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Redressing Inequity in Parent Care Among Siblings

When inequities occur in the division of labor among adult siblings caring for older parents, conflict may result. This paper uses equity theory as a framework for understanding the processes used by siblings to rectify imbalances in their parental responsibilities. The study is based on a sample of 40 focus group participants who described caregiving relationships among siblings. Consistent with equity theory, these participants used two approaches to redress inequities in their sibling caregiving relationships: requesting behavioral changes from siblings and making cognitive changes. The findings suggest that these two approaches can result in more perceived equity but may also lead to even greater perceived inequity and distress.

Siblings may move apart both geographically and emotionally during their young adult years. How-

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ever, the illness of an aging parent can signal a new phase in the relationships among adult siblings who must confront the issue of providing parent care (Connidis, 2001). Unfortunately, many siblings do not assume a fair share of the caregiving tasks, and instead, one sibling typically provides more care than the others (Cicirelli, 1992; Suito & Pillemer, 1996). More-involved siblings may experience frustration and anger toward those who are less involved in caregiving (Strawbridge & Wallhagen, 1991), whereas the less-involved siblings may feel guilty about not assuming their fair share of responsibility (Brody, 1990). Both those who are more involved and those who are less involved may feel distressed and take steps to change the situation. In this paper, we examine inequalities in parent care responsibilities and illuminate ways in which siblings seek to redress this imbalance.

Sibling relationships comprise an area of gerontological study that has been criticized for its atheoretical approach (Cicirelli, 1991). Equity theory (Walster, Walster, & Berscheid, 1978) provides a useful framework for understanding these relationships. Because it emphasizes perceptions of the relative contributions, costs, and rewards involved in social transactions, equity theory has particular relevance to issues of fairness among sibling caregivers. Two propositions from this theory (Hatfield, Traupmann, Sprecher, Utne, & Hay, 1985; Walster et al., 1978) are especially appli-

cable to caregiving situations in which siblings are involved. The first is that inequitable caregiving relationships result in feelings of distress. This proposition holds that when people feel they are giving more than others in a transaction, they will become resentful and angry. Further, when individuals feel that they are giving less than others, they will feel guilty. The second proposition is that individuals will seek to eliminate the distress of inequitable relationships by attempting to restore equity.

Equity theory has been applied to a variety of intimate relationships in later life. For example, researchers have used equity theory to examine the relationships among older spouses (Ingersoll-Dayton & Antonucci, 1988; Keith & Schafer, 1985); among older parents and their adult children (Beckman, 1981; Ingersoll-Dayton & Antonucci, 1988); and between older friends (Roberto & Scott, 1984–1985, 1986; Rook, 1984). Although there is a body of research on adult sibling caregivers, only a few attempts (e.g., George, 1986; Lerner, Somers, Reid, & Tierney, 1989) have been made to apply equity theory to relationships among siblings caring for aging parents. In the section that follows, we use the two propositions from equity theory, as described above, to organize the findings from existing research on adult sibling caregivers.

INEQUITY RESULTS IN DISTRESS

One body of relevant literature examines the distress experienced by siblings who assume the majority of caregiving responsibilities. Strawbridge and Wallhagen (1991) discovered that the greatest amount of conflict experienced by adult child caregivers was in relation to their siblings. Siblings' provision of an insufficient amount of help with caregiving was the most frequently mentioned reason for this conflict. Similarly, Brody (1990, p. 120) found that caregivers experienced considerable strain when their siblings failed to contribute "a fair share of parent care."

The distress experienced by the siblings who are more involved in caregiving can assume a variety of forms. Those more involved may experience diminished liking and respect for their less-involved siblings (Lerner, Somers, Reid, Chiriboga, & Tierney, 1991). Arguments can erupt over who should be helping to care for their parents (Merrill, 1997). When tensions become too intense, siblings sometimes stop interacting or even seek legal action against one another (Straw-

bridge & Wallhagen, 1991). Others obtain help from a professional counselor (Smith, Smith, & Toseland, 1991).

A few studies provide possible explanations for why siblings who are primary caregivers experience distress. For example, Merrill (1997) discovered that siblings who provided more help expected that their other siblings would feel an obligation to provide assistance. When help was not forthcoming, the caregiving siblings felt their brothers and sisters had "let them down" (p. 61). Similarly, Sutor and Pillemer (1993, 1996) determined that caregiving siblings were disappointed when their siblings were not helpful because these were the family members upon whom they expected to be able to depend.

A smaller body of literature examines the distress experienced by the siblings who are less involved in caregiving. A common feeling expressed by those who are secondary, or back-up, caregivers is guilt (Brody, 1990). Interestingly, less-involved siblings may be particularly sensitive to issues of inequity among their siblings. George (1986) found that secondary caregivers expressed anger and resentment toward siblings who were providing even less help than they were. In addition, they were frustrated with the siblings who provided more care, because they viewed these siblings as unwilling to relinquish their decision-making powers and include others in the decision-making process. Moreover, Brody, Hoffman, Kleban, and Schoonover (1989) found that adult children who provided secondary care felt underappreciated for their contributions and resentful about the way in which their siblings who provided more care tried to make them feel guilty.

DISTRESS RESULTS IN EFFORTS TO RESTORE EQUITY

According to equity theory, individuals who are distressed by imbalanced relationships will attempt to restore equity and thereby eliminate their distress. The process of equity restoration can occur in two distinct ways. One way is by changing one's own behaviors and/or those of the other person involved in the exchange. The second way is by changing one's own perceptions of the situation. Walster et al. (1978) refer to these two methods as restoring *actual equity* and *psychological equity*, respectively. The term *restoring equity* suggests that equity existed previously. However, within the long-term relationships of siblings, it is

possible that equity in caregiving never existed. Therefore, we use the term *forging equity* to be more inclusive of both situations in relationships among adult siblings. Only a few studies provide insight into how the process of forging equity may occur among sibling caregivers.

Forging Actual Equity

Merrill's (1997) study of caregiving among middle and working class families described strategies used by primary caregivers to encourage the participation of their siblings. Specifically, the more-involved siblings hinted to their less-involved brothers and sisters that they needed more help. In addition, they requested help directly from their siblings; and, if necessary, they demanded help. From an equity theory perspective, these strategies could be considered attempts on the part of the primary caregiver to achieve actual equity within their sibling network.

Forging Psychological Equity

The sibling research relevant to forging psychological equity also focuses on primary caregivers. Cicirelli (1992) discovered that many siblings (79%) were engaged in an inequitable distribution of parent care responsibilities. However, only a small proportion (37%) actually considered this distribution to be unfair. Cicirelli (p. 179) surmised that siblings' acceptance of unfair caregiving arrangements was based on a number of *complex considerations* (e.g., the employment responsibilities of their siblings) used to assess fairness within the caregiving relationship. Similarly, Brody (1990) observed that the distribution of labor among siblings was rarely equal. Nevertheless, if a sibling perceived the others as willing to do what they could, then she assessed the caregiving situation as fair. This observation that siblings include a variety of factors in their calculations of equity is consistent with the concept of forging psychological equity. Lerner et al. (1991) provide further evidence of this phenomenon. They suggest that as a way of maintaining feelings of solidarity with their siblings, those who felt they provided more than their fair share of care tried to persuade themselves that their siblings were also making an effort to help.

The research reviewed above highlights the distress that can result from an inequitable distribution of caregiving responsibilities among siblings. This literature also suggests that siblings of-

ten desire more actual equity in the distribution of caregiving tasks. As yet, however, we have little understanding of the processes by which siblings redress such imbalances. In the present study, we use the concept of forging equity to illuminate the ways in which caregivers try to change the behaviors of their siblings and/or their own perceptions of the caregiving situation. Further, we add to the existing literature by examining both siblings who are more involved and those who are less involved in parent care to identify how they forge equity in imbalanced caregiving relationships.

Because the concept of forging equity has not been applied to sibling caregiving, we have limited knowledge concerning the pertinent areas to examine. Qualitative research is particularly useful in such an instance for at least two reasons. First, the open-ended nature of the questions encourages more spontaneous answers and allows research participants to describe facets of their lives that may expand upon the initial focus of the research (Siegel, Dean, & Schrimshaw, 1999). Second, qualitative research enables researchers to identify relevant new domains of inquiry by exploring how individuals perceive and interpret their social world (McCracken, 1988; Miles & Huberman, 1994).

The data for this study were collected using focus groups. The give and take among participants in a focus group results in unprompted responses that might not occur in interviews with individual participants (Morgan, 1988). Thus the insights provided by focus groups are particularly well suited for exploring new areas of inquiry, such as redressing inequity among sibling caregivers. Further, the richness of qualitative data from focus groups allows us deeper insights into relationship dynamics that are important as we explore the applicability of equity theory to sibling caregiving.

METHOD

Sample

This study is part of a research project on employed couples with caregiving responsibilities for both children and older parents, or couples in the *sandwiched generation* (see Ingersoll-Dayton, Neal, & Hammer, 2001; Neal, Hammer, Rickard, Isgrigg, & Brockwood, 1999, for details). These couples were of particular interest because of their multiple roles (e.g., employee, spouse or partner,

parent, caregiver to an aging parent). The purpose of the larger, longitudinal, multimethod study was to examine the coping strategies used and the effects of these strategies as well as changes over time in role demands, on work-family fit, well-being, and work outcomes. Information from both members of each couple, rather than a single representative of the couple, was collected to provide a more complete picture of each family and to enable direct examination of the effects of one member's behaviors on the other. The present study uses data from the focus group phase of the larger research project.

Original focus group sample. Seventeen focus groups, with an average of four individuals per group, were convened in the Portland, Oregon, metropolitan area in the summer of 1997. Representatives of 38 dual-earner couples in the sandwiched generation participated. Both members of 25 couples attended, whereas 13 couples were represented by only one member; thus $N = 63$. Although the original design called for both members of each couple to participate, generally in separate focus groups held simultaneously, this proved difficult due to a variety of factors (e.g., sick children or parents, husband and wife working different shifts).

Participants were selected based on five criteria. First, both members of the couple spent a combined minimum of at least 3 hours per week caring for a parent, stepparent, or parent-in-law. A broad array of types of assistance was provided to parents (e.g., transportation, shopping, hands-on care, assistance with finances, home maintenance, and emotional support). Second, the couple had been married or living together for a minimum of 1 year. Third, one person in the couple worked at least 35 hours per week, and the other worked at least 20 hours per week. Fourth, one or more children 18 years of age or younger lived with the couple at least 3 days a week. Fifth, the couple had a combined household income of \$40,000 or greater. (This final criterion was stipulated because the project's primary funder, the Alfred P. Sloan Foundation, was specifically interested in middle- and upper-income dual-earner families.)

To aid in the development of a prototype sampling strategy for the national mailed survey to follow, three different recruitment methods were used to obtain the focus group sample. One method was to recruit potential participants via computer-assisted telephone interviewing (CATI) us-

ing a sample generated through random digit dialing. The second method was via CATI using a targeted list of phone numbers from households predicted to have at least one adult aged 30–60 years. The third method was via advertisements in local newspapers. These three methods resulted in 25%, 50%, and 25% of the sample, respectively.

Several strategies were employed to increase recruitment and participation. First, the focus groups were convened at the University's child development center, and on-site child care was provided at no cost to participants. Second, the stipulation that both members attend was relaxed. Third, a reminder call was placed on the day preceding the focus group. Finally, participants were given \$20 as a token of appreciation at the conclusion of the focus group session.

In each focus group, participants responded to a standard set of open-ended questions concerning the effects of caregiving demands on work, the effects of work on caregiving, and factors that helped or hindered their ability to combine work and family responsibilities. Each of the 17 focus groups was tape recorded and then transcribed.

Sibling focus group subsample. Although there were no specific questions about caregiving relationships among siblings, the sharing of care with siblings emerged as a topic of discussion in 16 of the 17 focus groups. In total, 40 participants (23 women and 17 men) spontaneously addressed this topic. Among these 40 participants, five individuals also described caregiving arrangements among the siblings of their spouses. The mean age of this subsample of sibling caregivers was 41 years. The average age of the elderly parent for whom a participant was providing the most care was 71 years. The participants provided 7 hours of assistance per week, on average, to either a parent (78%) or parent-in-law (22%).

Analysis Strategy

The data were analyzed in three stages. The first stage involved classifying siblings' caregiving relationships as equitable or inequitable. To accomplish this, data from the 45 sibling caregiving situations, which included the five instances of shared parental care among spouses' siblings, were examined. Those in which subjective feelings of fairness or equitable distribution of labor among siblings were expressed were coded as *equitable*, whereas those in which the opposite was expressed were coded as *inequitable*. The infor-

mation in the transcripts was sufficient to classify 43 of the 45 sibling caregiving situations as equitable or inequitable. Interrater reliability was 81% between two independent coders. Cases in which the coders disagreed or were undecided were discussed until consensus was reached; the agreed-upon code was then assigned.

During the second stage, a qualitative analysis was conducted to identify the themes that emerged related to sibling caregiving. Six themes were identified from the focus group transcripts: fairness/unfairness in the distribution of caregiving, negotiating the sharing of caregiving responsibilities, past changes in caregiving responsibilities, anticipated changes in caregiving responsibilities, support exchanges among siblings, and general feelings about siblings. The data then were coded according to these six themes using the Ethnograph (Seidel, Friese, & Leonard, 1995), a software package that organizes qualitative data for analysis.

The third stage examined the applicability of equity theory to our data on sibling caregiving. To accomplish this task, we focused our analysis on those themes that specifically related to issues of equity: fairness/unfairness in the distribution of caregiving responsibilities and negotiating the sharing of caregiving responsibilities. Although qualitative data analysis is generally used to develop theoretical frameworks, it can also be used to confirm the usefulness of existing frameworks (Miles & Huberman, 1994). In this final stage of our analysis, we focused on confirming and further explicating two concepts from equity theory: actual equity and psychological equity. Following the qualitative analysis methods of Miles and Huberman, we used a data matrix, a chart-like form, to facilitate data reduction and interpretation. Data from the two equity-related themes were transferred to the matrix and organized in relation to siblings' reactions to inequitable caregiving relationships as well as siblings' attempts to forge actual and psychological equity.

RESULTS

Almost two thirds ($n = 28$) of the 43 sibling caregiving relationships were inequitable; that is, the relationships were described as having an imbalanced distribution of labor among siblings. Only about one third ($n = 15$) of the relationships were equitable. Here we focus primarily on the sibling caregiving relationships that were characterized as inequitable. By scrutinizing these relationships,

we can illuminate siblings' reactions to inequity and, more importantly, the ways in which siblings attempt to achieve greater equity in parent care. Names and identifying information are omitted to protect confidentiality.

Reactions to Inequitable Caregiving

Siblings who described an imbalance in caregiving responsibilities reported feeling considerable distress. For example, a woman in one focus group had two sisters yet said that she provided the vast majority of care for their mother. One sister lived in another state, and, according to our participant, flew in once a year to help for a week and then left "for the beach." The other sister lived nearby but was only willing to take care of their mother's finances. Our participant appeared to be particularly upset with this second sister. In her words,

She does all the business part, but there are still times when it just pisses me off royally, and now that it's summer and I want to do weekend things with my family, it's really hard. It's real hard, because she doesn't want to. She feels imposed on during the summer to go 1 day a weekend.

Our participant confessed that she was straddling a "real thin line between just taking her head off some day, because I'm so mad at the inequity of it." She experienced an ongoing struggle between trying to accept her sister's limited willingness to help and becoming furious at her minimal caregiving.

Another focus group participant had an imbalanced caregiving relationship with her two brothers. One brother had no children, and the other brother had teenagers whom our participant thought could have assisted in caregiving but did not. Although our participant had three small children, she provided the majority of help to their mother. She spoke about her frustration over the fact that neither of her brothers helped care for their mother although their child-care responsibilities were negligible. Her distress was evident as she tried to articulate her feelings: "I get really . . . And I feel bad about it when I get really angry, and I'm like, 'Wait a second. Something's not fair here. I've got three young ones.'"

Here our focus group participant gave voice to a variety of feelings. Her frustration and anger were most obvious, but also evident was her guilt. Her change of topic between sentences suggested that this sister felt uncomfortable expressing neg-

ative feelings toward her brothers. Further, she stated that she felt badly when she became angry with them. This woman's situation illustrates the double jeopardy experienced by siblings who assume an unfair share of caregiving. On the one hand, they are angry at the inequity. On the other hand, they feel guilty about their negative emotions. Feelings of guilt are generally attributed to secondary caregivers (Brody, 1990). However, our study suggests that, at least in some cases, those who are primary caregivers may also experience guilt. One possible explanation is that when primary-caregiver siblings get angry with their less-involved siblings, they feel guilty because their negative emotions are inconsistent with the solidarity that they expect to feel with their siblings (Lerner et al., 1991).

These two cases provide support for equity theory by showing how perceived inequity in sibling caregiving relationships results in distress. The major contribution of the present research is toward understanding how siblings redress such imbalances in their caregiving relationships. In the sections that follow, we explore how siblings attempted to forge more balanced caregiving within their sibling network using two distinctly different methods. Using an equity theory perspective (Walster et al., 1978), we refer to these methods as actual equity and psychological equity.

Attempts to Forge Actual Equity

One method by which individuals tried to forge equity was to ask their siblings to change their level of involvement in caregiving. Generally, the participants who used this method were those who felt they were providing more care than their siblings. They were frustrated by their siblings' relatively low level of involvement and wanted them to assume more caregiving responsibilities. This desire for more sibling involvement was exemplified by one woman whose younger brother was willing to provide help to their mother but did not know how to help. Our participant attempted to forge actual equity by alerting her brother when their mother needed help and providing suggestions as to how he could be more involved in caregiving. In her words, "I have to kick him in the pants every once in a while." Invariably, however, he responded to her suggestions by following through and providing more care to their mother. Her attempts to bring about equity by asking for actual behavioral change had been so successful

that she added, "He and I can work together as a team pretty well."

When trying to forge actual equity, siblings made requests for different kinds of behavioral changes from their siblings. One kind of requested change was increased social support for the parent, as illustrated by the above-mentioned sister who asked her brother to visit their mother. When their siblings assumed more responsibility for visiting and providing companionship for parents, our participants were relieved from feeling that they needed to be totally responsible for the emotional well-being of their parent.

Another kind of requested behavioral change was for financial help. One participant whose brother provided minimal help reasoned that, if her brother was not going to help with the daily care, he should contribute financially. She stated, "... my brother makes quite a bit more money than my husband and I do. And I'm thinking, 'Okay, if he doesn't want to deal with the day-to-day care, then he's going to have to shell out some money.'"

These examples show how attempts to reach actual equity may result in requests for various kinds of behavioral change from siblings. In our study, some caregivers asked their siblings to share some of the responsibilities that they were already providing (e.g., visiting, emotional support); others asked siblings to assume different responsibilities (e.g., financial help) that complemented their own caregiving.

Siblings' attempts to forge equity through behavioral change were not, however, uniformly successful. For example, another woman with two brothers described how neither of them participated in the care of their mother. Providing primary care for her mother, who was severely depressed, became overwhelming for this woman when she was pregnant with her second child. She told how she had broken down in tears and telephoned her brothers to say,

I can't take this... you guys have got to do something. I'm seven and a half months pregnant. I can't take it anymore. I can't talk to her on the phone anymore. I'm going to end up in a depression clinic myself.

This tearful attempt to achieve actual equity had a short-term payoff for our focus group participant. She claimed that her brothers stepped in to help in the care of their mother during the remainder of her pregnancy; however, after she delivered the baby, her brothers reverted to their for-

mer pattern of noninvolvement. The short-lived consequences of her appeal for help made this sister feel even more upset with her brothers. Overall, she characterized her attempts to change their behavior as "a complete waste of my time."

This case highlights two important points. First, adult children's involvement in caregiving may vary over time, with a resulting change in siblings' assessments of equity. For this woman, her brothers' greater involvement in parent care when she was pregnant may have been accompanied by a feeling that the caregiving tasks were more fairly distributed. However, when her brothers stopped helping after she delivered, she clearly assessed the caregiving situation as once again inequitable. Second, this situation points to the possibility that when attempts to forge actual equity are perceived as unsuccessful, conflict among siblings may be exacerbated.

Taken together, these findings add to our understanding of the negotiation of actual equity among siblings. Like Merrill (1997), we found that siblings asked each other to change their level of caregiving responsibility. We discovered that attempts to forge actual equity involved various kinds of requests for behavioral change, such as visiting parents and providing financial assistance. In addition, we discovered that siblings' assessment of equity could change over time as their siblings provided more or less parent care. Finally, we found that attempts to achieve actual equity could misfire and lead to even greater frustration when siblings were asked to help but did not provide the expected level of assistance.

Attempts to Forge Psychological Equity

Another method of forging equity was to change one's own perceptions of what contributed to an equitable division of labor. Whereas the previously described process of achieving actual equity occurred among siblings (i.e., siblings asked each other to change their behaviors), the process of achieving psychological equity occurred within the sibling caregiver. As found in previous research (Ingersoll-Dayton & Talbott, 1992), our participants appeared to use mental calculations to determine whether the sharing of care with siblings was equitable. Further, they tended to focus on specific contextual factors in an effort to forge equity. Among the contextual factors that emerged were gender, employment status, proximity, other family responsibilities, and personality of siblings.

Gender. Considerable research has documented that sisters provide more parental care than do brothers (Brody, 1990; Matthews, 1995; Merrill, 1997). The comments of our focus group participants allowed us to identify ways in which brothers and sisters used gender differences to help forge psychological equity.

One way in which siblings used gender was to assign the tasks involved in elder care to women's domain of expertise. In so doing, our participants placed higher expectations on sisters to provide care than on brothers. Focus group participants described caregiving as having "fallen to" the sisters in the family. This phrase suggested that the provision of care was more natural for women and that they should be expected to, in Matthews' (2002, p. 234) term, set the standard for "doing family." The sister, described earlier, who forged behavioral equity by asking her younger brother for help also forged psychological equity by using gender. She described a family pattern in which, when her mother called her brother for assistance, he would turn to her, his sister, to fix the problem. The sister's explanation was, "I guess it's my gender." Although she confessed to feeling resentful when her brother did not try to handle the caregiving problem by himself, she downplayed his lack of caregiving by rationalizing, "it's just become natural." This case shows how, when sisters are expected to provide care based on traditional gendered family roles, the underinvolvement of brothers may be minimized. By using gendered expectations in their calculations of equity, overinvolved sisters and underinvolved brothers can forge psychological equity.

Another way in which sibling caregivers used gender was to explain that their parents preferred the help of their daughters. A man described his wife's caregiving situation. She had two brothers who, according to our participant, provided minimal help. He explained,

I think gender has a lot to do with it . . . that's traditionally . . . been the way it goes. Mom just, I think, calls on her more, so that's the way . . . It's not that the brothers wouldn't help at all, but it's just . . . she gets called on more.

In this situation, the mother's request for help from her daughter served as a justification for the underinvolvement of her sons. Recent evidence from Matthews and Heidorn (1998) indicates that sons are more likely than daughters to wait for a request from their parents before providing assistance. Their findings, together with our own, sug-

gest that if brothers think that requests for caregiving are being directed toward their sisters, they can attain psychological equity despite their minimal caregiving contributions.

Employment status. Previous research has examined the effect of employment status on caregivers in general (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993) and on sibling caregivers in particular (Matthews & Rosner, 1988; Matthews, Werker, & Delaney, 1989). Our findings add to this existing research by identifying employment status as a factor used to forge psychological equity. For example, a husband and wife pair who were in one of the focus groups together used their sister-in-law's employment status to account for why she provided most of the care to the husband's mother during the mother's recent hospitalization. The husband explained, "... My sister-in-law doesn't work, you know, outside the home, and so she was there and able to follow up a lot." The wife added, "She has more time for it." For this couple, both of whom were employed, providing less care than their sister-in-law appeared not to be distressing despite their inequitable contributions to the husband's mother's care. Instead, they used their work responsibilities to justify why their nonemployed sister-in-law had more time to assume most of the care. Including this factor in their mental calculations of fairness seemed to help them forge psychological equity and avoid feeling guilty for their underinvolvement.

Proximity. Although others have reported that geographic proximity between adult children and older adults is a predictor of involvement in caregiving (Brody, 1990; Cicirelli, 1995; Dwyer, Henretta, Coward, & Barton, 1992), we found that proximity can also be used as a legitimate excuse when attempting to forge equity. For example, a focus group participant who provided less care to his mother than did his siblings attained psychological equity in this way: "... because of the proximity of my other family members ... there's a lot of support there for her that's close by." By emphasizing the proximity of his other siblings to their mother, he appeared to be convincing himself that his involvement in caregiving was unnecessary.

We found parallel attempts to perceive psychological equity among those who participated disproportionately in caregiving. To decrease their discomfort with this imbalance, some participants attempted to emphasize the efforts of less-in-

involved siblings who lived at a distance. One woman struggled with feeling abandoned by her brother and sisters but at the same time consciously highlighted her appreciation of the phone calls they made to their mother. She explained to the other focus group members, "Sometimes I think I'm in this by myself. But then ... I realize, 'No, they're doing their part from a long distance by just, again, staying in contact a lot.'"

The heavy caregiving responsibilities resulting from close proximity to her mother sometimes left this woman feeling like she was a solo caregiver. However, as evidenced by her comments, she sought psychological equity. By emphasizing her siblings' attempts to stay in touch with their mother even from afar, this woman seemed to experience a greater sense of fairness.

Other family responsibilities. Previous research has implicated responsibilities for other family members as a factor that influences parent care (Brody, 1990; Dwyer et al., 1992; Matthews & Rosner, 1988). Of importance in the present study was that our focus group participants used this factor to legitimize inequities among siblings in the provision of care to their parents. One such family responsibility was the provision of child care. An example was a man who felt that parent care was divided fairly, although perhaps not equally, because his brother had the added burden of care for an autistic child. This man was able to forge psychological equity within his sibling network by incorporating his brother's additional family responsibilities into his assessment of equity.

Marital status was another type of family responsibility that some participants used to forge psychological equity. For example, the wife of the man with numerous siblings who lived near their mother explained that her husband's sister, who was most involved in their mother's care, was single. By emphasizing her sister-in-law's marital status, the wife could help her husband forge psychological equity and feel less guilty.

Also included in these other family responsibilities were loyalties to multiple older parents. Some participants, for example, had parents as well as parents-in-law who needed care. These competing responsibilities then became a factor in their calculations of equity. To illustrate, the wife of the man with the unmarried sister and several other siblings who lived near his mother was also caring for her own mother. Despite the fact that she and her husband were contributing minimally

to the care of his mother, she could forge psychological equity by emphasizing the fact that he had multiple siblings to care for his mother, whereas she was the primary caregiver for her own mother.

Personality. There has been some evidence in the literature that the personality of siblings influences patterns of caregiving (Matthews & Rosner, 1988). We found that the unique personality characteristics of siblings played an important role in attaining psychological equity for our focus group participants. Some of the siblings who were providing more care for their parents tried to minimize their siblings' underinvolvement by observing that they were psychologically incapable of providing care. To illustrate, the woman described above as the primary caregiver for her mother actually had three sisters, but none provided much assistance. Nevertheless, our participant explained that her older sister was "real immature . . . she is a little slow." Further, she described her younger sisters as,

. . . very irresponsible. And it's not that they don't care, 'cause they care deeply about my mom, but I think that when it came right down to having to bathe and having to take care of physical [tasks], neither of them would be able to handle it.

Focusing on her sisters' personal limitations enabled this woman to minimize her sisters' underinvolvement in caregiving. In addition, she emphasized her sisters' affection for their mother as a way of enhancing her ability to forge psychological equity.

Another example of the role of personality factors was provided by a man who claimed that his sister, who lived near his parents, was self-aggrandizing about her caregiving, and that his contribution to the caregiving situation was equal to hers. Thus he minimized her efforts by saying, "My sister reminds me all the time that she's taking care of them. They're actually . . . pretty self-sufficient." When his father became seriously ill, our participant took time off from work to be with him for a few days. When he needed to return to work, he called his sister and left detailed directions for his father's care on her answering machine. He reported being astonished by her anger at his directives. Apparently, our participant's attempts to forge psychological equity by minimizing his sister's involvement in caregiving had come at a cost. By focusing on his sister's personality, specifically her tendency to exaggerate

her caregiving responsibilities, he appeared to be unaware of how his own behavior negatively influenced his sister.

A similar focus on personality was used by siblings who were less involved in caregiving. For example, one woman described how her brother minimized the significance of her caregiving by criticizing her motivations. Her brother lived only a mile away from their mother but, when she asked him to check on their mother on the way home from work, he not only refused but then suggested that she was providing care because she felt guilty. The sister's personal needs became a factor in her brother's equity assessment. By insisting that her care for their mother was a function of her guilt, he denigrated her efforts, thereby excusing himself from contributing more care.

These cases show how siblings refer to aspects of each other's personalities to achieve psychological equity. The cases also illustrate how attempts to achieve psychological equity may serve as a double-edged sword. On the one hand, they can help siblings feel more comfortable with an imbalanced caregiving situation. On the other hand, they have the potential to result in greater conflict among brothers and sisters, especially if siblings feel that their contributions are being minimized. This conflict may lead to perceptions of greater inequity among siblings in the long run.

Taken together, the caregiving situations described here deepen our understanding of how contextual factors are used in the self-persuasion tactics (Lerner et al., 1991) of sibling caregivers. Just as factors such as gender, personality, geographic proximity, employment status, and other family responsibilities influence siblings to assume more caregiving responsibilities, they also serve as legitimate excuses for siblings who assume less responsibility (Matthews & Rosner, 1988; Matthews et al., 1989). By selectively focusing on specific contextual factors, our focus group participants tried to cognitively reframe their own or their siblings' contributions in order to achieve psychological equity.

DISCUSSION

Although others have used equity theory to examine the consequences of inequity in sibling caregiving (George, 1986; Lerner et al., 1989), our study is one of the first to use this theoretical framework to understand siblings' attempts to change imbalanced caregiving relationships. Because the sharing of parent care among siblings

was not a focus of the original research, the findings of this study are particularly striking. The fact that this issue emerged spontaneously during focus group discussions on juggling work and caregiving responsibilities signals its importance for understanding the dynamics of family caregiving. This study contributes to the growing body of literature on sibling caregiving. Here we will highlight the major contributions of this research, discuss its limitations, and suggest future research directions.

We found that equity theory provides a useful framework for conceptualizing some aspects of sibling caregiving. Consistent with equity theory, some siblings in our study were distressed by inequitable distributions of caregiving labor. Also consistent with equity theory, we found that siblings used a variety of behavioral strategies to forge actual equity and/or used cognitive strategies to forge psychological equity. With regard to the cognitive strategies, we identified a number of factors that are among those Cicirelli (1992) calls the *complex considerations* of fairness among siblings. To achieve a sense of psychological equity, siblings selectively focused on one or more factors such as personality or other family responsibilities as a way of excusing themselves or their siblings from contributing as much to the care of their parents. Alternatively, they maximized or minimized the significance of some contributions so that the giving of care was perceived as more equitable.

The nuances that emerged from our focus group data also led to discoveries that were not predicted by equity theory. That is, siblings' attempts to forge equity did not consistently result in diminished distress. Instead, we uncovered instances in which unsuccessful efforts to achieve equity had left siblings feeling even more distressed. Two types of situations emerged as particularly problematic. One was when siblings who were feeling overburdened asked for help from their siblings, but the expected amount of assistance was not forthcoming. Under these circumstances, siblings who had requested the help felt even more let down by their brothers and sisters. Perhaps it is the siblings who have been unsuccessful in bids for equity who are most susceptible to the cutoffs within relationships and legal actions against one another that have been described in previous studies of sibling caregivers (Strawbridge & Wallhagen, 1991). A second situation was when one sibling minimized the contributions of another sibling in an effort to forge psychological equity. Consistent with the findings of George

(1986), we discovered that when their contributions to caregiving were minimized or underappreciated, siblings felt resentful and angry. Taken together, our findings suggest that the complicated dynamics of sibling caregiving relationships may not be fully explained by equity theory.

The discussions during the focus groups also suggested that equity assessments among siblings were not static. We found that the equity assessments of our focus group participants sometimes changed as new events occurred in the lives of elderly parents or siblings. This observation is supported by Brody (1990), who found that increased parental frailty and the need for greater care resulted in more awareness of inequitable caregiving among siblings. Our work further suggests that efforts to redress inequities may be differentially effective over time. Attempts to forge equity may be successful initially but may not remain so. Such changes in assessments of fairness require new efforts to forge actual or psychological equity.

The present research adds to the literature on sibling caregiving by including the reactions of those who were less involved in caregiving. Whereas previous research on fairness among siblings focused on primary caregivers (Cicirelli, 1992), our work gives voice to the experiences of both primary and secondary sibling caregivers. Throughout the focus group discussions on inequity, the contributions of secondary caregivers suggest that siblings who provide less care are highly sensitized to imbalanced caregiving relationships. However, these secondary caregivers' efforts to forge equity tend to incorporate cognitive strategies (e.g., focusing on their siblings' personalities, employment, proximity), rather than behavioral strategies. It may be that siblings who provide less actual care try to redress inequitable caregiving by using cognitive strategies to justify their underinvolvement, whereas those who provide more care use both behavioral and cognitive strategies to redress such inequities. Our work provides a first step toward identifying some of the rationalizations used by secondary as well as primary caregivers.

Our findings, in combination with previous research, suggest that gender plays an important role in attempts to achieve psychological equity. Drawing from the research on families with disabled children, Traustadottir (1991) observed that because women are seen as "natural" caregivers, they may be particularly susceptible to feeling guilty when they do not conform to traditional

gendered family roles. As applied to parent care, it may be that sisters who provide less care than their siblings face special challenges in forging psychological equity. In particular, they may feel less able than their brothers to use excuses such as employment or other family responsibilities to legitimize their underinvolvement. Support for this position emerged in a review of the caregiving literature, in which Walker, Pratt, and Eddy (1995) found that employment was associated with less parent care for men but not for women. Taken together, these findings suggest that legitimate excuses used by siblings to forge psychological equity in parent care may be less available to sisters than to brothers.

Although this study resulted in valuable information concerning efforts to balance inequitable caregiving among siblings, there are several limitations that should be addressed by future research. First, because this study was not originally designed to explore the dynamics of sibling caregiving, specific questions concerning sibling caregiving were not included in the focus group interviews. Future research should be undertaken to ask sibling caregivers directly about the extent to which equity is an important consideration in negotiating caregiving. Further, it would be helpful to inquire about ways in which siblings attempt to find more equitable ways of distributing care, and the outcomes when caregiving is inequitable.

Second, the current study is limited by the characteristics of the sample. Most of the sample was White, and they generally had adequate to good incomes. Further studies of sibling caregiving should be conducted that examine the issue of equity using a more diverse sample. Specifically, future research in this area should include siblings who represent a variety of ethnic groups and a broader spectrum of incomes. It may be that individuals from different ethnic or socioeconomic backgrounds have varying perceptions of equity among sibling caregivers and may differentially implement strategies to redress inequity.

Third, we focused on the subjective experience of equity within a single member of the sibling network. As determined by previous research (Lerner et al., 1991; Matthews, 2002), siblings may have different experiences of equity. It would be useful to expand on our work by examining varying perceptions of equity among siblings within the same network. Further, it would be important to determine what factors contribute to discrepant versus consistent assessments of equity.

Fourth, this was a qualitative study of sibling

caregivers using focus groups as the method for collecting data. This group approach may have encouraged some to participate yet discouraged others. Use of another qualitative method, such as in-depth interviews with individuals, might give voice to those who are reluctant to speak in a group context. Further, it would be helpful to augment the groundwork laid here with additional quantitative studies. For example, it is important to know the extent to which brothers and sisters differ in their choices of strategies to forge equity. Also worthy of study are the differential effects of the various equity-forging strategies on well-being.

This study augmented our understanding of sibling caregiving by applying propositions from equity theory. Specifically, we uncovered factors involved in how siblings attempt to redress inequity in caregiving situations. In so doing, we shed light on ways in which siblings change their own behaviors or encourage their siblings to change their behaviors to achieve equity. In addition, we illuminated how siblings change their thinking about equity. Clearly, these two methods of forging equity are multifaceted, and we have only begun to identify the relevant dimensions. We hope that others will pursue this line of inquiry to further our understanding of sibling relationships in parent care.

NOTE

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