

RESEARCH ON OLDER FAMILIES WHEN MORE THAN ONE MEMBER RESPONDS: Producing and Interpreting Findings

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ABSTRACT: *This article draws on data collected from a very old parent and two of her or his adult children in 20 older families to show how different strategies for analyzing data produce different images of families. The findings produced by means of five different analytical techniques are presented and compared. The degree to which each captures the reality of these older families is evaluated. The intent of the article is not to present findings but to show how different methods of data collection and analysis create different images of older families.*

The research literature on older families has grown considerably in the last decade (Brubaker 1991; Mancini and Bleiszner 1991) and has typically focused on the family member designated as the "primary caregiver," usually a daughter (Abel 1989; Horowitz 1985). Occasionally, however, both members of the intergenerational dyad have been interviewed, usually a daughter and her widowed mother (Brody 1985; Walker and Thompson 1983). Less often, siblings of the primary caregiver have been included as well (Brody et al. 1989; Townsend and Poulshock 1986). In moving from the individual

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to the family as the focus, researchers not only must come to terms with the fact that family members are likely to see things differently by virtue of their different locations within the family. They also must decide how best to describe families in a way that conveys what the reality of those families is like (Sprey 1990).

This article examines a variety of ways that reports from more than one family member may be analyzed *to produce* findings about older families. For illustration, it draws on data collected from a very old parent and two of her or his adult children in 20 families. The findings produced by means of five different analytical techniques are presented and compared. The reported findings, then, are not important in their own right but as examples of how different methods of data collection and analysis *create* different images of older families.

The five techniques are, in order of presentation, the paired *t*-test, the Wilcoxon matched-pairs signed-ranks test, a typological analysis, qualitative analysis guided by the results of the typological analysis, and inductive qualitative analysis. The results of the paired *t*-test are presented first because, of the five, it is the one most likely to be employed due to the type of data that researchers typically analyze—answers on at least an ordinal scale to fixed-choice questions. The results produced by the other techniques are then compared primarily with it, but also with one another. These specific techniques are not intended to be exhaustive but illustrative. There is no doubt that others would produce different results. The focus here is not on the findings per se but on a comparison among the different images of reality that these (and presumably other techniques would) produce.

It is important to note at the outset that using members' views to describe family reality is not the focus of most studies in which more than one family member is interviewed. In some cases, the data provided by the parent are used simply to describe (cf. Montgomery et al. 1988-1989; Stoller 1983) or to explain the adult child's situation or viewpoint (cf. Sharlach 1987; Gottlieb and Feilolter 1985). In others, data collected from the family members are treated in analysis as if they were collected from independent groups (cf. Brody et al. 1984; Markides and Vernon 1984). In such cases, the individual remains the focus, although the discussion of findings may make it appear to be the dyad. Only research in which an attempt is made to bring together the views of two or more family members in order to understand familial reality is of interest here, although the issues raised also apply to research in which only one family member is interviewed.

RESEARCH DESIGN AND DESCRIPTION OF FAMILIES

The family members used to illustrate the different techniques participated in two independent studies that included 60 respondents from 20 families. The 20 parents participated in a longitudinal study of the coping resources of the oldest-old. None was living in a nursing home during the eighteen-month span of the study. Permission to contact two of their adult children was obtained from those old parent respondents whose family structure made their children candidates for inclusion in a study of filial responsibility. Adult children who agreed to participate were interviewed a few months after the final interview of their parents.

The face-to-face interview conducted with the old parents consisted primarily of fixed-choice questions and was conducted four times at six-month intervals. Approximately ten open-ended questions were interspersed throughout the interview each time. Answers to these questions from all four time waves were reviewed in order to maximize the amount of information available from each parent.

The adult children participated in a study of the ways adult siblings share filial responsibility. After completing a written questionnaire, each sibling responded to open-ended questions asked in a face-to-face interview, or, for out-of-town children, over the telephone. He or she was encouraged to describe the parent's situation and the effects of having an old parent on him or her as well as on his or her siblings. Interviews typically lasted an hour or longer and responses to questions were written as near to verbatim as possible. Both the parents' and the adult children's answers to these open-ended questions were subjected to qualitative analysis.

In addition, parents and their adult children were asked eleven identical questions about activities of daily living (ADLs). Only the parent's time-four data are used.¹ The ability to perform the eleven activities of daily living was rated by parents and their two adult children using a three point-scale: 1—without help, 2—with some help, and 3—not without help. The higher the score, the greater the need for assistance with a task.

At the time of the fourth interview, the 17 mothers and 3 fathers ranged in age from 87-92, with a median age of 88.5 years. Sixteen were widowed, 3 were married, and one was divorced. Four mothers lived with one of the respondents. In all but one family the parent lived within 25 miles of at least one of her or his children and in 14, the parent lived within 55 miles of both adult children in the study.

Of the 40 adult-child respondents 13 are daughters and 27 are sons—13 sister-brother pairs and 7 brother-brother pairs. They ranged in age from 48 to 73, with a median age of 59. Members of 13 pairs lived within 55 miles of one another. Twenty-eight of the adult-child respondents were married at the time of the interview. Twenty-six had at least a bachelor's degree. On a seven-point scale of occupational status, 24 were coded in the three highest categories.

The adult children were in frequent contact with their parents. Twenty-seven adult children had visited their parent within the two weeks prior to completing the questionnaire. When asked more generally about frequency of interaction, three-quarters reported visiting their parent at least once a month, with over three-fifths reporting at least once a week. Of the 36 adult children who did not live with their parent, three-fourths reported telephoning her or him at least weekly, with 7 reporting daily.

For some of the analytical techniques, comparisons are made between the parent and each adult child and between the two adult siblings. One adult child from each family comprise the category identified in the tables as Child 1 and their siblings comprise the category identified as Child 2. The former includes the 13 daughters from the sister-brother pairs and 7 of the sons from the brother-brother pairs. The latter contains 20 sons/brothers. One brother who had recently re-established telephone contact with his family after a long hiatus did not provide answers to the items about his mother's ADL abilities. Some of the comparisons on the ADL items, then, are based on the responses of members of 19 families.

TECHNIQUES THAT CONTROL FOR LACK OF INDEPENDENCE

One of the cardinal rules for most statistical tests is that the units that are being measured must be independent. When data are collected from family members, this rule is violated. Statistical techniques that *control* for this are indicated and the question becomes whether dyad members' responses on average are statistically significantly different from one another. Two techniques that control for non-independence are the paired *t*-test for interval-level variables and the Wilcoxon matched-pairs signed-ranks test for ordinal-level variables. A decision about which to use is to be made on the basis of assumptions required for the statistical technique (Kenny 1988). Often, however, the argument is made that violating the assumption that measurement is at the interval level by using ordinal-level variables is unlikely to affect the *statistical* results. As will become evident below, the choice may be recommended for other reasons.

Using the paired *t*-test, parents' assessments of their ADL abilities were contrasted with each of their adult children's assessments of those abilities, and the two adult siblings' assessments were compared. Results, shown in Table I, indicate that there are significant differences between adult children's and parents' evaluations of a parent's ability to perform many of the ADL tasks but that there are no significant differences between siblings. The image of these older families is of adult children who agreed with one another but not with their parent about their parent's functional abilities. Furthermore, the adult children agreed that their parent was less able than the parent considered him or herself to be.

One interpretation of these findings might be that the parent is deluded about her or his abilities to perform activities of daily living or about the amount of help he or she is receiving from others (cf. Townsend and Poulshock 1986). Instead of relying on post hoc explanations, a researcher with appropriate data might be able to pursue in analysis explanations for *why* children describe their parents as more dependent than the parents describe themselves.

TABLE 1
Paired *t*-Test for Differences Between Parents and Two Adult Children on ADL Tasks
(N = 19)

ADL Tasks	Parent		Child 1		Child 2		<i>t</i> -values		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>P</i> x <i>C</i> 1	<i>P</i> x <i>C</i> 2	<i>C</i> 1x <i>C</i> 2
Uses phone	1.00	.00	1.58	.61	1.47	.61	-4.16*	-3.38*	1.00
Walks far	1.37	.50	2.32	.88	2.21	.92	-5.86*	-4.40*	-1.00
Shops	1.47	.61	2.05	.91	2.00	.94	-3.28*	-3.29*	.25
Fixes meals	1.10	.32	1.52	.70	1.47	.70	-3.02*	-2.69*	.44
Cleans house	1.63	.68	1.58	.69	1.63	.76	.37	.00	-.37
Takes meds	1.10	.32	1.26	.56	1.42	.77	-1.37	-2.36*	-1.00
Handles money	1.16	.50	1.58	.77	1.42	.77	-3.02*	-1.56	.90
Feeds self	1.05	.23	1.10	.32	1.05	.23	-.57	.00	1.00
Dresses	1.00	.00	1.42	.51	1.37	.50	-3.62*	-3.24*	.57
Grooms	1.05	.23	1.37	.60	1.32	.58	-2.36*	-2.04	.44
Bathes	1.42	.51	1.58	.77	1.58	.84	-1.37	-1.14	.00

* *p* < .05

Although tangential to the focus of this article, it is worth noting that when a non-paired *t*-test was used, results indicated seven fewer significant differences than was the case for the paired *t*-test. This is an inappropriate statistical test because observations are not independent. In line with Glass and Polisar's critique (1987), a review of the studies in which more than one family member was interviewed revealed a surprising number of research reports that used it and other non-paired tests (cf. Brody, Johnsen, and Fulcomer 1984; Brody et al. 1983; Brody et al. 1989; Markides and Vernon 1984). Brody et al. (1984, p. 739), for example, after collecting data from members of three generations within families, intentionally discard the fact that the women were related to one another:

Intergenerational correlations (i.e., between the responses of pairs of related women) were examined to determine the strength of intrafamilial transmission of opinions and preferences. Because of the low correlations (only 12 of 210 possible correlations were significant at the .01 level), the responses of the entire sample were treated statistically as independent observations.

Treating each generation of women as an independent group, which the researchers then do by using analysis of variance, treats as irrelevant the fact that related women comprised the sample. Not only is use of such statistical techniques questionable, but a comparison of the results of the paired *t*-test with those of the non-paired *t*-test for the families who participated in the research reported here, indicates that findings are likely to be invalid.

The second technique employed to control for the fact that members of the same families were interviewed is the Wilcoxon matched-pairs signed-ranks test. This is an appropriate technique for the level of measurement of these variables. The ADL tasks for which there is a statistically significant difference between pair members are exactly the same as the results of the paired *t*-test (see Table 2). It might be argued, and often is, that the Wilcoxon matched-pairs signed-ranks test and paired *t*-test are essentially equivalent. The image of family reality, however, is somewhat different because the statistical test produces different information. An examination of the number of ties between members of each dyad indicates that except for two items—walks far and shops—at least half of the members of the parent-child dyads agree with one another about the status of the parent. The conclusion that siblings *typically* agree with one another and not with their parent appears erroneous. Furthermore, the high percentage of “ties” between the parent and his or her children questions the wisdom of speculating or pursuing analysis about why the children are in agreement with one another but not with their parent. Not only on statistical grounds, then, but also on conceptual grounds, it can be argued that this latter test is preferable because it depicts these families more “realistically.”

These two techniques *control* for the fact that respondents are not independent. Other techniques create variables to describe dyads and triads. The Wilcoxon matched-pairs signed-ranks test does this to a degree because the distributions of the dyads among three categories—tied, less than, greater than—are reported for each task. The technique discussed below does this more explicitly.

TABLE 2
Wilcoxon Matched-Pairs Signed-Ranks Test for Differences Between Parents and Two Adult Children on ADL Tasks

ADL Tasks	Parent-Child 1 (N = 20)					Parent-Child 2 (N = 19)					Child 1-Child 2 (N = 19)				
	Ties	C < P	C > P	Z-score	Ties	C < P	C > P	Z-score	Ties	2 < 1	2 > 1	Z-score			
Uses phone	10	0	10	-2.8031*	11	0	8	-2.5205*	15	3	1	-0.9129			
Walks far	6	0	14	-3.2958*	5	1	13	-2.9505*	18	1	0	-1.0000			
Shops	9	1	10	-2.4895*	8	1	10	-2.4450*	13	3	3	-0.3145			
Fixes meals	13	0	7	-2.3664*	13	0	6	-2.2014*	14	3	2	-0.4045			
Cleans house	13	4	3	-0.3381	13	3	3	-1.0000	12	3	4	-0.3381			
Takes meds	15	1	4	-1.2136	14	0	5	-2.0226*	13	2	4	-0.9435			
Handles money	13	0	7	-2.3664*	14	1	4	-1.4832	14	4	1	-0.8090			
Feeds self	17	1	2	-0.5345	17	1	1	-1.0000	18	1	0	-1.0000			
Dresses self	12	0	8	-2.5205*	12	0	7	-2.3664*	19	2	1	-0.5345			
Grooms	15	0	5	-2.0226*	15	0	4	-1.8257	14	3	2	-0.4045			
Bathes	15	1	4	-1.2136	12	2	5	-1.0142	15	2	2	-0.0000			

* p < .05

CONSTRUCTING VARIABLES TO DESCRIBE DYADS AND SYSTEMS

Some researchers move from the individual as the unit of analysis by combining data from two or more members to construct variables that describe dyads or systems (cf. Thompson and Walker 1984; Walker and Thompson 1983; Walker et al. 1989). Mangen and McChesney (1988) describe this as a typological procedure.

Using this approach, comparisons were made among the three family members for each of the eleven tasks. For each family each task was coded as “siblings agree that the parent is worse than parent thinks he or she is;” “siblings and parent agree about parent’s ability;” and “mixed”—which includes cases in which a parent and a child agreed with one another and not with the other child; all three disagreed; and those in which the parent said that she or he needed more help than at least one of the children said that he or she did. For each family, the codes for the eleven tasks were examined to determine the amount of agreement among the three family members on all tasks. The 20 families were then sorted into three categories according to level of agreement across all eleven tasks. In the first (designated A in Table 3) are those in which the

TABLE 3
Classification of Families into Categories of Agreement

		<i>Number of tasks on which</i>		
		<i>All agree</i>	<i>Siblings disagree with parent</i>	<i>All disagree, one sibling agrees with parent</i>
<i>Family</i>				
Siblings Disagree with Parent on Five or More Tasks				
n = 5	A1	2	9	0
	A2	3	7	1
	A3	1	6	4
	A4	2	6	3
	A5	4	5	2
Siblings and Parent Mixed				
n = 9	B1	4	3	4
	B2	7	3	1
	B3	6	2	3
	B4	8	2	1
	B5	7	2	2
	B6	5	2	4
	B7	3	1	7
	B8	5	1	5
	B9	1	1	9
Siblings and Parent Agree on at Least Ten Tasks				
n = 5	C1	11	0	0
	C2	10	0	1
	C3	11	0	0
	C4	11	0	0
	C5	10	1	0

two children agreed for five or more tasks that the parent required more help than the parent felt he or she did—the image of families produced by the paired *t*-test. At the other extreme is the category in which all three members, with only one or two exceptions, agreed about the parent's ability to perform the ADL tasks (designated C in Table 3). And in between are the families in which the pattern of agreement/disagreement was mixed (designated B in Table 3). The results of this analysis, presented in Table 3, indicate that only 5 of the families (approximately 25 percent) fit the image created by the paired *t*-test and that in an equal number of families the three members agree with one another on almost all of the tasks. The typological analysis, then, does not suggest that *typically* the adult child generation had a more negative view of their parent's ability than the parent had.

These three categories were constructed solely on the basis of level of agreement for the eleven tasks among the three family members. Whether they agreed, for example, that the parent required no assistance or that he or she could not perform a task without assistance, was not a consideration. Going one step further to examine the *content* of agreement indicates that what distinguishes the three categories is whether the three members believed the parent required any help. In the five families in which all members agreed with one another on almost all tasks, they agreed that the parent had no difficulty performing any ADL task. In the five families in which the children agreed that the parent required more help than the parent said that she or he needed (category A), the differences of opinion were not between the parent's assertion that he or she was completely independent and the children's that she or he required help, but between the parent's assertion that he or she could accomplish a task "with some help" and the children's assessment that the parent could not do it without help. Children and their parent in fact are in agreement that the parent requires help. Their disagreement lies in how much help is required. The availability of qualitative data made it possible to explore this further.

QUALITATIVE ANALYSIS

Two different strategies for qualitative analysis were employed. First, the results of the typological procedure were used to guide analysis of the open-ended questions. Second, an inductive analysis was conducted to identify important themes irrespective of the results of the analyses reported above. Each of these is discussed in turn below.

In touting the potential benefits of typological analysis, Mangen and McChesney (1988, p. 220) suggest,

One application of typological procedures that warrants examination employs in-depth, exploratory qualitative interviews with a limited subsample of families closest to each type's centroids. By focusing on the "most typical" case, and guided by an understanding of the existing patterns that characterize each family, qualitative interviews can explore the underlying rationales and family histories that lead to the development of each family cluster.

Although the number of families is too small to identify a "centroid," it was possible to review the families in each category in order to discover what might account for

the observed pattern. An examination of the qualitative data supports the typological analysis, that the functional health status of the parent—his or her ability to do the ADL tasks and live independently—apparently is the major underlying dimension that separates the triads into three categories of level of agreement.

As an example of a family categorized in Table 3 as one in which the children agreed that their parent needed more help than she or he said was required, the daughter in family A1 said of her 88-year-old mother,

My mother and I live together. She has many health problems. She's a very independent woman. That could be a problem because she doesn't want to accept the fact that she's as infirm as she is.

Her brother's view of the mother's situation was similar:

She's too proud and won't use a wheelchair. [She] uses a walker. She's legally blind, I believe. She's depressed because of inactivity and she feels she's a burden on everyone. She doesn't know why she's alive when there are so many young ones dying. She's very depressed and feels she has outlived her usefulness. She is an immaculate woman and the fact that she can't control her bowels or urine is very upsetting and that's why she travels very, very little.

Asked what she liked about her age, their mother responded:

I don't like nothing. I can't do nothing. Before I could work. Now I can't. . . . I can't do what I want to do. I can't do all the housework and I can't get out on my own.

All three members of the family, then, agree that the parent is very dependent even though their responses to the fixed-choice ADL questions indicated apparent disagreement.

Family B2 exemplifies the "mixed" type. One son described their mother as relatively independent:

She's in pretty good shape. She has the normal maladies of aging. Her hearing is failing, her eyesight is failing, she has heart and blood pressure problems. . . . She's not in severe ill health, but she's not in great health either. She gets forgetful, but, no, she's remarkable. She's totally self-sufficient. She can get her own groceries and stuff, not a big grocery trip but if she needs a quart of milk or something she can walk to the store. She doesn't drive anymore or anything like that. But I think she's self-sufficient.

Her other son concurred:

She has lived in an apartment for 22 years. She is independent and is becoming more feeble in the past two years.

Their mother, asked what she disliked about her age, responded:

The inactiveness. I never was real energetic but I wish I could get out more. I did drive up until 6 years ago, but I got unsure of myself, my eyes and my hearing.

I didn't want to risk an accident. Plus I didn't want the responsibility of a car anymore. But then you have to depend on others. You miss it [the car]. I don't like to ask favors from anybody.

This mother, then, typical of parents in this category of agreement, is no longer completely—but still relatively—independent.

As an example of a family in which all agree, one brother in Family C2, whose mother was 87, described her situation:

Up to this point within the last year we haven't had anything [i.e., problems]. She's been pretty mobile, pretty social—has had a number of cronies for a number of years. She's been living alone the last year. Up until last year she had a roomer but he died. . . . She has aches and pains, the usual stuff. Either long-standing emotional stuff or long-standing physical stuff she's learned to endure. . . . very opinionated, very inflexible, but very gutsy, independent.

His brother's assessment was similar:

She's living in own home and is in not bad health, considering her age. Emphysema, some hearing loss, some arthritis. Takes care of herself. . . . Still drives. Drove down to (town 60 miles away) last Christmas!

Their mother, asked how she felt about being her age, responded, "I felt fine until you people came. I never thought about my age until these questions." Asked what she liked and disliked about being her age, she replied,

"I like having my health and being intellectually normal. I like that the best. . . . The part I dislike is having to be so cautious about walking, and my legs get numb."

These representative families provide evidence that the underlying dimension that separates the three categories is not amount of agreement but the parent's functional health status. Regardless of the category into which they were classified, family members agree about the parent's functional ability.

The parents' answers to open-ended questions and the interviews with the adult children also were subjected to qualitative analysis prior to doing any other analyses. Disagreement between a parent and his or her children about a parent's functional abilities was not one of the themes that emerged from the data. Rather, the "protective" category of caregiving identified by Bowers (1987) is evident in these families. That is, the actions of adult children as described by them can be characterized as protecting "the parent from awareness that she or he was being taken care of" (p. 27). A good illustration of this is found in Family B5 in which the daughter describes her mother:

I live with my mother. This is her home. She does her own laundry, her own cleaning and still washes windows. She does all the cooking. I don't cook. She has heart trouble and a touch of sugar—not too bad. She's very alert.

Later in the interview she described what she did for her mother:

I take her to the doctor. I take her visiting to friends and grandchildren. I help with the housework. If she doesn't feel too good, I help her. When she goes upstairs I walk behind her to make sure she doesn't fall. I do her hair . . . I do her shopping, pay bills, and do banking.

Her mother described herself during her fourth interview,

I feel good—as long as I can help myself. I didn't want to be a burden to anyone. So far I don't need any help.

Reviewing the data specifically for evidence that the children were in agreement with one another that their parent was more dependent than the parent's own assessment did not suggest that a major theme had been overlooked in the initial analysis. One exception was the son in Family A3 who reported, "We [mother and son] are in disagreement on her health. She sees her health as much worse than we [brother and sister] see it." The differences between the two children's assessment and that of their mother is not in the predicted direction. Another possible exception is Family A4 in which the mother (and father), who had moved to a retirement community before her third interview, said, "I miss my home very much. The boys told us it was time to move, and I agreed, but my heart misses that beautiful old home." The account of one of her sons was somewhat different: "They were reluctant to leave their house. They had been thinking of it for ten years. Then when they decided, they did it in a hurry." There was very little evidence, then, in the siblings' interviews that they were more negative than their parent in their evaluations of their parent's abilities and the parents did not indicate that their children were attempting to "infantalize" them. The image of family reality produced by the paired *t*-test finds little if any support in the inductive qualitative analysis.

CONCLUSION

Using a non-random sample of 20 older families in which data were available from three members, this article presented the results of analysis using five different techniques to demonstrate that, rather than simply reporting findings, researchers produce them. Each of the analytical strategies illustrated here produced different images of the older families. The results of the paired *t*-test made intuitive sense, but the image of the family it created did not stand up well when compared even to the Wilcoxon matched-pairs signed-ranks test. Although the statistically significant differences were exactly the same for the two techniques, the latter provided enough additional information to indicate that the relationships among family members were more harmonious than was depicted by the paired *t*-test. The typological analysis made it possible to see that a parent's functional health status in and of itself, not differences of opinion, was the critical underlying dimension. The guided qualitative analysis supported this, while the inductive qualitative analysis indicated that agreement about functional health status was not an important theme.

In capturing the reality of these older families in the presentation of research findings, the paired *t*-test was the least useful and, in the absence of qualitative data, the typological analysis the most, with the Wilcoxon matched-pairs signed-ranks test falling in between. The results of the guided analysis of the qualitative data serve the important function of pointing to the "underlying rationales" (Mangen and McChesney 1988) of the typological analysis while the results of the inductive qualitative analysis questioned whether level of agreement was an issue at all.

In their article on conceptual and methodological issues in using the dyad as the unit of analysis, Thompson and Walker (1982, p. 892) write,

Data analysis is often the final and fatal snag in much of the current dyadic research. Two major weaknesses exist: data from both members of the pair are aggregated rather than reflecting the pattern between people; and the conceptual underpinnings of the constructed relationship pattern are not clear.

In the years since this appeared, more attention has been paid to avoiding the pitfall associated with inappropriately aggregating data. Choosing statistical techniques which take into account that family members are not independent units and constructing family-level variables can be relatively easily accomplished. Less attention, however, has been paid to the "conceptual underpinnings of the constructed relationship." Do these "appropriate" techniques accomplish the goal of conveying the reality of older families?

Richard Rorty has written, "The world is out there, but descriptions of the world are not" (cited in Sprey 1990, p. 10). By comparing five ways to analyze data—each of which produced a different image of the reality of older families—this article is intended to encourage researchers to think carefully about whether the methods they employ to create those descriptions are consistent with the "world out there."

Findings are not merely representations but constructions of the social world. Family researchers produce images of families in part through the methods and data-analytical techniques that they employ. These images, in turn, may become the bases for social policies and for the way elderly parents and adult children evaluate their own familial behavior. It is important, then, for researchers in constructing these images to present the most realistic picture that they can. This may be accomplished through the use of "triangulation" (Denzin 1989), that is, collecting different types of data, with each used to inform the other(s), as in the research described here. In the absence of different types of data, extreme caution should be exercised in interpreting findings after the fact. Often even the most structured interview data offer ways to evaluate interpretations through additional analysis, an opportunity often foregone because findings seem reasonable to the investigator. In research reports, a section "explaining" why the results "make sense" might be replaced with a discussion of how other analyses of the available data provide evidence that the findings are a realistic image of older families.

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NOTE

1. Time elapsing between the parent's last interview and the interview with the second child ranged from 120 to 276 days, with a mean of 203 days. The adult children's interviews were read carefully to determine whether changes had occurred since their parents were interviewed. Most references to change were to events that happened during or before the 18 months that the parents had participated in the research. The three exceptions included a mother who had moved to a retirement community after she was last interviewed and before her children completed their interviews. The second was a mother who had spoken in all four interviews of her desire to have her demented sister come to live with her. The sister had in fact moved in with her between her interview and her children's. The third was a mother whose ailing second husband died after interviews with herself and one child, but before completion of the second child's interview. The paucity of change eliminates one explanation for the findings reported below, that is, that the parent's functional health status had become worse during the time that elapsed between interviews.

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