

Exploring the Caregiving Attitudes of Adult Stepchildren
and the Expectations of Older Stepparents

by

Rebecca Morris

B.A., University of Victoria, 2010

A Thesis Submitted in Partial Fulfillment
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Supervisory Committee

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Abstract

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This study explored the nature of attitudes and expectations about support and caregiving in seven adult stepchild-stepparent (matched) dyads (N=14) using qualitative interviews analyzed with thematic and constant comparative methods. Findings indicated that all stepchildren in the sample would consider contributing some sort of care/support to their aging stepparents if necessary, but that not all stepchildren considered it their responsibility to do so. Likewise, most stepparents would expect at least some kind of care and/or support if they needed it. For stepparents this was often qualified as emotional support and certain kinds of instrumental help. In summary, the expectations of stepchildren and their stepparents are tied to four major factors: (1) family history and family ties; (2) gender; of stepchild (3) history of exchange and support; and (4) feelings of loyalty of stepchildren towards their biological parent.

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Dedication

For my stepfamily.

Chapter 1: Introduction

Study Background and Rationale

Approximately one in three couples is expected to divorce before their 30th anniversary (Clark & Crompton, 2006). For those who divorce repartnering is often an ensuing life course event (Clark & Crompton, 2006). In fact, we know that in Canada (excluding Quebec) 58 percent of women and 70 percent of men who divorce remarry and that many of those in this group have children from previous relationships (Ambert, 2009). Not surprisingly then, stepfamilies have become an increasingly common family form. Given that their emergence coincides with the aging of the population, it is important to examine the implications of the intersection of these demographic shifts for support in later-life. With a view towards informing policymakers on caregiving in the latter stages of the life course, it is important then that gerontological research consider the views and experiences of stepchildren and their stepparents.

As mentioned, two demographic shifts in Canada provide the impetus for this study. First, the Canadian population is aging (Statistics Canada, 2010). Second, stepfamilies now account for approximately 12 per cent of Canadian families with children (Béchar, 2007) – a percentage which is expected to continue to grow. Consequently, many of those who become older adults in the coming decades will likely have stepchildren in their caregiving networks.

While the body of gerontological literature on caregiving is extensive, little research has addressed salient issues outside of the nuclear family structure. In particular, little is known about the nature of support or the experience of caregiving within stepfamilies. It is important that we explore this later-life family form, as the ways in which stepkin contemplate expectations around caregiving continues to be an under-researched area in the caregiving literature.

Purpose of the Study

This study has two principal objectives. The primary objective is to gain insights into the nature of stepparents and their adult childrens' attitudes, expectations and understandings about caregiving in later-life. Data for the study was collected via semi-structured qualitative interviews conducted with seven adult stepchild-stepparent dyads (N=14). Interviews were analyzed using thematic and constant comparative methods. The secondary objective is to consider linkages to policy and practice in the areas of health and social care, i.e., the roles that social and political institutions primary to caregiving play in the consideration and enactment of care. Specifically, we hope that findings from the study will help to inform the development and implementation of health and social care programs targeting stepfamilies as they grow old, and, in the research domain, assist in the development of appropriate survey questions in order to better interrogate the nature of social support in this emergent family form.

Overview of Thesis

This thesis is comprised of five chapters. **Chapter Two** provides a literature review of divorce and repartnering in Canada, stepfamilies in Canada, caregiving for older adults, caregiving in stepfamilies, filial responsibility, filial obligation, and ambivalence. The chapter concludes by stating the study's purpose statement and by listing my three central research questions. **Chapter Three** outlines the methodological approach used, ethical concerns, population and sampling, and data collection procedures. **Chapter Four** presents a demographic description of participants' salient characteristics, followed by the findings in relation to the three major research questions. **Chapter Five** offers a summary of the findings, the limitations of the study, suggestions for future research, and finally, recommendations for policy and practice.

Chapter 2: Literature Review

This chapter provides a review of the literature on divorce and repartnering in Canada. Specifically, it gives a historical overview of divorce legislation and accessibility in Canada, a summary of the demographic characteristics of those who divorce, a brief discussion surrounding the outcomes of divorce and finally a discussion on repartnering. Following this I highlight key topics related to the contemporary Canadian stepfamily (i.e., composition, challenges, stepparenting, adult stepchildren and stepfamily strengths). Next, this chapter offers a critical review of the gerontological literature surrounding caregiving (generally) as well as a broad overview of the sociological concepts of filial responsibility, felt/filial obligation, and ambivalence. I also review the literature related to caregiving in stepfamilies. To conclude, I present an overarching purpose statement and list the three major research questions as they pertain to this study.

Divorce in Canada

Since the 1980's divorce has become a common life course transition for many Canadians (Ambert, 2009; Clark & Crompton, 2006). In fact, approximately one-third of married couples are predicted to divorce before their 30th anniversary (Clark & Crompton, 2006). This figure rises to 38 percent for recently married couples (Statistics Canada, 2008a). In this section, I will outline key demographic, ideological, and historical trends related to repartnering and divorce. I will also consider the outcomes that divorce and repartnering may have for individuals and their families.

Historical overview

Canada saw divorce rates climb more or less consistently from 1968 to 1987. This is generally attributed to significant changes in Canada's legal and social climate in the late 1960's (McDaniel & Tepperman, 2011). After dipping only briefly in the early 1980's, divorces rates reached an all-time high in 1987 (36%). This peak is considered to be the result of the Divorce Act amendments of 1985 (Ambert, 2009). After 1987, divorce rates decreased slightly but consistently through to 1997; they now remain relatively constant at about 220 to 228 divorces per 10,000 marriages (Ambert, 2009).

It has been suggested that the increases in divorce rates after the Federal Divorce Act of 1968, and the amended version in 1985 were products of a “divorce backlog” (Ambert, 2009). In other words, couples who had wanted to divorce for some time were finally able to do so legally. However, it should also be noted that the relative decrease in divorce rates following the 1987 peak may also be attributed to decreases in marriage rates, and increases in common law unions (Ambert, 2009).

Prior to 1968, marital dissolution was quite difficult to obtain because each divorce had to be granted through an Act of Parliament (Snell, 1983; Wu & Schimmele, 2009). Those without knowledge of the legal system or the time and/or money to go through this process were often barred from divorcing. Wu and Schimmele (2009, p. 162) note that the federal Divorce Act of 1968 made access to divorce, i.e., the legal procedures associated with it, consistent throughout Canada and created two fundamental principles for legal marital dissolution. The first refers to the 'fault principle' which outlined acceptable grounds for divorce “which included adultery; sodomy, bestiality, rape, or homosexual act; going through a form of marriage with another person; and intolerable physical or mental cruelty” (p. 163). It remained the petitioner's responsibility to prove that their spouse had committed one or more of these acts. The second

principle for marital dissolution was “marital breakdown”. This principle provided the petitioner with additional grounds for divorce based on circumstances (e.g., desertion, living separate for five or more years, or spouse imprisonment).

Although the 1968 Divorce Act made divorce more accessible, it also contained shortcomings which would be brought to light by the 1975 Law Reform Commission. The Commission's recommendations would eventually lead to amendments to the Act in 1985. The revised legislation was based on three of the Law Reform Commission's central assertions (Wu & Schimmele, 2009). First, alimony was abolished on the grounds that it was gender biased. It was replaced with a statement that either spouse would be able to request financial maintenance. Second, petitioners were now able to file for “no fault divorce” (i.e., fault no longer had to be proved by the petitioning party). Relatedly, spouses were also able to file jointly for marital dissolution. Finally, custody awards were changed to consider the child's best interest, rather than to automatically favour mothers.

The Divorce Act had several important consequences. In comparison with previous years, where divorce was only achievable through an Act of Parliament, legal marital dissolution was now (more or less) accessible to most couples, regardless of gender or class. These legal changes also altered the nature of divorce by revising the grounds on which it could be granted, as well as the childcare arrangements, and financial outcomes that could ensue.

However, in terms of rising divorce rates during this time period, it is important not to discount ideological and economic changes in Canada. For example, McDaniel and Tepperman (2011) note the secularization of Western Society as an important factor in increasing divorce rates. They write that:

With the massive move away from religion as a dominant social institution have come new norms. Among these, individual choice and liberalization of sexual beliefs and behaviours loom large. Marriage has become, for many, an individual choice rather than a covenant taken before God...Divorce, then, is seen more as a choice rather than the breaking of a larger spiritual commitment (p. 284).

Thus, because the very nature of marriage has changed for many couples, so too has the willingness to terminate this bond if the union is no longer fulfilling. Further, with marriage being conceptualized in individual rather than religious terms, Canadians may be less fearful of stigmatization as a result of divorce.

Some researchers (e.g., Wu & Schimmele, 2009) also point to second wave feminism as a triggering factor for rising divorce rates; in particular, changing gender roles, and changes in the employment status of women. As Wu and Schimmele (2009, p.158) illustrate it is not that women's involvement in the paid labour force suddenly gave rise to divorce; rather, with the influx of women into the labour force in the 1960's, many women now had the financial means to leave bad marriages and support themselves thereafter.

Canadians have historically viewed the accessibility to dissolve a marriage in moral terms (McDaniel & Tepperman, 2011; Snell, 1983). Certainly, the changes in divorce legislation reflect increasingly liberal social views toward marital dissolution. However, as Wu and Schimmele (2009) note, some scholars (e.g., Popenoe (1993; 2008) continue to view divorce in negative terms, suggesting that it is indicative of the demise of the family as an institution. For scholars such as Popenoe (1993), this is inherently problematic for child rearing. However, other scholars (e.g., Stacey, 1993) have argued that new family forms are emerging (i.e., stepfamilies, single parent families, same-sex parents) which are quite capable of fulfilling the roles traditionally bestowed upon the nuclear family. Indeed, there are benefits to emerging family forms. To list just a few examples: divorce leading to a single parent family may help children

avoid experiencing parental conflict in unhappy marriages (Wu & Schimmele, 2009); remarriages may give children more parental resources to draw on (Coleman, Ganong, & Gingrich, 1985); and same-sex headed households may result in more open and egalitarian attitudes among children (Biblarz & Stacey, 2010). Scholars also note that *new* family forms are not actually all that new, given that there has not been a universal family form that has existed consistently over time (Coontz, 2008; Stacey, 1993). Moreover, the nuclear family is an ideological construction against which alternative forms have always been present (e.g., stepfamilies as a result of spousal death). For these scholars the family is an ephemeral, ideological construction which will continue to change as society does.

Who divorces?

It is important to understand stepfamilies across the life course. This means not only understanding who remarries or repartners (discussed below) but also who is likely to divorce. Divorce is the main precursor for repartnering. In Canada certain groups are more likely to experience divorce than are others. For example, couples where one or both partners are religious are less likely to divorce than couples where neither partner is religious (Clark & Crompton, 2006). In fact, research indicates that the more religious people are, the more likely they are to stay in a relationship despite personal fulfillment (McDaniel & Tepperman, 2011). This is perhaps not a surprising finding given that marriage may mean different things to those who are religious compared to those who are not. Specifically, those who are religious tend to consider marriage as a “covenant taken before God” opposed to an individual choice which may be opted out of when the marriage is no longer fulfilling (McDaniel & Tepperman, 2011). Also more likely to divorce are individuals who are Canadian born, compared to those who have immigrated to Canada (McDaniel & Tepperman, 2011). In particular, Asian and South Asian

immigrants have experienced particularly low divorce rates (Shirwadkar, 2004). Shirwadkar (2004) expects that this is related to gender roles and family norms which are typically more rigid. Further, subsequent partnerships are more likely to end in divorce than are first unions (Ambert, 2009). Older cohorts are still much less likely to divorce than are younger cohorts. This may be due to the fact that, given their generation, older cohorts perhaps hold social and cultural values which emphasize the importance of marriage as a lifelong commitment (Clark & Crompton, 2006). Interestingly, this demographic has now become the fastest growing group to seek divorce (Turcotte and Schellenberg, 2007), a statistic that likely represents increased longevity and the actual changing of social norms and values among contemporary older adults (Wu & Schimmele, 2009). Finally, and most broadly, more heterogeneous couples -- in terms of age, education, race and social background -- are more likely to divorce than are more homogenous couples (Wu & Schimmele, 2009). Generally speaking, large social differences between partners can cause conflict in marriages (Wu & Schimmele, 2009). It should be noted that little is known about divorce among same-sex Canadian couples (Ambert, 2009). This is in large part due to same-sex marriage having only been recently legalized in 2005.

Outcomes of divorce

When children are present, they also experience the effects of divorce. In particular, they often have to live through changes to their living arrangements. Where it was once taken for granted that children would reside with their mothers post-divorce, custody arrangements are now increasingly diverse and may include: shared custody; weekend custody; or sole custody arrangements. To this end, male-headed lone parent families have increased from 6 percent in 2001 to 15 percent in 2006 (Statistics Canada, 2007). Despite this dramatic increase, mothers still retain primary custody of their children in 80 percent of cases (Statistics Canada, 2007).

Children may also experience emotional challenges related to the divorce and repartnering of their parents. Research on young and adolescent stepchildren has tended to focus on academic achievement, behavioural problems and psychological adjustment (Coleman, Ganong & Fine, 2000). While research of this nature is important, it may actually overemphasize the problems stepchildren experience. In an empirical review of the literature Kelly and Emery (2003) show that there is often a “crisis period” for children, which lasts roughly 1-2 years (Hetherington & Clingempeel, 1992; Wallerstein & Kelly, 1980). However, most children adjust quite well following this time period. In fact, Haddad (1998) notes that there are absolutely no behavioural problems for the majority (72%) of children whose parents have divorced. The author goes on to postulate that children often adjust quite well once the divorce-related lifestyle change is accepted as permanent. Moreover, Haddad argues that behavioural problems are related to the process surrounding the marital breakdown, as opposed to being a child of divorce generally speaking.

Repartnering

Most individuals who divorce will eventually repartner (Wu & Schimmele, 2009). In fact, when Quebec is excluded, 70 percent of men and 58 percent of women who divorce will eventually remarry (Ambert, 2009). This is considered to be a conservative estimate as it does not include those who chose to repartner through cohabitation. It should be noted that there is considerably less research available on non-marital repartnering. However, it is estimated that 22 percent of women and 31 percent of men enter a cohabitating relationship within three years of divorce (cited in Wu & Schimmele, 2009).

In a contemporary Canadian context, most people repartner following the end of a previous relationship. In the past, however, repartnering often took place as a result of

widowhood (Wu & Schimmele, 2009). At present, widowhood actually decreases the likelihood that an individual will repartner (Wu & Schimmele, 2005). It should also be noted that those over the age of 50, particularly men, are remarrying and repartnering in the aftermath of divorce and widowhood more often than they ever have in the past (McDaniel & Tepperman, 2011). Wu and Schimmele (2009) surmise that increasing rates of repartnering are actually indicative of the greater social acceptance of both divorce and repartnering.

Gender differences in rates of remarriage and repartnering have been suggested to be related to a “marriage market” which is disadvantageous to women (Wu & Schimmele, 2009). Specifically, given; (1) the higher female to male sex ratios in certain geographic regions; and (2) socio-cultural norms (e.g., that women should marry slightly older men, and those with better financial positioning than themselves), women are left with fewer suitable mates in the dating pool. Prior fertility may also be a barrier to repartnering as women with children may also find it more difficult to repartner as their children often coreside with them, which may limit opportunities and time for dating (Wu & Schimmele, 2009).

Ambert (2009) maintains that second marriages are roughly 10 percent more likely to fail than are first marriages and that those who enter into secondary cohabitation are even more likely to dissolve their relationships than those who remarry. She (p. 12) speculates that there are four major reasons for the relative instability of remarriages:

First, remarriages include persons who have already proven that they can divorce; they may be more accepting of divorce as a solution and more ready to have recourse to it a second time. Second, spouses in remarriages may be less willing to compromise and may become disenchanted more rapidly. Third, there are fewer norms that guide these relationships, making it more difficult for the spouses to feel secure within their respective roles. Fourth, the structure itself of remarriage is a more complex one when children are brought in along with ex-spouses and ex-in-laws.

The Contemporary Canadian Stepfamily

Stepfamilies are becoming a “fixture” in Canadian society. While it should be noted that stepfamilies are far from monolithic, it is important to address the salient demographic characteristics of stepfamilies, the challenges stepfamilies face, and the strengths of stepfamilies when examining this emergent family structure.

Composition

In 2006 stepfamilies were estimated to represent 12 percent of Canadian families with children (Béchar, 2007). The source of this figure, the General Social Survey (Cycle 20) defined stepfamilies as “families in which at least one of the children in the household is from a previous relationship of one of the parents”. As this definition of a stepfamily does not take into account situations where children do not reside in the same home as one of their parents due to custody arrangements, it is likely that this approximation is an underestimate of the proportion of Canadian stepfamilies.

In fact, generally speaking, survey definitions used to identify stepfamilies have been historically problematic, not only because they discount non-residential stepfamilies but also because courthouse records exclude stepfamilies that are a result of non-marital repartnering (Coleman & Ganong, 1990). Likewise, surveys such as the Canadian Census only focus on family structure at the time of the survey, which may ignore transitions in and out of step and blended families (McKie, 2010) as well as stepfamilies with non-residential adult children.

In terms of composition, Wu and Schimmele (2009, p. 175) state that “of stepfamilies, 40 percent are “blended” families, 50 percent are “her-children-only” families, and 10 percent are “his-children-only” families. Of stepfamilies, 80 percent include children born into the current union”. This is not surprising given that children tend to reside with their mothers post-divorce

(Statistics Canada, 2007). Because residential stepfamilies have been studied more often than non-residential stepfamilies, literature tends to focus on stepfather stepfamilies rather than stepmother stepfamilies (Coleman & Ganong, 1990).

Challenges

Subsequent partnerships face a number of challenges not experienced by most nuclear families. In fact, Cherlin (1978) has termed remarriage as an “incomplete institution”. In particular, he (p. 637) argues that:

Because of their complex structure, families of remarriages after divorce that include children from previous marriages must solve problems unknown to other types of families. For many of these problems, such as proper kinship terms, authority to discipline stepchildren, and legal relationships, no institutionalized solutions have emerged. As a result, there is more opportunity for disagreements and divisions among family members and more strain in many remarriages after divorce.

Cherlin goes on to suggest that higher failure rates among second marriages may reflect the relationship difficulties associated with these challenges.

Research indicates that second marriages are roughly 10 percent more likely to fail than are first marriages (cited in Ambert, 2009). The fact that Canadian remarriages are still more unstable when compared to first marriages may suggest that the problems of the ‘incomplete institution’ still persist. Indeed, Cherlin's (1978) original argument, despite being over 30 years old, seems to remain applicable today. Stepfamilies often find themselves trekking into uncharted territory, which according to Cherlin, may lead to conflict, stress, and role ambiguity.

It should also be noted, that while there is little research on how the time at parental repartnering affects how relationships are experienced, some research indicates that stepfamilies formed earlier may function more similarly to non-stepfamilies (Banker & Gaertner, 1998, Vuchinich et al., 1991). Ganong, Coleman and Jamison (2011) also found that the amount of

time a stepchild spends in a stepparent's household is positively related to stepparent-stepchild bonding. This is not surprising as stepfamilies which have been together longer will likely have greater opportunities for exchange and mutual support. There may also be an increased likelihood that a family identity will be constructed and that family solidarity may be fostered. It has also been noted that both younger children and adult children accept a stepparent much more readily than do teenage stepchildren (Duberman, 1973).

One may argue that conflict is an inherent and necessary part of family life. However, conflict in stepfamilies may arise from situations which may not occur in non-stepfamilies. For example, Coleman et al. (2001, p. 56) note that conflict in stepfamilies may be unique for three reasons: (a) parent-child bonds precede marital bonds in stepfamilies; (b) there is typically a non-residential parent, making the stepparent an "extra adult" with ambiguous roles; and (c) there can be abrupt changes in living arrangements when a stepparent enters the family.

Indeed, the authors suggest that most conflicts in stepfamilies occur as a result of the (re)negotiation of family boundaries, that is, rules that outline the roles and functions of various family members. In their study they found that problems related to stepfamily boundaries often arise in four main areas: "(1) conflicts over resources; (2) loyalty conflicts; (3) parents holding a "guard and protect" stance, protecting their kin; and (4) conflict with extended family" (p. 59). Thus, the nature of conflict in stepfamilies should be considered when exploring step-relationships. However, Coleman et al. (2001, p. 60) also argue that stepfamilies sometimes employ useful strategies in order to mediate conflicts (e.g., compromising, re-framing a problem as a family joke, spending time apart, or presenting a united parental front). However, the unique nature of conflict does create different family histories and/or experiences compared with non-stepfamilies.

It should be stated that conflict has been a focal point for researchers that study stepfamilies. As a result there remains a paucity of literature which highlights the strengths of stepfamilies and their relationships (Coleman, Ganong, and Fine (2000)). Coleman, Ganong and Fine (2000) argue that this is due to between-group research designs which do not appreciate stepfamilies in their own right. In these terms, it should be noted that some research is beginning to highlight the benefits of being in a stepfamily; for example, stepfamily ties can provide the stepchild with perceptions of additional “family” members (Schmeeckle, 2006), and consequently, greater perceived support.

Stepparenting

Stepparenting can be both more uncertain and more complicated than parenting in non-stepfamilies (Marsiglio, 2004). Stepparents are often faced with difficult decisions given ambiguous family roles and fewer norms to guide them in their family relationships (Marsiglio, 2004). They are often left with questions such as: How should I discipline my stepchild? How should I express affection to the child? Or, what should the stepchild call me? Stepparents often find that their stepchild has great loyalty to their biological parent, which may cause additional conflict (Christian, 2005; Marsiglio, 2004).

These issues are further complicated by negative stereotypes of stepparents in western culture (Bryan et al, 1986). This is particularly true for stepmothers who tend to be portrayed in the popular media according to “wicked stepmother” stereotypes (e.g., Cinderella, Snow White, Hansel and Gretel) (Christian, 2005). These negative stereotypes along with a traditionally greater likelihood for women (in this case stepmothers) to parent than men often means that stepmothers may find stepparenting more challenging than stepfathers (McDaniel & Tepperman, 2011).

Further, even though stepfamilies are increasingly more common in North America, a content analysis of films portraying stepfamilies between 1990 and 2003 illustrates that they are displayed in negative or mixed ways the majority of the time (Leon & Angst, 2005). This lends support to Cherlin's (1978) thesis in that negative or absent representations of stepfamilies in the North American media is an indicator that stepfamilies may still suffer from “incomplete institutionalization” and/or stigmatization.

Adult stepchildren

In previous decades few studies have focused on adult children and their experiences in stepfamilies. Instead, most research has focused on younger stepfamilies with residential children. Given what we know about the difficulties faced by stepfamilies early on in the life course (see Coleman et al., 2001), one may assume that stepfamilies often continue to have challenging relationships as stepfamilies age.

Early home leaving may be considered an indication that a teenage/adult child feels that their home life is unsatisfactory. Aquilino (1991) found that young-adult stepchildren, particularly stepdaughters, are more likely to leave home earlier than those not in stepfamilies; they are also more likely to do so in order to achieve residential independence or to marry rather than to attend college or university (Aquilino, 1991). He suggests that early home leaving may represent a way for stepchildren to remove themselves from unsatisfactory (step)family relationships, and may also indicate that residential stepchildren have access to fewer resources. Further, early home-leaving may have implications for later-life relationships, as it may truncate opportunities for relationships to build or for supportive exchanges to take place between stepkin members.

After analyzing data from 443 adult children participating in the 1997 wave of the

Longitudinal Study of Generations, Schmeekle et al. (2006) found that adult stepchildren vary as to whether or not they consider their current and former stepparents as family (Schmeekle et al., 2006). More than one half of adult stepchildren consider their stepparents to be full family members, and approximately one third consider them to be partial members (Schmeekle et al., 2006). Whether or not adult stepchildren consider their stepparents to be family (a consideration which can change over time) will likely affect how step-relationships develop and change over the life course. For Schmeekle et al. (2006, p. 607) this illustrates that “active and meaningful family relationships do not require a biological or legal connection; a big component of functional family members comes from social interaction”. Yet the author notes that one fifth of participants did not consider their stepparents to be family at all. Respondents were more likely to suggest that they did not feel that their stepparent was family when they were a “former” rather than a “current” stepparent. This may illustrate that stepparents can sometimes “earn” their way into the family (elevate their status) through what Ganong and Coleman (2006) refer to as a history of positive emotional interactions and exchanges of resources. It may also reflect the fact that these positive family relationships require work and need to continue to be maintained over time.

Clearly, stepfamily bonds extend beyond (step)parent-child relationships. Particularly important are relationships between step/half siblings. When investigating these relationships White and Riedmann (1992) found that stepchildren have less regular contact with their step and half-siblings than do non-stepchildren, yet most maintain some contact with each other (i.e., at least once a year). They also found that structural factors (i.e., geographic distance, gender, race, etc.) which influence contact between full biological siblings are very similar to the factors which influence interaction between step and half siblings. Stepsiblings are more likely to

maintain contact with one another in their adult lives if they are younger at the time of parental repartnering. However, this statistical relationship becomes weaker as the age at family blending increases. They also found that those with step/half-siblings are more likely to report not getting along with a sibling than those with only full-siblings. The authors argue that this illustrates that stepfamily dynamics affect cohesion between stepsiblings. Their findings also indicated that those who lived longer with a stepparent and that those who have a stepfather rather than a stepmother were more likely to report contact with their half/step-siblings. Thus, a number of other factors -- e.g., gender, exchange, co-residence, shared values and history etc. -- may affect how sibling relationships develop in blended families.

The stepparent's gender is an important factor in how adult step-relationships are experienced (Schmeeckle, 2007). For example, in adult stepfamilies where the child gains a stepparent in childhood, traditional gender practices tend to guide family relationships as stepfamilies mature (Schmeeckle, 2007). For instance, stepmothers often function as "kinkeepers" by facilitating contact between family members. Gender can also affect how much time and/or money a stepparent invests in their adult stepchild (Clingempeel, Colyar & Hetherington, 1994; Schmeeckle, 2007). Interestingly, stepfathers often "invest" just as much if not more in their stepchildren than they do in their biological children (Clingempeel, Colyar & Hetherington, 1994). In contrast, stepmothers tend to "invest" more in their biological children (Schmeeckle, 2007). It is likely that these findings are related to stepchildren being more likely to coreside with their mother and stepfather than with their father and stepmother (Wu and Schimmele, 2009). This may provide greater opportunities for exchange, and closer relationships to be formed overall. Although this may be true, re-partnered parents and

stepparents generally provide less assistance to adult (step)children than do non-remarried parents (White, 1992).

Caring for Older Adults

The remainder of this chapter presents a critical review of the relevant caregiving literature. This discussion includes literature on caregiving (generally), the available literature related to caregiving in stepfamilies, and a broad overview of research on filial responsibility, felt/filial obligation, and ambivalence.

As they age, many older Canadians will experience chronic health conditions, issues that may eventually require medical attention or care from family and friends and/or long-term institutional care, (Statistics Canada, 2009). Multiple chronic conditions, dementia, or a terminal illness, for example, may be the impetus for the transition to a long-term care environment or a situation/stage in which the older adult needs informal or formal care. Chappell (2011) defines caregiving as “support provided to individuals when their health has deteriorated and they can no longer function independently” (p. 10). The list of activities completed by informal caregivers (generally unpaid family and friends) in order to ensure the safety and health of those they care for is lengthy (see Hollander et al., 2009). Generally though, care refers to assisting individuals with activities of daily living (such as personal care, bathing, grooming or feeding) or supporting individuals with instrumental tasks (transportation, grocery shopping, cooking, house work or yard work, for example). She (2011) notes that informal caregiving often includes a high degree of emotional labour. Despite this observation, caregiving research tends to focus on instrumental and physical care rather than on the emotional labour which accompanies it (Chappell, 2011).

Family and friends provide the majority of care received by older adults (Cranswick, 2003; Lafrenière et al., 2003). Cranswick (2003) indicates that one half of older adults receive some

assistance from the approximately two million family and/or friends providing care in Canada. The Canadian Caregivers Coalition (2010) suggests that the majority of caregivers are spouses, many of whom are older adults themselves. Given this information, it is more likely that stepparents will receive care from their partners (when available) than from their stepchildren.

Women in all age groups provide the lion's (or more accurately, lioness's) share of caregiving (Chappell & Funk, 2011; Hollander, Liu & Chappell, et al., 2009). They are also more likely to experience employment interruptions as a result of caregiving duties (Statistics Canada, 2006). Additionally, there is a notable difference in the type of care women and men provide as caregivers, with women being more likely to provide physical and emotional care and men to provide instrumental care (Stobert & Cranswick, 2004, p. 3). With regard to stepfamilies, this may indicate that stepdaughters have a higher likelihood of providing the majority of care than stepsons. Whether or not stepdaughters will be more likely to provide care than biological sons, however, is unclear.

The gendered nature of carework is further complicated as it explicitly interacts with political shifts over time (Chappell & Penning, 2005) and with the socio-economic status of the caregiver and his/her family member (Arber & Ginn, 1992). Further, the intersection of gender and class means that women of lower socio-economic classes are more likely to be required to do more, and to do it with fewer supports (Funk & Kobayashi, 2009). This is reflected in Sorensen's (2001) research which found that daughters with lower income mothers are more likely to expect to provide care, including personal care.

Caregivers sometimes report the positive effects of caregiving (Tarlow et al. 2004). However, many caregivers experience negative consequences to their mental (Schulz & Sherwood, 2008), physical (Pruchno & Potashnik, 1989; Schulz & Sherwood, 2008), and/or

financial well-being (Aronson & Neysmith, 2001; Keefe & Rajnovich, 2007) as well as disruptions to patterns of paid employment (Statistics Canada, 2006). Stepkin who provide care are likely to also experience negative (as well as positive) consequences of caregiving.

Further, precarious state support, related to neoliberal ideologies (see, for example, Aronson & Neysmith, 2001) means that families are often left to grapple with negative caregiving outcomes alone. In a recent report, Chappell (2011, p.1) argues that the current healthcare system in Canada acts as a “safety valve” when informal care is either unavailable or has become too taxing for caregivers. According to Chappell (2011) a preferable approach to care would be a formal system which works to support caregivers, regardless of their family form, with the informal care that they willingly provide (through remuneration, and service development), as well as to develop formal services in order to meet the needs of older adults who wish to stay in the community (e.g., long-term home care).

Given the aging of the Canadian population (Statistics Canada, 2010), cutbacks to formal support services for older adults, the preferences of older adults to age in place (Bayer & Harper, 2000), and the *willingness*¹ of family (and others) to provide care for older adults rather than have formal services come into the home (Chappell, 2011), it is likely that the care and assistance of older adults will continue to be an important issue for Canadian families.

Caregiving attitudes and behaviours are important to study then in that there will undoubtedly be significant health, emotional and socioeconomic implications for both older adults and their family caregivers.

In particular, it is important that gerontological researchers and government policymakers

¹ I use *willingness* here for a lack of a better word. It is understood that the decision to provide care is often made because that is the best alternative for the care recipient, or because caregivers feel great obligation to do so – not necessarily because they are ‘willing’ or keen to provide care.

take into account family types other than the nuclear family, including, but not limited to, stepfamilies in planning for health and social care services to meet the needs of an aging population. Specifically, members of stepfamilies may hold caregiving attitudes and expectations that vary from those of non-stepfamilies, they may also have different understandings of these attitudes and expectations. This may be related to the diversity of family experiences, trajectories, strengths and challenges which stepfamilies face. In particular, a propensity toward a history of conflict (Coleman et al., 2001), a tendency towards earlier home leaving for children (Aquilino, 1991), unclear social roles (Cherlin, 1978), negative stereotypes (Bryan et al., 1986; Christian, 2005; Leon & Angst, 2005), and less support of adult children by remarried parents and stepparents (White, 1992) may affect the attitudes and expectations of stepfamily members. Further, the negotiation of caregiving expectations and attitudes then is of particular interest given that, as Cherlin (1978) suggests, remarriages involve family roles/boundaries which are much more ambiguous than they tend to be in non-remarried families. Subsequently, stepfamilies may have fewer (if any) filial-helping norms to rely upon as guides to caregiving, which may imply a greater need for negotiation in circumstances where care is required.

Literature on Caregiving in Stepfamilies

There is a dearth of research on caregiving in stepfamilies with adult children; exceptions include studies authored by Bornat, Dimmock, Jones and Peace (1999), Clawson and Ganong (2002), and Ganong and Coleman (2006). Clawson and Ganong's (2002) investigation of perceived obligations in stepfamilies with older parents and adult children used grounded theory methods to collect and analyze interview data from 20 members of older stepfamilies (10 adult stepchildren and 10 stepparents). Participants were recruited by word of mouth, and through

purposeful sampling. They were considered to be part of an older stepfamily if “one or both of the senior generation member(s) had been married before and had adult offspring from a prior relationship” (p. 55).

The authors found that both stepchildren and stepparents felt that adult stepchildren have little obligation to assist their stepparents. Additionally, they identified four important factors related to felt obligation between stepfamily members: (1) attitudes of obligation toward stepparents were considered to be contingent upon whether or not the stepparent was considered to be kin (i.e., how the relationship was defined); (2) the stepchild was more obligated to the stepparent when the stepchild had lived with the stepparent in the past; (3) the stepchild's evaluation of the relationship was important to feelings of obligation; and (4) obligation was related to the quality of the relationship. Clawson and Ganong (2002) also note six contextual factors that emerged as particularly important to felt obligation between stepfamily members. These were “proximity, frequency of contact, other obligations of adult stepchildren, the availability of children of stepparents to lend assistance, normative beliefs about filial obligations, and normative beliefs about helping” (p. 58). Surprisingly, they did not find gender to be a significant factor. The authors found that stepparents were most likely to mention that they expected emotional support, often mentioned that they expected limited instrumental support, but never suggested that they expected physical care from either biological children or stepchildren. If present, stepparents reported expecting more support from their biological children than from their stepchildren.

Clawson and Ganong's work has been central to the understanding of stepparent support in later life. There is, however, room for critique as (Clawson and Ganong (2002) reflexively note) their sample was homogenous (p.55); eight of ten stepchildren were women, the majority ($n = 7$)

of stepparents had remarried after the death of a spouse, and only two stepchildren and four stepparents, had lived with their stepparent/stepchild, respectively. Most of the stepchildren in the sample were 18 or older when they experienced parental death or divorce. The authors suggest that future studies should incorporate the voices of a more diverse sample. Quota sampling may be a useful tool for this purpose, as specific groups could be selected to explore emergent themes and theoretical relationships further (e.g., sampling for diversity in age at stepfamily formation, ethnicity and/or relationship quality). Further, I would add that given that the Clawson and Ganong study was published almost a decade ago, the “normalization” of divorce may have affected participants' views/attitudes on stepfamilies and their views of divorce. Specifically, those who repartner may have experienced less stigma as a result of the prevalence of separation and divorce in contemporary North American society.

In another study in this area, Ganong and Coleman (2006) evaluate societal beliefs about the responsibilities of stepchildren to (1) stepparents acquired in later-life, and (2) biological parents who had remarried in later-life. In particular, the authors consider the effects of acuity of needs and relationship quality on the perceived responsibilities to stepparents and parents. Data was collected through the accounts of 571 women and 487 men in the United States. Participants were recruited through a multistage probability sampling design. In the study, respondents were presented with a vignette where the stepparent/parent had varying needs. Respondents were then asked to indicate first, how much help the older adult in the vignette should be given, and second how obligated the adult child/stepchild should feel to helping the older adult. Participants were also asked open ended questions regarding their rationale for judgements regarding intergenerational helping.

The findings from this study suggest that the bonds that develop between stepparents and

stepchildren in later-life are often not considered kinship ties. Thus, perceived responsibilities of stepchildren to stepparents were considered less than those to parents. The authors also noted that “the motives for helping parents were not the same as the motives to help stepparents acquired later in life” (p. 86). While obligations to parents were often seen as unconditional, obligations to stepparents were often viewed in the context of: (1) the stepparent's level of need (with stepchildren being more likely to perceive an obligation to care when the stepparent's needs were lower); (2) the quality of the step-relationship; and (3) felt obligation toward the stepparent's spouse (i.e., the adult child's parent). Interestingly, they did not find gender to be related to caregiving obligations.

This study provides important insights into how individuals view relationships between, and perceived obligations of stepfamily members. However, it is based on perceived obligations of the general population, many of whom were not stepfamily members. In turn, it should be supplemented with the narratives of stepchildren/stepparents, in particular, in order to explore whether or not societal views on stepfamilies actually translate into attitudes and expectations in stepfamilies.

Using a life history approach Bornat and colleagues (1999) examined later life stepfamilies in order to “evaluate the implications of family change for an aging [British] population” (p. 239). The authors found traditional views on “blood” ties functioned alongside step-relationships in regards to issues of intergenerational caring, relationships, and family wealth. With regard to intergenerational caregiving, the findings indicate that the care provided to stepparents is embedded within a larger hierarchy of care in which participants expressed: (1) the importance of “family;” and (2) with few exceptions [stepchildren] also operated a prioritizing system which allowed them to put their own or their children's needs first” (p. 252). The work of

Bornat et al. serves to illustrate the fluidity of family, as participants were considered to redefine family boundaries to include stepfamily. However, this study also indicates that stepchildren do continue to place importance on “traditional blood-ties” in the context of caregiving relationships.

Fingerman and her colleagues (2012) explored the intergenerational relationships of baby boomers (i.e., those born between 1946 and 1964). The authors used data from three large scale studies, the Within Family Differences Study, the Family Exchanges Study, and the Longitudinal Study of Generations to explore: (1) intergenerational relationships with adult children in the context of changing marital patterns; and (2) baby boomer’s caregiving relationships with their own parents. In terms of divorce and remarriage, the authors found that these life events tend to reduce intergenerational obligation in some families. They also reported that contemporary family bonds are generally weaker, and that this is related to more relaxed cultural bonds. In some families this may mean that repartnered and/or divorced single parents will receive less support from their adult children in later life.

Finally, Morris (2010) conducted a small (N=4) qualitative research project to explore the lived experiences of stepfamilies in a caregiving context. She found that the ways and timing in which a family becomes a stepfamily may be important to the type of later-life relationships which develop between stepchildren and their stepparents. Also related to the decision to care is the quality of the step-relationship, with participants indicating that their decision to care was based on them seeing their stepfathers as good people with favourable personality traits. The study also looked at the ways in which later-life caregiving relationships intersect with a variety of other step and biological family relationships (e.g., relationships with now deceased fathers, stepsiblings and biological parents). In sum, findings from this exploratory study indicated that

despite facing challenges related to caregiving for their older stepfathers -- for example, boundary ambiguity, conflict or problems with step-language – stepchildren have also developed ways to make sense of and cope with their caregiving experiences (e.g., communication strategies, rationalizations, etc.).

Sherman and Boss (2007) argue that remarried spousal caregivers have been ignored in the caregiving literature. They maintain that family ambiguity in later-life repartnerships can actually have negative effects on the well-being of spousal caregivers. For example, some caregivers in their study experienced rejection by the family of their spouse, minimal caregiving involvement from other family members, and conflicts when decisions were made. This is problematic given that caregiving arrangements where the primary caregiver is a remarried spouse are often more complex and thus more likely to be experienced as burdensome. For stepchildren, this may suggest that when there are negative dynamics (e.g., poor communication norms) within a stepfamily there may be a greater reluctance to offer support to a stepparent, whether it be as a primary or tertiary caregiver.

As Kapust, Robins and Freedman (1993) note that such caregivers are also more susceptible to negative emotional, legal, and financial implications. The authors argue that they may also have less family support to draw on because of negative (step)family dynamics, or due to emotional distance which may limit effective communication. It is likely that these barriers may also be present for stepchildren who choose to provide care. The authors also found that it was particularly burdensome for the caregiver when s/he remarried as a result of a death of a former partner because the caregiver had often just finished caring for his/her former spouse. In terms of policy implications, the authors suggest that mental health and community support services should be primary considerations for program development aimed at addressing the

needs of these caregivers, including stepchildren carers.

In summary, a review of the literature in this area suggests that stepparents and stepchildren may not feel that stepchildren have as much responsibility to care for their stepparents as they do to their biological parents, and that both groups expect more support to be provided by biological children than stepchildren (Clawson & Ganong, 2002). It has also been noted that motives for helping stepparents are considered more to be more context-driven than obligatory (Ganong & Coleman, 2006). Given these findings and Fingerman's (2012) conclusion that intergenerational bonds in stepfamilies are considered to be weaker in comparison to bonds in non-stepfamilies, it is likely that stepchildren may feel less obligated to care and that stepparents may expect less of their stepchildren. Future research needs to explore this hypothesis.

Filial Responsibility and Felt/Filial Obligation

This section will examine two main concepts in the family caregiving literature: filial responsibility and filial/felt obligation. Here I will argue that felt obligation is an important concept for understanding caregiving attitudes and expectations in stepfamilies. However, at the individual level there may be significant overlap between what is conceptualized as filial responsibility and felt obligation, an intersection that may be better understood as ambivalence (see Funk & Kobayashi, 2009).

Filial Responsibility

There is a great deal of literature on filial responsibility (e.g., Gans and Silverstein, 2006; Finley, Roberts & Banahan, 1988; Lee, Netzer & Coward, 1994; Stein et al., 1998). As a theoretical concept, filial responsibility is defined as an attitudinal approach and "refers to the extent to which young and middle-aged family members are expected to provide assistance to

their aging parents and to give priority to their parents' needs over their own” (cited in Lee, Netzer & Coward, 1994, p. 560). I will now discuss some key themes from the filial responsibility literature.

Filial responsibility has been used by Lee, Netzer and Coward (1994) to explore the expectations for care held by aging parents. Through interviews with 387 Florida residents over the age of 65 the authors studied the relationships between filial responsibility and intergenerational support given and received between older adults and adult children. When other variables were controlled for, they found that the filial responsibility attitudes of older adults were related to the amount of support that parents had *given* to children, but not to the support parents actually *received* from their children. The authors argue that this may indicate that older adults with higher expectations are less likely to have their expectations met. They also conclude that the more parents gave to their children, the more they received, indicating that helping behaviours may indeed be reciprocated. This relationship was apparent even when opportunities for exchange and parental resources were controlled for. Perhaps this means that if the relationship between a stepchild and stepparent is considered to be kinship-like, the degree of help a stepparent has provided to their stepchild may be reflected in the perceived responsibility of the adult stepchild to provide care in return.

Generally speaking, the literature indicates that adult children maintain strong feelings of filial responsibility (Seelbach, 1984; Walker et al. 1990). It is also generally accepted that parents have lower expectations of their children than children have of themselves (Blieszner & Hamon, 1992; Blust and Scheidt, 1988; Groger & Mayberry, 2001; Peek et al, 1998). This is likely because adult children are more idealistic or that they may be less aware of the constraints they may face when aiming to meet their caregiving goals (Guberman, 2003), but it has also been

suggested as a way that parents can protect their children from the negative effects of caregiving (i.e., burden) (Cylwik, 2002; Blust and Scheidt, 1988).

In a key study, Gans and Silverstein (2006) place filial responsibility within the context of historical time, age, and generational status. The researchers analyzed 4,527 observations from 1,627 individuals in 333 families involved in the University of Southern California Longitudinal Study of Generations between 1985 and 2000, and found that filial norms tended to be weaker in midlife, over historical time, and were stronger in later-born generations (p. 961). These findings underscore the utility of a life course perspective to illustrate the “malleability of filial responsibility” (p. 961).

In a review of the literature on filial responsibility, Mancini and Blieszner (1989) found that women are more likely to hold higher expectations of their children for support. For example, women are more likely to indicate that they would expect their child(ren) to invite them into their home if they become unable/do not want to live alone as an older adult. This is likely a result of women putting more investment into raising their children compared to their male counterparts. Further, Brody, Johnsen and Fulcomer (1984) found that younger women held more egalitarian views when compared with older women -- indicating cross-generational differences in norms, values and beliefs.

Among the foreign-born in Canada, some ethno-cultural groups feel more strongly that children should be responsible for their parents' care. For example, Chinese Canadians (Chappell & Funk, 2011, Funk, chappell, & Liu, 2011), and Italian-Canadians (Clarke, 2001) report higher levels of filial responsibility when compared to Caucasian-Canadians, while other groups report lower levels of filial responsibility, i.e., Greek immigrants compared to Caucasian-British (Cylwik (2002)). It should also be noted that Lockery (1991) found immigrant families

who were first-generation to generally be more traditional in terms of their attitudes regarding caregiving. In contrast, those who belong to subsequent (i.e., the Canadian-born) generations tend to have views which are more similar to the dominant culture (i.e., Western views). This suggests that while ethno-cultural identity may be an important factor in enacting feelings of filial responsibility, time since immigration may also be of central importance as the meaning of traditional values may be revised and/or translated across generations.

There are also ethno-cultural differences in how measures of filial responsibility translate into behaviours. In Western society, filial responsibility measures are often weak predictors of caregiving behaviours (Chappell & Funk, 2011). However, among Chinese Canadian groups filial responsibility *is* often a strong predictor of caregiving behaviours (Chappell & Funk, 2011, Funk, Chappell, & Liu, 2011). Ethno-cultural differences in the uptake of these behaviours may be explained by variations in ideology; specifically, incongruence between individual-centric (the West) and familial (the East) ideologies. Overall, research pertaining to filial responsibility and ethno-cultural origin illustrates that adherence to the value of filial responsibility varies both within and between cultures.

The filial responsibility literature has been critiqued for ignoring context, personal relationships and structure; that is, as simply reflecting societal norms and social mores around caregiving rather than taking individual relationships and rationales for care into account (Stein et al., 1998). Filial responsibility as a variable has also been critiqued as being a poor predictor of caregiving behaviours (Chappell & Funk, 2011, Funk, Chappell, & Liu, 2011), and as fluctuating based on ethnicity (Hanson et al., 1983) and geographic distance (Finely et al., 1988).

Felt Obligation

Filial responsibility has been differentiated from felt obligation² in that the latter refers to the personal obligation felt by an individual to care for their parent(s), whereas filial responsibility illustrates the general attitudes one holds toward the responsibilities of adult children to care for their parents (Stein et al., 1998). Stated differently, felt obligation is based on individual factors while filial responsibility focuses more on structural norms and/or motivations to care.

A study conducted by Stein and colleagues (1998) examined the role of felt obligation in participants' reports on caregiving in relation to the effects of variables such as gender, parental affection, and filial responsibility. The study used an intergenerational sample of 460 middle aged adults and their parents. Among the most salient findings are that: (1) women of both generations reported stronger levels of felt obligation in comparison to men; (2) younger adult children expressed higher levels of felt obligation than middle-aged children; and (3) children with only one parent reported higher felt obligation to their parents, regardless of gender. Further, Stein et al. (1998) suggest that felt obligation may be a more effective construct through which to study parental caregiving, despite the two concepts being related. This recommendation is based on the finding that felt obligation is more strongly correlated with parental care reports than is filial responsibility.

Finley, Roberts and Banahan (1988) examine the structural context in which felt obligation toward aging parents is enacted. Telephone surveys were used to collect data from older parents and adult children. The findings suggest that felt obligation is more than a product of affection. Rather, structural factors, demographic factors, distance and role conflict also play a role in how

² In some studies felt obligation is referred to as filial obligation (see Finley, Roberts and Banahan, 1988). These terms (felt obligation toward parents and filial obligation) appear to be conceptually congruent for the purposes of this study.

obligated one feels to their parent(s). However, the authors reported that felt obligation varied by parent type (mother, father, mother-in-law, or father-in-law). Their findings regarding in-law relationships may be particularly salient for the current study given that these family roles tend to be less well defined than biological kinship-ties, and may be more similar to stepfamily ties. The authors found that while affection was not noted to be significant for felt obligation between mothers-in-law and sons-in-law nor between fathers-in-law and daughters-in-law, it did play an important role in determining felt obligation between sons-in-law and fathers-in-law, and mothers-in-law and daughters-in-law (i.e., same-sex dyads). This suggests that gender dynamics between stepfamily members may be an important issue to examine in future research.

The concepts of felt obligation towards one's own parents in individual situations and more generalized attitudes supportive of norms of filial responsibility are qualitatively distinct. While it is important that such variations are noted, it may not be necessary for the researcher to pick just one as part of a conceptual framework. Indeed, they may intersect in interesting ways in stepfamily research. For example, while at a societal level it may be felt that stepchildren are not generally responsible to provide care for stepparents given cultural norms (e.g., the importance of blood ties/relationships), stepchildren themselves may feel very obligated to do so (felt obligation) in individual situations given their own personal motivations (e.g., affection for parent). Further, they may be influenced by structural (e.g., socioeconomic status, gender) and contextual factors (e.g., geography, other family responsibilities).

Ambivalence & Negotiation

Felt obligation may be an important analytical tool for the current study insofar as the literature on this concept highlights structural factors and relationship characteristics that may be important in understanding the attitudes parents and children have about care. Indeed, studies in this area

have been central to identifying which structural factors should be used as probes in the interviews with participants for this study. However, neither this concept nor filial responsibility alone accounts for discrepancies between perceived strain and self-imposed/socially emphasized duties and obligations. Instead, researchers have often used the term ambivalence to describe such experiences (Connidis & McMullin, 2002; Luescher & Pillemer, 1998). The concept of ambivalence may be particularly applicable for understanding stepfamily relations across the life course as it creates opportunities for considering the interactions between feelings for step-kin, competing responsibilities/loyalties of the caregiver, and the care requirements of older adults.

Ambivalence may help to explain the complex interplay between felt obligation/responsibility and choice. Funk and Kobayashi (2009) suggest that research into filial care work and the decision to care can be dichotomized into two groups: (1) one that emphasizes the predominance of choice; and (2) another that emphasizes the predominance of obligation. They believe that this is a problematic distinction given that, in reality, the two categories are not mutually exclusive; instead, these motivations interact with one another at micro and macro levels. They go on to note that this dichotomy has implications at a moral-political level, maintaining that “the dichotomy between choice and obligation can be, and indeed has been, used to justify this shift [toward the privatization of care] – family members are constructed as providing care out of a “loving choice” as opposed to “obligation”” (p. 245) and that this simply does not reflect the experiences of many caregivers.

In order to study how family responsibility is negotiated in families, Finch and Mason (1993) investigated the ambiguities that permeate intergenerational assistance. Analyzing interview data with 979 respondents collected in the Greater Manchester area, they found that there are only guidelines and not clear rules as to what one should do for kin. Further, people

make judgements depending on the particular circumstance within which they are situated. In this sense, family members are involved in ongoing processes of negotiation. These processes are not straightforward, nor are they explicit. Instead, the actions and attitudes which family members choose often revolve around “constructing public images and personal identities (p. 24). Finch and Mason also found that among the guidelines which exist for intergenerational assistance is the implicit understanding that family members should avoid being dependent on others as much as possible.

When exchange does take place between family members it can take direct or indirect forms. If the exchange is indirect it can be either generalized or balanced (p. 51). Finch and Mason write that through exchanges, individuals are not just negotiating what they will do for one another, but are also negotiating their positions in kinship networks. Through focusing on how individuals *negotiate* exchange, Finch and Mason argue that we can understand how individuals manoeuvre, even when they are constrained by structural or contextual factors (p. 60).

Finch and Mason (1993) consider commitments between kin to develop gradually over time. Such commitments, however, are open for renegotiation as time passes. According to Finch and Mason, moral identities constructed by exchanges “provide a *structure for negotiations* about assistance within kin groups” (p. 159). This means that families have guidelines for who is likely to provide assistance, and who is not – thus minimizing ambiguity in family relationships. In stepfamilies where the steprelationship is relatively new there may be less history of exchange and as a result less of an opportunity to develop a “structure for negotiations about assistance”. It follows then, that newer stepfamilies may experience increased ambiguity in their caregiving expectations and attitudes. In summary, the theoretical insights

provided by Finch and Mason underscore the concepts of fluidity and the ongoing negotiation in terms of family responsibility/obligation, thus providing an important framework for understanding the caregiving rationales provided by members of stepfamilies.

Purpose Statement & Research Questions

This study examines the nature of support and caregiving in adult stepchild-stepparent dyads using exploratory qualitative methods. Interviews were analyzed with thematic and constant comparative methods. The overall objective is to explore the attitudes and expectations that parents and adult children in stepfamilies hold about caregiving. Specifically, there are three research questions:

- (1) Is a willingness and/or obligation to care for stepparents expressed by stepchildren? If so, what factors influence/constrain this willingness or felt obligation?
- (2) What expectations do stepparents have of their stepchildren? What factors influence/constrain these expectations?
- (3) What reasons do stepparents/stepchildren give for their caregiving and care receiving expectations?

Chapter 3: Methods

I begin this chapter by describing the methodological approach I have used in this study. I then discuss the population, sampling and data collection procedures. I also elaborate on ethical considerations, including a brief discussion on the challenges of maintaining confidentiality while interviewing matched dyads. Next, I outline the data analysis procedures I have used. Finally, I present issues of authenticity (validity) as they pertain to this qualitative study.

Research Approach Summary

This study uses exploratory qualitative methods to examine how expectations around later-life caregiving are expressed by stepfamily members. I chose these methods as they most often use in-depth interviews to gather information from participants (Fitzpatrick & Boulton, 1994). This type of interviewing allows the interviewer to solicit more detailed responses from participants and to probe for further explanations (Fitzpatrick & Boulton, 1994).

A semi-structured interview schedule was used in this project – this approach to interviewing is considered ideal when a researcher aims to understand a phenomenon or experience which has not previously been explored in great detail (Fitzpatrick & Boulton, 1994). The interview schedule, as discussed below, was comprised of open ended questions (e.g., what would the care arrangement look like if your stepparent developed Alzheimer’s Disease?”), along with some close ended demographic questions (e.g., “what is your age in years?”). Open ended questions allowed for unanticipated reactions and responses to emerge (e.g., the importance of loyalties to one’s biological parent in terms of care expectations) and encouraged rich narratives to be generated as participants were able to embark and expand on life history trajectories.

A qualitative, interview-based approach is considered to be ideal for constructing understandings of “deeply rooted or delicate phenomena or responses to complex systems, processes, or experiences” (Ritchie, 2003, p.36). For this reason an exploratory approach was selected as an effective way to address the study’s research questions, especially since there is little known about the way in which stepparents and stepchildren make sense of caregiving and care receiving expectations and attitudes prospectively.

Further, as an “insider researcher” (I myself am a stepchild), reflexive qualitative research provides me with the “space” to understand the world from the point of view of the participant, while concurrently taking the position that as researchers “we are not passive receptacles into which data are poured” (Charmaz, 2010, p. 15). Thus, I have practised reflexivity, and have utilized authenticity (validity) checks such as member checking and revisiting the data throughout the research process in order to ensure truthfulness in my research. As a reflexive scholar who is writing from a qualitative standpoint I have integrated reflexive practices, specifically journaling, throughout the process of analysis in order to reflect on my own experiences and their relationship to the research process, especially in the interpretation of the data.

In the analysis of the data, the methodological tenets of a grounded theory approach were used, as they are presented by Charmaz (2010). These are: (1) simultaneous data collection and analysis (through open, axial and selective coding); and (2) the use of the constant comparative method, where data is compared as it is collected against other experiences in the data set (e.g., comparison based on: younger versus older age at stepfamily formation, gender, family structure, etc.) (Charmaz, 2010, p. 5). This process is discussed further in the analysis section of this chapter.

In the grounded theory school of qualitative research the general aim is to generate “an abstract theoretical understanding of the studied experience” (i.e., a “grounded theory”) (Charmaz, 2010, p. 4). In the grounded theory paradigm, theories are contingent on theoretical saturation – the point in a study where data is no longer generating new insights or offering new properties to a theoretical category (p. 113). This study was designed as an exploratory qualitative study, and was not intended to be a “grounded theory” study, specifically as the aim of the project was not to develop a “grounded theory” but rather to explore the area and to generate insights of a theoretical nature. Given the time constraints of the Master’s program the sample size (N=14) was limited to those who could be recruited and interviewed within the given timeframe (under one year) theoretical saturation has not been fully achieved in all aspects of the research. Nevertheless, theoretical saturation has *guided* this project as an ultimate objective (specifically, in terms of theoretical sampling) and as a result several areas are considered to have been thematically saturated – specifically in terms of outlining the four rationales for care discussed below, and in regards to delineating salient caregiving limitations as noted by stepchildren and stepparents. Saturation was considered to have occurred in these areas at the point where participants began to repeat the salient themes noted in the analysis of previous interviews (Leininger, 1994). A more complete level of theoretical saturation, as discussed by O’Reilly and Parker (2012), would have likely required other 20-30 participants.

Population and Sampling

Seven stepchild-stepparent dyads (N=14) were recruited through non-random – i.e., purposive and snowball – recruitment methods. The criteria for inclusion into the sample were: (1) participants had to share a stepchild-stepparent relationship (meaning that the kinship tie between the stepparent and stepchild has developed through parental remarriage/parental

cohabitation); (2) for reasons of limited time and resources, one or both participants were required to live in the Greater Vancouver or Greater Victoria areas, or, if a participant did not live in these areas they must have been able to access a phone or Skype for communication purposes; (3) participants were required to speak English; and (4) the stepparent must not yet have been receiving regular formal or informal caregiving support given that this study was a prospective in nature. In order to determine eligibility on this criterion, stepchildren were asked the following screening question: “Are you currently, or have you in the past 6 months provided care to your stepparent? This includes performing activities such as driving your stepfather/stepmother to medical appointments on a regular basis, cooking for them regularly, completing household chores several times a week, providing physical care duties such as bathing, administering medications, helping with self-care tasks or arranging and/or paying for these tasks to be performed.” This question was created to provide a broad overview of instrumental, physical and financial care activities commonly completed to assist an older adult.

To take part in the study both step-family members needed to be willing to participate. Potential participants were made aware of the study through poster recruitment (see Appendix A) and word of mouth. Stepparents/stepchildren were asked to refer their stepchild/stepparent, respectively. At no time was personal contact information given to me without the consent of a potential participant. Posters were placed in high traffic areas throughout the Victoria and Greater Vancouver area, such as coffee shops and on poster boards in the community (e.g., recreation centres, doctor’s offices, churches, and cultural centres), were shared through various list-serves and with my personal contacts for distribution through electronic social networking media (e.g., Facebook). Interestingly distributing posters through electronic media and list-serves proved to be a much more effective way to obtain participants. In the end, no participants

were actually recruited through poster recruitment.

During the study, theoretical sampling was ongoing. This refers to the emergent process whereby participants are selected not with the intention to yield a representative sample, but to aid in the development of categories as indicated through constant comparative analysis (Charmaz, 2010, p.96). For example, Charmaz (2010, p. 104) suggests that participants may be sought out in order to find an exception to the developing categories, to develop connections between categories, or to follow up on “hunches”; for this study, the recruitment criteria were expanded to include international step-family dyads (family members were living in different countries) in order to investigate issues related to caregiving and geographic distance.

Quota sampling was also utilized to ensure diversity within the sample. A diverse sample was important given the exploratory nature of this research. A series of demographic questions, including questions pertaining to self-identified cultural group/ethnicity, gender, and income were asked at the end of the interview. Further, in order to ensure gender diversity in the sample, at least one of each possible gender combination (stepfather-stepdaughter, stepfather-stepson, stepmother-stepdaughter, stepmother-stepson) was selected for participation. Further, despite the small sample size, this study aimed to incorporate as diverse a sample as possible, particularly in terms of socio-economic status, and/or immigrant status and time of parental re-partnering.

Data Collection

Intensive, semi-structured interviews were conducted with each member of the stepchild-stepparent dyad. Interviews were completed separately in order to give each dyad member the opportunity to share their experiences without any concern that they would say something to offend or upset the other person. For this reason dyads were not given the choice to be interviewed together. Interviews were approximately 1.5 hours in length and took place at a

location chosen by the participant (generally in their home or in a coffee shop). An interview was considered completed when the participant had nothing left to contribute after being asked: “is there is anything left that you think that I should know or understand better?” In cases where face-to-face interviews were not possible (N=4 of 14), interviews took place over Skype (N=2) or via telephone (N=2). In addition, with participants’ permission, all interviews were recorded via audiotape for immediate verbatim transcription and ongoing analysis. Participants were informed at the outset of their right to skip any question they would prefer not to answer, including the demographic and genogram questions on the interview schedule.

The interview schedule (see Appendix B) incorporated open-ended questions and probes exploring past, present and future experiences around family, support and care. The goal of these questions was to encourage participants to speak in-depth about prospective caregiving behaviours/expectations with regards to their stepfamily. Given the emergent nature of this research, interview questions were adapted to accommodate each participant's experience, and were revised as new themes emerged (e.g., asking participants about step-grandparenting). Using an interview schedule was effective in that it helped to maintain some degree of structure/direction over the course of the interview. For example, questions were ordered with the intent to: first, build rapport; second, engage with more sensitive or personal questions; and finally, provide the participant with a sense of closure.

The interview began with a genogram exercise where I asked participants to draw a family tree (see Appendix C for example). This exercise had two purposes. First, it provided information around which I could structure questions (e.g., names, ages and relationships). Second, it gave me insight into how participants conceptualize and understand their families. In cases where the interview took place over the phone/Skype this process was omitted. As

suggested by Charmaz (2010, p. 30) final questions were constructed to close the interview on a positive note. Open ended questions were followed by a series of demographic questions.

Participants were told that they may be contacted for a follow-up interview or for clarification of an issue or theme. When consent was obtained at the beginning of the interview process (see Appendix D for consent form) participants were made aware that they may be contacted again, and that they had the right to decline ongoing participation at any point in the process.

During the interview my primary role as a researcher was to “listen, to observe with sensitivity, and to encourage the person to respond” (Charmaz, 2010, p. 26); that is, the participant was encouraged to do most of the talking. This was done by making encouraging statements (e.g., “could you tell me more about that?”, “what was that like for you?” “u-huh”, “hmm” etc.), or by using silence as a tool to encourage participants to go deeper and to explain their experience in greater detail. I aimed to remain aware of my own covert and overt contributions to the interview and how they may result in unintended reactions from participants. Thus, as the interviewer it was necessary that I was attentive, and in turn reflexive, to issues of power and positionality along with being conscious of my own personal disposition (i.e., remaining neutral and objective despite what a participant was saying), body language (e.g., avoiding crossing my arms or looking away when uncomfortable), and reactions to participants' narratives. Specifically, this required a conscious and ongoing effort to remain neutral and objective.

In order to foster an atmosphere of equality I also engaged in self-disclosure when it seemed necessary. This, it was hoped, would help to create a trusting and judgement-free environment. Moreover, to start the interview off I showed participants my own genogram to

disclose my own family history and experience. Throughout the interview I also talked about my own experience as a stepchild, making connections when appropriate (e.g., “I was also very young when I became a stepchild, how do you think being young affected your relationship?”) and highlighting differences when I felt this would help the participant detail their experience and/or attitudes and expectations to a greater degree (e.g., “I was younger when I became a stepchild, so I never had that experience. Could you tell me more about what that experience was like?”).

Field notes were taken throughout this study. In particular, field notes were written prior to (based on observations of the environment, disposition of the participant, etc.) and during the interview, and were elaborated upon immediately following each interview. Jotted notes were also used to add context to audiotapes and transcripts by noting the nature of utterances, body language, and the salience of information as it was expressed by participants. Notes were only made insofar as eye contact was maintained, and the flow of the interview was not disrupted.

Ethical Concerns

Prior to participant recruitment, this study underwent review by the University of Victoria's Human Research Ethics Board. Anonymity was maintained by removing identifiers, in particular, participants' names were replaced with pseudonyms. Given that this study used snowballing methods and was based on the reports of matched dyads there was a chance that participants would be able to identify one another in the final report. Participants were made aware of this and identifiers or specific scenarios were altered with the intention of avoiding this issue. Informed consent was obtained and key points were also explained verbally to participants. Consent forms and data were kept in a locked fireproof filing cabinet and in password protected files on the computer.

While this study is unlikely to cause harm to participants it should be noted that some participants may have experienced emotional upset as a result of their participation. Interviews may have touched on topics considered “sensitive” for some individuals, such as parental divorce, death, etc. Consequently, if a participant seemed to be experiencing distress (began to cry, etc.) I asked if she/he would like to take a break or stop the interview. Further, I was prepared to provide participants with the contact information of a trained counsellor if necessary. As part of the informed consent process, participants were informed of their right to withdraw from the study at any time for whatever reason. If they chose to do so, their data would have only been used if they provided me with written consent. It is recognized that participants may have suffered loss of time as a result of participating. However, it should also be noted that participants may have experienced positive feelings from participating in this research project. For example, through participating in intensive interviews, Charmaz (2010, p. 26) notes that participants have the opportunity to: discuss feelings; be experts; reflect on their experiences; and receive affirmation. Indeed, several participants indicated that the interviews were enjoyable, or “really made them think”.

Data Analysis

As noted above, with participants’ permission, interviews were audio taped.

Transcription took place immediately following each interview. Analysis occurred immediately after transcription to align with the objectives of theoretical sampling and data comparison. Naturalized transcription was produced, i.e., punctuation was incorporated, and “ums” and “ers” were removed from transcriptions. This was done on the premise that transcripts produced through this strategy are easier to analyze and interpret (Bucholtz, 2000). Digital audiotapes were kept in a password-protected folder on my computer, and were backed

up on an external hard drive which was stored in a locked fireproof filing cabinet in my home office.

Data analysis followed Charmaz's coding scheme; that is, transcripts were initially coded line by line, meaning that segments of data were given a short name which "summarizes and accounts for each piece of data" (p. 43) (for example: "expects same care as bio. father", "feels relationship would persist", "relationship mother daughter like"). Initial codes were intended to "stick closely to the data" by summarizing the actions, attitudes or events disclosed by participants. Focused coding was then used to select the most central codes (e.g., "geographic distance", "emotional support", "expectations of biological children"). Coding was "constantly comparative" in the sense that codes were compared against other codes and data throughout the research process. Charmaz argues that axial coding may not be used by "those who prefer simple, flexible guidelines - and can tolerate ambiguity (p. 61). She suggests that this is particularly true if one can "follow the leads that they define in their empirical materials" (p. 61). She goes on to posit that subcategories are a sufficient alternative tool through which links between categories may be delineated. As per this suggestion, axial coding was not used. Finally, theoretical (or focused) codes were used to speculate on the possible relationships between focused codes.

Field-notes were drawn upon in some cases in order to aid the analytical process; in particular, they were used to add context such as body language, tone, or emphasis to transcripts. For example, here is a field note which was elaborated on immediately following the interview with one stepmother, Jen, representing an off tape interaction:

June – Jen

The tape-recorder goes off and after completing the demographic questions Jen asks me if she "can add something". I say sure, and Jen goes on to say that she "didn't mean" that

she “doesn’t feel like their mom”, “I mean that I don’t feel that way because they have a mother”. She gets teary eyed and I realize that this is an important point for her, I ask her to go on. She becomes more emotional and replies “if I were to have become their stepmother because [their mother] had died and someone had asked me “do you consider yourself their mother?” I would absolutely say yes, I do. But because they have their mom I feel that would be disrespectful”. Jen seems relieved that she is able to clarify this point before the interview closed. I sense, as I did throughout the interview, how important her relationship with her stepdaughters is to her.

Memos, defined by Charmaz (2010, p. 72) as “informal analytic notes” were written throughout the data analysis process. Charmaz suggests that this is an ideal way to analyze data and codes early in the project. These memos were intended to generate conceptual categories and are regarded by Charmaz as the analytic step “of selecting certain codes as having overriding significance or abstracting common themes and patterns in several codes into an analytic concept” (p. 186). An example of a memo which was written early in the project is as follows:

In some cases parents noted little difference between the expectations they have of their stepchildren and the expectations they have of biological children. In these cases it seems that a very strong relationship is present. Specifically, in these cases stepparents feel that their stepchild is like one of their own children.

The most central memos became key concepts in the study. For example:

Length of relationship

It seems that there is a relationship between length of the steprelationship and the attitudes of stepchildren regarding care (i.e., those who have a longer relationship seem to report a greater willingness to care).

Rigour

Charmaz (2010) suggests that researchers carry with them biases, social positions, and stock knowledge. Consequently, she argues that researchers must be reflexive throughout the research process. For example, one should abstain from forcing ideas or sensitizing concepts onto data; rather, one may have hunches, or use sensitizing concepts as a starting point, but each theoretical concept must “earn” its way into the analysis (p. 17). Charmaz provides several questions for the researcher to ask her or himself in order to ensure that s/he is not “forcing data”

(p. 67-70). For example, when developing theoretical concepts, she suggests asking (p. 68): “do these concepts help you understand what the data indicate, if so, how do they help?” I continually asked myself this question throughout the analysis process as a way to remain focused on the data and to avoid coding out of context or superimposing my own thoughts or feelings on the data. Also following Charmaz, in order to stay focused on the data, and to not code at too general a level I would ask myself “what does this specific code add to this segment of data”. This encouraged me to develop meaningful codes which could later be drawn on to develop theoretical codes and analytical memos. For example, when analyzing a segment of Jason’s interview:

Um it's not like it's not developed I'm just not really a sappy guy. But I don't know. I think it has developed I think we have an emotional relationship somewhat.

I would not create a code “unemotional” as this code would not necessarily add to the data.

Issues of reflexivity have been discussed throughout the methods section. However, maintaining reflexivity is often a difficult process. For example, simply recognizing what one should be reflexive about can be challenging. Ideally, reflexivity tools chosen by the researcher vary throughout the study, and should be attuned to the purpose and initial questions of the research. It is not necessarily the particular strategy which is chosen that dictates how reflexivity will manifest, rather it is the overall aim to be continuously thoughtful, self-questioning, and self-aware that is important.

Cho and Trent (2006), argue that reflexivity may be achieved through the researcher “thinking out loud” throughout the research process (p. 327). For example, a reflexivity journal is often touted as ideal. Throughout this study I have used a reflexivity journal as a space to reflect on the preliminary biases, suppositions, and hypotheses I maintain and develop

throughout the research process. I have found this particularly helpful in relation to my insider status as a stepchild. I have also asked myself each of the questions I would later ask my participants. My own responses sometimes surprised me and often provided me with insight, clarification or understanding as to what was appropriate and/or necessary to ask my participants and how to ask those questions. For example, while I generally knew that I felt obligated to help my stepdad in any way I could, I had not spent a great deal of time considering what my obligations were to my stepmother. Completing this process helped me to reflect on this. In this exercise I wrote:

As for my stepmom, I live so far away that I don't think I could do much other than provide information if necessary. I would expect my biological dad and my half brothers to take on the brunt of the care load. If I were living close to her I would certainly help with what I could...e.g., errands, shopping, driving or cooking -- but I would see my responsibilities as 'extra' done to help her, my dad and my brothers, rather than expected. I would also visit if I were to live close. But I don't see myself moving to England so this is unlikely. I would definitely check in with my brothers to see how things were going. I think that we would have to start communicating in our own right if my dad passed away before she did.

Further, in terms of reflexivity this exercise was intended to remind me that as an 'insider researcher' my narrative is just one of many, and that it should not be held in a higher regard nor superimposed on the 'truths' and experiences offered by participants in this study.

In order to ensure authenticity, participants had the option to review their transcripts after their interviews. However, in the end, none made this request. All but one participant (a stepfather, who said that he was not interested), were sent a copy of a brief summary report (see Appendix E) for "member checking" purposes. This process was undertaken to provide participants with an opportunity to ensure that their voices were being represented and interpreted as they had intended. This also allowed for participants to reflect and elaborate on their stories if they chose to do so.

Chapter 4: Findings

The chapter is divided into two major areas. First, I present a demographic overview of participants in the study. Second, I discuss the major findings of the study; in particular, major concepts and themes are addressed in terms of the study's three central research questions. These

are: (1) Is a willingness and/or obligation to care expressed by stepchildren? If so, what factors influence/constrain this willingness or felt obligation?

(2) What expectations do stepparents have of their stepchildren? What factors influence/constrain these expectations?

(3) What reasons do stepparents/stepchildren give for their caregiving expectations?

Given the exploratory nature of this study, the findings will only be discussed in terms of stepfamilies and in relation to the reviewed literature. Comparisons between stepfamilies and non-stepfamilies are beyond the purview of this study and thus will not be addressed in the discussion.

Demographic Overview of Participants

Fourteen individuals (matched dyads of seven stepchildren and seven stepparents) were selected for participation in this study. All gender combinations (e.g., stepfather-stepdaughter, stepfather-stepson) were represented. Of seven stepparents (see Table 1), three identified as female and four as male when asked if they identified as: "female", "male", "prefer not to disclose" or "other". Stepparents' ages ranged from 44 to 67 years, with a mean age of 56.3 years. All but one stepparent had obtained "some post-secondary education" (one attended some college, two obtained a diploma from college/trade school, two had undergraduate degrees and one had a post graduate degree). Of the six stepparents who reported their individual incomes

one participant reported an income of \$20,000-39,999, three participants reported having an annual income of \$40,000-59,999, one participant reported an income of \$60,000-79,999, and one participant reported over \$100,000 a year. Most stepparents (N=5) identified as Caucasian or European Caucasian, one participant identified as Irish and one identified as Spanish. One stepparent lived in Ireland, one in Ontario, one in the Okanagan, (British Columbia) and the remaining four resided in the Greater Vancouver or Greater Victoria regions. All but one participant had biological children (ranging from 1-3 children), with a mean of 1.7 children per stepparent. Additionally, participants had between one and five stepchildren, with an average of two stepchildren per stepparent.

Of seven stepchildren four self-identified as female and three identified as male when asked if they identified as: “female”, “male”, “prefer not to disclose” or “other”. The ages of the stepchildren ranged from 21 to 36 years with a mean of 26.3 years. Two participants had a post-graduate degree, two were attending university, two had earned a diploma from a college or trade school and one had taken some college/trade school courses. Individual income reports ranged from \$20,000 and under (N=2), to \$40,000-59,999 (N=3), to \$60-79,999 (N=1) to over \$100,000 (N=1). It is important to note that given the relatively young age of the sample, many of these participants may not yet have reached their full earning potential. Five participants reported their ethnic/cultural identification as Caucasian and/or European Caucasian, one participant identified as Irish and one as Latvian. Only one participant had a child of his/her own – he was the father of one daughter. Stepchildren were between the ages of 2 and 24 years when their biological parent remarried/cohabitated with their stepparent. The mean age at which stepchildren gained a stepparent was 7.7 years, and the modal age was 3 years. All stepchildren lived in either the Greater Victoria or the Greater Vancouver region.

Table 1: Stepparent demographics

Dyad	Gender	Age	Education level	Income	Cultural/Ethnic Identification	Step-children	# of bio. children
1	Female	49	Diploma from college/trade school	\$20-\$39,999	European-Caucasian	5	3
2	Female	44	Some college	\$60-\$79,999	Caucasian	2	2
3	Male	67	University degree	\$40-59,999	Caucasian	2	2
4	Male	61	Diploma from college/trade school	\$40-59,999	Spanish	1	0
5	Female	59	High school	--	Irish	1	2
6	Male	58	University degree	\$40-59,999	Caucasian	1	1
7	Male	56	Post-grad	\$100,000 +	Caucasian	2	2

Table 2: Stepchild demographics

Dyad	Gender	Age	Education level	Income	Cultural/Ethnic Identification	Age at stepfamily formation	Has biological children
1	Male	25	Some college/ Trade school	\$100,000 +	Caucasian, Italian/Irish	24	No
2	Female	26	Diploma from college/ trade school	\$40-59,999	Caucasian	3	No
3	Male	29	Diploma from college/ trade school	\$40-59,999	Caucasian	15	No
4	Male	36	Post-grad degree	\$60-79,999	Latvian	3	1
5	Female	26	Post-grad degree	\$40-59,999	Irish	3	No
6	Female	21	University (attending)	-\$20,000	Caucasian	2	No
7	Female	21	University (attending)	-\$20,000	Caucasian	4	No

Stepchildren's Willingness to Care for their Stepparents

The first research question focuses on whether or not stepchildren expressed a willingness and/or obligation to care for their stepparents. Analysis of the interview data indicated that all of the stepchildren in the sample felt that they had some responsibility to ensure that their stepparent was receiving the necessary care and support in later-life. However, the degree to which they considered themselves to be responsible for care/support, where they saw themselves on the 'care hierarchy' and the type of care they would be willing to provide varied.

This section will discuss the expectations of stepchildren in terms of specific areas of care/support: emotional support; instrumental care; physical care; in-home care; and financial support. In summary, all stepchildren expected to contribute some level of emotional support. Five stepchildren saw it as their responsibility to contribute instrumental care if contextual factors (e.g., distance, other responsibilities, finances) allowed for it. Two felt that it was not their responsibility to provide instrumental care, but that they would do so if their stepsiblings could or would not. Five of seven stepchildren expected to provide some sort of physical care or to arrange for such care. Once again, the remaining two participants would either arrange for, or complete physical care tasks if no one else was able to do so. Three stepchildren would consider having their stepparent live with them. Finally, all stepchildren noted that they would like to contribute financially to their stepparent's care if they were able to do so. How important stepchildren felt it was to contribute financially seemed to be related to the stepchild's perception of their stepparent's financial need.

The ways in which contextual factors were found to be important to the expectations/obligations reported by stepchildren was also explored. Specifically, stepchildren noted geographic proximity, availability/expectations of others, competing caregiving responsibilities, employment responsibilities and other family obligations to be important to how

they felt about providing care/not providing care. To what degree these factors will influence behaviour in the future is unclear, but these findings do provide a window into the socio-cultural ideals and sources of responsibility which stepchildren draw on and how limitations to felt obligation are considered.

Emotional support

All stepchildren said that they expected to give some kind of emotional support. Two of the participants who were older at the time of parental repartnering indicated that they would provide emotional support if the relationship that they had with their stepparent was maintained through to later-life (i.e., if the relationship between their biological parent and their stepparent remained intact and/or that they remained in communication with their stepparent). Jayson, who had become a stepchild a year ago reflected on this:

You know if [my dad and stepmom] divorced it's not like I need to keep her in my life because I need another friend, it would be for my dad. If it's going on 20-25 years he passes away and she's old now it's a different story.

Participants felt that this included visiting or speaking on the phone with their stepparent on a regular basis, as well as showing their stepparent that they cared about their well-being:

“I think it’s probably more companionship I would provide, he would be able to pay for any [physical] care he required” (Tara).

“It would be important for my sister and I to maintain in regular contact [so] we would know if things were getting worse” (Lara).

“As it is I go to their place a lot, and I talk to them on the phone like every other day, and I don’t see that changing” (Jill).

Emotional support was particularly important for stepchildren who felt that they would not be geographically proximate to their stepparents. For example, Chloe was a stepchild who emigrated from Ireland. She noted that geographic proximity is the largest factor in what care she’s able to contribute, saying, “I would do whatever I could from here [Canada] but I wouldn’t

drop my life and go back”. Likewise Matt said: “I wouldn’t want to be in [across the country] when he was dying, but if I had to be I would want to be as connected as possible, on the phone and providing support that way”.

It should be noted that a willingness to provide emotional care was also noted by participants who became stepchildren later in life. Indeed, Jayson, a relatively new stepchild claimed: “I would go visit her, hang out with her and stuff. Even if she got sick tomorrow and [my dad] wasn’t around”. Similarly, Caleb noted that if his stepdad become depressed he “would definitely assume [to] be the one to take care of it,” given that his stepfather’s biological children don’t live close by. Further, stepchildren also considered emotional care to be a way to give their biological parent a break from the perceived stressors related to caregiving for his/her spouse.

Instrumental care

Five of seven stepchildren considered it to be their responsibility to make sure that they assisted with the instrumental tasks necessary for their parent’s well being provided they were geographically proximate (i.e., in the same city or living within a short driving distance). In particular, stepchildren felt that they would help their stepparent with grocery shopping, getting to doctor’s appointments, and with cooking, cleaning and house maintenance tasks. Matt for example, noted:

If I was in the same city I would without a question help him with things like that [getting to doctor’s appointments, getting to the hospital, yard work, cooking and getting to the grocery store]. Because he’s been so good to me growing up.

Stepchildren appeared to consider themselves as part of what could be considered a ‘social convoy’ (Kahn & Antonucci, 1980; Antonucci, 1985) whose members had varying responsibilities to provide care:

I would like to think that we would share the workload evenly. If there was driving to doctor's appointments, we would take turns, if there was grocery shopping, we would take turns. Because we all get along...so I would like to think we would all chip in [with instrumental tasks] as much as we could (Jill).

I would expect him to draw on all four of us if necessary. Or I would distribute as necessary so it wasn't all falling on me. Because [half sibs] have two parents, I have four. So I have more responsibility. And my brother never really knows what's going on, so I see myself as having a lot more to do (Tara).

Likewise, Chloe felt that she would provide assistance to her stepmother if she was geographically proximate, but that her sense of obligation may be slightly less than that of her stepsiblings:

If I was home [in Ireland] I would definitely feel like it would be more of their responsibility than mine. I feel that the three of us would share responsibility and tasks, but I would feel like 'She's more your mom than my mom, so you should be putting more time and effort into it', I suppose.

The remaining two (of seven) stepchildren, who were both older at time of parental repartnering, felt that the care of their stepparent was primarily the responsibility of their stepparent's spouse or their stepparent's biological children. However, they also indicated that they would either help personally or financially to arrange for help if others were not willing or able to provide the necessary care:

I think that they as far as taking care of her, they definitely come first just because they are her biological children and she's been their mother for 20 something years. She hasn't been my mother. If her children can't chip in and my [biological] brothers and sisters can't then obviously I'll be responsible. But if they can then we'll all take care of her...I'm not sure if she would even ask me at this point. She might. But she might ask her kids first, and if they weren't doing things I think she would be pretty pissed off, and then she would ask one of us (Jayson).

If *necessary* of course I would. I think that I would assume that if Bryan needed care I would hope that his kids would take care of him. But I guess if they weren't and he was in dire need then I feel that I would (Caleb).

This indicates that stepchildren who were older at time of their parental repartnering consider their responsibility to be motivated to a greater extent by what others (specifically their step/half

siblings) are willing to contribute compared to those who were younger at the time of the repartnership. However, they also considered themselves to have some responsibility for the ensuring the well-being of their stepparent because that they are considered “family”. This is an important point that will be discussed further later in the paper.

Physical care

During the interview, participants were given the definition of physical care before a question on this type of care was asked. They were told that such care included tasks such as bathing, grooming and toileting. Once again the same five participants noted that they considered it at least partially their responsibility to make sure these tasks were being completed:

I think that I would definitely do that. I was thinking about going into geriatrics work so there’s no reason why I wouldn’t be completely happy to do that for him. I think the difficulty with that would be that he wouldn’t want to ask for help. He may feel a little bit uncomfortable having me present in that (Lara).

For stepchildren, an obligation to making sure their stepparent was looked after could mean providing the care themselves, making financial arrangements for care to be provided by a professional, or assisting a half, step, or full sibling with this care:

Yeah I would. If it happened today I think I would, if it happened in a year from now probably we could afford for someone to do it (Matt).

He could afford to hire any help he needed...but I may need to help with organizing it and whatever (Tara).

The remaining two stepchildren felt that they would assist if their stepsiblings were unable to contribute, but that they (and likely their stepparent) would prefer that their biological child was responsible for this area of care, i.e., as Caleb indicates: “I would think that he would expect his boys to help before expecting me to [perform personal care]”. Jayson also notes “I think for that kind of help she would be more likely to ask my sisters or her daughter”.

All but one of the participants expressed that they may be uncomfortable providing physical care and that if they were in a position to pay for care they would choose to do so. They suggested that this was not necessarily because the individual in need of care was their stepparent, but because they would feel uncomfortable because physical care is so personal in nature. Stepchildren expressed ambivalence about this, indicating that they would want to do whatever they could, but that this area of care would be the hardest for them to provide. Jill, for example, noted:

Even though the thought of it right now makes me feel like blah, I think if that was necessary I would just make myself do it. Maybe if I were in that situation I may think otherwise. I may be like 'oh my god, we're hiring somebody'. But I think if it were something I could really help out with I would want to do it.

Likewise, Chloe suggested:

I would much prefer, if I had the money, to hire a nurse. But if it was the situation where if I didn't do it, it wouldn't get done then I would do it. But obviously I would really prefer not to do it. But if it needed to be done I would. I mean, Jesus, I remember her plucking lice out of my head when I was about 8 or 9 years old...I have a lot of love for my stepmom so the thought of her not being able to care for herself – I would definitely like to think I would be there for her and do what needed to be done. But I would probably take every other opportunity first.

This may be related to the medicalization of old age in general (Estes & Binney, 1989; Conrad, 1992; Conrad & Schneider, 1980) and of the dying process specifically (Conrad, 1992; Conrad & Schneider, 1980; Field, 1994); that is, physical carework has increasingly moved to becoming undesirable for family members, tasks that they would rather “outsource”.

This sample is too small to speculate on how differences in gender combinations influenced how comfortable stepchildren feel in providing physical care. However, this may be an interesting area to explore further as lower fertility rates may often mean that (step)parents are more likely to only have children of the opposite sex to draw on for support (i.e., mother-son(s) or father-daughter(s)). It is possible that in terms of physical care, this may result in greater

levels of discomfort both children and parents given cultural norms which indicate that it is more appropriate for care to be provided by someone of the same gender.

In summary, all stepchildren feel an obligation to ensure that their stepparent would receive the physical care necessary to maintain their well-being. Yet the degree to which they felt responsible to be the primary care provider varied. In particular, the five stepchildren who were younger at the time of parental repartnering considered physical care to be something that they would provide even if their stepsiblings and/or biological parents were available. The two stepchildren who would expect their stepsiblings to contribute the bulk of the physical care were both older (15 and 24) at the time of parental repartnering. This indicates that age at parental remarriage may be an important factor in how obligated one feels to provide this very intimate type of care.

All but one of the stepchildren in the sample indicated that they felt unsure about providing physical care because, on one hand, they were concerned about the well-being of their stepparent, but on the other they felt uncomfortable about the personal nature of physical care tasks. This did not seem to be influenced by gender, as a preference to pay for this type of care was expressed by all but one participant. However, given the gendered nature of carework that is evidenced in the literature, the effects of gender combinations in stepfamilies should be interrogated in future research.

Future living arrangements

Three stepchildren indicated that they would invite their stepparent to live in their home if they required intense care or supervision:

I would [take her into my home] for sure. If it wasn't my [half] brother and sister, because she's their mom and I could see them jumping in like that. But between even my sister and I, yeah (Jill).

If I was living in Victoria and [my stepdad] was able to uproot then I would consider buying a house with a suite and having him live in the suite and having meals together and that kind of thing...I don't know how much I would want to share full on living space. But if I had a family I would have him up for dinner each night and stuff like that (Caleb).

Indeed, the decision as to whether or not a stepchild would have their stepparent move into their home would be influenced by other responsibilities including: family responsibilities; employment; geographic distance; the preferences and needs of the stepparent; the preferences and needs of the stepchild's half, full or stepsiblings; and the needs of the stepchild's other (step)parents. Matt, who has a two bedroom apartment, reflected on the ambivalence he feels surrounding this potential decision. On one hand Matt reported a strong felt obligation toward his stepfather, Steven. On the other hand Matt discussed his feelings of concern based on financial concerns, concerns of space, and concerns regarding other family obligations:

Like if it happened today I don't think I could have Steven move in here. But if it happened a few years from now where [my partner] is working and making money, yeah that's a tough call. I don't know. I've seen how tough it is for children to care for their parents without a lot of support for financial reasons, and it's hard.

Similarly, after discussing how she plans to be present in her stepfather's care, Lara then went on to entertain the notion that her biological father would someday live with her, and the challenges this would result in, in terms of her stepfather:

I'm kind of already planning to take care of [my biological dad], like I want to have him really close, like in my house. So I might not be able to be as present in my stepdad's care.

Tara also discussed the ambivalence she felt toward the thought of her stepdad living with her. Similarly to Lara, Tara discussed how she felt conflicted due to the competing obligations she holds to different (step)parents in her life:

I think that for me, that's something I would be willing to do, but I don't think that I would because I don't think my dad would appreciate that. And if my dad needed the help then my obligation would be to my dad because he doesn't have four of us to depend

on, my stepdad does. But I think if it got to that he would probably look toward a care facility.

Here, the mixed feelings conveyed by participants (i.e., ambivalence) suggested that for some stepchildren obligations to biological family may increase ambivalence around the decision to take a stepparent into their home.

Financial support

All stepchildren in the sample expressed a willingness to contribute financially to their stepparent's care if it were *necessary* and if they were *capable* of doing so, the thresholds of which varied across families. In the three cases where stepchildren anticipated that their stepparent and their parent would be in financial need they considered themselves to have a greater obligation:

My dad's not a wealthy person...Having five kids really took it out of him. So he doesn't have a nest egg, he has a bit of a pension but it's not a lot...I do think that I'll have to support my parents when I'm older, I absolutely think I'll have to pay for him [and my stepmom] to survive (Jayson).

They don't have a lot of money. So I would definitely like to help out with funding and that sort of stuff (Caleb).

No one in my family has money so that could be a place where me and [my partner] could help out. I just think it's terrible that the quality of care you receive is tied to how much money you have (Chloe).

Three stepchildren considered this a way to be involved in the care of their stepparent without having to disrupt their work life or geographically relocate:

Her boys can cut lawns [and do those things] too. So if they can't financially support her they can do more of the day to day stuff...I can pay someone to cut a lawn, or do it myself, but I can make more than that in an hour. I don't think showing my love is the physical labour. The same result is the same result (Jayson).

That's one thing that I would feel, even from Canada that I could contribute. Say if she got ill and there were any bills, not that I would be happy to pay them, I would probably grumble a lot, but I just think that money is such a, your health should not be tied to money. So I just can't imagine a situation where I would be like 'no I'm not going to pay

that thousand dollars for her'. I would literally, whatever money I had I would give it. I wouldn't and couldn't withhold that...I would much prefer to give financial assistance than to have to move back to Ireland (Chloe).

Three stepchildren felt that their stepparent would be unlikely to require financial help but that they would contribute if necessary:

All of my parents except for [my biological dad] have a good [pension plan]. So they all have plans which would be able to help me, so I would like to say that it won't be an issue financially (Lara).

He wouldn't have to rely on me financially. He would be able to pay for any care he required (Tara).

They will probably be okay financially...but if it comes down to that we will contribute financially (Matt).

Participants also noted that what they were able to financially contribute would be dependent on their own financial situation.

Money, if I was poor, that could be a big issue. But I would still give even if it was a small amount. I would still want to, you know? (Jill).

Further, participants who suggested that they would prefer to hire caregivers acknowledged that if they did not have the money to do so they would have to attend to the needs of their stepparent via other avenues. This indicated that financial support was considered by most stepchildren as one of several ways to support an aging (step)parent.

In summary, the findings indicate that financial support may be a primary way that stepchildren view themselves as potentially helping to meet the future needs of their stepparents. This is particularly so in cases where the stepchild is unable/unwilling to directly provide care because of other responsibilities and/or geographic distance. Further, the financial obligation which stepchildren perceive, it seems, is related to the financial need of their stepparent.

Caregiving Limitations

This section will address the contextual and structural factors which stepchildren feel may influence and/or constrain their caregiving obligations. Specifically, the reoccurring themes of geographic proximity, expectations of others, competing caregiving responsibilities, employment responsibilities, financial limitations and the participant's own responsibilities to their own immediate families will be discussed. Some of these themes have been touched on in previous sections; however it is important to discuss each in their own right as they provide a good indication of the specific factors that shape caregiving attitudes held by stepchildren.

Geographic proximity.

Geographic proximity was discussed by all but one participant. Three participants noted that because of education and/or employment opportunities they are unsure of where they will end up living. As Lara and Tara reflected:

The thing that would be tricky is that I'm not sure where I'll be living. But I would definitely make things available if I was not living in the same city as him and he didn't want to move into my city.

I don't know where I'm going to be living, I would like to live in Vancouver, and I assume Allen will live continue to live there, but I'm not really sure. If I was living elsewhere it would be hard, I guess I would go the route of trying to plan from afar -- delegate to my siblings who are there.

The remaining three indicated that they were unwilling or unsure if they would move or move back to the region where their stepparent and biological parent was currently living. For two stepchildren this was a significant source of guilt and debate. As Clara noted:

It's hard being such a distance from your family. It's difficult just because you're away from them and because of the choice you made to be away from them...I wonder if it hurts them, the choice that I made to be away from them and leave the country. So in relation to caregiving, I suppose there's care I should already be doing. I should be visiting them; I should be calling them in the evening. I do feel that's my obligation as a good child. But because of my choice to move to another country – that's a guilty sore topic, like 'I miss you, but I'm also making a decision daily to not be near you'.

Likewise, Matt said:

I think we'll go back eventually...which would be nice because, one reason, my daughter is growing up without a relationship with her grandparents, and they're getting older, so I do want to go out to Toronto. I would rather give up some stuff that I love about being out West right now and just be there for them as they're aging and getting older. Because I do feel like I've been away for a while, I guess 5 or 6 years, and I feel like I'm running out of time to spend with them.

Indeed, as geographic mobility increases and job markets become more fluid, it is likely that more adult children will grapple with such issues.

Anticipated contributions of others.

In all cases, stepchildren suggested that the obligation they feel toward caring for/supporting their stepparent is dependent on who else is available to contribute; specifically, what their stepparent's partner and his/her biological children are able to provide. As discussed above, this indicates that stepchildren may consider themselves to be part of a caregiving network or 'social convoy' (Kahn & Antonucci, 1980; Antonucci, 1985) in which they negotiate their responsibilities in light of what others are able to contribute. Stepchildren "assess" the responsibilities of others depending on the individual's 'role' in relation to their stepparent. Particularly, stepchildren consider the care of their stepparent to be primarily the responsibility of their stepparent's spouse (when available) as partners are considered to be both emotionally and physically closest to the care recipient. As Jayson reflected on this:

I would feel less obligated if my dad could help...I think that when you commit to someone you have to commit to their best and to their worst.

If the stepparent's partner was not available or capable, four stepchildren felt that their stepparent's biological child should be called on to care (when available). Finally, if these caregiving resources were not available, stepchildren would then consider their stepparent to be their responsibility.

However, in all three cases where the biological child(ren) of the stepparent was a half rather than stepsibling of the participant, the stepchild reported very little difference between the expectations they have of their half-siblings and the expectations they have of themselves. Specifically, participants suggested that the main reason why their half-sibling had a greater responsibility was simply because they had fewer (step)parents to support:

I would try to split my time really evenly between [my (step)parents] and do whatever had to be done...I would probably do it by need. I mean the nice thing is that on my stepmom's side there are four of us so there would probably always be someone around to take care of her, but on my mom's side there's only two of us. So I actually, probably would see my expectations as [greater to my stepdad] only because there would be fewer people able to help (Jill).

I have two other (step)dads as well, so if they're all needing care that's going to really divide me...I'm just really hoping [my half-sister] will be there to support me because I'm not sure if I could do it all myself (Lara).

I would expect him to draw on all four of us if necessary. Or I would distribute as necessary so it wasn't all falling on me. Because [my half-siblings] have two parents, I have four. So I have more responsibilities (Tara).

This is interesting because it may suggest a greater level of “intergenerational solidarity” (Bengtson & Roberts, 1991) among ‘blended families’ in comparison to stepfamilies.

Specifically, adding a new child to a stepfamily may provide opportunities for “norms of familism” to develop among family members, thus, providing a greater “opportunity structure for family interaction”.

The fact that stepchildren consider their responsibility in relation to the abilities of others does not necessarily mean that stepchildren do not intend to help the primary caregiver. In fact participants reported feeling a great deal of obligation to help their biological parent with the care of their stepparent because they want to make sure that their biological parent does not become over-burdened. This provides further support that stepchildren may conceptualize themselves as part of their stepparent's caregiving network or ‘social convoy’ (Kahn &

Antonucci, 1980; Antonucci, 1985), even if they do not perceive themselves as the ones who should be responsible for providing the bulk of care.

Responsibilities to other (step)parents.

Some participants reported that they felt particularly concerned that their caregiving efforts may be spread thin because they will have a greater number of (step)parents compared to someone whose parents have not repartnered:

So I've thought about that -- who gets my energy if everybody needs it? Probably one day there will be a point in my life where I'll have to split my time between ill parents. It comes down to how much money and time we have to do all these things (Matt).

It would be so weird [if they all needed me] at the same time, but it could happen. I would split my time really evenly between them and do whatever had to be done...I would probably do it by need (Jill).

My mom and stepdad, he's got some real estate assets, he's got more assets and is a little bit more set up. So the cash flow, in terms of finances, I think they may be okay, but I might have to take care of them too, who knows (Jayson).

This was particularly salient for the two stepchildren who had experienced parental divorce, and then the separation of their stepparent and parent:

I might have felt more responsibility [before my stepdad and biological mother divorced] because I would have been looking after them together [instead of individually]. But my relationship with him [my stepdad] hasn't changed (Tara).

For Tara providing care now that her stepfather and mother have separated would mean extra time, driving, and money to provide the same degree of care to two people who are now living apart, compared to if they were still living together. This was further complicated for Tara

because she also maintained a good relationship with her biological father who she

felt may also need assistance in the future. Lara, who had experienced parental divorce, then the parental remarriage of her mother and stepfather, followed by their subsequent divorce and

finally her mother's remarriage to a new partner also reported on this:

I can't even imagine [if they all needed me at the same time], I would have no idea how to approach that. But with my stepdad, like I say, I would do what I could and what he was willing to have me do. But I'm just really hoping that my [half]sister will be there for support because I'm not sure if I could do it all myself (Lara).

In cases where stepchildren felt that caregiving may become burdensome, they expressed comfort in the fact that at least one set of parents had additional (step)children to draw on for support and care. Matt reflected on this:

So the good thing is I'll have my stepsister to offer support, and she's spent her whole life with my dad so he is her dad. So I'll have that bit of support over there with her...And [my partner] has a sister who would help with her parents and so it's just me who's alone with [my stepdad and mom].

Chloe also noted:

Say now if she got ill in the morning, I would definitely feel better because there are three of us. A burden shared is a burden halved or third or whatever. So from that perspective I think it would be a lot easier.

These concerns are significant as current cohorts of stepchildren may find themselves increasingly responsible for supporting a greater number of older adults given the increasing rates of separation and divorce among second and third marriages (Ambert, 2009).

Employment responsibilities.

Most stepchildren (N=5) noted that future employment responsibilities may limit their ability to provide care. According to participants, employment may take them to other geographic regions or may limit the time they have available to meet the needs of others. A good example is Matt who is a young professional. He maintained that he was unsure if he will be at a place in his career where he could 'drop everything':

I think it would have to be a balance between doing what I can and being realistic about my career aspirations...I would love to say I would just drop everything but as mom told me, "once they're gone there's still the rest happening". So there has to be enough balance between the two.

This is likely a valid and growing concern for future caregivers, given that, for most Canadians, it is a necessity to be employed in the paid labour force over the adult life course, and often well into later life.

Financial limitations.

As suggested above, financial support was identified as a way in which stepchildren plan to contribute to the well-being of their stepparents. Stepchildren noted that financial limitations may be a big factor in how much support is provided and how caregiving is approached (i.e., through professional services or via informal caregiving). Interestingly, none of the stepchildren in this sample noted government-funded caregiving services or supports to be a resource that their stepparent could potentially draw on. Perhaps this is because the sample is younger and has less experience with navigating or even needing to access the health care system in this way, or perhaps this is indicative of their understanding around the movement towards the privatization of caregiving.

Responsibilities to immediate family.

Five of seven stepchildren also noted that other family responsibilities, particularly in terms of their own childcare responsibilities in their immediate families, may be a limiting factor in the care that they are able to provide to an older family member:

Kids would definitely make it difficult. If you've got soccer practice and plays and all that stuff. I think kids would make it very difficult (Jill).

I would see my obligation to my children as first and foremost. Because I would feel that's what my parents would want. My parents have always put us first. So I would see in the way that they raised me that that's what they would want. I would feel that if it was a toss-up between putting them in a home and not being able to spend the time I needed to with my children that they would understand that (Lara).

This is representative of findings offered by Pyke and Bengtson (1996) which suggest that,

especially in collectivist families, it is sometimes required that some family members, in this case the older stepparent, must have their individual needs left unmet in order to meet the greater needs of the family as a whole. This is also similar to findings presented by Piercy (1998) that suggest that family responsibility often includes not just the older person but responsibility to the well-being of other family members including children.

Not surprisingly, given traditional gender role socialization patterns, all four of the women in the study noted that child care responsibilities would affect the care they were able to provide, while only one of three men suggested that this would be an important factor. It should also be noted that the male participant who reported that this was a consideration was already a father. He noted that:

Sometimes I'm wiped out by caring for my own daughter and I'm not even that old yet. And I think that I'm already so exhausted...so much of my energy is focused on school and my career that with my daughter everything sort of boils over.

The difference in responses on the basis of gender may indicate that women have been better socialized to appreciate the competing demands and constraints placed on them within the context of family life – specifically because more is expected from them in terms of care *despite* such constraints (Finch & Mason, 1993).

What Expectations do Stepparents have of their Stepchildren?

The second research question of this study was intended to allow us to explore the expectations stepparents have of their stepchildren and to detail the conditions that may influence and/or constrain a stepchild's willingness to care. This section will address stepparent's views and opinions in this area.

In summary, each stepparent indicated that they hoped their stepchild would provide some sort of care or support to them in later-life. All stepparents hoped to receive some sort of

emotional support from their stepchildren. In the case that their biological child and/or spouse were not available and their stepchild was geographically proximate, stepparents expected at least some instrumental support. Four stepparents reported no difference in the expectations they had of their biological children and their participating stepchild (where applicable). Two would prefer to draw on their biological children and one felt that because she was in a different country instrumental support would not be possible. In terms of physical care, two stepparents did not expect to receive care of this nature from either their stepchildren or from their biological children, one participant was unsure, two expected that their stepchildren would help with physical care tasks if possible, and one felt it was unlikely to happen due to geographic distance. Only two stepparents would expect to move into their stepchild's home. Finally, two stepparents felt that their stepchild would contribute financially to their care.

Expectations varied depending on the availability of the participant's partner and their biological children, and were also contingent on geography, finances, individual personalities and on their stepchild's responsibilities to other (step)parents and their own children. Throughout the interviews stepparents were also asked to consider the differences in how they would consider their biological children (when applicable) versus the expectations they would have of their stepchildren. Likewise, stepchildren were asked to consider the differences between the care attitudes they had towards their stepparents compared to their biological parents. These insights are incorporated throughout the rest of the paper.

Emotional support

All stepparents expected their stepchild to give some sort of emotional support, provided that the relationship remained intact. This included visiting when possible, advocating on the stepparent's behalf, providing prompts for memory, or keeping in touch via phone or e-mail.

Overall, stepparents felt that emotional support was important because it showed that their stepchild cared about them. Clara who lived in Ireland, for example, felt that emotional support was something that her stepdaughter Chloe could provide even though she was not physically present:

I know she would be on the phone regular. Because, like this week I had to get tests done and I told her what time I was going in and what time I would be home and she called right away. She worries like that, you know?

Likewise, Allen stated that he would prefer very little care and or support from any of his (step)children, but he suggested that emotional support was important to him:

My stepdaughter is the most likely [to advocate] for me. It's hard to shut her up sometimes when she wants something, which can be a great quality [laughs]. And I would certainly hope that they would all come see me from time to time.

Two of the stepparents in the sample said that they worried that their stepdaughters may find it burdensome to provide emotional support because they have 'emotional dispositions.' As Phillip noted:

I know she found it really difficult when [her grandfather] developed dementia. I think the physical things might be easier for her than the emotional work involved. But I have no doubt that she would do what she could.

Similarly Jen said:

Jill is getting better, she's a highly emotional person, so sometimes she can struggle with keeping her emotions in check. So looking after someone could be difficult for her.

Overall, stepparents predicted that given the state of their current relationship with their stepchild(ren), that they felt that their stepchildren would acknowledge that it was important to maintain a good relationship with them, and to contribute to their well-being through emotional support and regular contact.

Instrumental care

All stepparents indicated that they would expect at least minimal instrumental care from their stepchild if possible. For stepparents, instrumental care meant helping with a variety of weekly or daily tasks including taking them to the doctor or to the hospital, helping out with household tasks, grocery shopping, cooking or financially arranging for these supports to be provided.

Four stepparents felt that there was either none or very little difference in the instrumental care they expected to receive from their stepchildren versus their biological children (if they had them):

I think she would come over and, well Jill doesn't really cook [laughs] but she would do what she could. I think she would clean and maybe help out in other ways she could, [getting to doctor's appointments, yard work] (Jen).

I would ask him to drop into our place and help us with the shopping if we were not able. And if possible to drive us to the doctors...if he's close by he can send us some food. He's been taught how to cook by his mother [laughs] (Steven).

Two stepparents said that they would plan to draw on their biological children for support first, provided they were geographically proximate. However, they also noted that if their biological children were not available, they would expect their stepchild to contribute what they could:

I think that he would expect my children to provide that support. I wouldn't write him off completely, because my husband's father is remarried, and he's always said that when his father goes he would look after May. I'm going to guess, because Jayson respects his father pretty well, that he may do the same. I think that it would depend a lot on the circumstances (Carol).

Well, I have two children of my own so I would think that the onus would fall on them, certainly more than it would on Caleb...I would expect them to see me more and I would expect them to be the first people who would do things like take me shopping or to the doctors or whatever needed to be done. And if they couldn't provide that and Caleb was available then yeah it would be nice if he could do that. But I certainly wouldn't expect as much of him (Bryan).

As mentioned earlier, Clara suggested that it may not be realistic to expect instrumental help from her stepdaughter due to their geographic distance, but that if her stepdaughter was available she would likely help without hesitation:

We don't think she'll ever move back, I was heartbroken when she went away... But if I wasn't able to get to the grocery store or do things like that and she was living here she wouldn't hesitate doing anything she could to help.

For one stepmother the expectations she had of her stepson, particularly in terms of maintaining the house, were tied to issues of inheritance. Carol explained:

I think it would depend on the circumstance as well, there's a big issue around the house because when [my husband] fought to keep the house in the divorce it was so that he could keep it for the kids and there's issues because he's 10 years older than I am and his health isn't in the greatest shape. So if his father goes and I'm living in the house I think he would probably help me in that respect (Carol).

This suggests that self-motivation and/or personal reasons (individual gain) as well as emotional ones may be viewed as appropriate rationale for caregiving in some stepfamilies.

Physical care

In terms of how they expected to feel about receiving physical care from their stepchild, participants' views varied considerably. Two stepparents felt that they would not feel comfortable receiving physical care from either their biological or their stepchildren. Allen suggested that for him, this was a result of cultural norms around the valuation of independence:

I think that there are many cultures where it's just assumed that as parents get old the kids will take care of their parents, and I just don't see that happening with any of my kids. So to me that's not a reflection of me and my kids, but of us and our [family] culture.

Carol, a care aide, also felt that she would not want to be a "burden" on her (step)children:

Being a care aide myself I don't think I would allow them to provide me with physical care...I think if it came down to the point where I couldn't [physically care] for myself then I would prefer that they put me in a care home [rather] than for them to have to do it themselves because it's a big burden.

She went on to joke that she was sure this would "ease the mind" of her stepson. One

stepmother was unsure about whether her stepdaughter would provide physical care:

I don't know if she would or not, and that has more to do with her personality than anything. If you asked me the same thing about her mom, I don't know if she would or not. It's hard for me to answer that question (Jen).

Two stepparents felt that they expected some help with physical care tasks:

I think it's important to have that more personal [care], close contact with your parents. Rather than a stranger coming in. Maybe not all the time, but sometimes...I think it's important – I did it for [my wife's] father when he was not able to do that for himself (Steven).

One stepfather, Bryan, felt that if physical care was necessary he would likely move in with one of his sons. Finally, Clara felt that it was unlikely that Chloe would provide physical care because of the geographic distance between them.

It is interesting to note that like many of the stepchildren, several of the stepparents in the sample felt uncomfortable about receiving/providing intergenerational physical care. This does not seem to be an outcome of the step-relationship, but rather of shifting cultural norms. As Carol, a care aide, noted in her interview, “the love has to out-weigh the ‘ick factor’, and that ick factor is different for everyone”. This may suggest that we will see future generations, especially women, who are under more pressure to achieve work-family balance, opting more and more for physical care to be provided by a professional.

In-home care

Five of seven stepparents indicated that they would prefer not to move in with either stepchildren or biological children in the case that they needed long-term/intensive care. Stepparents indicated that they would not want to “burden” their (step)children by moving into their homes. Three also noted that they valued their independence and would not like to depend on a family member. Clara reflected on this:

I would rather my family put me into a home. Because it's very unfair -- the other person can't sleep, they can't eat, or even go anywhere. It's like being part of the other person. So if it happened to me I would rather go into a home. I think life is for the living, you know?

Steven said:

I think personally, I would like to still be able to live independently. Like an apartment or condominium. Not to be in his space sort of thing. I wouldn't burden him with asking to live in the same house.

Allen shared:

I don't feel that I would want to move in with any of my children. It's not a stepthing, but if it were necessary, my mother lives in a care facility which is a tiered facility. And she lives in the first tier where it's basically independent living. And then there's nursing care and other stuff. So I could see myself going into something like that.

The remaining (2) stepparents felt that it's possible that they would live with either a biological child or stepchild. In particular, one stepmother could imagine moving in with her stepdaughter or her biological children and one stepfather said that he would prefer to move in with either of his biological sons. These findings show support for the persistence of cultural ideals which stress the importance of staying independent as long as possible in order to remain a "productive" member of society.

Financial support

Only two stepparents stated that they thought it was likely that their stepchild would contribute financially (if able) to their care. As stated above, this sample is largely comprised of individuals who are relatively well educated and considered to be middle class. Presumably most of the participants are relatively financially secure. This may reduce the likelihood that stepparents in this sample consider financial care to be a necessary form of support in later-life. This may also reflect norms of exchange typical in the West; i.e., that parents give more to their

children than they receive and that this pattern continues over the life course (Lee, Netzer & Coward, 1994)).

Caregiving limitations

Stepparents were quick to point out that while they may have general expectations of their (step)children, contextual and personality factors were key to how obligated they felt their (step)children should be to making sure their care needs are met. As one stepfather (Phillip) put it “it comes down to ability and capability”. For him this meant that the expectations he has of his stepdaughter depend on factors like geography, the responsibilities she may have to her own children, employment responsibilities, as well as her emotional capacity to care (i.e., personality and disposition). Other stepparents generally reflected this sentiment, reporting the following as factors that may constrain potential caregiving responsibilities: geographic proximity; expectations of others; other caregiving responsibilities; responsibilities to children; financial limitations; and individual personalities.

Geographic proximity.

Stepparents noted that geography was a conditional premise for all caregiving except for financial and emotional support. Indeed, all stepparents expected more care from stepchildren who were geographically proximate.

Four stepparents noted that they were simply not sure where employment opportunities, relationships with partners and so forth would lead their stepchildren in the future. Consequently, they felt that if their stepchild(ren) were not in the same city they would be able to do less to support them:

[It would be tough for him to provide care] if we were not living in the same town, or the same city. Because for him to travel, it would be very difficult. I can see that he’s very

busy now with his daughter and his job and school work. He's got a lot on his plate. So I couldn't expect him to run all those errands for either me or his mother (Steven). It's not clear where she will end up at this point. It will really depend on work and school. She talks about travelling. If she's not here there will obviously be less she can do (Phillip).

Two stepparents suggested that their stepchild was unlikely to end up living in the same city as them, and that for this reason the expectations they had of their stepchild were lowered. This was a particularly salient theme for Clara, whose stepdaughter lived in Canada while she lived in Ireland. Finally, one stepparent (Carol) felt that geographic distance was likely to be a non-issue given that the family is very close both geographically and emotionally.

Expectations of others.

The expectations that stepparents have of their stepchildren were noted to be contingent on the abilities/availabilities of others, namely biological children and spouses. In this sense stepparents mirrored the different levels (primary, secondary, etc.) of care expectations which stepchildren observed. If spouses (first) and biological children (second) were available and/or capable to provide care, the expectations stepparents had of their stepchildren decreased. Conversely, when participants hypothetically considered that these sources of care may not be able to provide the necessary support, the expectations of their stepchildren increased. Carol, for example, mentioned that because of her daughter's struggle with drug use she felt that her daughter currently lacked the ability to provide care. As a result, she indicated that she could see her stepdaughters as being more likely to help than her biological daughter in the future:

You know, I hate to say it but my stepdaughters are more likely to [help] than my children at this point. You know, I could see my daughter stepping in but when I look at where she is in her life, she's just a mess. She's trying to pull herself out and I could see her later on in life, once she gets her act together, then I could see it...but say tomorrow if I needed help or something like that I could see my stepdaughters jumping in, my daughter would not be capable.

However, Carol would expect her daughter to be the first to assist with her care if she was capable of doing so.

Other caregiving obligations.

Four of seven stepparents noted their stepchild's responsibility to their biological parent(s) and other stepparents as potential limitations to the care they may be able to provide. The degree to which they felt it would affect their stepchild's ability to provide care varied considerably by the length of the steprelationship and in regards to others in the (step)parent's care networks (i.e., whether or not the other (step)parents in the child's life had biological children or other family members to draw on). In relation to this point, one participant who became a stepmother just over one year ago felt that her stepchildren should attend to their mother's needs first simply because she's their mother and should be their first priority:

I don't know if they know that I realize it but I think that they do a lot of balancing and making sure their mom is not offended or hurt by anything they do for me. I kind of feel bad for them because they shouldn't have to worry about it. If something happened in later-life and their mom was still around they would obviously provide care for their mom before they would provide care for me, and that's okay (Carol).

Another stepmother, Jill, felt that her stepdaughter should care for her mother and stepfather before caring for her because they did not have biological children whereas she did. She reasoned:

If their mom happened to be quite ill and there was a need there, then their first priority would probably be their own mother. And I wouldn't resent that, I think that would be fair enough. My kids could make me their priority. I have other resources to draw on and their mother and stepfather don't. So I feel that they have a fair bit of responsibility to him and maybe in that situation even more than they do to me.

Two stepfathers who had very good relationships with their stepdaughters felt that this may be a strain, but a manageable one given that: (1) their stepdaughters' biological fathers had more

family to draw on; or (2) they felt that in their role as a stepfather they had invested more time and resources into their stepchildren's lives than their stepdaughter's biological fathers had:

He has an extended family, not a large one but a couple of sisters and his parents are still alive and active and his sister's kids have kids so I think he has more resources to draw on (Allen).

I don't think Lara and her dad are in touch very often. And her [other] stepdad is a good person but because he came in when Lara was 15 it's not like he's a 'parental figure' (Phillip).

Of the three stepparents who did not see competing caregiving demands to be an issue one felt that his stepson would split his time evenly and two participants, who had shorter relationships with their stepchildren, did not expect much support from their stepchildren in general and, as a result, expected that their stepchild would probably provide more care to their biological parents.

Obligations to immediate families.

Additionally, five stepparents noted that their stepchild's own family situation would play into if/how much care they are able to provide. Stepparents felt that having children may limit the time and energy their stepchildren would have available to devote to their care. This supports cultural ideals which emphasize looking after the well-being of children, one's immediate family, more than aging parents. Once again, this is representative of findings offered by Pyke and Bengtson (1996) which suggest that some family members must have their needs left unmet for the sake of family solidarity. Pyke and Bengtson suggest that when this occurs it is required that the older parent agree that their needs be taken less into consideration, a position that is certainly represented in the narratives of stepparents in this sample.

The presence of a partner and/or children was a consideration in the attitudes held by participants. For instance, Bryan discusses why he felt that his younger stepson (participating) would be more likely to provide care and/or support than his older stepson (not-participating):

Devon has a wife and child, and he's got more of his own responsibilities and at this point Caleb doesn't, I probably do expect a little more from Caleb at this point in time. He's freer to do things.

Jen also noted:

I would expect more from one of them than the other depending on what their family situation is like.

Certainly, not all of the stepchildren in this sample will still have non-adult children when/if care becomes required. Because of the delayed transition to parenthood in Canadian society (Beaujot, 2004), however, it may be expected that at least some of the stepchildren in the sample will have residential children when their (step)parents require care (George & Gold, 1991; Pratt & Kethley, 2006).

Financial limitations.

Financial limitations were only noted by the two stepparents who suggested that financial care may be one of the ways in which their stepchild would contribute. Carol in particular felt that financial care would be the primary way in which Jayson could contribute to the maintenance of her well-being in later life. She stated:

His finances [would be a limitation]. If he weren't able to contribute financially...I honestly think that if he couldn't do that he would probably pass [my care] off to his sisters.

It is interesting to note that day-to-day financial support - which caregivers often take on - was not even mentioned by participants (e.g., paying for groceries, personal care items, and medications). This may indicate one of two things: (1) participants do not keep track of all the economic costs, particularly the "smaller" ones, related to caregiving; or, (2) given that this group is largely middle class they expect to be able to reimburse their children for such expenses.

Personality of stepchild.

For three stepparents, personality characteristics trumped whether or not the relationship was a step or a biological one. Here Phillip reflected on the differences between his step and biological daughter:

A lot of it comes down to their individual personalities, Carrie [my biological daughter] has the caregiver gene...even when she talks about what she wants to do for work it all revolves around caregiving...They've done some caregiving for their mother for mental health reasons and Carrie does it because she's a caregiver, she has the caregiver gene, but Lara [my stepdaughter] does it because she's the dutiful daughter and it's the right thing to do.

Likewise, Jen noted that she expected a great deal from her (non-participating) stepdaughter because she has a caring and take-charge disposition:

What I think would play in more is just their individual personalities. My younger stepdaughter is a caregiver, an incredibly nurturing person who just does what needs to be done. So because she has that personality trait I could see her buckling down and being like okay I'm going to do this...so the step-thing might play a role, but their own individual personalities will definitely play a role in what they try to do for me.

This suggests that personality may be a significant factor in how stepparents construct expectations of their (step)children.

Further, stepparents may be justifying the expectations they have of their children and stepchildren to themselves or others. By building expectations based on the 'personalities' of their children, stepparents may be seeking to "provide a *structure for negotiations* about assistance within kin groups" (Finch & Mason, 1993, p. 159). For example, when Jen indicated that she felt that her non-participating stepdaughter would be more likely to provide care, or "buckle down" than Jill (her participating stepdaughter), she may have been confirming that her non-participating stepdaughter was the person she would most likely ask for help in the future.

What Reasons Do Stepparents & Stepchildren Give for their Caregiving Expectations?

The third research question of this study was posed to allow us to gain insights into the rationales stepparents and stepchildren provide for their expectations and/or predictions around caregiving. In response to this question, what I found was that there was little difference in the caregiving explanations provided by stepparents and stepchildren. Four major themes arose in this area: familial history/familial ties; gender; a history of exchange and support; and the loyalty of the stepchild to their biological parent.

Familial history and family ties

All stepparents-stepchildren dyads considered each other to be ‘family,’ despite that fact that not all stepchildren were coresiding full-time with their stepparent at the time of stepfamily formation. However, all but one would spend periods of time living with their stepparent (i.e., weekend custody arrangements or deciding to move in with their stepparent in the future). As mentioned above, the age of the stepchild at parental repartnering was cited by all participants as an important factor in how expectations were perceived.

Most of the stepchildren in the sample were quite young at the time of parental repartnering (all but two were under five years of age). Four stepchildren reported that they always remembered their stepparent being present in their life:

I have memories of cooking with her and playing with toys with her and stuff like that. I was probably just four because my sister was really little. So she’s essentially been in my life almost my whole life, and I’ve basically thought of her as a mother for my whole life (Jill).

He was pretty much always there [in my life]. I have memories of us going to the library together, when I must have been about three (Lara).

Stepparents whose stepchildren were younger at the time of the parent repartnering were also more likely to have considered their stepchild to be one of their own children. All five stepparents who gained a stepchild when the child was under five considered their stepchild to be ‘like a child’ to them:

I think of her as a daughter. I don’t think of her any different than I do her sister [my biological daughter] (Phillip).

I think we were friends from the very beginning. From a very young age. And I was always her mom. She never called me Clara...when she came up and started calling me mom I knew that she was very comfortable then and that made me very happy (Clara)

I always introduced her as my daughter, never my stepdaughter. I think it was she and [her brother] who started to use the term step before I ever did. And yes, I do think of her as my daughter. But I’m very conscious now that it’s also a step relationship (Allen).

Participants noted that being present through the formative years of their stepchild’s development allowed for an emotionally close relationship to develop, and that this bonding experience had opened up more avenues for stepparents to provide parental exchange and support to their stepchildren. Stepchildren confirmed these sentiments, explaining that living with their stepparent (even part time) allowed for closer ties to develop.

In cases where the step-relationship was not longstanding, stepparents did not report their relationships to be as emotionally close. Interestingly, as Bryan said, this does not necessarily mean that stepparents did not define their stepchildren as family:

Now [my stepfamily] would include my stepsons as well because now that [my wife] and I are together you can’t just draw a line between the offspring and say these are mine, those are yours (Bryan, stepfather).

Nor did it mean that stepchildren discounted their stepparents as family. As Jayson (stepson) noted:

I consider Carol my family. She isn’t biologically, and she only has been [part of the family] over the past couple of years, but she’s definitely my family.

Similarly, Caleb (stepson) suggested:

I care for him a lot and definitely consider him family...I really respect him because I know he treats my mother very well. I mean probably the best my mom has ever been treated.

This was true even if they did not feel that other stepfamily members (e.g., stepsiblings and/or other stepparents) were family.

Considering one another as family was viewed as an important caregiving rationale for both stepparents and stepchildren in the sample. This was even true when participants felt that little care would likely be provided in the future. Participants felt that being family meant that it was important to take care of each other (i.e., norms of familism). For example, when stepchildren were asked why they felt even a little bit obligated to provide care they replied:

She's been supportive of me my entire life, she would basically do anything. I'm another daughter to her. And I feel that she literally is a second mom to me (Jill).

Because I care for him a lot and definitely consider him family (Caleb).

I feel like, even my [step]brother and [step]sister I don't talk to them a lot, but if I feel like they were in trouble I would look out for them because we're all family and who else is going to look out for you if it's not your family. No one is going to love you like that (Chloe)

He's been as much of a part of my growing process as my other parents...he didn't have to pay for everything, but he did...he's a parent even though I'm not related to him (Tara).

Because he's never treated me any different than he has treated his daughter and I appreciate that so much. Because even a really amazing stepparent can still prefer their own child (Lara)

The findings indicate that being family or 'like family' is a necessary condition for stepchildren to expect to give (even minimal) care, and for stepparents to expect to receive it, particularly given that not all stepchildren would necessarily feel obligated to provide care for other stepparents. In fact two stepchildren stated that they did not consider their non-participating

stepparents family and as a consequence would not feel obligated to provide even minimal care to them.

Stepchildren and stepparents considering themselves family does not necessarily mean that stepparents saw themselves as/or were seen as *parents*. In fact, in both cases where the relationship developed when the stepchild was older neither stepchildren nor stepparents felt that the stepparent had played a parental role in the life of the stepchild. As Caleb (stepson) reflected:

I was 15 when they met, so I guess at that time you feel like you're all grown up. I felt that Bryan wasn't my father because you feel that you've already been raised.

Further, Jayson (stepson) asserted:

She got married to my dad when I was 24, they just celebrated their one year last April. She didn't raise me, or that kind of thing, but she's a part of my life now, I have a relationship with her.

This seemed to affect the likelihood that they would feel obligated to take on caregiving duties, as those who considered their stepparents to be parents or 'parent like' talked about feeling more obligated to care. Additionally, stepchildren who considered their stepparent to have a parental role were less likely to consider their step or half-siblings to be more responsible to provide care for reasons other than geography or having more caregiving duties.

Step-dyads also felt that their filial history together (when applicable) was a reason why care could be expected. In support of this statement, a stepchild, underscores the importance of a long history and the sharing of many important life events together:

And you look back on it and he's been there for 15 years of Christmases and 15 years of birthdays and Thanksgivings and all the family photos, and yatta, yatta, yatta (Caleb, stepson).

This included the birth of half-siblings which, among participants in blended families, seemed to create a shared notion of “intergenerational solidarity” (Bengtson & Roberts, 1991):

I definitely remember when my half-sister was born, I don't really remember when my half-brother was born I was like 6, so I kind of do but, I kind of don't....I do remember my half-sister being born though because I was about 13. At first when I found out they were having her I was not very pleased, I thought we had enough, that that was all, but I love her now so it's all good, it worked out... So we are quite close. And my brother, my half-brother, I just call them my brother and sister, my brother and youngest sister we get along great (Jill, stepdaughter).

I think being in a stepfamily strengthens your ability to feel like you can choose your family, I think it creates a certain openness. I think, for example, that people without half siblings will be like “yeah, but that's just your half sister”, and I'm like well no, not really. But people with half siblings totally get it (Tara, stepdaughter).

All stepchildren and stepparents cited their loving relationship and/or an overall ‘good’ relationship as a reason why stepchildren should provide some sort of care or support if necessary (even if it was limited). All of the stepchildren in the sample noted that their relationship was “good”, even if they did not consider it to be particularly “close”. It can certainly be noted from these findings that the longer a step-relationship had existed, the more obligated stepchildren and their stepparents considered themselves to be to care for one another.

Gender

This sample is too small to allow us to make definitive conclusions on how gender combinations may affect the way step relationships are experienced and the attitudes/expectations which follow. However, some speculation on the impact/influence of gender as a marker of diversity in this area is warranted. Further, in light of the gendered nature of caregiving that is well evidenced in the literature on social support in families (Chappell & Funk, 2011; Hollander, Liu & Chappell, et al., 2009), this is, of course, an important issue to address here.

Although this study sample was small, it should be noted that the narratives provided by stepparents and stepchildren provide valuable insights into the various ways that gender influences the construction of attitudes and behaviours around caregiving for both stepparents and stepchildren. Specifically, two stepparents (Allen and Carol) spoke to the role which gender played in forming the care expectations they had of their step and biological children. They suggested that societal norms, which encourage women to be more caring and nurturing, may affect how their step/biological children divide care tasks in the future. Allen explains:

I don't mean this to be a sexist thing, I consider myself pretty sensitive to that sort of thing...but I would probably think the two girls because of the personalities of the two kids compared to the other two.

Allen goes on to say that women are often socialized into caregiving roles. Likewise, Carol noted that her stepdaughters may be more likely to provide care because of the rigid gender roles imposed in their now shared religion – a conservative faction of the Mennonite religion:

Carol: Well [in our church] the man is the head of the house, and in some instances, for example when I'm dealing with [or have an issue with] Jayson I go to his father, but that can cause problems because his father can sometimes react far more enthusiastically shall we say, than I would have had, or he may not react at all...

Interviewer: So would gender roles be a factor in caregiving?

Carol: Yes, and that would be a big thing, like I said I could see my stepdaughters helping out before I could see my stepson helping.

Stepparents also tended to discuss gender roles in terms of the personalities of their (step)children. Specifically stepdaughters were more likely to be described as caring, take-charge, or nurturing, whereas stepparents did not speak this way about their (step)sons, and for stepparents this was considered to be an important factor in who would provide care.

In fact, in all four cases where both male and female (step)children were available it was mentioned by both stepparents and stepchildren that one of the (step)daughters would be more likely to be the one who would provide the mainstay of care – as noted above this was mentioned

in terms of personality rather than in terms of gender. This is not surprising given research evidence which indicates that women are more likely to provide care than are their male counterparts (Chappell & Funk, 2011; Hollander, Liu & Chappell, et al., 2009). This illustrates the strength and implications of gender socialization as it pertains to caregiving and social support exchanges in Canadian families over the life course.

For stepchildren, gender did not emerge as a key marker in terms of the attitudinal reports given. Likewise, no stepchildren in the sample explicitly referred to gender as a significant factor in the construction of their willingness to care. This may be expected as gender tends to emerge as a more critical factor in actualized behaviour, rather than in the prospective/attitudinal reports of adult children. In fact, while women tend to provide the majority of care to older adults across all age groups (Chappell & Funk, 2011; Hollander, Liu & Chappell, et al., 2009) there tends to be little gender difference in the *prospective* caregiving attitudes of adult children (Finch & Mason, 1993). Given these findings, we can speculate that stepchildren in the sample may be idealistic in terms of how egalitarian they expect care patterns/behaviours to be in their own families in the future; that is, there may be notable incongruence between attitudes toward caregiving and actual behaviours in stepfamilies. A more detailed examination of this would, of course, require the collection of longitudinal data from Canadian stepfamilies over time.

History of exchange and support

Stepchildren and stepparents noted parental investment (i.e., financial support, physical care, instrumental care, emotional support and mentorship) as major qualifying reasons as to why they felt responsible to provide care for their stepparent. Specifically, seven stepchildren and six stepparents noted that they had received or given (respectively) some significant type of parental support. Stepchildren reported that this made them feel that they should reciprocate if necessary.

Likewise, providing intergenerational support to stepchildren led stepparents to feel that they would be deserving of some assistance if required. These attitudes represent what Finch and Mason (1993, p. 43) refer to as one of two types of “indirect repayment...where two individuals exchange goods or services with each other, but different types of assistance flow in each direction”. This suggests that norms of reciprocity (see for example: Silverstein et al., 2002; Antonucci, 1990) are not limited to biological families.

In step-dyads where the relationship was longstanding, stepparents had, without exception, cooked for, clothed, transported or contributed significantly to the education of their stepchild:

They’ve taken care of me basically for my entire life, they’ve bought me clothes, they’ve helped me when I’m sad, or when I’ve gone through really shitty times. They’ve been there for me through everything. So I just think it would be terrible of me to not give back to them if they were older and needed assistance (Jill, stepdaughter).

We have certainly looked after him and his family. And we expect the same from him (Steven, stepfather).

He’s always done nice things for me. Like he renovated the entire basement [for me to live in], he did it twice actually...He’s done other things for me too. Like he bought me my first car...So he’s always been that kind of guy who’s there and doing things for me, and that deserves as much in return (Matt, stepson).

He raised me and he was always there to do what he needed to do as a parent. He’s always been there for me. And if he needed someone to be there for him then I would definitely feel that was my responsibility (Lara, stepdaughter).

Additionally, 12 of 14 participants noted the emotional labour which stepparents put into the relationship. For example:

About 15 years ago my husband and I split up for about a year, and in that year I maintained a closer relationship with the girls than he did (Jen, stepmother).

So I guess I’m trying to be encouraging with her and I think that I have a lot of experience she can benefit from and I hope that we kind of have that relationship so that she can benefit (Allen, stepfather).

Stepchildren who were older at the time of their parent repartnering also underscored the instrumental and emotional support that their stepparents provided. For example, Jayson explained that his stepmother would make food for him and do “things like that”. Likewise, stepparents noted that they were present as an additional source of support or advice:

I hope it gives them one other avenue to approach if they need to. As well as having, you know, their real dad, they have me as well. In case they have anything they need to talk about, or questions they may have. Their dad and I are very different people so it gives them quite a different look at things in life (Bryan, stepfather).

Not surprisingly, when stepchildren and stepparents shared a residence (even part time) during the stepchild’s childhood a greater opportunity for exchange and support took place. Stepchildren and stepparents explained this, suggesting that whether the stepparent had “brought the child up” is a significant consideration in the obligations they have. Jayson, for example, compared the intergenerational support he received from his mother and his stepmother:

[If she had brought me up] it would make a huge difference in what she’s put in for my development, the amount of time, effort, physically and emotionally, [as well as] driving me places and doing things for me.

Likewise, Bryan explained why he expected less of Caleb than he did of his biological sons:

I brought them up, took care of them. Even as adults they, one of my sons lived with us a couple of times...So I think because of that it would fall more on him and my other son than it would on Caleb. But that might have been different if Caleb had lived with us...He might have been with us a lot more, and [I] would have spent more time with him during those growing years.

This indicates that the length of the step-relationship is important primarily because it reflects the importance of time together for the fostering of quality intergenerational support, i.e., the frequency and depth of contact and supportive exchanges.

Loyalty to biological parents

Both of the stepchildren who were older at the time of parental repartnering noted a

positive appraisal of their biological parent's relationship as a motivating influence to care.

Related to this, stepchildren felt that they should "pay their stepparent back" for treating their biological parents so well:

Like I said, Carol's been so good for my dad...and that's enough to make me connected to her (Jayson, stepson).

I know he treats my mother very, very well. I mean probably the best my mom has ever been treated...and that's important to me (Caleb, stepson).

These attitudes reflect Finch and Mason's (1993, p. 43) second type of indirect exchange, whereas "there are more than two people involved: A receives assistance from B, but 'pays back' to C". Future research may find that this is a key difference between step and biological families in terms of attitudes and expectations. Indeed, when this emerged as salient during the analysis of the initial interviews, I used a series of probes to explore it further with the remaining dyads. This also may indicate that stepchildren evaluate the quality of their parent's current relationship against the perceived quality of their parent's previous relationship(s).

Further, in the future if the stepparent and biological parent were still together, both stepparents and stepchildren articulated expectations around helping their biological parent with caregiving tasks if necessary, particularly to give their parent a break from caregiving or assist with tasks if they were able to do so:

She would probably need a lot more help with things like [driving]. She has a problem with things like driving at night, so right now I have to drive her if she needs to go anywhere at night. And that's the type of thing I would hope that he would provide for her if I wasn't able to (Bryan, stepfather).

[I would help] to take a load off my dad, as well as to make sure he doesn't have to work so hard and can have some fun (Jayson, stepson).

If my mother was around and she couldn't provide enough care by herself for my stepdad, then I would have to assess the situation and see if it's something I can help

with. I guess maybe I go up there for a month and assess the situation and see if it's something I can help with (Caleb, stepson).

I would definitely try to [help out], and I would make sure that my siblings also helped out a lot. Because that would be so stressful on my dad, and heartbreaking (Jill, stepdaughter).

[My mom] is getting old. So I would for sure take on some responsibility of taking her to appointments and things. Like my mom doesn't even drive anymore (Matt, stepson).

In this regard, stepchildren may end up being secondary or tertiary (after biological children) caregivers to their stepparents as a way to not only help their stepparent, but to provide support to their biological parent.

Chapter 5: Conclusions & Discussion

In this chapter I summarize the study's major findings in accordance with the research questions and draw connections to the reviewed literature. I also provide a discussion of the study's limitations and directions for future research. To conclude, I make recommendations for policy, and practice.

Summary of Findings

This study set out to explore the prospective expectations for caregiving among stepparents and stepchildren. Utilizing a qualitative research approach that incorporated grounded theory methods to analyze emerging themes in the data, the study aimed to address a gap in research pertaining to stepfamilies in later life. The findings provided insights into the attitudes and expectations stepparents and their adult children hold around caregiving in later-life, and the understandings or rationales that are used to explain such attitudes and expectations. Specifically, the goal was to answer three central research questions:

- (1) Is a willingness and/or obligation to care for stepparents expressed by stepchildren? If so, what factors influence/constrain this willingness or felt obligation?
- (2) What expectations do stepparents have of their stepchildren? What factors influence/constrain these expectations?
- (3) What reasons do stepparents/stepchildren give for their caregiving expectations?

This study supports other influential research in this area (e.g., Clawson & Ganong, 2002; Ganong & Coleman, 2006), yet, offers new insights into caregiving relationships through the collection and analysis of rich narratives of stepchildren and stepparents.

The findings indicate that all seven stepchildren in the sample would consider contributing some sort of care/support to their aging stepparents if necessary. However, some (two of seven) stepchildren do not consider this to be their responsibility. Also, it is important to note that four of seven stepparents would expect to draw on their stepchild for care and/or support if it was required. Further, all stepparents expected some kind of emotional support from their stepchild as they aged. Similar to stepchildren, two of seven stepparents felt that this was not necessarily the responsibility of their stepchild, especially when partners or biological children were available.

Indeed, these findings indicate that in some circumstances stepchildren are expected/expect to provide a certain amount of care to their stepparent. This contrasts with the findings from an analysis of survey data provided by Ganong and Coleman (2006) which suggests that most people feel that stepchildren owe very little to their stepparents. It is difficult to speculate why this discrepancy is apparent, yet two explanations seem likely. First, this may be attributed to a difference in sampling, as Ganong and Coleman's sample was taken from the general population (predominantly comprised of non-stepkin). Given that this sample was from the general population rather than from stepkin themselves this may indicate that "family" means something different to those who are stepfamily members than to those who are not. Second, the difference may reflect that while it is not necessarily considered the stepchild's 'responsibility' to provide support, when a myriad of reasons are taken into account contextual factors (specifically the anticipated behaviours of others in caregiving networks) may shift the assumed responsibility to the stepchild.

Such a finding may also reflect the fact that in some stepfamilies maintaining the wellbeing of the family as a whole is considered more important than the specific interests of any

one member. This may also indicate that stepfamilies internalize cultural notions of filial responsibility, i.e., that one should look after their aging family members, especially parents, despite the fact that they are not considered ‘traditional families’ or related by blood.

The study provides qualitative evidence of how and under what circumstances contextual factors are salient to the expectations/obligations held by stepchildren; that is, the study provides insights into what contextual factors may limit or constrain the caregiving efforts of stepchildren. Specifically, stepchildren noted geographic proximity, competing caregiving responsibilities, employment responsibilities and other family obligations to be potential grounds for deferring their care responsibilities. Considering contextual factors and how they influence care indicates how and in what ways, stepchildren may be able to rationalize the “choice” to withhold care.

Additionally, the expectations stepchildren had of others in their stepparent’s network (i.e., what others could/would contribute) was an important factor in determining what stepchildren felt they should do for their stepparent. In particular, stepchildren constructed reasons for not providing care in relation to what they felt others in their stepparent’s network could offer in the future. When there was little contact between step and half-siblings, stepchildren considered their own role to be more ambiguous. This may foreshadow disagreement and/or misunderstandings down the road around the negotiations to provide support/care for a parent, especially given that half/stepsiblings are likely to have less frequent communication and relationships which are postulated to be less close, when compared with non-half/stepsiblings (White and Riedmann (1992)).

Stepparents also took contextual factors and personality (individual) characteristics into account in constructing expectations around care, specifically, geography, finances, obligations to other aging (step)parents, the personality of the participating stepchild, and the responsibilities

of stepchildren to their own children. Many of these contextual factors were also highlighted by Clawson and Ganong (2002) (i.e., proximity, other obligations of stepchildren and availability of biological children). Once again, the expectations/availability of others, particularly spouses and biological children, was a central determining factor in the care stepchildren would be willing to provide. This is particularly true for stepchildren who were older at the time of parental repartnering. This coincides with research findings (Morris, 2010) indicating that the relationships between stepchildren and stepparents do not occur in a vacuum. Rather step-relationships must be considered against the backdrop of the family, broadly speaking. This finding also reflects Pyke and Bengtson's (1996) work on collective and individualist families which suggests that among collectivist families, filial responsibility pertains to all family members and is not limited to specific relationships. Further, it supports Piercy's (1998) conclusion that family responsibility often includes not just the older person but also responsibility for the well-being of other family members.

In terms of rationales for caregiving expectations in stepfamilies Clawson and Ganong (2002) concluded that the obligation of a stepchild is dependent on the quality of the step-relationship, whether the stepparent was considered kin, whether the stepchild had lived with the stepparent, and on the stepchild's appraisal of their stepparent. The present study reached similar conclusions by indicating that indeed, the expectations of stepchildren and their stepparents are tied to family history, the nature of familial ties, and to histories of exchange and support. However, this study also went on to highlight other explanations; specifically, how the loyalties of stepchildren to their biological parent, and how length of the step relationship matters, and why.

This study also began to speculate on the role which gender (of both the stepchild and stepparent) plays in the construction of caregiving expectations. The study found that stepparents sometimes noted the importance of gender in their future caregiving expectations, specifically they tended to discuss gender roles in terms of the personalities of their (step)children. Specifically stepdaughters were more likely to be described as caring, take-charge, or nurturing, whereas stepparents did not speak this way about their (step)sons, and for stepparents this was considered to be an important factor in who would provide care. This is not a surprising finding as we know that women provide more informal care hours than men across all age groups (Chappell & Funk, 2011; Hollander, Liu & Chappell, et al., 2009).

For stepchildren, gender did not emerge as a key marker in terms of the attitudinal reports given. Likewise, no stepchildren in the sample explicitly referred to gender as a significant factor in the construction of their willingness to care. Yet, a gender difference did emerge when stepchildren were prompted to consider how obligations to their children would affect the attitudes they hold around providing care. Specifically, all four of the female stepchildren in the study noted that child care responsibilities would affect the care they were able to provide, while only one of three men (who was already a father) suggested that this would be an important consideration. This may suggest that women in this sample have assessed their attitudes and expectations in terms of caregiving more critically than men in this sample. This would not be surprising as we know that while gender is not always a key difference in prospective accounts it is often a salient factor in actualized caregiving behaviours (Finch & Mason, 1993).

This sample was too small to speculate on how gender combinations affect caregiving considerations in stepfamilies. However, the available literature on stepfamilies has highlighted the stepparent's gender as an important factor in how adult step-relationships are experienced

(Schmeeckle, 2007). Specifically in terms of how gender affects how much time and/or money a stepparent invests in their adult stepchild (Clingempeel, Colyar & Hetherington, 1994; Schmeeckle, 2007). Stepfathers often “invest” just as much if not more in their stepchildren than they do in their biological children (Clingempeel, Colyar & Hetherington, 1994). In contrast, stepmothers tend to “invest” more in their biological children (Schmeeckle, 2007). Given the influence of gender combinations on patterns of exchange and on the nature of the relationship between stepchildren and stepparents the effects of gender combinations in stepfamilies should be interrogated in future research.

In summary, while this study began to interrogate gender and its role in care attitudes/expectations, it is clear that the gender of both stepchild and stepparent should be considered further. Further, gender should also be considered in conjunction with class, given that research indicates that women of lower socio-economic classes are more likely to be required to do more, and to do it with fewer supports (Arber & Ginn, 1992; Funk & Kobayashi, 2009; Sorensen, 2001).

In terms of exchange, ‘filial responsibility’ research indicates that support provided to children from their parents is the most salient factor in the degree to which children feel obligated to care for their parents in later-life (Lee, Netzer & Coward, 1994). Indeed, as mentioned above, stepchildren noted the support they had received (e.g., help with school fees, mentorship, financial help, etc.) as a reason(s) why they should provide support for their aging stepparent if it was needed. However, stepchildren who were older at the time of parental repartnership did not report receiving as much support because they had either not lived with their stepparent or had only done so for a short period of time. It should be noted, however, that both stepchildren and stepparents in these situations did indicate that they would be likely to care

for their stepparent if other resources were unavailable. The fact that stepchildren who had not received significant support from their stepparent reported that they would be willing to provide (even limited) care and that stepparents would expect them to provide support, illustrates that while those in stepfamilies do place importance on reciprocating the help they are given, reciprocity may be just one of many factors in the construction of caregiving rationales.

The findings from this study indicate that structural factors may act as significant constraints to the expectations around the provision of care in stepfamilies. This suggests that norms of filial responsibility and intergenerational exchange in stepfamilies may not be as clearly understood as they are in other family forms (Lee, Netzer & Coward, 1994). While measures of filial responsibility may indicate that stepchildren hold generalized views about intergenerational exchanges, the obligation to care is actually motivated to a great degree by a myriad of micro (individual) and meso (family) factors.

Findings from this study also illustrate how the concept of a “social convoy” (Kahn & Antonucci, 1980; Antonucci, 1985) is a helpful way to consider stepfamilies. In the literature, a “convoy” is used to represent the networks of older adults - individuals join and leave this convoy throughout the life course, sometimes through choice and sometimes through events such as death or divorce. In this sense the networks which we maintain over the life course are fluid rather than static. With regard to stepfamily relationships, stepkin may come into the older adult’s “convoy” at a later date than biological children, but this does not mean that they are unable to become an important resource for the older adult. Since the social convoy model provides a relational approach for looking at families, it helps us to better understand why the attitudes and expectations of stepchildren and stepparents (respectively) vary depending on contextual factors, i.e., considerations of what others are willing and able to contribute.

The obligation to support a stepparent because of their relationship with one's parent reflects a type of exchange noted by Finch and Mason (1993, p. 43), whereby "there are more than two people involved: A receives assistance from B, but 'pays back' to C". In these cases someone may feel that they are deserving of support/should provide support because the stepchild has been historically supported by their biological parent. This suggests that family relationships do not stand alone, but rather are influenced by broader interpersonal dynamics and histories of exchange at the meso level of the family, factors, e.g., closeness of the parent-child relationship, that are highlighted as salient in the filial obligation literature.

It seems evident that an appropriate conceptual framework for understanding the nature of stepfamily relationships needs to include the core concepts of choice, obligation, and negotiation, concepts that are oftentimes perceived as competing against or at odds with one another. Indeed, within the narratives of participants, we have noted a significant overlap between notions of "choice" and "obligation". This connects well to the work of Funk and Kobayashi (2009) which suggests that choice and obligation are in fact relational and contextual concepts. Stepkin in this sample were able to discuss who they felt "obligated" to support but when probed to consider what sort of factors would influence their attitudes and expectations it became evident that the "choice" to actually provide care is influenced by a plethora of micro-level considerations (e.g., obligations to other (step)parents, loyalty to biological parents, quality of the relationship) and structural elements (e.g., finances, geography, gender).

Limitations

The study aimed to encourage thoughtful, open and authentic responses through the use of carefully crafted and appropriate questions and probes in the interview guide. To this end, it is hoped that the narratives offer valid insights into the ways adult stepchildren consider

future caregiving responsibilities. It is important to note, however, that the narratives are indeed reports which may be constrained or influenced by other responsibilities and/or other contextual factors in the future. In other words, they should not be considered as *necessarily* predictive of behaviour.

Research has suggested that caregiving expectations change as people age (Gans and Silverstein, 2006). In particular filial responsibility is generally higher for younger adults (Gans and Silverstein, 2006), and that this is likely because they are more idealistic or are less aware of the constraints they may face when aiming to meet their caregiving goals at the time of being interviewed (Guberman, 2003). Given shifting notions of filial responsibility over the life course, it is certainly plausible that participants who suggest that they intend to care for their parent(s) may never actually do so. With this in mind the interview guide was developed to encourage stepchildren and stepparents to consider the complex and stressful situations caregivers actually experience by providing specific examples for them to consider (e.g., “what would you do if your stepparent became very depressed?”). Participants were probed to think about difficult or ambiguous situations they may encounter (e.g., “what would you do if more than one parent needed your help?” or “what would you do if your stepsiblings were not able to help?”). Further, the dyadic nature of the data collection provided a more comprehensive picture of the dynamics, history, and expectations among step-dyads. Having said this, the question of whether or not expectations translate into future care behaviours is an important one that cannot be addressed fully through the collection of retrospective and prospective data collection from dyads; it requires the rigorous collection and analysis of longitudinal data.

Further, this study employed purposive and snowball sampling approaches; that is, participants volunteered to participate after reading/hearing about information on the study.

Given that the exploration is based on the collection of dyadic data, participants were required to tell their stepparent/stepchild about the study. Consequently, it is likely that stepchildren-stepparent dyads with ‘poor’ relationships are not included in the sample. In other words a selection effect may have occurred in that the relationships between stepchildren and stepparents represented by this sample may be emotionally closer than they would have been if they were drawn from the general population of stepfamilies. This may have influenced the findings to some degree given that a close relationship may increase the likelihood that a stepchild will report a willingness to provide care (Clawson and Ganong, 2002; Ganong & Coleman, 2006; Morris, 2010). Despite this methodological limitation, however, the findings indicate that there is a reasonably large range in terms of relationship quality and emotional closeness³ among the sample.

Given the time constraints of the Master’s program the sample size (N=14) was limited to those who could be recruited and interviewed within the given timeframe (under one year). As a result theoretical saturation has not been fully achieved in all aspects of the research, nor was it the ultimate aim of this project, as this study was designed as an exploratory qualitative study and not a “grounded theory” study. Rather than to reach theoretical saturation, the aim of this research study was to explore the area and to generate insights of a theoretical nature.

Nevertheless, theoretical saturation has *guided* this project (specifically, in terms of theoretical sampling) and as a result several areas are considered to have been thematically saturated – specifically in terms of outlining the four rationales for care discussed below, and in regards to delineating salient caregiving limitations as noted by stepchildren and stepparents. A more complete level of theoretical saturation, as detailed by O’Reilly and Parker (2012), would have

³ Assessed informally, as it emerged from dyads’ narratives.

likely required other 20-30 participants.

In relation, it should also be noted that a greater diversity of experiences could have been interrogated with a larger and more diverse sample. The sample was limited in diversity in several ways. First, all but one of the adult stepchildren in this sample did not have children of their own. This may affect the caregiving attitudes which they currently hold. In particular, they may not anticipate difficulties associated with balancing their own family responsibilities and the needs of aging parents.

Second, the stepchildren sample was quite young (21-36 years). As discussed above, this may affect results as younger adult children tend to report higher levels of filial responsibility than those who are older (Gans and Silverstein, 2006).

Third, the health of most stepparents in the sample was also regarded as quite good. This may also affect the likelihood that stepchildren have seriously considered later-life caregiving before this interview took place. Fourth, all but one of the participants were Caucasian and/or of European descent. It may be advantageous for future studies to include other large ethno-cultural groups (e.g., South Asian, Chinese) and immigrant groups, given that cultural norms may affect caregiving expectations (Dilworth-Anderson, Williams & Gibson, 2002) and attitudes (and subsequently behaviours) towards divorce and repartnering (Shirwadkar, 2004).

Finally, all participants became a stepchild through parental repartnering, as opposed to parental death (widowhood). While it should be noted that the sample was diverse in other ways (e.g., family composition, geographic proximity) future research should collect data from a larger and more diverse sample of stepchild-stepparent pairs, particularly in regards to the sociodemographic characteristics noted above.

Suggestions for Future Research

This study provides an initial qualitative exploration of caregiving expectations in stepfamilies. The insights generated may serve as a springboard for future research -- studies that should aim to provide more in-depth examinations of all emergent themes, particularly with a more diverse sample (e.g., age, relationship quality, reason for stepfamily formation). In order to obtain such a sample it may be necessary to draw participants using a sampling frame at the level of the Canadian population.

It should also be noted that findings from qualitative studies such as this one may also encourage quantitative studies which aim to interrogate more specific research questions, such as: (1) Does age at stepfamily formation affect caregiving expectations? (2) Do various gender combinations result in more or less caregiving ambivalence in stepfamilies? (3) Does the stepchild's evaluation of their parent's relationship affect caregiving expectations?

Studies examining the relationships between stepparents and their adult stepchildren may also benefit from longitudinal data collection. Longitudinal research would allow researchers to focus on how steprelationships change over time. This would provide a clearer picture of how steprelationships are experienced at different stages of the life course. For example, a longitudinal approach may provide insights into how stepfamilies experience various transitions and life course events (such as family dissolution, parental death, etc.) and how these transitions affect caregiving and care receipt expectations. Collecting data over time would also allow researchers to better compare initial care expectations of stepchildren and stepparents with actual caregiving behaviours.

Also, in order to incorporate stepfamilies into family research in Canada it is necessary to revise national survey questions (e.g., the Canadian Census and the General Social Survey) to take into account the diversity of stepfamily forms. Currently, many national surveys only

acknowledge stepfamilies with residential children (Coleman & Ganong, 1990). This discounts parents who compose the secondary household of the child, as well as stepfamilies with adult children. Further, surveys such as the Census which only focus on family structure at the time of the survey, ignore transitions in and out of step and blended families (McKie, 2010). Relevant survey questions would provide researchers with a more accurate estimate of Canadian stepfamilies, an important step in planning future policy and programs for social support in later life.

It should also be noted that stepgrandparenting emerged as a recurring theme in this study. This was somewhat unanticipated, yet stepgrandparents were talked about as important people in the lives of just under one half (i.e., three) of the stepchildren in the sample. All stepchildren in the sample suggested that they expected their stepparents to be involved as a grandparent figure to their children. Three stepparents were already playing a grandparent role in the lives of their non-participating stepchildren. Matt, the only stepchild participant with a child of his own said that he was amazed with how involved his stepfather was with his daughter:

[Steven] just loves her like crazy. And I never thought he would be so – because he was sort of removed with our relationship growing up. So I never thought he would be so into my daughter, but that guy is just crazy in love with her. And it's just amazing, and surprising.

All stepparents in the sample also reported that they were looking forward to being a stepgrandparent. This illustrates that positive stepfamily relationships are likely to persist through several generations if the core stepparent relationship survives. Perhaps multi-generational steprelationship will be characterized by greater family solidarity (Bengtson & Roberts, 1991) and more opportunities for exchange and support. This is an ideal area for researchers who wish to focus on intergenerational relationships and exchange in emergent family formations.

Finally, and perhaps most importantly, family sociologists and gerontologists should give thought to expanding their research programs to include caregivers who are stepchildren. It is important that these experiences are documented and incorporated into the body of gerontological literature as such experiences may be qualitatively distinct from caregivers who are not a part of step or blended families, particularly in terms of their rationales for caregiving (e.g., indirect exchanges based on loyalties to one's biological parent), their caregiving obligations (e.g., being responsible to a greater number of parents), and the nature of their caregiving networks (e.g., the presence/absence of emotionally distant step/half siblings). Semi-structured interviews with participants who are currently providing care within a stepfamily network would be important in exploring how members within stepfamilies approach and negotiate caregiving roles. Specific attention should be paid to what support and programs stepchildren feel they could benefit from and why.

Recommendations for Policy and Practice

As Chappell (2011) argues “while [the] aging of Canadian society does not warrant alarmist reactions, we need to plan realistically for seniors' care” (p. 3). Research indicates that caregivers often experience emotional (Schulz & Sherwood, 2008), physical (Pruchno & Potashnik, 1989; Schulz & Sherwood, 2008) and financial burden (Aronson & Neysmith, 2001; Keefe & Rajnovich, 2007) as they are likely (voluntarily or involuntarily) to be in and out of the paid labour force (Statistics Canada, 2006). Despite this understanding, government support as it pertains to older adults and their caregivers remains precarious (see, for example, Aronson & Neysmith, 2001), arguably ill-fitted to meet the needs of those it serves, and in some areas it is seriously lacking or non-existent (Chappell, 2011).

Given this reality, it is imperative that revisions to social policy and public programs be tailored to meet the needs of the over two million Canadian caregivers (Cranswick, 2003) who provide an estimated \$25 billion in care annually (Hollander et al., 2009). In particular, it has been suggested that effective caregiving policy would incorporate direct services to caregivers, direct payment to caregivers through reimbursement, compensation, and financial support, as well as more appropriate labour policy in the private sphere (Chappell, 2011). Further, effective caregiving policy should address the negative consequences on family members' lives when care is offloaded to from the state onto families. The need to construct policy that is attentive to such issues is real, urgent and is a prerequisite to maintaining the well-being of Canadian families, regardless of their form/structure. Considering and incorporating emergent family forms (e.g., stepfamilies, gay and lesbian headed families, and Living Apart Together (LAT) couples) is central to policy planning, because, as it has already been noted, without paying attention to family diversity and its effects on care programs, policy may be ill-fitted, at best, and highly detrimental, at worst to the well-being of Canadian caregivers and their families.

As illustrated by this study, the expectations to care and the receipt of care will likely be different across emergent family forms as they age. For example, stepchildren may: (1) have more stepparents to care for than children with non-divorced parents; (2) experience greater levels of ambivalence; and (3) have different experiences based on the age at stepfamily formation; or (4) provide care to a stepparent out of loyalty to the biological parent caregiver. It should be understood that while some stepchildren may want to care, they may not be able to for a number of different structural reasons, including low income status.

For these reasons it is important that stepfamilies be included in the institutions and activities central to caregiving in ways that account for and are sensitive to their unique family

trajectories and experiences. The social, health care, legal, and political institutions primary to caregiving (e.g., caregiver support groups, staff in long-term care facilities and hospitals, the Office of the Public Guardian and Trustee) should be informed through this study and future research in this area that decisions surrounding caregiving have the propensity to be more difficult, context dependent, complicated or burdensome for stepfamilies than for other family forms.

Given this new knowledge, stepfamily members should also be encouraged to ‘plan ahead’ for future care. Such a plan includes creating advanced directives and representative agreements, and/or appointing a power of attorney. This study revealed that most stepparents only spoke to their stepchildren about later-life concerns in passing or in jest. As some participants suggested this is significant because it perhaps reflects cultural taboos around death and aging. As Bryan notes: “[caregiving] is like a funeral, you don’t want to talk about it until you have to”. Despite this, there were two stepparents in the sample who *had* actively sought to legally arrange for later-life issues by assigning their stepchildren (one in conjunction with a biological child) as their Power of Attorney. Phillip discusses the decision to assign his long time stepchild and biological daughter as dual Power of Attorneys: “I think of them equally as my daughters, so when it came time to create a Power of Attorney I couldn’t just choose one, it had to be 50%, 50%”. Power of Attorney and/or Representative Agreements may be particularly important in stepfamilies because there may be an increased likelihood for more complicated family dynamics and boundary ambiguity.

With an aging population and changing family ‘norms,’ Canadians must continue to advocate for comprehensive and inclusive policy and programs for caregivers and those they

care for. Acknowledging the needs and interests of family members in diverse family forms is an important first step in working toward the development and uptake of such policy.

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Appendix A Recruitment Poster



PARTICIPANTS NEEDED FOR RESEARCH ON STEPFAMILIES AND LATER-LIFE CAREGIVING

I am looking for volunteers to take part in a study of *caregiving attitudes and expectations of adult **stepchildren** and **stepparent** pairs.*

As a participant in this study, you would be asked to: *participate in a face-to-face interview, which is approximately 1.5 hours.*

If you are an adult stepchild or stepparent who is **not** currently providing or receiving care please call for more information about this study, or to volunteer.

Please contact:
Rebecca Morris

M.A. Student in Sociology at the University of Victoria
at

Phone: 604-313-1392

Email: rdouv@uvic.ca

(My supervisor Dr. Kobayashi may be reached at kmkobay@uvic.ca)

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Victoria.

Appendix B

Sample Interview Questions

Open-Ended Questions

Initial Open-ended questions

Would you mind completing this genogram? (Show participant a copy of my own genogram as an exercise in self disclosure)

Can you tell me a little about yourself?

Intermediate Questions

Can you tell me about how you came to be a stepchild/stepparent?

- At what point in your life?
- What was this like?
- How did you feel about it?
- How do you feel about it now?

How would you describe your relationship with your stepparent/stepchild?

Do you have stepsiblings, biological siblings/biological children? Other stepchildren?

- What are your relationships like with them?

What is your/your stepparent's health like?

- Do they/you have any health problems?

If necessary, do you think you would provide care for your stepparent as s/he gets older?/Do you think that your stepchild would provide care for you if you needed it when you got older?

What type of care would you provide/expect to receive?

- Help getting to doctors appointments/ grocery store? Yardwork? Housework? Cooking? Physical care, etc.? Emotional support? Financial help?

What would the care arrangement look like if you/your stepparent got Alzheimer disease?

What would the care arrangement look like if you/your stepparent were facing mobility issues? Became very depressed?

What if your parent/spouse or your step-sibling/child was unable to help?

What conditions might make it difficult for you/your stepchild to provide care?

How (if at all) would your care attitudes/expectations be different if this was your biological parent/child?

Have you and your stepparent/stepchild talked about this at all?

Ending Questions

How might your relationship change as you both grow older?

Can you tell me about how being in a stepfamily affects how you think about family?

Is there anything else you think I should know or understand better?

Is there anything else you would like to ask me?

Close-Ended Demographic Questions

What gender do you identify as? M___ F___ Other___ Prefer not to disclose ___

What is your age, in years? _____

What, if any, is your primary ethnic/cultural identification? _____

In which city do you live? _____

What is the highest level of formal education that you have completed?

Elementary school or less _____

Some high school _____

High school graduate _____

Some college (including CEGEP) or trade school _____

Diploma from college or trade school _____

Attended university _____

University degree _____

Post-graduate degree _____

Other (please specify) _____

What is your current employment status:

Full-time ___ Part-time ___ Self-employed ___ Full-time unpaid work ___ Retired ___
Unemployed ___

In a few words what would you describe your primary occupation as?

Considering your average annual NET income, in which category would you and your partner (if applicable)?

Below \$19,999/year ___

\$20,000 - \$39,999/year ___

\$40,000 - \$59,999/year ___

\$60,000 - \$79,999/year ___

\$80,000 - \$99,999/year ___

\$100,000 or more ___

Considering your average annual NET income, in which category would you place your income?

Below \$19,999/year ___

\$20,000 - \$39,999/year ___

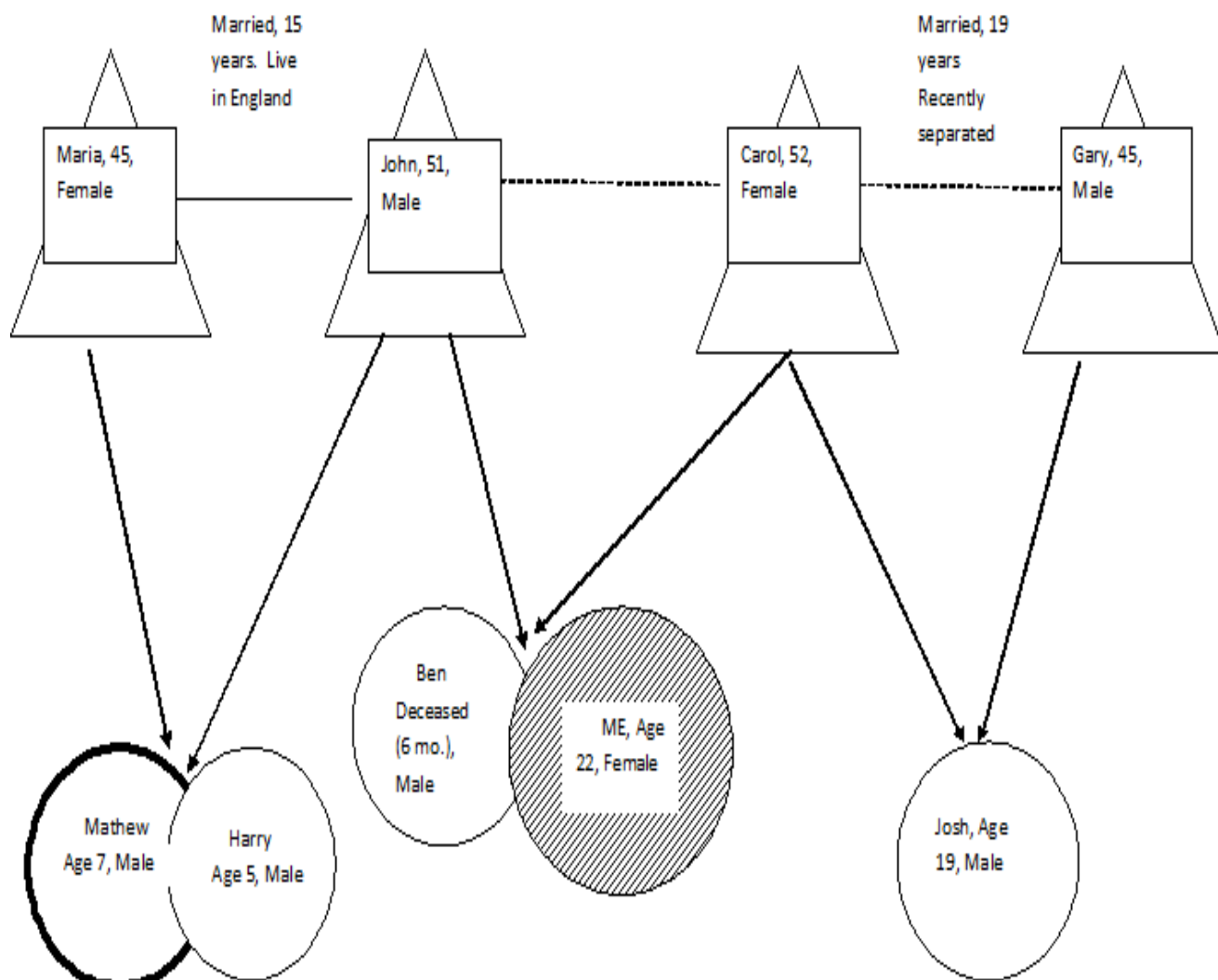
\$40,000 - \$59,999/year ___

\$60,000 - \$79,000/year ___

\$80,000 - \$99,999/year ___

\$100,000 or more ___

Appendix C Sample Geneogram



Appendix D Consent Form



Participant Consent Form

Prospective Caregiving Attitudes/Expectations of Adult Members in Stepfamily Dyads

You are invited to participate in a study entitled “**Prospective Caregiving Attitudes/Expectations of Adult Members in Stepfamily Dyads**” that is being conducted by Rebecca Morris. Rebecca Morris is a Master's student in the department of Sociology at the University of Victoria and you may contact her if you have further questions at 604-313-1392 or by e-mail at rdouv@uvic.ca. As a graduate student, I am required to conduct research as part of the requirements for a Master's degree in Sociology. It is being conducted under the supervision of Dr. Kobayashi. You may contact my supervisor at kmkobay@uvic.ca.

Purpose and Objectives

The purpose of this research project is to explore how stepfamilies approach attitudes and expectations around later life caregiving.

Importance of this Research

Research of this type is important because stepfamilies have been largely ignored in caregiving literature. This is problematic because their experiences may be different from non-stepfamilies. As divorce and remarriage remain high, and the Canadian population ages it is necessary that this area be looked at more closely.

Participants Selection

You are being asked to participate in this study because you are a stepchild/stepparent not yet providing/receiving care who's stepparent/stepchild has also expressed an interest in participating in this project.

What is involved

If you agree to voluntarily participate in this research, your involvement will include your participation in a 1-2 hour, semi-structured interview at a location of your choice. During this interview audio-tapes and-written notes, will be made. A transcription of the audio-tape will be made following the interview. During this interview you will be asked demographic questions such as cultural/ethnic identification, gender, income, age, education level, and employment status. You will also be asked to discuss your past and current relationship with your stepchild/stepparent and your feelings related to being a stepchild/stepparent. Additionally, you will be asked to discuss anticipated caregiving expectations and behaviours. You may ask to skip any question you do not wish to answer.

Inconvenience

Participation in this study may cause some inconvenience to you, including loss of time.

Risks

While this study is unlikely to cause harm to participants it should be noted that some participants may experience some emotional upset from participating. Interviews may discuss topics considered sensitive for some individuals, such as parental divorce, death etc. Please let me know if you are uncomfortable answering any question or would like to stop the interview at any time. If at the end of the interview you feel distressed in any way I will provide you with the information of a trained counselor.

Also, there is a slight risk that (if you were to read it) you and your stepparent/stepchild may be able to identify each other in the final thesis report. I will make a thorough attempt to avoid this by altering any information which may make you and your stepchild/stepparent known to each other (this includes names, locations, identifying biographical information, etc.) The summary report made directly available to you and others participating in this project will only include very general information about the nature of this study's findings. For example it will not include lengthy quotes or specific scenarios.

Benefits

The potential benefits of your participation in this research include adding an understanding of the unique experiences of adult members of stepfamilies to the literature. These findings will be considered in terms of the roles that social and political institutions primary to caregiving (e.g., caregiver support groups) play in the consideration and enactment of care. As a participant you may experience benefits given that interviews are often a good way to discuss feelings, and reflect on experiences.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will only be used with your permission. Otherwise it will be destroyed. If your stepchild/stepparent chooses to withdraw from the study your information may still be included.

On-going Consent

You may be contacted for a follow-up interview or for clarification. At any time you have the right to refuse subsequent contact.

Anonymity

Your real name and other identifying factors will not be used in the product of this research.

As suggested above, you should be aware that there is a chance that your stepchild/stepparent, or the person that referred you, may be able to identify you in the final report. Identifiers or specific scenarios will be altered with the intention to avoid this.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by keeping any information with your name/contact information under lock and key/in a password protected file.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: in a thesis report, in a published article, in presentations at scholarly meetings and directly to participants as a short summary report.

Disposal of Data

Any material which may identify you (e.g., transcripts with identifiers and audiotapes) will be destroyed after 3 years. Hard copies will be shredded and electronic copies will be deleted. Transcripts with all identifiers removed will be kept for a duration of 10 years.

Contacts

Individuals that may be contacted regarding this study include the individuals noted at the beginning of this form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

<i>Name of Participant</i>		<i>Signature</i>	<i>Date</i>

I would like to be sent a copy of the audiotape transcription for my review and approval prior to including this information in the study _____ (please initial)

I would like to be sent a copy of the final report _____ (please initial)

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix E Summary Report

(E-mail cover letter)

Dear _____,

Thank you very much for participating in this timely project. Your contribution to this research project is greatly appreciated. Please find a brief summary report attached. If you have any questions or concerns please feel free to contact me.

Sincerely,
Rebecca Morris
Ph: 604-313-1392
rdouv@uvic.ca

Exploring the Caregiving Attitudes/Expectations of Adult Stepchildren and their Stepparents: A summary report

Rebecca Morris, M.A. Candidate
April, 2012
Ph: 604-313-1392
Email: rdouv@uvic.ca

A brief review:

This study explored the nature of support and caregiving in 7 adult stepchild-stepparent (matched) dyads (N=14) using exploratory qualitative methods.

Findings indicated that all stepchildren in the sample would consider contributing some sort of care/support to their aging stepparents if *necessary*. However, not all stepchildren considered it their responsibility to do so. Likewise, most stepparents would expect at least some kind of care and/or support if required. For stepparents this was often limited to emotional support and/or limited instrumental help.

The expectations of stepchildren and their stepparents are tied to four major rationales: (1) presence of family history and familial ties, (2) gender, (3) histories of exchange and support, and (4) loyalties of stepchildren to their biological parent.

Introduction:

Future generations of older adults will be increasingly likely to have stepchildren in their caregiving networks, given that stepfamilies now account for approximately 12 per cent of Canadian families with children (Béchar, 2007)¹.

However, little gerontological research has addressed salient issues outside of the nuclear family structure. In particular, not much is known about the nature of support and caregiving within stepfamilies. It is important that we explore this later-life family form, as the ways in which stepkin contemplate expectations around caregiving may be unprecedented.

The central objective of this research project has been to gain insights into how stepparents and their adult children construct and negotiate attitudes and expectations around caregiving in later-life. In particular, this research project sought out to address three primary research questions:

- (1) Is a willingness and/or obligation to care expressed by stepchildren? If so, what conditions influence/constrain this willingness or felt obligation?
- (2) What expectations do stepparents have of their stepchildren? What conditions

influence/constrain these expectations?

(3) What reasons do stepparents/stepchildren give for their caregiving expectations?

The significance of policy and practice in the areas of health and social care was also considered throughout this research study.

Methods:

This study explored the nature of support and caregiving in 7 adult stepchild-stepparent (matched) dyads (N=14) using exploratory qualitative methods and constant comparative analysis methods. Intensive, semi-structured interviews were conducted separately with members of each stepchild-stepparent dyad.

With permission interviews were audio taped. Transcription took place immediately following each interview. Following this interviews were coded using grounded theory methods – a type of analysis typically used in qualitative research which includes selecting themes which are reoccurring across interviews.

Findings:

Findings indicated that all stepchildren in the sample would consider contributing some sort of care/support to their aging stepparents if necessary, but that not all stepchildren consider it their responsibility to do so. Likewise, most stepparents would expect at least some kind of care and/or support if required. For stepparents this was often limited to emotional support and/or limited instrumental help.

Contextual factors and the expectations stepchildren had of others in the ‘care network’ were important factors in the expectations/obligations held by stepchildren. Specifically, stepchildren noted geographical proximity, availability/expectations of others (i.e., their stepparent’s spouse or biological children), competing caregiving responsibilities, employment responsibilities and other family obligations, to be important to whether/how much care they would be likely to provide.

Likewise, the expectations stepparents had of their stepchildren were considered in the context of what their partner and their biological children (when applicable) were able to contribute.

Stepparents also suggested that contextual factors are important; including geography, finances,

obligations to other aging (step)parents, personality and the responsibilities of stepchildren to their own children.

The expectations of stepchildren and their stepparents are tied to four major rationales: (1) presence of family history and familial ties, (2) gender, (3) histories of exchange and support, and (4) loyalties of stepchildren to their biological parent.

Conclusion:

The family dynamics, expectations and limitations to care will likely be different among this emergent family type grown old. For example, stepchildren may have more stepparents to care for than children with non-divorced parents. It should be understood that while some stepchildren may want to care others do not/cannot.

The social and political institutions primary to caregiving (e.g., caregiver support groups, and staff in long-term care homes and hospitals) should be made aware that decisions surrounding caregiving may be more difficult, context dependent, complicated for some stepfamilies. Further, I suggest that stepfamilies must be included in the institutions and activities central to caregiving, but in a way which accounts for, and is sensitive to, their unique family histories.

With an aging population on the horizon, Canadians must advocate for comprehensive and inclusive policy and programs for caregivers and those they care for. Acknowledging diverse family forms is just one step in working toward such policy.

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