interviews as naturalistic events in themselves, based on how participants responded and reacted to my questions.

Interview talk represents simultaneously an articulation of experience as well as an attempt to interpret that experience. We need to be wary of interpretations that view interview data solely as unmediated representations of reality (Atkinson et al 2003; Nunkoosing 2005). That is, participants are not simply describing or sharing their experiences, but trying to show how their actions and feelings make sense (Atkinson et al 2003), trying to create 'liveable stories'(Sinding & Aronson 2003), and monitoring "who they are in relation to the person questioning them" (Holstein & Gubrium 1997). With this in mind, the interview is not an exact reflection of an individual's experience and/or feelings, but rather, it is a social enactment in which these experiences and feelings are constructed with cultural resources (Atkinson et al 2003; Mishler 1986; Nunkoosing 2005). An interpretive approach to interviewing therefore emphasizes the importance of understanding how participants construct their reality through interview talk - the "how" of meaning construction - and the discourses and meanings they draw upon and reinforce in doing so - the "what" of social meaning (Gubrium & Holstein 2000). Indeed, this is seen as the strength of interview research from an interpretive perspective which focuses on understanding this process. In the next section, I describe the early stages of my research interest and my personal connection to the topic.

Origins of the research

In 2003, I began exploring the issue of responsibility to others through reviewing existing literature, ongoing writing and reflection, and informal discussions with colleagues, students and friends. My background and training has been in quantitative research, so at a personal level, the move to a qualitative and interpretive approach required a shift in perspective and habitual ways of thinking. In fact, throughout much of the process of the research I have felt caught between different research paradigms. This research involved a steep learning curve, both in terms of reading about qualitative methods as well as "learning by doing" throughout the process. Perhaps my biggest struggle was seeking to "correctly label" my methodological approach. After initial exploration through freewriting, I gradually was able to articulate and identify my interest, and connect it to the interpretive tradition. Then, I dealt with the uncertainty of which of the main three qualitative methodological traditions I should identify with (grounded theory, phenomenology, or ethnography). In the end, I concluded, and eventually became comfortable with, a position that none of these three perfectly fit my interest or focus: my understanding of grounded theory, for instance, was that it focuses heavily on the development of substantive theory with less attention to how our experiences are imbued with meaning; it also relies heavily on decontextualized segments of coded data. My understanding of ethnography, at least traditionally, was that ethnographers seek to explain daily activities and patterns of living of particular groups and subcultures, through techniques such as participant observation. Lastly, my understanding of phenomenology, in the tradition associated with Heidegger and

Husserl,[5] was that it involves in-depth explorations of lived experience with a focus on the essence of particular experiences seen as universal. Instead, therefore, I initially adopted a "generic" or ad hoc approach to qualitative research in the interpretive tradition; however, I was also influenced by the 'interpretive practice' approach described Gubrium and Holstein; in essence, I was implicitly guided by this approach, which has roots in ethnomethodology, social phenomenology and Foucauldian discourse analysis.

I used writing as a tool to help identify my paradigmatic foundations, as well as to refine my topic and research questions; it was also invaluable, in the early stages of my dissertation, as a means of discovering my personal connections to my topic and method (Ely et al 1997; Richardson 2000). For instance, through the process of regular free-writing in a journal, I was able to explore and make discoveries about the nature of my personal experiences and sentiments; I was also able to refine and develop my thinking about my research topic and method. Lastly, in writing about both myself and my research, I began to see connections. The purpose of free-writing, therefore, is as Richardson (2000) states: "I write because I want to find something out. I write in order to learn something that I did not know before I wrote it." (p.924). Through writing, I was able to identify my long-standing interest in the experience of responsibility to others; the interpretive evaluation of oneself and others in everyday life; and the role of cultural and social norms of behaviour and feeling. Importantly, this interest is not just an intellectual one, but one to which I am personally connected as a result of my own life experiences. The issue of responsibility to others, for instance, has had deep resonance in my own life:

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[5] However, I have since observed that other phenomenological approaches, such as that of Peter Berger, Thomas Luckmann, or Alfred Shutz, focus more on the construction and communication of meaning and how we draw on cultural resources to imbue experiences with meaning.

I have often experienced the stress surrounding "caring about" others, and although I do not provide caregiving for anyone in the traditional sense, I am acutely conscious of this experience of supporting others. Identifying this personal connection to my research was an important first step in developing a reflexive awareness of potential assumptions which may influence interpretations of the data. As another example, I also began to recognize connections between my research topic and my methodological position. For instance, it may be little coincidence that I 'discovered' ambivalence and contradiction in participants' accounts of filial responsibility (as something I chose to focus on in the analysis), since my own experience throughout my research career has been one in which I feel 'torn' between often competing positivist and interpretive/constructivist paradigms; and between quantitative and qualitative ways of thinking, analyzing and writing.

Writing about my research, was, therefore, an important tool for developing my own reflexivity as a researcher. Reflexivity involves reflecting critically and analytically about and making explicit the research process (Wuest 1995), including "the importance of informational, anecdotal, and experiential contributions" (Davies & Dodd 2002, p.285). It also involves acknowledging, making explicit and critically examining the important role of the researcher and their assumptions, values, interests and orientations (Altheide & Johnson 1998; Germain 1986; Hammersley & Atkinson 1995; Richardson 2000). In the following sections, I outline the methodological processes and decisions I made as the research progressed past these early stages, starting with sampling and recruitment.

Sampling and recruitment

In this research, the randomness and representativeness of the sample was less of a concern than relevance: in other words, "does the sample produce the type of knowledge necessary to understand the structures and processes within which the individuals or situations are located?" (Popay et al 1998, p.346). Sample selection in qualitative research is not motivated by the desire to make statistical generalizations, but the desire to make analytic generalizations based on how selected cases 'fit' with constructs and theories (Curtis et al 2000). Indeed, if I was to ask which individuals "best represent or have knowledge of the research topic" (Morse et al 2002, p.12), my key consideration would be whether or not a person had aging parents and could react to or articulate thoughts and feelings about the idea of having responsibility for that parent. And while familiarity with "responsibility for parents" may be more common among those with parents of more advanced age, one of the interesting findings of this research, which will be addressed in the next chapter, is that responsibility for parents can have an earlier age onset. Further, I was also interested in talking to adult children for whom ideas of responsibility for parents were just beginning to have relevance.

Qualitative research involves sampling for meaning, and meanings are not "fixed, constant objects with immutable traits" (Luborsky & Rubenstein 1995, p.99) but are fluid and changeable; individuals are not viewed as sets of fixed traits, but as "representatives of experiential types." Again, the goal of qualitative, interpretive research is description of condition-specific experiences and interpretations of these experiences, rather than examining incidence and prevalence based on fixed individual characteristics (Luborsky & Rubenstein 1995). Because the experiential or interpretive phenomena of importance

may not always be known prior to starting the research (Luborsky & Rubenstein 1995), it has also been emphasized that qualitative samples should not be prespecified in strict terms (Curtis et al 2000; Russell & Gregory 2003); and that selection criteria may change over the course of a study (Morse et al 2002; Russell & Gregory 2003). Indeed, Groger and colleagues (1999) concluded that "in retrospect, it seems that being less systematic in recruitment might have led us to participants with a broader range of experiences" (p.830).

In recruiting research participants for this study I was guided by the goal of seeking variation in experiences, meanings and interpretations, in order to help understand the range and breadth of responsibility towards aging parents. The inclusion of diverse experiences and interpretations within sample data would suggest that any similarities between cases are particularly strong themes (Patton 2002); it can also facilitate the search for negative cases and help in achieving a comprehensive understanding of the various aspects of the phenomenon (i.e., rather than an understanding of a very narrow slice of experiences) - in this case, the interpretation of responsibility for parents. However, it should be acknowledged that within the constraints of sample size, diversity is limited.

In recruitment I operationalized responsibility for aging parents in a broad sense – specifically, I did not use self-identification as a "caregiver" per se as a criteria for inclusion. Further, the sample included those who provided some minimal level of support (3 hours/month), but this included social contacts or visiting, using a broad definition of support. Visiting can be an important component of social support and in

other research, adult children report feeling responsible for contact with parents (Piercy 1998; Stein et al 1998).

In the initial recruitment poster (see Appendix A) I specified that respondents have a parent over 65, living without a spouse, on their own in the community, who is beginning to experience difficulties living on their own; and that the respondent spends a limited time (between 3-15 hours/month) supporting, helping or caring for this parent. The particular emphasis in this poster on having a parent that is *beginning* to experience difficulty was related to my initial interest in the *onset* of responsibility for aging parents; while I sought to include those who were just beginning to feel responsible, this was never imposed as a formal criterion for participation.

With the exception of having a parent over 65 and a minimum of support and/or interaction, in practice I used the various other criteria as guidelines, reflecting upon critically when confronted with particular situations; the reality was that those who responded to the advertisement represented a far wider range of experiences; and after careful consideration of the sampling and ethical requirements of this study as well as practical concerns, I sometimes accepted moderate deviation from the criteria. For instance, while I initially restricted the sample to those living in the City of Victoria, Oak Bay and Saanich municipalities, requests came from those living near Victoria, and I was faced with reconsidering the reasons for the initial selection of this criteria, and with considering, "just how far away is too far?" The initial decision to set that criterion was based on prioritizing sample homogeneity, combined with practical considerations (lack of transportation). Therefore, where participants were willing to be interviewed in Victoria, individuals living in or near the Victoria area were included.

As another example, I had initially sought to exclude participants with parents receiving any formal support or institutionalization, but did not envision circumstances in which a parent was living in an independent or assisted living facility. In these cases, I concluded that, based on the purposes of my research, this would not be significantly different from living in an apartment building. Further, where some of a parent's needs are being met through formal services, this may not have been much different than situations in which these needs were met by a sibling or spouse, from the perspective of my research interest and focus. I made the decision, therefore, to include participants whose parent lived in an independent or assisted living situation, and those receiving other formal (e.g., home care) services.

Lastly, while my initial criteria also dictated that the participant only have one parent over 65, this was in order to simplify the interview, and in the interest of obtaining greater diversity in the sample and facilitating recruitment, I included those who had both parents still alive (although if parents lived in different geographic locales, the interview focused on the parent residing in Victoria).

My initial, ideal goal was purposeful sampling (where a small number of information-rich cases are consciously selected that meet particular criteria and aim to cover perspectives from an appropriate array of sources (Russell & Gregory 2003). For instance, I wanted to include both men and women, and to talk to those who would likely be able to speak about responsibility for aging parents. However, while attempting to implement purposeful sampling, I was faced with a number of constraints. Similarly, Curtis and colleagues (2000) describe how qualitative studies often face challenges "of resolving different, often conflicting considerations in sample selection" (p.1011). For

example, ethical concerns about who should be chosen to have a voice are balanced against whether particular cases will provide sufficient data of the right type. As a result, while most qualitative studies start out with a planned approach to sample selection, over time other factors intervene to influence final sample selection. As an illustration of the difficulties in enacting purposive sampling, Groger and Mayberry (2002) observed how in practice, they enacted "desperate and continuing efforts, against mounting odds, to round out the collection of individuals with relevant types of experiences we know to exist but have not been able to capture" (p.830). The particular constraints I faced included bureaucratic barriers to recruitment, the slowness of recruitment, ethical concerns, and the iterative and emerging nature of my research focus.

I performed four pilot interviews in the fall of 2004 to practice and develop qualitative interviewing skills and test out the interview questions. These pilot interviews were not transcribed, but I recorded memos. Based on these pilots, I revised my questions and completed three additional, more comprehensive pilot interviews in December 2005 as part of academic coursework[6]. These three male participants were recruited through an email to networks of friends and acquaintances. I later decided to include these pilot interviews in the sample (with participants' consent) in order to include adequate numbers of men in the sample, and because I assessed the quality of these data as adequate for inclusion in the dissertation (i.e., the data were descriptively rich and my interviewing skills were sufficiently developed).

Sample recruitment in full form began in January 2006. Initially, I planned to recruit through advertisements at local libraries, community and recreation centres, medical clinics, and in local community newsletters, perhaps extending to local

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caregiving groups. Initial inquiries to newsletters resulted in non-response, cost-prohibitive fees, or publication schedules that did not fit the projected timeline for the research. I distributed posters advertising the research to 25 public locations, such as libraries, community and recreation centres. However, permission was required for posting in most locations, and inquiries revealed bureaucratic barriers and gatekeeping: some places would not post, claiming that they could only post dated events of community interest or information on nonprofit organizations. The most common response was that it needed to be approved by someone else before it could be posted. Where it was not possible to post publicly, staff at times agreed to post the advertisement in their staff room. In total, only five to ten of the locations posted the ad in a public location. Of those who contacted me to inquire about participating in the research, only four had heard about the project through an ad that I myself had posted (for instance, saw a flyer at their place of work).

I amended recruitment at this stage, relying on email "forwards" to a variety of social, volunteer, work, and other networks. Some acquaintances also printed out the poster from the email and posted it at their place of work or leisure. Attempts were made to distribute the call for participants through networks involving individuals of diverse backgrounds. Examples of networks and places the email poster was distributed to or posted are: golf clubs; community groups; political circles; academic and student populations; public schools; health care staff; large and small government and non-profit organizations; local bookstores; and seniors centres. In addition to "talking up" my research whenever possible over the recruitment period, I spoke publicly about my research at a local meeting of senior service providers, and provided flyers for

distribution at the event. Fourteen of those recruited for the sample learned about the research through an email forwarded to them by a spouse, friend, acquaintance or co-worker (including the three men mentioned above).

Further, six participants were recruited through a direct contact, for instance an acquaintance who heard I was doing the research; in some cases I had met them before but knew them only minimally. This may perhaps best be described as an "opportunistic" recruitment technique. Lastly, further into the process of the research, recruitment was facilitated by a "snowballing" technique (asking interviewees whether they knew of anyone else I might contact), and four participants were recruited based on this approach.

A copy of the screening questionnaire I used to ascertain eligibility for participation is included in Appendix B. As mentioned earlier, I moved away from strict pre-set criteria for inclusion, as a result of my emerging knowledge about sampling in qualitative research and re-evaluations of the importance of the criteria (which I came to view as restrictive when considered against the research purpose). I was also influenced by ethical concerns (about not including someone who wants to be included, when weighed against my evaluation of the necessity for the strictness of the criteria) and by practical considerations (a slow and more difficult recruitment procedure than I had expected). Thus, as the research progressed, I was continually challenged to reassess the purpose of my criteria by the practical and ethical concerns faced. I want to emphasize, however, that this does not challenge the rigour of this research, when the interpretive aims of the study are considered. Further, I made each of those decisions on a case by case basis, considering the sampling requirements and analytic goals of my research; for

instance, for each case I considered whether including the participant would jeopardize the research findings or analysis.

Ultimately, I concluded that in a study where I wanted to learn about how people interpret and construct the meaning of filial responsibility and which interpretive frameworks they draw upon, there were few criteria I could defensibly justify other than that the participant was an adult child who could talk about filial responsibility (and that they would be socialized within a North American cultural context). While purposive sampling remained the overarching approach, particular criteria changed over time, and particular strategies for recruitment also developed over time. Such a non-random purposive sampling approach is appropriate for qualitative research where the goal is not generalizability to a population, but rather analytic generalizability of concepts and ideas.

I committed to recruiting new participants to the point of saturation at which no new information or categories emerge (Leininger 1994; MacDougall & Fudge 2001). Thematic categories were saturated using the constant comparative method (a reoccurrence of themes within a category indicates saturation of that category). While a desire for saturation (and a sense of needing to more completely understand the phenomenon) was one reason the sample size grew to 28, my own insecurities about data analysis undoubtedly played a role: "analysis looms large, something one can avoid, at first glance, by remaining in the field collecting data" (Bogdan & Biklen 2003, p.147).

This research had approval from the Human Ethics Review Board before proceeding; consent was sought from individual participants through the traditional means of written informed consent (See Appendix C).

Data collection

Data for this research were generated from in-person qualitative interviews (I acknowledge that this is a departure from traditional ethnomethodological preferences). Interviews were loosely structured, in the sense that I did not strictly follow my interview guide (See Appendix D); participants were allowed, to some extent, to follow "tangents." I developed the interview guide (Appendix D) in advance: it includes three to four key areas of questioning and probes for further information. I had some general ideas of what I was interested in discussing with participants, but as data collection progressed, I began to ask other questions in response to ideas emerging from previous interviews. For instance, about midway through the Time 1 interviews, I began asking participants about whether or not responsibility for parents feels like "a choice." Early on, I also began asking participants to describe in particular the nature of "feeling responsible" and to provide a visual metaphor which might illustrate this; I also began asking them to compare their sense of responsibility for their parent(s) to their sense of responsibility for children, if applicable).

The research interview is itself a social context, which can approximate a casual conversation (which tends to be, but is not always, guided by the researcher) in which both researcher and interviewee are co-participants. As an interviewer, my main tasks were to motivate and facilitate accounts from participants, as well as to clarify and extend the meaning of what interviewees say, seeking confirmation or disconfirmation from participants (Kvale 1996). I specifically asked participants to talk about a "sense of responsibility" as opposed to "caregiving" or "helping parents" because I wanted to elicit accounts and justifications; the use of this word in the interview may have heightened

participants' attempts at establishing particular definitions and establishing a particular interpretive order. In this way, questions about filial responsibility were part of a technique of "active interviewing" (Holstein & Gubrium 1997), which involved eliciting participant accounts and justifications in response to the cultural construct of filial responsibility.

The first set of interviews (Time 1) were collected between December 1, 2005 and June 19, 2006 and occurred simultaneously with recruitment, transcription and analysis. The average length of an interview was 80.33 minutes, and ranged from between 55 and 120 minutes. Interviews took place in person, at either the participants' place of residence, work, or at my university office. Two participants were interviewed together as a couple, at their request. Both of these participants (who were married) had aging parents, and I attempted to direct questions to both of them during the interview pertaining to their own sense of responsibility for their biological parent (i.e., as opposed to their in-laws). However, because of the tendency for talk about in-laws to also emerge, my analysis of this interview was based not only on some separation of their particular answers, but also on consideration of the couple as a unit.

Interpretive and ethnomethodological traditions are particularly concerned with the need to document the process and unfolding social contexts of talk (Mishler 1986); "the interview process itself can be treated as an important source of data" (Warren 2001, p.92). In practice, I recorded field notes as soon as possible after each interview, about the context of that interview, including my reactions to participants, observations during the interview, and my feelings and thoughts before, during and after the experience. This process served as a tool to promote awareness of my assumptions that may affect my

analysis of the data, as well as stimulating reflection upon and improvement in my own interviewing practice over the duration of the research.

From the outset I planned for two interviews with each participant, in order to facilitate immersion, develop and build on intimacy, and assist in the verification of developing ideas (Cresswell 1998; Johnson 2001; Warren 2001; Wuest 1995). To maintain contact with participants between the interviews and ascertain their interest and availability for a second interview, I sent out an e-mail update in April 2006. I then re-contacted participants closer to the point of data collection, to arrange a specific time and place for the follow-up. These Time 2 data were collected between July 21st and October 16, 2006. The average length was 73.33 minutes, and ranged between 51 and 95 minutes. These interviews were also guided by topics I prepared in advance (Appendix E), although they were more directive than the first interviews. In the second interviews, I followed up on issues not discussed in the first interview, explored some issues in greater depth, and presented some of my initial interpretations of the interview data, seeking feedback or reactions. Returning to participants for confirmation is the most common verification procedure in qualitative research ("member check" or "participant validation"), and involves presenting some data and/or interpretations back to participants in subsequent interviews (Johnson 2001). I decided not to share transcripts or even an individual interview summary with participants, after reading cautions against this practice – Forbat and Henderson (2005), for instance, note how some participants became upset or experienced embarrassment or discomfort viewing their own transcripts. The decision not to share transcripts was also based on the realization that my goal was not to verify the "truth" of accounts. Rather, I shared my emerging interpretation of the

interviews as a whole, as well as provided some anonymous examples of experiences of other interviewees, and sought reaction, clarification or elaboration: that is, further accounts.

After each interview, I provided participants with small gifts as symbols of appreciation (approximately $15 value) and sent personalized thank-you cards. After both interviews were complete, I continued to update participants on my progress (e.g., holiday cards sent December 2006; email update sent May 2007) and provided a general summary of the research findings (May 2007).

Transcription

I recorded the interviews using a digital audio recorder and uploaded files onto my computer. I transcribed Time 1 interviews, with the exception of three transcribed by a hired transcriptionist, which I checked against the original audio-recordings for accuracy and to note comments (Morse & Field 1995). For transcribing, I listened to the audio playback with computer headphones, and then spoke the data aloud into a microphone, utilizing voice recognition software to create text. The software that accompanied the digital audio recorder allowed for stopping, starting and rewinding using key functions much in the same way that a foot pedal works for transcription from analog recordings. Transcription of the Time 2 interviews were completed by a hired transcriptionist, and again checked in each case by myself against the original recordings to ensure for accuracy. Transcriptions were as close to what could be heard as possible, with notation indicating highly emotional content, whispering, laughter, emphasis, and pauses. I also annotated "upspeak" (an increase in inflection at the end of a sentence) in

participant accounts, through the use of question marks – this was done in order to capture the sense of uncertainty or a desire for reassurance that pervaded some talk.

Data analysis

Data analysis occurred concurrently and iteratively with data collection. Analyses focused largely on the Time 1 interviews, and to a lesser extent, the Time 2 interviews. Themes or patterns which emerged in Time 1, for instance, were checked against Time 2 data. Generally Time 2 interviews were shorter in length and were less rich a source of data (for instance, more time was taken up in these interviews with my own presentation of emerging findings back to them).

Data analysis, simply put, is any kind of work done with the data that facilitates thinking about it, whether systematically or creatively, in a variety of ways. This includes attempts to get a sense of the whole as well as particulars, within cases, between cases, and across all cases. Below, I provide further description of the types of analytic strategies I employed for this dissertation, with examples.

Re-reading transcripts multiple times, and summarizing each interview facilitated my immersion in the data and my ability to gain a sense of each interview as a whole before decontextualizing and breaking up data into codes and themes. I produced descriptive summaries of approximately three to six pages in length (single-spaced) for each interview; these were focused on describing participant characteristics and the general content of the interviews, with as little imposed interpretation as possible (e.g., using their own terminology and concepts). Producing these summaries facilitated

thinking about the data, and I recorded reflective memos during and after creating the summaries.

I also targeted particular cases for more in-depth or within-case analysis, when there was considerable uncertainty about interpreting participant talk – for instance, at least two respondents expressed a considerable degree of complexity and contradiction in talking about their feelings of responsibility for their parents. In order to understand these accounts, it was necessary to work extensively with those data. For instance, for just one of these participants, I identified 14 separate reasons why he did not feel responsible for his mother.

I also completed analytic summaries for the interviews, guided by "framework questions" applied to each interview (See Appendix F). The overarching question I asked of each set of interview data was "how do they talk about responsibility?" Here, my focus was on noticing and thinking about participant reactions, contradictions, qualifications, difficulties, social comparisons, and self-assessments. It also involved attention to the local practical reasoning and cultural knowledge in accounts (Baker 1997; Fontana & Frey 2000; Holstein & Gubrium 1997). In addition, during and after reading transcripts, I wrote analytic memos based on ideas generated through this process. Writing was the primary means for generating and working with ideas about the data. At times I also worked with these analytic notes, for instance grouping them into broad thematic categories. Lastly, I also identified "overarching themes" for each participant, considering the most important issue or point communicated by a participant (as identified, for instance, by repetition, emphasis or association with strong emotion, or, as in most cases, some combination thereof).

As mentioned above, I recorded fieldnotes about the context of the interview – I later analyzed these thematically to assist in reflexivity and in analysis of meanings constructed by participants during interviews. I also recorded reflexive memos throughout the process of data collection and analysis, including detailing my own reactions to the data.

I also utilized coding and segmenting practices to aid analysis. Specifically, I used codes to reorganize and reduce the data for analysis – this can best be described as a process of binning and sifting, whereby units of meaning are sorted into categories (Cresswell 1998; Ely et al 1997; Rubin & Rubin 1995). In some cases, codes were purely descriptive of a topic covered in the interview; in other codes developed later, I labelled implicit or explicit cultural norms or rules, cultural schemas (Agar, 1997; Ely et al, 1997; Sandelowski, 1995), and/or concepts that were repeatedly emphasized in multiple interviews, (e.g., "choice" or "parent independence"). Appendix G (codebook) provides greater detail into the particular codes I selected and what they represent. The process of coding itself involved analytic thinking, particularly as codes were revised over time. My ideas for codes emerged throughout interviewing and memoing; however, I only employed formal coding work towards the end of the analysis process, in order to ensure sufficient time for becoming familiar with the data as a whole before decontextualizing or reducing it. Coding was facilitated by the use of NVivo software, but this software was used only to attach codes and databites (e.g., memos) to transcripts and generate coding reports.

I worked with coding reports (e.g., for all the data contained under each code) in-depth to generate new analytic ideas. For instance, I compiled data from a selected coding

report in order to create a summary table in word processing software, grouping together the data by sub-themes – essentially, these were new codes applied to an existing code or category, and/or new ways of organizing the data. As an example, data coded as "reciprocity" were grouped according to whether they represented a position definitely supportive of reciprocity; one supporting but qualifying the concept; one "somewhat" supportive of reciprocity; or was unsupportive of reciprocity. In another example, data coded as "being a responsible person" were grouped thematically according to the justification communicated by the participant. For other codes, such as parent independence, I surveyed all of the coded data, observing and writing about the patterns and variations that I saw in terms of how participants talked about that issue. In other cases, I visually mapped the data – for instance, statements about whether sense of responsibility was a "choice" and/or an "obligation" were placed in relation to one another, assisting me in identifying the rationale provided, and the conditions under which responsibility for parents feels like a choice, and when it feels like a burden. I then coded these statements (with coloured pen) as one or the other, or as statements caught between the two positions.

Working with coded data in these and similar ways facilitated interpretation. Segments of data, rather than individuals, were grouped in this manner. This was important because one participant may have expressed contradictory positions within the same interview; analyzing at the level of particular statements rather than individual participants was complemented by my previous immersion in the data for each individual participant. In sum, I employed coding generally to pull together all of the content discussed about a topic, theme or issue (e.g., reciprocity, being a responsible person,

whether it was a choice or an obligation). Working with the resulting data entailed further and more in-depth analytic work.

While some research employs particularly detailed and systematic analysis of exceptions or negative cases (Hammersley & Atkinson, 1995), I used this strategy as more of a general question or consideration throughout the process. In other words, throughout the process of working with codes or developing my own interpretations, I encouraged myself to reflect on those whose experience or talk was exceptional or contradictory to general trends or patterns.

Lastly, my interpretation of the findings was assisted through memoing and returning to and engaging with the literature; through working with the content within categories and thematic groupings, and generally connecting the pieces together into a larger frame (Agar, 1997; Cresswell, 1998; Germain, 1986; Hammersley & Atkinson, 1995). Interpretation involves forming larger understandings of what is going on; viewing the meanings against a larger context; seeking broader significance; and recontextualizing emerging ideas to other settings and populations (Cresswell, 1998; Ely et al, 1997; Morse, 1994; Rubin & Rubin, 1995). Interpretations of findings arise when patterns and themes are seen in relation to wider cultural and social contexts, and against larger theoretical perspectives (Ely et al, 1997). I also considered differing interpretations, which I first viewed as competing: for instance, the following memo illustrates my struggle to reconcile a psychological and a cultural interpretation of the data:

> *I am experiencing a kind of tension between two different 'pulls' – the first being ethnography/culture, social norms, etc., and I'm better at seeing these now, looking for them . . . But I also get so often drawn back to the individual level, a psychological level. I'm wary of making assumptions about how someone talks about responsibility, because it not only depends on their particular interpretations of cultural frameworks but also their particular emotional and psychological needs, coping mechanisms, etc. Can these ever be disentangled? I believe it would be erroneous to identify something as necessarily or*

> *conclusively part of our cultural framework (though it is very tempting such as this issue of choice versus no choice), without finding some kind of corroborative source to make the claim more justifiable... I think where this dilemma of culture versus psychology comes up most is in relation to some respondents' almost stubborn insistence that this is a choice. Is this a coping or sense of control mechanism or reflective of our individualistic culture? Or can we say that it is BOTH? That the psychology of a group of people is tied to their culture. That could be true too.*

Towards the end of this memo, and indeed towards the end of my research, I recognized that these interpretations are not necessarily competing, but are perhaps both are "true."

Throughout the process of analysis and interpretation, I used the primary goals of the research as orienting guideposts. In the next section, I present a brief description of the sample that resulted from the recruiting techniques described earlier, before moving into the first findings chapter.

Sample description

I interviewed 16 women and 12 men (including two separate participants, interviewed together at their request). Their average age was 51 years, and ranged from 40-64, with the exception of one 30-year old whose data were included cautiously as a test of emerging findings. Twenty-three were married and five were divorced. Twenty-two were employed full-time, three part-time, and another three were retired or self-described as "semi-retired." Eleven participants were employed in occupations related to health and/or social services with a focus on "helping" professions such as health care or counselling, which is perhaps expected, given the nature of my network of personal contacts. Other participants ran their own small businesses (n=5); worked in the provincial government (n=6) or other occupations (n=6), although the classification of occupations was particularly difficult as many participants had or were changing careers. While occupation and employment is a common socio-economic indicator, my interest in

knowing occupation was also related to understanding the institutional environments to which a participant had been exposed. From this perspective, occupational classifications might differ, and an individual could, even if retired, be classified based on their previous career environment; someone who worked in government could also be classified elsewhere depending on the specific nature of their work and training. One might also consider non-employment related pursuits. While these data were not collected systematically, for illustrative purposes the following lists some of the institutional environments (indeed, "local cultures") to which participants had been or were exposed: government; university; technical/computers; teaching; health; counselling and social services; case management; law; military; service industry; business; politics and public office; humanities; Christianity or other religions.

Notably, poverty was not an issue currently faced by anyone in the sample. For instance, all owned their own home. The vast majority came from a family of English origin and all but one were Caucasian (one immigrated from a Spanish-speaking country in early adulthood).

Ten participants had two parents/step-parents still alive and living in or near Victoria. Sixteen had only a mother, and one only a father. In an additional case, a participant relates her filial responsibility for an aunt described as "like a mother." The average age of the parent was 84 years and varied between 67 and 93 years (with exception of the 30 year old whose parents were in their early sixties).

I asked participants how many hours a month they spent helping and/or visiting parents. Visiting can be an important component of social support and adult children report feeling responsible for contact with parents (Piercy 1998; Stein, Wemmerus, Ward,

Gaines, Freeberg, & Jewell 1998). A typical answer to "about how many hours a week would you say you spend providing support?" was lengthy and complex. Participants had particular difficulties responding to this question, with the most common response being "it depends" or "it varies or fluctuates." One participant, for instance, responding to this question, expressed:

> "Prior to my mother's fall, maybe 5 hours per week. Since she fell and has been in the hospital, which was before our interview, anywhere from 1 ½ to 3 hours per day, and that is with a care worker coming in the evenings to fix my Dad's dinner, do his laundry, take care of cleaning, and make sure his breakfast is laid out for him. Once my mother is home there will be a need to devote maybe 5 hours a week again but that is very taxing time as most of it is taken up providing emotional support. . .As the sole support giver, the issue isn't so much how much time it takes as it is that you may have to drop everything at a moment's notice or suddenly be put in a situation where supporting your parents can take over your life without warning."

On average, participants reported helping and/or visiting their parent(s) 21 hours a month, although this ranged greatly (from eight to as much as 50 hours). Parents' health and well-being ranged from extremes of being palliative or diagnosed with dementia; to those whose children described them as being highly needy in a social or emotional sense; to those in good or excellent health, and in low need.

In the majority of cases parents were living in their own home (n=20). In other cases, they were in a private independent or assisted living facility with no or little formal services aside from perhaps housekeeping or meals (n=4). One participant's mother had just moved into a long-term care facility in the last month. Two participants had parents that lived with them in a suite; for one other participant, the mother had recently moved in with a sibling; for two others, their parent also lived with a sibling, but this was not because of parent need (and in fact the sibling offered little or no support).

Twenty-two of the 28 participants had raised children, although only 16 still had their children living at home. In most cases, these were children of teenage or young-

adult age. Two participants were single parents; and only three had young children (under age 10) living at home with them.

Seventeen participants reported having other siblings living in/near Victoria; 18 had siblings who lived away or were estranged from the family. Nine participants were the only sibling living in town, and two were only children. Including participants, the average number of adult siblings in participants' families was 2.7. While primary or secondary caregiver status was not formally ascertained, my own observations suggest that just over half of the sample (n=15) could be classified as a primary or sole caregiver, based on their accounts of their involvement and their siblings' involvement. For other participants it was either unclear or shared equally (10); in three cases it was more clearly a secondary role. Twelve participants represented the youngest of their siblings; four, the middle; eleven, the eldest, and one participant grew up an only child (although at the time of the interviews, two participants were only children, due to the death of a sibling).

Participants also varied greatly in several respects more difficult to classify into discrete categories, including their extent of questioning their responsibility; the quality of their relationship with parents; the family culture and family history; the expectedness of the role, and the extent to which they accepted institutional care as an option. In addition, many had or were undergoing a range of stressful life events, including personal, spousal, or child ill-health; financial concerns; the death of one parent; conflicts with siblings; and caregiving for in-laws. Participants told stories about growing up in their families that involved parental alcoholism, parental depression and/or anger; problematic sibling relationships; distant family relationships, as well as more positive

experiences such as living with grandparents and positive family or parental relationships and activities.

In the next chapter, I present descriptive findings related to the interpretation of responsibility as described by participants, in three increasingly specific aspects of responsibility: first, I explore the interpretation of responsibility most broadly in participants' characterizations of themselves as responsible people; then I explore responsibility *to others* (both others generally and family members) in participant accounts of socialization experiences, particularly within their family of origin. Lastly, I explore the more particular interpretation of responsibility *for parents*, within participant descriptions of the onset of their awareness of a sense of filial responsibility, and then in accounts generated by participants in reaction to being asked to speak in-depth about their sense of filial responsibility, in particular "feeling responsible" for parents.

Chapter 3. Interpretations of Responsibility: descriptive findings

In this chapter, I examine participant accounts of being a responsible person, socialization experiences regarding responsibility for others (including family), and the onset of their awareness of a sense of responsibility for parents. At each level, participants' talk provides insights into their interpretations of filial responsibility, interpretations that I explore further in subsequent chapters. At the end of this chapter, I also present findings from analyses that focus on participant accounts as reactions to the concepts of responsibility for parents, in particular 'feeling responsible.'

Being a "responsible person"

Participants' talk about being a responsible person suggested that their interpretation of the term "responsibility" has close ties to their sense of personal identity. Data for this section are largely based on responses to a question about what would indicate participants are responsible persons. However, it also includes other talk throughout their interviews which can be viewed as attempts to assess themselves and maintain and negotiate a socially desirable identity as a responsible person. To this end, I have included additional comments relevant to "being responsible."

All participants felt they were responsible people. The very idea of "being responsible" caused little difficulty for participants, who were able to offer a variety of reasons why this statement was true. A typical response was similar to the following:

> I always do what I say I'm gonna do, I always carry through on whatever my commitment is, people can depend on me…people know they can count on me, I, do, I carry… it's so unusual for me to make a commitment and then say, oh that wouldn't work, no no. If I said I was gonna do it, I'll do it?

I grouped participant responses and other instances throughout the Time 1 interviews where participants justified their sense of themselves as a responsible person, into thematic categories. The three most commonly employed reasons evoked by participants to explain why they are responsible were: a) I do what I say I'm going to do; b) helping others; and c) employment.

a) *I do what I say I'm going to do*: This statement or a variation on it such as "stepping up to the plate" or "following through on your commitments" appeared to be the most commonly expressed response from participants. Participants' responses suggested that a responsible person is dependable, trustworthy and reliable: "people can count on me to get things done if they ask;" "I always carry through on whatever my commitment is, people can depend on me;" and "my word is totally good, if I say I'm going to do something I'll do something." This sentiment is about not letting others down, and can therefore be viewed as fundamentally about our relationships with others.

b) *Helping others*: Statements about helping others may in part reflect participants' knowledge of the focus of this research on support for aging parents. Participants talked about how they take care of and support other family members or people in general, how they keep the family organized and household running, how they successfully raised children, or moved to the same city as their parents to provide support. Comments included, for example: "I do my best to take care of my folks and support them;" "my life is dedicated to, looking after the physical and emotional needs of my family;" and "I'm there for others, when they need it."

c) *Employment*: Participants also expressed sentiments such as having and maintaining full-time employment (sometimes for many years), having a job with a lot of responsibility, making a career change, and starting one's own business. Comments included: "all the jobs I have had have been 'responsible' jobs where I've had to be publicly accountable"; "the fact that I come to work everyday"; "worked in 30 years for the same place, and very responsible in my job." Notably, those participants who worked in high-level government or political positions tended to refer to accountability in their talk about responsibility, not just in these responses but in other places throughout their interviews, suggesting the influence of these particular local cultures on their interpretations of responsibility.

Less common (and therefore not included in the major categories described above), but also evident, were comments about financial stability or success (e.g. not being in debt; doing what you have to do to get out of a financial 'tight spot'; recently purchasing a house); community involvement; being the eldest in the family; or that others would say they were responsible. For instance, one participant expressed: "I had a friend tell me once, oh, my gosh, of *course* I can give you a reference, you're the most responsible person I know! (*laugh*)."

On a few occasions, the idea of individual responsibility was also invoked in constructing oneself as responsible – this included sentiments about not wanting to depend on others, or "looking after yourself." Interestingly, even in citing an aversion to depending on others, one participant was expressing a belief that is arguably more about conscientiousness and her relations with others in her life: "I'd far rather look after things myself. Than to rely on others and to, and to let others down. I don't like that." This

echoes research by Kemp and Denton (2003), who found that while participants emphasized individual responsibility, it was seen as a positive contribution to the wider collective or societal good. Further, Markus and colleagues (2001) noted how many participants expressed individualistic types of responsibility to others (which they define as social responsibility), such as: "not contributing to social ills, or as not requiring help from other people or organizations – that is, social responsibility as independence or self-reliance" (p.362).

Participants' comments were generally dominated by task-related answers – that is, being a responsible person was generally viewed as involving having to *do* something. Far rarer and sometimes more implicit, but also evident, were sentiments highlighting the emotive aspect of responsibility: "I feel responsible." In these and similar responses, being responsible was justified by feelings, including worry or taking problems "seriously." For instance, one participant described how she worries if things do not get fixed; another participant expressed that she feels badly when she cannot follow through on a commitment. Another participant cited a specific time when she missed a lunch meeting and talked about how badly she felt:

> I remember once, when I was, we were moving, and I was ex – when you do these overseas moves they're extremely busy and I had, I had people I want to see, I had parties and stuff. And I had been asked, and I had, several appointments, dates, lunch dates and all this kind of stuff. And I came, I'd been out doing something, I had coffee or something with somebody and I'd done a couple of errands for the move and then I was supposed to meet somebody for lunch and totally totally forgot. Totally forgot, came home about 3:00 in the afternoon, and my husband said your friends been calling you, where were you, you were supposed to meet her for lunch. I felt, still to this day I can remember still how awful I felt. How, because I had stood her up. Not intending to. But it just really felt awful.

Such comments, although relatively rare, construct the meaning of "being responsible" in relation to its emotive component ("feeling responsible"), and were notably only made by women.

In talking about their own identity as a responsible person, four participants (notably all female) described themselves as *overly* responsible, in comments such as: "to a fault actually"; "to the point of being ridiculous sometimes"; "probably a little more than (humanly possible)"; and "to the point I drive myself bananas sometimes." A similar sentiment was also expressed by another female participant later on in her interview ("I think I would say I overdo responsibility in general"); others referred to difficulties saying 'no' to responsibility. This is an interesting finding, because the dominant public understanding of responsibility is as a positive quality - responsibility is the moral imperative from which irresponsibility deviates. In these sentiments, participant comments suggest the possibility of deviance at the other end of the continuum, of being *overly* responsible, considered a negative characteristic by these women.

In a survey of 83 Americans on the meaning of "being responsible" (Markus et al 2001) and "attending to the needs of others" and "meeting obligations" were the most commonly cited responses. The present research confirms these are important components of interpretations of responsibility (as evident in the categories of "helping others" and "I do what I say I'm going to do"). Yet, it differs in the presence of the additional theme of employment.

In addition, Markus and colleagues (2001) noted differences by educational status, with high school educated respondents also tending to cite "being dependable to others" and "adjusting to circumstances" as part of being responsible, whereas college educated participants tended to cite "juggling and balancing," "taking initiative," "doing what I don't want to do," and "taking care of myself." In the present research, only three participants lacked formal education beyond high school, which limits my ability to

examine potential differences in interpretations by educational background; however, I could detect no differences in the responses of these three participants in comparison with the rest of the sample.

In sum, participant constructions of themselves as responsible people suggest their understandings of responsibility focused on actions and behaviours (feelings of responsibility were far less commonly discussed), most notably around helping others (especially family), following through on commitments, and working in paid employment. The theme of employment, as well as the focus on tasks in these comments, links the concept of responsibility to being a productive member of society, and may reflect the sample composition – the vast majority, both male and female, were employed in professional or pseudo professional careers. In describing themselves as responsible through both helping others and living up to commitments, however, participants were drawing on understandings about responsibility as fundamentally about others, or relational (e.g., involving others). All participants listed several justifications for why they were responsible, and sought to construct a socially desirable identity of being responsible. In doing so, they articulated understandings of the concept of responsibility as particularly relational (i.e., helping and being dependable to others), and being a productive member of society.

In the following sections, I turn to explore participant constructions of responsibility *for others*; followed by responsibility *for parents* in particular.

Responsibility for others: participant accounts of socialization experiences

Normative familialistic and collectivistic ideals regarding responsibility, including "being responsible," manifest within individuals through socialization experiences and their interactions with significant others across their life course. The following quote from one adult son illustrates how his construction of himself as a "responsible person" is closely connected to "being responsible" towards his parents:

> I tend to be the go to person if there is a problem. And I like to play that role. I mean, I am the problem solver. I am the guy who keeps the cool head. Or if you have a problem I am the guy you can talk to about it sort of thing. And, ah, so…the responsibility [for parents]… it sort of works for me individually. In that, that's a responsibility, it's similar to a responsibility that I demonstrated in other parts of my life as well. I mean, ah, if I were not being responsible towards them it would be sort of out of character.

This participant spoke of socialization experiences both recently and in early life where he learned that he was the 'responsible' son in contrast to an unruly and troubled brother. The above quote also illustrates the close relationship between interpretive processes and a sense of identity.

In this section I examine participants' accounts of socialization experiences regarding responsibility for family, as well as responsibility for others more generally in society. Participants were asked to recall, for instance, whether they were taught or learned anything about responsibility for family and/or others in their childhood or early years, including learning experiences that occurred outside of their family context. These data provide evidence of how participants actively used accounts of socialization experiences to construct a sense of identity as responsible people (rooted in their upbringing and background), and often, a sense of their families as responsible families.

Many participants described learning about a variety of forms of responsibility for others from their parents. They spoke of learning about the collectivist normative ideal of

responsibility – for instance, "if you agree to do something you are obliged to do it" - and responsibility for elderly members of society, as well as familialistic ideals of responsibility for family members. Participants spoke of learning vaguer notions around "you just look after your own"; and "look out for your family" as well as very specific forms of family responsibility – for one son, after his father left the family, his mother pushed her sons to make sure they visited him: "for sure she taught it to us, once dad moved out? You know, you guys have to go and see him, you know this is your – yeah, she really pushed that. You know he is still your dad."

One participant suggested that responsibility for family was repeatedly emphasized by her mother throughout the years, and in particular on one occasion in her adulthood:

> I always remember one time actually as an adult. We used to have a summer cabin and we had this kind of nine day birthday marathon. My [nephew] who is a year older than my son used to love coming from the Interior. But my older brother is totally unresponsible and unreliable, and this boy is just like him. And it would make me crazy and we would never know when he was coming, and my mother phoned me once and said "He is your brother's son. He is your nephew. And I expect that you will show him what it's like to be part of our family"… This is my little tiny mother who never…I was probably 40 something and I thought, oh, ok – I'd better pay attention to this one.

This participant was encouraged to take on the role of an agent of socialization of familialistic norms within her family.

Another participant spoke of her father's strong influence on her current thinking about responsibility, describing her father as "really about duty and responsibility" – the following is an excerpt from her interview:

> LF: What have you learned in that family growing up about responsibility?
> P: Oh man, oh my god! (*laughs*) Yeah. You definitely have to be responsible. Oooh yeah, absolutely.
> LF: What did that entail, growing up? What kinds of responsibilities?
> P: Being responsible for your chores, being responsible for, if you say you're going to be home at a certain time, it's being home in a certain time, if it's, if you're responsible for the dishes on Tuesday Thursday and Sunday, you are responsible on Tuesday Thursday and Sunday, and you know,

> everything was met with, like my father was really strict, all the kids, all our friends were scared of him.

While most other participants were less likely to provide accounts of direct instruction from their parents about family responsibility, many referred to modelling – watching their parents provide care for their own parents, at times including co-residence. Notably, these experiences were not always positive. For one adult son whose mother's health was compromised by caregiving for a demanding mother-in-law, the experience instilled in him the perspective that: "even though she was an old bitch, you gotta look after her." For one participant, however, observing the stress and strain of his mother's experience caring for her mother-in-law taught him about responsibility, but led him to establish a sense of limits to responsibility - having to do personal care "24-7" is "too much work for anyone."

Less common, but also evident, were accounts of families in which responsibility to and for each other was neither taught nor modelled; in these families there was little description of socialization into familialistic norms, from the participant's perspective. Further, in at least one case, what was learned was described as antithetical to the ideal of family responsibility: "it's just foreign to our whole family culture to be responsible for anybody else in the family" – in this particular family, socialization may have been more strongly oriented around individualistic norms.

Some participants also recounted socialization experiences related to collectivism; that is, they described learning about social responsibility, or *responsibility for others more generally* (helping others and/or the elderly) during childhood. This learning again was linked by participants to explicit teachings and/or parents' modelling altruistic or helping behaviours towards non-family. For instance, participants commented about

socialization regarding norms such as "you always make sure people are provided for" or "help out other people"; "don't be selfish" or "look out for older people." For some, this occurred alongside familialistic socialization; for others, it occurred in the absence of such. For instance, one adult son, who could not recall learning about family responsibility from his parents, observed: "both my parents both had pretty strong, social conscience? But, I didn't feel that so much in the family context. So, and the, trying to help other people is…that was modelled for me."

In addition, several participants traced learning about collectivism (a *general* responsibility for others) in non-family social groups: one participant reported this at boarding school; others described overseas experiences, religious upbringing, military experiences; government work (with its emphasis on accountability), and other diverse local cultures. Collectivist norms of social responsibility and helping were often further reinforced through professions and employment: the fact that many of the sample worked in caring or helping professions is noteworthy. As one participant describes, this has close links with a sense of identity as a caring person:

> P: I wouldn't be in this work if I didn't get a lot of satisfaction in helping other people.
> LF: What do you think you get satisfaction from helping other people?
> P: From helping other people? Worth, probably. It's a way to measure your own worth is in how you exist to other people. You can have your internal worth from what you think you are to yourself, but also, it is nice to have that validated externally from other places, to say you know, thank for the goodness, that was thoughtful and caring, or whatever.

In sum, familialistic socialization was commonly described, most often in terms of parents' modelling (caring for their own parents or other family members), and to a lesser extent, in terms of explicit direction from parents. Participants also provided accounts of socialization into collectivist ideals of responsibility for non-family others, either through modelling or instruction from parents, or in other contexts such as work or

school. For some, collectivist socialization was described as occurring in the absence of strong familialistic socialization. Others provided accounts in which social, family, and even individual responsibility were learned simultaneously in the same environment. In other words, several participants recounted learning norms of individual, familial and social responsibility throughout childhood – socialization into various ideals was not mutually exclusive. Killian and Ganong (2001) similarly conclude from their research that "strong adherence to any one of these ideologies does not preclude strong adherence to the others . . . judgements of responsibility to help were not mutually exclusive" (p.1086).

Participants highlighted the transmission of cultural knowledge and social norms between generations, and described how they internalized both familialistic and collectivist norms through socialization. However, I do not necessarily accept participant accounts at "face value" as representations of reality; from an interpretive perspective, I acknowledge that these data represent how participants actively constructed their socialization experiences, as well as what they can recollect. Thus, individuals were undoubtedly socialized into responsibility in other contexts and other ways not captured in their accounts. For instance many participants in their interviews mentioned being the eldest child; suggesting socialization into a responsible role identity, even if participants themselves did not directly associate it with learning – although there was one exception:

> I am the oldest daughter, so I think there, is a role that goes with that, or I probably assumed a role that, a certain amount of responsibility for the younger siblings, and my parents when I was five years old I remember thinking that if my parents died, that we wouldn't need any guardians, that I would look after everybody…I thought oh yeah, I could do it, I could look after everybody. Sure I couldn't, but I thought I could have.

When I asked participants specifically about the role of "social norms" or "external pressures" (in the sense of social sanctions from others) the majority of participants (approximately 90%) either actively rejected this idea that social pressures from others existed to promote filial responsibility, or rejected the idea that these would affect their own decisions or motivations. Excerpts from three participants illustrate:

> I: Does it feel like a pressure from society?
> P: uh… no, quite the reverse! I think the culture is just, stick them in a home! And I totally disagree with that.

> I think there is a social expectation. And I think there is a family expectation. And I think you know there's pressure on you to do it. And I think there's quite a bit of health care system pressure for you to do it (*laughs*). And I think you kind of have to take those and make them your own. So, that's what everybody expects me to do but how am I gonna do this for *me*, what is this, what's important to me in it.

> [Responsibility for family] was a huge pressure, a huge norm, in society in general, in the '50s and '60s, but inside my family, there was never acknowledgement that society was ever right. There was always something that was wrong, there were structures that were wrong, politicians were idiots, and it was all that stuff. So I've never felt, no.

While participants could, in other words, describe "learning" family responsibility, they did not characterize this as normative pressure from others in everyday interactions. Actively rejecting the idea, these participants maintain an individualistic, self-determining image. In doing so, participants are actively "individualizing" filial responsibility, divorcing it from consideration of broader societal or structural influences.

One of the few exceptions to this general tendency was an adult daughter, who expressed the following:

> Every day you have people saying, you know how are your parents, it's so good that you're looking after them, yadda yadda yadda. It just comes non-stop. Yeah, and you sort of feel, well if I did decide I wasn't going to look after them, there's nowhere I could live like a human, and have any kind of respect whatsoever (*laughs*). I would be absolutely isolated.

Another adult son also acknowledged the existence of pressures, although he also suggested that people don't want to be "honest" that these exist:

> If they are brutally honest they will say, 'well I worry about what people will think of me if I don't take care of my parents right now.'

Another participant, discussing the motivations of other adult children, also implied that external pressures exist, although she reduces this to an essentially internal response (it's about our concern with what others think of us): "some of it's probably ego driven. They'll think I'm great, or…it's what you should do, or all kinds of messages there." While social pressures were rejected by approximately 80-90% of the participants, particularly in relation to the idea that they might influence them personally or their own sense of responsibility, the following excerpt, from two participants interviewed as a couple, reflects an active articulation of a norm of filial responsibility, as a moral imperative:

> Wife: I don't think that what we're doing is unusual so I think that it must be the normal thing to do.
> Husband: Mhhmm. Yeah I would think that it would be, it's almost like you're expected to do it?
> Wife: Yeah, if someone wasn't doing what they could for their parent I would feel a sense of disgust probably.
> Husband: Yeah, and like why wouldn't they be doing that? If there's -
> Wife: Or, maybe they've got some long-standing -
> Husband: Relationship problem -
> Wife: Poor relationship? Maybe they were mistreated as youngsters.

It was not surprising that few participants actively addressed external pressures to care, and that many rejected their influence on them personally. While this may reflect increasing flexibility and choice in care work and a loosening of traditional gender norms to care for family, other factors may be at work. That is, rather than interpreting these data as evidence of structural freedom (e.g., increasing flexibility and choice in care work), I focus on the interpretive function of rejecting the idea of external pressures. As discussed in Chapter 2, in the context of cultural individualism, individualization and responsibilization, individual choices tend to be viewed as made in a "vacuum,"

uninfluenced by external factors (Jansz 1991; Beck & Beck-Gernsheim 2001; Rose 1996). A social norm of "free and voluntary choice" mediates participant accounts. In addition, maintaining a sense of ourselves as freely caring for parents is important for maintaining a sense of control. Participants could also be wary of depicting their parents as unreasonably demanding (social desirability). To focus on pressure from others means that what we do can take on the character of an obligation or 'have to'- and as I explicate in subsequent chapters, that does not fit with how we see ourselves as independent persons, or our relationships within our families.

While the transmission of cultural knowledge and social norms about responsibility occurs across the life course, in the next section, I explore participant accounts of how these internalized discourses were brought into their conscious awareness of a sense of filial responsibility, as they described beginning to think and have feelings about caring for their parents.

A sense of filial responsibility: participant accounts of the onset of awareness

In my research, I was also interested in participants' interpretations of when they started being consciously aware of feeling and thinking about responsibility for parents. To this end, I coded Time 1 interview data for the "onset" of an awareness of sense of responsibility for parents (Time 2 interviews were similarly reviewed). At times the onset of this awareness was raised by participants without prompting; elsewhere, participants were asked "when did you first start *to notice* a sense of responsibility for your parent(s)?" Within the code of onset, statements were grouped into thematic categories. The data suggest the existence of different pathways implicated by

participants in the onset of the awareness of feelings and thoughts about filial responsibility. Some described a sense of responsibility for parents that emerged during early childhood; for others, it entailed a slow or gradual onset in adult years; for others, the onset of awareness was associated with a triggering event or crisis.

The first type of account described an early onset of awareness: specifically, for some participants, a sense of responsibility for others was traced back to some of their early childhood experiences in their family of origin. These participants spoke of feeling responsible for (or to) their parent from the time they were young; many were raised by single mothers, and specifically referred to concerns about their mother's happiness. As an example, one participant sensed how much of a struggle it was for his mother after his father left the family, and saw his own role as a reason for her to keep going: "so I tried to be not a problem for her. So whenever she was sad, I felt it was my responsibility to cheer her up." As a further example, one adult daughter spoke of feeling from a young age, "a need to protect [my parents], I think, from stuff. From hurt and worry."

A second possible pathway to an explicit sense of filial responsibility was articulated by other participants. These accounts described a more gradual, slow increase in awareness over time during adulthood. Most often, this was described as coinciding with a recognition of their parent's mortality, aging, and declining health: for instance, "she's starting to slow down." One participant portrayed a sense of responsibility as "a soft thing in the beginning, you don't realize [that it's there]?" As another example, the youngest participant in the sample described how he was only just beginning to realize his parents' needs and the stirrings of a sense of responsibility:

> I think more and more that they are going to need some kind of help, they're going to need somebody around to be there for them, and they are going to need stuff like that pretty soon because,

> like my dad is sixty…three or something like this now? In five years, they'll be pushing 70, getting close to that, and I mean you start needing somebody around, to help out and to, this kind of stuff, I don't know, look after them.

Notably, this same participant, when asked specifically about when he became aware of a sense of filial responsibility, replied:

> I don't know… maybe the last few years or so. I think I get a lot of that from my wife (*laughs*). . . . like I see her, and I realize, because I always think of my parents as relatively well-off, and so on, so like why should I be responsible for them, they can take care of themselves? But then I realize that there's more to taking care of a person than just, like, because they can pay for themselves doesn't mean that that's where it ends? And I think I am more, I'm realizing that now, is that there is more to it than just that, so. I kind of have other aspects you know that I have to take care of?

Viewing these comments in the context of what I learned about this participant in his interview, I suggest that he is describing a change in his attitude that is associated with socialization (and pressure) from his wife, facilitated by his sense of age identity (that adulthood is associated with responsibility). This role of a spouse in responsibility socialization was also mentioned by one other male participant explicitly, just after he explained to me how, in his 50s, he re-integrated his parents into his "extended family" (as "two extra kids"), and took on a greater role in their care:

> I was trying to find a day when I suddenly decided I would put my parents into this envelope with my children… I don't know when that was but sometime in the last ten or fifteen years, I decided, it wouldn't surprise me if it wasn't, my wife and I have been together fifteen years, so it wouldn't surprise me if she didn't sort of, nudge me gently into this direction, and because we were close to her parents as well.

In the gradual onset of responsibility, a spouse was also described as influential for at least two other men. One adult son speaks about how the decision to suggest that his mother move to Victoria was actually "a joint decision," and details his wife's strong sense of filial responsibility. Another recounted how his wife told him to make a sandwich for his mother, and he felt a responsibility *to his wife*, to do this. These findings echo those of Gerstel and Gallagher (2001), who emphasized the importance of the

influence that a wife's caregiving has on a husband's involvement in care. Similarly, Aronson (1992b) described how the daughter caregivers she interviewed also felt responsible for prodding their brothers into thoughtful behaviour.

Other, less common influences specifically linked by participants to a slow onset of responsibility included being involved in will planning, changes in parents situations that indicated need (a move; financial changes); receiving financial help from parents (influencing a sense of debt); having children of one's own; and one's own aging.

A third type of pathway to a sense of responsibility was described in accounts of a sudden onset in adulthood, sparked by what McGrew (1998) terms a "triggering event" or crisis on the part of the parent: for example, a cancer diagnosis, a broken hip, or a hospitalization. One adult daughter relates her shock when her mother was hospitalized in a geriatric psychiatric ward: "I am feeling way more connected and responsible since then." Parental health declines or difficulties increase their immediate need for help in the short, and possibly long-term, and contribute to an enhanced awareness of parents' mortality. Other participants referred to feeling responsible for a parent after the death of one parent, either because the loss of a spousal caregiver resulted in the other parent's need for help from children, or because participant became more concerned about the surviving parent's mortality: "I'm like, aaahhh, she's probably gonna go *too* at some point!"

Other triggering events recounted by participants included a visit or a move to the same city, upon which parental need first became apparent. One adult son, for instance, noted that during a visit to his mother out East: "I realized she was not functioning that well and that both my brothers were not cognizant of that." Another participant recounts:

> At first they said that they would come part of the year. In the winter. For a few months, right? And so, I bought the house thinking that, not knowing that they would be there all the time, right? And that all changed the minute, when I went to meet them at the airport. When I laid eyes on them and I saw how frail they were, it was like, oh my God, they need me to look after them.

Another adult son described his sense of responsibility as beginning after they moved to the same city, "when we became the established family members who were on site." Indeed, proximity itself was suggested as stimulating a sense among adult children that they should be helping, or in creating expectations among their parents; in other cases increased exposure to parents enhanced their awareness of need. Notably, proximity was also associated with a sense of filial obligation in a quantitative study by McDonough-Mercier et al (1997), who concluded that "for those children who are close at hand, their parents are nearby and the children feel responsible for them. It is easier not to be concerned about parents…when one lives at a greater distance from those parents." (pp.183-4).

In sum, participants described various pathways to the explicit awareness of a sense of filial responsibility. Some described feeling responsible in their families and/or to their parent from the time they were young; for others, there was a more gradual, slow onset of awareness in adulthood linked to their growing awareness of their parent's aging and mortality. Others described their sense of responsibility as having a sudden onset in adulthood, as the result of a crisis or event that triggered a sudden awareness of parental need or mortality (health crisis or diagnosis, a visit or move, death of one parent). In both adult onset situations, the awareness of a parent's declining health and need was highlighted by participants as playing a key role. The findings also suggest the possibility that the onset of an awareness of feeling responsible *for a parent's happiness and*

wellbeing may be more likely to have an onset in early childhood experiences, whereas feeling responsible *for a parent's physical needs* tends to have an adult onset.

Together, the findings presented so far also suggest that situational factors and transitions of both children and their parents can play a role in socialization as well as the activation or at least the conscious "articulation" (within thoughts and feelings) of internalized norms. Participants referred to transitions in their own lives such as having children of one's own, geographic moves, marriage, and home ownership; they also referred to transitions of a parent, such as health crises, divorces and widowhood. These data reflect what life course theory describes as the principle of interdependent or "linked lives" (Bengston et al 2002; Elder 1994), whereby events in one family member's life have effects on other family members.

Both socialization agents and situational conditions may be important for creating conditions conducive to thoughts and feelings about filial responsibility. Interpreting these findings, however, also requires attention to the interpretive purpose served by accounts of consciously thinking about responsibility, and feeling responsible. This practice likely helps these individuals construct a sense of self as a responsible person, at times in their life when it becomes particularly salient to do so.

Bellah and colleagues (1985) point out that the concept of "taking responsibility" is culturally specific to individualistic societies, and constructs caregiving as a conscious decision and choice, as opposed to developing slowly in a family context over time. In fact, much of participants' talk, while addressing the issue of when and how they became aware of a sense of filial responsibility, also appears to challenge the idea of explicit "decision-making." Not only were few participants unable to pinpoint a specific point of

onset, but even among those for whom a triggering event was involved, many referred to "automatic" responses to parental need (as one participant commented, "sometimes you're in it before you realize you made the choice"). The construction of filial responsibility as "automatic" will be returned to in Chapter 5.

Thus far, participant accounts have suggested interpretations of the meaning of responsibility to/for others as involving "following through on commitments" and "looking out for others" with a focus on tangible actions such as attending family events and helping others (as in providing personal care for family members). Participants also spoke about keeping parents happy, healthy, and safe, very generally, and playing some kind of role in "being there" and/or providing care and help for parents. It is likely that the particular constructions of filial responsibility among participants are linked to a variety of local cultures and contexts, many of which would not be privy to on the basis of my limited contact with participants. For instance, it is no surprise that an occupational therapist spoke of his sense of responsibility for his mother as "maintaining her independence as much as possible so that she can have a quality of life that's optimal for her"; or that those in political or governmental positions emphasized accountability; or that counsellors employed the therapeutic discourse of expressive individualism (as demonstrated in subsequent chapters). In other words, local contexts and cultures, as well as broader cultural discourses (such as individualism) likely mediate participant interpretations.

In the next section, and indeed in the remainder of this dissertation, I further explore individual interpretations of filial responsibility through examining participant

talk. First, I analyze participant talk as *reactions* to questions about filial responsibility, an approach inspired by ethnomethodology and interpretive practice.

Participant accounts of being and feeling responsible for parents

Filial responsibility is itself a cultural construct embedded in broader familialistic discourse; participant responses provides information about how they justify and explain their thoughts and behaviours, as well as information about the cultural construct itself, at least how these participants perceive it. In this section, I present an analysis of the interview data as naturalistic events.

As illustrated in the previous sections, it would appear that participants had little difficulty justifying why they were responsible people, providing accounts of socialization into family responsibility (while rejecting the idea of being "pressured" by others), and describing how their sense of responsibility for parents emerged into their conscious awareness. However, their acceptance of the concept of filial responsibility overall in participants' talk could best be described as equivocal. Some participants faced uncertainty, discomfort and/or difficulty when they were asked to talk about their sense of responsibility for parents in detail, and the idea of "feeling responsible" in particular. Participants expressed contradictions within an interview (or between Time 1 and Time 2 interviews); qualified the concept of responsibility (or modified its meaning in relation to the provision of parental support), and "feeling responsible"; and reacted to the experience of speaking about responsibility in the interview context. In the remainder of this chapter, I describe these reactions to talking about responsibility (and in particular, feeling responsible), data which in large part motivated the analyses presented in the

remainder of this dissertation. I suggest that these data represent participants' active responses to broader symbolic meanings embedded in the cultural construct of filial responsibility. That is, participants were reacting within the interview to possible symbolic connotations of responsibility.

Contradictions in talking about responsibility were evident in the course of many of the interviews (and a few in particular). Indeed, such contradictions may be to some extent normal within talk (and indeed, normal within broader discourses employed in talk). I am not making a moral judgement about participants who expressed contradiction, but rather, am highlighting these data for what they might suggest about participants' interpretations of filial responsibility.

One female participant emphasized how she does not feel responsible for her mother - rather, it is a privilege, and she enjoys helping. In making this qualification, she is reacting to the concept of filial responsibility as implying that parent care is negative. Then, elsewhere in the same interview, this same participant comments: "I would say everybody has a pretty good sense of responsibility ...everybody feels a sense of responsibility." By including herself within "everybody," this participant is also expressing contradictory[7] statements about feeling responsible. This participant was not aware of this contradiction in her statements, and did not express any personal difficulties stemming from an awareness of contradiction.

In another example, one male participant described himself as a "good son" and responsible caregiver: "let me be clear, it's not like I don't feel any sense of responsibility. I absolutely do." Later, he states: "I actually feel no responsibility towards my parents whatsoever. I would just never use that word," and "other people would call it

[7] I am using the term contradictory here to indicate inconsistency, or sentiments that make opposing claims.

a responsibility that I have or that I'm taking. I don't view it that way." In justifying the latter claim, this participant spoke of the "automatic" or subconscious quality of his care for parents, a point I will return to in a later chapter on familialism.

In a final example, an adult son notes, "I don't feel a sense of responsibility. I'm just responsible." This statement suggests a possible discrepancy between the emotive (feeling) aspect of responsibility and an identity as a responsible person (and/or 'being' responsible). This participant in fact alternated throughout his interviews between talking about a sense of responsibility and obligation he feels to his mother and maintaining that he does not feel responsible. Further, while at some points he appears to equate obligation with responsibility; at others he distinguishes between the two concepts, as in the following: "I 'have to', is an obligation. And I don't feel that. I feel that it is just, part of my responsibility as a son?" This participant struggled throughout the interview with the tension between *being* responsible but not *feeling* responsible for his mother; between feeling responsible as a parent, but not as an adult son; and between his belief that "as a society we would have an obligation and responsibility to the generation before us" and not feeling this same way "on a family level."

This particular participant experienced the process of articulating his sense of responsibility as personally uncomfortable. During his interview, while talking about filial responsibility, he became clearly perplexed, even disturbed, and expressed the following sentiments: "I feel like I've failed you"; "I feel like I am a contradiction"; "I don't feel responsible [for my mother]. I can't get over that. I'll have to think about that." This participant is acutely aware of what he perceives as a dissonance between his personal feelings (not feeling responsible for his mother) and his familialistic ideals

(which prioritize family and social responsibility for the elderly), his professional role (he fulfils a societal responsibility to the elderly at work); and his feelings about his children (as a parent he feels responsibility). Yet repeatedly, he cannot reconcile these with his interpretation of his personal responsibility to his mother, which does not feel like an obligation or responsibility: "when I think of it at a personal level, as we have been discussing it, I don't feel that it's a responsibility."

In fact, while the majority of participants espoused a moral imperative of filial responsibility - that we should take responsibility for aging parents, in the sense of responding to parental needs - and while *all* participants described themselves as responsible people (i.e., "being" responsible or identity), this did not necessarily translate into a personal sense of *feeling* responsible for their own parents.

In this research, I used the rather ambiguous phrase "sense of responsibility" in my questioning, leaving the interpretation of that phrase to the respondent. When I asked what a sense of responsibility is like, participants often described feelings involved in the practice of support for aging parents[8]. In the course of doing this research, I developed an interest in further exploring the nature of "feeling responsible" for parents; this motivated me to ask participants about this in particular. Participant reactions to this concept, as well as their reactions to the construct of filial responsibility more generally, suggested that for some, the construct implied feeling obligated or duty-bound. In the remainder of this dissertation, I explicate how "responsibility for parents" thus is interpreted negatively because it threatens our sense of ourselves as independent persons making free choices without being pressured by others; it threatens the sense that our parents have their own

[8] In contrast to their task-focused responses to questions about being a "responsible person" described earlier in this chapter.

individual responsibility and autonomy and the desire to maintain an equal balance of power in family relationships; and it may imply we do not love parents, which violates a feeling rule. Further, I suggest that the tendency to focus on the feelings involved in "doing," for many participants, is because "feeling responsible" is more difficult to talk about.

As well as contradictions, another common reaction to talking about a sense of responsibility for parents included qualifying the concept (most evident, for example, in the use of the word 'but'). Examples include the following descriptions from three separate participants when asked to describe their sense of responsibility for their parent(s):

> "Within limits, within boundaries, I mean, there is only so much I can do, right? And there's only - they don't expect - I don't think they have high expectations either, they don't expect me to see them everyday, yet they appreciate it when I can. So they tend to be quite reasonable.
>
> "I feel responsible for my parents that, I should be doing things for them, to help them? And it's not like trying to help them that I feel that I should pay back? But it's just, I just have respect for 'em."
>
> "I don't do it because I want the gratitude or anything."

Additionally, some participants explained why they feel "responsible to" but not "responsible for" their parent[9]; others emphasized that responsibility for parents was so automatic that it was subconscious; for others, the concept did not "fit" – for instance, one adult daughter, when asked to compare responsibility for her son to responsibility for her mom, replied that the concept responsibility fit better when describing her relationship to her son, but that for her mother, "it's really different. In fact, the word

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[9] Moran (1996) argues that being responsible "for" others is neither possible nor desirable, except when they cannot be responsible for his/her own actions. In his own research, an interviewee who does not articulate her responsibility *for* her family is "far from being typical of a selfish-sounding generation…is resisting the grandiose rhetoric that so often accompanies talk of responsibility" (p.75) that focuses on responsibility "for".

responsible, it's almost like I need, would need two different words in a way, I don't even know how to describe that?"

The fact that many respondents actively sought to set limits and qualify on the concept of filial responsibility in their talk (or reject it altogether), suggest some degree of reaction and/or resistance to the symbolic implications of the cultural construct of filial responsibility. These participants were rejecting or revising the concept of responsibility as something that is negative or burdensome, by emphasizing that their own experience is *not* negative. One participant, who would describe himself as having a sense of responsibility for his mother, was asked what it feels like: "well, I don't consider it a burden at all." Another, in describing his sense of responsibility, replied, "it's not onerous." And one adult daughter, who feels a sense of responsibility, was asked what she expects of herself in relation to her mother: "well it's not a sense of obligation. It's, I really like her (*tears*). So it's a sense of responsibility but it's also a privilege?" The following is an excerpt from an interview with another participant, who was providing support for both her mother and mother-in-law at Time 1.

> LF: Is there a greater sense of responsibility for either one [mother or mother-in-law]?
> P: If, you're suggesting that responsibility is a negative thing, it's more for my mother-in-law. I have a feeling of responsibility for both of them. But I feel more negative responsibility for my mother-in-law.
> LF: And I'm not actually suggesting it's negative or positive, it could be both?
> P: The way the questions are, it sounded a bit, yeah.

After I had stopped the tape at the end of the interview, this participant again expressed that the questions I was asking implied that responsibility was negative. In reading through the transcription of that interview and listening to the recording, I paid particular attention to the questions and how they were worded, yet I could not see what she had described. I wondered if my use of the word "responsibility" to describe relationships and

caregiving was causing this impression. In the second interview with this participant, I spoke about how some other participants appeared concerned that the word "responsibility" made support for parents sound negative, and this participant confirmed:

> I think that is probably what I felt a bit. Like I thought, "This is really weird because I don't just see this as this onerous responsibility. I am choosing to do this. I want to do this." And it's a good, like it feels natural to me. So yeah, maybe our own, you're right, maybe society has put a bit of a negative thing especially around parents. Maybe our culture makes that seem like it is a negative thing.

Another adult daughter, whose interview very clearly communicated her love for her mother (who was palliative), nevertheless followed up her first interview with the following email (included here with permission):

> Laura, I have thought a lot about our interview yesterday and realize that I seldom used the word 'love' other than my reference to the book by Robert Munsch called "Love you Forever". I am sure you realize through our conversation that there is a great deal of love in my family. My mother has always espoused unconditional love and for the most part - given human failings - she has exemplified unconditional love with her children and grandchildren. I have perhaps an overdeveloped sense of responsibility in most if not all parts of who I am…and…I love my mother very much, thus my commitment to supporting her to the best of my ability.

My interpretation of this reaction from this participant is that she is trying to "compensate" for a perception that by talking about feeling responsible, she is not communicating her love for her mother. Another participant, after relating a personal story about her sense of responsibility, expressed, "I'm painting myself as being horribly responsible…it's sounding almost a bit like, what is she, some sort of, Puritan or something?" Further discussion revealed more of her concern for how she appeared to others, who may judge her: "it probably looks like, does she think she's some sort of wonderful thing or something"; "when you get talking about it, you sort of think, sort of just how impressed am I with myself and my 'sense of responsibility'."

Thus some participants appeared concerned that talking about responsibility conveys the impression that the experience is negative, that one does not love one's parent, or that one is overly egotistical or "impressed" with oneself. These reactions, then, provide further insight into the symbolic meaning of the concept of filial responsibility. It is important to note, therefore, that when participants prioritize the positive aspects of their relationships with aging parents, or emphasize choice or autonomy, that this may in part be a reaction to their concern for the symbolic meanings implied in the cultural construct of filial responsibility.

One participant articulated an especially wide range of explanations for why he does not feel responsible for his mother. I present these here as an in-depth case study, because the comprehensiveness of his justifications make it a particularly rich case; further, many of these justifications are echoed in the accounts of other participants (making it a particularly good example). The following is a thematic grouping of the justifications for "not feeling responsible" that appear within this adult son's interview, followed by summary comments (in italics) and excerpts (in quotes) for each.

a) **It's my choice:** *He does not feel obliged or forced:* "If I *choose*, because I should, go and try and enrich her life then I will do that. Because I can. But not because I have to."
b) **It is not obligation or burden:** *He does not feel obligation or burden in relation to his mother, and does not think of her that way.*
c) **Everyday quality:** "Built in to be part of my day that meets her requirements."
d) **A no-brainer:** "I don't feel that it's a responsibility, it's just the right thing to do"; "I don't feel that as an obligation or a responsibility, it's just what it is."
e) **Low need:** *He is sharing responsibility with his siblings; her material/physical needs are being met by his sister* "it's being taken care of…if I didn't show up at all, she would still have all of her material needs met." *Responsibility is being addressed collectively as a family.*
f) **Not accountable for it:** "If I don't make sandwiches for my mom, no one is going to take her away. She still going to be there, and she still going to be

my mom." *Notes he is not motivated by a fear that "purgatory" awaits him otherwise.*

g) **A natural evolution/continuation of the normal relationship:** "I've never felt anything other than love for her and anything that I can do to make her day better I've always just kind of done that, trying to help her. And when she is sad I'm sad, and I try and cheer her up."
h) **Don't feel I should do more:** *There is nothing else he should be doing above what he is doing now.* "I feel I've done what I should do," *and if something more needs to be done, he will do it.*
i) **She's had a good life:** *His mother is doing/has managed well, has had a good life.*
j) **Individual responsibility**: "Is there some homage that I need to pay her or some responsibility to extend her life or to improve it in different ways? It goes back to that, what she instilled in me, in that, you are responsible for yourself! And um, so I can't shake that."
k) **She's not "an old person":** *While he believes we should respect and have an obligation to the elderly in society,* "I can't, take her out, of the role of my mom and put her in the role of an old person."
l) **It's not negative**: *He emphasizes that he does not feel negative about what he does for his mother.*

Some of this participant's responses are reflective of his particular situation (his position of socio-economic privilege), and most importantly the fact that his sister is doing far more to meet his mother's needs. He conceptualizes responsibility as involving tasks, and he has few tasks he has to perform for his mother's care, because of this. However, his talk also indicates that his resistance to the idea of feeling responsible also hinges on his interpretation of responsibility as negative and involving obligation and burden:

> You have a responsibility - blah. When I think of that, it's a challenge it's a test. It's a, you must *do* something. You're responsible for, making sure the kitten is okay. Um, you have to feed the kitten everyday: "if you're not responsible for the kitten you can't have one!" Uh, so it, it's tasks, it's burden, it's obligation. And while I think of my mom, I don't think of her in that way.

Similarly, Sheehan and Donorfio (1999) concluded that some of the adult daughters they interviewed rejected the caregiver label "because they equate the term with…feelings of strain or negative emotion" (p.166).

Like the three female participants described earlier who reacted to the process of speaking about responsibility for parents, the above account suggests an understanding of responsibility as something that is a difficult and involuntary obligation that is particularly negative, and that one is accountable or feels guilty when it is not met. Likewise, comments made by other participants similarly associated the concept with guilt, burden, "an onus of distaste," and accountability:

> Let's face it. As soon as, the word [responsibility] is usually brought up, is because somebody isn't doing what they need to be doing to begin with. It's your responsibility and you should be doing it. I don't think of it as that? But when it's brought up, that's what it is.

For many participants, talking about a sense of responsibility may be seen as symbolizing that you were forced into doing it, that you do not want to do the task, that you do not love your parent(s), or that you have control over and are accountable for their well-being.

Findings also suggest a possible incongruence between the emotive aspect of filial responsibility (feeling responsible) and both personal identity (being a responsible person) as well as moral imperatives of filial responsibility (we should be responsible for parents). Indeed, it exposes a particularly interesting contradiction in North American society. Generally, the idea of having or taking responsibility for parents – the practice of responsibility - is seen as a moral good, as expressed for instance in participants' assessments of others in Canadian society (as I will outline in Chapter 5). But the incongruence of this ideal with personal understandings was expressed by one participant, who spoke of the downloading of responsibilities – as tasks – to family members: "So I guess, in a political, you know, looking at it politically, those are

responsibilities, right? It doesn't fit with feeling! It's the task side, okay, but not the feeling side."

While participants had difficulty applying the concept of responsibility at the level of their personal relationships with parents, data presented in the following chapters also portrays individuals as responding to the construct by qualifying, revising, or in some cases rejecting it, drawing on both individualistic and/or familialistic ideals in diverse ways to assert their own and their parents' independence as well as the role of affection in their family relationships, as well as to justify the limits of and cope with the issue of support provision for aging parents. In doing so, they also negotiate and manage the tensions between these ideals.

Chapter 4. Individualism and Filial Responsibility: personal and parental autonomy in participant accounts.

In this chapter, I examine how norms and values congruent with the notion of individualism prevalent in North American society predominated in participant accounts, particularly where they reacted against the cultural construct of "responsibility for" parents and sought to modify or set limits on support for parents. The following sections address the operation of ideals of choice and autonomy (first personal, and then parental) in participant interpretations.

Prioritizing personal choice in filial responsibility

Earlier, I suggested that some participants were uncomfortable describing themselves as feeling responsible for a parent, in part, because their perception of the symbolic meaning of the concept implies they were forced into doing it, and that it was not their free choice. For these participants, responsibility was akin to personal obligation. In their personal interpretations and accounts, and in reacting to the cultural construct of responsibility, many participants invoked ideals of personal choice and autonomy – while at times also expressing awareness of tension between individualism and the concept of "responsibility for/to others."

For example, one adult daughter who expresses responsibility for her mother repeatedly emphasizes throughout the interview that it is her own choice:

> LF: Do you feel you have a sense of responsibility for your mom?
> P: Yeah I do, in that I wouldn't let her, suffer, and I would want to be there and I don't want her to suffer in terms of loneliness, or care needs, or whatever, so yes, I have some responsibility to do that. But I also don't feel that, like… I think I'm taking that on, as opposed to it being imposed on me.

Another participant was asked for a metaphor to describe her sense of responsibility:

> I would say it is a burden, I see it as a bag on a stick kind of carrying it over my shoulder, which is kind of sad to look at it like that, but it is. It would be nice not to have that. But it's there cause I choose to have it.

Another participant expressed:

> I feel I have too much responsibility, but I bring it on myself. It's not that others are laying it on me.

A quote from another participant suggests social desirability may play a role in participant emphases on choice in filial care work; here, the participant equates talk about responsibility with feeling negative about caregiving, and is careful to position herself on the side of choice:

> I don't feel cornered. I never thought, oh well, nobody, ah - It wasn't a negative like, 'oh now I'm painted in a corner and nobody else is gonna do it so now I've got to.' Not at all. It was an absolute choice. This would be best.

The emphasis on personal choice within the interviews suggests the influence of individualistic cultural ideals of autonomy and self-motivation (Agich 1990; Jansz 1991), ideals that have manifested through socialization, and are embedded within participants' taken for granted psychological understandings of the self. Indeed, it has been suggested that individuals in contemporary North American society conceptualize family responsibilities with abstract notions of individual rights, viewing them as contractually based and voluntary (Beck & Beck-Gernsheim 2001, Markus et al 2001; Silver 1998; Smith 1993). It is also possible that individuals socialized into individualistic cultural norms might tend to interpret responsibility for others as negative and burdensome (Beck & Beck-Gernsheim 2001; Bellah et al 1985; Cicirelli, 1993; Lyonette & Yardley, 2003; Rose 1996; Smith 1993).

Particularly interesting are several excerpts from participants that, while emphasizing the idea of personal choice, suggest underlying tensions involved in applying the framework of choice to filial responsibility:

> I'm aware of the fact that I'm making the choice to do it. There are times when I feel pressure I guess, but I think I choose to succumb to that pressure.
>
> I could choose not to care, and to not notice it.
>
> I can be a bad daughter if I want to, but that's my own evaluation of that.
>
> I could go with all the negative consequences if I really wanted to…If I really wanted to be stubborn or unhelpful…

In these quotes, participants are insisting that their sense of responsibility for parents, what they do and feel, is a choice, although this choice involves, for example, choosing to succumb to pressure, choosing to care about, and choosing to avoid negative consequences.

After several participants in initial interviews qualified their talk about responsibility by insisting it was a personal choice, I began to ask participants to reflect on whether or not their sense of responsibility for parents was a choice, as well as more specific questions about whether responsibility for parents is best described as a "have to do"; "should do," or "want to do." Participants' explanations for why they felt that a sense of responsibility was a choice, and why they felt it was a sense of obligation (from Time 1 and Time 2) were grouped into the following broad thematic categories. It should be noted that the comments, not the individuals, are the focus of analysis here (and not being 'counted'), because some participants expressed responsibility for parents at times as a choice and at other times as an obligation. In addition, some participants expressed feeling both simultaneously. Thus, my interest was in how particular patterns of interpretations are used by participants in their accounts.

The first set of explanations is provided in relation to a description of a sense of responsibility as a choice. First, some explanations were based in the presence of

possibilities and more hypothetical or occasional *options* – notably focusing on the fact that he or she *could* have, *might*, or *sometimes does* choose otherwise. The kinds of sentiments expressed here include:

- I don't "have to" do anything, I can choose not to or could have chosen otherwise, other people do choose otherwise.
- I would choose otherwise if my daughter were ill; I would put myself and own family first.
- Others could choose not to do it.
- Occasionally I say no, not today.

With these explanations, participants are communicating the idea that they are not constrained to provide support, because *the possibility* exists that they could or sometimes do choose otherwise.

Secondly, participants expressed that personal choice was present in situations of *low need for support.* This includes two types of comments. First, some comments referred to low need arising from external or contextual factors, such as having other siblings or formal services available, or having assets and resources. The second set of comments related low need to parent characteristics, including good health, function or only early stages of need. While these comments point to the influence of contextual or situational factors, it should be noted that personal choice was also cited by several participants whose parents had significant physical and mental health issues, and thus a high need for support. Further, a lack of choice was cited by those with siblings, high financial resources, and those whose parents were not in high need.

A third set of explanations for choice in filial responsibility focused on the presence of *personal benefits*. Indeed, in many interviews, participants constructed selfishness as the real motivation behind caregiving for parents, as opposed to altruism or selflessness. One participant emphasizes throughout his interview how care for parents is "all about you"; another expresses "a little of it is more self-serving than serving others

probably." These findings parallel the argument made by Impett and colleagues (2005): "not all sacrifices reflect genuine concern for a partner's best interests. Acts that appear unselfish...may actually be motivated by self-interested concerns" (p.341) such as avoidance of conflict or other negative outcomes that ultimately affect oneself.

Similarly, selfless motives to some extent were criticized by participants who emphasized the need to care for oneself as well as others and the importance of not being a 'martyr':

> I know people, one in particular, who really put the rest of her life on hold to take care of her parents, ah, and it's sad! Because she is waiting for the day where she doesn't have to do that, in one way, and regretting it and dreading it and in another way. It's a bad place to be.

Another female participant describes her mother as a "born caregiver" and a "selfless person" who is always thinking of others, but is careful to add, "but not to the point where she's a martyr?[10] She looks after herself?" Notably, I also noticed a negative characterization of a "martyr" by other participants; similarly, Gubrium (1988) found that the concept was interpreted as a negative standard in a caregiver support group.

In the current sample, a tendency to ground a sense of responsibility in "selfish" motivations or personal benefits was more predominant among male participants. Participants who were the strongest advocates of an "individualist" life philosophy (who tended to be male), argued that they based most of their life decisions and actions on what makes them feel good and serves personal needs. This also applied to filial responsibility, because "it's going to make you feel good if you're looking after them"; "if my mom asked me to fix the stairs and she fell down the stairs because I didn't fix the stairs because it was broke, how do you feel after that right?" Two male participants also

[10] My transcription of the interviews included notation of participant "upspeak."

mentioned payoffs in terms of childcare provided for a grandchild. Another participant expressed:

> I must confess I have a great fear of her falling! ... So what is really going on here? Well, if she falls and becomes more infirm that makes it harder for me. Now it is like preventative maintenance. Much better that I change your light bulb so you don't topple off your stool and end up in a worse situation. I mean, it is good for her but it is also good for me. Is that enlightened self-interest or what?

Another participant notes that part of his concern for his mother's well-being and decision-making stems from his concern that at some point, "I am going to pick up the pieces."

Women were more likely, instead of defining selfishness as part of responsibility, to position selfishness (as negative) in opposition to responsibility (as goodness). One adult daughter speculates on whether her mother might be comfortable with a move to assisted living:

> I honestly think that she would actually like it. Like once she - and I try not to look at it from a selfish point of view saying "oh my God, I'm feeling so much better, she's not in that great big house!" But I think she honestly would like it as well.

Another daughter speaks of the powerful influence of family socialization:

> ...In the back my mind when I think, oh my God, I just don't wanna do that tonight? In the back of my mind is dad's voice and, "don't be selfish" That's what I was always told, right? When I'm thinking of myself, and not others? I'm being selfish...that was my, environment that I was brought up in? . . . and that's really strong, like that's a part of who I am, right?

These gender differences may reflect gendered differences in the experience of role socialization (Aronson 1992b). For instance, Davidson (2001) argues that "selfishness" for women (who tend to be socialized into values of interdependence and connectedness), is defined by not helping others, whereas "selfishness" for men (whose socialization prioritizes independence) is causing trouble or bother to others. However, not all women found it difficult to prioritize their own needs as well as those of others, or to view responsibility as motivated by "selfish" considerations. Further, most of the men

I interviewed had distant or ambivalent relationships with their parents; this may be associated with their desire to focus support provision on personal motivations. Indeed, one male participant suspects that *because* he is not close with his mother, he takes a more "selfish" approach:

> I don't feel that I'm doing it because I love her or that I want the best for her? It's just, oh I gotta do this, what a pain in the ass. So, I gotta do it, so I'll do it, it's my responsibility, it'll make it easier for me in the long run? What's easy for me? So like, not necessarily what's best for her but what's easier for me?

A fourth set of statements used to justify the idea of choice focused on filial responsibility as an *internal characteristic* under one's *personal control*. Participants talked about setting their own limits on support provision or selecting the times when they interact or activities they provide; they also spoke of their own control over the personal impact of caregiving: "the choice is what it is going to mean to you." Indeed, one adult daughter equated a sense of responsibility with a sense of control: at Time 2, she suggested that what she described as a sense of responsibility at Time 1 may, upon reflection, have been more about her desire for control over the situation. Another daughter similarly equated responsibility with control by emphasizing that she is only responsible for what she has control over - responsibility involves:

> . . .looking out for others, and if I see things that I'm not happy with, that I have control over to try and change them somehow but if I don't have control to try and get the people who do have control to look at it.

Other participants referred specifically about their need to have "a frame of mind" that views responsibility as a choice; this "is the healthiest way to do it" and involves approaching responsibility from a "more positive place." By articulating the ideal of choice, these participants are aligning themselves with a dominant cultural discourse, but

they may do so in order to facilitate a sense of personal control in parent care within the cultural context. As one participant expresses:

> ...even though I know I have to do this. But I am choosing *how* to do it. I Then I am in control. I feel okay with my life.

In this way, individualistic cultural norms and values mediate participant interpretations of filial responsibility.

Similarly, a fifth grouping of explanations for choice in filial responsibility focused on the *personal desire and internal motivation* of participants to support parents: "I'm doing this because I want to." For one participant, for instance, while an obligation existed, it was not to someone else, but to himself, to meet his own ethical standards: in this sense, his motivation is self-driven. While comments grouped under this category essentially equated internal motivations with free choice, internal motivations have been characterized elsewhere as mechanisms of social control that operate through one's socialization and sense of personal identity (Aronson 1992b). That is, the manifestation of 'wanting to' in participant accounts is evidence of the manifestation of individualistic discourse. In addition, 'wanting to' serves an important psychological function for participants. For instance, participants at times spoke of how "wanting to" is about maintaining a sense of control and approaching parent care with a positive attitude:

> I feel obliged whether I want to or not. That is what obligation means to me? I am obligated, whether or not I would choose to anymore, or I really want to becomes a secondary thing? But if you want to do it or you even feel it is the right thing to do, it doesn't have quite the same level of obligation for me? That would be the distinction I would make there...it is a matter of degree also. Like I don't want to go visit today so I am not driving in there today. That is okay, with me. It doesn't mean that I wouldn't take responsibility or, if something happened I would go. I guess it doesn't have to be a big sacrifice. Because I think that does cause resentment. Now there are times when there are crisis situations and you just need to do what needs to get done. But on a day-to-day basis I don't have to overdo it to a point where I start to feel, "Oh my God." Because then it is not done with any grace. And it is interesting because I try to catch myself around, "Yeah, that could be something that you feel like doing today or it may not be something that would be the smartest thing for you to be doing today." And not to come from a "gringey" place about trying to be helpful, right? I don't want to feel *obligated* in a way that for me would cause resentment more or tension.

The above excerpt demonstrates the emotional labour involved in parent care, but also suggests that individualistic cultural norms mediate participant accounts in part by fulfilling participant desires to maintain a positive attitude in order to cope.

Importantly, many comments about the role of "wanting to" in participant accounts were articulated in reaction to being asked to talk about responsibility for parents; participants may be responding to a symbolic understanding of responsibility as something we normally do *not* want to do (an understanding which may be linked to a cultural context of individualism). One participant, for instance, expressed: "[responsibility] would mean obligations you have that you don't particularly want." Notably, this finding has echoes in findings from Markus and colleagues (2001), who found that "doing what I don't want to do" was one of eight themes identified by respondents as part of "being responsible." Likewise, many comments reflected feeling a lack of choice (i.e., "should" or "have to" provide support) at specific times when parent care involved postponing or not engaging in activities participants would "rather do." In contrast, a sense of choice was facilitated in situations where participants could describe themselves as wanting to provide support; these comments attempted to construct their situations as incorporating "wanting to."

Within an individualistic framework, "wanting to" may be considered self-focused or individualistic. One male participant, for instance, espoused a religiously-based life philosophy rooted in "doing what you want to do" and acknowledging personal and self-interested motivations – he linked his own sense of parent care to consideration of the personal costs and benefits involved. Two other participants who particularly emphasized "wanting to" both had counselling backgrounds. Indeed, counselling was one

local context infusing the accounts of several participants: therapeutic discourse (i.e., expressive individualism) was prevalent among those who trained or practiced as counsellors as well as among those who had attended counselling sessions. One adult son, when asked to suggest what indicates that he is a responsible person, spoke of the "counsellor's creed" that he learned from his mentor: this involves not only following through on commitments, but also never committing "to something that you either don't intend to or aren't able to accomplish, and it's just the most wonderful guideline to work with. Actually, all the way round in everything." Another adult daughter, also trained in counselling, spoke of a time she made "a real conscious decision …that what I would do for my mom, would be based on what I wanted to do, what felt good to me…because of my sense of my self. Yeah. And I think that still guides my relationship with my mom."

It has been argued that a "therapeutic" ethos pervades North American culture more broadly, and is a contemporary manifestation of individualism that decontextualizes and individualizes the issue of parent support (Bellah et al 1985). The above comments represent the manifestation of such a therapeutic, individualistic ethos. Notably, Bellah and colleagues (1985) found that more affluent respondents with higher education were more likely to employ the individualistic language of "therapy" to interpret their commitments in terms of personal choice: the vast majority of participants in the present research also had post-secondary education.

Bellah and colleagues (1985) claim that a therapeutic framework rejects the idea of external obligations and standards, prioritizing self assertion and self interest as opposed to self sacrifice. In a therapeutic model, problems themselves are individualized

with little attention to institutional structures and collective contexts. Therapeutic discourse is also linked by Karp (2001) to a sense of ambivalence about close family ties:

> . . . decisions about how to draw boundaries are compounded by a widely held cultural prescription that over-involvement with dependent people might properly be considered a disease. The existence of a whole social movement in America dedicated to avoiding 'enabling' and 'codependence' is striking evidence of Americans' confusion about the permissible limits of human closeness. Co-dependency can arise as a pathological condition only in a society that fosters deep ambivalence about the value of extensive ties (p.38).

In this way, the therapeutic discourse of expressive individualism could stigmatize women who are socialized into meeting the needs of others.

Many participants, in emphasizing their personal desire to provide care, also referred to their sense of love and affection for parent(s).

> . . But the overarching thing, the most important consideration is the fact that I like her! I care for her and she is very important to me!
>
> I don't feel it just as a sense of duty? I do care…
>
> I feel like yeah, I wanna do it, she's been a great mom, of course I would do it, I like being with my mom.
>
> It's not a sense of obligation. I really *like* her.

These accounts may, because they support the idea of "wanting to" and therefore choice in filial responsibility, similarly be viewed as stemming from an individualistic framework, although as I discuss in the next chapter, this interpretation is not straightforward. Further, while ideas of affection and love could maintain a sense of self as making a voluntary choice, applying the concept of choice to a loving relationship was not necessarily easy. The following excerpt from one participant illustrates the difficulties:

> If there is the love there, an unconditional love, then it is a very simple choice and there is no degree of obligation. Cause you care so much that you wouldn't do anything else. So you are going to make the caring choice every time if you love someone. And you won't feel any negativity, about giving…[*refers to the idea of obligation*] And there is that degree of negativity because obligation sounds like, I really don't want to but I have to. If you love someone, you want to…There is no other choice. Yeah, so you want to.

Because it is difficult to reconcile with ideas of obligation, love is often posited as a "discretionary" motivation by caregiving researchers (Caputo 2002; Cicirelli 1993; Lyonette & Yardley 2003), as well as by some participants in this study. However, another adult daughter, after describing her responsibility for her mother as a burden that she chooses to carry, expressed the following:

> P: I don't know, it's just ah, part of caring for my mother I guess, just part of the, comes with love and everything it's ah, it's just – it's there. I can't, it's not something I can separate.
>
> LF: So in that sense is it a choice?
>
> P: …I guess, not for me, I suppose you could choose to love less? Maybe, you know. I mean I guess it depends on your original relationship or if you have a falling out or anything.

This excerpt illustrates the difficulty involved in trying to reconcile the individualistic ideal of voluntary choice with the idea of loving a parent. In fact, as I will argue in the next chapter, comments about the role of affection and love can also be analyzed in relation to familialism (with an emphasis on solidarity in the family unit), and therefore obligation (where "caring about" someone is equated with "caring for" them).

Indeed, it is also noteworthy that others suggested that *distant or conflictual* relationships brought more choice to a sense of responsibility. For example, one participant felt that what he did was a choice "because of the nature of my family"; and another suggested "I don't have the kind of loving relationship with my mother that I feel I need to be there every day." These exceptions may support findings from McDonough-Mercier and colleagues (1997), who found a sense of filial obligation to be associated with perceived quality of relationship (in the positive direction); as well as other work that argues that families that emphasize autonomy and independence tend to have poor quality relationships (Pyke & Bengston 1996). The data also suggests that participants

actively employ characterizations of their family life in sometimes quite different ways, to construct a sense of responsibility as a choice, suggesting the strength of this normative ideal as well as the desire for a sense of control.

Overall, the emphasis on choice in filial care work and responsibility in participant accounts may partly stem from contextual factors such as having siblings, a parent in good health, or financial resources allowing access to private care. For instance, the language and discourse of individualism is generally believed to be particularly common among those with higher levels of formal education (Bellah et al 1985). The majority of the sample in the current research (except for three individuals) had post-secondary education or training, yet no noticeable differences were detected for the three exceptions.

Additionally, poverty was not currently faced by anyone in the sample (but in some cases, was in the past); all owned their own home, and in most cases, both spouses were employed full time (a sample bias towards middle to upper class participants is acknowledged). While not all of the participants would likely be able to hire private caregivers, some would have that ability; additionally, some had jobs with flexibility; others had resources in the form of other family members. However, participant's comments did not follow a distinct pattern in relation to contextual factors, and in fact choice was also emphasized among participants who had fewer resources and parents in poor health. It is possible, however, that among a sample of individuals with less education and/or of lower socio-economic status, individualism (e.g., an emphasis on personal choice) may not have been employed to the same extent or in the same manner.

More broadly, an emphasis on choice in participant accounts of responsibility also suggests the influence of individualism in North American society. Indeed, it has been argued that individualism (Bellah et al 1985), individualization (Beck & Beck-Gernsheim 2001) and responsibilization (Rose 1996) are manifested in a tendency to view obligations not as moral imperatives, but as personal choices. For instance, Rose (1996) refers to how social norms reflecting the goals of the state now operate indirectly to regulate conduct through seemingly "free" choices of individuals who voluntarily assume obligations. One participant expresses her view on this process:

> Sometimes I do get a bit tired in general of government shifting the burden. And I just think they do a lot. We shift it from levels of government it seems and now in the name of empowerment and independence somehow it is more up to us. And I think services are being eroded.

In comments emphasizing internal desire and "wanting to" support parents, therefore, an "individualization" perspective appears to be supported, at least in relation to the proposal that care and support in North American family relationships is increasingly *perceived* as voluntary in nature. The extent to which structural constraints impinge family care work choices is not the focus of the present research, and cannot be concluded based on the data in this research. Instead, the data reflect participant attempts to prioritize the role of autonomy and personal freedom in their accounts, privileging and drawing upon a framework of individualism; these accounts are influenced by the social desirability, in a North American context, of presenting an independent self, and the importance of maintaining a sense of personal control.

However, there was evidence of uncertainty within interviews – for instance, comments used to justify the role of choice were often based on possibilities, hypothetical options, and a subjective sense of inner control. Excerpts such as "I could choose not to care" and "the choice is what it is going to mean to you" represent individual agency, but

may suggest potential tensions involved in prioritizing and justifying "choice" in filial responsibility. Further, many participants did not consistently maintain the concept of choice throughout an interview.

Indeed, a cultural emphasis on voluntary choice has been criticized as ill fitting family obligations, which, as Smith (1993) emphasizes, are not voluntarily incurred. Similarly, two female participants also spoke to the important but unavoidable place of obligations within our lives:

> . . .If you say you are only going to do the things that you want to do, well I could, but you could say that, as a mother or with your children, well I'm only gonna do – well that takes off like 50% of the stuff right off the bat. You can't really carry that through your life.

> I don't really know if total freedom…actually exists. (*Laughter*) I mean maybe it is one of those things that as you go through life you keep hoping for?...maybe it is just a myth anyways…I think life does hand you things where you have to sort of step up to the plate.

In the next section, I present and analyze participant accounts of "obligation" in filial responsibility.

Filial responsibility and obligation

While the majority of participant accounts emphasized the role of choice in filial responsibility, there were exceptions, other participants, and indeed the same participants within one interview, or from Time 1 to Time 2, at times described their sense of responsibility for parents, or at least some aspects of it, as being an obligation. Participants often described particular situations in their relationships with parents when they felt a greater degree of obligation. I identified the following general groupings of reasons or explanations offered by participants to explain why responsibility can feel like an obligation.

Ironically, the first justification for why filial responsibility is an obligation is identical to that presented in the previous section to explain why responsibility is a choice. Whereas earlier comments maintained that the internal nature of filial responsibility created choice, these other comments reflect the position that *because of the strength of their own personal values and beliefs, there was no other choice*. This speaks to the impact of socialization. For instance, in order to be able to be accountable to oneself and one's own ethical standards or values, responsibility takes on the character of an obligation: "something inside me makes me feel I have to do this" or "it's the right thing to do." Notably, while acknowledging the strength of the moral imperative of filial responsibility, participants constructed it as an internal moral imperative rather than one imposed on them from external sources. In doing so, these data may reflect how social norms of filial responsibility actually operate as internalized moral imperatives, particularly in a context of responsibilization.

Several contextual factors were cited by participants as rendering an "obligatory" quality to their sense of filial responsibility. This included particular times *when enacting responsibility is difficult* for participants in the context of their lives, for instance, when they were busy or when it interferes with other activities. It also included acute periods of *high need for support from a parent*, for various reasons including a parent's illness or health crisis. The perception of need from a participant's perspective was key; one participant referred to a "gut instinct" that signalled to her that she needed to advocate for a parent; another referred to times that she herself was more fearful or uncertain. Support needs can also be influenced by the health care system, which some participants argued created their parents' need for an advocate. Obligation was also mentioned by many

participants in relation to situations or circumstances where there was *no one else available*, for various reasons.

Participants also spoke of obligation when a *commitment* or lasting decision has been made: while the decision itself may have been a choice, certain obligations follow; where responsibility and support was *expected within the family* or where participants did not want to let their parents down; or where participants felt they "owed" or were otherwise *indebted to* their parents. Lastly, some participants described a sense of responsibility as an obligation because it had an *automatic or instinctual* quality (this idea will be returned to in the following chapter in relation to familialism and family solidarity).

In sum, while obligation was described by some participants, it did not figure predominantly in the data overall. Obligation was related by participants to level of need, difficulties enacting support, having made a commitment, whether other family members were available, as well as perceived expectations, feelings of indebtedness and internalized moral imperatives. Generally, however, there was little emphasis on a sense of obligation throughout the interviews, and a far greater emphasis on the role of personal autonomy and choice. There was a tendency among participants to interpret their family relations using the individualistic ideal of personal choice. Participant accounts emphasized internal motivations and in particular, wanting to help parents. An emphasis on choice not only aligns with a discursive framework of individualism, but helps maintain a sense of control for adult children faced with increasing parental need. Generally, the idea of obligation was avoided. The above data illustrate the operation of the concept in a limited way within participant accounts, a phenomenon that may in part

be related to participant attempts to construct a sense of their identity as someone who always does "the right thing," as well as a sense of family solidarity.

In the caregiving literature and more broadly, a distinction and dichotomy is usually constructed between obligation and choice, or involuntary and discretionary motives for parent support (Caputo 2002; Cicirelli 1993; Lyonette & Yardley 2003). This is reflected, for instance, in theories of individualization which base contemporary family relationships in choice as opposed to obligation, and feminist theories which focus on obligation and a lack of choice. However, in the present research, this distinction was blurry. Many participants expressed comments supportive of both choice and obligation within their interview, at times referring to the same justification for both (i.e., an internal motivation can impute a character of choice but also obligation to filial responsibility). The fact that the same participants spoke of both obligatory and voluntary aspects within the same interview indicates the concepts are not mutually exclusive in practice. Participants' accounts overall suggest a blending of "having to" and "wanting to," as identified in other research (McGrew 1998).

In addition, some participants saw places for choice within obligation, or obligation within choice; some spoke about the everyday choices made around the otherwise obligatory enactment of responsibility, and others spoke about choices made about how they coped with responsibility and maintained a sense of control. Others, from a slightly different perspective, spoke of choices made to "take on" responsibilities in one's life, and that once those choices or commitments were made, obligations followed. Others reconciled the concepts of obligation and choice in other ways: for example, one adult daughter maintained that we can make choices to do things that we do not want to

do. These findings suggest that distinctions between voluntary and involuntary, affection-based and obligatory motivations represent a false dichotomy that does not fit with participants' descriptions of their experience, when comments are contextualized within accounts as a whole.

In the next section of this chapter, I present findings which illustrate the idea of autonomy extended to include considerations of the independence of participants' parent(s) themselves.

Prioritizing parental autonomy and responsibility

The analysis presented in the remainder of this chapter is largely based on data that I coded as "parent independence" in early coding work. In further analysis I identified patterns and variations in how participants talked about parent independence (particularly in relation to their own sense of responsibility), and how they assessed themselves and others (particularly siblings) in relation to this ideal, with a focus on variation and exceptions. Individualistic cultural ideals consistent with 'empowerment' – prioritizing independent self-direction and individual responsibility – again manifested within participant accounts.

Broadly, the valuing of parental independence was expressed by one son, who said that for his father's sake, "now that [he] can't live independently, the sooner he dies, the better." Other participants actively sought to promote what independence their parents could still have, despite declines in physical or mental health, and emphasized the importance of this within their role. For example, an only child was comforted that her extensive amounts of assistance helped her mother live in her own home and maintain a sense of independence, "in my opinion longer than [she] should be." More specific values

of the empowerment of a parent were expressed by participants in statements such as "you still want to keep them as independent as they possibly can be."

Respect and recognition of a parent's independence was a repeated emphasis in several interviews, and often used to qualify or reject a sense of responsibility for parents. In addition, comments suggested that the concept of having or feeling responsible for someone else can be disempowering for the other or implies an imbalance of power. Participant's comments portrayed a concern that a parent's autonomy or agency is somehow compromised when an adult child has responsibility. As a result, some did not want to describe their filial relationships in this way, rejecting the concept: it either did not fit with the realities of their experience or was not how they wanted to describe their family relationships.

This occurred at times even among participants providing high levels of support to parents. One daughter, for instance, spoke of resisting the idea of responsibility for others in general: "responsible for others doesn't feel like equal relationships…there's something about that doesn't sit quite right for me, or doesn't resonate in a certain way." Another participant, whose father for a time was showering unsafely, similarly suggests he would not want her to feel responsible: "because he is still independent. So maybe that is in there too - the independence of the other person?" For this daughter, who helped with meals, laundry and cleaning, the idea of talking about feeling responsible for him implied "an imbalance of equality."

Other participants were less willing to reject the concept of responsibility for parents, but sought to revise or qualify it to prioritize a parent's independence. One daughter specified that she does not feel "totally" responsible for her mother because she

can make her own decisions; another preferred the concept of "responsibility to" as opposed to "responsibility for," and cited that controlling parents:

> . . .is a pretty common thing. People will want their parents to do something. Get a life line, or put some rails under the tub, and the parent does not want to do that. And some people can accept that and some people really struggle with it. They feel frustrated because if they feel *responsible for*, like a child, they just force them!...But *responsible to* is making some helpful suggestions and still respect the boundaries. I think that is really critical.

Three sons similarly criticized controlling or bossy behaviour towards a parent, or "pushing" them to do things – for them, this behaviour was not part of their definition of being responsible. Rather, being responsible does not include intrusions on their autonomy; "pushing" behaviour in helping parents was not responsibility but "a matter of ego" of the caregiver. One son defined his personal responsibility as encompassing respect for parents' independence and privacy; violating this meant, "on one level I am being responsible, on another I am being extremely irresponsible because what I am doing is indicating to him that he no longer is capable of doing things for himself." Such approaches indicate active attempts to redefine the meaning of filial responsibility in a way that aligns with dominant norms of independence – in these cases, in relation to parental autonomy.

Others described a sense of responsibility for parents, yet simultaneously qualified it by emphasizing how independent their parent still was, and that while helping, they were careful to respect their parents' boundaries by not pushing: "I'm very sensitive . . . about the fact that some people treat their aging parents like children. And she's a very intelligent person? And I like to be supportive of her. But I don't like to baby her." This participant integrated help with tasks with casual visits, emphasizing not "taking over." Other participants emphasized ideas such as not saying "this is what you should do" to parents; that intruding on a daily basis (particularly when parents do not

want this) is "far too interfering"; or that "it isn't about making people do things they don't want to do."

The predominant sentiment expressed was that providing assistance and care, *but not being overly bossy or bullying*, was valued. For instance, notions of "role reversal," "parenting your parents," and treating them "like children" were rejected by the majority. For example:

> I think parenting a child is the natural order of things. Whereas I am still their child and you are looking after them but on the other hand they still want to be independent. And they still want to be my parent. So you are in a clash (*claps hands together*) of roles? As opposed to parenting a child is the way it is supposed to be. And it is interesting and it evolves…I find, they are almost opposites because parenting your parents is really not the natural order of things. And they don't want that. So. You are trying to do things and they feel guilty. You know. But I never felt guilty as a parent.

A social norm of respecting the independence of an aging parent was evident throughout the conversations with these adult children. Stepping in or pushing your parent to do something, even if it may help them, was most often defined as "bossy" and "controlling." For example, one daughter, described herself as tending to push her mother (who drank, smoked and ate inadequately), to live a healthier lifestyle; however, she also actively sought to avoid the "bossy daughter" role, by enlisting the help of her physician to reinforce messages about healthy living. Participants criticized other caregivers (friends, acquaintances, and/or siblings) who "take control" and treat parents "like children," pushing them around, often to satisfy their own psychological insecurities or worries about their parents' health. These children often contrasted their own, in their view more respectful approach, against these negative, "selfish" examples. While it is possible that an emphasis on parental autonomy may be easier to use for parents not in high need for care, it was just as strong an element of the accounts of those heavily involved in caregiving for mentally and physically disabled parents.

Interestingly, in a few cases, the bossy approach, even when noticed in oneself, was defined and explained as "mothering" behaviour, as in the following excerpt:

> Cause you're their mother, so you know you're responsible for them, and in some ways, you treat your mother sort of like that, at times? It's interesting, because we're both mothers, so we both have that sense of responsibility of having to look after your children and all of that, and it's funny because sometimes I do it to her? I think it's because as she gets older, I'm like, no, you're not driving to Alberta, and that's that (*laughs*). "No you're not sticking that stuff up your nose," to your children, yeah…I think it's just that… once you become someone's mother, that's it.

These kinds of associations between responsibility and mothering are also noted by Ungerson (1983), who talks about how the skills associated with the tasks of "caring for" are associated with the motherhood model, yet highlights the potentially disempowering effect of applying this model to other care relationships. Similarly, a further look at participant's talk about mothering suggests an implied negative side to such a paradigm that involves a tendency towards controlling behaviour. Relatedly, other participants at times spoke negatively about the dangers of "over parenting" young children or being over-involved in their lives to the point of hampering childrens' independence. The nature of participants' talk about over-parenting and "mothering," implies a negative judgement of such behaviour; this perspective, transferred to filial responsibility, suggests the possibility that adult children can be perceived as being "over-responsible" or doing too much (although again, respondents often explained it with reference to psychological needs of control).

The above data illustrate how cultural ideals mediate interpretations – in this case, how parental independence manifests as a social norm within adult children's accounts of supporting parents. In some instances, protecting a parent's autonomy and sense of self is viewed as part of filial responsibility – representing an attempt to reconcile potentially competing ideas. In other cases, the concept of "feeling responsible" is rejected because

of its incompatibility with parental autonomy, or participants report being responsible for parents "but" respect their parent's independence; these two strategies maintain and reinforce a perceived tension between responsibility and parental autonomy. These different ways of that the ideal of parental independence is expressed in relation to responsibility suggest the role of individuals' interpretive agency. While some participants internalized and reproduced a sense of tension between parental independence and filial responsibility, others incorporated, and thereby reconciled, the two ideals.

The tension between filial responsibility and parental autonomy is also evident among adult children who draw the boundary of their responsibility at the point of their parents' independence. In the next section, I illustrate how the individualistic ideal of parental independence mediates participant interpretations of the boundaries and limits on their involvement, and in so doing, helps adult children cope with guilt, worry and helplessness arising from parents' active attempts to exert their own agency.

Setting boundaries and limits on involvement

Many participants draw the line of their own sense of responsibility at their parents' autonomy, actively employing the tension between the two ideals in order to set boundaries on caregiving. It is important to note that an emphasis on parental autonomy was not simply a legitimation used to justify the provision of little or no care; it was also employed among those providing extensive amounts of care, where the issue of boundary setting may have been particularly salient. For example, one daughter spoke of how her personal understanding of responsibility for her mother with dementia contrasted with

that of the homemakers who felt that she should make her mother take her medications (mostly vitamins): they "have these expectations of…my daughter role, in that somehow I'm gonna be able to make my mom do the things that she *should* do, because, that's my role. And of course, I don't feel like that's my role. I don't feel like making her do the things that she *should* do." In these statements, the participant clarifies that her role does not involve "taking control" over her mother.

Similarly, one son, despite his brothers' protests, refused to take away their blind mother's scooter ("if it was me, I don't care if I'm blind! I'd go to the park too!"), maintaining that actions, which encroached on her autonomy, were not his responsibility. Similarly, another daughter caregiver acknowledged that she "could" pressure, manipulate or even force her mother to bring in hired help or sell her home (for safety reasons) – indeed, her husband sometimes urged her to. However, she states that "pushing" in this way would not be "proper," and would overstep her boundary. Similar sentiments were expressed by others, including one respondent who would not force her mother to do anything she didn't want to do, thus making her mother "uncomfortable." While these participants did not always mention their parents' independence in particular, their accounts imply a reluctance to act in a way that controls, pushes, or forces parents to do things they do not want to do.

As a further example of how individualistic ideals manifest within participant accounts, some participants went even further than the idea that they would not encroach upon a parents' autonomy, in emphasizing that their parent has their own responsibility for themselves and their well-being. For instance, one son espoused the following in talking about his relationship with his elderly mother:

> I have a great respect for individual decisions and a person's freedom to make those decisions, right or wrong and so on. But I also feel they have to live with…*they* have to accept the responsibility for their actions…basically I don't feel I have the *right* to interfere with someone else's life or to tell them how they should live or what they should do with their lives…if someone *asks* me for help, I seldom, if ever, turn anyone down if they ask for help.

Another participant commented: "I'm not going to go over there every week and garden because they choose not to get a gardener." Lastly, an adult son spoke about how from a young age, he learned the norm of individual responsibility. This is one reason he did not "feel responsible" for his elderly mother: "is there some homage that I need to pay her or some responsibility to extend her life or to improve it in different ways? It goes back to that, what she instilled in me, in that, you are responsible for yourself! And so I can't shake that."

Guilt and a lack of control

Ideals of parental independence and individual responsibility serve to define boundaries on caregiving in a way that aligns with dominant individualistic discourse. However, the ideal is also used by participants to negotiate feelings involved in the provision of support, such as guilt and helplessness. Specifically, in situations where children either do not want or do not have control over their parents' behaviour, happiness, and well-being, they may still be worried, concerned or in some way feel responsible; feelings of helplessness and guilt may surface; dealing with this was a challenge for some, for whom the discourse of parental independence and responsibility served to justify essentially emotional boundary to filial responsibility.

One daughter, whose mother tended to ignore advice, articulated the ideal of individual responsibility: "really you only have control over your own actions." This sentiment was echoed by others, such as one son frustrated with his mother's decision to

gamble in unsafe places late at night: "why should I feel remorse for her decisions." Another son acknowledged that setting the limits of his responsibility with reference to his parents' autonomy was not only about respecting his parents' independence, but had the added benefit of protecting himself from guilt in a difficult relationship with his father. Other participants similarly struggled with guilt for other reasons, such as the participant's own personality and identity (e.g., a desire to make everyone in their life happy), parental depression, and manipulative family dynamics.

Parents' active attempts to exert their own agency and independence (enacting individualistic social norms) were also commonly referred to by participants; in these situations, participants not only do not want to control a parent, but feel unable to do so. One daughter noted that the concept of feeling responsible for her father, who insisted on showering unsafely, "adds a lot of weight because he can get into trouble at any time. And I can't take that on. That is not realistic." Participants commonly described parents as "independent" in the sense of being a "stubborn personality", refusing advice or help, or "set in their ways." Three daughters not only emphasized respecting their parents' autonomy, but spoke of how "pushing" and controlling would not work, and in fact may result in resistance: "you can't treat them like your children, and if you try, they're going to do the opposite!" These data suggest respecting parents' independence may be more than a social norm; it is also often a reality of power dynamics in parent-child relationships, and a key approach required in order to achieve a desired outcome. It can also be used as a justification: one participant speaks of a middle-aged daughter whose mother died of malnutrition, and her opinion was that there was nothing this woman should feel guilty about, that it was beyond her control since this mother refused to eat

healthy foods: "there is nothing you can do because they're not going to do what you want them to do."

One son's interview in particular illustrated the complex combination of forces behind the manifestation of parental independence within accounts. This son contrasted his respect for his mother's autonomy with his wife's more domineering approach to caregiving and responsibility: "my wife's perception is that we should treat her like a child…to take away her cooking facilities." From his own perspective, he sought to justify his less active, more respectful role: "you might be saying that I should do this or that but I am not going to do that, because I am not comfortable doing it. It is not my style." However, elsewhere in the interview with this participant, it was noted that he repeatedly emphasized his mother's stubborn attitude, as well as his strong personal desire to avoid conflict. What this interview illustrates is that prioritizing parental independence and responsibility is about more than respect and belief in the ideal of independence, but also serves as a justification for behaviour motivated by concerns about the dynamics of the relationship and a desire to avoid conflict.

Exceptions

Whereas the above section focused on tracing the use of individualistic ideals in participants' accounts, there were also examples where participants reacted to and at times revised or rejected individualism in their relationships and caregiving experiences, for instance prioritizing other ideals. In fact, there are a number of situations which serve as "exceptions" to the norm of individual autonomy and responsibility in adult children's relationships with aging parents. They also highlight situational and contextual variations.

Two children in particular took more authoritative approaches overall in their practice of supporting parents. For one daughter, this approach was necessary because of her mother's serious ill-health and refusal to help herself: "I didn't realize how sick she was, so now that I know I took over! That is it! It's like, ok! We need to function here…that is the end of it." She also feels that her actions are justified because her mother trusts her decisions, is happy with the results, and is comfortable and "well taken care of." This participant spoke of adopting a controlling approach elsewhere in her life, in order to efficiently provide for the needs of multiple family members (including a special needs child) while also working and going to school. In another example, a son compared his approach to "parenting your parents and treating them like children," emphasizing repeatedly his parents' physical and emotional incapacities, unreasonable demands: for this participant, committing the time and energy to make his father in particular feel like he is involved in decision-making was beyond his own personal capacity. In addition, both participants simultaneously expressed strong frustration as well as closeness in their relationships with parents.

Dominant or controlling behaviour was at times interpreted as justified even among children more generally emphasizing parental autonomy throughout the interview. In these instances, the dominant paradigm is put aside or deviated from in participant accounts. "Pushing" behaviour could be a temporary role adopted for particular reasons. One daughter talked about having to "be the heavy" towards her grandmother (arranging for care facility placement) as an aid to her mother, who was the primary caregiver at the time. Another son defined his role as "the tough guy" who uses intimidation to counter his father's aggression, thereby helping his sister. Participants also supported "pushing"

when they felt a parent really does want help but does not feel comfortable asking, or otherwise resists help to protect their dignity. For example, one son noted that in the context of the family dynamics, "barging in" and helping without being asked or asking could in some cases, *protect* symbolic aspects of parental independence: parents would not be put in the "uncomfortable" position of asking for help[11]. Another participant also spoke about her mother's "frustrating" tendency to resist care she actually wants and needs, in order to protect her dignity. Lastly, another female participant moved into more "encouraging" behaviour with her mother when she knew it was something her mother also wanted.

Risk and/or need are important considerations in justifying exceptions, although perceived seriousness varied among participants. One eldest daughter spoke of her motivation to talk to her mother about limiting her driving: "if we see them not being safe …there is a responsibility to do something…to protect them and others." Another participant, however, whose sister opposed their mother's driving, argued that she drives "pretty well" and does not go far. Further, he still does not feel the right to interfere, maintaining he would not feel responsible if she drove her car off a bridge by accident. When this same participant's mother experienced serious depression, however, his concern prompted him to take what he considered the drastic step of suggesting assisted living. Other participants talked about times they had to be "ruthless" or move into "directive" behaviour regardless of a parent's wishes – this included times of crisis or need such as a broken hip or more generally, for instance, "if she's not doing what she needs to do." Notably, those participants in helping professions may have had greater

[11] The symbolic implications for one's moral identity of "asking" for help have been explored in detail by Finch and Mason (1993).

awareness of the needs of the elderly, which may have influenced their particular assessments of risk and seriousness.

Situations of serious need, deemed to require a more dominant or paternalistic caregiving approach, were at times exacerbated by the health care system. One daughter noted that when her mom was debilitated waiting for a hip replacement, she felt, "I just have to take the bull by the horns here," to advocate for her mother: "we kind of took over, without permission I suppose but it worked out. So that she ended up with a better result and a better time frame." Three other children also explicitly referred to the need to advocate for parents in the health care system: in these cases, the threat to a parents' autonomy is deemed justifiable.

In sum, violating the ideal of parent independence and autonomy was viewed as justified for some in the context of high parental need (even when parents do not acknowledge the need); when the behaviour would assist another family member; or for one participant, when it is required to efficiently meet parental needs in the face of numerous other care commitments. For only a very few participants, controlling or paternalistic behaviour was their main approach to the caregiving role; for most, it was an approach adopted only in particular, limited situations and otherwise avoided.

A fine line to balance: when individualism creates conflict

Decisions about whether to respect or transgress parental independence were often a source of uncertainty, questioning and difficulty; these participants experienced this as a constant tension, "a fine line to balance," a "tug of war between the two ways of approaching it." This can be a tension between siblings or caregivers, but more often

among those interviewed it was an internal tension. One participant, expressing concern about her mother's driving, was uncertain about whether to do anything:

> I was thinking about that, and I was gonna talk to my sister and I don't know if I ever did, I can't remember but, about telling her, that maybe, that she should…I think that if we went to her and were really quite forceful about it, I think she might stop driving, because she did mention something about…either the bus, or cab or something to me once…cause we're not that far from town. So she could, get places, and…bum around, and I told her that too, I told her that, if she needed a ride or whatever, I'd be more than happy to give her one.

This participant appears hesitant to approach her mother directly, but suggests being "forceful" may be what is needed; she also hopes to enlist the help of another sibling. At this point, the only action taken is the indirect suggestion that she would "be happy" to drive her mother.

Many participants caught in this tension expressed helplessness, guilt, uncertainty and angst. As one daughter expressed, "on a day to day basis I try to stay out of her way, in the sense of not taking away her independence, but there have been times when I feel inadequate and think I should be doing more." For another daughter whose mother still lived alone despite failing mental health, "walking on a fence" between feeling responsible to protect her mother and respecting her independence was a central theme. This participant did not redefine the meaning of responsibility; for her, balancing the boundary between responsibility and parental independence, as two valued ideals, was "incredibly difficult":

> I have this huge fear as my mom becomes a little bit more disoriented, that she's going to get hit by a car. It's almost like I can see it coming. Sort of that worry? But yet I can't do anything about that. Or she falls down the stairs in her house. But I can't do anything, you know.

Another participant also expressed uncertainty about whether or not to take a stronger stance, and wished she had clearer distinctions around responsibility. She expressed that

this would be "a healthier way to be actually." However, it is important to note that while individual responsibility and autonomy may manifest in active attempts by participants to justify limits, this does not imply that these attempts are always successful; in fact, the individualistic discourse often exposed particular tensions and difficulties within participant accounts. For instance, participants who spoke about their refusal to encroach upon their parents' autonomy, in the same interviews often referred to feelings of failure; of not having "done enough." And one participant, who emphasized the ideal of individual responsibility in her first interview, struggled with it in her second:

> I know the concept of individual responsibility. And you are responsible for your own lives and what you do with them, but I think some people, it doesn't matter what the other person, how responsible they are for themselves, you still worry or care for them. And whether they are making the right decisions, much as a parent does for a child. Like I do for my mom and my daughter.

While this participant may have been trying to justify boundaries on her involvement by emphasizing individualistic ideals, her reflection illustrates the difficulties and tensions involved in this process. Importantly, these are not just internal tensions, but to some extent may be manifestations of tensions between the normative ideals of independence and filial responsibility. That is, adult children responding to parent needs have been socialized within a cultural and normative context which paradoxically emphasizes the need for family to take responsibility for their elderly members, as well as the importance of individual empowerment, control and choice. Participants seek to enact approaches to parent care that protect their own and their parents' sense of autonomy, yet also protect and nurture their parents' well-being. Earlier in this chapter, I proposed that some participants may have found that the idea of "feeling responsible" for a parent was not an appropriate label, because the symbolic meaning of responsibility implies control over others (which they either don't want or don't have in

their relationships with their parents); or may imply that their parent is "dependent." In fact, difficulty in talking about responsibility is paralleled by difficulty in attempting to enact support for parents, and both can be viewed as suggesting normative conflict between responsibility for others and individualism or empowerment. Participants react to and reinforce these messages, but are not passive; they also at times actively draw upon ideals of parental autonomy and responsibility to construct divergent meanings of responsibility, and to justify and set boundaries on what they do and feel, albeit aligning themselves with prevailing cultural ideals of independence.

These findings corroborate the suggestion that the implicit understanding of responsibility for parents is of taking control (Finch & Mason 1993), associated with a concomitant loss of control or power on the part of parents (Pyke 1999). Indeed, in three separate studies of caregiving daughters (Abel, 1990; Allen & Walker, 1992; Sheehan & Donorfio, 1990), participants expressed concern for respecting parent autonomy and not "taking control" over parents; Abel (1990) concludes that taking control crosses "a sensitive boundary in parent-child relations" (p.198). The findings from the present research confirm the dominance of a view of family support and care as potentially damaging to both the relationship and the care recipient. This is in contrast to interpretations that might privilege, for instance, support for parents as a symbolic means by which appreciation, devotion, and even deference are conveyed and expressed (Goffman 1967; Ikels 2004). Similarly, Fine (2005) suggests that in an individualistic context, "in place of the hierarchical pattern in which care is seen as requiring the assumption of responsibility and control by the carer…a more engaged, active conception

of the relationship is emerging, based on the recognition of the rights of both parties of individuals" (p.255).

Indeed, while filial responsibility is most often equated by researchers, policy-makers and service providers, with tasks and the provision of parents' physical needs, existing research (Caron & Bowers 2003; Piercy 1998) indicates that adult children conceptualize responsibility for protecting parental autonomy and sense of self as part of their broader filial responsibility, a sentiment echoed among some of those interviewed in the present research. The findings also suggest the need for further research and dialogue: can protecting a parent's autonomy be successfully incorporated within the definitions of responsibility for parents, or should we accept that a tension exists, and diffuse it by moving away, in discourse, from the use of the term "responsibility" in relation to parent care? Moran (1996), for instance, argues that we should distinguish between "responsibility for others," a paradigm pervasively used in rhetoric (but is rarely possible or desirable, in the sense of responsibility for other's actions and behaviours) and the idea of being responsible *to* others for one's *own* actions. Lastly, we should also consider whether the tension is in fact not necessarily something that can be avoided, but is an inevitable part of the reality of filial caregiving; indeed, we should also engage in further debate about whether or not the tension is negative (as might commonly be assumed), or not.

However, Piercy and Blieszner (1999) note that adult children also felt it was their responsibility to provide a safe environment for the parent, and "when it was evident that parents behaved in ways that might harm themselves or others, family members stepped in to perform housekeeping, financial management, and transportation activities" (p.446)

which they term "paternalism." Violating the ideal of parent independence and autonomy was justified in some instances, for the majority in the present research (particularly in times of high parental need). However, many decisions about whether to respect or transgress parental independence were a source of uncertainty, questioning and difficulty; and participants expressed helplessness, guilt, and uncertainty and angst attempting to manage the tension. This may be an illustrative example of ambivalence (Connidis & McMullin 2002; Pillemer & Luscher 2004a).

In a political-economic context which promotes filial responsibility in policy, practice and rhetoric and renders it a practical necessity (e.g., to advocate for the elderly in the health care system; to provide more care as public services are cut back), the needs of aging parents for help from children increase, and it may become increasingly difficult for adult children to maintain the balance of dependence and independence in their relationships with aging parents. The result could be either increased transgressions on parental autonomy by adult children, or increased feelings of helplessness where they cannot or choose not to transgress this individualistic ideal.

While I have highlighted a link between the idea of parental autonomy and social norms around independence[12], the connection is not simple or direct. Further, the findings presented in this chapter, viewed in isolation, suggests that ideals of independence and individualism predominate in accounts of filial responsibility; to some extent this supports theoretical ideas about responsibilization and the individualization of family relationships. However, adult children do not completely reject that they should provide

[12] Parent's attempts to exert their own agency, too, could also be linked to a cultural emphasis on an independent identity: Anglo-Saxon nursing home residents studied by Clarke (2001) cited pride in self-reliance as the main reason for refusing help from others; aging parents also tend to express a desire not to be a "burden" on their children (Hooyman & Gonyea, 1995).

assistance to their parents. In other places in participant accounts, frameworks of familialism and collectivism are employed – I will explore these in the following chapter.

Chapter 5. Familialism and collectivism in accounts of filial responsibility

In the previous chapter, I presented multiple examples of how individualism mediated participants' accounts, for instance in adult children's justifications of limits to caregiving by prioritizing an independent identity over intervention. In this chapter, I focus on the ways in which familialism and collectivism, as two related but distinct discourses, were also articulated within participant accounts.

Prioritizing instinct and affection: familialism within participant accounts

As reviewed in Chapter 2, familialistic discourse is an academic term used to describe cultural norms and ideals that promote caring for family members as a moral imperative and that construct "good" families as able, available, and willing to assist other family members. Familialistic norms operationalize assumptions about the family as having the primary responsibility for the welfare of its members throughout the life course, and about the equation of "caring for" a family member with "caring about" them (Hooyman & Gonyea 1995). Familialism also includes assumptions about women's natural ability for and knowledge about caregiving, and about the caring role as women's "natural choice."

In this section, I illustrate the manifestation of familialistic ideals in participant accounts. This includes an examination of participant dialogue around "delayed" reciprocity (Clarke 2001), in the sense of "paying back" a debt to those who cared for us, which is arguably linked to familialism, at least in its abstract idealized form (Albert 1990; Brakman 1995; Lewinter 2003; Selig et al 1991). For instance, in research by Sheehan and Donorfio (1999), daughters linked their accounts of sacrifice to the idea of

repayment for past sacrifices by their mothers. An idealized or romanticized sense of reciprocity as a key component of the motivation to provide support for parents is exemplified in the popular children's book Love you Forever (Munsch 1995), in which a mother is portrayed loving and caring for her son throughout his life course; the love expressed is "repaid" in the final pages of the book by her son's love and care for her when she was "old and sick" (he goes to her and rocks her in her chair, just as she had rocked him when he needed it)[13]. Participant comments in relation to reciprocity in the present research often paralleled that of their talk about responsibility, so I have integrated discussion of both concepts into the findings presented here.

While not the focus of my inquiry, it should be noted that familialism can be studied as a discourse at the macro level, as embedded and reinforced in Canadian social and health care policies and practices, as well as broader political and government rhetoric (for example, see Leitner 2003). Further, as social norms, familialism also manifests within social interactions, and can be experienced as pressure to provide care, as evidenced in one female participant's comment:

> Everyday you have people saying, how are your parents, it's so good that you're looking after them, yadda yadda yadda. It just comes *nonstop*. And you sort of feel, well if I did decide I wasn't going to look after them, there's nowhere I could live like a human, and have any kind of respect whatsoever (*laughs*). I would be absolutely isolated.

In the results presented here, however, I focus on how familialism manifests at the individual level within participant interpretations and attitudes. Interestingly, one possible indicator of familialism was conspicuously absent in the interview data – specifically, any expression or acknowledgement of a gendered dimension to filial responsibility (i.e.,

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[13] While this is a children's book, I have heard friends and colleagues speak of how this book has touched them emotionally. It was also cited by one of my participants as representative of her feelings towards her mother.

that women should perform more care work). However, other possible indicators were present. As outlined in Chapter 3, participants described socialization ("learning") experiences consistent with the idea of filial responsibility as a moral imperative. Given that I did not also ask participants about learning experiences which would highlight the transmission of individualistic norms, however, it would be inaccurate to draw conclusions about the *predominance* of familialistic ideals based on those data.

Familialistic ideals were also expressed at the individual level as internalized attitudes and values about family support. Some researchers identify familialism within individual attitudes of normative solidarity, as in the tradition of Bengston and colleagues (1991), who suggest empirical indicators such as "ratings of importance of family and intergenerational roles" and "ratings of strength of filial obligations" (p.857). In another study, familialistic beliefs were measured using a 15 item scale reflecting "the degree to which people believe that families and family members should be valued" (Killian & Ganong 2002, p.1083). Critical researchers, such as Aronson (1992b), for instance, view women's descriptions of feeling responsible as individual-level manifestations of familialistic ideology. In the present research, familialism manifested within appeals to abstract moral ideals of filial responsibility, and expressions of beliefs that supporting your parents was the "right" thing to do. Some participants felt that family were "the best people" to look after many of the needs of the elderly and expressed sentiments such as: "it's your own" or "there is a responsibility no matter what, as a family member." This was also echoed in comments included in an earlier chapter, expressed by two participants interviewed as a couple:

> Wife: I don't think that what we're doing is unusual so I think that it must be the normal thing to do.
> Husband: Mhhmm. Yeah I would think that it would be, it's almost like you're expected to do it?
> Wife: Yeah, if someone wasn't doing what they could for their parent I would feel a sense of disgust

> probably.
> Husband: Yeah, and like why wouldn't they be doing that? If there's -
> Wife: Or, maybe they've got some long-standing -
> Husband: Relationship problem -
> Wife: Poor relationship? Maybe they were mistreated as youngsters.

In addition, later in this chapter, familialistic sentiments are evident in participants' criticisms of the "selfishness" of general others in Canadian society, that are not filially responsible.

Internalized familialistic norms are connected with our sense of identity, shaping "choices" and behaviour through feelings of guilt, such as in this comment from one adult daughter:

> I still feel that I need to be in touch with her at least once a week, and I realize that if almost a week is gone and I haven't, I feel, I sort of feel somewhat guilty? . . . It's, it's always there. So I guess that would be the burden piece? That's, that I, feel that I can't choose not to go and see her for a couple of weeks that I feel that I always need to do that. There's, just something that says, "Alice, this is something you have to do."

However, as demonstrated in the previous chapter, participants qualified the ideal of filial responsibility when I asked them to speak in more detail about their personal sense of responsibility for parents. In similar fashion, participant comments did not reflect a clear support for the ideal of reciprocity.[14] Some participants did express general support for reciprocity in unprompted comments such as: "I feel satisfied about being able to give back;" "he looked after me, so therefore it's my responsibility to make sure that his needs are best met;" "they looked after you and it will be your turn to look after them;" and "I would never say, I don't want you. Because again, they did so much for me." However, others did not raise the idea of "paying back" parents for care received.

[14] Comments and responses from both Time 1 and Time 2 were grouped into one of five categories of responses representing the extent of support for reciprocity. Importantly, I avoided classifying particular individuals, as participants could make one statement which supported one category, and another statement more appropriate to a different category. Indeed, in many cases categorization would be overly subjective – particularly as in many cases there were contradictory statements made throughout an interview.

Whether it was raised without prompting or not, I asked participants to speak further about the idea of reciprocity and whether it "fit" for them. In their responses, few participants unequivocally accepted the term (i.e., expressing complete agreement; that they felt a strong desire to pay back their parents, etc.) when describing their relationships and sense of responsibility for their parent(s); most reacted by qualifying or rejecting the concept altogether. I will discuss this finding further throughout this section.

Familialistic ideals may manifest not only in participants' articulations of the abstract moral imperative of responsibility, but also in their descriptions of their own filial responsibility as so natural as to be "automatic." Indeed, many academics, particularly critical feminists, argue that familialism operates as an ideology to the extent that it promotes a view of women's role in caring as "natural" (Aronson 1992; Baines 1998; McKie et al 2002). More broadly, Montgomery (1999) suggests that American long-term care policies and practices, and their supporting rhetoric, maintain "that there is a natural or inherent moral obligation of families to care for dependent members" (p.383).

In the present research, some participants described their sense of responsibility as obligatory because they do not actively think about it – rather, it is an automatic or instinctual reaction precluding consciousness[15]. This sentiment is illustrated in statements such as "I just do it without thinking or questioning"; "it's just part of being in a family"; and, "the mind blinds the idea of a choice." The idea of responsibility for parents as "instinctual" was also echoed among participants who characterized responsibility as an "easy" decision or a choice they did not really think about: "Every step of the way it's a

[15] This is an interesting in contrast to their ability, as described in Chapter 3, to talk about when they were first **aware** of a sense of filial responsibility.

choice. And sometimes you're in it before you realize you made the choice." In addition, for one participant, filial responsibility is something he just "does," without either the thinking associated with "choice" or the sense of burden associated with "obligation":

LF: So is it a choice that you make then?
P: Um, no, I suppose it is. Um, ah, but *really* I think, again in my own case, I don't really think there is a choice. I think I just do it. I don't think I think a whole lot about it. It is something I know that I have to do. But I don't even like saying that I have to do this. I just do it.
LF: Oh, okay. Why wouldn't you like to say I have to do it?
P: Well, because it sounds like it's, that sounds like more of a burden than it actually is.

At first, these comments appear to contradict the findings of Finch and Mason (1991; 1993), who concluded that participants did not view obligations as unconditional or automatic. However, these researchers draw this conclusion based on how participants negotiated and set limits on family responsibility in practice, rather than based on an analysis of the particular ways in which they *talked* about or constructed family responsibility.

Comments from some participants similarly suggested that reciprocity was also a factor operating "subconsciously," they do not really think of it, and that while sometimes they have a sense of it, it was *not* a motivator of their behaviour. These comments included: "I don't feel that's why I'm doing this" or "I would still do it if I didn't receive a lot from my parents growing up." Participants tended to reject the specific idea that their own relationships followed a contractual exchange model, which was viewed as "transactional" and compared "keeping a scorecard," "a ledger," "a credit or debit" or "balancing the books." Participants also often qualified that where they did feel a sense of reciprocity, it was a natural "reflection of how they cared for me," a "loving back," or "returning the love." One participant expressed: "whenever you love somebody, you don't think, oh yeah, he took care of me when I had the flu last winter, so

now I guess I gotta take care of him because he's sick . . . it's not contrived, it's just natural." Said another, "if accountability is measured in terms of balancing then that is not what it should be about." One male participant also rejected the idea of 'paying back,' maintaining that what he did for his parents was out of respect rather than reciprocity. In these responses to the idea of a calculated, social exchange perspective on filial responsibility, participants privilege familialism and reject the idea of a 'contractual' or overly individualized sense of exchanged support. They also set limits on the extent to which individualism applies to family relationships. For instance, Smith (1993) sees individualism as linked to a social contract model of family relationships based on voluntary exchange. Indeed, it has been argued that reciprocity, as a social norm of "paying back" a debt to those who cared for us (delayed reciprocity) is *incongruent* with the norm of family solidarity - that family members should provide assistance without expectation of return (George 1986).

While familialistic norms manifest within participant invocations of the idea of an instinct or impulse to care, these invocations may also serve as a normalization strategy to cope with parent care. One participant, for instance, in her second interview, spoke of a very difficult time she was having with her mother, when she was highly frustrated: "So that I almost feel then, you almost detach yourself. Now I've gotta go through the motions." For this participant and others like her, the work required to manage her emotions (reflective of familialistic feeling rules) involved viewing her work as normal, automatic, instinctual, and not something that can be questioned. Similarly, other research suggests individuals tend to define assistance as a 'normal' component of family relationships rather than care work (Henderson & Forbat 2002).

In the analysis of how familialism mediates participant's accounts, I also focused on participant comments which prioritized the role of love, affection (and good relationships), as motivations for their sense of filial responsibility, desire to "give back" to aging parents and provide support. However, interpretations of these data are particularly complex. For instance, Hooyman and Gonyea (1995) describe women's expressions of internal motivations (e.g., love and family ties) for parent care as the internalization of the familialistic ideal of women's roles. Further, Bengston and colleagues (1991) view feelings of affection, emotional attachment and closeness between family members as indicators of "affectual solidarity." Yet others have argued that an emphasis on affection (as opposed to obligation) as a motivation for parent care is more accurately a description of socialization into individualistic values (Beck & Beck Gernsheim, 2001; Blust & Scheidt 1998; Donorfio 1996; Lee & Sung 1997; Pyke 1999; Silver 1998); and in the previous chapter, I suggested that where affection was prioritized alongside choice, affection may more appropriately reflect individualistic cultural ideals. This issue will be returned to at a later point in this chapter.

In the present research, the general trend within the interviews involved downplaying the role of obligation in one's family relationships and emphasizing the role of love and – where there was a good relationship with parents - enjoyment. For many participants, the perception that responsibility implies obligation or a lack of love does not fit with their personal understandings or how they wanted to represent their family relationships. Therefore, an emphasis on love and affection may be a reaction to the symbolic meanings associated with the language of responsibility as something that is negative and implies a lack of love or affection in relationships. Some participants may

be concerned about the message they would convey by talking about responsibility, for this reason: specifically, this may imply that one is not doing it for the "right" reasons, and/or that one does not love one's parents.

One adult daughter, for instance, resisted using the term "sense of responsibility" and instead defined what she did as love. Another sent me an email after her interview in which she expressed concern that she had forgotten to mention "love" in her interview; she wanted to emphasize that there was very much love in her family (which was in fact quite apparent in the interview itself). In response to questioning about filial responsibility, other participants expressed sentiments such as:

> I don't feel like I'm paying her back but I mean I'm doing this because she's my mother and I, and I love her, and it's just, to me it's just the way things are.
>
> I take responsibility on myself… I don't think she's guilting me into it either. Like I feel like yeah, I wanna do it, she's been a great mom, of course I would do it, and I, I like being with my mom.
>
> I feel responsible. And I don't feel it just as a sense of duty? I do care, about whatever needs fixing or whatever the issue is. Um and it's, and I worry if things don't get fixed.
>
> Obligation to me implies that there's not a lot of love there? And as annoying as my mom is? Um, like I love her to bits for her, particularly what she did to help me out with the girls.

An adult son, after describing his sense of appreciation for all that his mother has done for him, added, "but the overarching thing, the most important consideration is the fact that I like her! I care for her, and she is very important to me!" Lastly, one participant at times argued that the idea of having responsibility for his parents was foreign to him, because he was motivated purely by love and the closeness of his relationship with his parents:

> My father actually never played a game of golf unless it was one or both of his sons that were playing with him. And he did not do that out of responsibility. And I think in a lot of ways maybe that's where the fact that I cannot conceptualize what I'm doing for them as having anything to do with responsibility! And that may be one of the sources of that because I really have none! I actually feel no responsibility towards my parents whatsoever. I would just never use that word.

Participants also prioritized love and enjoyment in their responses to the construct of reciprocity – for these participants, the symbolic meaning of reciprocity may be interpreted in a similar way as responsibility – that is, as implying either obligation or not wanting to or loving one's parent. Said one adult son, "I owe her a lot from all that she's given me but 'aside from that' I enjoy it, enjoy being with her"; a daughter expressed: "it is not like I feel, 'oh shit. I should be nice to her because she was so nice to me.' I truly feel like I want to do this for her"; and another participant commented "it's not so much paying her back, it's not an obligatory thing." Participant talk about reciprocity reflected normative expectations that we should want to care for parents out of love and affection as opposed to feelings of obligation based in a "cold and calculated" sense of exchange. In these responses to the idea of a calculated, social exchange perspective on filial responsibility, participants privilege affection (itself a familialistic ideal) between family members. George (1986), for instance suggests that adult child caregivers prefer a more altruistic norm of solidarity as opposed to reciprocity. In this respect, reciprocity, particularly where it involves ideas of "paying back" and exchange, involves a more *individualistic* interpretation of filial responsibility that does not fit for participants describing their family relationships.

Where participants reacted to talking about responsibility by emphasizing that it was not negative and that they (instead) love their parent, they were grappling with a perceived or underlying tension between the symbolic meanings in the cultural construct of responsibility (as implied obligation) and the idea of love. Comments from a few participants reflected attempts to reconcile of feeling responsible or obligated with love and affection, most notably by arguing that love can motivate a sense of responsibility or

obligation. This included comments such as: "I don't know if you can have love without having responsibility"; "you love your parents and so you're responsible to them"; "because I love her and care for her and so on, I feel responsible for her;" "if you love someone there's a responsibility that goes with it, there's respect that goes with that and responsibility." Importantly, this position conflates "caring for" and "caring about," as the implied corollary is one that is promoted within the ideological framework of familialism: if one does not feel responsible, one does not love one's parent.

For some, prioritizing affection in their relationships extended to the idea that others should as well. One participant expressed: "you should help. And not as a sense of obligation but as a sense that it is just the way it should be. That person helped you. That person now needs help. You should help them." And an adult daughter echoed:

> I don't feel it's a 'should do' thing. Because I think then you're, that imposes, that's a duty? And then you're not doing it for the right reasons? I mean, I think everybody should (*laugh*), but I don't think you should do it just because you feel it should be done. I think it should be something you want to do."

From this perspective, "wanting to" can be viewed less as a manifestation of the individualistic ideal of free choice (as described in the previous chapter) and more about privileging the role of affection in family relationships.

It also suggests the presence of a "feeling rule," or norm of expected feelings or what one "should" feel in relationships (Hochschild 1983; Macrae 1998), that prioritizes "caring about" a parent and affection within families (Ungerson 1983). Such sentiments inform our assessments of others' filial responsibility and may operate within social interactions. Research by Macrae (1998) indicates that caregivers are aware of feeling rules and experience stress when they sense they have failed to conform to them. Such was also the case in the present research for a few participants. One adult son especially

struggled with his inability to create the desire to want to support his mother, whose present problematic behaviour and alcoholism, as well as their past relationship, made it difficult for him to feel close to her. However, he also felt that he could not leave his mother alone, which he tied to his sense of rightness and being a good person (indicating the strength of familialistic socialization). The following passage illustrates his struggle:

> Mixed up with a sense of obligation, the fact that she's my mother and the fact that I should have a good relationship with her, but I don't, it's an obligation thing. Cause I can't figure out, I can't figure out how I get around getting rid of the obligation and get the feeling that I want to connect with her. And I just can't! I think the counselor said, you shouldn't do it out of obligation, you should do it cause you want to. And you need to do that.

This participant grappled with reconciling not "wanting to" with his sense that he should do it. Another adult daughter also struggled: "I see [sense of responsibility for parents] as a weight. Then I feel guilty because I don't see it as a joy." Notably, she had had a similar encounter with her counsellor:

> I have been talking to a counsellor, and, she says, your mother is, to you, toxic, can you only see her once a week? And I don't feel like I can only see her once a week. I feel like if I lived at home, and other people from the family were seeing her, then I could very easily see her once a week. But, but when there's nobody else, then I feel no, I have to do it two or three times.

In these interactions between participants and their counsellors, there is a tension between the counselling emphasis on "wanting to" and these participants' experiences of family relationships. In the light of the "feeling rule" (a familialistic moral imperative) described earlier, these encounters may illustrate the operation of familialistic norms and provide insight into their potentially harmful impact on some individuals. Where individuals' own feelings and family relationships do not match the ideal and moral imperative of familialism, individuals may feel guilt, angst, or stress.

However, in the previous chapter, I discussed how the "therapeutic ethos" was evident in some participants accounts, and is embedded within an individualistic

framework – that we should "want to" help parents because this approach is beneficial for our sense of personal control (and therefore well-being) and viewed as a positive foundation for relationships (in the context of individualization). Yet therapeutic emphases on setting boundaries of responsibility around the idea of "wanting to" were the source of angst for some participants in the present research who had poor relationships with parents and who found it difficult to say "no" to parental needs and maintain a sense of themselves as good children.

As we saw in Chapter, 4, participants at times employed ideas of affection to support the idea of choice. In prioritizing affection alongside choice, these participants align themselves within a dominant discourse of individualism and independence. Indeed, one view in research and theory equates discretionary motives with affection (Caputo 2002; Cicirelli 1993; Lyonette & Yardley 2003). This conceptual uncertainty in the academic literature suggests another possible interpretation of these therapeutic encounters. I propose that it is also possible that these counsellors had individualistic intentions focused on helping these participants cope by gaining a sense of control, yet their talk may have been interpreted as familialistic (in the sense of a moral imperative or feeling rule) by those receiving the therapy.

The dilemma arises because the idea that we should "want to" provide care could fit with either an individualistic framework (i.e., that it should be an internal or personal choice rather than imposed on us) or a familialistic one (i.e., that one should naturally want to provide help for a loved one). For this same reason, interpreting participant comments about both "wanting to" and "affection" within research interviews is problematic. For instance, such comments can be viewed as stemming from either an

individualistic or familialistic interpretive framework, depending on how they are employed by an individual in interaction, and their contextual circumstances and local cultures.

In sum, the manifestation of familialistic ideals within participant talk was also evident, although the ways in which it occurred were not straightforward, and ultimately raises questions about the extent of conceptual clarity around familialism at the academic level. While participants did not express or acknowledge a gendered dimension to filial responsibility (i.e., that women should perform more care work); and did not represent themselves as being "pressured" into filial responsibility, they did recount socialization into familialistic ideals, and expressed support for the abstract ideal of filial responsibility. At times they also constructed a sense of a natural, instinctual, and "automatic" quality of support for parents (though this may also represent an interpretive strategy of normalization). There was some evidence of a social norm that we should care for parents (a behavioural rule), and that we should do it because we love them, not because we feel obligated (a feeling rule).

In participant talk around both filial responsibility and reciprocity, the general trend was to downplay the role of obligation and prioritize the role of love and affection. Viewed as *reactions* to talking about responsibility and reciprocity, I suggest that for many participants, talking about a sense of responsibility, "feeling responsible," and "reciprocity," to the extent that it is viewed as implying a lack of love for parents, does not fit with their personal understandings of their family relationships and/or how they sought to portray these relationships to themselves and others. In response, many comments prioritized love and affection in their relationships and as motivations for

support. This was often accompanied by an emphasis on "wanting to" care for parents that emerges as a social norm employed in participant accounts.

While this suggests a tendency to view responsibility and love in opposition, some participants attempted to incorporate love within the concept of responsibility, insisting that feelings of obligation can exist alongside love and affection, and that love can motivate a sense of responsibility. However, in these interpretations, participants conflate "caring for" and "caring about," in the corollary implication that if one does not take responsibility or feel responsible, one does not love one's parent. Indeed, the social norm that we should want to help our parents out of love also risks this same conflation. In both cases, this can facilitate guilt among caregivers who can no longer provide care for a loved one.

In the process of undertaking these analyses, I faced difficult analytic and conceptual questions. Whereas I had initially viewed comments which prioritized the role of love and affection (and where ideas of "wanting to" were closely tied to ideas of affection) as indicators of the manifestation of familialism, I also began to view it in some cases as further examples of the operation of an individualistic framework. Part of the difficulty is due to broader conceptual uncertainty within the academic literature about the place of love and affection within the constructs of familialism and individualism. Also, in prioritizing "wanting to," participants may have different interpretive goals. Some may be striving to maintain a sense of oneself as making a voluntary choice (an individualistic ideal); others may be striving to maintain a sense of oneself as naturally wanting to help family (a familialistic ideal).[16] Ultimately, both

[16] In similar fashion, participants can use ideas of affection and love to support the idea of familialism, or personal choice.

individualism and familialism portray "wanting to" as an inherent moral good, but for different reasons: individualism, because it prioritizes the role of internal, voluntary choice unfettered by external pressures, and familialism, to the extent it prioritizes the role of affection and solidarity in family relationships. While in many cases, the extent to which participants' comments can be seen as reflections of either individualism or familialism, may be difficult to ascertain, any attempt to do so should involve a close examination of the ways in which ideas about "wanting to" and "affection" operate in talk, and consideration of the comments in the account as a whole and in consideration of the context of participants' life circumstances.

In Chapter 2, I described how collectivism represents a similar, but far broader set of ideals than familialism that represents commitment to a collective responsibility for care, and a focus on interdependent ties and solidarity between individuals more generally in a community or society. The ways in which collectivism mediates participant accounts will be addressed in the following section.

Participant assessments of the filial responsibility of generalized others

In this section, I illustrate how, when participants were asked to speak more broadly about "Canadian society," individualistic ideals were characterized negatively by participants (and filial responsibility characterized as a moral ideal). I will examine how participants' describe and position their own sense of responsibility in relation to "Canadian society," as well as how a discourse of collectivism or social responsibility manifests in their accounts. My parallel interest is in how participants position themselves in relation to the perceived filial responsibility of others in "Canadian

society." Data for this section are drawn from participants' responses to questions about the filial responsibility of others in "Canadian society," and whether there is a strong behavioural or cultural norm around caring for parents.

The previous chapter outlined how the cultural ideal of choice was reflected in participants' accounts to positively evaluate themselves as well as their personal relationships. When participants were asked to speak more broadly about "Canadian society," however, individualistic ideals were described as negative, and familialistic ones – in particular, moral imperatives of parent care - were prioritized and applied to assess others. Moran (1996) similarly notes that "nothing seems more widely agreed upon than the necessity of having responsibility; almost as wide an agreement exists that we are currently lacking it" (p.57)[17]. This was a common thread in the data from the present research, and most participants characterized other adult children as generally "abdicating" their responsibility in comparison to other cultures, earlier generations and the past.

Some participants generalized from their own observations of elderly patients without visitors in hospitals or long-term care facilities; observations from work within health or welfare systems; or their own family experiences. One daughter, for instance, draws on her assessment of her own siblings to conclude that "younger generations" are more selfish; another draws on her own experience in formal service work to argue that most family, at least one adult child, does offer help in times of need. Others spoke fairly generally, without reference to specifics, except for comparisons against an idealized past or to other cultures. This included comments such as "we don't look after our older

[17] Levine (1999) also notes a widespread concern that family members are abandoning their responsibility, despite the fact that in their research "the problem, particularly for the caregiver most involved, is recognizing limits to responsibility" (p.347).

people" or "they put their parents in [a facility] and then forget about them because they figure the cost is so high they are doing their bit, just by paying the cheque;" One participant, however, noted that this was her "general impression" and she was not sure where it originated: "I have never heard of anyone say, 'they can take care of themselves.'"

Pyke (2000) studied how Korean and Vietnamese immigrants contrasted their relationships with their parents against idealized, narrow images of the "normal American family," yet at other times used "the American family" as a negative point of contrast when speaking of filial care, instead aligning themselves with ideals of the close family ties associated with "model minority" stereotypes. In a similar fashion, participants in the current study tended to contrast North American or Canadian culture negatively against idealized images of other, mostly non-Western cultures perceived as more filially responsible, using these cultures as standards of comparison. For instance, one son referred to other societies which "venerate the aged" to a greater degree; another commented that filial responsibility in Canadian society was "not as much as in some cultures;" and a daughter commented:

> … It's a real shame that people don't hold the same standards as Japanese people. My daughter spent a year in Japan and said it's unbelievable, the family stays together! They live together and they have it dead-on right! She said here we're screwed up about it, and stick our elderly people away!

Participants also readily and easily drew upon the idea of a perceived decline in filial responsibility in Canada, using an idealized past as an interpretive framework to assess others in Canadian society negatively. For instance, they spoke of how their parents' generation "didn't ship [parents] off." One participant comments: "caring for parents used to be automatic, like having children, you don't think about it, it's just

something you do" whereas today, "everyone's running around doing their own thing, and not particularly concerned about the welfare of their aging parents." A perceived decline in filial responsibility over time in North America was attributed to the influence of individualism, and in particular, to descriptions of the selfishness of generations younger than oneself, North American/Canadian culture generally, or the baby boom or "me generation." For example, one daughter said that filial responsibility as a value or belief is "sliding away; that our culture is kind of based on the individual, like on the "me" mentality it seems to be more and more so. It's all about what's good for the individual - now you're old, take care of yourself, you can afford it." As another example, a male respondent stated that family members in contemporary society focus on their individual wants and desires, and do not value, want to or have time for, looking after each other. One daughter described how responsibility for parents is both difficult and unwanted: "we're all living in our own little boxes and we're all, busy and we're all rushing around and we're all 102 things on our list, and, I think it's seen by lots of people, more as an obligation or a burden and not just, that would be a normal thing to do." Lastly, another participant describes the selfishness of the baby boomer generation, and then carefully distances himself from this generation:

> We are a very selfish society to a large extent. Especially people, my age group and all, younger. The so called, baby boomer – I'm, like I am pre-baby boomer actually. I'm 42, I was born in - but the baby boomer generation by and large are a very selfish, very self-centered group.

In contrast and as one sole exception, another participant normalized and rationalized his own feelings of resentment towards parent care by identifying with and comparing himself to the "selfish" baby boomer generation: "I'd like to play golf. I'd like to spend time with my friends. Things that are sort of personal to me, I'd like to spend a night

alone, cooking myself a really nice dinner, not being bothered by anybody. I mean, my generation is very indulgent!"

There were only a few examples of interpretive variation from the tendency to evaluate other Canadians as filially irresponsible: at times participants rejected the idealized past and other cultures as legitimate standards of comparison, or at the very least expressed caution in applying these frameworks. For instance, some emphasized that other cultures with a stronger sense of filial responsibility may be overly idealized - that negative aspects such as obligation and resentment are also higher in these cultures or that these countries do not have the money or formal services available (so that the family had to provide care). One participant also made this point in relation to the idealization of the past – while he felt Canadians were more responsible in the past for taking care of parents, he noted:

> Those situations were not always the best for the, for the senior. They were abused, they were used, they were ignored, and you put any group of people together and there's an intensity there and relationships that that our system doesn't introduce because we live separately and so we enjoy the time we get together, or are supposed to enjoy the time we get together[18]. So somebody says don't have any preconceptions that that's the perfect model, cause it's not.

Another female participant, who at times criticized others for not valuing or prioritizing filial responsibility (e.g., "people find it a great burden to have their style cramped"), also acknowledged the difficulties and burdens that caregiving for parents entails.

Only a few participants suggested that a sense of filial responsibility was still strong in Canadian society. One son characterized Canada as a caring society: "as a country that says one of its guiding principles is that they like Medicare - gag me with a

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[18] Here, this participant is grappling with the ideal of parent-child relationships as based on affection, when this does not fit with the reality of his personal experience.

spoon - but I mean we are Canadian. And I think we worry about our parents." And another participant commented that while family ties may be stronger in other cultures, overall there is a strong sense of filial responsibility in Canada, as evidenced in behaviour and socialization: for instance, one participant described how many family interactions throughout the life cycle are about helping each other. Lastly, one daughter noted that generally in Canadian society, as adult children age, "then the sense of responsibility for the parent kicks in, generally speaking"; "I think it's just a natural sort of thing that happens."

While many people criticized a lack of filial responsibility in Canadian society, there was flexibility when they were asked whether "adult children should care for their parents if they don't want to" - most did not agree with this sentiment. Common explanations for disagreement were that these situations could lead to elder abuse or mistreatment of the elder person, and/or that if a person had a "good reason," for instance being treated badly or abused by a parent growing up, that they were "excused" from parent care responsibility. Others acknowledged limits on care for parents – for instance, that no one person should provide 24-7 personal care full time: "that's nobody's responsibility I don't think." One participant noted: "I don't think automatically you have to care for your parents. Absolutely not. I mean it's a sense of responsibility most people have, and I have, but I think when people don't have it, there's usually a reason." These findings corroborate research by Finch and Mason (1991) who described flexibility in the application of the general norm of family responsibility, considered in specific situations and circumstances.

Despite these variations and exceptions, overall, however, participants tended to espouse a negative characterization of others in "Canadian society" as filially irresponsible. I propose that participants' tendency to negatively characterize Canadian society as lacking in filial responsibility can be explained by a key dynamic of the interpretive process; specifically, by portraying "the other" (i.e., Canadian society) as irresponsible to parents, participants are employing "Canadian society" as an interpretive framework – specifically, as a point of contrast against which to define themselves as responsible adult children. The tendency to define self against "the other," strengthening the boundaries of the "normal" self, has been described by sociologists studying deviant behaviour (Goffman 1961; 1963). In other words, participants who believe that filial responsibility in Canadian society is inadequate may be seeking to define themselves as responsible in contrast to or against these "generalized others," much in the same way that assessments of irresponsible siblings may also have this function. Indeed, the majority of participants contrasted themselves and their own sense of filial responsibility against that of others in Canadian society. As one participant commented: "I think the culture is just, stick them in a home! And I totally disagree with that." Another participant comments:

> ...to an awful lot of people they have fulfilled their obligations to their parents if they pay the monthly fees at the nursing home or whatever. And they may go and do the obligatory visit and so on, but. Basically, I think I am somewhat unusual in the closeness of my relationship with my mother.

Collectivism and social responsibility in participant accounts

I define collectivism as a discourse which manifests at the individual level as a normative framework actively drawn upon by adult children in interpreting personal meanings of filial responsibility. Collectivism, as described in Chapter 2, includes general

cultural norms of caring for others in need, interdependence and collective responsibility. Collectivistic norms are institutionalized, for instance, in the Canadian welfare state and universal health care. My analytic concern in this section is how, for participants, collective responsibility to others is discussed in relation to family and filial responsibility. In addition to data generated by the analyses in the previous section, this section draws upon coded segments of talk about collectivism and social responsibility.

Within the negative characterizations of others discussed in the previous section, the idea of "entitlement" was a commonly employed explanatory framework. Against a generalized ideal of filial responsibility, a service-based form of collectivism is characterized negatively. Some referred to younger generations being "spoiled" by parents; others specifically blamed institutionalized collectivism (i.e., formal services) in Canada for producing a sense of entitlement and decline in filial responsibility. One daughter, for example, speculated "people have that sense of entitlement that somehow the "government" or the structure of the health care system, the system is going be there to support them, and some sense that they have some responsibility for caring and making those plans within their family is foreign to them." This participant contrasted herself against this structure: "I don't abdicate that responsibility. I don't want somebody to make those decisions for me? Or for my family!"

By drawing on the idea that adult children abdicate family responsibility in a context of collective responsibility (e.g., when supportive services are available), these participants construct and reinforce a perspective that views filial and societal responsibility in direct opposition. The implicit message is that collective and family responsibility cannot co-exist; that collective responsibility displaces family

responsibility; and that formal services substitute for informal services. This was therefore one way in which collectivism was characterized in participants' accounts – negatively, and as in opposition to familialism and filial responsibility. Indeed, familialistic ideals of responsibility are often viewed in opposition to collective responsibility (equated with government), in broader public discourse (e.g., media, policy and practice discourse). It is a view that is promoted by governments as part of the desire to cut costs and services for the elderly[19]. Binney and Estes (1988) describe how governments, by similarly invoking rhetoric about family responsibility in their desire to erode formal services, not only promote beliefs about the elderly as a burden, but also promotes an interpretation of filial responsibility that involves "fulfilling 'obligation' and shouldering a 'burden,' rather than as part of mutually interdependent actions and activities" (p.94).

In contrast, for other (though far fewer) participants, collectivism was described in a diametrically opposite fashion – as a positive quality, and as consistent and congruent with filial responsibility; indeed, as part of an overarching "solidarity" paradigm. Here, expressions of collectivistic ideals of interdependence and community were evident (Robertson, 1999), as were attitudes of helping the elderly more generally; public assistance for the elderly was seen as social good (Killian & Ganong, 2002). That is, in contrast to the dominant tendency to polarize family and social responsibility, some participants reconciled these belief systems, conceptualizing "family responsibility" as compatible with and/or stemming from a view of social responsibility or "helping others" more generally – it was about "helping others" no matter who they are, if they are in

[19] Hooyman and Gonyea (1995) argue that this idea is part and parcel of a familialistic ideology at the macro level, as the conceptualize it: "formalization of caregiving functions are viewed as a source of disintegration of the modern family" (p.112).

need. For example, one participant, asked about the relationship between love and responsibility, expressed a sentiment that extended to the idea of social responsibility: "if you have love for people, whether it's sort of your parental love, or your Christian love, or whatever faith love it is, love your neighbour as yourself, then you do have a responsibility for them, to some extent." Another expressed support for both family and collective responsibility simultaneously: "when people reach the end of their life, I do think they're owed something…by all of us. By the collective us as well as the individual." Similarly, other participants expressed support for individual, family, and government responsibility; support for one did not mean they did not support another.

For one participant, there was a close relationship between the ideals of responsibility at the family level and responsibility at the societal level: "feeling responsible for your *parents* is probably one of the basic ways in which you learn to be responsible in a wide number of ways!" Similarly, another participant, whose talk included strong support of both family and collective responsibility for the elderly, expressed a similar sentiment: "they do it [*teach respect for elderly*] in a family context and then that spreads to the view of society." For these two participants, respect and responsibility for the others/the elderly more generally, indeed a collective sense of responsibility, is first learned and taught in families.

For another participant, the relationship worked in the opposite direction: while his early family experiences did not promote family responsibility, a broader sense of social responsibility for the welfare of others was "inculcated in me pretty young." His current strong desire to help his mother, he feels, stems at least in part from this sense of social responsibility: "the sense of responsibility that I feel, toward [my mom], is

essentially the same that I feel toward society, but it's just a matter of proximity. She's much closer to me." This participant is highly committed to responsibility for others, whether family or others more generally, and he conceptualizes responsibility and helping others between people, in a way similar to Gould (1999) who views the self as "connected to [others] and bound in a larger social unit." In the words of this participant:

> . . . when I think about obligations to me I think about them as being, ah, ties. Things that hold us to each other. It is not like here is a thing that you have to do. That when you do it, it moves something away from you over to something else. But it is like, it is these cords, these ropes that bind us together. And hold us together into this thing that I want to be part of.

This perspective is echoed in the literature: family obligations may be justified "by reference to mutual reliance in commitment to communal tasks implicit in a common enterprise. This is what it means to be part of a community, and family may be the strongest sort of community" (Smith 1993: p.57-58). Associations between attitudes of responsibility to family and to others more generally, and to collective (in the sense of government) responsibility have been noted elsewhere (Killian & Ganong 2002; Rossi & Rossi 1990; Ward 2001), supportive of the idea that solidarity at one level "feeds" solidarity at another.

Ultimately, participants' assessments of Canadian society and their support or rejection of collectivism may be mediated by their political orientations, as a particular kind of "local context" structuring their interpretations. A desire to maintain congruency with their political identifications may influence how participants applied certain frameworks and concepts within the interpretive process. However, I did not specifically ask participants to provide information about their political affiliations; where I knew this information, however, participant responses seemed consistent with their political affiliations. For instance, those actively involved in left-leaning political movements

more often interpreted family responsibility as synonymous with collective responsibility. Overall, the dominance of an emphasis on the idealization of filial responsibility in the past and other cultures and the negative view of collectivism in this dataset is perhaps indicative of a growing dominance of conservatism in Canadian society, fuelled by a climate of responsibilization and apocalyptic demography.

The idea that individualism pervades contemporary North American relationships was prominent in many accounts, although ironically, many participants who criticized the decline of filial responsibility also had difficulties describing themselves as feeling responsible for their parent (though they would describe themselves as "being" responsible). In other words, compared against an idealized past or against other cultures, respondents criticized Canadian norms and behaviours about filial responsibility. However, when describing their own personal relationships with parents, participants emphasized the role of and importance of affection and choice over social norms, obligation and "feeling responsible." Participants who actively portrayed "the other" as irresponsible to parents, therefore, may be employing "Canadian society" as a point of contrast against which to maintain a sense of their identity as filially responsible.

In the final chapter, I provide a brief summary and overview the limitations of the findings presented in this dissertation, as well as outlining recommendations for future research.

Chapter 6. Limitations, Future Research, and Conclusion

In employing an interpretive, ethnomethodological approach to the study of filial responsibility, I have sought to highlight how social and cultural ideals about the relationship between self and other mediate participant constructions and justifications of helping within filial relationships. In this chapter, I expand on some of the implications of my findings, address limitations, and make recommendations for future research.

Individual agency

In the articulation of certain ideals, participants reproduce dominant discourse. For instance, prioritizing the role of affection as a motivation for support, participants reproduce the idea that caring about is equated with caring for. Individuals are not only passively reacting to and reproducing dominant normative ideas, however; rather, in the process of applying these ideas to understand and justify what they do or do not do and feel towards parents, they are also actively responding to, recreating, and at times redefining and rejecting these concepts in the process of their application. For instance, many adult children rejected the idea of "responsibility" and "burden" in their personal relationships; in doing so, they reject dominant constructions of caregiving in academic and policy discourse.

The manifestation of discourses

Interpretation is social, in the sense it is about assessment and justification of one's feelings and actions not only to oneself but also to generalized and particular others; this explains a tendency for participants to refer to particular dominant and

accepted normative frameworks (such as individual responsibility and choice). This research illustrated how dominant discourses manifested in sometimes similar, sometimes quite different ways as participants sought to make sense of their experiences. For instance, while all participants described themselves as responsible, there are diverse interpretations of this sense of responsibility in practice. For instance, assessments of others may be a way to define self against the other; other times we compare ourselves to like others to normalize our behaviours. In addition, for some participants, a sense of responsibility was interpreted as indicating a lack of love or poor relationship; for others, it is seen as defining a close relationship (connection, bond) with others. And as another example, in some cases protecting a parent's autonomy is reconciled with the concept of filial responsibility, and elsewhere the concepts are viewed in opposition and tension. These different ways of cultural ideals mediate participant interpretations suggest the role of individuals' interpretive agency.

In addition, however, participants' interpretations are limited by the available (and dominant) cultural discourses: notably individualism and familialism. In addition, however, "*local* cultures" also circumscribe interpretive resources (Holstein & Gubrium 1994), and include small groups, professions, ethnic or gender groups, formal organizations and other domains of everyday life. In a sense then, these serve as sources of interpretive variation. One of the limitations of this research is that I did not collect extensive data regarding the "local cultures" in which participants tended to interact with others. However, data presented in earlier chapters regarding the influence, for instance, of work environments and political leanings on participant's interpretations is one example of how local cultures influence meaning creation.

Implications for understanding gender and care work

With respect to gender, existing literature suggests that men more than women tend to be socialized to ideals of independence and autonomy and women to responding to others needs; and that women are more likely to appeal to less "selfish" reasons for limiting caregiving (Aronson 1992b; Bellah et al 1985; Brewer 2001; Calasanti & Slevin 2001; Finch & Mason 1993). Interestingly, however, both male and female participants did, in general, utilize frameworks of individualism and familialism in similar ways in this research: for instance, both men and women employed discourses of individual autonomy as well as filial responsibility. There were few straightforward gender differences. For instance, four women, but no men, described themselves as "over-responsible;" women appeared more likely to view responsibility in opposition to selfishness (although this was not the case with all women) – such findings may reflect gendered socialization patterns. However, it was my impression that many women, perhaps even more often than men, actively and repeatedly emphasized that supporting parents was their personal choice. While this at first appears to run counter to feminist claims, it may be that women face more structural barriers to choice in parent care, and thus feel a particular need to compensate with an emphasis on choice in their accounts (for instance, as an interpretive strategy to construct that sense of choice and control).

I am cautious, however, about drawing conclusions about gender differences. For instance, many male participants either had poor relationships with their parent(s), or had parents with low need for support. To draw conclusions about their particular interpretations without taking these factors into account would be erroneous (as to some extent, experience effects interpretation).

Feminist perspectives maintain that filial responsibility is still obligatory for women influenced by the "pull" of familialism (Aronson 1992b). While at first glance, the data from the present study, including comments, particularly from women, such as "I don't feel cornered" and "it was an absolute choice" appear to challenge a feminist perspective, such an assumption may not be viable, because interview research does not offer unmediated access to experiential realities. While participant descriptions of choice may reflect the absence of structural constraints, they may also reflect participant attempts to maintain a psychological sense of control and a sense of themselves as independent persons.

Importantly, a lack of strong evidence for gender differences in the interpretation of filial responsibility does not, however, imply there are no gender differences in the experience of support for parents. To speculate about gender differences in care provision or the experience of support would be to conflate filial responsibility with its enactment. Women may indeed face greater hurdles to enacting parent care: that, however, was not the focus of this research.

Implications for carer well-being

Normative contradictions within and between available discourses, and between normative ideals and symbolic interpretations, may at times cause difficulties in interpretation and contribute to ambivalence and uncertainty. Conflict between normative ideals has been suggested by others to be linked to the experience of ambivalence and caregiver stress and burden (George 1986; Pillemer & Luscher 2004a). In this research I have highlighted potential tensions, between ideals of responsibility and choice,

responsibility and empowerment, and responsibility and love. For example, the term "responsibility" (understood as negative and obligatory) can contrast with emotion rules about the role of affection in family relationships. Further, while talking about responsibility, participants struggled with trying to maintain a sense of themselves both as people who are neither controlling nor controlled, because the social understandings of the concept for many were difficult to reconcile with respecting their parents' independence and a sense of themselves as independent people. Given the symbolic meanings associated with the concept of responsibility, the use of this term in talking about caregiving and late life parent-child relationships may contribute to individual level ambivalence and difficulty, as evident in participants' attempts to interpret the concept of responsibility in their everyday lives and relationships.

However, contradictions within participant accounts may not in themselves be problematic, but may suggest interpretive variation; many participants have not come to a full resolution of their personal meaning: for instance, boundary setting shifts over time, and this was evident for some participants in changes between Time 1 and Time 2. Variation within an interview, and between Time 1 and Time 2, reflect participants' interpretive variations in defining filial responsibility and their attempts to reconcile conflicting ideals in their accounts. Additionally, it suggests that interpretation and meaning-making is an ongoing process and constantly shifting. Indeed, contextual circumstances, such as the amount of support needed by a parent and the quality of the parent-child relationship, are constantly changing. Changes in these experiences necessitate changes in interpretations, in order to make sense of changing demands. Interpretations of filial responsibility (how much and what we should or should not do for

parents, what we should feel) are dynamic and changing over time, situational and dependent on many factors.

One of my early research interests was in exploring whether there is an association between the idea of "fulfilling" responsibility to parents and satisfaction or reward from parent care. While I was unable to explore this issue sufficiently given the scope of these interviews, it remains an intriguing issue for future research. Essentially, do caregivers feel they have or are "fulfilling" responsibility feel satisfied or good about themselves? Some research challenges whether most caregivers can even feel they are successfully fulfilling responsibility – rather, the tendency may be towards a feeling of never doing "enough" (Sherrell et al 2001) or resisting defining oneself as a good daughter (McGrew 1998). This may be particularly the case where the provision of care is expected, as this robs the giver of the positive feelings that would result from having their actions defined as generosity (Finch & Mason 1990). The expectedness of care may be one reason women tend to report more stress from caregiving (Calasanti & Slevin 2001).

After talking with participants, I now wonder how well the concept of "responsibility" fits with ideas of satisfaction or reward, given the association of the concept with burden among so many of those whom I spoke with. Perhaps the use of the term "filial responsibility" in broader political, government and practice discourses promotes a view of parent care as burdensome and obligatory. Feelings of obligation and burden have been associated with low caregiving gratification and high stress and burden, at least in a North American context (Cicirelli 1993; Lee & Sung 1998; Lyonette & Yardley 2003; Selig et al 1991). Cultural differences may be particularly important: one

study found that high filial obligation among Korean caregivers was linked to *low* burden (Lee & Sung 1998). Other research with immigrant Chinese, South Asian and Mexican-American caregivers suggests that fulfilling responsibility, rooted in the sense of the cultural importance of a caregiving role and viewing care as a normative experience, produced positive feelings that helped caregivers cope and mediated the effects of stress (Ho et al 2003; Jolicoeur & Madden 2002; Spitzer et al 2003). Due to the lack of longitudinal studies, the direction of effects cannot be conclusively determined. It is possible that associations between high filial responsibility and negative caregiving outcomes are explained by the effect of high stress and burden on attitudes towards caregiving; for instance, when caregiving is stressful, it is more likely to be perceived as an obligation.

The provision of care and support for aging parents, in general, has been linked to stress and burden. Further research needs to be done, however, on how caregiver interpretations of filial responsibility may be connected to their subjective assessments of their experiences (while acknowledging that experiences also affect interpretations). Several months after I collected the data, I learned that one of the participants had experienced a traumatic health event linked to his caregiving, at a point in his life in which his caregiving role had increased dramatically. He had appeared, in the interviews, to be coping well, setting clear boundaries about his instrumental and emotional involvement. While coping was not the focus of my research, this event, for me, suggests the difficulty involved in making assumptions about coping based on in-depth interviews, when participants are managing the impressions they make public as well as actively attempting make sense of their experiences and aligning themselves with cultural norms

and ideals. A research study focused on exploring the connections between interpretive practice and coping may, however, shed more light on the connection between the two processes.

Individualization and responsibilization

Considering the data as a whole, participant articulations of filial responsibility and parent care presented throughout this dissertation may indicate the presence of an orientation to parent support that departs from the ideas of responsibility and reciprocity in the sense of obligation; this phenomenon that fits with both the individualization thesis (Beck & Beck-Gernsheim 2001; Fine 2005) and concept of responsibilization (Rose 1996). For instance, Fine (2005) speaks of how new forms of responsibility are entailed in the context of individualization, whereby "autonomy is achieved and recognized through social relations" (p.254); Rose (1996) describes how neoliberal forms of social control involve self-regulation by individuals; responsibility is constructed as a personal choice; and Burchell (1996) notes how tasks previously addressed by government are shifted back to families, but these responsibilities are constructed as involving the free (and unconstrained) choices of independent individuals choosing to be responsible.

Importantly, this does not mean that "responsibility" for family members itself has eroded, but that the concept, to the extent that it implies obligation, may no longer fit for individuals socialized within the context of individualization and responsibilization. However, participants still appealed to abstract moral ideals of filial responsibility elsewhere in their accounts, and individualistic ideals were emphasized alongside talk of

affection and love. The relationship of participant interpretations to the cultural context is likely more complex, and remains to be explored in future research.

Interview research

One of the limitations of interview research in general is that caution needs to be taken in making statements about the "reality" of individual experiences, because qualitative interviews are social interactions in which participants are simultaneously trying to articulate their experiences as well as cope with and interpret them in a way that makes sense within the framework of their individual identity. When interview participants are asked to explain their behaviour, for instance, the data represent discursive accounts and justifications of behaviour, rather than a description of the taken-for-granted and embedded "practical logic" that tends to govern behaviour in everyday life (Bourdieu 1990; Williams 1995). However, while this is a limitation of interview research, an interpretive approach to data analysis claims that the strength of interviews lies in what they can tell us about the ways in which people interpret and justify their understandings of filial responsibility, how they present this to the outside world: that is, it provides insight into the discursive consciousness. This was one reason that I specifically asked participants to talk about a "sense of responsibility" as opposed to "caregiving" or "helping parents:" I wanted to elicit accounts and justifications, and the use of this word in the interview may have heightened participants' attempts at establishing an interpretive order through employing dominant cultural ideals.

Cultural differences

Differences among cultural groups are obviously an important area for future research. For instance, drawing conclusions about the dominance of individualism in North America would be strengthened by an examination of the interpretive practices of other cultural groups – do Asian populations, for instance, tend to draw more on familialistic and collectivist interpretations of filial responsibility? Further, research with Asian populations could explore the concept of filial piety as a culturally specific interpretive resource: it has, for instance, been described as a culturally specific kind of commitment (Braudy Harris & Orpett Long 1999); and as representing the cultural context of family support in Asia (Sung 2001). Research on the subjective experience of filial responsibility among Asian immigrant populations is also rare, and no existing studies with these populations have employed a specifically interpretive or ethnomethodological approach. Second generation immigrants (who were born in Canada) may be particularly "caught" between discourses of individualism and collectivism. While this may result in increased tension and ambivalence, it is also possible that these individuals may have a greater repertoire of interpretive frameworks to draw upon in constructing the meaning of support in aging families.

Conclusion

A sense of filial responsibility at any one point in time is the result of an ongoing assessment of self, involving the negotiation of contradictory discourses to make sense of what one does and does not do, how one does it, and how one feels about doing it, when faced with particular situations and circumstances. This process is a fundamental part of

our experience as an adult child with aging parents, and has implications for the nature of this experience. It occurs around the same time as and overlaps with making sense of how we feel about caregiving, our parents' aging and mortality, and our own aging and mortality.

In this dissertation I have advanced an understanding of filial responsibility as a contextualized, multidimensional phenomenon, a dynamic process involving negotiating between various discourses over time. The development of an interpretive theory of responsibility would be facilitated by exploring the phenomenon of responsibility to and for others in a variety of sites and using multiple methods (e.g., observation as well as interview). For instance, we should consider not only filial responsibility, but also spousal commitments, responsibility felt to chronically ill family members and to young children, and contrast the interpretation of responsibility for family members against responsibility to and for friends and neighbours. Lastly, understanding how responsibility and obligation is subjectively experienced and interpretively practiced requires additional theory and research that link the phenomenon to broader cultural, normative and structural contexts.

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Appendix A. Recruitment Advertisement

January 2006

Call for Research Participants:
Thinking about Responsibility for Aging Parents

Do you?

- have a **parent(s) over 65,** living in the community?

Have you?

- started to notice recent changes in their wellbeing? Are they starting to experience difficulties living on their own?

Has there?

- been a recent increase in the amount of time you spend **supporting, helping or caring** for your parent(s)? *Including doing errands, making calls for them, attending appointments, taking care of personal needs like cooking and cleaning, providing emotional support; providing information or linking them with services.*

If so:

- How do responsibilities between family members work in your family?
- What are your feelings and thoughts about responsibility for your parent(s)? Why?
- Have you had a conversation(s) with anyone about your responsibility for your parent(s)? What was that like?

I want to hear about these experiences, and similar ones. I am a PhD student at the University of Victoria, with funding from the Social Sciences and Humanities Research Council of Canada.

I want to learn from you about the experience of responsibilities between adult children and parents, your own personal sense of responsibility, and where limits are drawn. Learning from you and others will provide important information based on real-life experiences, and can help develop supportive caregiving services and policies.

Your participation would involve two interviews (approx. 1-2 hours each) with me, in-person.

Involvement is voluntary and **everything you share is confidential**.
If you would like to participate or learn more, please contact **Laura** at **xxx-xxxx or email lmfunk@uvic.ca**

Appendix B. Screening questionnaire

My name is Laura Funk, and I'm a PhD student in Sociology at the University of Victoria.
May I get your name? _____
So where did you hear about this study? _____
Did you see the flyer? **Yes No (either way, reiterate below)**

- So as you know, I'm doing a research project called "Thinking About Responsibility for Aging Parents" as part of my PhD studies.
- I'm interested in talking with those with a parent (over 65 yrs), and that parent is living without a spouse, on their own in the community, and beginning to experience difficulty managing on their own.
- I'm interested in those who currently spend a limited time (between 3-15 hours/month) **supporting, helping or caring** for this parent.
- **I want to learn** about your experience of responsibilities, your own personal sense of responsibility, and where limits are drawn.

Your participation in this research would involve two, possibly three interviews on your own with me, in-person. The first one would be scheduled within the next month or two and then others would be scheduled a couple of months after that. Each of those interviews would take about 1 to 2 hours, and would be arranged at the time and location that suits you. Involvement is voluntary and **everything you share is confidential**.

Do you have any questions about the project or the research?
Notes:

_____
_____
_____

So to ensure that you meet the criteria for this study, I have a few questions.

Is your parent over the age of 65? Yes No
If no, thank them for their time.

Is this parent living on his/her own in the community OR living with a spouse in the community, OR living in a care facility?
Community on own Community with spouse Facility
If facility or community with spouse, thank them for their time.

How many hours a month would you say you spend providing support? *Including doing errands, making calls for them, attending appointments, taking care of personal needs like cooking and cleaning, providing emotional support; providing information or linking them with services.*
Approx._____hrs/month

If less than 3 hours a month or more than 15, thank them for their time.

Does the parent we mentioned above live in Victoria, Oak Bay, or Saanich area?
If no: thank them for their time

Is the parent currently receiving other formal services or home care? ***(Get Details)***

_____

_____

Your age? _____
Occupation? _____

IF DOES NOT MEET CRITERIA: Unfortunately, this research project is focused only on _____, and so I am required to decline your offer to be involved. But thanks so much for calling and expressing interest.

IF MEETS CRITERIA:
Alright, and thanks! It sounds like I could really learn from your experiences. Would you be interested in setting up an initial interview with me? Yes No
If no: reason for decline

_____

Can we set it up at this point in time? Yes (see below) or No (shall I call back?)

1. **When would you like to meet?**
2. **Where would be good for you?**

May I get your contact information?

Address (confirm live in Victoria, Oak Bay, or Saanich)

_____

Phone: _____ **Email:** _____

Notes_____

Meeting Time and Date: _____
Call Back to Confirm or set up meeting on:

_____

Directions:

_____

Thank you so much – I look forward to meeting you. If you have any questions before we meet please feel free to call me at xxx-xxxx. Again, my name is Laura Funk.

Appendix C. Informed Consent Form

Research Study: Thinking About Responsibility for Aging Parents
1. *Participant Consent Form*

My name is Laura Funk, I'm a graduate student at the University of Victoria. As part of the requirements for my PhD degree in the department of Sociology, I'm conducting a research project called "Thinking About Responsibility for Aging Parents".
I can be reached at **xxx-xxxx** or lmfunk@uvic.ca, if you have questions. This research is supervised by **Dr. Neena Chappell** – she can be reached at **472-4465**, or nlc@uvic.ca.

This research is supported by a grant from the **Social Sciences and Humanities Research Council of Canada**.

You are being invited to participate in this research. **The purpose of this research** is to understand personal meanings of responsibilities to aging parents, how they develop, and how we experience them. This will contribute to knowledge about the experience of family relationships and caregiving, which can contribute to the development of supportive policies and services. You may find that there are also personal benefits involved in reflecting on the nature of your feelings and thoughts about responsibility for your own parents.

Involvement is voluntary and **everything you share is confidential**.

Your participation in this research would involve one or two interviews on your own with me, in-person. Each of these interviews should take not more than 1.5 hours. Agreeing to participate today, however, is only about me interviewing you this first time. For future one-to-one interviews, we will review this form and discuss it, to reconfirm your consent.

It is possible, through talking about your sense of responsibility, that you might experience feelings of guilt, embarrassment, or stress, or other emotional difficulties. I would like to emphasize that I am not judging or evaluating you in this research. Also, at any time should you experience emotional difficulty we can stop the interview.

I will take all precautions available to me to **protect your identity and the personal information you provide me**. I will not publish or release your name or information that might identify you. I will be careful, when including examples in my findings, to make them as general and non-specific as possible (e.g. removing names of places, etc). However, there are legal rules that would require me to release information under certain

situations (e.g. evidence of abuse or harm to self). And at a very general level there are some people who may know you are participating in this research, but care will be taken so that they would not be able to associate any findings with you specifically.

Your participation in this research must be completely voluntary. You do not have to answer any particular question; you can stop the interview at any time and may withdraw at any time from the research without consequences or explanation. If you do withdraw, any information you have provided will be included in my research only with your written consent.

Paper records of data (transcripts, field notes) and mini-disc recordings will be kept in a locked filing cabinet at my place of residence and destroyed after three years. Computer files will be stripped of names and kept on a password-protected computer, and deleted after five years of completing the thesis.

Only myself and my supervisory committee will have access to the data. The information from all participants will be used as part of my current dissertation research and possibly in additional related research I perform in the future. I may also be sharing the findings with professionals in the field through conference presentations and journal publications. Participants' personal information will not be distributed; pseudonyms (fake name substituted for your name) will be used. I may also provide some information (for instance, a summary) back to you for your feedback and clarification.

In addition to being able to contact myself or my supervisor (contact information above), you may check the ethical approval of this study, or raise any concerns, with the Associate Vice-President Research at the University of Victoria (472-4545).

Do you have any questions about this research or the process?

Your signature below means that you understand the conditions of participating in this study.

_____	_____	_____
Name of Participant	*Signature*	*Date*

For recording purposes, I would like to audio-record this interview on my mini-disc player – do you consent to this recording? YES NO

I will keep this form, and leave a copy with you.

Appendix D. Time 1 Interview Guide

Conversation topics and questions

Family context and relationships

- (Warm up) **Who is currently in your family?**
  - *Draw a diagram, mapping out the family members and their names*

- (Warm up) In more detail, can you tell me about **your relationship with your mom/dad?**

- What are the **relationships between** various family members and you; and your parent(s)?

- (Warm up) Can you tell me about your **experience of responsibilities between family members – how they work between those in your family?**

Responsibility personal meaning

- **What did you learn about responsibility, growing up in that family?**

- **What does responsibility mean in your life?**
  - Who do you feel responsible for - the web of responsibilities, the context

- **Would you define yourself as a responsible person?**
  - in what ways/how; **what would indicate** to yourself that you are responsible; what would indicate to others that you are responsible

Responsibility for parents: core questions

- Have there been any **changes in your parents situation** – in the health and needs of your parents? Please tell me about these changes. . .

- **Tell me (let's talk) about your (sense of) responsibility for your mom/dad.**
  - Do you think about it? What do you think about it? How often? When?
  - how does it make you feel?
  - what do you feel responsible for; what are **your expectations for yourself** when it comes to your responsibility for your mom/dad? What do you sense are **others expectations** of you?

- **Why do you feel like this/think this? How did you come to this?**
  - what they think contributes to it;
  - ask about important stories or examples;
  - compare self with others in extended family, or close friends;

  - ask about change over time and possible reasons for change
  - how change in parents' situation might be related to sense of responsibility

- **What do you currently do** for your parents?
  - how does this doing relate to sense of responsibility,
  - how does doing this relate to sense of who you are, in the family or generally

- **What would be "enough"? Why?**
  - Do you feel you are **meeting expectations** (your own, others); specific examples; **do you think you can** reasonably meet them (OR: that you would be able to meet them). **How does that make you feel**. .

Balancing Multiple Responsibilities

- How does your responsibility for your parent(s) **fit within the wider context of all the responsibilities you feel for others in your life?**
  - what emphasis, how much energy does it take, etc. etc.
  - how they're feeling balancing multiple responsibilities (if this comes up)

Conversations

- **Have you had a conversation**(s) with your parents about their future care needs and your potential role? What was that like?

- In the last year or so, **have you heard yourself talking about your responsibility for your parent, with others?** What was that like? Or have you found yourself **listening to or reading about responsibility?** What was that like?

- Examples they can think of **someone else who met or exceeded responsibility/did too much;someone else who did not do enough** – reactions.

Appendix E. Time 2 Interview Guide

BRIEFING:

- Update on research
- The experience of being/feeling responsible for a parent
- TODAY: reactions/changes since first interview; clarify/elaborate some things; additional questions;
- Confirm informed consent

FIRST INTERVIEW

- Reactions/reflections to first interview; Changes in thinking about responsibility since first interview
- Changes in situation/parent health; help provided, amount and type

QUESTION ABOUT RESPONSIBILITY

What is feeling responsible for another person like, where else have you felt it? What is it like to feel/be responsible for your parents? Metaphor?

- When you think about the idea of responsibility to others, to you is it about DOING/being; or about feeling/thinking?
- Onset of sense of responsibility?

OTHER

- For you, does responsibility imply obligation?
- Is responsibility something people generally choose to have or not?
- Should adult children care for their parents if they don't want to?
- [Comments from others?]
- Are you a typical or exceptional case for me (in comparison to your generation)? Why?
- [What does having responsibility say about someone as a person?]

[REACTIONS TO FINDINGS]

- doing something but not feeling responsible for parents (should we feel responsible vs should we be responsible)
- responsibility being equated with burden, negative, obligation, that you don't want to do it/don't love them.
- Responsibility being difficult to talk about because it challenges the idea of freedom/independence, both yours and theirs (e.g. obligation vs choice)
- Is "responsibility to/for others" selfish or the opposite of selfish?

CLOSING

- Of all the things you've told me what is the most important thing to know about responsibility to parents?

Appendix F. Framework Questions for Analysis

These stem from my research questions; emerging thoughts about the first interviews; and existing literature.

1. **How does the respondent talk about his/her sense of/personal responsibility in general? for his/her parents specifically? What language, patterns of talking, concepts do they use? What is it made of?**

2. **Is there an underlying meaning of responsibility evident, that may or may not differ from how they talk about it? What evidence suggests this?**

3. **What has this respondent learned about responsibility in their family of origin?**

4. **What expectations do they have of themselves in relation to others in the family? Do they/how do they talk about expectations?**

5. **Does the/how does the respondent refer to "external pressures" towards responsibility a) broadly, in society and b) within the family?**

6. **Internal pressures? Is there self-evaluation going on? What is that like?**

7. **How does the respondent construct his/her identity? Links between how he/she constructs identity and his/her personal meaning of responsibility? (how he/she views self, others and relationship between)**

8. **Is responsibility something positive or negative for this respondent, or both, and how? Is it something wanted?**

9. **Is responsibility something objectified, managed, handled, juggled, etc? OR?**

10. **Is there a sense of enough? What is this, for this respondent? How do they talk about it?**

11. **What does this interview suggest about how responsibility is created, where does it come from? (What more do I need to ask to find this out?)**

Appendix G. Codebook

1. ASSESS SELF (*the respondent speaks to whether they think they are doing enough, how they know if they are doing enough,, if they feel guilt and why, or other relevant assessments in relation to responsibility). "Enough" may be separated out here as a separate code. LEGITIMATIONS/EXCUSES for not doing more would also fit here.* e.g. too busy with own family; mom doesn't want her doing more; doesn't want to build unrealistic expectations; wants to spend time visiting rather than doing tasks. SOCIAL COMPARISON (of self to others, or. .) fits here too. PERSONALITY also fits here: Including, Being in control/taking charge/doers/organizers

e.g. "I'm an organizer"; " in charge"

Also when they talk about being too responsible.

2. ASSESS OTHER *(to describe instances where the respondent makes some assessment of their family, parent, or another person's responsibility and/or levels, amount of support to the elderly parent). And, may need to distinguish between when that support is for the respondent, and when the support is for the parent(s). INCLUDE HERE LEGITIMATIONS/EXCUSES made for those others as to why they are not more involved. E.g. unencumbered sibling.*

3. ASSESS SOCIETY One big category of "assess other" would be the questions around assessing responsibility to parents in Canadian society or one's own generation, in general. For instance:

- Compared to other cultures
- Compared to in the past
- Considering constraints (lifestyle, etc)
- Exceptions (e.g. family dynamics)
- Entitlement
- Respecting the elderly (generally, but also through services)

4a. Talking about responsibility Talking about the concept of responsibility for others and what it means for the respondent. How it is related to love; whether it implies burden or obligation; whether it implies accountability, security, etc. METAPHORS also fit here - for their answers to question about metaphor for SOR parent, e.g. A little bird sitting on her shoulder always there, never far from her mind

Also include: COMMONSENSE ('it's just what you do') and ABSTRACT IDEAL ('the right thing to do')

4b. Assessing responsibility/caregiving

Assessments of sense of responsibility for parent as positive/negative:

Responsibility as negative often is wrapped up in caregiving as negative, and the kinds of things talked about here include resentment; burden; worry; guilt; fitting it all in; crisis moments; wanting a break; would rather be doing something else, parent refusing help and feeling helpless to be able to help them.

Responsibility as positive is often wrapped up in caregiving as positive, and includes satisfaction; a good relationship; appreciation from the parent; feeling good fulfililling one's responsibility (ego benefits, being a good daughter etc); feeling lucky to have the parent around

5a. BEING A PARENT/HAVING CHILDREN OF OWN *Where the respondent talks about how their sense of responsibility is similar or different to being a parent (that would overlap with talking about responsibility) and when they refer to ROLE REVERSAL and/or the effects of having children of their own, on their sense of responsibility. Also include:*TRANSMISSION INTERGENERATIONAL TRANSMISSION (modeling to one's own children)*;* INTERGEN GOOD: INTERGENERATIONAL GOOD (for one's own children)
5b. MIDLIFE AWARENESS/maturity *when related to sense of responsibility*

6. SELF (or SELF-OTHER) *Where I see the respondent mention things such as balancing their own needs with that of others; where they mention self-interest vs others interest/altruism; where they mention being selfish, awareness of self-needs, prioritizing the self.*

7. RECIPROCITY: *often in answer to my question, it may need to be broken down later into the "payback for them raising you" idea; a more general mutual aid/support situation; and even more distinct, a "mutual benefit" idea.*

8. CHOICE v OBLIGATION: *including any response to my question about choice or other relevant talk about how responsibility and/or caring for others is a choice, or not; whether it is an obligation. Here, much of the talk about "should do"; "want to do" and "have to do" may fit.*

9. RESPONSIBLE PERSON – EXPLANATION (for answers to this question – note that these are also self-assessments) e.g. I do things: "I step up to the plate**;** I do what I say I'm gonna do**;** People come to me for things**;** I'm there for others

10. LEARNING ABOUT RESPONSIBILITY *Where does the respondent think they learned responsibility to family/parents/others? Especially relevant to questions about what was did they learn growing up in that family, about responsibility. Can be later broken down, but at this point include learned values; a family culture; family roles and birth order; helping history in the family; either parent being a caregiver or other modeling by parent (*including vague references to parents' generosity or being good to others generally) *and possibly intergenerational exposure.*

11. ONSET: Onset of responsibility awareness (for parents specifically, although also include instances where they have felt responsible even from a very young age, for instance in single parent situations or where there is an ill sibling). Often related to awareness of parents decline; moving to the same city.

12. EXPECTATIONS AND EXPECTEDNESS – *including what the respondent expects of themselves; what others expect of them, including from their parents, others, etc; and whether or not they felt prepared for caregiving role. That is, include talk about being ready; always knew I was going to do this; I wasn't prepared for what it would entail, etc.*
COMMENTS FROM OTHERS about one's caregiving or responsibility, may also fit here.
FUTURE PLANS (e.g. those who mentioned converting a suite in their basement). Whether or not they have thought about the future should be distinguished.
The parent ASKING or NOT ASKING FOR HELP may also fit here.

13. RESPONSIBLE "BUT" – *it is the "but" that is the key to this code, which seems to be usually followed by some qualifier or distinction which sheds some light on how the respondent conceptualizes responsibility.*
For instance: Not resented or grudging/want to do it*;* Not onerous/burden*;* Fortunate/lucky*;* Privilege*;* Commonsense/not unusual (this may overlap with another code)*;* Mutual support*;* Don't build false expectations*;* Not a martyr (e.g. have limits)*;* Bring it on myself*;* NOT DEMANDING/no external pressure*;* They are independent/quite capable, etc.*;* It doesn't fit with our family culture*;* Not taking over/treating them like children*;*

13b. Respect parent independence. Similar to 13a, but with a focus on how they respect their parents' independence, autonomy, responsibility, etc. Examples:

> I have a sense of responsibility but mom is competent/intelligent, I don't treat her like a child or feel I'm looking after her, it's a supporting role; not responsible FOR her but responsible TO
>
> I'm like temporary caretaker, comes in, does bits, disappears, because I respect their independence and will get out of their hair

14. LIMITS AND NEGOTIATION (negotiation with others including around limits, for instance when there are explicit conversations with others and the respondent is seeking to negotiate certain things (e.g. stop driving, bring in outside help, etc). HELPLESSNESS; PUSHING. **Negotiation with self** about how much they will or won't do – including "questioning". *(how and where they determine their own limits currently and will do for the future; how they did in the past; any exceptions – for instance one participant talked about doing whatever they will need to do and then qualifies this later with exception) May later distinguish between one's own personal or self-defined limits, such as learning to say no or take on fewer responsibilities; versus externally-defined limits (whether situational or other-defined, such as the parent won't ask for help).*