



HHS Public Access

Author manuscript

J Fam Theory Rev. Author manuscript; available in PMC 2021 August 05.

Published in final edited form as:

J Fam Theory Rev. 2020 December ; 12(4): 431–447. doi:10.1111/jftr.12397.

Multigenerational social support in the face of the COVID-19 pandemic

Megan Gilligan

Department of Human Development & Family Studies, Iowa State University, Ames

J. Jill Suitor, Marissa Rurka

Department of Sociology & Center on Aging and the Life Course, Purdue University, West Lafayette

Merril Silverstein

Department of Sociology & Department of Human Development and Family Science, Syracuse University, Syracuse

Abstract

Research documents high levels of instrumental, financial, and expressive support exchanges within multigenerational families in the 21st century. The COVID-19 pandemic poses unique challenges to support exchanges between the generations; however, the pandemic may provide opportunities for greater solidarity within families. In this review, we draw from theoretical perspectives that have been used to study family relationships to understand the implications of the pandemic for multigenerational families: the life course perspective, the intergenerational solidarity model, and rational choice/social exchange theory. We review literature on multigenerational relationships in the United States and discuss how established social support patterns and processes may be altered by the COVID-19 pandemic. We reflect on how the impact of the COVID-19 pandemic on multigenerational relationships may vary by gender, race, ethnicity, and socioeconomic status. Finally, we provide directions for future researchers to pursue in order to understand the lasting impacts of the COVID-19 pandemic on multigenerational ties.

Keywords

aging; caregiving; extended families; family and aging; gerontology; intergenerational relationships

Contrary to Parsons' (1943) constrained view of families in the mid-20th century as nuclear units consisting of parents and young children, empirical research has demonstrated that parents and offspring usually maintain contact; feel a sense of obligation toward one another; and continue to exchange instrumental, financial, and expressive support across the life course (Suitor et al., 2015). Furthermore, demographic changes, including increased life expectancy and childbearing patterns, have resulted in the increased prevalence of family

ties spanning multiple generations (Fingerman et al., 2020; Gilligan et al., 2018). In the 1990s, Bengtson introduced the term ‘beanpole family’ to describe this emerging family structure (Bengtson, 2001). The presence of multiple generations at the same time means that families often encounter various support needs simultaneously (Carr & Utz, 2020). Families may need to make strategic choices when deciding how to best distribute resources across multiple generations.

In this review, we consider an external threat that is likely to have major implications for multigenerational ties—in other words, ties between older parents, adult children, and grandchildren within the same families—the 2020 coronavirus pandemic (COVID-19). Our primary focus is on the implications of the pandemic for older parent–adult child relations; however, we also pay attention to the implications across the three generations from grandparents to grandchildren. We draw from three prominent theoretical perspectives that have been used to study family relationships to better understand the implications of pandemic events for multigenerational family relations: the life course perspective, the intergenerational solidarity model, and rational choice/social exchange theory. We highlight how established social support patterns and processes may be altered both negatively and potentially positively by the COVID-19 pandemic. In this article, we take into consideration the ways in which the pandemic may reshape patterns of the three dimensions of social support: (1) instrumental (e.g., help around the house, daily chores, caregiving to younger or older relatives), (2) financial (e.g., loaning or giving money), and (3) expressive (e.g., comfort, advice) exchange. We focus specifically on the implications of the COVID-19 pandemic for multigenerational social support exchanges in the United States and reflect on how the impact of the pandemic may vary by gender, race, ethnicity, and socioeconomic status.

Theoretical Perspectives on Multigenerational Family Relationships

A variety of theoretical frameworks has been applied to the study of multigenerational family relationships. In this article, we draw from three theoretical perspectives that are especially relevant to understanding multigenerational social support exchanges during pandemic events: the life course perspective, the intergenerational solidarity model, and rational choice/social exchange theory. In the following section, we review key concepts from these theories that help us to understand the implications of the COVID-19 pandemic for patterns and processes of social support between generations.

The *Life Course Perspective* emphasizes the connection between individual and social–historical time, making this approach particularly well suited to understanding relationships between generations during pandemic events. In particular, the life course concept of ‘period effects’ helps us to situate multigenerational ties in the context of the COVID-19 pandemic by highlighting the impact of major historical events on individuals and families (Bengtson & Allen, 1993). Furthermore, the life course perspective emphasizes that period effects vary by age (e.g., chronological and biological), developmental stages (e.g., childhood, adolescence, early adulthood, middle adulthood, and late adulthood), generational position within the family (e.g., parent, child, and grandchild), and structural positions within the larger society (e.g., gender, race, ethnicity, and socioeconomic status) (Bengtson & Allen,

1993; Elder Jr., 1974; Gilligan et al., 2018; Settersten et al., 2020). In this article, we consider how variation both between and within these different contexts might influence multigenerational ties during the COVID-19 pandemic.

Furthermore, we draw upon the life course concept of ‘linked lives’ to consider the impact of the COVID-19 pandemic on relationships between multiple generations of family members. This concept underscores that individuals’ lives are embedded within the lives of their family members, including those of other generations (Elder Jr., 1994; Gilligan et al., 2018; Macmillan & Copher, 2005). Because of the linked, or interdependent, lives of individuals within families, the events, trajectories, or transitions occurring within one family member’s life are likely to have consequences in the lives of other members (Bengtson et al., 2005; Gilligan et al., 2018).

The *Intergenerational Solidarity Model* highlights how the COVID-19 pandemic may concomitantly promote and challenge multigenerational cohesion. The original model includes six dimensions of intergenerational solidarity: associational (e.g., contact), affectional (e.g., relationship quality), consensual (e.g., value similarity), functional (e.g., exchange of support), normative (e.g., family obligations), and structural (e.g., geographic proximity; Bengtson & Roberts, 1991; Silverstein & Bengtson, 1997). Since its inception, this model has been expanded in two important ways that may be particularly important to multigenerational ties during the COVID-19 pandemic. First, the model has been modified to acknowledge that conflict is a common aspect of family relations. Furthermore, the model also recognizes intergenerational ambivalence, the term used to capture the experience of simultaneously holding both positive and negative feelings toward family members (Bengtson et al., 2002; Connidis, 2015; Luescher & Pillemer, 1998). The recognition of this dimension of intergenerational relations is an important extension of the original solidarity model given that ambivalent feelings are commonly held by family members (Fingerman et al., 2008; Gilligan et al., 2015; Pillemer et al., 2012; Sutor et al., 2011). As such, the solidarity–conflict model is better able to capture the mixed emotions that are likely during such life-altering events.

Second, the concept of associational solidarity has recently been extended to include ‘digital solidarity’ to consider the role of technology in maintaining contact between the generations (Peng et al., 2018). Digital communication between generations represents a new domain in gerontological research but one that is receiving increased attention. In a decade review of research on aging families, Fingerman et al. (2020) devote a section to the implications of technological advances for intergenerational communication. They report many studies that demonstrate how digital communication has enabled older and younger generations to manage the strengthened interdependence between them—a trend predicted by Bengtson (2001) in his treatise on the growing importance of intergenerational ties in adulthood. Given the need to reduce physical contact with one another during the COVID-19 pandemic, generations may turn to technology to maintain contact.

Rational choice and social exchange concepts of ‘rewards’ and ‘costs’ help us to understand how family members decide whether to engage in support exchanges with one another during the COVID-19 pandemic (Blau, 1964; Nye, 1979). In particular, according to this

perspective, individuals try to maximize the rewards and reduce the costs of their social exchanges. Scholars have argued, however, that family members may be more tolerant of costs in their exchanges with one another (Stafford, 2008). In particular, the lifelong nature of these ties shape individuals' perspectives on reciprocity and equity among family members differently from those with role partners outside of the family, with a focus on long-term rather than short-term assessments of balanced exchanges. This theoretical perspective is particularly relevant during the COVID-19 pandemic, during which older parents, adult children, and grandchildren are likely to experience a greater need to turn to each other for support. However, the costs of exchanges are likely to be higher than they are under other circumstances. Thus, theories of rational choice and exchange are salient for the processes of social support exchanges within families that we discuss in this article.

Multigenerational Social Support Exchanges and The COVID-19 Pandemic

In the following section, we draw from the life course perspective, the intergenerational solidarity model, and rational choice/social exchange theory to provide a framework in which to consider the impact of the COVID-19 pandemic on social support patterns and processes between multigenerational family members. Furthermore, we consider how variations in multiple intergenerational relations within families may contribute to the complexity of multigenerational ties during the COVID-19 pandemic (Suitor et al., 2018). Finally, we reflect on how the impact of the COVID-19 pandemic on multigenerational relationships may vary by gender, race, ethnicity, and socioeconomic status.

Support exchanges between parents and adult children

The intergenerational solidarity model's concepts of functional solidarity (e.g., exchange of support) and normative solidarity (e.g., family obligations) are helpful in understanding social support between members of multigenerational families during the COVID-19 pandemic, whereas rational choice and social exchange perspectives help us to understand the 'rewards' and 'costs' family members may consider when deciding whether to engage in these exchanges. In this section, we apply these theories to better understand how the COVID-19 pandemic shapes patterns and consequences of support exchanges between a particularly salient multigenerational tie: that between parents and their adult children.

A large body of research continues to document high levels of instrumental (e.g., help around the house, daily chores, caregiving), (2) financial (e.g., loaning or giving money), and (3) expressive (e.g., comfort, advice) exchanges between parents and their adult children in the 21st century (Fingerman et al., 2020; Thomas et al., 2017). Much of this pattern of exchange occurs in person because geographic proximity among family members remains high despite increases in adult children's education across the past four decades. In fact, most older parents in the United States have at least one adult child who lives less than 30 miles from them (almost 60%), and a substantial number of parents and adult children coreside (almost 6%; Choi et al., 2020). Thus, it is not surprising that parents and their adult children typically continue to exchange various types of support with each other, including instrumental and emotional support, in face-to-face interactions (Suitor et al., 2015).

Parents and adult children who live in close proximity during COVID-19 have the benefit of maintaining in-person support exchanges with each other; however, these individuals also have to consider the costs of these exchanges. For example, parents and adult children who live in close proximity may visit one another in person but may choose to adhere to the Center for Disease Control recommendations, which specify wearing masks and/or maintaining at least 6 feet of physical distance from individuals who do not live in the same household (Centers for Disease Control and Prevention [CDC], 2019a). In particular, younger generations may choose to minimize physical contact with older parents because of the higher risk of severe illness in older adults because of the coronavirus (CDC, 2019b). Physical touch is an important dimension of intergenerational social support (e.g., hugging, holding hands, kissing; Mansson, 2012), which has been shown to improve health and well-being (Thomas & Kim, 2020). Although some families may refrain from engaging in this type of support during the pandemic, other families may decide to disregard the CDC guidelines and maintain the support exchanges that they engaged in prior to the pandemic.

Social support exchanges during the pandemic are also likely to have implications for multigenerational relationship quality. The intergenerational solidarity concept of affectional solidarity helps us to understand the multidimensional positive, negative, and ambivalent nature of intergenerational relationships (Suitor et al., 2015). The COVID-19 pandemic may lead to strengthened ties between older and younger family members (Ayalon et al., 2020; Morrow-Howell et al., 2020); however, the pandemic may also increase feelings of tension and strain between generations. Therefore, it is important to consider the complex consequences of the pandemic on intergenerational relationship quality. One of the most consistent predictors of intergenerational relationship quality is consensual solidarity (e.g., value similarity; Gilligan et al., 2015; Rossi & Rossi, 1990; Sechrist et al., 2011; Suitor et al., 2013). In particular, cohesion increases when members of each generation share each other's values and beliefs. During the COVID-19 pandemic, shared values may increase feelings of closeness between generations. In contrast, dissimilar values may be a source of tension. For example, older parents and adult children may disagree regarding what are necessary safety precautions during the pandemic. Members of one generation may believe it is safe to engage in particular support exchanges, whereas members of the other generation may disagree. The disagreements are likely a source of tension in relationships between generations. Variation in beliefs within and between generations may further exacerbate tension. Perhaps parents feel comfortable exchanging in-person support with a particular adult child who shares their safety beliefs. In contrast, perhaps parents may avoid in-person exchanges with a different adult child because they feel that child is engaging in risky behaviors. Prior to the pandemic, such differentiation among adult children was found to be a source of tension between and within generations, leading to higher depressive symptoms (Peng et al., 2019; Suitor et al., 2017; Suitor et al., 2018); it is likely to have even greater effects in the face of the pandemic because of the generally heightened level of stress individuals experience.

Some types of support exchanges may better weather COVID-19 because they have fewer costs than others. For example, parents and their adult children may decide that it is completely safe to exchange emotional support if they exclusively rely on technology. Continuous technological advancements have resulted in multiple options for

intergenerational contact (e.g., Facebook, instant messaging, Snapchat, Skype, and FaceTime; Antonucci et al., 2017). During the pandemic, families are encouraged to utilize technology (e.g., FaceTime or Zoom) (Glazer, 2020). As noted above, scholars have developed the term ‘digital solidarity’ to recognize the use of such communication technology to maintain intergenerational support (Peng et al., 2018). Such digital communication may be particularly beneficial to combat loneliness among older adults who live alone or in assisted and independent living communities (Cotten et al., 2013; Czaja, 2017; Czaja et al., 2018) and cannot receive family members’ visits.

In past decades, use of these technologies by older adults was quite limited; however, these patterns have changed considerably since 2000. Research has shown that, from 1986 to 2001, parents and adult children increased their use of technology (e.g., phones and internet) to maintain contact with each other (Treas & Gubernskaya, 2012), but the rates of use were still relatively low. However, this trend accelerated rapidly in the 21st century. For example, in 2005, 66% of adults ages 50–64 years used the internet compared to only 28% of those aged 65 years and older. However, by 2018, 87% of adults aged 50–64 years reported using the internet, and 66% of adults aged 65 years and older reported doing so (Smith & Anderson, 2018). Nevertheless, older adults’ internet use remains substantially lower than that of younger adults. By 2018, 98% of adults aged 18–29 years and 97% of adults aged 30–49 years reported using the internet (Smith & Anderson, 2018). Multigenerational support may play an especially important role during the COVID-19 pandemic in that younger family members can help older family members to develop the technological skills necessary to broaden their resources during this difficult time.

However, it is important to note that technology is not equally accessible to all populations. In general, older adults, particularly those with physical limitations, are often more likely to experience the ‘digital divide’ than their younger counterparts (Choi & DiNitto, 2013; Gell et al., 2015; Hong & Cho, 2017; Wu et al., 2015). These divides within the older population are likely because of limited access to technology and disadvantages experienced earlier in the life course. The literature on the digital divide consistently shows lower use of digital technology among minority, low-income, and physically limited older individuals, particularly those who live in rural areas (Choi & DiNitto, 2013; Czaja et al., 2019; Gell et al., 2015; Hale et al., 2010; Hong & Cho, 2017).

Other types of support may be more difficult to maintain during the COVID-19 pandemic. For example, older parents and adult children have to weigh the costs and benefits of exchanging instrumental support if it requires in-person contact. Is it worth the risk to help an older parent with light housework if it means you may put them at risk by your presence? In the case of meal preparation, it may be possible for family members in close geographic proximity to leave groceries or prepared meals on each other’s doorsteps. Family members with sufficient economic resources may be able to provide instrumental support by arranging household or meal services that follow COVID-19 protocols. However, even with the resources to provide older family members with this support, these services are not available in all urban and suburban areas and are much less likely to be available in the rural areas where many older families reside (Brandt et al., 2019).

Compounding this problem, members of the middle generations of multigenerational families often find themselves providing support to their older parents and their own children simultaneously (Fingerman et al., 2011; Fingerman et al., 2016). The COVID-19 pandemic is likely to complicate support decisions in multigenerational families (Stokes & Patterson, 2020). Families may be even more likely to concentrate their support resources toward particular family members. The direction of this concentration of support up or down intergenerational lines may well differ by race. Research has shown that White middle-aged adults tend to provide more support to their adult children than to their older parents, whereas Black middle-aged adults tend to provide more support to their aging parents than to their adult offspring (Fingerman et al., 2011; Park, 2018). Furthermore, research has shown that Black families often have more living generations and greater potential support needs but fewer resources compared to White families (Park et al., 2019).

Coresidence is a strategy that multigenerational families may employ to promote social support exchanges and mitigate risks during the COVID-19 pandemic. In recent decades prior to the pandemic, coresidence became a common response to intergenerational support needs; in fact, in 2019, more than one-third of adult sons and more than one-quarter of adult daughters aged 18–24 years coresided with parents (U.S. Census Bureau, 2019). Similarly, the number of older parents coresiding with their midlife adult children nearly tripled between 1988 and 2018, particularly among parents with lower incomes or physical or cognitive limitations (Eickmeyer & Brown, 2019). Black, Hispanic, and Asian American families are more likely to live in multigenerational households than White families (Cohn & Passel, 2018).

Such patterns of coresidence have become substantially more pronounced in 2020 among young adults aged 18–24 years, with the number residing in their parents' household increasing from 47% to 52% just between February and July (Fry et al., 2020). Although this shift was the strongest among White families, the increase was seen across racial and ethnic groups, as well as among both women and men and in both urban and rural areas (Parker et al., 2020). In many families, members of multiple generations decide to live together to share resources because of financial shortfalls in the face of the COVID-19 economic downturn (Parker et al., 2020). Younger adults were particularly vulnerable to pay cuts and job loss during the pandemic (Mendez-Smith & Klee, 2020). According to a recent Pew study, nearly one in five young adults who moved into their parents' homes in spring and summer of 2020 did so because they had lost their jobs or experienced other serious financial difficulties. The economic stressors associated with the COVID-19 pandemic are likely to increase feelings of tension in multigenerational families. Young adults' additional support needs may create strain in their relationships with their parents.

In other families, the decision to live together may not have been intentional. The closure of residence halls resulted in the return of college students to their parents' homes; in fact, the recent Pew study (2020) reported that approximately one-quarter of young adults who returned home did so because their colleges had closed (Fry et al., 2020). Coresidence is complicated when we consider the within-family variation in intergenerational ties. For example, parents may have multiple adult children with social support needs, but they may

not be able to invite all of their children to live with them because of limited space or resources.

It is important to note that coresidence does not necessarily eliminate obstacles to social interactions and exchanges of support within households without risks. In fact, by the fall of 2020, the CDC began recommending masking and social distancing within households in which family members either tested for COVID-19 or were at risk of having contact with individuals who carry the virus (CDC, 2020b). Such within-household guidelines might be particularly relevant among families in which members are employed in high-COVID-risk occupations (Hawkins, 2020).

In summary, the COVID-19 pandemic has posed challenges and facilitated opportunities for maintaining intergenerational solidarity and support exchanges among parents and their adult children. Recent developments in Intergenerational Solidarity Theory, particularly the concept of digital solidarity, offer insight into the importance of communicative technology for enabling the exchange of social support at times in which face-to-face interactions are discouraged. Theory and empirical work related to consensual solidarity highlight how disagreements surrounding COVID-19 precautions may make value dissimilarities between and within generations more apparent, which in turn may result in increased tension, ambivalence, and psychological distress. The life course concept of linked lives suggests that pandemic-related stressors experienced by adult children (i.e., unemployment and college campus closures) affect their parents and vice versa.

Grandparents' support to grandchildren

Up to this point, we have concentrated on parent–adult child social support exchanges; however, older adults often also provide substantial support to grandchildren. Prior to the pandemic, many older adults coresided with their grandchildren. About one-third of American children will spend at least some time living with a grandparent (Amorim et al., 2017). Even when not coresiding, grandparents, particularly grandmothers, are often closely involved in caring for their grandchildren (Cohn & Passel, 2018; Connidis & Barnett, 2018; Hayslip Jr. et al., 2019). Caregiving grandmothers are more likely to come from racial, ethnic minority, and socioeconomically disadvantaged families (Hayslip Jr. et al., 2019). Prior to the pandemic, research found that caregiving grandparents experience a variety of psychological and physical health consequences (Chen et al., 2015; Hayslip Jr. et al., 2019), some of which have been found to differ by race. For example, grandparents' provision of care to their grandchildren was found to have psychological benefits for grandchildren and grandparents (Hayslip Jr. et al., 2019; Silverstein, 2008); however, this benefit appears to be more likely among White than Black grandparents (Sneed & Schulz, 2019). Similarly, providing such care in the context of coresidence has been found to be particularly detrimental to the physical health among Black grandparents, relative to both White and Hispanic grandparents (Chen et al., 2015).

The COVID-19 pandemic may have intensified both the consequences and benefits of grandparents' provision of care to their grandchildren. The large majority of schools and childcare centers closed during the COVID-19 pandemic in order to promote the safety of children, families, and employees (CDC, 2019c). In addition, research conducted in the

spring of 2020 demonstrated that parents, especially mothers, reduced their work hours to care for their children (Collins et al., 2020). Parents who reduced work hours initially to care for their children may have eventually turned to grandparents for childcare as a way to maintain employment during the pandemic. As a result, an even larger number of families may have turned to grandparents to care for grandchildren than before the pandemic. However, grandparents' care provision during the COVID-19 pandemic poses substantial costs to grandparents. Older individuals are at greater risk of developing serious complications from the coronavirus (CDC, 2019d). Older individuals who provide care to grandchildren increase their risk of exposure to the virus via in-person contact with grandchildren and adult children who are entering work environments (Glazer, 2020; Stokes & Patterson, 2020). In addition, grandchild care is likely to be especially intense during the COVID-19 pandemic and may increase the psychological and physical consequences for grandparents (Harrington Myer, 2020). Given the higher rates of both contracting COVID-19 and dying from the virus among Black and Hispanic adults (Dyer, 2020; Yancy, 2020), such increased caregiving responsibilities may place these grandparents at particular risk. Research conducted early in the pandemic demonstrated that grandparents who provided primary care to their grandchildren during the COVID-19 pandemic were more likely to experience stress when they also experienced material hardship (Xu et al., 2020).

In summary, theories of social exchange and rational choice offer an important lens for understanding the implications of the COVID-19 pandemic for patterns and consequences of grandparents' provision of social support to parents and grandchildren. In light of social-distancing guidelines and school closures, grandparents have become a particularly important source of support in many multigenerational families. Prior to the pandemic, the provision of grandchild care was associated with psychological and physical costs and benefits, and these costs and benefits varied based on factors such as race and coresidential status. As a result of heightened health risks associated with COVID-19, grandparents may be forced to reassess the costs and benefits of providing such support, as well as which costs they are willing to assume. These choices may represent a source of psychological distress for grandparents, as well as a source of tension between generations.

Providing support to older family members

Both theory and empirical research have underscored that assuming the role of family caregiver can be a rewarding experience that fosters a sense of purpose and self-esteem (Aneshensel et al., 1995; Lloyd et al., 2016; Tarlow et al., 2004), simultaneously serving as a stressor that has negative implications for psychological, physical, financial, and social well-being (National Academies of Sciences, Engineering, and Medicine, 2016). Women provide the majority of care to older family members, and as a result, they are also more likely to experience the consequences of caregiving (Committee on Family Caregiving for Older Adults et al., 2016). According to the life course perspective, it is important to consider how social-historical time shapes the experiences and consequences of family relations (Daaleman & Elder, 2007; Settersten et al., 2020); as such, it is important to consider how the COVID-19 pandemic may influence the consequences of family caregiving, as well as caregivers' ability to minimize the costs of caregiving. In this section, we explore the patterns and consequences of informal care provided directly by family members in the face

of COVID-19 and the role that caregivers continue to play when older family members reside in institutional care during the pandemic.

Informal care.—In their influential work on the caregiver stress process, Pearlin et al. (1990) noted that ‘caregiving is a potentially a fertile ground for persistent stress’ (p. 583). This chronic stress can have detrimental implications for caregivers’ physiological, psychological, and relational well-being (Allen et al., 2017; Haley et al., 2010; National Academies of Sciences, Engineering, and Medicine, 2016; Vitaliano et al., 2003).

Chronic stress can have detrimental physiological implications for caregivers (Allen et al., 2017; Haley et al., 2010; Vitaliano et al., 2003). In addition, the time and energy required to satisfy a family member’s care needs may take away from the time and energy that caregivers are able to devote to self-care; on average, caregivers report worse health behaviors than noncaregivers (National Academies of Sciences, Engineering, and Medicine, 2016; Vitaliano et al., 2003). Both the physiological consequences of chronic stress and poor health behaviors increase caregivers’ risk of incurring new medical conditions or aggravating preexisting medical conditions (Allen et al., 2017; Vitaliano et al., 2003). In the context of the COVID-19 pandemic, these costs of caregiving are even more concerning as preliminary research suggests that individuals with medical conditions (e.g., hypertension, diabetes) and suppressed immunologic responses are at increased risk of becoming severely ill or dying from the virus (Garg et al., 2020).

The risk to family caregivers’ relational well-being is particularly relevant in light of the COVID-19 pandemic, which in turn affects psychological well-being (Adelman et al., 2014; National Academies of Sciences, Engineering, and Medicine, 2016; Rodakowski et al., 2012). As states employ measures to encourage social distancing, family caregivers may have fewer interactions with friends and other individuals on whom they rely for social support and connectedness. Even when formal social-distancing measures are eased, until a cure and/or vaccine is available, caregivers may feel compelled to continue to observe strict social distancing in order to reduce their risk of transmitting the virus to care recipients, who are often at the highest risk of serious illness and death. The resulting social isolation and loss of self may compound the stresses of caregiving.

Caregiving to older parents often increases tension among adult siblings (Connidis & Kemp, 2008; Rurka et al., 2020; Suito et al., 2014; Suito et al., 2018), as well as between caregivers and care-recipient parents (Suito et al., 2018). During the COVID-19 pandemic, the effect of family relations on caregiver well-being may become even more apparent. At a time when caregivers experience reduced access to other formal sources of support, family members may represent an increasingly important resource. However, the pandemic may also provoke family conflict. Given the novel nature of the pandemic, family members may be forced to navigate difficult, unprecedented care decisions. Family members may have to make decisions about social-distancing practices, such as who should be allowed to interact with the care recipient, what level of social interaction with the care recipient is acceptable, and the degree to which those who do interact with the care recipient should limit their own social interactions. Family members may debate the best living arrangements for the care recipient; for example, should they move the relative from their current living situation so as

to reduce risk of infection? Furthermore, family members may have to navigate difficult treatment decisions; these treatment decisions may be in response to COVID-19 itself, or they may be related to preexisting conditions, the treatment of which may involve greater risk within the current context. Disagreements among family members regarding caregiving are likely to be more common and intense during the pandemic because of several factors—once-straightforward decisions have become increasingly complicated, the perceived potential consequences of those decisions may be perceived as greater, and these negotiations take place in a context in which all of the individuals are already experiencing higher levels of distress. Because family conflict takes a greater toll on the psychological well-being of Black than White adults, both inside and outside of the context of caregiving (Suitor et al., 2017; Suitor et al., 2018), Black caregivers may be more vulnerable to the physical and psychological consequences of caregiving during the COVID-19 pandemic.

Individuals may feel particularly torn if a member of a different generation becomes sick with COVID-19 because they may want to provide support to the other generation but, at the same time, worry about their own health and safety. Ambivalence theory emphasizes that social structural conditions create contradictions that individuals experience as ambivalence (Connidis, 2015; Connidis & McMullin, 2002). These contradictory feelings are especially likely among women given the increased caregiving expectations that women face in families (Connidis, 2015; Connidis & McMullin, 2002).

Caring for a family member can also strain families' financial resources. According to a report by the National Alliance for Caregiving (NAC) and AARP released shortly before the appearance of COVID-19 in the United States, 45% of caregivers reported experiencing at least one of the following financial situations as a result of caregiving: They stopped saving (28%), took on more debt (23%), used up personal short-term savings (22%), left bills unpaid/paid them late (19%), or borrowed money (15%) (NAC & AARP, 2020). Furthermore, there were racial disparities in how these financial impacts were distributed, with Black and Hispanic caregivers reporting more financial impact on average (2.4 and 2.0, respectively) than their White and Asian American counterparts (1.4 and 1.5, respectively) (National Alliance for Caregiving & AARP, 2020). Both Stress Process Theory and empirical research suggests that not only can caregiving contribute to financial strain, but financial strain can exacerbate the stress of caregiving, increasing caregivers' risk of poor health outcomes (Adelman et al., 2014; Lai, 2012; Leszko, 2019; Pearlin et al., 1990). These concerns have been heightened as COVID-19 has thrown the United States and the world into what is predicted to be the worst economic downturn since the Great Depression (International Monetary Fund [IMF], 2020). Families may experience financial losses and, in turn, have even fewer resources to offset the financial costs of caregiving. For many families, these financial stressors may amplify the psychological and physical consequences of caregiving for years to come.

In the face of mounting physical, psychological, and social costs, family caregivers often turn to formal services (e.g., respite care, home health aides, or long-term care facilities) to alleviate some of the burden of care. However, in the face of COVID-19, the availability of formal services may be restricted, and even when these services are available, caregivers may feel uncomfortable utilizing them because of fear of increasing their family members'

risk of exposure to the virus (National Rehabilitation Research and Training Center on Family Support & University Center for Social and Urban Research, 2020). Unable to utilize formal supports, family members may turn to other family members to share in caregiving responsibilities. In light of studies suggesting that younger individuals have a lower risk of serious illness and injury as a result of COVID-19 (Garg et al., 2020; Onder et al., 2020), it is possible that caregivers may increasingly rely on younger generations to assume care tasks, despite the potential risk of such contact to older family members. Research conducted in the spring of 2020 found that some caregivers reported receiving more support from family members who were furloughed during the pandemic; however, other caregivers reported receiving no family support (Salva et al., 2020). Without alternatives, family caregivers may feel they have no choice but to personally fill the care void—which may increase caregiver burden.

Formal caregiving: Long-term care facilities and intergenerational solidarity.—

Care of older adults in long-term care facilities has received considerable attention during the pandemic as hotspots for COVID-19 spread (Konetzka, 2020; Pillemer et al., 2020; Sands et al., 2020). In an effort to combat the spread of COVID-19 to these facilities, both the CDC and the Centers for Medicare and Medicaid Services initially recommended that facilities suspend all visits from family members except in the case of end-of-life care (Department of Health and Human Services, Centers for Medicare and Medicaid Services, 2020). These restrictions have been eased somewhat to allow more contact; nevertheless, continued concerns about spreading the virus to family members makes it difficult to maintain contact and provide social support to relatives living in long-term care. Although some families have developed strategies for adapting to these restrictions, such as employing communication technology or visiting residents from behind a window, not all families have the resources to make such adaptations. Given the negative effects of social isolation on older adults' physical, cognitive, and emotional well-being (National Academies of Sciences, Engineering, and Medicine, 2020), the decrease in social interaction may put these family members at risk of greater distress. This is particularly the case for older adults with Alzheimer's Disease and related dementias, for whom family members represent a unique and important source of continuity and social support (Verbeek, 2017; Wang et al., 2020). The risk of social isolation is also likely greater for Black older adults, who are both less likely to report using technology (Choi & DiNitto, 2013) and more likely to live in lower-quality long-term care facilities with fewer resources to facilitate 'socially distant' interactions (Shippee et al., 2020).

In summary, theories of social exchange and rational choice offer insight into how COVID-19 may exacerbate the psychological, physical, relational, and financial costs of caregiving. As access to formal services has been restricted, and concern about COVID-19 spread in these settings has increased, family caregivers may feel as if they have no option but to assume additional care duties and 'costs'. An intersectional perspective underscores how certain caregivers—notably women, low-income, and Black caregivers—are particularly vulnerable within this context. The stresses of caregiving are also exacerbated for family members whose loved ones reside in formal care. Because of visitation restrictions, these caregivers face obstacles to maintaining intergenerational solidarity.

Although some caregivers have turned to communicative technology in an effort to maintain digital solidarity with their older relatives, this option may not be accessible for all caregivers or within all long-term care facilities.

Generational rituals and traditions

The life course perspective emphasizes that individuals' lives are comprised of various transitions, and families often honor these transitions together through rituals and traditions (Bengtson & Allen, 1993). These rituals and traditions often involve the exchange of emotional, instrumental, and financial support. However, honoring these transitions during the COVID-19 pandemic may look very different than they did before the pandemic (Settersten et al., 2020). Prior to the pandemic, it was common for multiple generations to gather together to celebrate special events such as holidays. Grandmothers and mothers often play a 'kin keeping' role in organizing these family events (Brown & DeRycke, 2010; Connidis & Barnett, 2018). In contrast, during the pandemic, multigenerational families may have altered their family traditions. For example, families may have chosen to participate in Zoom holiday dinners during the spring rather than gathering around their grandmother's kitchen table. In fact, the term 'Zeder' was coined to refer to Zoom celebrations of the Jewish Passover ritual of the Seder (McMurry, 2020). Given social-distancing recommendations, even multigenerational families who live in close proximity may have decided to avoid in-person contact when celebrating major transitions. However, geographic proximity does provide alternatives other than technology for family get-togethers. For example, families may have decided to have 'car parades' to celebrate birthdays (Chen, 2020).

Many of these events recur on an annual schedule, and family members consider remote gatherings as a temporary response to the pandemic. However, others are one-time events for which remote or greatly socially distanced events are unlikely to be considered satisfactory substitutes. In the case of some of these major single-time events, it may be possible to postpone or reschedule family gatherings. For example, this approach has become quite common in the case of weddings. However, some family celebrations, particularly those with religious significance, such as christenings or Jewish bris and naming ceremonies, may be considered less acceptable to postpone given their expected timing in the life course.

The rituals surrounding birth and death are those that are impacted the most by the COVID-19 pandemic. Older generations serve as important sources of support to parents after the birth of a child (Swartz & O'Brien, 2016). However, social-distancing guidelines restrict visitors from hospitals during childbirth and limit the type of familial support that older generations may be able to provide after childbirth (CDC, 2020a). Grandparents may have had to cancel plans for in-person visits after the birth of a grandchild. Instead, they may meet their grandchild for the first time via video chat.

The absence of rituals at the deaths of family members during the pandemic may exact the greatest cost and further intensify the consequences of the loss for family members. Furthermore, because individuals were likely restricted from visiting family members in the hospital or residential facility during the COVID-19 pandemic (CDC, 2020a), many victims of the pandemic died without the presence of family members (Carr et al., 2020).

Furthermore, other families also lost older members who were living in hospitals, nursing homes, and assisted living facilities who died from other causes but were also unable to spend time with those family members at the end of life. Finally, COVID-19 precluded holding religious and family rituals commemorating the deaths of other family members as well, including spouses, siblings and children, and more distant relatives. Many multigenerational families may postpone traditional face-to-face mourning rituals (Carr et al., 2020). Some families may decide to utilize technology to implement alternative rituals (e.g., virtual funeral services).

In summary, in response to the COVID-19 pandemic, individuals have had to adapt, delay, or cancel traditions and ceremonies that commemorate normative life course transitions, such as births, graduations, marriages, and deaths. Given that these traditions and ceremonies often serve as important sites for the exchange of emotional, instrumental, and financial support, these disruptions have been distressing for families. Although some families have turned to technology to commemorate these transitions, for many, these virtual adaptations represent a less satisfactory substitute than in-person gatherings.

Summary and Call for Future Research

Over the last several decades, family scholars have documented the importance of multigenerational families for the health and well-being of members of each generation. (Bengtson, 2001; Fingerman et al., 2020; Sarkisian & Gerstel, 2012; Suito et al., 2015). The COVID-19 pandemic poses unique challenges to support exchanges between the generations; however, the pandemic may provide opportunities for greater solidarity within families. In this review, we drew from the life course perspective, the intergenerational solidarity model, and rational choice/social exchange theory to provide a framework in which to discuss the literature on relationships between multiple generations and the impact of the COVID-19 pandemic on these ties. Below, we offer several specific areas of research for future scholars to consider when examining the impact of the COVID-19 on multigenerational ties.

Not all multigenerational family ties have been equally impacted by the COVID-19 pandemic. Black and other ethnic minority populations are more likely to contract the virus and suffer severe health consequences compared to their White counterparts because of a variety of factors, including health, community, and occupational disparities (Millett et al., 2020; Shah et al., 2020; Yancy, 2020). Furthermore, Black and other minority families are more likely experience the death of family members, particularly older family members, from COVID-19 than are White families (Dyer, 2020; Yancy, 2020). Although men experience increased COVID-19 mortality risk, women experience several other COVID-19 complications, including increased caregiving responsibilities (Gausman & Langer, 2020). Family scholars should consider these various forms of inequality when considering the consequences of the COVID-19 pandemic on multigenerational ties. This review focused on the impact of the COVID-19 pandemic on multigenerational families in the United States. However, given the global nature of the pandemic and the substantial diversity in family structure, health care policies, and COVID-19 policy enforcement across nations, future research should consider the consequences of the pandemic for multigenerational ties in

other cultural contexts. In addition, building on the call for family scholars to incorporate an intersectional approach (Few-Demo, 2014), future research should consider how the intersection of various social structural positions impact multigenerational families' support exchanges during the pandemic.

Recent scholarship has documented the use of technology to maintain social support between the generations (Fingerman et al., 2020; Peng et al., 2018). Technology is likely particularly important for multigenerational ties during the COVID-19 pandemic. During the pandemic, members of each generation may turn to technology to exchange social support and celebrate major life events. However, it is important to note that access to technology varies by age, race, ethnicity, and socioeconomic status (Choi & DiNitto, 2013; Czaja et al., 2019; Gell et al., 2015; Hong & Cho, 2017). Furthermore, it is likely that the COVID-19 pandemic may have exacerbated disparities in technology use. Scholars should consider the benefits and challenges of technology use for multigenerational family social support exchanges during the COVID-19 pandemic.

The duration of the COVID-19 pandemic is uncertain, and public health policies and initiatives in the United States are continuously evolving. It is important for scholars to consider the dynamic nature of multigenerational family social support exchanges during and after this period. Future research should consider whether multigenerational families continue to use the strategies they developed to maintain support exchanges during the COVID-19 pandemic even after the pandemic. Given the historic nature of this event, scholars should consider the lasting implications for multigenerational families for years to come.

Acknowledgments

Megan Gilligan acknowledges support from the National Institute on Aging (1K01AG061260-01A1). Jill Suitor and Megan Gilligan acknowledge support from the National Institute on Aging (1R56AG062767-01). Merrill Silverstein acknowledges support from the John Templeton Foundation.

References

- Adelman RD, Tmanova LL, Delgado D, Dion S, & Lachs MS (2014). Caregiver burden: A clinical review. *Journal of the American Medical Association*, 311(10), 1052–1059. 10.1001/jama.2014.304. [PubMed: 24618967]
- Allen AP, Curran EA, Duggan A, Cryan JF, Chorcoráin AN, Dinan TG, Molloy DW, Kearney PM, & Clarke G (2017). A systematic review of the psychobiological burden of informal caregiving for patients with dementia: Focus on cognitive and biological markers of chronic stress. *Neuroscience and Biobehavioral Reviews*, 73, 123–164. 10.1016/j.neubiorev.2016.12.006. [PubMed: 27986469]
- Amorim M, Dunifon R, & Pilkauskas N (2017). The magnitude and timing of grandparental coresidence during childhood in the United States. *Demographic Research*, 37, 1695–1706.
- Aneshensel CS, Pearlin LI, Mullan JT, Zarit SH, & Whitlatch CJ (1995). *Profiles in caregiving: The unexpected career*. Academic Press.
- Antonucci TC, Ajrouch KJ, & Manalel JA (2017). Social relations and technology: Continuity, context, and change. *Innovation in Aging*, 1(3), 1–9. 10.1093/geroni/igx029. [PubMed: 30480124]
- Ayalon L, Chasteen A, Diehl M, Levy B, Neupert SD, Rothermund K, Tesch-Römer C, & Wahl HW (2020). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *Journal of Gerontology: Series B*. Advance Online Publication. 10.1093/geronb/gbaa051.

- Bengtson VL (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, 63(1), 1–16. 10.1111/j.1741-3737.2001.00001.x.
- Bengtson VL, & Allen KR (1993). The life course perspective applied to families over time. In *Sourcebook of family theories and methods* (pp. 469–504). Springer.
- Bengtson VL, Elder GH, & Putney NM (2005). The life course perspective on ageing: Linked lives, timing, and history. In Johnson ML (Ed.), *The Cambridge handbook of age and ageing* (pp. 493–501). University Press.
- Bengtson VL, Giarrusso R, Mabry JB, & Silverstein M (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships? *Journal of Marriage and Family*, 64(3), 568–576. 10.1111/j.1741-3737.2002.00568.x.
- Bengtson VL, & Roberts RE (1991). Intergenerational solidarity in aging families: An example of formal theory construction. *Journal of Marriage and the Family*, 53(4), 856–870. 10.2307/352993.
- Blau PM (1964). *Exchange and power in social life*. Wiley J.
- Brandt EJ, Silvestri DM, Mande JR, Holland ML, & Ross JS (2019). Availability of grocery delivery to food deserts in states participating in the online purchase pilot. *JAMA Network Open*, 2(12), e1916444. 10.1001/jamanetworkopen.2019.16444. [PubMed: 31790562]
- Brown LH, & DeRycke SB (2010). The kin-keeping connection: Continuity, crisis and consensus. *Journal of Intergenerational Relationships*, 8(4), 338–353. 10.1080/15350770.2010.520616.
- Carr D, Boerner K, & Moorman S (2020). Bereavement in the time of coronavirus: Unprecedented challenges demand novel interventions. *Journal of Aging & Social Policy*, 32(4–5), 425–431. 10.1080/08959420.2020.1764320. [PubMed: 32419667]
- Carr D, & Utz RL (2020). Families in later life: A decade in review. *Journal of Marriage and Family*, 82(1), 346–363. 10.1111/jomf.12609. [PubMed: 33633412]
- Centers for Disease Control and Prevention. (2019a). Households living in close quarters: How to protect those that are most vulnerable. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html>
- Centers for Disease Control and Prevention. (2019b) Social distancing: Keep your distancing to slow the spread. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>
- Centers for Disease Control and Prevention. (2019c). Considerations for schools. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>
- Centers for Disease Control and Prevention. (2019d). Older adults. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- Centers for Disease Control and Prevention. (2020a). Management of visitors to healthcare facilities in the context of COVID-19: Non-US healthcare settings. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html>
- Centers for Disease Control and Prevention. (2020b). Transmission of SARS-COV-2 infections in households-Tennessee and Wisconsin, April-September 2020. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e1.htm>
- Chen F, Mair CA, Bao L, & Yang YC (2015). Race/ethnic differentials in the health consequences of caring for grandchildren for grandparents. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 70(5), 793–803. 10.1093/geronb/gbu160.
- Chen T (2020, 6 11). It's not a lockdown birthday until there's a parade of honking cars. *The Wall Street Journal* <https://www.wsj.com/articles/its-not-a-lockdown-birthday-until-theres-a-parade-of-honking-cars-11591899608>
- Choi H, Schoeni RF, Wiemers EE, Hotz VJ, & Seltzer JA (2020). Spatial distance between parents and adult children in the United States. *Journal of Marriage and Family*, 82(2), 822–840. 10.1111/jomf.12606. [PubMed: 33033415]
- Choi NG, & DiNitto DM (2013). The digital divide among low-income homebound older adults: Internet use patterns, eHealth literacy, and attitudes toward computer/internet use. *Journal of Medical Internet Research*, 15(5), e93. 10.2196/jmir.2645. [PubMed: 23639979]
- Cohn D, & Passel JS (2018, 4 5). A record 64 million Americans live in multigenerational households. Retrieved from pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/

- Collins C, Landivar LC, Ruppner L, & Scarborough WJ (2020). COVID-19 and the gender gap in work hours. *Gender, Work and Organization*. Advance online publication. 10.1111/gwao.12506.
- Committee on Family Caregiving for Older Adults, Board on Health Care Services, Health and Medicine Division, & National Academies of Sciences, Engineering, and Medicine (2016). In Schulz R & Eden J (Eds.), *Families caring for an aging America* (23606). National Academies Press. 10.17226/23606.
- Connidis IA (2015). Exploring ambivalence in family ties: Progress and prospects. *Journal of Marriage and Family*, 77(1), 77–95. 10.1111/jomf.12150.
- Connidis IA, & Barnett AE (2018). *Family ties and aging*. Sage.
- Connidis IA, & Kemp CL (2008). Negotiating actual and anticipated parental support: Multiple sibling voices in three-generation families. *Journal of Aging Studies*, 22(3), 229–238. 10.1016/j.jaging.2007.06.002.
- Connidis IA, & McMullin JA (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, 64(3), 558–567.
- Cotten SR, Anderson WA, & McCullough BM (2013). Impact of internet use on loneliness and contact with others among older adults: Cross-sectional analysis. *Journal of Medical Internet Research*, 15(2), e39. 10.2196/jmir.2306. [PubMed: 23448864]
- Czaja SJ (2017). The potential role of technology in supporting older adults. *Public Policy & Aging Report*, 27(2), 44–48. 10.1093/ppar/prx006.
- Czaja SJ, Boot WR, Charness N, & Rogers WA (2019). *Designing for older adults: Principles and creative human factors approaches*. CRC.
- Czaja SJ, Boot WR, Charness N, Rogers WA, & Sharit J (2018). Improving social support for older adults through technology: Findings from the PRISM randomized controlled trial. *The Gerontologist*, 58(3), 467–477. 10.1093/geront/gnw249. [PubMed: 28201730]
- Daaleman TP, & Elder GH (2007). Family medicine and the life course paradigm. *Journal of the American Board of Family Medicine*, 20(1), 85–92. 10.3122/jabfm.2007.01.060012. [PubMed: 17204740]
- Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2020). Guidance for infection control and prevention of coronavirus disease 2019 (COVID-19) in nursing homes (QSO-20–14-NH). Retrieved from <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>
- Dyer O (2020). Covid-19: Black people and other minorities are hardest hit in US. *British Medical Journal*, 369(m1483), 1–2. 10.1136/bmj.m1483.
- Eickmeyer KJ, & Brown S (2019). Coresidence among older adults and their adult children. Bowling Green State University: National Center for Family & Marriage Research. Retrieved from. <https://www.bgsu.edu/ncfmr/resources/data/family-profiles/eickmeyer-brown-coresidence-older-adults-adult-children-fp-19-19.html>.
- Elder GH Jr. (1974). *Children of the great depression: Social change in life experience*. University of Chicago.
- Elder GH Jr. (1994). *Families in troubled times: Adapting to change in rural America*. Aldine de Gruyter.
- Few-Demo AL (2014). Intersectionality as the “new” critical approach in feminist family studies: Evolving racial/ethnic feminisms and critical race theories: Evolving feminisms. *Journal of Family Theory & Review*, 6(2), 169–183. 10.1111/jftr.12039.
- Fingerman KL, Huo M, & Birditt KS (2020). A decade of research on intergenerational ties: Technological, economic, political, and demographic changes. *Journal of Marriage and Family*, 82(1), 383–403. 10.1111/jomf.12604.
- Fingerman KL, Kim K, Tennant PS, Birditt KS, & Zarit SH (2016). Intergenerational support in a daily context. *The Gerontologist*, 56(5), 896–908. 10.1093/geront/gnv035. [PubMed: 26035892]
- Fingerman KL, Pitzer L, Lefkowitz ES, Birditt KS, & Mroczek D (2008). Ambivalent relationship qualities between adults and their parents: Implications for the well-being of both parties. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 63(6), P362–P371. 10.1093/geronb/63.6.P362.

- Fingerman KL, VanderDrift LE, Dotterer AM, Birditt KS, & Zarit SH (2011). Support to aging parents and grown children in Black and White families. *The Gerontologist*, 51(4), 441–452. 10.1093/geront/gnq114. [PubMed: 21199862]
- Fry R, Passel JS, & Cohn D (2020). A majority of young adults in the U.S. live with their parents for the first time since the Great Depression Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/09/04/a-majority-of-young-adults-in-the-u-s-live-with-their-parents-for-the-first-time-since-the-great-depression/>
- Garg S, Kim L, Whitaker M, O'Halloran A, Cummings C, Holstein R, Prill M, Chai SJ, Kirley PD, Alden NB, Kawasaki B, Yousey-Hindes K, Niccolai L, Anderson EJ, Openo KP, Weigel A, Monroe ML, Ryan P, Henderson J, ... Fry A (2020). Hospitalization rates and characteristics of patients hospitalized with laboratory-confirmed coronavirus disease 2019—COVID-NET, 14 States, March 1–30, 2020. *Morbidity and Mortality Weekly Report*, 69(15), 458–464. 10.15585/mmwr.mm6915e3. [PubMed: 32298251]
- Gausman J, & Langer A (2020). Sex and gender disparities in the COVID-19 pandemic. *Journal of Women's Health*, 29(4), 465–466. 10.1089/jwh.2020.8472.
- Gell NM, Rosenberg DE, Demiris G, LaCroix AZ, & Patel KV (2015). Patterns of technology use among older adults with and without disabilities. *The Gerontologist*, 55(3), 412–421. [PubMed: 24379019]
- Gilligan M, Karraker A, & Jasper A (2018). Linked lives and cumulative inequality: A multigenerational family life course framework. *Journal of Family Theory & Review*, 10(1), 111–125. 10.1111/jftr.12244. [PubMed: 30034068]
- Gilligan M, Sutor JJ, & Pillemer K (2015). Estrangement between mothers and adult children: The role of norms and values. *Journal of Marriage and Family*, 77(4), 908–920. 10.1111/jomf.12207. [PubMed: 26207072]
- Glazer ES (2020, 3 21). Grandparenting in the time of COVID-19 [Web log post]. <https://www.health.harvard.edu/blog/grandparenting-in-the-time-of-covid-19-2020032119261>
- Hale TM, Cotten SR, Drentea P, & Goldner M (2010). Rural-urban differences in general and health-related internet use. *American Behavioral Scientist*, 53(9), 1304–1325. 10.1177/0002764210361685.
- Haley WE, Roth DL, Howard G, & Safford MM (2010). Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers: Differential effects by race and sex. *Stroke*, 41(2), 331–336. 10.1161/STROKEAHA.109.568279. [PubMed: 20075357]
- Harrington Myer M (2020, 5 1). Grandmothers at work during Coronavirus [Web log post]. <https://lernercenter.syr.edu/2020/05/01/grandmothers-at-work-during-coronavirus/>
- Hawkins D (2020). Differential occupational risk for COVID-19 and other infection exposure according to race and ethnicity. *American Journal of Industrial Medicine*, 63(9), 817–820. 10.1002/ajim.23145. [PubMed: 32539166]
- Hayslip B Jr., Fruhauf CA, & Dolbin-MacNab ML (2019). Grandparents raising grandchildren: What have we learned over the past decade? *The Gerontologist*, 59(3), e152–e163. 10.1093/geront/gnx106. [PubMed: 28666363]
- Hong YA, & Cho J (2017). Has the digital health divide widened? Trends of health-related internet use among older adults from 2003 to 2011. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 72(5), 856–863. 10.1093/geronb/gbw100.
- International Monetary Fund. (2020). World economic outlook, April, 2020: The great lockdown. Retrieved from <https://www.imf.org/en/Publications/WEO/Issues/2020/04/14/weo-april-2020>
- Konetzka RT (2020). The challenges of improving nursing home quality. *JAMA Network Open*, 3(1), e1920231. 10.1001/jamanetworkopen.2019.20231. [PubMed: 31995209]
- Lai DW (2012). Effect of financial costs on caregiving burden of family caregivers of older adults. *SAGE Open*, 2(4), 1–14. 10.1177/2158244012470467.
- Leszko M (2019). The effectiveness of psychoeducational and financial intervention to support caregivers of individuals with Alzheimer's Disease in Poland. *Innovation in Aging*, 3(3), 1–11. 10.1093/geroni/igz026.

- Lloyd J, Patterson T, & Muers J (2016). The positive aspects of caregiving in dementia: A critical review of the qualitative literature. *Dementia (London)*, 15(6), 1534–1561. 10.1177/1471301214564792. [PubMed: 25547208]
- Luescher K, & Pillemer K (1998). Intergenerational ambivalence: A new approach to the study of parent-child relations in later life. *Journal of Marriage and the Family*, 60(2), 413–425. 10.2307/353858.
- Macmillan R, & Copher R (2005). Families in the life course: Interdependency of roles, role configurations, and pathways. *Journal of Marriage and Family*, 67(4), 858–879. 10.1111/j.1741-3737.2005.00180.x.
- Mansson DH (2012). A qualitative analysis of grandparents' expressions of affection for their young adult Grandchildren. *North American Journal of Psychology*, 14(2), 207–219.
- McMurry E (2020, 4 9). Jewish celebrate Passover amid COVID pandemic with virtual seders. ABC News. <https://abcnews.go.com/Health/year-jerusalem-year-zoom/story?id=70065044>
- Mendez-Smith B, & Klee M (2020, 6 19). Census Bureau's new household pulse survey shows who is hardest hit during COVID-19 pandemic. United States Census Bureau. <https://www.census.gov/library/stories/2020/06/low-income-and-younger-adults-hardest-hit-by-loss-of-income-during-covid-19.html>
- Millett GA, Jones AT, Benkeser D, Baral S, Mercer L, Beyrer C, Honermann B, Lankiewicz E, Mena L, Crowley JS, Sherwood J, & Sullivan PS (2020). Assessing differential impacts of COVID-19 on black communities. *Annals of Epidemiology*, 47, 37–44. 10.1016/j.annepidem.2020.05.003. [PubMed: 32419766]
- Morrow-Howell N, Galucia N, & Swinford E (2020). Recovering from the COVID-19 pandemic: A focus on older adults. *Journal of Aging & Social Policy*, 32(4–5), 526–535. 10.1080/08959420.2020.1759758. [PubMed: 32336225]
- National Alliance for Caregiving & AARP. (2020). Caregiving in the U.S.: 2020 report Retrieved from https://www.caregiving.org/wp-content/uploads/2020/06/AARP1316_RPT_CaregivingintheUS_WEB.pdf
- National Rehabilitation Research and Training Center on Family Support & University Center for Social and Urban Research. (2020, 7). Effects of COVID-19 on family caregivers: A community survey from the University of Pittsburgh. Retrieved from http://www.caregiving.pitt.edu/wp-content/uploads/2020/07/Full_Report_Final.pdf
- Nye FI (1979). Choice, exchange, and the family. In Burr WR, Hill R, Nye FI, & Reiss IL (Eds.), *Contemporary theories about the family* (pp. 1–41). Free Press.
- Onder G, Rezza G, & Brusaferro S (2020). Case-fatality rate and characteristics of patients dying in relation to COVID-19 in Italy. *Journal of the American Medical Association*, 323(18), 1775–1776. 10.1001/jama.2020.4683. [PubMed: 32203977]
- Park SS (2018). Life events and black–white differences in adult children's financial assistance to mothers. *The Gerontologist*, 58(5), 883–893. 10.1093/geront/gnx069. [PubMed: 28535301]
- Park SS, Wiemers EE, & Seltzer JA (2019). The family safety net of black and white multigenerational families. *Population and Development Review*, 45(2), 351–378. 10.1111/padr.12233. [PubMed: 31354178]
- Parker K, Menasce Horowitz J, & Brown A (2020, 4 21). About half of lower-income Americans report household job or wage loss due to COVID-19. Pew Research Center. <https://www.pewsocialtrends.org/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/>
- Parsons T (1943). The kinship system of the contemporary United States. *American Anthropologist*, 45(1), 22–38. 10.1525/aa.1943.45.1.02a00030.
- Pearlin LI, Mullan JT, Semple SJ, & Skaff MM (1990). Caregiving and the stress process: An over of concepts and their measures. *The Gerontologist*, 30(5), 583–594. 10.1093/geront/30.5.583. [PubMed: 2276631]
- Peng S, Silverstein M, Suito JJ, Gilligan M, Hwang W, Nam S, & Routh B (2018). Use of communication technology to maintain intergenerational contact: Toward an understanding of 'digital solidarity'. In Neves BB & Casimiro C (Eds.), *Connecting families? Information and communication technologies, generations, and the life course* (pp. 159–180). Policy Press.

- Peng S, Suito JJ, & Gilligan M (2019). Maternal differential treatment and psychological well-being: The mediating role of marital tension and sibling tension? *Journal of Gerontology: Series B*. Advance online publication. 10.1093/geronb/gbz158.
- Pillemer K, Munsch C, Fuller-Rowell T, Riffin C, & Suito J (2012). Ambivalence toward adult children: Differences between mothers and fathers. *Journal of Marriage and Family*, 74(5), 1101–1113. Retrieved from. <http://www.jstor.org/stable/41678778>. [PubMed: 25013238]
- Pillemer K, Subramanian L, & Hupert N (2020). The importance of long-term care populations in models of COVID-19. *Journal of the American Medical Association*, 324(1), 25–26. 10.1001/jama.2020.9540. [PubMed: 32501504]
- Rodakowski J, Skidmore ER, Rogers JC, & Schulz R (2012). Role of social support in predicting caregiver burden. *Archives of Physical Medicine and Rehabilitation*, 93(12), 2229–2236. 10.1016/j.apmr.2012.07.004. [PubMed: 22824248]
- Rossi AS, & Rossi PH (1990). Normative obligations and parent-child help exchange across the life course. In Pillemer K & McCartney K (Eds.), *Parent-child relations throughout life* (pp. 201–223). Routledge.
- Rurka M, Suito JJ, & Gilligan M (2020). The caregiver identity in context: Consequences of identity threat from siblings. *Journal of Gerontology: Series B*. Advance online publication. 10.1093/geronb/gbaa099.
- Salva J, Roberto KA, Blieszner R, McCann BR, Hoyt E, & Knight AL (2020). Dementia caregiving during the “stay-at-home” phase of COVID-19 pandemic. *Journal of Gerontology: Series B*. Advance Online Publication. 10.1093/geronb/gbaa129.
- Sands LP, Albert SM, & Suito JJ (2020). Understanding and addressing older adults needs during COVID-19. *Innovation in Aging*, 4(3), 1–3. 10.1093/geroni/igaa019.
- Sarkisian N, & Gerstel N (2012). Nuclear family values, extended family lives: The power of race, class, and gender. Routledge.
- Sechrist J, Suito JJ, Vargas N, & Pillemer K (2011). The role of perceived religious similarity in the quality of mother-child relations in later life: Differences within families and between races. *Research on Aging*, 33(1), 3–27. 10.1177/0164027510384711. [PubMed: 21221411]
- Settersten RA, Bernardi L, Härkönen J, Antonucci TC, Dykstra PA, Heckhausen J, Kuh D, Mayer KU, Moen P, Mortimer JT, Mulder CH, Smeeding TM, van der Lippe T, Hagestad GO, Kohli M, Levy R, Schoon I, & Thomson E (2020). Understanding the effects of Covid-19 through a life course lens. *Advances in Life Course Research*, 45, 100360. 10.1016/j.alcr.2020.100360.
- Shah M, Sachdeva M, & Dodiuk-Gad RP (2020). COVID-19 and racial disparities. *Journal of the American Academy of Dermatology*, 83(1), e35. 10.1016/j.jaad.2020.04.046. [PubMed: 32305444]
- Shippee TP, Akosionu O, Ng W, Woodhouse M, Duan Y, Thao MS, & Bowblis JR (2020). COVID-19 pandemic: Exacerbating racial/ethnic disparities in long-term services and supports. *Journal of Aging & Social Policy*, 32(4–5), 323–333. 10.1080/08959420.2020.1772004. [PubMed: 32476614]
- Silverstein M (2008). Meeting the challenges of an aging workforce. *American Journal of Industrial Medicine*, 51(4), 269–280. 10.1002/ajim.20569. [PubMed: 18271000]
- Silverstein M, & Bengtson VL (1997). Intergenerational solidarity and the structure of adult child-parent relationships in American families. *American Journal of Sociology*, 103(2), 429–460. 10.1086/231213.
- Smith A, & Anderson M (2018, 3 1). Social media use in 2018. Retrieved from https://www.pewresearch.org/internet/wp-content/uploads/sites/9/2018/02/PI_2018.03.01_Social-Media_FINAL.pdf
- Sneed RS, & Schulz R (2019). Grandparent caregiving, race, and cognitive functioning in a population-based sample of older adults. *Journal of Aging and Health*, 31(3), 415–438. 10.1177/0898264317733362. [PubMed: 29254404]
- Stafford L (2008). Social exchange theories. In Baxter LA & Braithwaite DO (Eds.), *Engaging theories in interpersonal communication: Multiple perspectives* (pp. 377–389). Sage.

- Stokes J, & Patterson S (2020). Intergenerational relationships, family caregiving policy, and COVID-19 in the United States. *Journal of Aging & Social Policy*, 32(4–5), 416–424. 10.1080/08959420.2020.1770031. [PubMed: 32489144]
- Suitor JJ, Gilligan M, Johnson K, & Pillemer K (2014). Caregiving, perceptions of maternal favoritism, and tension among siblings. *The Gerontologist*, 54(4), 580–588. 10.1093/geront/gnt065. [PubMed: 23811753]
- Suitor JJ, Gilligan M, Peng S, Jung JH, & Pillemer K (2017). Role of perceived maternal favoritism and disfavoritism in adult children's psychological well-being. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 72(6), 1054–1066. 10.1093/geronb/gbv089.
- Suitor JJ, Gilligan M, & Pillemer K (2011). Conceptualizing and measuring intergenerational ambivalence in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 66B(6), 769–781. 10.1093/geronb/gbr108.
- Suitor JJ, Gilligan M, & Pillemer K (2013). Continuity and change in mothers' favoritism toward offspring in adulthood: Changes in mothers' favoritism in adulthood. *Journal of Marriage and Family*, 75(5), 1229–1247. 10.1111/jomf.12067.
- Suitor JJ, Gilligan M, & Pillemer K (2015). Stability, change, and complexity in later life families. In George LK & Ferraro KF (Eds.), *Handbook of aging and the social sciences* (8th ed., pp. 206–226). Elsevier/Academic.
- Suitor JJ, Gilligan M, Pillemer K, Fingerman KL, Kim K, Silverstein M, & Bengtson VL (2018). Applying within-family differences approaches to enhance understanding of the complexity of intergenerational relations. *Journal of Gerontology: Series B*, 73(1), 40–53. 10.1093/geronb/gbx037.
- Swartz TT, & O'Brien KB (2016). Intergenerational support during the transition to adulthood. In Furlong A (Ed.), *Routledge handbook of youth and young adulthood* (pp. 221–228). Taylor & Francis.
- Tarlow BJ, Wisniewski SR, Belle SH, Rubert M, Ory MG, & Gallagher-Thompson D (2004). Positive aspects of caregiving: Contributions of the REACH project to the development of new measures for Alzheimer's caregiving. *Research on Aging*, 26(4), 429–453. 10.1177/0164027504264493.
- The National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging america*. The National Academies Press. 10.17226/23606.
- The National Academies of Sciences, Engineering, and Medicine. (2020). *Social isolation and loneliness in older adults: Opportunities for the health care system*. The National Academies Press. 10.17226/25663.
- Thomas PA, & Kim S (2020). Lost Touch? Implications of physical touch for physical health. *Journal of Gerontology: Series B*. Advance online publication. 10.1093/geronb/gbaa134.
- Thomas PA, Liu H, & Umberson D (2017). Family relationships and well-being. *Innovation in Aging*, 1(3), igx025. 10.1093/geroni/igx025. [PubMed: 29795792]
- Treas J, & Gubernskaya Z (2012). Farewell to moms? Maternal contact for seven countries in 1986 and 2001. *Journal of Marriage and Family*, 74(2), 297–311. 10.1111/j.1741-3737.2012.00956.x.
- U.S. Census Bureau. (2019, 11). Historical living arrangements of adults. Retrieved from <https://www.census.gov/data/tables/time-series/demo/families/adults.html>
- Verbeek H (2017). Inclusion and support of family members in nursing homes. In Schüssler S & Lohmann C (Eds.), *Dementia in nursing homes* (pp. 67–76). Springer.
- Vitaliano PP, Zhang JP, & Scanlan JM (2003). Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological Bulletin*, 129(6), 946–972. 10.1037/e323652004-001. [PubMed: 14599289]
- Wang H, Li T, Barbarino P, Gauthier S, Brodaty H, Molinuevo JL, Xie H, Sun Y, Yu E, Tang Y, Weidner W, & Yu X (2020). Dementia care during COVID-19. *Lancet*, 395(10231), 1190–1191. 10.1016/S0140-6736(20)30755-8. [PubMed: 32240625]
- Wu YH, Damnée S, Kerhervé H, Ware C, & Rigaud AS (2015). Bridging the digital divide in older adults: A study from an initiative to inform older adults about new technologies. *Clinical Interventions in Aging*, 10, 193–201. 10.2147/CIA.S72399. [PubMed: 25624752]

- Xu Y, Wu Q, Levkoff SE, & Jedwab M (2020). Material hardship and parenting stress among grandparent kinship providers during the COVID-19 pandemic: The mediating role of grandparents' mental health. *Child Abuse & Neglect*, 104700. Advance online publication. 10.1016/j.chiabu.2020.104700. [PubMed: 32854948]
- Yancy CW (2020). COVID-19 and African Americans. *Journal of the American Medical Association*, 323(19), 1891–1892. 10.1001/jama.2020.6548. [PubMed: 32293639]

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript