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## Greedy Spouse, Needy Parent: The Marital Dynamics of Gay, Lesbian, and Heterosexual Intergenerational Caregivers

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### Abstract

It is well established that married heterosexual women do more intergenerational caregiving for aging parents and parents-in-law than married heterosexual men do. However, gay men and lesbian women's recent access to marriage presents new questions about the gendered marital dynamics of intergenerational caregiving. We use dyadic data with gay, lesbian, and heterosexual spouses to examine the marital dynamics of intergenerational caregivers. Results show that gay and lesbian spouses provided intensive time and emotional support for an intergenerational caregiver. In contrast, heterosexual women described their intergenerational caregiving as rarely supported and at times even undermined by their spouse. Dyadic data on heterosexual men corroborate women's accounts; heterosexual men rarely reported providing intergenerational caregiving, and thus heterosexual women rarely described providing spousal support. These findings provide new insight into the intermingled roles of "greedy" marriages and "needy" parents, wherein marital negotiations around caregiving vary by gender for gay, lesbian, and heterosexual marital dyads.

### Keywords

Gay, lesbian, and heterosexual spouses; gender intergenerational caregiving; marital dynamics

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Adult children undertake nearly half of the daily caregiving labor performed for aging adults (Pinquart & Sörensen, 2011; Seltzer & Bianchi, 2013; Swartz, 2009). Although parental caregiving can be rewarding, it is also highly stressful and time consuming, with adverse consequences for adult children's physical and psychological well-being. This is especially true for women, who perform almost 80% of parental caregiving and almost 90% of in-law caregiving (Kahn, McGill, & Bianchi, 2011; Marks, Lambert, & Choi, 2002; Matthews, 1995; Pillemer & Suitor, 2014). Notably, previous studies suggest that the majority (about 65%) of parental caregivers are married (heterosexual) women (Pinquart & Sörensen, 2011) who simultaneously perform the bulk of marital emotion work (i.e., managing one's own or others' emotional states) and marital housework (Hochschild, 1989), in addition to their parental caregiving duties. These converging family roles create a compound burden of "family work" for married heterosexual women who are also parental caregivers.

The gendered dynamics of intergenerational caregiving and spousal support provision are well established, yet emerging research points to the limitations of studying family dynamics solely in a heterosexual context (Umberson, Thomeer, & Lodge, 2015). This limitation is emphasized by a gender relations approach (Connell, 2005; Springer, Hankivsky, & Bates, 2012), which calls attention to the ways both spousal support and intergenerational caregiving dynamics likely depend not only on the caregiver's gender (i.e., whether an individual is a man or a woman) but also on the relational gender composition of a marriage (i.e., man and man, man and woman, woman and woman). Although gender relations theory is widely endorsed in family studies, it is rarely applied to the study of gendered family dynamics (see Ferree, 2010). We take a step forward by exploring the dynamics of spousal support provision within gay, lesbian, and heterosexual marriages wherein at least one adult child performs intergenerational caregiving. We identify intergenerational or parental caregiving as any emotional, instrumental, or financial action or exchange done by an adult child with the aim of facilitating the mental or physical well-being of a parent (Seltzer & Bianchi, 2013); we identify spousal support as any action or exchange that is either intended or received by a spouse in ways that alleviate stress or difficulty experienced as a result of intergenerational caregiving (Erickson, 2005). We analyze qualitative dyadic data from 90 in-depth interviews with midlife individuals in 15 gay marriages, 15 lesbian marriages, and 15 heterosexual marriages. We advance research on marital ties by empirically examining how spousal support during times of intergenerational caregiving may depend not only on not one's own gender but also on the gender of one's spouse. We contribute to research on intergenerational caregiving with an analysis of how spousal support dynamics may facilitate or impede intergenerational caregiving in ways that potentially influence the well-being of all family members. This issue is especially important in light of the growing number of aging adults caring for parents in the United States (Kahn et al., 2011).

## Background

Intergenerational caregiving is a time-consuming and intensive role that commonly includes overlapping dimensions of financial assistance and management, household tasks (e.g., meal preparation, shopping, errand running), companionship and emotional support, facilitation and supervision of social activities, and engagement in medical and physical care (Leopold, Raab, & Engelhardt, 2014; see Silverstein & Giarrusso, 2010, for a review). Although caregiving is often voluntary and rewarding, it is also highly stressful, with caregivers experiencing diminished physical and psychological well-being (Amirkhanyan & Wolf, 2006; Marks et al., 2002). Population-based research demonstrates that women do the majority of intergenerational caregiving (Pinquart & Sörensen, 2011), in part as a result of normative gender standards by which women, but not men, are expected to provide care to family members. Women are more likely than men to experience stigma and guilt if they fail to provide intergenerational care (Szinovacz & Davey, 2013); thus, women perform intergenerational care even if they are overburdened with other family and work obligations (Bittman, England, Sayer, Folbre, & Matheson, 2003). This gendered pattern is especially true for intensive and ongoing care work (e.g., daily physical care, emotional support, negotiating treatment with medical community); the gender difference in more ad hoc assistance (e.g., weekly grocery shopping, financial assistance, filling prescriptions) is less

pronounced (Lee, Spitze, & Logan, 2003). Studies that rely on qualitative and nonrepresentative samples suggest that gay and lesbian midlife adults (much like heterosexual adults) provide intensive care to family members such as parents (Cayleff, 2008; Price, 2011). For example, qualitative research shows that lesbian women (Parslow & Hegarty, 2013; Price, 2011) as well as gay men (Cronin, Ward, Pugh, King, & Price, 2011; Washington et al., 2015) often provide care to parents even in the face of homophobic rejection from parents. These prior studies do not examine gender differences in the ways that gay men and lesbian women approach the provision of care to parents.

Previous survey research has addressed the intersection of marriage and intergenerational caregiving in heterosexual relationships, highlighting three gender trends. First, because women are more likely than men to provide care, research has examined whether men provide support to their caregiving wives, with mixed findings (Franks & Stephens, 1996). A second body of work shows that women are more likely to support men (than men are to support women) through in-law caregiving (Merrill, 1993; Neal, Ingersoll-Dayton, & Starrels, 1997; Pinquart & Sörensen, 2011). A third body of research shows that marriage is a greedy institution, wherein marital expectations and obligations inhibit women's intergenerational caregiving (Laditka & Laditka, 2001; Sarkisian & Gerstel, 2008). Here, we discuss these research findings and deploy a gender relations frame (Springer et al., 2012) to theorize how marital dynamics around intergenerational caregiving operate in gay and lesbian marriages—a topic virtually untouched in empirical research. Notably, our focus is on spousal support in marriage, not on intergenerational caregiving dynamics per se. However, a discussion of the gendered nature of intergenerational caregiving is a necessary precursor to understanding the marital interactions and spousal support around intergenerational caregiving.

### **Spousal Support for an Intergenerational Caregiver**

Previous research shows that heterosexual spouses act as a primary source of support to each other during times of external stress, such as an illness, job loss, or financial trouble (Waite & Gallagher, 2000). Research on social networks more broadly demonstrates that intergenerational caregivers receive social support from network members (Thompson, Futterman, Gallagher-Thompson, Rose, & Lovett, 1993; Pinquart & Sörensen, 2006, 2007). However, few studies specifically examine how heterosexual spouses support—or fail to support—each other in response to intergenerational caregiving. Because of the gender imbalance in caregiving, nearly all studies on this topic examine whether husbands provide support to a caregiving wife (Stoller & Pugliesi, 1989; Thompson et al., 1993); results are somewhat inconsistent. For example, Thompson et al. (1993) analyzed a nonrepresentative study of 277 adults and found that some men provide spousal support to a caregiving spouse, yet using national survey data, Sutor and Pillemer (1996) showed that women caregivers of parents with dementia are more likely to rely on friends and siblings rather than husbands as their greatest source of emotional and instrumental support. Thus, whether, and under which conditions, men provide support to a caregiving spouse is largely unknown. Notably, previous studies have not systematically examined how wives provide support for husbands who are caregivers, likely because this dynamic is rare, as women are much more likely than men to be parental caregivers. Women are also shown to be more effective than men in their

provision of social support when a spouse experiences generalized stress (Erickson, 2005). Thus, when heterosexual men provide care for parents, women will theoretically provide some level of spousal support to men.

Because same-sex marriage has been legal for a short time in the United States—and from 2004 to 2015 for only a portion of the U.S. population—the marital dynamics of gay and lesbian intergenerational caregivers are unknown. A small but growing number of studies based on nonrepresentative samples have examined the relationship dynamics of gay and lesbian cohabiting relationships more generally, with a focus on commitment (Reczek, Elliott, & Umberson, 2009), relationship quality (Kurdek, 2004), interactions around health and health behavior (Reczek & Umberson, 2012), and emotion work (Umberson et al., 2015). These studies show that relationship quality is similar across gay, lesbian, and heterosexual couple types, but the gender composition of a couple plays an important role in who provides spousal support within a marriage. At least some studies relying on nonrepresentative qualitative samples have focused on gay or lesbian intergenerational caregivers without considering the context of marriage (Parslow & Hegarty, 2013; Price, 2011), as well as gay and lesbian individuals who provide care for ill partners and friends in “communities of care” (Muraco & Fredriksen-Goldsen, 2011, 2014). However, we were unable to locate any studies that specifically examined spousal support among gay and lesbian married adults in the context of intergenerational caregiving.

Recent legalization of gay and lesbian marriage makes it possible for us to address marital dynamics around intergenerational caregiving and to consider whether these dynamics vary for men and women in same-sex marriages. Following spousal support dynamics in heterosexual marriages (Thomeer, Reczek, & Umberson, 2015), lesbian women may have greater desire and ability to provide emotional support to a caregiving spouse because of gendered norms of nurturing behavior in relationships (Cayleff, 2008; Price, 2011). Gay men may also be supportive of a caregiving spouse, but following gender norms around nurturance and caregiving (Connell, 2005), gay men may have diminished desire and perceived ability to provide emotional support to a caregiving spouse. Alternatively, prior work suggests that gay and lesbian adults have less conventional notions of gender, which may structure spousal support dynamics in other ways (Reczek & Umberson, 2012). For example, gay men may be more emotionally attuned to, and competent in attending to, the stress of their caregiving spouses as a result of alternative enactments of gender (Umberson et al., 2015). Qualitative research suggests that gay men provide support in the form of emotion work to emotionally or physically distressed partners in ways that are very similar to those reported by heterosexual women (Reczek & Umberson, 2012; Umberson et al., 2015). Thus, men married to men may actively provide spousal support during intergenerational caregiving in ways not found among heterosexual men married to women (Cronin et al., 2010).

### **In-Law Caregiving**

A small body of research on intergenerational caregiving within heterosexual marriage demonstrates that spouses, nearly exclusively women, provide care to aging parents-in-law (Neal et al., 1997; Pinquart & Sörensen, 2011). Merrill (1993) reported that 12% of

nonspousal caregivers for elderly adults are daughters-in-law, and in a more recent study, Pinquart and Sörensen (2011) reported that 89% of in-law caregivers are women. However, in a sample of New York mid-life adults in the 1980s, Lee et al. (2003) found that women provide more everyday assistance to their own parents than their parents-in-law, whereas men provide the same degree of everyday assistance to both parents and in-laws, which suggests that men also extend assistance to their spouse's family.

We were unable to locate any empirical studies that explore how gay and lesbian spouses provide care to parents-in-law. Following the patterns of heterosexual couples, gays and lesbians may perform in-law caregiving in ways similar to their same-gender counterparts, wherein lesbian women provide substantial in-law care and gay men do not. However, on the basis of previous research on gay and lesbian intergenerational caregiving and spousal support more broadly, there are reasons to expect distinctive marital dynamics involving in-law caregiving for gay and lesbian couples. For example, gay men and lesbian women may be fairly similar in how they perform caregiving for in-laws as a result of alternative notions of masculinity and femininity that allow them more flexibility to provide care, and gay men may enact notions of gay masculinity in ways that include caregiving. This would allow for alternative spousal support dynamics that do not follow heterosexual patterning. Notably, however, research on the in-law relationships of gay and lesbian adults suggests that these ties are often highly conflicted and estranged (Reczek, 2014). Thus, even if an adult child needed help in caring for a parent, his or her spouse might be unwilling to support an in-law, or an in-law might be unwilling to receive such support from a gay son or a lesbian daughter-in-law (Cayleff, 2008; Price, 2011).

### **Greedy Marriages and Intergenerational Caregiving**

An additional body of work suggests that being married may actually interfere with parental caregiving. For example, there is evidence that married heterosexual women provide less care to their parents than do unmarried women (Bracke, Christiaens, & Wauterickx, 2008; Liebler & Sandefur, 2002; Sarkisian & Gerstel, 2004). Laditka and Laditka (2001) analyze data from the Panel Study of Income Dynamics and find that married women and men provide care to parents age 65 and older less frequently than unmarried women do. In fact, they find that married men are more likely to care for their own parents than are married women, but when married women care for their parents, they do so for significantly more hours. This may occur, in part, because married adults are less likely than unmarried adults to coreside with their parents during times of parental illness, are less emotionally close to parents, and have fewer instrumental and financial exchanges with parents (Sarkisian & Gerstel, 2004). Moreover, when wives are intergenerational caregivers, they experience disapproval and increased strain with their husbands rather than increased social support from their husbands (Franks & Stephens, 1996; Voydanoff & Donnelly, 1999), which is consistent with research showing that men often describe a lack of knowledge, desire, and ability to provide emotional support to their wives during times of distress (Thomeer et al., 2015). This may result in wives pulling back on their intergenerational caregiving because of strongly prescribed norms that the needs of their nuclear family come first—a reality that contributes to the notion of marriage as a “greedy” institution (Sarkisian, Gerena, & Gerstel, 2007). The demands of the nuclear family may intersect and challenge married women's

ability and desire to perform intergenerational caregiving in cases when husbands are not supportive of the caregiving role.

Previous studies have not examined the dynamics in which intergenerational care is thwarted in gay and lesbian marriages. In line with a “greedy marriage” approach (Sarkisian et al., 2007), it may be that gay and lesbian spouses privilege their own spousal relationships in ways that do not allow for time-consuming parental caregiving. This may be especially true in cases where there are strained or estranged relationships with parents due to a legacy of homophobia in family ties (Balsam, Beauchaine, Rothblum, & Solomon, 2008; D’Augelli et al., 2005; Reczek, 2014). In fact, a recent qualitative study based on a convenience sample shows that in-law conflict creates intensified strain in gay and lesbian intimate relationships, often resulting in intergenerational estrangement or intimate relationship dissolution (Reczek, 2014, 2016). Yet other relationship dynamics may engender *more* intergenerational care. For example, gay and lesbian spouses are much less likely than their heterosexual counterparts to have children of their own (Carpenter & Gates, 2008). In turn, the obligations of marriage may be less onerous for gay and lesbian couples, thus diminishing the conflict between spousal obligations and caregiving obligations (Fredriksen, 1999; Grossman, D’Augelli, & Dragowski, 2007).

## Methods

This study relies on data from qualitative in-depth interviews with 90 individuals in 15 gay male couples, 15 lesbian couples, and 15 heterosexual couples (45 couples, 90 individuals) who were legally married residents in Massachusetts. Massachusetts was chosen as the study site because it was first state to legalize same-sex marriage (in 2004); Massachusetts had the largest populations of same-sex couples married between the years 2004 and 2012 at the time of the data collection. The time frame was chosen because the study’s goals are to examine marital dynamics of well-established midlife couples. Gay and lesbian couples were recruited and interviewed first, and heterosexual couples were subsequently chosen in order to match the gay and lesbian couples on relationship duration and age. The primary mode of recruitment was the Massachusetts Registry of Vital Statistics, where the research team obtained the names, birth years, addresses, occupations, and marriage dates from every same-sex couples married in the state of Massachusetts between 2004 and 2012. When letters were returned to sender, we used an online program to attempt to find the missing married individuals, then sent a subsequent letter. This approach introduces bias in that only individuals currently living in the same home since 2004 or whom we could locate in other ways received the letters; lower socioeconomic individuals may be more likely to change residences.

Gay and lesbian spouses were asked to refer other gay, lesbian, and heterosexual couples from their social networks, with an emphasis on recruiting couples of their same age. The vast majority of gay and lesbian couples in the in-depth interview sample were identified through Massachusetts vital records; the majority of heterosexual couples were identified through referrals from gay and lesbian couples. The remaining gay, lesbian, and heterosexual couples were recruited through snowballing techniques in local community centers and public spaces such as coffee shops in areas with high concentrations of gay and

lesbian couples. Throughout recruitment, preinterview phone screenings were used to facilitate sociodemographic similarities across the three couple groups.

As a result of very different legal contexts before 2004, total relationship duration was taken into account for comparability across groups. Midlife heterosexual, gay, and lesbian couples with the same total relationship duration differ in total number of years cohabiting as compared to total years married. For example, a gay couple married for seven years but cohabiting for eight years before marriage and a heterosexual couple married for 10 years but cohabiting five years before marriage were both coded as having a total relationship duration of 15 years. We included men and women aged 40–60 to keep the focus on midlife couples. The average relationship duration was 19.60 years for gay men (average age = 50.15), 18.28 years for lesbian women (average age = 50.16), and 23.53 years for heterosexual men and women (average age = 50.24 for women and 50.36 for men in heterosexual marriages). We incorporate a dyadic design wherein data were collected from both spouses within each couple; spouses were interviewed separately. Same-sex couples married between 2004 and 2014 are likely unique individuals who differ in many ways from same-sex couples marrying in more recent years; they are more likely to have been in a long-term committed relationship before marriage, for example. Therefore, our results are likely distinct to this cohort of adults. Notably, however, this cohort of adults is particularly likely to have aging parents who require care.

To ensure confidentiality and privacy of each individual's account, in-depth interviews were conducted separately with each spouse and included open-ended questions about illness experiences within marriage; \$50 gift cards were given to each individual for participation. Interviewers used the same interview guide for all respondents and asked follow-up questions when appropriate. Open-ended interview questions included broad questions about relationships with both spouses and parents, such as, "Tell me about your relationship with your parents and your spouse's parents." Then, more focused questions were asked, such as, "Do you ever provide care to your parents or your spouse's parents?" and "Does your spouse provide care for your parents, or his/her parents? How so?" We purposefully let respondents determine which types of care to discuss, and we further prompted respondents to describe the types of care provided. Finally, we asked whether spouses try to help each other during times of intergenerational caregiving, with follow-up questions to obtain the full picture of spousal support during the intergenerational caregiving. We then obtained information about these caregiving processes in the context of their marriage, asking, "Does caregiving ever create conflict in your relationship? Does it ever bring you and your spouse closer together?"

All interviews were independently analyzed by the authors using a standardized method of inductive data analysis that emphasizes the dynamic construction of codes for the purpose of developing analytical and theoretical interpretations of data (Silverman, 2006). The qualitative software NVIVO was used to house the data only; no NVIVO programs were run to code the data. The authors used inductive reasoning to guide the analysis, identifying patterns and conceptual categories as they emerged from the transcripts. In line with a standard approach to qualitative data analysis, the authors read the transcripts multiple times to ensure understanding of the content of the interviews; thereafter, the authors took a three-step coding process. First, the authors conducted line-by-line, data-drive categorization to

summarize each piece of data as it related to the relationship between adult children and their parents or parents-in-law. Next, the authors independently performed “focused” coding to develop categories regarding adult children’s perceptions of marital dynamics regarding the tie between parent or in-law and child by connecting initial line-by-line codes together for conceptual purposes. Descriptions of marital dynamics around the relationship between parent and child or parent-in-law and child were treated as distinct relationships. In the final stage of analysis, the first author, in consultation with the second author, created conceptual memos to develop categories and subcategories that related to one another on a theoretical level; the themes from this final stage are discussed later. The utilization of one data analyst is part of a standardized qualitative methodology that draws on interpretivist and constructionist epistemology (Roy, Zvonkovic, Goldberg, Sharp, & LaRossa, 2015); the systematic and rigorous interpretation of conceptual findings by one data analyst is a highly reliable and valid approach to qualitative research (Esterberg, 2002).

## Findings

Analysis of in-depth interview data provided accounts of gay, lesbian, and heterosexual marital dynamics during times of intergenerational caregiving. Marriages wherein at least one adult child described caregiving for a parent or parent-in-law (e.g., instrumental, emotional, physical, financial) were marked as “intergenerational caregiving marriages.” We took a broad view of caregiving in order to attend to possible gender differences in the types of parental care, as men have been shown in previous research to do more “helping activities” (e.g., financial tasks, daily tasks), whereas women have been shown to do more intensive physical and emotional parental care (Lee et al., 2003). We paid attention to gendered differences in these “types” of care in the analysis, described later, although analytically these types of care were not described as mutually exclusive and instead were overlapping dynamics of care in our data. Nearly all (80 percent) lesbian women, gay men, and heterosexual women described intergenerational caregiving for their own parent—and to a lesser extent parents-in-law—at some point across the life course. Less than one-sixth of heterosexual men described performing caregiving for their parent or parent-in-law; when care was provided by heterosexual men, it was primarily in the form of financial or instrumental support.

Findings revealed three primary spousal support dynamics related to intergenerational caregiving: (a) spousal (lack of) support for parental caregiver, (b) spousal (lack of) support for parent-in-law caregiver, and (c) parental caregiving in coresidence. Within each primary theme we call attention to the ways spousal support around parental caregiving varied by gender across gay, lesbian, and heterosexual marriages. Percentages are reported here only to provide relative context in our sample and are in no way meant to imply representativeness or generalizability to a broader population.

### Spousal (Lack of) Support for Parental Caregiver

**Support provision**—Nearly all gay and lesbian marriages, and two heterosexual marriages, were typified by the provision of high-intensity support to an intergenerational caregiver. This support was described most consistently as having the aim of reducing



spousal stress, as well as to promote more effective parental caregiving. Sharon described how she alone provided care for her parents, but her spouse, Sandy, provided her immense spousal support:

My mother's difficult, but Sandy can handle her. I have a better relationship with my mother because of Sandy. She knows the areas that I have a hard issue with... . She'll mitigate those. She'll help me. I need Sandy. I wouldn't relish doing it on my own but I totally feel a sense of duty to take care of my mother and my father.

Sharon also discussed Sandy's ailing mother, who recently moved into an assisted living home:

I'm definitely the third daughter in the family so it's sad for me also. Although I'm letting [Sandy] take the lead. I want to just be supportive. I [visit] with them a lot. It helps Sandy. She thinks it's very helpful when I go down and the nephews are around and I play with them because they get to talk.

Sandy described the spousal support that Sharon provided during Sandy's caregiving:

I was down there a lot and Sharon really helped out a lot. We actually also helped find the assisted living, [and] we bought furniture for it. Sharon and I go down together a lot but I go down other times on my own. Sharon really encouraged me to join an LGBT support group for caregivers. It actually was a really good thing for me because I heard other people's situations. I think it gave me certain tools of figuring out like what some of the options were or are.

Similarly, Linda's mother was recently diagnosed with cancer and her father with Parkinson's; Linda said it was a priority to help her parents, forgoing vacation to do so: "We've kind of looked at each other and said we don't know if we'll be able to do much else, because my mom has had cancer and my dad has had Parkinson's. Seeing all of that, doing that kind of care... . I was depressed ... dealing with the stuff with [my parents]." Melissa, Linda's spouse, worked to mitigate Linda's caregiving stress: "[I'm] mainly supporting Linda. I'm not going to really go out on my own and do much but just trying to be a listening ear and a support to her." Todd had to care for his parents, whom he characterized as "our adult children, definitely. The roles have reversed with them." Craig described how he facilitated Todd's intergenerational caregiving by providing spousal support to Todd:

Todd's mom was diagnosed with dementia last fall, so we've been spending a lot of time going back and forth to Vermont and he's been going to doctor's appointments. It's hard insofar as he keeps most of it in, to himself, and so he's not sharing as much. He gets frustrated ... and I say, "Remember, step back, your dad's 82, your mom's 76." ... It's like having a neutral or supportive person who can help put things into perspective. I think [this] has made a difference.

These illustrations demonstrate how gay and lesbian spouses described the provision of support to alleviate their spouse's parental caregiver burden, sometimes in an effort to lessen feelings of responsibility for a parent's care and to reassure the caregiver that his or her work was valuable and helpful. In contrast, three women caregiving for their parents in heterosexual marriages described feeling as if their spouse failed to provide them any

spousal support, in part because of men's attempt to downplay their own and their spouse's role in this care. Notably, gay men, lesbian women, and heterosexual men alike pointed to the purposeful effort to downplay the need for intergenerational caregiving in order to reduce caregiver stress. However, the consequences of this downplaying tend to be framed as a supportive strategy by both spouses in gay and lesbian relationships and as unsupportive and conflict ridden by women in heterosexual marriages. Miranda cared for her parents as well as Bill's parents (discussed later). She said that Bill caused problems and added to her caregiving stress:

My father was ill with stage four prostate cancer and so I was calling his doctors. I went to all of his oncology appointments with him. I helped them sign up for hospice. I was there a lot over the last couple of years. My mother has had health issues and I've been very involved with that too... It was a source of stress because I was gone a lot. There were a couple of times where [Bill] said, "You know you're gone a lot; are you sure you need to be doing all this?" And so we had a little bit of a conflict about that... I think sometimes it can make us grumpy and maybe argue a little more.

Miranda's intense parental caregiving created conflict and strain in her relationship with her husband, and Bill added to, rather than alleviated, Miranda's caregiver burden. Bill did not discuss Miranda's parents' illnesses or his spousal support for her in his interview.

**Instrumental spousal support provision**—At least one spouse in about a quarter of gay and lesbian marriages, and spouses in two heterosexual marriages, described the provision of instrumental support to a spouse during intergenerational caregiving, including helping with household tasks (e.g., meal preparation, shopping, errand running), providing child care, and earning family income. In some cases, the clearest way instrumental support was provided was when spouses encouraged and made it feasible for a caregiver to leave home to spend time with a parent. Seth, married to Steve, illustrated this type of support provision:

I will say things like, "Well, if you want to go down and stay with your mom for a several days or whatever, that's fine." Letting him know in case he's thinking I'd like to be doing more but I don't want to inconvenience Seth sort of thing. I try to think of things that'll let him know, "OK, I understand you may want to do that." I guess I try to see areas where I can take away other pressures he might have or obstacles he might have and just let him deal with that issue with his mom.

Steve reiterated the importance of Seth's instrumental support in his interview when he noted: "There's so much more that needs to be given in terms of trust on each person to allow them to do things for you." Bradley discussed how Samuel removed practical obstacles for Bradley's caregiving for his "motherlike" aunt, allowing Bradley to spend time away to provide care:

His aunt went into decline. And because he was out of a job he was free to actually go to Florida. He was probably down there a total of nine months with all the trips together, which I think was very good for him. It's important for him to be there to try help and I'm trying to help him do that.

Samuel talked about how Bradley was also going through a tough time with a job loss during the time Samuel's aunt got sick, but that Bradley provided instrumental social support by allowing him to give care without added stress or guilt for leaving home "mostly by not letting me know how much it was hurting [from the job loss]. I think he was willing to put that off to the side because he saw how stressed I was and [let me go]." In this way, Bradley worked to clear Samuel's plate of other stressful events in order to facilitate his caring for his aunt.

In a similar example, Aaron and James described the instrumental support they provided for each other by way of facilitating their own caregiving for their own parents. Aaron described how James was: "Very supportive. He probably would not [go with me], because of his work schedule. But he would be very supportive if I said, 'Honey, I have to go down to Florida for a week or two or three,' he would be very supportive." Aaron similarly said he and James support each other in this way, although he suggested that there is less care needed for his parents: "I have eight brothers and sisters ... seven brothers and sisters who are very close to them geographically; [my sick dad] has a lot of support from them." Similarly, Joyce described how when her mother was sick, Julie provided immense instrumental support: "She was so helpful during that whole time. She was willing to fly down if I needed. She was willing to stay back here with the dog if we needed. She was great making all kinds of phone calls to cancel certain accounts that my father had. There was no resistance." Julie simultaneously said: "I had felt I had wanted to go and bring food up there and different things," but she also describes her emotional support, "sitting, sitting with each other and talking and, you know, or not talking when necessary and just hanging out on the couch together. Cried when it was time to cry and laughed when it was time to laugh." Donna also provided instrumental support to her spouse Lisa by facilitating time with her dying father:

When her father was dying she was not working and she actually spent a lot of time with him. Both of us losing brothers to AIDS, you kind of realize that you have that opportunity once. So I would have felt horrible really fighting her. She would have felt horrible if she hadn't done it.

Lisa did not discuss Donna's presence during death of her father in her interview.

Two spouses in heterosexual marriages described providing instrumental support to a caregiver. Penny said that Bruce provided instrumental support when he did not challenge her decisions about her own mother's care: "I've tried to articulate my thinking with Bruce; ultimately I know for my parents, as an only child, the decision falls to me. And I have every reason to expect that not only is he respectful of that but that he would be in full support of any decision that I made." Bruce did not describe Penny's caregiving or his support for her caregiving in depth. To some degree, it was not possible to examine how women support men who were parental caregivers because caregiving by heterosexual men was rarely described. Notably, men explained why they did not provide care for their own parents; Gary was asked if he helped care for his parents. He said: "No. They do not include me in any discussions on that. As far as I know, they are healthy; they really don't tell me anything about their health. It's just the way they are." Diane confirmed this in her interview: "Gary doesn't really have contact with his family and my family lives in [southern city, state]." Peg also described how there is little caregiving occurring for her in-laws: "So now my

husband's mother [is] older and she can't move around so much and but anyway but we don't have any impact on their medical... [We're not] involved." Peg's husband Nick did not mention caregiving for parents in his interview, simply saying no when asked if care is provided. Jeremy similarly said, "I do not have much of a family here. We visit occasionally... It has been, my wife's family, has been kind of drifting apart a little bit due to, I don't know, the distances." This sense of distance among the heterosexual spouses and their parents (in-law) appears to mitigate intensive caregiving for parents as well as spousal support.

### Spousal (Lack of) Support for In-Law Caregiving

In a second major theme, respondents described how and why individuals gave spousal support by acting as a direct caregiver for a parent-in-law. No heterosexual men, about three-quarters of gay and lesbian spouses, and four heterosexual women described this theme. This does not necessarily reflect the amount of in-law caregiving that heterosexual men or women, only that this form of caregiving was not discussed in the interviews, despite prompting. Two subthemes emerged in the interviews: (a) parent-in-law caregiving and (b) concurrent caregiving.

**Parent-in-law caregiving**—Respondents in about a quarter of gay and lesbian marriages, and no heterosexual marriages, described their spouse as an "interchangeable caregiver," wherein either spouse could step in to provide care for either spouse's parent. For example, Todd described helping Craig's mother move because he wanted to alleviate Craig's caregiver burden:

[Craig] couldn't go out and deal with [his mom] so I flew out for two weeks and I moved her into her new house. Oh, she stresses him out... After I started working for myself, I have a far more flexible schedule. So that became an issue of I can more easily do it. I was the breadwinner at the beginning, he is now so logistics makes more sense for me to do it. It takes some stress off of him... But family things, we deal with those together, his family, my family. If it's something that one of us can deal with and, you know, we're busy at work then one will go.

Craig agreed that he and Todd were interchangeable in their caregiving roles, both doing intergenerational caregiving at various times:

I couldn't leave work but he could go help [my mother]... [W]e're interchangeable. When his granddad died, he couldn't leave where he was. I was one of the pallbearers with the other grandkids, even though it was me. So we've gone back and developed that over time.

Women in lesbian marriages also described "interchangeable" caregiving. Patricia's mom "makes a lot of demands on me and I find it very, very difficult to say no to my mom, and I have to set limits." Kimberly discussed the caregiving she, in turn, does for Patricia's mom because of this mother–daughter strain:

There are times where I rise to the occasion. I'll plant a garden for Gladys [mother-in-law] or try to do little things for her. Gladys asked me to when she moved into these little bungalows; she suddenly had this little like space out front and I like to

garden. So it was a really great thing for her to ask me to do, and an easy thing for me to do for her.

Similarly, Heidi described how she provided intensive caregiving to Sally's father and mother when Sally could not take time off from work to provide care:

When her father had surgery and we knew her mother couldn't be alone ... we put things together so that one or the other of us could spend time with her and make sure she was OK... . There was a week in July when we were supposed to go on vacation and kind of became aware that we shouldn't both be on a boat and unreachable by phone. So Sally just continued to work and I took the week off and I went and visited a bunch of assisted living places to see what places existed and what they were like and what might be a good fit for what their needs were.

Sally also described how she and Heidi were interchangeable caregivers:

Every time we have one of these health crises I feel like I don't know how I would have done it if I wasn't with Heidi. Because of her knowledge of medical systems and just her ability to figure out what the needs of the situation might be before I even know what they are myself. She is able to be supportive and helpful in a way that makes the situation immensely better. By asking the right questions, by really nailing a physician to the wall when they need it, by just knowing what to do that makes it so that I honestly, I don't know what I would have done without her. So that's made all the difference in the world.

Heidi played the role of intergenerational caregiver by being both case manager and caregiver for Sally's father and mother. This type of interaction was common across gay and lesbian couples, wherein spouses would go to visit and provide care for a sick parent when an adult child was unable to do so.

Four heterosexual women in our sample described providing care for their husband's parents. In one of the few examples of providing care for an in-law in heterosexual couples, Miranda (introduced earlier) discussed how she provided care for Bill's mother because Bill was in "denial" about how much help his mother needed; Bill did not care for Miranda's parents even though they also needed care:

My mother-in-law has very significant pulmonary disease so I hear about it when she forgets her medication, and I end up prescribing for her. His mother will be 95 next month so we have a lot of discussions on—she's very, can be stubborn. I take a lot of trips to Albany and we try to figure all that stuff out... . We got to a point where I said to him, "You know, our parents are aging. We're in like a new phase ... and we're going to have to help your mom, we're going to have to help my parents," and so then he was kind of like, "OK I'm getting it."

Miranda initiated and provided for Bill's mother, but Bill was largely unaware of the extent of this care. Bill, in turn, did not elaborate on this theme; however, he did say of his wife's caregiving: "My wife has just been an angel for my mom." In this way, Bill and Miranda demonstrate a very different dynamic of spousal caregiving than found among gay and lesbian couples, wherein rather than trading off caregiving responsibilities for in-laws,

Miranda did the bulk of intergenerational caregiving work. This illustration also demonstrates that even as heterosexual men rarely described engaging in caregiving in our data, many men in our sample were described as, or described themselves as, encouraging their wife's efforts to care for in-laws.

In a similar way, Annette described caring for Curtis' mother:

[Curtis's mom] was failing and she had a mini-stroke so she couldn't drive anymore. So the last two years before she moved to the assisted living, I was going up every one weekend and Curtis was going up the other weekend because we both couldn't go up there every weekend. I just felt like she's, she deserves that. If I couldn't do that for my parents I was definitely going to make sure I took care of her.

Curtis also described Annette's caregiving for his mother:

With [my] mother's health, we had to sort of think as a family. And in some ways you're making decisions for your parent and at the same time you want them to feel comfortable with whatever decision. It's weird you're imposing a decision on her but you're also, it's a very weird middle ground of who's the parent and who's the child. Annette ... I think she likes my mother better than I do sometimes, which is sort of just the way it is. And in that sense it's been very nice.

Curtis and Annette described Annette's caregiving as the need to "think as a family" and work together to provide care for Curtis's parents. Curtis encouraged and appreciated Annette's relationship with his mother, particularly noting the ability for Annette to have a good relationship with his mother, relating the rationale for why Annette did more care than he did for his own mother. The extent to which this caregiving occurred for Annette's parents as a family was not discussed.

**Concurrent caregiving**—In the second subtheme, about half of respondents in gay and lesbian marriages but no respondents in heterosexual marriages described the marital dynamic of mutual caregiving for a parent. Gloria described Judith's mother's recent death: "Judith's mother died in February. She went everyday to the hospital after work and I went with her." Judith described the enactment of team caregiving with Gloria during this time:

Gloria was always with me and even if I didn't ask her to come she just expected that she would come. And I would have to tell her, "You don't have to come if you don't want to come" on any particular day. So she's like, "I'm going to expect to go unless you tell me not to go." And, "Does your dad need anything?" ... I think that's our mentality. We'd be there for each other, we're there for our families... . Interestingly enough, my brother lives in the area as well and his wife ... she never went to the hospital, she never really seemed to be a part of our family.

Judith juxtaposed Gloria's intensive team caregiving to that of her brother's wife, who did not demonstrate this marital dynamic.

Samuel's father was a full-time caregiver for Samuels's mother, who had Alzheimer's. Bradley said, "The whole situation with his family and the ongoing toll that that took and the

support that it required was hard on Samuel. But at the same time you know he felt guilty that he had left town, and his father was left to deal with his mother. Samuel said, 'I'm going to move back home,' and his father said, 'no you're not.'" In his interview, Samuel described how he wanted to provide care for his father by giving him a respite from his caregiving duties but that he needed Bradley's buy-in. The two provided care as a team to make a respite possible for Samuel's father. Samuel said:

One of the best things I was able to do for my dad was to get him out of [hometown] once in a while. Because he was always concerned about my mom... . He just wouldn't leave... . We spent a week in Las Vegas where every day we'd go out and do something in like the wilderness area... . I was really pleased and really proud of Bradley for driving out there to meet him and bringing him on his first airline flight.

In an additional illustration from a lesbian couple, Tammy's spouse Cynthia had very sick parents. During this time, Tammy became a central player in the family caregiving team:

I took charge. Cynthia has five brothers and she's the only sister so everything is left on her shoulders. So I had to step up to the plate and I put together a schedule together ... and we went to the hospital and we did everything. Cynthia's youngest brother and her and I would go 24/7 care. We were bringing her mom home but she passed away, but then we took 24/7 care of her father at his house. I'm like, "These are your parents. This is your responsibility." I'm old school so I'm going to do that. We sat down and as a couple, I said, "What do you want to do? I mean they're your parents, honey, what do you want to do?"

Cynthia also described this team care:

If it wasn't for Tammy, I have no idea what I would have done for my parents. Oh my God, she did [a lot]. So my youngest brother, myself and Tammy were 24/7 for my mother, because what had happened to her, she couldn't use her arms, because she had a total mastectomy on one side... . [W]e had to feed her, we had to take care of her, we had to clean her... . Just do everything. And Tammy was part of that 24-hour thing.

In this case, team caregiving was an intensive type of spousal dynamic given to help alleviate the adult child caregiver's strain.

Two spouses in lesbian couples, but no spouses in heterosexual couples, described the failure to provide team in-law care. Laura described how her spouse Carla wanted her to participate more in the team care of Carla's mother, but Laura did not do so:

She is a caretaker to her mother and that's another huge source of stress for her. She wants me to offer to go with her more often when she goes to visit her mother. So we sometimes go together and I do sometimes offer, but more often than not I just really crave that weekend day with no obligations, so I won't say, "Do you want me to go with you?" But I think that's a way in which she feels underhelped or underjoined by me. Not completely neglected or anything like that. We were just there together last weekend. I go sometimes.

As Laura discussed, she did at times participate in team caregiving, but according to Laura, she remained resistant to Carla's desire for more team caregiving. However, Carla did not describe feeling resentful toward her partner: "Every other weekend I go see my mom and it takes a lot out of me because I work pretty hard anyway, so yeah. I don't think she's resentful. She just does her own thing and then the next thing I know, I'm back." Although no heterosexual spouses described team caregiving dynamics, they also did not describe their experiences in ways that suggested dissatisfaction with this lack of teamwork.

### Marital Dynamics While Caregiving in Coresidence

In the final theme, respondents described either the anticipation of coresidence or actual coresidence with a parent. Discussion of and experience with coresidence were found in a quarter of gay and lesbian marriages and an eighth of heterosexual marriages (Pinquart & Sörensen, 2011). This form of caregiving occurred in all couple types, but the marital dynamics regarding coresidence differed substantially across groups. First, gay and lesbian couples generally described satisfaction with, and a positive sense of purpose from, the decision to coreside. Todd and Craig made a hypothetical, but purposeful, decision to invite their parents to move into their home in Vermont. Todd said: "We just bought a place in November in Vermont about an hour north of them. It was sort of freeing up their assets because their main asset is their house. We said, 'You can sell it. You can have the money ... and live with us.'" Craig similarly said:

We bought a place in Vermont last November and had purposefully planned it in such a way that its layout would allow for his parents to move in with us. At the same time, we know that with our house, if push comes to shove, we can free up a room or space or make the first floor work as well for either parent, and we would both do that.

One heterosexual couple, Ben and Denise, described a similar dynamic wherein the couple made an effort to move closer to be near aging parents. Denise said, "We could've gone anywhere and I said let's go home because my father wasn't doing too well. My father was having physical problems. His father was actually dying so I said let's go home." Ben did move, and thus made a major instrumental care effort to support his parents. However, Ben said that they actually do not do a lot of care for their parents in part because Denise has been ill. When asked what he does for both his and Denise's living mothers, Ben said, "Not too much. Her sister basically, Denise's sister Joan, [has] basically taken that burden. It's something that frustrates Denise quite a lot because she wishes she could help her. My mother, I do some but I think my two brothers and sister realize I have my limitations." As indicated by Ben, the coresidence was described as important to the couple but ultimately did not serve as an organizing principle in everyday life because of the distribution of caregiving labor across his siblings. For several other heterosexual couples, the goal of caregiving is to provide straightforward financial support to parents rather than coresidence. Dean said:

We have talked about what if we ever had to take one of our parents here to live. It's a sore subject—it's like, well, it's not a fighting subject it's a subject where the answer is no. I'm on her checkbook, I'm her health proxy, but I'm not her favorite



son. I don't know why. I was kinda feeling pretty good. Pretty responsible. I was glad to be given the task.

Dean reported that he was not willing to coreside with either his or his wife's parents, a theme discussed in several heterosexual interviews and a small number of gay and lesbian interviews. His wife Cindy corroborates this when she described their lack of closeness to both sets of parents and the fact that they care about their parents but "that's pretty much it."

Other gay, lesbian, and heterosexuals couples had provided, or were providing, coresidential care. When coresidence occurred in gay and lesbian couples, it was described as a team effort to care for that parent. For example, Tammy was estranged from both of her parents. However, when her father fell ill she made contact and invited him to move in with her and Cynthia:

My father got sick in '93 and I hadn't seen my father since I was fifteen years old. And my mom called me and said he had a stroke and she didn't want to take care of him. I was like, what? So I went to the hospital and I saw him, and for the first time in my life I wasn't afraid of him. And I let it go and I took him home. Cynthia and I took him here and I took him to his therapy and he got rehabilitated.

Cynthia briefly discussed this event in her interview, but more substantially she discussed that while having her own father live with her when he was ill, she had the full support of Tammy. Melanie and Kathy, a lesbian couple, both described how Kathy's dad came to move in with the couple; as a result both spouses cared for him. As representative of both Kathy and Melanie's accounts, Melanie said:

Kathy's dad has lived with us twice after serious health issues. Just this December past, he had heart surgery and stayed with us two months after. He would easily call me if he needed an escort to the bathroom. I remember feeling that it was good that he didn't feel uncomfortable having me help him get dressed, get his food because I switched jobs at that time so I was home much more and everyday I would make him breakfast... . So we spent a lot of time together and I realized that if this was a permanent situation that we could cope and we talked about what if my parents had to live with us. When we moved into this house, this was the parents' bedroom.

In contrast, when coresidence occurred in heterosexual couples in our sample, spouses often talked about conflict regarding this decision. While coresidential caregiving in gay, lesbian, and heterosexual families was sometimes described as stressful and conflict inducing for all couples, distinct narrative patterns emerged for the heterosexual spouses, with an emphasis on the negative aspects of caregiving. Danielle's father moved into their house when he was dying. Danielle did not have a good relationship with her father, but she felt the need to care for him and this caused conflict with her spouse Levi:

There was a time where my father was living with us. And we fought a lot... . [M]y father was a huge stressor. He died a couple years ago. I thought Levi was going to leave, walk out on the marriage, because he's like I want you to tell your father to leave. As much as I hate him, how do you tell your parent to get out? But then again I almost lost Levi.

As Danielle illustrated, in the case of heterosexual married couples, coresidence was described not as a team effort but primarily as a source of significant conflict. Levi also discussed this:

Um, her father was, oh my God, I could go on for hours about him, but her father was an alcoholic; he was also a kleptomaniac. It was comical watching him coming around our house because you'd literally have to follow him because he'd go around picking stuff up and putting it in his pocket. Um, so that put a lot of strain on the relationship on Danielle and my family and myself as well. You know, I have to support my wife no matter what.

Thus, while coresidence occurred in all couple types, the dimensions and consequences of coresidence as it related to spousal support was described in different ways across gay, lesbian, and heterosexual spouses.

## Discussion

To extend previous research on heterosexual marriage and intergenerational caregiving, we analyzed the provision of spousal support to an intergenerational caregiver in the context of gay, lesbian, and heterosexual marriages—a topic that has been virtually unexplored in empirical research but that is central given the increased prevalence of intergenerational caregiving in the general population (Amirkhanyan & Wolf, 2006; Marks et al., 2002). Taken together, our dyadic in-depth interview data findings provide new insight into how “greedy” marriages and “needy” intergenerational ties are experienced by men and women in gay, lesbian, and heterosexual marriages. We outline three primary themes regarding spousal dynamics of caregiving across couple types, drawing attention to how marital dynamics play out in different ways depending on the gender of both the adult child caregiver and his or her spouse.

First, our findings advance long-standing research on gender in heterosexual marriage to illuminate the ways gender inequity in marriage is revealed—and perhaps even exacerbated—via interview accounts of parental caregiving. Previous research suggests that both spousal support (Erickson, 2005; Hochschild, 1989) and parental caregiving (Kahn et al., 2011; Pillemer & Suitor, 2014) are highly gendered in heterosexual marriages, yet few studies detail the exact processes of how heterosexual spouses support, or do not support, each another during periods of parental caregiving. In our sample, heterosexual women described the provision of care for their own parents, and to a lesser extent their parents-in-law, whereas heterosexual men rarely described parental caregiving. In turn, very few heterosexual women or men described supporting—or feeling supported—by a spouse during periods of parental caregiving. Notably, heterosexual men rarely described their own parental caregiving, instead articulating that other family members, including spouses and siblings, performed this care or that parents did not desire or require care.

Previous research suggests that men do not report the provision of intensive emotional support to their wives, even during times of need such as a physical illness. This may be because, at least in part, men do not view themselves as viable support systems (a perspective perhaps shared by their spouse), given expectations and stereotypes regarding

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masculinity (Thomeer et al., 2015; Umberson et al., 2015). In addition, both heterosexual men and women may underreport men's intergenerational caregiving and spousal support efforts as a result of powerful cultural views about manhood (Courtenay, 2000). For their part, the majority of heterosexual women in our sample articulated that men's lack of spousal support during parental caregiving increased relationship stress and personal distress. These findings echo past studies showing that married parental caregivers, especially women, report more depression than do unmarried parental caregivers (Bookwala, 2009; Chumbler, Pienta, & Dwyer, 2004). Consistent with our findings, previous research shows that marital quality declines during parental caregiving, especially among women, in part because of stress spillover and feelings of inadequacy in both caregiver and spousal roles (Bookwala, Pasternak, Pruchno, & Newsom, 2007; Stephens & Franks, 1995). In this sense, a "greedy" marriage appears to be central for heterosexual women, who must negotiate both their husband's desire for women to reduce parental caregiving alongside women's broader obligations to care for parents and parents-in-law.

Second, our findings suggest that the focus on heterosexual marriage in previous research has stifled a complete view of the possibilities of marital dynamics around caregiving (Carrington, 1999). Gay and lesbian marriages provide a natural environment for studying gendered marital dynamics, as social scientists can consider men's and women's marital and caregiving dynamics with and without a focus on gender difference in the context of marriage. Our findings on heterosexual marriage are consistent with the notion of marriage as a "greedy" institution that competes with caregiving (Sarkisian et al., 2007)—possibly because of entrenched notions of being a husband and wife that do not necessarily reflect actual behavior but rather narratives present in marriage. In turn, gay and lesbian spouses narrate a different dynamic around parental caregiving. In general, both gay men and lesbian women described providing substantial emotional and instrumental support to their caregiving spouse. This occurred, in part, because lesbian women and gay men described working together to provide care for parents or parents-in-law, thus providing the opportunity for instrumental and emotional spousal support to and from both spouses (Marks et al., 2002; Pillemer & Suito, 2014). It may be that, in gay and lesbian marriages, both men and women are freer to provide both intergenerational caregiving and spousal support during periods of caregiving given the loosening of gender restrictions placed on men and women outside heterosexual marriages (Reczek & Umberson, 2012). Thus, there may be more flexibility to enact what is considered typically "feminine" intergenerational caregiving and, in turn, emotional and instrumental spousal support dynamics that are not readily found in heterosexual marriages. Gay men in particular may "queer" notions of men in marriage, freeing them up to provide intensive emotional and instrumental spousal support, consistent with previous research on emotion work in gay relationships (Umberson et al., 2015). Notably, the extensive care given by gay and lesbian respondents may engender more spousal support. As such, this seeming "advantage" in the prevalence and degree of spousal support may be due to a disadvantage in caregiver burden; future research should address this possibility.

Third, alongside these basic gendered trends of spousal support for an individual intergenerational caregiver, we theorize a dynamic of caregiving uniquely found in gay and lesbian couples. Our findings reveal the specific ways gay and lesbian spouses described

providing interchangeable and coordinated caregiving for both parents and parents-in-law. The mutual spousal support dynamics around parental caregiving in gay and lesbian couples did not appear to the same degree in our interviews with heterosexual married couples, as women nearly exclusively provided parent and parent-in-law caregiving in nonreciprocal ways in heterosexual unions. These findings point to a double burden for heterosexual married women, wherein they are expected to care for both sets of parents with little perceived or recognized support or reciprocation from heterosexual men; this lack of support was often the case even when heterosexual men acknowledged and described appreciation for women's caregiving efforts.

The interchangeable dynamic among gays and lesbians was also found during periods of intergenerational coresidence. While gay, lesbian, and heterosexual respondents alike described coresidence with a parent when a parent was in need, the framing used to describe this caregiving—and the ways the marital relationship was negotiated in the context of this care—differed across couple types. A recurrent theme found in the interviews with gay men and lesbian women was the collaborative and cooperative ways everyday coresidential care work was performed, much like caregiving outside of the context of coresidence. In the heterosexual sample, coresidence with a parent was described at times as a source of marital conflict. This suggests that the gender composition of a couple promotes very different interpersonal dynamics—at least as it is revealed in the interview setting—that support, in the case of gay men and lesbian women, or undermine, in the case of heterosexual women, intergenerational caregiving across couple types.

### Limitations

Notably, there are other significant factors apart from gender composition of marital dyads that may underlie our findings. It may be that there is a greater burden placed on gay and lesbian adults to care for parents, perhaps because they are less likely to have children of their own to care for (Carpenter & Gates, 2008). This is a substantial compositional difference across couple types; the vast majority of heterosexuals had children, only about 20% of gays and lesbians had children. This has potential effects on marital interactions and caregiving processes; even as nearly all respondents' children were adult children at the time of the interviews, parenthood could split the relative resources required to care for both parents and children in the so-called sandwiched generation (Grundy & Henretta, 2006). This was not discussed directly by our respondents, but past work suggests this as an important dynamic, and future research should address this possibility. Parental status and other compositional differences across gay, lesbian, and heterosexual couples are fundamental at this point in U.S. history and reflect national data on the topic (Gates, 2013; Gates & Romero, 2009). For example, while the gay, lesbian, and heterosexual respondents in our sample are relatively similar in terms of income, gay men in our sample are more highly educated than heterosexual men (i.e., 23% of gay men, 17% of lesbian women, and 15% of straight individuals had advanced degrees), consistent with population estimates (Carpenter & Gates, 2008). Moreover, our sampling technique may have introduced bias, as we recruited gay and lesbian couples who were married in the first years of marriage legalization in Massachusetts; gay and lesbian couples married in this time frame may be compositionally different from the general gay and lesbian married population as well as the

heterosexual married population, and thus the themes presented in this study should be replicated and refined with other samples.

Additionally, previous research suggests that men tend to provide relatively less care when parents need more serious care, but that men do provide care when parents are less seriously ill; as a result, the gender gap in parental caregiving may be smaller when measuring everyday care rather than intensive care (Laditka & Laditka, 2001; Lee et al., 2003; Stoller, 1990). Thus, while we are not aiming for representativeness with our qualitative data, we may misrepresent the amount of everyday basic caregiving done by heterosexual men because of the way we asked about parental caregiving. We took a broad view of care, letting respondents describe care in their own ways; if we had given more prompts that elicited information on a wider range of caregiving experiences, our findings may have revealed patterns other than those we have described in this study (Lee et al., 2003; Matthews, 1995, 2002). Finally, our dyadic data provide us the unique opportunity to independently examine each spouse's account of spousal support; however, it is notable that we found few examples of disagreement between spouses. Agreement may reflect the fact that individuals experience the situation similarly—in both positive and negative ways—thus validating the individual-level data. This finding may also be because all couples in this sample are in long-term relationships; long-term couples may create couple-level narratives that corroborate each other's accounts.

## Conclusion

This study marks one of the first empirical efforts to understand marital dynamics around intergenerational caregiving for gay, lesbian, and heterosexual people. These findings provide a new way of thinking about the intermingling roles of “greedy” marriages and “needy” parents, pointing to the importance of gender composition of couples in revealing negotiations of the comingling roles of adult child and spouse across couple types. Our findings point to how the negotiations of these two primary social roles differ by gender and couple type, wherein gay and lesbian spouses narrate collaborative and interchangeable dynamics while heterosexual spouses narrate distinct roles for men and women in both marriage and the parent–child tie. These findings advance research on marital ties by showing the dynamics of spousal support during times of intergenerational caregiving, and they advance research on intergenerational caregiving with an analysis of how spousal support dynamics both facilitate and impede intergenerational caregiving; these dynamics have implications for the well-being of all family members. As intergenerational caregiving becomes increasingly prevalent in the United States (Kahn et al., 2011), future work should continue to explore variation in the experiences of caregiving across different population groups.

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## References

- Amirkhanyan AA, Wolf DA. Parent care and the stress process: Findings from panel data. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2006; 61(5):S248–S255.
- Balsam KF, Beauchaine TP, Rothblum ED, Solomon SE. Three-year follow-up of same-sex couples who had civil unions in Vermont, same-sex couples not in civil unions, and heterosexual married couples. *Developmental Psychology*. 2008; 44(1):102. [PubMed: 18194009]
- Bittman M, England P, Sayer L, Folbre N, Matheson G. When does gender trump money? Bargaining and time in household work. *American Journal of Sociology*. 2003; 109(1):186–214.
- Bookwala J. The impact of parent care on marital quality and well-being in adult daughters and sons. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2009; 64(3):339–347.
- Bookwala, J.; Pasternak, C.; Pruchno, R.; Newsom, JT. Effects of parent-care transitions on adult sons' and daughters' marital relationships; Generation of relationships and relationships across generations—Conference proceedings of the combined 7th annual APS PORIG conference/IARR Mini-Conference; 2007. p. 13-18. Retrieved from <http://dspace.lafayette.edu/bitstream/handle/10385/1214/Bookwala-GenerationofRelationshipsandRelationshipsacrossGenerations-2007.pdf?sequence=1>
- Bracke P, Christiaens W, Wauterickx N. The pivotal role of women in informal care. *Journal of Family Issues*. 2008; 29(10):1348–1378.
- Carpenter C, Gates G. Gay and lesbian partnership: Evidence from California. *Demography*. 2008; 45:573–590. [PubMed: 18939662]
- Carrington, C. No place like home: Relationships and family life among lesbians and gay men. Chicago, IL: University of Chicago Press; 1999.
- Cayleff S. Feeding the hand that bit you: Lesbian daughters at mid-life negotiating parental caretaking. *Journal of Lesbian Studies*. 2008; 12(2–3):237–254. [PubMed: 19042735]
- Chumbler NR, Pienta AM, Dwyer JW. The depressive symptomatology of parent care among the near elderly the influence of multiple role commitments. *Research on Aging*. 2004; 26(3):330–351.
- Connell, RW. Masculinities. Berkeley, CA: University of California Press; 2005.
- Courtenay WH. Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*. 2000; 50(10):1385–1401. [PubMed: 10741575]
- Cronin A, Ward R, Pugh S, King A, Price E. Categories and their consequences: Understanding and supporting the caring relationships of older lesbian, gay and bisexual people. *International Social Work*. 2011; 54(3):421–435.
- D'Augelli AR, Grossman AH, Salter NP, Vasey JJ, Starks MT, Sinclair KO. Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life-Threatening Behavior*. 2005; 35(6):646–660. [PubMed: 16552980]
- Erickson RJ. Why emotion work matters: Sex, gender, and the division of household labor. *Journal of Marriage and Family*. 2005; 67:337–351.
- Esterberg, KG. Qualitative methods in social research. Boston, MA: McGraw-Hill; 2002.
- Ferree MM. Filling the glass: Gender perspectives on families. *Journal of Marriage and Family*. 2010; 72(3):420–439.
- Franks MM, Stephens MAP. Social support in the context of caregiving: Husbands' provision of support to wives involved in parent care. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 1996; 51(1):P43–P52.
- Fredriksen KI. Family caregiving responsibilities among lesbians and gay men. *Social Work*. 1999; 44(2):142–155. [PubMed: 10718079]
- Gates, GJ. LGBT parenting in the United States. 2013. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Parenting.pdf>
- Gates, GJ.; Romero, AP. Parenting by gay men and lesbians: Beyond the current research. In: Peters, HE.; Dush, CMK., editors. *Marriage and family: Perspectives and complexities*. New York, NY: Columbia University Press; 2009. p. 227-246.

- Grossman AH, D'Augelli AR, Dragowski EA. Caregiving and care receiving among older lesbian, gay, and bisexual adults. *Journal of Gay & Lesbian Social Services*. 2007; 18(3–4):15–38.
- Grundy E, Henretta JC. Between elderly parents and adult children: A new look at the intergenerational care provided by the “sandwich generation. *Ageing and Society*. 2006; 26(5): 707–722.
- Hochschild, A.; with Machung, A. *The second shift: Working parents and the revolution at home*. New York, NY: Viking Penguin; 1989.
- Kahn JR, McGill BS, Bianchi SM. Help to family and friends: Are there gender differences at older ages? *Journal of Marriage and Family*. 2011; 73:77–92. [PubMed: 21738263]
- Kurdek LA. Are gay and lesbian cohabiting couples really different from heterosexual married couples? *Journal of Marriage and Family*. 2004; 66(4):880–900.
- Laditka JN, Laditka SB. Adult children helping older parents variations in likelihood and hours by gender, race, and family role. *Research on Aging*. 2001; 23(4):429–456.
- Lee E, Spitze G, Logan JR. Social support to parents-in-law: The interplay of gender and kin hierarchies. *Journal of Marriage and Family*. 2003; 65(2):396–403.
- Leopold T, Raab M, Engelhardt H. The transition to parent care: Costs, commitments, and caregiver selection among children. *Journal of Marriage and Family*. 2014; 76(2):300–318.
- Liebler CA, Sandefur GD. Gender differences in the exchange of social support with friends, neighbors, and co-workers at midlife. *Social Science Research*. 2002; 31(3):364–391.
- Marks NF, Lambert JD, Choi H. Transitions to caregiving, gender, and psychological well-being: A prospective U.S. national study. *Journal of Marriage and Family*. 2002; 64(3):657–667.
- Matthews SH. Gender and the division of filial responsibility between lone sisters and their brothers. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 1995; 50(5):312–320.
- Matthews, SH. *Sisters and brothers/daughters and sons: Meeting the needs of old parents*. New York, NY: Unlimited; 2002.
- Merrill DM. Daughters-in-law as caregivers in the elderly. *Research on Aging*. 1993; 15:70–91.
- Muraco A, Fredriksen-Goldsen K. “That’s what friends do”: Informal caregiving for chronically ill midlife and older lesbian, gay, and bisexual adults. *Journal of Social and Personal Relationships*. 2011; 28(8):1073–1092. [PubMed: 24817778]
- Muraco A, Fredriksen-Goldsen KI. The highs and lows of caregiving for chronically ill lesbian, gay, and bisexual elders. *Journal of Gerontological Social Work*. 2014; 57(2–4):251–272. [PubMed: 24224896]
- Neal MB, Ingersoll-Dayton B, Starrels ME. Gender and relationship differences in caregiving patterns and consequences among employed caregivers. *Gerontologist*. 1997; 37:804–816. [PubMed: 9432997]
- Parslow O, Hegarty P. Who cares? UK lesbian caregivers in a heterosexual world. *Women’s Studies International Forum*. 2013; 40:78–86.
- Pillemer K, Suito JJ. Who provides care? A prospective study of caregiving among adult siblings. *Gerontologist*. 2014; 54(4):589–598. [PubMed: 23840019]
- Pinquart M, Sörensen S. Helping caregivers of persons with dementia: Which interventions work and how large are their effects? *International Psychogeriatrics*. 2006; 18(4):577–595. [PubMed: 16686964]
- Pinquart M, Sörensen S. Gender differences in caregiver stressor, social resources, and health: An updated meta-analysis. *Journal of Gerontology: Psychological Sciences*. 2007; 61B:33–45.
- Pinquart M, Sörensen S. Spouses, adult children, and children-in-law as caregivers of older adults: A meta-analytic comparison. *Psychology and Aging*. 2011; 26(1):1–14. [PubMed: 21417538]
- Price E. Caring for mum and dad: Lesbian women negotiating family and navigating care. *British Journal of Social Work*. 2011; 41(7):1288–1303.
- Reczek C. The intergenerational relationships of gay men and lesbian women. *Journals of Gerontology: Social Sciences*. 2014; 69(6):909–919.
- Reczek C. Parental disapproval and gay and lesbian relationship quality. *Journal of Family Issues*. 2016 Advance online publication.

- Reczek C, Elliott S, Umberson D. Commitment without marriage: Union formation among long-term same-sex couples. *Journal of Family Issues*. 2009; 30(6):738–756. [PubMed: 21814298]
- Reczek C, Umberson D. Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. *Social Science & Medicine*. 2012; 74(11):1783–1790. [PubMed: 22227238]
- Roy K, Zvonkovic A, Goldberg A, Sharp E, LaRossa R. Sampling richness and qualitative integrity: Challenges for research with families. *Journal of Marriage and Family*. 2015; 77(1):243–260.
- Sarkisian N, Gerena M, Gerstel N. Extended family integration among Euro and Mexican Americans: Ethnicity, gender, and class. *Journal of Marriage and Family*. 2007; 69(1):40–54.
- Sarkisian N, Gerstel N. Kin support among Blacks and Whites: Race and family organization. *American Sociological Review*. 2004; 69(6):812–837.
- Sarkisian N, Gerstel N. Till marriage do us part: Adult children's relationships with their parents. *Journal of Marriage and Family*. 2008; 70(2):360–376.
- Seltzer JA, Bianchi SM. Demographic change and parent-child relationships in adulthood. *Annual Review of Sociology*. 2013; 39:275–290.
- Silverman, D. *Interpreting qualitative data: Methods for analyzing talk, text and interaction*. Thousand Oaks, CA: Sage; 2006.
- Silverstein M, Giarrusso R. Aging and family life: A decade review. *Journal of Marriage and Family*. 2010; 72(5):1039–1058. [PubMed: 22930600]
- Springer KW, Hankivsky O, Bates LM. Gender and health: Relational, intersectional, and biosocial approaches. *Social Science & Medicine*. 2012; 74(11):1661–1666. [PubMed: 22497844]
- Stephens MAP, Franks MM. Spillover between daughters' roles as caregiver and wife: Interference or enhancement? *Journal of Gerontology: Psychological Sciences*. 1995; 50B:P9–P17.
- Stoller EP, Pugliesi KL. Other roles of caregivers: Competing responsibilities or supportive resources. *Journal of Gerontology*. 1989; 44(6):S231–S238. [PubMed: 2809117]
- Stoller EP. Males as helpers: The role of sons, relatives, and friends. *Gerontologist*. 1990; 30(2):228–235. [PubMed: 2347505]
- Suitor JJ, Pillemer K. Sources of support and interpersonal stress in the networks of married caregiving daughters findings from a 2-year longitudinal study. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 1996; 51(6):S297–S306.
- Swartz TT. Intergenerational family relations in adulthood: Patterns, variations, and implications in the contemporary United States. *Annual Review of Sociology*. 2009; 35:191–212.
- Szinovacz ME, Davey A. Changes in adult children's participation in parent care. *Ageing and Society*. 2013; 33(4):667–697.
- Thomeer MB, Reczek C, Umberson D. Gendered emotion work around physical health problems in mid- and later-life marriages. *Journal of Aging Studies*. 2015; 32:12–22. [PubMed: 25661852]
- Thompson EH, Futterman AM, Gallagher-Thompson D, Rose JM, Lovett SB. Social support and caregiving burden in family caregivers of frail elders. *Journal of Gerontology*. 1993; 48(5):S245–S254. [PubMed: 8366273]
- Umberson D, Thomeer MB, Lodge AC. Intimacy and emotion work in lesbian, gay, and heterosexual relationships. *Journal of Marriage and Family*. 2015; 77(2):542–556. [PubMed: 25814771]
- Voydanoff P, Donnelly BW. Multiple roles and psychological distress: The intersection of the paid worker, spouse, and parent roles with the role of the adult child. *Journal of Marriage and the Family*. 1999; 61:725–738.
- Waite, L.; Gallagher, M. *The case for marriage*. New York, NY: Random House; 2000.