
Continuing to Care: Black and Latina Daughters' Assistance to Their Mothers in Nursing Homes

Patricia J. Kolb

Interviews with Black and Latina daughters who were caregivers for their mothers in a nursing home revealed the daughters' tasks, motivations, and emotional responses to caregiving. These tasks, motivations, and emotional responses are discussed from the perspective of racial-ethnic feminist theories and prior research on caregiving, gender, and ethnicity.

My mother and I have a special bond. She taught me to cook. She took a lot of time for me. Maybe because I left home the last. She always made sure that we had enough to eat before we went to bed, and so now one of us feeds her every evening to make sure that she has enough to eat before she goes to bed.

—Daughter of a Black resident,
9 years after her mother's admission to a nursing home

Studies have found that female relatives provide the majority of care to older relatives before and after the older relatives are placed in nursing homes (Abel, 1991; Brody, 1990; Chatters, Taylor, & Jackson, 1985, 1986; George & Gwyther, 1986; Stone, Cafferata, & Sangl, 1987). However, there has been little research on the influence of racial and ethnic factors on the experiences of these female caregivers, and there has been no analysis of

these experiences from the perspective of racial-ethnic feminist theory.

The 20 Black and Latina daughters who are the focus of this article were participants in a study in which relatives and friends of 75 nursing home residents were interviewed. The daughters were born in Cuba, the Dominican Republic, Ecuador, Puerto Rico, Venezuela, and the mainland United States, and their mothers were from Anguilla, Cuba, the Dominican Republic, Ecuador, Jamaica, Puerto Rico, St. Croix, and the mainland United States.

This qualitative study explored the relationships and experiences of the nursing home residents and their relatives and friends prior to admission, during the placement process, and following admission to the nursing home. It was conducted to increase the information available about placement experiences among diverse ethnic groups and to identify relevant areas for culturally sensitive social work practice. Consideration of the experiences of the 20 daughters from the perspectives of feminist theory and relevant research on caregiving will further social workers' understanding of Black and Latina mother-daughter relationships as these dyads experience the aging process.

FEMINIST PERSPECTIVES

Andersen and Collins (1998) suggested that to think more inclusively about the implications of race, class, and gender in the lives of all people in the United States, it is necessary to "shift the center" and place the experiences of groups that were formerly excluded at the center of one's thinking. They noted that if the center is not shifted, persons of color remain invisible and "are typically judged through the experiences of White people, rather than understood on their own terms; this establishes a false norm through which all groups are judged" (p. 12).

Andersen and Collins's (1998) emphasis on shifting the center is consistent with multiracial feminism—an evolving body

of theory and practice that situates women and men in multiple systems of domination (Baca Zinn & Thornton Dill, 1997). In the United States, multiracial feminism was developed primarily by women of color whose feminisms "cohere in their treatment of race as a basic social division, a structure of power, a focus of political struggle and hence a fundamental force in shaping women's and men's lives" (Baca Zinn & Thornton Dill, 1997, pp. 24-25). According to Baca Zinn and Thornton Dill, racial and class differences are "primary organizing principles in a society which locates and positions groups within that society's opportunity structures" (p. 24).

Racial stratification has shaped the development of families of color, as well as families in general, influencing the relationship between productive labor (paid employment outside the home) and reproductive labor (maintaining life on a daily basis), which is the key to understanding family diversity. Baca Zinn (1998) suggested that racial differences in how people made a living produced different family and household arrangements among slaves, agricultural workers, and industrial workers.

Reproductive labor is "strongly gendered" (Baca Zinn, 1998), and a part of it consists of care and emotional support for adults and maintenance of ties between kin and the community. Glenn (1992) noted that reproductive labor is divided along both racial and ethnic lines. Addressing the power of racial stratification to shape family life, Baca Zinn (1998) wrote that women's reproductive labor in racial-ethnic families has been intensified and extended because of the lack of social, legal, and economic support for these families and that the lack of support set the stage for the development of adaptive forms of resistance. For women of color, work outside the home has been an extension of family responsibilities and has been required because of the need for all family members to share their resources to meet the families' economic needs.

Collins's (1997) work is key to understanding Black motherhood and mother-daughter relationships and hence is explored in depth here. Collins (1997, p. 264) observed that in the United States, the dominant view of motherhood has been a Eurocentric

view, "the cult of true womanhood," which emphasizes that motherhood is women's highest calling and that women should manage a separate domestic sphere and gain social influence from doing so. She suggested that specific themes in this perspective on motherhood are "problematic" for Black women:

First, the assumption that mothering occurs within the confines of a private, nuclear family household where the mother has almost total responsibility for child-rearing is less applicable to Black families. While the ideal of the cult of true womanhood has been held up to Black women for emulation, racial oppression has denied Black families sufficient resources to support private, nuclear family households. Second, strict sex-role segregation, with separate male and female spheres of influence within the family, has been less commonly found in African-American families than in White middle-class ones. Finally, the assumption that motherhood and economic dependency on men are linked and that to be a "good" mother one must stay at home, making motherhood a full-time "occupation," is similarly uncharacteristic of African-American families. (p. 265)

According to Collins, when Black women adhere to these standards, they risk lower self-esteem related to internalized oppression, which, when transmitted intergenerationally, is a mechanism that can control Black communities. Furthermore, she noted, there are two interdependent images in the Eurocentric perspective on Black motherhood: the devoted Mammy and the matriarch who is considered to be so strong that she raises weak sons and "unnaturally superior" daughters.

The concept of motherhood that has been central throughout the history of West African societies appears to have combined with the political and economic realities of Black communities to produce the contemporary Afrocentric ideology of motherhood. This Afrocentric ideology of motherhood includes four enduring themes: (a) "bloodmothers," "othermothers," and women-centered networks; (b) providing as part of mothering; (c) community othermothers and social activism; and (d) motherhood as a symbol of power (Collins, 1997, p. 266).

From the perspective of feminist psychoanalytic theory, Black mothers' socialization of their daughters involves many role models who challenge the cult of true womanhood because their models are working mothers, extended family othermothers, and powerful community othermothers. Because of their relationship to White patriarchy, Collins (1997) stated, Black mothers socialize their daughters "into a critical posture that allows Black women to cope with contradictions. . . . [However, if the daughters] fit too well into the limited opportunities offered Black women, they become willing participants in their own subordination" (pp. 270-271).

In relation to social learning theory and Black mothering behavior, Black mothers experience the dual goals of needing to help their daughters survive physically yet wanting to encourage them to transcend the boundaries with which they are confronted. Black mothers, who are often described as "strong disciplinarians and overly protective parents," succeed in raising self-reliant and assertive daughters (Collins, 1997, p. 271).

Collins's (1997) social structural perspective on mother-daughter relationships is useful for explaining racial and ethnic variations in these relationships that are explored in self-in-relation theory, a feminist theory whose key concept is mutuality in mother-daughter relationships. Turner (1997) addressed cultural variations within the self-in-relation model, suggesting that the possibilities of connectedness for women of color may be increased within their cultures and with members of other minority cultures. Her attribution of this phenomenon to experiences of racial oppression and of being bicultural in the United States is consistent with Collins's and other multiracial feminists' emphasis on the influence of oppressive social structures on relationships of women of color.

Findings from my study of Black and Latina daughters and their mothers in the nursing home suggest that some daughters' assistance to their mothers is motivated by mutuality, as conceptualized by self-in-relation theorists (Jordan, 1997; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Turner, 1997). Self-in-relation theory emphasizes the importance of the mother-

daughter relationship throughout life and suggests that both daughters and mothers learn to take care of their relationships and attend to each other's well-being and development (Surrey, 1991).

Another motivator for caregiving among the daughters in this study was their belief in filial responsibility, or familism, which is often cited as a major influence on intergenerational relationships in Latino families. Drawing on the results of her research on Chicana grandmothers, Facio (1997) suggested that an alternative to the conceptualization of familism as an empirical or structural phenomenon is to consider it to be an ideological force and to identify its class, racial-ethnic, gender, and cultural origins.

Contrary to the general description of familism in the literature, Facio (1997, p. 338) stated that the empirical phenomenon of familism, "a manifestation of expected mutual aid and support," may have changed even though the element of family unity remains; that is, unity may result from gender and age dynamics rather than familism or culture. She explored aspects of familism that are rooted in gender and suggested that patriarchy "bonds women to motherhood and family caregiving roles," which are important for maintaining the family (p. 339). Facio noted that although older Chicanas have been described as strong and vital, central to their extended families, and "nurturing child-care provider[s] and facilitator[s] of religious and cultural values," they have also been described as deferential to their husbands and male relatives (p. 337). However, in her research, she found that older Chicanas did not see their roles as limited to caregiving and did not feel obligated to provide child care, and some had negative familial relationships. Nevertheless, these women accepted their caregiving role when it was respected and not taken for granted. Although Facio's research focused on the caregiving roles of Latina grandmothers, it should be considered for its broader implications with regard to family caregiving by Latinas of all ages.

RESEARCH ON CAREGIVING

Research has demonstrated that ties between adult children and their parents remain strong after parents are placed in nursing homes and that most adult children who were their parents' principal caregivers before the placement continue to provide care afterward, although the tasks may change (Brody, 1990). Tasks that are performed after placement include serving as the contact person in emergencies, visiting, grooming, bringing food and other items, straightening drawers, doing laundry, managing money, and consulting with staff about parents' care and needs.

Female caregivers, particularly daughters, provide the majority of the assistance given by relatives to older persons who are not in nursing homes (Abel, 1991; Hagestad, 1994; Harootyan & Vorek, 1994; Mui, 1995; Stone et al., 1987; Toseland & Smith, 1991), and they continue to do so after their relatives are placed in nursing homes (Brody, Pruchno, & Dempsey, 1989). Henderson and Gutierrez-Mayka's (1992) study of Cuban, Spanish, and Puerto Rican caregivers of relatives with Alzheimer's disease indicated that although cultural definitions of sex roles are related to caregiving, with the duties assumed by daughters first, younger cohorts are modifying the definitions of these roles by expecting a more egalitarian division of labor. Yee (1990) also observed both sex grading, or differentiation, and age grading in Hispanic families and a strong orientation to the extended family.

Although studies have found that adult daughters and other female relatives are the most frequent providers of assistance to older Black adults (Chatters et al., 1985, 1986), Chatters and Taylor (1993) reported that different factors operated differently for sons and daughters' assistance to parents: family contact, proximity of immediate family members, widowhood, education, urbanicity, and region. Chatters and Taylor suggested that women may experience stronger normative expectations and socialization to provide assistance to parents and

other relatives than may men, and these strong expectations and socialization may operate independently of "any possible salutary effects of interaction levels" (p. 78). Nevertheless, they proposed that the proximity of immediate family members may also increase women's tendency to help, perhaps because these resources decrease the burden of domestic responsibilities. Cox (1995) noted that some Black parents resist being dependent on their children and that some adult children who live in close proximity to their parents may not be able to provide instrumental support because of "the strains and distractions in their own lives" (p. 270).

Research has generally indicated that the caregiving tasks performed by sons and daughters are different and tend to reflect roles that are considered gender appropriate in the United States. Thus, daughters are more likely than sons to do chores that keep them constantly on call (Archbold, 1983) and involve hands-on, personal care, and sons are more likely to assume such responsibilities as money management and home repairs and are often involved in major decisions (Abel, 1991; Brody, 1990). Daughters have also been described as less likely to set limits and more likely to assume responsibility for improving the general quality of older relatives' lives (Abel, 1991; George & Gwyther, 1986; Miller, 1990; Robinson & Thurnher, 1979; Zarit, Todd, & Zarit, 1986). However, Delgado and Tennstedt (1997) suggested that greater attention to the involvement of Puerto Rican sons as caregivers is needed because of changes in the demands on Puerto Rican women that may limit their availability as caregivers, the likelihood of an increase in the Puerto Rican elderly population, and the lack of attention in past studies to caregiving by Puerto Rican sons.

Studies have often attributed the motivation of younger relatives to provide assistance to older relatives to filial obligation (Connell & Gibson, 1997; Finley, Roberts, & Banahan, 1988), the bases of which are the philosophical beliefs of parental reverence, debt of gratitude, and friendship and love for parents (Selig, Tomlinson, & Hickey, 1991). In the United States, members of Hispanic and Asian cultural groups may have a stronger

or more unqualified sense of filial obligation than may members of other racial and ethnic groups, according to Selig et al.

In Cox and Monk's (1993) study of Central and South American, Cuban, and Puerto Rican caregivers (77.9% of whom were female) of Alzheimer's patients, the caregivers' responses indicated that they adhered to norms of filial responsibility and respect—a value that was particularly relevant in this case because age has a connotation of status in Hispanic culture. Other Hispanic cultural values that influence the care of older people include “a belief in spirituality that endows people with an acceptance of fate and a strong emphasis on dignity, as demonstrated through appropriate respectable and honorable behaviors” (Cox & Monk, 1993, p. 93); expectations of mutual help among older persons and their children and grandchildren; and an emphasis on the family rather than the individual. Furthermore, because success and failure are considered to reflect on the family, when cultural expectations related to the care of older relatives are unmet, this failure reflects negatively on the entire family.

The provision of care for parents has been found to be normative but stressful (Brody, 1985). That female caregivers experience more stress than men (Brody, 1990; Cantor, 1983; Johnson, 1983) has been attributed to the fact that women provide more help, especially hands-on help, than do men (Brody, 1990). According to Cox (1995), the burdens of caring for relatives with dementia may be severe among Hispanic women because “women are typically expected to provide all [such] . . . care . . . regardless of the relationship” (p. 265).

Relatives experience many emotions after their older family members are placed in nursing homes, and some of the strains experienced before placement continue, whereas others are different. As Brody (1990) noted,

Families attribute some of their strains to what they perceive as poor care of the parent in the nursing home, negative staff attitudes towards the elderly person and the family, the physical environment, the presence of other deteriorated patients, reluctance to “complain” about care or staff because they fear retaliation

on the helpless parent, and ambiguity about their own roles vis-à-vis staff. When the older [persons are] on Medicaid, their families often fear that the nursing home will not continue to keep them because the reimbursement rate is low. (p. 243)

Guilt, the cost and quality of care, and getting other relatives to visit are important issues, and children who believe that their parents are having more difficulty adjusting usually have more difficulty coping with their parents' placement (Townsend, Deimling, & Noelker, 1988).

THE STUDY

This exploratory study was conducted to address the lack of information on ethnically diverse families' experiences with nursing home placements. At the time of the study, I was working in the Social Work Department of the Jewish Home and Hospital for the Aged, a 514-bed skilled nursing facility in New York City, where I became acquainted with residents and their families with diverse ethnic and racial backgrounds. I first interviewed relatives of Latino residents after I observed the distress of Latino residents and their relatives following placement and because I wanted to understand their experiences in view of the cultural prohibitions against nursing home placement among Latinos. I later conducted interviews with relatives and friends of Black and Jewish residents to gain an understanding of their experiences.

Procedures

The study used semistructured interviews to obtain information about residents' relationships earlier in their lives, the placement process, and the experiences of the residents and their families and friends after the residents' admission. To avoid distortions, which may exist in research on race and ethnicity because of the ethnocentrism of White researchers, most of the questions used as an interview guide were open ended. I

approached this study knowing that it was impossible for me to predict the participants' responses. It was important to hear about each participant's experiences and emotions in his or her own words. The methods of selecting the sample from each group differed because the resident population in each group varied greatly as a proportion of the total population of the nursing home. The relatives or friends of 25 residents in each group who were interviewed were usually the primary contact persons whose names were listed in the case records. Among the 20 Black and Latina daughters, 16 were interviewed in person, and 4 were interviewed by telephone.

To be certain that the criteria for selecting participants were objective, I asked social workers at the nursing home in April 1995 to give me a list of the Latino residents. At that time, the social workers provided a list of 27 residents, who occupied 5% of the beds in the nursing home, and the primary contact person in each family; other Latino residents were added to the list as more were admitted. The Jewish residents were selected in February 1996 from a computer-generated list of 320 Jewish residents (who occupied 62% of the beds) by selecting every 11th name of a Jewish resident on each floor (the names were listed consecutively by room numbers on each floor), to ensure that residents would be included from each of the 15 long-term floors. In January 1997, a computer-generated list of the 69 Black residents (who occupied 13% of the beds) was obtained, and the names were rearranged so that they were listed alphabetically by floor to ensure the selection of participants from all the floors. The names of residents whose caregivers would be contacted for interviews were then determined by choosing the first 2 names alphabetically for each floor and continuing to the next name for that floor if it was not possible to interview a resident who was initially selected.

Supplementary demographic and diagnostic information was obtained from the residents' case records. This information included each resident's date and place of birth, date of migration from Puerto Rico or immigration, employment experiences, interests before placement, marital status, and primary

language. In addition, home care arrangements and previous residence, as well as diagnoses at the time of admission, were identified.

Participants

The 20 daughters, 13 of whom were engaged in productive labor (paid employment outside the home) at the time of their interviews, ranged in age from 40 to 72. Five were divorced or separated, 9 were married, 3 were single, and 3 were widows. At the time of admission, the average ages of the Black and Latina mothers were 81 and 86, respectively. The last homes in the community for 5 Black and 4 Latina mothers were with the daughters who were interviewed, and for 1 Black and 1 Latina resident, the last homes were with other daughters. Of the mothers, 14 were admitted directly from acute care hospitals, 3 were admitted from their own homes or their daughters' homes, 2 were admitted from other nursing homes, and 1 was admitted from a rehabilitation facility. Although 7 of the Latina mothers did not speak English and had minimal or no understanding of English, all but 1 of the Latina daughters understood and spoke English well.

FINDINGS

Tasks Performed by the Daughters

The three types of tasks assumed by the daughters following admission were related to their formal responsibilities as sponsors, informal monitoring of the staff's care of their mothers, and responsibilities of a more personal nature. Consistent with the responsibilities of sponsors identified by Brody (1990) and Dobrof and Litwak (1977), the daughters were responsible for making financial arrangements and for being the primary contacts for consultation with the social work, nursing, physical therapy, dietary, therapeutic recreation, medical, and administrative staffs. As sponsors, the daughters continuously addressed

medical concerns, treatment needs, emergencies, and social and psychological issues that were related to their mothers' cognitive loss, depression, behavior, mood, and changes in roommates. They were also responsible for completing paperwork required by the nursing home, particularly related to admissions procedures, financial issues, and Medicaid applications. The daughters were invited at least annually to a team meeting in which they and the interdisciplinary staff discussed their mothers' biopsychosocial functioning.

The second group of tasks, mentioned by 7 daughters, pertained to the informal monitoring of the staff's care of their mothers. Although some daughters believed that they monitored care less than they had with home health aides prior to their mothers' placement, others said that they monitored their mothers' care more in the nursing home to ensure, for example, that bathing, feeding, and toileting were done in a timely and effective manner. The daughters also served as advocates for their mothers and discussed their concerns with staff when they considered it necessary to do so.

Of the third group of tasks, which were consistent with the tasks identified by Brody (1990) and with findings with regard to caregiving outside nursing homes (Abel, 1991; Brody, 1990), many were of a personal nature. All the daughters visited their mothers with frequencies ranging from daily to every few weeks. A Latina daughter who visited her mother almost daily after work commented that her husband had said, "It's like a hobby now." In addition to visiting, 7 Latina daughters brought food for their mothers. The daughter of a Black resident who helped to feed her mother said, "I feed her dinner when I go. I want to make sure that she gets a good meal." A Latina daughter often brought her mother coffee.

Another concrete task performed by 7 Latina daughters was serving as interpreters for their mothers. Among the Black daughters, 2 took their mothers' laundry home for washing, 1 made certain that her mother had the proper clothes, and 1 took care of her mother's finances and had sorted through her mother's possessions and closed her apartment after her mother was admitted to the nursing home.

Mutuality and Filial Piety

Mutuality. A history of mutuality in their relationships with their mothers was reflected primarily in the Black daughters' responses. For the Black daughters for whom mutuality appeared to be a motivator, the tasks of monitoring care, visiting, and providing personal assistance appeared to be deliberate reciprocity for the physical care and protection their mothers had provided. These daughters' attitudes and expectations with regard to their caregiving roles as their mothers became older seem to be related to the social construction throughout their lives of their reciprocal roles as the daughters of Black women. The following are some typical statements in this regard:

She took care of me, and we are taking care of her now. She took care of me when I couldn't help myself.

I love doing it. We should because she did for us. It's a part of us. We take care of her.

I thought about all the many years she took care of me; I was grown and married, and she still took care of me.

When I dream about home, it's my mother's home. . . . Your parents are a God-given, loving responsibility. It's a privilege.

Two Latina daughters described motivations and emotions related to mutuality. One daughter said, "She took care of me when I was a kid; she's my mother." The other daughter, reflecting on why she had become her mother's primary caregiver, said that she had always been close to her mother.

Although many Black daughters expressed a sense of mutuality, some described the responsibilities as difficult. A daughter who was her mother's advocate and who had to make decisions about medical interventions for her mother, including a feeding tube, said that she would rather not have the responsibilities but accepted them because her mother would have done so. Another Black daughter described the experience of visiting her mother as "heart wrenching," and still another said that being the primary caregiver was all right but that she would rather share the experience with someone.

Five of the Black daughters described the long-term sharing of caregiving among relatives. Consistent with Baca Zinn's (1998) description of reproductive labor as strongly gendered and the findings of research on family caregiving, 6 Black daughters said that they or one of their sisters had assumed most or all of the caregiving responsibilities before and after placement, and 3 said that they shared these responsibilities with their daughters or granddaughters. However, 2 Black daughters said that these responsibilities were shared with their brothers and sisters, and 7 said that their own children had helped, at least by visiting. In addition, the husbands of all 4 Black daughters who were married at the time of the interviews helped to care for their mothers-in-law.

In some Black families, the responsibilities were shared by siblings or others, and the daughters felt supported by relatives even if they were the primary caregivers. The balance of responsibilities had changed in one Black family when one of the daughters moved to another state and the sister in New York subsequently assumed more responsibilities. Another Black daughter said that when she was employed, her sister took care of their mother on weekdays, and she took care of their mother on the weekends and during vacations.

The daughters' availability—an important factor in providing assistance—was related to their geographic proximity to the nursing home, presence or absence of children, employment responsibilities, and presence or absence of husbands. As was noted previously, some of the Black and Latina daughters who were interviewed were either the only caregivers in their families or assumed most of the responsibilities. The daughter of one Black resident said that she had inherited the task of caregiving and believed that her sister had been selfish in pursuing her career. The daughter of another Black resident said that she was the only one of the siblings who was living in New York City and had always been the closest to her mother. This daughter's daughter and granddaughter expected to care for their mothers in the same way that the resident's daughter

cared for her mother. Another Black daughter said that she had become her mother's primary caregiver because "I'm in the house. Everybody figured I'd be the one. I know what it was like when she was in our home. I miss her, and I want to do what I can for her."

Filial piety. Filial responsibility, reflected mainly in the responses of many Latina daughters, was accompanied by the expectation that women would be the primary family caregivers. Although mutuality also implies a sense of responsibility, the Latina daughters were more likely than the Black daughters to describe motivations related to filial responsibility, with its connotation of duty, and were less likely to communicate a sense of mutuality. The responses of 4 Latina daughters reflected particularly strong feelings of duty, and these daughters expected similar behaviors and attitudes from their siblings.

The daughters whose responses indicated a sense of filial responsibility were more likely than those whose responses reflected a sense of mutuality to communicate their ambivalence toward caregiving. Consistent with Facio's (1997) findings that older Chicanas are more accepting of the caregiving role when it is respected and not taken for granted and prefer to use their independence in ways other than child care, some Latina daughters described their work as caregivers negatively, whereas others were more positive. The residents' positive and negative relationships with their other adult children and the relationships among the adult children influenced the daughters' emotional reactions to caregiving.

All the Latina daughters indicated that other relatives had helped with caregiving before and/or after their mothers had been placed in the nursing home. Of the 5 Latina daughters who were married, all said that their children provided assistance, and 4 said that their husbands helped. Sometimes caregiving was also expected of the residents' other grandchildren, as Cox and Monk (1993) found in Hispanic families.

Referring to her mother's grandchildren, 1 Latina said, "They have to go and see her because she's their grandmother."

Consistent with Facio's (1997) findings, some of the Latinas expressed resentment because relatives expected them to be caregivers but did not want to perform caregiving responsibilities themselves. Negative feelings about caregiving were most apparent when the daughters expected filial responsibility, had a strong belief in duty, and thought that the assistance provided by relatives was inadequate. Many of the daughters believed that both their brothers and their sisters should share caregiving responsibilities but indicated that the daughters were providing the most care because they were women. Some other responses reflected discomfort with the difficulties caregiving entails. Not all the Latina daughters expressed resentment, but more Latina daughters than Black daughters did. Some representative statements by the Latina daughters in this regard follow:

I don't want to do it, but they [my brothers] don't, so what am I going to do?

My brothers feel rejected by her, but that's no excuse [for not visiting].

I don't know why [I became the primary caregiver]. I'm the only sucker one. They called me to go to Puerto Rico to take care of her when she was sick. I wanted to be in New York City, so I brought my mother and brother [here].

Some of the daughters did not express displeasure with their status as caregiver, but their sense of duty was apparent, as this comment indicates:

I always lived near her. My sister helped, too. The others were in Puerto Rico except for one who didn't help as much. My mother always needed help with things because she didn't speak English. I feel I have done my duty.

Referring to the assistance that she and her sister provided, one Black daughter said,

We do what we have to do. . . . We're the responsible ones. We've always done this. This is how it's supposed to be. It's not a burden.

Her remarks about their rearing by their mother were consistent with Collins's (1997) description of Black mother-daughter relationships:

She did her job. She did not play. You would go to school. You would get an education. My father and she raised seven children, and they all turned out well.

One Latina daughter described herself as a "doer" and said that other people in her family were not doers. She also believed that because she was the only person in her family who did not have children, she had more time available for caregiving. With regard to her feelings about the responsibilities she assumed after her mother entered the nursing home, she said that she sometimes felt trapped. She accepted her role as caregiver but sometimes felt guilty if she could not do additional tasks for her mother that she thought were needed.

Some of the daughters' feelings after their mothers' placement in the nursing home were directly related to the experience of placement. A Puerto Rican daughter said that she could not go anywhere because she needed to be available in case anything happened and the nursing home called. About her mother's placement, she said, "I think a lot about why I can't take care of her when other people can. It's something that's very, very hard to get out of my mind." In describing her mother's placement and her caregiving experiences since that time, one Black daughter said, "It tore me up. I couldn't hardly deal with it. We took care of our mother ourselves."

IMPLICATIONS FOR SOCIAL WORK PRACTICE

These daughters had continued to be devoted caregivers whose mothers remained important to them after their admission to the nursing home. During their interviews, they spoke

from their hearts about painful, difficult experiences, and the intensity of their relationships with their mothers reflected a strong emotional commitment that was manifested in their ongoing performance of specific tasks. The tasks they performed were consistent with those described by Brody (1990) and Dobrof and Litwak (1977), and many tasks were directly related to providing support for their mothers and facilitating the provision of care by staff. Each daughter's need to assume these roles must be understood from the perspective of her cultural expectations with regard to mother-daughter relationships and caregiving behavior. Social workers need to understand the structural and cultural influences on the relationships of Black and Latina daughters and their mothers and support the daughters' caregiving efforts.

As a group, these daughters expressed various motivations and emotions related to caregiving. Coping with the emotional, intellectual, and physical demands of caring for a parent who is deteriorating physically and/or cognitively and is becoming more and more dependent is a painful, demanding experience. The experience is influenced by the adult child's relationship with the parent before the parent entered the nursing home; cultural, familial, and personal role expectations; and impediments to and supports for caregiving.

Multiracial feminist theory helps social workers understand the effects on each woman of her location in multiple hierarchies related to race and gender and encourages them to pay attention to the structural sources of diversity. An analysis of the findings of this study suggests that age is an additional "primary organizing principle" that "positions groups within [the] society's opportunity structure" (Baca Zinn & Thornton Dill, 1997, p. 24). In intergenerational social work practice, it is important for social workers to understand the factors that have contributed to each family member's expectations with regard to intergenerational caregiving and the effects of social structural influences on the development of relationships in each family.

Social workers who provide services to Black and Latina women and their aging mothers need to shift the center in

developing assessments and interventions so they understand the effects of structures of domination in the United States on these mother-daughter relationships. The findings of this study suggest that structural factors related to racism and sexism that influence the development of mother-daughter relationships at earlier ages affect daughters' caregiving attitudes and behavior when their aging mothers need help. Furthermore, because attitudes in all groups are influenced by social structural factors but structural influences shape the experiences of people differently, it appears that among all racial and ethnic groups, different patterns of interpersonal relationships at younger ages are likely to develop and result in cultural differences in caregiving experiences as family members become older. However, social workers must not overgeneralize about family relationships in any group. Influences other than race, ethnicity, and gender, such as personality characteristics and the fit of individuals in a family, affect mother-daughter relationships. It was apparent that in the families in this study, there were substantial differences in the caregiving daughters' and many of their siblings' relationships with their mothers.

It is essential for social workers to understand the significance of differences in the historical experiences of women in various racial and ethnic groups. In this study, mutuality was expressed primarily by the Black daughters, and it may be that Black women experience caregiving for their mothers differently from other women in the United States because of the distinctive impact of the interrelated structures of racism and White patriarchy on their relationships with their mothers. With regard to Latinas, Facio (1997) focused attention on the patriarchal origins of the familistic expectations of filial responsibility for Chicanas and the fact that Latina caregiving roles have been shaped to meet the needs of men. Several of the Latina daughters in this study expressed a strong sense of filial responsibility and referred to their "duty," and although they believed that caregiving was a responsibility that they needed and chose to assume, some expressed displeasure with its demands. Although Latinas may feel a sense of mutuality, few Latina daughters expressed this feeling during the interviews

and referred more to filial responsibility. If one compares the etiology of Latina caregiving based on familism with Collins's (1997) description of the structural influences on and the processes of developing mother-daughter relationships in many Black families, one is reminded that there are differences, as well as similarities, in the structural influences and institutional processes that influence Black and Latina daughters' attitudes toward and behavior in relation to providing care for their mothers.

If social workers understand how structures, such as racism and patriarchy, affect the experiences of their clients from birth to old age, they will understand their clients' biopsychosocial functioning and needs better, formulate optimal assessments, and implement culturally sensitive direct practice and policy interventions. The application of feminist theories and the results of past research to the findings from this study suggests that one reason that caregiving experiences differ is the differences in the multiple hierarchies of race and gender that Black women and Latinas experience. Only implications, not conclusions, can be drawn from this research and analysis because this study included the experiences of only 20 mother-daughter dyads, and the information which the daughters provided was limited to what they felt comfortable telling me. However, this exploration indicates that the application of feminist theoretical perspectives in analyses of subsequent research on the relationships of daughters and their aging mothers will provide useful information for social workers.

REFERENCES

- Abel, E. (1991). *Who cares for the elderly? Public policy and the experiences of adult daughters*. Philadelphia: Temple University Press.
- Andersen, M., & Collins, P. (1998). *Race, class, and gender: An anthology*. Belmont, CA: Wadsworth.
- Archbold, P. (1983). An impact of parent-caring on women. *Family Relations*, 32, 39-45.

- Baca Zinn, M. (1998). Feminist rethinking from racial-ethnic families. In S. Ferguson (Ed.), *Shifting the center: Understanding contemporary families* (pp. 12-21). Mountain View, CA: Mayfield.
- Baca Zinn, M., & Thornton Dill, B. (1997). Theorizing difference from multiracial feminism. In M. Baca Zinn, P. Hondagneu-Sotelo, & M. Messner (Eds.), *Through the prism of difference: Readings on sex and gender* (pp. 23-29). Boston: Allyn & Bacon.
- Brody, E. (1985). The role of the family in nursing homes: Implications for research and public policy. In M. Harper & B. Lebowitz (Eds.), *Mental illness in nursing homes: Agenda for research* (pp. 234-264). Washington, DC: Government Printing Office.
- Brody, E. (1990). *Women in the middle: Their parent-care years*. New York: Springer.
- Brody, E., Pruchno, R., & Dempsey, N. (1989, November). *Differential strains of sons and daughters of the institutionalized aged*. Paper presented at the 42nd annual meeting of the Gerontological Society of America, Minneapolis, MN.
- Cantor, M. (1983). Strain among caregivers: A study of experience in the United States. *The Gerontologist*, 23, 579-604.
- Chatters, L., & Taylor, R. (1993). Intergenerational support: The provision of assistance to parents by adult children. In J. Jackson, L. Chatters, & R. Taylor (Eds.), *Aging in Black America* (pp. 69-83). Newbury Park, CA: Sage.
- Chatters, L., Taylor, R., & Jackson, J. (1985). Size and composition of the informal helper networks of elderly Blacks. *Journal of Gerontology*, 40, 605-614.
- Chatters, L., Taylor, R., & Jackson, J. (1986). Aged Blacks' choice for an informal helper network. *Journal of Gerontology*, 41, 94-100.
- Collins, P. (1997). The meaning of motherhood in Black culture and Black mother-daughter relationships. In M. Baca Zinn, P. Hondagneu-Sotelo, & M. Messner (Eds.), *Through the prism of difference: Readings on sex and gender* (pp. 264-275). Boston: Allyn & Bacon.
- Connell, C., & Gibson, G. (1997). Racial, ethnic, and cultural differences in dementia caregiving: Review and analysis. *The Gerontologist*, 37, 355-364.
- Cox, C. (1995). Meeting the mental health needs of the caregiver: The impact of Alzheimer's disease on Hispanic and African-American families. In D. Padgett (Ed.), *Handbook on ethnicity, aging, and mental health* (pp. 265-283). Westport, CT: Greenwood.
- Cox, C., & Monk, A. (1993). Hispanic culture and family care of Alzheimer's patients. *Health and Social Work*, 18, 92-100.
- Delgado, M., & Tennstedt, S. (1997). Puerto Rican sons as primary caregivers of elderly parents. *Social Work*, 42, 125-134.
- Dobrof, R., & Litwak, E. (1977). *Maintenance of family ties of long-term care patients: Theory and guide to practice* (DHEW Publication No. [ADM] 77-400). Washington, DC: Government Printing Office.
- Facio, E. (1997). Chicanas and aging: Toward definitions of womanhood. In J. Coyle (Ed.), *Handbook on women and aging* (pp. 335-350). Westport, CT: Greenwood.
- Finley, N., Roberts, M., & Banahan, B. (1988). Motivators and inhibitors of attitudes of filial obligation toward aging parents. *The Gerontologist*, 28, 73-83.

- George, L., & Gwyther, L. (1986). Caregiver well-being: A multidimensional examination of family caregivers of demented adults. *The Gerontologist, 26*, 253-259.
- Glenn, E. (1992). From servitude to service work: Historical continuities in the racial division of paid reproductive labor. *Signs, 18*, 1-43.
- Hagestad, G. (1994). The family: Women and grandparents as kin-keepers. In H. Moody (Ed.), *Aging: Concepts and controversies* (pp. 149-152). Thousand Oaks, CA: Pine Forge Press.
- Harootyan, R., & Vorek, R. (1994). Volunteering, helping, and gift giving in families and communities. In V. Bengtson & R. Harootyan (Eds.), *Intergenerational linkages: Hidden connections in American society* (pp. 77-111). New York: Springer.
- Henderson, J., & Gutierrez-Mayka, M. (1992). Ethnocultural themes in caregiving to Alzheimer's disease patients in Hispanic families. *Clinical Gerontologist, 11*(3-4), 59-74.
- Johnson, C. (1983). Dyadic family relations and social support. *The Gerontologist, 23*, 377-383.
- Jordan, J. (Ed.). (1997). *Women's growth in diversity: More writings from the Stone Center*. New York: Guilford.
- Jordan, J., Kaplan, A., Miller, J., Stiver, I., & Surrey, J. (Eds.). (1991). *Women's growth in connection: Writings from the Stone Center*. New York: Guilford.
- Miller, B. (1990). Gender differences in spouse management of the caregivers' role. In E. Abel & M. Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 92-104). Albany: State University of New York Press.
- Mui, A. (1995). Caring for frail elderly parents: A comparison of adult sons and daughters. *The Gerontologist, 35*, 86-93.
- Robinson, B., & Thurnher, M. (1979). Taking care of aged parents: A family cycle transition. *The Gerontologist, 19*, 586-593.
- Selig, S., Tomlinson, T., & Hickey, T. (1991). Ethical dimensions of intergenerational reciprocity: Implications for practice. *The Gerontologist, 31*, 624-630.
- Stone, R. L., Cafferata, L., & Sangl, J. (1987). Caregivers of the frail elderly: A national profile. *The Gerontologist, 27*, 616-626.
- Surrey, J. (1991). The self-in-relation: A theory of women's development. In J. Jordan, A. Kaplan, J. Miller, I. Stiver, & J. Surrey (Eds.), *Women's growth in connection: Writings from the Stone Center* (pp. 51-66). New York: Guilford.
- Toseland, R., & Smith, G. (1991). Family caregivers of the frail elderly. In A. Gitterman (Ed.), *Handbook for social work practice with vulnerable populations* (pp. 549-583). New York: Columbia University Press.
- Townsend, A., Deimling, C., & Noelker, L. (1988, November). *Transition to nursing home care: Sources of stress and family members mental health*. Paper presented at the 41st annual meeting of the Gerontological Society of America, San Francisco.
- Turner, C. (1997). Clinical applications of the Stone Center theoretical approach to minority women. In J. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Center* (pp. 74-90). New York: Guilford.
- Yee, B.W.K. (1990). Gender and family issues in minority groups. *Generations, 14*, 39-42.

Zarit, S., Todd, P., & Zarit, J. (1986). Subjective burden of husbands and wives of caregivers: A longitudinal study. *The Gerontologist*, 26, 260-266.

Patricia J. Kolb, Ph.D., is an assistant professor in the Department of Sociology and Social Work at Lehman College, City University of New York, 250 Bedford Park Boulevard West, Bronx, NY 10468.