

Master thesis

Intergenerational solidarity:

Expectations regarding future care within parent-child relationships.

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Preface

I wrote this thesis in order to complete my Master's degree in Health and Society at the Wageningen University. Rather than choosing a topic at the same chair group, I opted for a more sociological topic at the chair group of Sociology of Consumers and Households. Prof. dr. A. Niehof suggested a study regarding reciprocity in general in the parent-child dyad. I have always been interested in social interactions and behaviour and because I am studying Health and Society, I decided to narrow it down to intergenerational care.

Intergenerational care is a topic that is very recognisable for many people. Exactly this familiarity and the parallels that I could draw in my own family life made this a very tangible study. Last year, my grandmother passed away at her own home at the age of 97. She did not have to go to an elderly home since she received both formal care (*thuiszorg*) and informal care; her seven children, among whom my mother, all provided care during at least one day of the week. I enjoyed talking to my mother about different attitudes regarding intergenerational care and about her own experiences with the negotiation of filial responsibilities.

The process of writing this thesis was not flawless. It took me a rather long time before I could finish the product even though I never got tired of the subject itself. However, there were times I had other priorities which stopped me from continuing the study. In the end, I am satisfied with the product and pleased that I have been able to finalise it.

I would like to thank my supervisors, dr.ir. G.J. Casimir and Prof. dr. A. Niehof, for their patience, support and comments on my report. I really appreciated their enthusiasm for my study, which has really motivated me to finish the product. I would also like to thank my housemates to whom I could turn for emotional support and practical aid during the process. And last but not least, Chris, for always being there for me and for motivating me when I could not be bothered and really did not want to be bothered.

- Krista Koekenbier, March 2014

Summary

Problem statement. Due to the rising costs of formal care-giving in The Netherlands, especially elderly care, Dutch policy aims at shifting governmental responsibility towards filial responsibility. Various types of intergenerational solidarity (e.g. affectual, functional, and associational) might be provided in intergenerational relationships. The principle of reciprocity would justify the new policy, since children have been at the receiving end of the parent-child dyad for quite some time. These positions need to be reversed once parental health starts to deteriorate in order for adult children to reciprocate past care. On the other hand, past research does not indicate a universal norm that dictates that adult children should provide care to their elderly parents. Therefore, this study aims to reveal the full scope of how Dutch university students and their financially supporting parents perceive reciprocity in their relationship, particularly regarding future care. Both parties have been asked about their current relationship with regard to reciprocity and about their normative expectations regarding different phases of care (caring about, taking care of, and care giving).

Methods. In this qualitative study, sixteen parental couples and their 16 adult children (eight sons and eight daughters) were interviewed in-depth. The interviews were semi-structured. Afterwards, the interviews were transcribed and analysed with the programme Atlas.ti in order to reveal the variety of attitudes and expectations.

Results. At this point in time, both parents and their adult children exchange varying forms of intergenerational solidarity; affectual, associational, and functional. Some children have a hard time stating the support they provide their parents. Motives for aiding parents ranged from a willingness to help parents because of affectionate feelings to feelings of obligation. Concerning future care, all adult children thought their parents would expect the provision of care phase I (caring about), parents were thought to expect phase II (taking care of) less often, and opinions really differed regarding phase III (care-giving). The other way around, most parents expect the provision of care phase I and II, however expectations regarding phase III differed a great deal among parents. A prerequisite for expectations was that parents should be unable to perform tasks or unable to arrange aid themselves. Interestingly, some parents expressed mixed emotions towards expectations. However, parents mostly did hope their child would aid them when necessary, in which case it would be appreciated if it would happen spontaneously.

Children would provide care because of ideas about reciprocation, affectionate feelings for parents, a general willingness and/or obligational feelings. Some adult children expressed a strong dislike towards instrumental motives to provide care and no one mentioned parents' support in the form of provision of tuition fee as a sole motive. Parents, on the other hand, based their expectations on their child's character, affectionate feelings, internal obligations, responsibility towards parents, reciprocity and/or the upbringing.

Both parents and children also mentioned reasons for not expecting care. These often had to do with the adult child's own family, job, distance from parents, and capability of performing the required tasks.

Conclusion/Discussion. In this sample, reciprocity was an important motive for adult children to provide care. Among the parents, opinions differed. Where some parents clearly said that children have a certain responsibility for their parents and that they should reciprocate some care, other parents were rather opposed to the idea of give-and-take in the

parents-child relationship. In this sample, there was *no* universal norm that dictates that adult children have to provide care to their elderly parents. Merely changing the policy might not be efficient in actually shifting responsibility and it is questionable whether all parents are willing to expect and accept more provision of care by their adult children.

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1. Introduction

This study investigates the current ideas on reciprocity between Dutch parents and their studying child. The question that will be handled is: How do Dutch university students and their financially supporting parents perceive reciprocity in their relationship, particularly regarding future care? This is interesting since Dutch policy regarding formal and informal care is changing. Besides, family structures are changing, which leads to different patterns in intergenerational contact and care.

1.1 The history of the Dutch welfare state

Before the onset of the industrialisation, care used to be given only informally because the state did not feel responsible for the health of its citizens, neither did it feel responsible for education and other goods which we nowadays actually regard to be the state's responsibility (De Swaan, 1988). But before the idea of state responsibility was rooted in our thoughts, people used to take care of each other because the government did not facilitate any care, unless you were in desperate need and there were absolutely no family or friends able to take care of you (Wilterdink & Heerikhuizen, 1999). Thus, most people had to save some money in order to protect themselves from the consequences of disease and old age. However, private savings were prevalent only among the bourgeoisie. It was not until the richer folks in town realised that the pitiful circumstances of the poor were also wearing off on them that a demand for public services and social security became more prevalent. De Swaan (1988) illustrates this by describing the responses of the rich citizens in Amsterdam to the recurrent cholera epidemics in the 17th century. Employees were the first to pay a contribution in the form of taxes or premiums; transfers to those who were in need of health care, education or some other form of benefit (Komter, 2005; De Swaan, 1988). This form of transfer capital is now obligatory for every Dutch citizen as well as widely accepted. This resulted in the idea among the Dutch that, instead of someone in particular, the state is responsible for the care of its citizens since it is the state that collects money and transfers it to those persons and institutions that need it most. De Swaan (1988) calls this the collectivisation process in which the state now facilitates collective goods that are available to every Dutch citizen.

Nonetheless, it was not till after the Second World War that the welfare state entered our society, to which the introduction of the general law on exceptional medical expenses (AWBZ) contributed a lot (Wilterdink & Heerikhuizen, 1999). According to Wilterdink & Heerikhuizen (1999) the existence of social welfare shows that people now identify with the nation as a whole, whereas they used to identify with their close neighbours, peers and family. In addition to this general change in the attitude towards responsibilities concerning our fellow humans, demographic change during the last century and a half has implications for the way care is being handled within families.

1.2 Demographic change

Since the industrialisation and in the market economy we live in nowadays, people are no longer dependent on their family for making a living. Where goods used to be mainly exchanged within the family, in so called production-units, nowadays goods are exchanged mainly on the market. However, although a large share of transactions still takes place within

the family-based household, its survival does not depend upon it (Komter, 2005). Care on the other hand, is an example of exchange within families which does affect health or even survival.

In contrast to family members becoming more independent, Bengtson (2001) argues that intergenerational bonds are becoming more important. In the Netherlands, even before the industrialisation, family life took place within the nuclear family, which consists of the parents and their dependent child(ren) (Wilterdink & Heerikhuizen, 1999). Nowadays, the nuclear family is still dominant because most households consist of only two generations: parents and child(ren). Less than one percent of elderly parents live with their adult children (Alders & Esveldt, 2004). However, because of improvements in living conditions, people live longer. Today, already 16.1 percent of the Dutch population is 65 years or over (www.CBS.nl) and this proportion is expected to rise up to 25,7 percent in 2040 (Poelman & Van Duin, 2010). More generations are alive within one family who are likely to contribute to family life as well (Komter, 2005). For example, grandparents, especially grandmothers, can contribute to cross-generational solidarity and family continuity (Bengtson, 2001). These women act as kin keepers, which role they are likely to pass on when they die (Troll & Bengtson, 1992).

Another important demographic change in family structure was the decrease of the number of children per family. Whereas in 1960 women used to bear an average of 3.11 children during their reproductive life, the average decreased till 1995 when 1.53 children were born per woman (Wilterdink & Heerikhuizen, 1999). Right now, the Netherlands has a total fertility rate of 1.75 children per woman, which is still not high enough to maintain the current population size, for which 2.1 children per woman are needed (Poelman & Van Duin, 2010; Outshoorn, 2002). 'Graying and de-greening' lead to population ageing, which has implications for the dependency of the elderly when their pensions could not be sufficient anymore to pay for formal care, in which case they would have to rely on their family members for informal care (Komter et al., 2000). This surely is relevant since the pension funds have recently announced that the retirement incomes will decrease because the funds suffer from a loss of assets due to the economic crisis and population ageing (www.NOS.nl).

In addition to these changes in family structure, divorce rates also contribute to a higher number of people spending their late life solitary. This is important to note since most elderly people ask their partners first when they are in need of care, and only ask their children second (Komter, 2005; Achterberg et al., 1996). So not only are there more aged people alive nowadays, there are also less children and partners who are able to take care of their elderly parents and partners. One thing that should be mentioned in this regard is that people over 65 provide care themselves as well. In 2009, about 20 percent of informal caregivers in the Netherlands was over 65 and this percentage is expected to increase to 30 percent in 2030 (Sadiraj et al., 2009).

From the 1960's onwards, women increasingly entered the labour market. Before that time, women used to stay at home to take care of the family. They were referred to as 'kin keepers' because they were the ones to keep in touch with the family and take care of the social relationships (Komter, 2005). Women are indeed the biggest group of caregivers: in 2008, 60 percent of all informal carers were middle aged females. Most of them work slightly less than women in general; 45 percent of female informal carers worked at least 28 hours per

week, whereas 50 percent of women in general work at least 28 hours per week (Oudijk et al., 2010). However, since the current generation of women is better educated and increased their participation in the labour market, there is less time to provide care and it is less self-evident that women are the ones who are supposed to be the caregivers. In addition to this, the government wants both men and women to work more hours (Sadiraj et al., 2009). Additionally, the age at which one can retire will be adjusted (www.rijksoverheid.nl). Thus, people have to work longer before they are entitled to a pension. This change will probably diminish the possibilities of women and men to act as informal caregivers in addition to their daily activities (Sadiraj et al., 2009).

The last important change that has implications for informal care took place during the 1950's: a change in parenting style. Where parents used to be obeyed until the 50's, they then adopted a liberal parenting style in which more importance was attached to the feelings and needs of children. Children needed to become responsible and independent. As a result, a culture of negotiation took the place of a culture of obedience. This also meant that the differences in power between parents and children were diminishing. In addition to this, from the beginning of the 20th century, legislation to protect children from child labour and abuse, was implemented. This also led to a reduction in parental power (Wilterdink & Heerikhuizen, 1999).

The changes described above – family members becoming less dependent on each other, ties to relatives outside the nuclear family becoming more important because of more elderly relatives, less children in general, less available women, and more negotiation – can be expected to have implications for elder care. Children will presumably discuss in what way they are going to take care of a parent and who will do what instead of just doing such a thing because they are supposed to (either because of family norms or society's norms). This would correspond with Finch and Mason (1993) who argue that all family responsibilities and obligations are negotiated in one way or another, rather than being a fixed set of rules. They say that there is no such thing as a universal rule which dictates who you should take care of and whose needs you could ignore without consequences for what they call your 'moral identity' (see discussion in Chapter 2).

1.3 Informal care in The Netherlands

The Socio-Cultural Planning Agency of the Netherlands, SCP, uses the definition of informal care (*mantelzorg*) by Kwekkeboom, which reads: "Care that is being provided to those in need, by one or more persons from the care receiver's direct social environment, in which the care results from the care receiver's social relations instead of being provided by caregiving occupations or organised voluntary workers" (Sadiraj et al., 2009: 15).

1.3.1 The current situation of informal care

The welfare state that developed in the wake of the industrialisation made us rely less on our family (De Swaan, 1988). As is described by Komter (2005), individualisation processes in general place more emphasis on needs of individuals instead of the economic well-being of the family. Komter mentions two studies (Inglehart, 1977; Popenoe, 1988) which show that an increase in individualisation is accompanied by a lower level of identification and loyalty with the family. Indeed, contemporary Dutch society takes care of the elderly and one study

states that only 33 percent of the Dutch feel that family is primarily responsible for caring for elderly relatives. It is interesting to note that especially younger people feel this way whereas the elderly more often disagree on this notion (Dykstra & Fokkema, 2007). A different study showed that the majority of Dutch citizens (80-93%) actually think that the government is primarily responsible for taking care of aged people and another 65 percent thinks that parents should only ask their children for support after governmental care has been appealed to (Komter, 2005). On the other hand, over one million people are providing informal care to their parents or parents-in-law, which is 40 percent of all informal care givers. This is stated in the latest report of the SCP which explains how the Dutch are providing informal care on a large scale. More than 20 percent of the population provided informal care in 2008, without disturbing reductions in the percentages of caregivers (Oudijk et al., 2010). A more current study complies with this image. It states that the Dutch provide slightly more informal care compared to other Europeans. Of the Dutch, eight percent of persons aged 50 or over are informal caregivers. This number is comparable to the percentage in Northern Europe, but higher than Central Europe (7%) and Southern Europe (4%) (Oudijk et al., 2011).

1.3.2 Dutch policy regarding informal care

Because of the rising care costs due to the ageing of society, the Dutch government has tried to adjust its policy. During the beginning of the 1990's, the plans mainly tried to tackle the expected shortage of carers in the formal sector and the increasing economic dependency ratio by making sure men would not decrease their participation in the labour market and women would enter the labour market in the formal care sector. Women were already viewed by society as caregivers and were therefore suitable to provide formal care as well (Luijkx, 2001). It was not until the end of the 20th century that the government tried to employ women in all spheres of the labour market in order to keep down the economic dependency ratio and acknowledged that the provision of formal care should not be seen as a substitute for informal care but as complementary to it (Achterberg et al., 1996; Komter, 2005; Luijkx, 2001).

Nowadays, the state wants to encourage informal care by assigning responsibility to family members. This would indicate a shift from governmental to familial responsibility for caring (Oudijk et al., 2011). However, as stated above, even though the Dutch perceive the government as responsible for care and believe in the welfare state, they still provide informal care themselves as well. Yet, in 2003 the state implemented the concept of 'usual care' (*gebruikelijke zorg*) which basically means that persons with a healthy family member are not entitled to medical expenses from the AWBZ anymore. The result was that between 2001 and 2008 the number of informal carers taking care of their children and partners increased from 450.000 to 750.000 (increase of 66%) whereas the total number of caregivers increased only slightly (9%) (Oudijk et al. 2010). This shows that an unforeseen effect of this policy might be that people are actually discouraged to provide informal care outside the family. As Oudijk et al. (2011) showed in their study, inhabitants of Southern Europe have a family culture in which relatives are supposed to take care of sick family members. As a matter of fact, people do provide more informal care within the family than we do in The Netherlands, but there is little informal care provided outside of the family. The author argues that by making care an obligation, people are not so much willing to help. This could be concluded from the research of Oudijk et al. (2011) which studied the numbers on informal care giving in different parts of

Europe: four percent of the inhabitants of Southern Europe provide informal care versus eight percent in the Netherlands.

Another aspect of the family responsibility policy that might have been disregarded is the complementary nature of both formal and informal care. Different studies have shown how informal and formal care cannot be substituted because they are complementary forms of care. Indeed, those elderly who receive formal care are also receiving informal care to a larger extent and vice versa (Achterberg et al., 1996; Komter, 2005; Luijkx, 2001). As the complementary nature of both forms of care would predict, informal care does not disappear when formal care is available. Nevertheless, informal care is perceived as less intensive, less obligatory and as less of a burden when combined with formal care (Brandt et al., 2009). This explains that some parents consciously opt for formal care because they want to maintain a pleasant relationship with their children (Stuifbergen et al., 2010). In addition to this, one does wonder what would happen if elderly do not have children nearby who are able to take care of them. Therefore, it might not be such a good idea to change the policy in favour of family responsibility or even obligation.

A question that arises is how young adults and their parents think about filial obligations right now, before the need arises. Especially in times when policies are changing and children, especially daughters, are better educated, moving farther away from their parental place, and are working longer hours for a longer period of time, it is interesting to find out what children and parents expect from each other. In the second chapter the literature regarding care and reciprocity will be discussed. The research questions will be formulated in the third chapter, after which the methodology of the study will be discussed.

2. Conceptual framework

Since this study will address solidarity with regard to care within the parent-child relationship, this chapter will first address the concept of care, after which theories on solidarity and reciprocity with regard to the parent-child relationship will be discussed. Differences between sons and daughters with regard to care will be addressed in the last paragraph of this chapter.

2.1 Definition of care

Tronto's (1993: 103) definition of care: "On the most general level, we suggest that caring can be viewed as a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web." Within this definition, Tronto acknowledged four distinct phases of care:

1. Caring about which requires attentiveness
2. Taking care of which requires responsibility
3. Care-giving which requires competence
4. Care-receiving which requires responsiveness

In the first phase, attentiveness is required. Because if one is 'caring about' someone else, or worried, a (potential) need is being recognised. When people are in a loving relationship, it

would be morally wrong to be ignorant of each other's need of care. 'Taking care of' is the second phase, which requires responsibility to come up with a course of action. This still does not mean that people are caring physically. They may arrange formal care or raise funds for example. From this phase on, there are no universal normative guidelines and family members are likely to form obligations during the family history and through discourse (Finch & Mason, 1993). During the third phase, that of 'care-giving', care givers provide physical care. They need to be competent in order to satisfy the needs of the care receiver. The last phase in this process is 'care-receiving'. During this time, the care receiver needs to respond to the received care in order to enable the care giver to interpret whether the care receiver's needs are sufficiently met. In addition, 'integrity of care' is an important element in order to integrate all phases and abilities into an appropriate whole (Tronto, 1993).

This definition and the accompanying stages of care emphasise that care can take on many forms, which makes it obvious that care is not just a female responsibility. Men can also care by repairing things in the homes of loved ones, or calling every day to see how the other person is doing. In addition, it shows how different perspectives should be kept in mind when we are talking about care. Not just the caregiver's experiences but also the care receiver's experiences and his/her thoughts and feelings matter within the caregiver – care receiver dyad (Luijckx, 2001).

2.2 Solidarity and reciprocity - motives for caring

As we saw, the state's responsibility concerning care is highly valued in the Netherlands but people still provide informal care as well. So what are their motives to provide informal care? Finch and Mason (1993) as well as Stuifbergen et al. (2010) showed that there is no such thing as one uncontested norm about caring for family members. Their studies indicated that both the Dutch and British population did not agree on specific norms regarding obligations to care. Therefore, one of the conclusions was that the decision to care for family members depends on the history of reciprocity between family members and negotiations within the family, in which norms are merely used as guidelines.

Anthropology more or less defined reciprocity as the basis of solidarity, in which reciprocity is 'the principle of give-and-take' in order to establish and maintain relationships (Komter et al., 2000). According to Malinowski (discussed in Komter, 2005) the motivation behind giving in general can range from altruism to ego-centrism. The latter implies that people give in order to gain personal profit, whereas altruistic giving does not necessitate a gift in return but is done out of affection. Among close kin we can see that people give altruistically more often, whereas expectations of return are more prevalent in acts of giving among persons further removed in the kinship network (Komter, 2005). There are different forms of reciprocity: generalised, balanced, and negative. Generalised reciprocity implies that the expectations of return are indefinite and no fixed time to return is present, not even the person who has to be reciprocated to is defined because this can also be a third person (Finch & Mason, 1993). Feelings of altruism are important and this form of reciprocity is often present in care giving within the family context. Children would be the dependent party for quite some time until their parents become in need of care, which gives the children the opportunity to reciprocate past care. Balanced reciprocity requires equivalent exchanges without much delay. This form is more apparent in more emotionally distant relationships.

Last but not least, negative reciprocity is meant to gain something by giving (almost) nothing. This is probably accompanied by selfish feelings instead of feelings of affection (Komter, 2005).

Bengtson and Roberts (1991) developed a model which measures intergenerational solidarity, using six dimensions: associational, affectual, consensual, functional, normative and structural solidarity. Associational solidarity has to do with the frequency of contact between family members and the different types of activities they perform. Research shows that elderly, who have more frequent contact with family members, are more likely to receive informal care and support (Hopp, 1999; Rossi & Rossi, 1990). Affectual solidarity addresses the positive feelings and emotions between family members (e.g. trust, affection, warmth). Consensual solidarity is about agreement on values, attitudes and beliefs. Functional solidarity is more tangible because it is about the degree of helping and the exchanges of resources. Normative solidarity on the other hand is hard to grasp since it concerns filial obligations and the strength of commitment to perform filial roles. Klein-Ikkink et al. (1999) showed that the attachment to filial norms by either the parents or the child results in more instrumental support received by parents. Finally, structural solidarity has to do with the opportunities to maintain intergenerational relationships (e.g. geographical proximity and the number of family members).

Modern theories on solidarity mention as the basis of solidarity: 1. Instrumental and utilitarian motives or 2. Norms, values and emotions. The instrumental perspective explains solidarity by stressing that human beings are most interested in themselves in the end. Therefore, they will choose the alternative that brings them the greatest benefit. They will feel tied to a group when this group satisfies their needs. The second perspective exemplifies how people are committed to each other by feeling mutually attracted because of a shared identity, norms and values. People want to identify with each other and act loyally towards others (Komter, 2005).

With regard to intergenerational care, the instrumental approach could explain how parents invest in their children in order to be cared for in old age (Komter, 2005). However, according to this perspective children would not be likely to take care of their parents since it will cost time and money and they are not likely to get a lot in return. On the other hand, expectancies of inheritance could play a role in the decision to take care of one's parent(s) (Silverstein et al., 1995; Stark, 1995). Nevertheless, the welfare state in itself is a form of (generalised) reciprocity since people give to others who are in need, but they will also receive when they are in need themselves. In the Netherlands this system is based on one's ability to contribute (*draagkracht*): those who earn more should pay more. Jansen (in Komter, et al., 2000) studied how the Dutch population feels about this principle and found out that the majority of the Dutch do not think big families should pay more taxes, neither should persons who make extensive use of health care pay more, and persons with higher salaries should contribute more than those with lower salaries. Thus, one could argue that instrumental motives are not an important underlying motive in the Netherlands.

Therefore, the second perspective, which states that norms, values and emotions are the basis of solidarity, offers a more useful view on caring activities between family members. People would feel committed to the group to which they belong and choices are inspired by affective and normative motives. Even though parents are considered to provide the most

important context for the value socialisation of their children, they do not always share the same norms with their adolescent kids (Roest et al., 2009). Either way, in general parents and their children love each other, or are at least supposed to do so. In this case, ties of affection do not originate from feelings of attraction because of belonging to the same group and sharing the same ideas. When the child cannot even consciously think, he/she will already love its mother and father, ergo the ties are already there (Stuifbergen & Van Delden, 2011).

Carruth (1996) shows just how strong the bond between parents and their children can be. Her study focussed on reciprocity among caregivers of parents with and without dementia. She found that adult children with demented parents who engaged in more instrumental activities received less appreciation from their parents than those who took care of non-demented parents. However, one thing that remained intact was the feeling of love and affection. Even though parents had dementia, children still felt love and acceptance towards and from their parents. Another striking finding in this study was that the two groups did not differ in motivating factors, thus suggesting that short-term reciprocity is not that important and that generalised reciprocity is the norm between parents and their children. Still, generalised reciprocity between parents and children is a vague concept. It is undefined because there is no clear consensus on *what* to reciprocate, *when* to reciprocate, or even to *whom*. Children are first dependent on their parents whereas later in life it is the other way around. However, elderly parents still care a great deal for their adult children as well, for example money is generally passed downwards between generations; from parents to children (Lennartsson et al., 2010). On the other hand, research shows that forms of short term reciprocity between parents and adult children exist as well (Leopold & Raab, 2011). If this is the case, how could one ever keep the balance between giving and taking?

This brings us to the theory of the ‘special good’ of parent-child relationships. Parent-child relationships, in contrast to friendships, are not voluntary. They are ascribed statuses. It is striking that unconditional love is being exchanged in exactly those given relationships. Even though parents choose to have children and they never know what their children turn out to be, still they love them and care for them. This adds value to the life of both parties for as long as the relationship exists. Specific goods are the goods that can be obtained through this relationship, but not through any other relationship. An example is attention, not just from anyone, but from the person you raised and love. Those goods one is able to access through other relationships as well are called generic goods. Care would also be a form of a generic good in that sense. The authors of this theory (Stuifbergen & Van Delden, 2011) argue that children are obliged to care *about* their parents, because that is what they should do in order to maintain their special relationship. However, they are not obliged to take care *of* them, since this good can be obtained through other channels as well.

Still, as Finch and Mason (1993) show, many adult children feel an obligation to provide care, a feeling that also becomes stronger once they take on the responsibility of caregiver. The urge to live up to this, either perceived or explicit, obligation results from the moral identity people want to maintain. This means that they want to be seen as morally right acting beings. This shows when people are caring for someone because it is the right thing to do and when they come up with legitimate excuses when they do not provide care. Examples of legitimate excuses are the person’s job, own nuclear family, and the geographical distance to the family member in need of care (Finch & Mason, 1993). Individuals need their excuse

for not performing caring activities to be accepted by others, in order for their reputation to remain intact. This also shows that care is a moral issue. Reputations of family members are shared by the kin group and are stable over time. These reputations can be seen as guidelines for whom to approach in times of need and what to expect (Finch & Mason, 1993). Cheal (discussed in Pennartz & Niehof, 1999) considers negotiations to take place within the moral economy of households. In order to maintain relationships and to divide assets or services within a household, people act according to socially desirable, and therefore moral, principles. These moral principles are the product of intensive interaction between family members who share their everyday lives, which in turn is also believed to strengthen people's moral commitments towards each other. Pennartz and Niehof (1999:206) speak of "condensed morality" in the household context. Household, family and kinship show an overlapping moral context. Within these contexts people are subject to normative obligations to give or receive support or care. In the same context, ideas exist on how gender relates to caring activities.

2.3 Gender differences in care giving and care receiving

The discussion on informal care illustrates the division of care labour between men and women. Women are providing informal care more often than men, even though men's participation in informal care is increasing, The Socio-Cultural Planning Agency (SCP) expects that in 2020 one million women will provide informal care compared to half a million men (De Boer & Timmermans, 2007). Compared to men, women are more likely to work part-time. In 2009, women worked 25 hours per week on average. Men on the other hand, worked almost 37 hours per week. This could be an explanation for women to provide formal care more often (Merens et al., 2011). More important, one could also use this information to point at the differences on the labour market and at home, based on gender roles.

Occupational segregation - the division of men and women on the labour market in different sorts of jobs - can be explained in two ways. From an evolutionary perspective, saying that women's genetic make-up makes them suitable for care work; they are naturally inclined to care because they give birth (Spitze & Ward in Bracke, 2008). The second perspective is the socialisation theory which states that children from early on are being exposed to normative ideas on how men and women should behave. By internalising these norms, they will prefer certain jobs that comply with their gender role (Chafetz, 1988).

Nowadays, women are regarded to be more nurturing which would explain why they take care of the children and the household most of the time. Women are perceived to be naturally inclined to care since they are giving birth whereas men would not have this inherent tendency to care. This would also explain why they are performing more care tasks than men do. Indeed, the majority of care givers are female. In line with the principle of reciprocity, women in general do not only give more care, they also receive more care (Cylwik, 2002; Hopp, 1999; Komter, 2005; Bracke et al., 2008).

One of the reasons that women provide more care is probably due to social expectations and moral judgements based on the normative conceptions that underpin gender roles. Marcoen's study (1995) shows that daughters report higher levels of filial obligation than sons. This shows that parents expect their daughters to take on more caring activities than their sons. The study performed by Bracke et al. (2008) shows that parents indeed report

to get more support when they had adult daughters. These daughters can even relieve the burden experienced by their parent, by providing care to other persons for whom their parents used to provide care. A consequence of women taking on the role of caregiver is that it reinforces the idea that women are better nurturers than men. Men expect care from the women in their family when they would be in need. The study of Cylwik (2002) also shows how Greek parents expect their daughters to provide care whereas boys are perceived as not being able to do so. Komter (2005) argues that women have inferior roles in society, which shows in their main position in the family sphere whereas men mainly act in the market economy. When women act as kin keepers, instead of stepping out of the private sphere to enter the economic sphere, they reinforce their subordinate position and confirm the normative ideas on gender roles.

The study of Silverstein et al. (1995) shows that especially daughters provide support motivated by altruism and affection whereas sons are more likely to provide support for their parents because of filial obligations and legitimation of inheritance. In women, feelings of altruism could be viewed as 'prescribed altruism' since it could be seen as an internalised norm of obligation towards elderly family to act out of solidarity (Finch, 1989). If we link this to the two different motives which could explain solidarity, sons could be regarded to act out of instrumental motives whereas daughters tend to act out of the norms and values they have internalised.

Apart from the differences in numbers between daughters and sons providing intergenerational care, there is also a difference in the sort of tasks they perform. Campbell and Martin-Matthews (2003) made a classification of gendered care: traditional male care consists of managing money, completing forms and documents, regular financial assistance, and home maintenance and yard work. Gender neutral care includes household chores, transportation, assistance with shopping, assistance in getting around, arranging assistance from agencies, dealing with serious memory problems, and dealing with mood swings or extreme behaviours. Traditional female care includes dressing and undressing, laundry, bathing, washing and grooming, toileting, feeding-eating, taking medications and preparing meals. Campbell and Martin-Matthews' (2003) study revealed that men do not feel obliged to perform traditional male care. However, when men perform gender neutral and traditional female care, they report higher levels of filial obligation, suggesting that this is an important stimulus for them to provide care which is not part of men's traditional role in the family.

3. Problem statement

Even though most Dutch people consider the state to be responsible for elderly care, people are getting older and fewer children are being born which increases the pressure on costly formal care. To cut back on the expenses, the government wants to make the family responsible again for the care of their elderly family members. The principle of reciprocity would justify this policy change since parents always took care of their children. When parents get old, the tables are turned and children become the ones who are supposed to care. However, Stuifbergen and Van Delden (2011) argue that within families, there is a generalised norm to care *about* each other but not necessarily to take care *of* each other.

Because of the anticipated policy change, a potential shortage of informal caregivers, and the absence of an uncontested and rigid norm that dictates to provide intergenerational care, it is interesting to find out what children and parents expect of each other. Therefore, this study will investigate how adult children and parents perceive reciprocity within their current relationship as well as their expectations of future care. Additionally, this study will analyse whether the expectations from parents differ for sons and daughters and whether these sons and daughters perceive obligations in a different manner. Finally, the study will investigate whether sons are more likely to act out of instrumental motives and whether daughters would act out of shared norms and values, which they might have internalised.

For this study, Dutch students and their parent(s) were interviewed. The reason behind this choice is that most students are financially supported by their parents, which is a big investment that is likely to have consequences for attitudes or expectations regarding reciprocation (Rossi & Rossi, 1990). The following research questions were formulated:

How do Dutch university students and their financially supporting parents perceive reciprocity in their relationship, particularly regarding future care?

1. How is reciprocity perceived in the current relationship?
- 2a. What is the variety of parental expectations and motives regarding future care?
- 2b. What is the variety of feelings of obligation regarding future care among adult children?
- 2c. What are possible gender differences regarding the expectations and feelings of obligation?
3. What are possible gender differences in the filial motives to provide (future) care?

4. Methods

This was an explorative study that aimed to uncover the various attitudes and motives of adult children and their parents regarding future care in the parent-child relationship in which special attention has been paid to reciprocity within this relationship. A cross-sectional design has been chosen because the questions relate to the ideas adult children and their parents have concerning reciprocity and expectations of future care at this point in time.

4.1 Study population

Sixteen Dutch parent-child dyads were interviewed. No new information came up during the last couple of interviews, which implies that the point of saturation had been reached.

The inclusion criteria regarding adult children were: Dutch students in the master phase of their study since they might have a better idea of their future, in terms of where and how much they will work, where they will live, etc., than bachelor-level students. In order to compare gender differences eight male students and eight female students were selected.

The inclusion criteria regarding parents were: Dutch parents who were not divorced or separated and who have paid the tuition fee for their child for a minimum of four years. In addition, parents may have paid for the rent, books and insurances but this was no prerequisite. During one interview only the father was present. During the other 15 interviews, both the father and mother were interviewed simultaneously.

4.2 Sampling strategy

An e-mail was sent to the addresses in the mailing list of students in the study programme Health and Society at the Wageningen University to ask whether students and their parents would be interested in participating in the research. This did not yield any responses. Therefore convenience sampling has been used, for which the researcher asked in her social network whether supervisors, friends, colleagues or other students wanted to participate or knew someone who would be willing to participate. Recruited participants were asked whether they would know someone else who would like to participate, which is called snowball sampling. Fourteen students were recruited by convenience sampling and two by snowball sampling.

4.3 Data collection

Data has been collected through in-depth interviews at the participants' home or at the university. Prior to the interview, the objectives of the study were explained. The interviewees were told that the study was about the parent-child relationship, especially regarding future care. The investigator assured the participants that no names would be mentioned in the report and that the information would be confidential and not shared with their relatives or anyone else. Participants were asked for permission to record the conversation on tape. The interviews were semi-structured, covering the following topics: current giving and taking, expected care in the future, different forms of care, reasons for these expectations, motives for caring, etc. (see the tables in Section 4.4 for an overview of the questions).

4.4 Operationalization

The concepts that were discussed in Chapter 2 – Conceptual framework, were operationalised in order to be able to answer the research questions. However, during the phase of data gathering, questions could be altered, removed and added as the researcher's understanding of attitudes and the processes underlying them, evolved. Tables 4.1 to 4.3 show fairly accurately which questions have been posed eventually, in order to measure the concepts and their interrelations.

Table 4.1 shows four out of six dimensions of intergenerational solidarity as described by Bengtson and Robert (1991). In addition, questions have been posed to find out whether students perceive reciprocity as a motive to help their parents in the present time. These questions relate to the first research question: "How is reciprocity perceived in the current relationship?".

Table 4.1: Operationalization of the concepts relating to parents' and children's perception of reciprocity in the current relationship

Concept	Parent	Child
Affectional solidarity	Can you describe the relationship between you and your child?	Can you describe the relationship between you and your parents?
Associational solidarity	How often do you see your child or do you have other forms of contact?	How often do you see your parents or do you have other forms of contact?
Functional solidarity	What kind of things do you do to support your child?	During your study, what kinds of things have your parents

		done in order to support you?
	In what ways does your child help you?	During your study, what kind of things have you done in order to help your parents?
Current reciprocity	Does your child take the initiative to do something fun together? Perhaps because you are paying for his/her tuition fee?	Are there things you do for your parents because they are paying your tuition fee?
		What do you do to maintain the relationship with your parents?
Normative solidarity (on filial obligation)	In times of need, who do you ask for help?	How does it feel if you can meet your parents' request(s)?
	What kind of things do you expect your child to do right now?	How does it feel when you cannot meet your parents' request(s)?
		Do you feel obliged to visit your parents and ask about their well-being?
	Who are, generally speaking, the best care providers for elderly people?	Who are, generally speaking, the best care providers for elderly people?

In order to answer research question 2a: “What is the variety of parental expectations and motives regarding future care?” as well as research question 2b: “What is the variety of feelings of obligation regarding future care among adult children?”, the phases of care in Tronto’s (1993) framework were operationalised. Within the third phase of care, a distinction has been made between different forms of care giving, for instance personal and instrumental care, as well as a distinction between traditional male and traditional female care. Table 4.2 shows the operationalization of the phases of care as well as the different forms of care giving. In addition, normative solidarity regarding future care has been measured as well as parental consideration and tuition fee differences between siblings.

Research question 2c addresses possible differences between sons and daughters concerning the expectations parents have of them as well as regarding their own normative obligations. Various forms of traditional male and female care have been operationalised in Table 4.2. In addition to these questions, more direct questions have been posed about the differences between sons and daughters.

Table 4.2: Operationalization of the concepts relating to the relationship between support by parents and (1) parents’ expectations about future care and (2) feelings of moral obligations for care in the future among children, according to phases of care

Concept	Parent	Child
Care phase I	Do you expect your child to visit you frequently or keep in touch with you via other means?	Would you feel obliged to visit or call your parents frequently?
		Do you think your parents would expect you to visit them

		or call them frequently?
	Do you expect your child to ask about your health and well-being and worry about it?	Do your parents expect you to worry about their well-being and health and ask about it?
Care phase II	Do you expect your child to take responsibility when practical things need to be taken care of?	In the future, when your parents need help, do you think they will expect you to arrange that help?
Care Phase III Instrumental care Traditional male care	When you would need help with practical matters, like financial matters, would you expect your child to perform these tasks?	If your parents would need help in doing financial work, like taxes or administrative matters, do you think they would expect you to execute these tasks?
Instrumental care Traditional male care	Do you expect your child to help you with chores in and around the house?	Would your parents expect you to perform chores in and around the house?
Instrumental care Gender neutral care	Do you expect your child to do groceries later on? Do you expect your child to provide transport?	Would your parents expect you to do their groceries or drive them around?
Emotional care	If you need a shoulder to cry on, do you expect your child to provide that for you?	Do you think your parents expect you to be there for them when they need a shoulder to cry on?
Personal care Traditional female care	Do you expect your child to aid you in dressing, washing, cooking and feeding?	Would your parents expect you to aid them in dressing, washing, cooking and feeding?
Reciprocity	Is it important that your child is the one providing care? Could it also be someone else?	Do your parents expect you to perform these tasks or could it also be someone else? Do you have any idea why they expect you to do this instead of the neighbour?
		Do you think your parents' expectations match your willingness to provide help?
Normative solidarity	Do you think this is a task in which children <i>should</i> aid their parents?	Do you think this is something children are <i>supposed</i> to do for their parents?
	If we take a look at the things I've mentioned: 1. Calling, visiting, showing an interest. 2. Arranging care and 3. Performing care tasks. Which of	If we take a look at the things I've mentioned: 1. Calling, visiting, showing an interest. 2. Arranging care and 3. Performing care tasks. Which of

	those 3 do you feel children should do for their parents?	those 3 do you feel children should do for their parents?
Parental consideration	How would you feel if your child would not be able to provide care? For example, it's living too far away. Or if it would not want to provide care?	How do you think your parents would feel or react if you cannot or will not meet their request to provide care?
		In case of siblings: Do your siblings go to the university? Do you think your parents have different expectations regarding the two of you?
Tuition fee differences Reciprocity	Does the act of paying tuition fee have any consequences for what you expect your child to do later in life?	In case of siblings: Do your siblings go to the university? Do you think your parents have different expectations regarding the two of you?
Gender differences	Would you expect your daughter to perform other tasks than your son?	Do you think your parents would expect the same kind of care from you as they expect your brother/sister to do?
	Would you expect care from your daughter or son-in-law?	Do you have a girl/boy-friend? Do you think your parents expect your partner to provide care?

Finally, Table 4.3 shows the questions which have been posed in order to answer the third research question: "What are possible gender differences in the filial motives to provide (future) care?". Students were asked about their general motives and more specifically about instrumental and normative motives to perform (future) care and in the analysis their answers were checked for gender differences.

Table 4.3: Operationalization of filial motives for providing (future) care

Concept	Question
General motives for providing care	What are your motives for providing care when your parents ask you to do so right now?
	What would be your motives for providing care later in life?
	Could you think of reasons not to provide care later in life?
Instrumental motives	How would you react if you would have to give up on certain activities (sports, hobbies) in order to take care of your parents?
	Example: Bachelor moves into parental house in order to take care of them. Other brothers and sisters take less care and do not inherit much whereas this son inherits the house. Could something like that happen to you? How would you feel if that would happen in your family?
	Would you provide care for your parents if you would not get anything in return? - Starting to develop Alzheimer: Aid in doing groceries and

	<p>household chores. No gifts or money.</p> <ul style="list-style-type: none"> - Alzheimer: Physical/personal care without any recognition or gratefulness. - Mentally sane: Doing groceries and household chores. No gifts or money. - Mentally sane: No gratefulness. - Mentally sane: No gifts, no money, no gratefulness, and no inheritance.
Norms, values and emotions underlying motives	Do you think your expectancies regarding future care match your parents' expectancies?
	Could you tell me whether your parents and you have the same norms and values, in general?
	Do you think children have an obligation to provide care for their parents?
	Do you think your parents would be disappointed if you could or would not want to provide care?
	Is the bond you experience between you and your parents, a reason to provide or not to provide care?
Consensual solidarity	Do you and your parents generally agree on specific topics? (for example politics)

4.5 Analyses

In the analyses of the data obtained from the interviews, a systematic step-by-step approach has been applied. To begin with, all interviews were transcribed. The qualitative data was imported into the analysis tool ATLAS.ti version 6.2. In order to relate the data to the leading concepts of the research, the transcripts were coded. Codes were assigned to pieces of text, specific phrases or words that described specific attitudes, beliefs, motivations, and so on.

In this process of coding, two methods were applied. First, a top-down approach, where codes were derived from the interview questions and theoretical concepts of solidarity and care as described in Chapter 4.4 Operationalization. Second, a bottom-up approach was applied, where new codes were derived from the transcripts. After the coding, the different codes and their assigned texts were linked to each other in order to construct general themes and patterns. Appendix I displays all the codes that were eventually assigned to the transcripts. This scheme of codes can also be regarded as an outcome since studying the data gave an understanding of underlying processes and attitudes about reciprocity and solidarity within the parents-child relationship. For example, the codes regarding the motives for providing or not providing care already imply the varying motives which were giving as an answer to the third research question.

5. Results

The results will be given per research question. In answering these research questions, quotes will be used to clarify some of the results. The original Dutch quotes can be found in Appendix II listed according to their box number.

5.1 How is reciprocity perceived in the current relationship?

First, the results of the students will be discussed; how do their parents support them and what do they do for their parents according to these students. Subsequently, the results of parents will be given; what do they do for their children and vice versa, according to parents.

5.1.1 Adult children

Starting with affectual solidarity, every single student who participated in this study reported the relationship with its parents to be a good or a positive one. Some students did have some complaints about parental behaviour, however this did not result in a reported dysfunctional relationship. Participants mentioned the relationship with their parents to be warm and pleasant, in which they felt they could talk to parents about a variety of subjects, felt accepted and cared for. In addition, children often mentioned an unconditional element in the relationship with parents or other family members, whereas this was not the case with friends.

Box 1.

Interviewer: *“Why are familial relationships important to you?”*

Daughter8: *“Well, that’s something you can always count on. You choose your friends, but you don’t choose family. So it should be there for ever, and it should be good.”*

In terms of associational solidarity, students differ very much in the number of times they see, call or email their parents. Three students were living with their parents so they had daily contact. In visiting, it is most often the students who are visiting parents instead of the other way around. Some visit their parents every week whereas others visit their parents once every six weeks. Frequent visiting was sometimes due to boy/girl-friends or friends living in the same region as parents.

Box 2.

Daughter1: *“I see them [parents] during weekends because I actually go home every weekend. My boyfriend also lives there, so that’s why I go there anyway. Maybe it would have been less frequent if he didn’t live there.”*

However, in case of calling, it is slightly more often the mother who takes the initiative to call than the father or the child does. Mothers are also reported to engage more in social talk on the phone or by email whereas fathers are more likely to have functional conversations with their children.

Box 3.

Daughter5: *“With my mom it is more often just fun and cosy. En with my dad it is really, we’ve got a pretty functional relationship, so to say.”*

Students told that their parents often ask them how they are doing, how their study is progressing, and how they feel about the exams they did. Although parents still ask about the general wellbeing of their children and their study, the number of specific questions about exams reportedly decreases as the study progresses.

When participants were asked what they do to maintain the relationship with their parents, they state that they are mainly visiting, calling, e-mailing, and sometimes doing something 'fun' together. Thus, children are keeping in touch with their parents, which often results in sharing information about each other's life.

Box 4.

Interviewer: *"Could you tell me, what are the things you do in order to maintain the relationship with your parents?"*

Son5: *"Yes of course, that is by visiting, calling, asking questions, showing you're interested."*

Concerning functional solidarity, the data shows that participants often need a minute to think about the support they have received by parents. However, students name a lot of different activities in which their parents provide support. A lot of students mention that their parents are always there for them in times of need. This is explained in different ways, both functional as emotional.

Box 5.

Son5: *"If there is anything the matter, they are always there for me. If there's something the matter on a personal level, if I want to talk, but when we [son5 and his girlfriend] were moving as well."*

Functional solidarity by parents turned out to have different forms: financial, practical and emotional. Financial support consists of paying tuition fee, study material, rent, insurances, or other expenses students might have. Practical support involves, among others, aid in financial matters such as tax return and insurances. These tasks are most often performed by fathers for daughters. Fathers also tend to read study papers written by their son or daughter, in order to improve them. Parents very often help their children when they are moving. Children also mentioned parents were doing jobs in and around the house (e.g. repairing things, drilling holes in the wall and painting walls). One child reported that his parents were handling the mail and watered the plants during his vacation. Furthermore, parents were reported to provide transport, either by driving themselves or by facilitating a car. In addition to this some parents provided assistance during social events (e.g. making soup during a birthday party).

On an emotional level students mentioned they were always able to talk to parents in case of doubts or if they had to make choices regarding their study. Parents often motivated their children in order to complete the study. One son even mentioned that his parents have been a self-reflection tool in study related behaviour, since they made him question his behaviour and choices. Some students stated that their parents provided emotional support when they were having a bad day or were willing to talk about emotional matters, like sickness and death.

The other way around, students often have a hard time stating what they do for their parents. Some even mention that it feels like they are doing nothing or not enough.

Daughter1: *“It’s not like I’m really helping them with things, I almost feel selfish.”*

Still, students provide practical support to their parents, as part of functional solidarity. For instance, they are helping out with computer related problems. Others perform household chores (e.g. cleaning the table, cooking, vacuum cleaning and buying groceries), which is slightly more often mentioned by daughters. Some students also state to provide transport for their parents. One daughter also mentioned she is providing care to her grandmother when her parents are on holiday. One son mentioned he is working in his father’s company and is generally willing to help if the need arises. Even though children reported to provide practical support, only two children explicitly mentioned they were providing emotional support to their parents.

When students were asked directly whether they do anything for their parents because they are paying their tuition fee, they often mention there is nothing they specifically do because of that reason.

a. Interviewer: *“Do you feel obliged to visit your parents?”*

Daughter1: *“Yes, but not necessarily because they give me something, but just because they are my parents. It’s not like they are paying my tuition fee so I should visit, it’s just.. Yeah, they’re your parents.”*

b. Interviewer: *“Are there things you do for your parents because they have paid your tuition fee?”*

Son7: *“Not specifically for that reason, but all the things my parents ask me, I will do. Just because they have supported me in general and I can live here. And in that way, I can do something for them as well.”*

However, especially sons mention they will finish their study or attain high grades because their parents are paying for their education. Indeed, quite some parents have explicitly said they will stop paying when children are not putting enough effort in to their studies. Some students say that parental pressure makes no difference in the amount of effort they are putting in to their study since they are already intrinsically motivated to finish their study successfully.

As the previous quotes show, filial support is not just motivated by financial support provided by parents. When students are asked about motives to provide support to their parents at this point in time, they often mention first that they *want* to help their parents. When asked why they want to help their parents, most children say it is because parents have supported them in many ways. Most participants also mention they love their parents or that their specific parents-child relationship is the reason to provide support. One son mentioned he helps his parents because he wants to maintain a pleasant relationship. Two sons said a reason to help their parents was that they gave them life. Two children mentioned they help their parents because they feel obliged to, which is not necessarily perceived in a negative

way. Finally, two daughters mentioned it is due to normative solidarity: because you are supposed to help your parents.

Box 8.

Interviewer: *“What are reasons to help your parents when they ask for it, at this point in time?”*

Daughter5: *“Yes, first of all, because that’s the way it’s supposed to go. It’s part of that unconditional element, if they ask something, you just try to do that. Secondly, of course, it’s your family, you just love them. And thirdly, I really think so, they’ve also done so many things for me so you want to do something for them as well.”*

Taking a look at normative solidarity, it shows that all students would experience feelings of guilt or discomfort when they do not want to meet their parents’ request(s). However, if they are unable to, especially sons mention they will not feel guilty. When we look at the filial obligation to visit, a distinction between sons and daughters becomes apparent. Daughters more often mention that they *should* visit their parents every now and then. However, most of them did not feel obliged to visit their parents right now.

Box 9.

Interviewer: *“Do you feel obliged right now to visit your parents every now and then?”*

Daughter2: *“I don’t know. I can think: I really should pay them a visit. Also because I know they don’t like it when they haven’t seen me for a longer period of time. But I also feel bad myself when I don’t see them for quite a while.”*

Three daughters saw it as a real obligation, but only one of them perceived this in a negative way. Sons on the other hand, mostly state they do not feel obliged. However, sons do not say as much as daughters about what children are supposed to do, so it is hard to say whether they might have different normative ideas than daughters. Two sons did mention they feel obliged to visit, yet again they did not perceive this to be a negative feeling.

5.1.2 Parents

Starting with affectional solidarity, all parents reported that the relationship between them and their child was a good or positive relationship. A couple of parents had some complaints about the relationship with their child. Some mentioned aspects of the relationship which they would like to see differently, such as the frequency of contact. Other parents mentioned characteristics which they would like to see in their child, such as assertiveness. Only one couple mentioned that they themselves lacked a characteristic which might be perceived in a negative way by their child. Almost all parents stated that they perceive the nuclear family to contain the most important relationships in life which are different from other relationships, for example other family members or friends. Parents mentioned different reasons for the increased importance, such as the blood-tie, the fact that children are your own or a part of you, and the frequency and intensity of contact.

Box 10.

Father1: *“Naturally, it’s your own blood. So they [children] are obviously really close to you. In addition, you will naturally recognise yourself in them.”*

In terms of associational solidarity, the frequency of contact between parents and their child varied. Three children were still living at their parents’ place which meant that they had daily contact. Some parents saw their child every week(end), whereas others saw their child once every one or two months. In addition, parents often called their children, send text messages or emails to keep in touch. Quite often, parents reported that it was their initiative to seek contact. A few fathers who saw their child regularly (every week) said that they only sought contact in a functional way; not for chit-chat. In general, parents were satisfied with the frequency of contact. However, two mothers mentioned that they would like their sons to visit them more frequently. Interestingly, a few parents stated that less frequent visitations by their child ought to be regarded as normal.

Box 11.

Father10: *“We don’t have really close contact. Because he [son] lives in [place] and therefore visits us less frequently. I think that’s also a good thing and normal that he has his own life.”*

Parents were also asked whether their child ever invited them to do something together. Some children ask their parents out to go shopping, for a concert, a city trip or a cup of coffee. One couple mentioned that their child had asked them to join study related activities and another couple recalled that they had been asked to watch a sports competition in which their daughter participated. Seven parental couples could not think of an activity their child had invited them to. Five couples stated that they do not expect their child to ask them out because of the financial situation of students; they do not have the monetary means to do so. Other parents did not expect it because of the busy life of their child.

Parents were asked what kind of aid or help they provided for their child (functional solidarity) since he/she started studying. Three forms became apparent again; financial, practical and emotional. Concerning the financial care, parents paid for their child’s study by paying tuition fee and/or rent, study materials, insurances, and holidays. Regarding the practical aid, almost all parents helped their child to move to a student accommodation and helped painting the place. Two out of three parents, whose child was still living at the parental home, mentioned that they helped their child by accommodating him/her in their home. In addition, parents provided transport, aided in tax returns or in administrating monetary in- and outcomes. Other than that, parents quite often stated that they are there for their child whenever the need may arise.

Box 12.

a. Mother2: *“Whenever something’s the matter, we’ll be there for our daughter. I’ve always told her: even though it’s in the middle of the night, you can call us. [...] I find it very important that children know that. That they can always count on us trying to help them whenever there are problems.”*

b. Father10: *“Yes, the most important thing is just being there for him, that he knows that. Whenever he’s got some issues, he can come to us.”*

Parents also said that they provided emotional support to their children, for example in case of a broken heart. Parents sometimes mentioned that they needed to motivate their child in order to finish its study, although most parents said it had never been an issue since their child was intrinsically motivated. One parental couple tried to promote the independence of their child by stimulating it to live in a student accommodation. On the other hand, some parents stated that it can be hard to ‘let go’ once their children move out of the parental house.

Box 13.

Father12: *“We’ve never forced decisions upon them [children], not with homework or extracurricular activities. We did say: According to us, that might not be a wise decision, but you’re the one that has to make it. The two oldest don’t live at home anymore. So you don’t know what they are doing. You had to let them go out of necessity.”*

The other way around, parents reported that their child mainly provides practical aid. One mother mentioned that she could call her daughter for emotional support whereas most parents said that they turn to their spouse for this type of support. Concerning financial aid, only one parental couple mentioned that their daughter offered to pay for reparations to their house, which they declined. Concerning practical aid, children perform household chores (cleaning, cooking, shopping, doing laundry) spontaneously while they are at their parental home. However, more time-consuming chores are not offered spontaneously by children. Nonetheless, quite a few parents mentioned that their child is willing to aid them when asked.

Box 14.

Father2: *“And those [chores] are not really time-consuming. It’s not like she’s going to clean the windows.”*

Mother2: *“No, but if you would ask her, she would do it.”*

In addition, children have been reported to aid in technical issues (computers, smart-phones, internet), and some were responsible for pets or other family members (younger siblings and grandparents) during parents’ holidays.

Parents were questioned about normative solidarity by asking what they expected their child to do at this point in time. An interesting observation was that two parental couples

seemed to have explicit difficulties with the word 'expectation'. Other parents quite often used the verb 'to hope' instead of 'to expect'.

Box 15.

Interviewer: *"Do you expect your child to do certain things at this point in time?"*
Father8: *"Expecting is such a heavy word. Yes, more like hoping. We hope our daughter will be able to find a decent job [...]. But you can't say: I expect you to do that. But you hope she will."*

Six parental couples explicitly stated that they want their child to put effort in completing its study. Other parents thought it to be of no concern since their child was intrinsically motivated. However, when they were asked about their hypothetical reaction to their child not doing anything at all, they did say that they would not want to pay for their child's tuition fee anymore. One couple was very opposed to this idea, since they did not want to use financial means to realise changes in the informal sphere.

In addition, certain parents seemed to have a, sometimes deferred, expectation or hope for their child to be happy or satisfied in life. This can also consist of acquiring a decent job and a family.

Box 16.

a. Mother14: *"I just want him to be a happy person. A good person. And that he is satisfied with what he's doing and with what he's going to do. And perhaps that he meets a nice woman. But, he doesn't necessarily have to. [...] I just hope for him to have a white picket fence later on. That he'll be a fun, happy person. That's what matters. That's all I expect."*

b. Mother6: *"You hope that it's a good basis for their future, because if she's happy, we're happy."*

One couple expressed that they expect their daughter to attain a certain form of independence after graduation. They did not want their daughter to move back in with them for an indefinite time. One father mentioned that he expects his daughter to take responsibility for her own life, which could also be regarded as an expectation of becoming independent.

Three couples expected their child to aid in practical matters if he/she is able to do so. One couple said that they expect their daughter to keep in touch, meaning that it is a mutual responsibility to maintain the relationship. Another couple mentioned that they expect their daughter to take the feelings and ideas of other people into account. One daughter was expected to be there for her younger sister in times of need and to maintain the relationship with this sister. Lastly, one couple stated that they hope their daughter will take care of them in the future, with the same obviousness as they take care of their own parents at this point in time.

5.2 What is the variety of parental expectations regarding future care?

Parents have been asked about their expectations regarding the provision of care by their child in the future. Their answers will be discussed per phase of care. In addition, the motives behind the expectations will be handled.

5.2.1 Care phase I – Caring about

Ten parental couples answered that they expect their child to keep in touch in the future, either by saying so explicitly or by mentioning that they would be disappointed if their child would not do so. Even though parents had expectations, they had some remarks. Please note that not all parents stated all these different conditions. It is merely the spectrum of the varying ideas and attitudes parents had. Nonetheless, the majority of parents mentioned these conditions, either explicitly or implicitly. First of all, some parents mentioned that they did not want to oblige, or could oblige their child to visit them regularly. The reason for this was that parents often had unpleasant experiences with their own parents in which they felt obliged or were explicitly obliged to visit them.

Box 17.

Father6: *“Well, as I said my parents, well my mother, she always called. Well, I won’t do that later on. Like: Are you still coming? Are you still coming for a cup of coffee?”*
Mother6: *“I won’t claim that.”*

Secondly, some parents would not expect it until they were unable to maintain their own social network. Thirdly, other parents mentioned that they would expect it in times of need. Fourthly, there should be a mutual effort to keep in touch; it is not just the child who is responsible for maintaining contact. Lastly, parents take legitimate excuses into account; their child should be able to visit them. Parents do not expect their child to visit frequently if he/she is living far away, has a busy job or has its own family. However, they do expect their child to keep in touch via other manners (skype, email or phone).

Box 18.

Interviewer: *“Even if your daughter would be living far away, you might expect her to keep in touch with you, maybe not visiting, but calling, emailing or skypeing.”*
Mother1: *“Yes, but not with a pattern of expectations. Not like: It’s Thursday evening so we should have contact now, no. In a non-committal way.”*
Father1: *“No, but you do expect to have contact with a certain regularity. Apart from who’s initiative it is going to be but..”*
Mother1: *“But non-committal, not as strict. According to me.”*

Six couples said that they do not expect, could or would oblige their child to visit them, but they would hope so and, in addition, would appreciate it. These parents often say that children should act spontaneously or naturally.

a. Mother 9: *“Well, I would appreciate that [child visiting] a lot yes, I wouldn’t demand it. That should be his initiative. I’m not going to say: You should visit every Sunday. I would like him visiting though.”*

b. Father14: *“Those are things which you expect, more or less, but which you won’t demand the other to do: Hey, I think you could call more often. No, that should happen naturally. And if it doesn’t.. Well, too bad.”*

Parents were asked whether they expect their child to be interested in them and to inform about their well-being. Twelve couples said that they would expect their child to do so. Two couples said they hope so and would appreciate it. Only one pair stated that they do not expect it all and another pair stated that children would just do so if they love their parents.

Parents also spoke about the varying motives behind their expectations. Almost all interviewees said that they expect their child to provide care phase I because of the child’s character or because of its current behaviour. For that same reason, two parental couples mentioned that they would not expect their sons to be the one who would take the initiative to keep in touch. Parents also mentioned affectionate motives for their expectations (either expectations because of the child’s characteristics or normative expectations), such as the specific relationship or bond between parents and child. On the same note, a reason parents gave for not being able to generally expect children to provide care phase I is that something might go wrong in the parents-child relationship. Some parents expressed that it is possible that they would get into a fight with their child in which case you would not or cannot expect your child to keep in touch. Two parental couples mentioned that children might feel internally obligated to provide this type of care.

Mother6: *“Our expectations and their duty, they are very similar so to say. They would think of it as a duty and we would think of it as an expectation.”*

Another frequently mentioned motive to expect care phase I in the future, was reciprocity. Sometimes this was meant in a functional manner whereas other times it was meant in an affectual manner.

a. Interviewer: *“How would you feel if he [son] wouldn’t do that [inform to parents’ well-being]?”*

Mother16: *“[...] I would be severely disappointed. Also because we, as I said, we are always there for them. Not because we’re supposed to, but because of the strong family ties. That you just want your child to have a good time and be alright. And I’d think it would be the same the other way around.”*

b. Father4: *“Well, a bit of respect. Some duty to care. Being aware that you’ve been raised for over 20 years and that you could do something in return, yes. You see, whenever something is the matter with them, we’re always there. So you expect that whenever something’s the matter with us, they’re available as well.”*

Some parents said that they could expect care phase I because of the upbringing. Others mentioned respect or decency towards parents, which is also present in the quote above (box 21). This could be categorised as values which are perceived to be important by parents and which were part of the upbringing. Two couples mentioned that they thought it to be a case of humanitarianism; meaning that it is important in general to be interested and attentive towards other people, not specifically in the parent-child dyad.

Mother5: *“I hope that it is part of the norms and values of life in general. That she [daughter] isn’t obligated, but that she’ll...”*

Father5: *“That’s decency.”*

Parents also named reasons for them not to expect their child to provide care phase I in the future. A possibly disturbed relationship has already been mentioned. In addition, some parents mention that they do not want to burden their child. They often give the example of their own experiences with their parents.

Interviewer: *“I would like to discuss what you said previously: I don’t want them to have a compulsory 60-minute phone call with their mom. However, would it be an obligation of children to show an interest in you, later on?”*

Mother10: *“Well, you do hope they’re interested [...]. With these kinds of things, I’m always thinking about the relationship with my own mother. Which has its issues, it’s really stiff. So that’s where the ‘60-minute phone call with you mom’ comes from.”*

5.2.2 Care phase II – Taking care of

Most parental couples said they expect their child to provide care phase II, by saying so explicitly, by saying that they would be disappointed if their child would not provide this phase of care or by saying that children are supposed to do that (in general). Three couples said that they expect it purely because of their child’s character rather than it being a normative expectation. Two couples stated that they do not have any expectations in this regard.

Yet again, parents often stated certain conditions under which they would expect this type of care. First of all, several parents said that they only expect their child to aid in arranging care when they are physically unable to do so themselves.

Box 24.

Interviewer: *“So you mean that children have a duty to help when their parents aren’t able to do so?”*
Father10: *“Yes, it shouldn’t be laziness, or easy to let kids take care of it. It should be really necessary.”*

However, in this case most parents would diminish the amount of possible care tasks; for example, by selling a house which requires a lot of maintenance or by paying professionals to do a specific job. In the case of intentionally diminishing caring activities, some couples have said that it would be a deliberate choice to ask their child to provide care in which they do expect their child to aid. In line with this, parents do not (always) expect their child to offer care spontaneously. This could be due to the wish to stay independent as long as possible, but most parents did not elaborate on this. In general, parents did seem to be quite fond of their independence and try to safeguard this.

Box 25.

Father2: *“You would like for your... You would like to stay in control.”*
Mother2: *“It is reflected, the way we treat them [children], we expect that in return. In that we should be able to come up with what we want, in care as well.”*

Secondly, parents have told that they expect the provision of care phase II when the need for this type of care is present, which could occur when parents are demented and are not able to decide for themselves. In addition, some parents mentioned that they only expect their child to organise care when their child is able to.

Box 26.

Father4: *“Well, it depends on [...] someone’s mental capacity, ability of people, right? I can imagine that some people, who cannot study as easily, would face more difficulties with it [arranging care]. I expect my daughter and my sons, who’ve had a proper education, to be able to do their thing.”*

Legitimate excuses are less often mentioned with regard to providing care phase II, since children are expected to be able to arrange care even if they are living abroad. Interestingly, most parents did not mention this when they were directly asked about their expectations regarding the provision of care phase II, but more often when they were asked about the provision of care phase III.

Box 27.

a. Mother16: *“But what if he [son] lives in America, how would you picture it then?”*
Father16: *“That he makes sure that someone in the Netherlands, maybe his sister or someone else, can provide that care. He does have to keep an eye on us.”*

b. Mother7: *“I think that if they would have a busy job and a family and so on, I won’t expect my kids to do that [take care of chores in and around the house].”*

Father7: *“No, but then they would come up with a solution. I mean, that doesn’t mean that my son has to paint. But discuss together [with his sister]: Well, it’s better to discuss with the painter... But you won’t say: Son...”*

Mother7: *“Yes exactly, in concert.”*

A few parents thought that their child will automatically arrange care, later in life, which does not necessarily imply a normative expectation.

Box 28.

Mother6: *“But I expect them [children] to do that [arrange care]. Not like.. Not like an obligation, but that they’ll do that automatically. That’s what I expect them to do.”*

Parents have mentioned multiple reasons for their expectations. First of all, parents have mentioned affectional motives. Some parents explicitly said that they expect their children to provide care because they love each other. Others said they expect it because the relationship or bond is good between parents and child. Some parents thought it to be a matter of responsibility children have towards their parents and one father said it to be a duty or filial obligation.

Box 29.

Father8: *“I think there is a certain duty to care.. Well, duty to care, yes, I think you are allowed to say that. Life also consists of obligations. [...] If you’ve had this life, also during your childhood, as a family.. And if one starts to deteriorate, and they are your parents, I do think.. Then you are more or less morally obligated to help your parents, yes. Especially when you notice that it is necessary.”*

Two parental couples thought their child would take care of them because of her upbringing. Lastly, all parents gave examples of the relationship with their own parents when they were asked about their expectations in order to explain why they expected care. Regarding care phase II, parents often told how they arranged specific care for their own parents, which would be a reason for their children to do the same.

Box 30.

Interviewer: *“If you would be in need of care, later on [...], would you expect your son, not to execute those tasks, but to arrange that for you?”*

Mother16: *“If we wouldn’t be able to that ourselves? Yes, because that’s how we treat our mothers. He doesn’t have to perform those tasks but...”*

5.2.3 Care phase III – Care giving

Expectations regarding care phase III, care giving, differed most among parents. Table 5.1 shows what parents said to expect their son or daughter to do in the future.

Table 5.1. Parents' expectations regarding different types of care phase III

Type of Care		Expectations Phase III	
		Yes	No
Administrative/ Financial ^a	Son	4	3
	Daughter	3	5
In/around the house	Son	2	6
	Daughter	1	7
Groceries and transport	Son	2	6
	Daughter	3	5
Emotional	Son	6	2
	Daughter	6	2
Personal temporary ^b	Son	2	3
	Daughter	5	
Personal long term	Son		8
	Daughter		8

^a One parental couple did not answer this question.

^b Not all parents mentioned or were asked about the possible expectation of the provision of temporary personal care.

As well as concerning the other two phases of care, parents stated some conditions. Once more, the legitimate excuses were named as reasons not to expect the provision of care phase III. This motive was almost always present when parents talked about the first three types of care (administrative/financial, in/around the house, and groceries and transport). This means that the parents who are marked as expecting in table 5.1, said to do so when their child does not have legitimate excuses. In addition, parents would not expect it until they are unable (either mentally or physically) to perform tasks themselves. As well as concerning phase II, quite a lot of parents have said that they would diminish the tasks that need to be performed when they attain a less favourable condition, probably because they do not want to become too dependent on their children. Lastly, parents do not expect their children to perform tasks for which they think their child lacks the required skills.

Box 31.

Father11: *“And you shouldn’t go to him[son] for chores, I believe. I don’t think that he’s such a skilled handyman. That’s just a practical problem.”*

However, most parents do expect their child will be able to arrange that specific form of care (i.e. phase II). Quite often, this was mentioned when parents were asked about care phase III.

Legitimate excuses were not mentioned concerning emotional support. Two parental couples mentioned that they regarded emotional support as part of care phase I since it is part of being interested in someone.

Box 32.

Interviewer: *“And when you might need a sympathetic ear [do you expect that]?”*

Father2: *“Yes, that’s attention right? Yes.”*

Mother2: *“In that case, yes.”*

Three couples said that they would not expect emotional care until they would lose their significant other.

Interestingly, no single parent expected the provision of long-term personal care by their child. Some did mention that they expected it temporarily or in case of need or emergency.

Box 33.

Mother2: *“And obviously, when there’s an urgent matter, then everything else will be put on the backburner, and you’ll help. That’s what I would expect as well. [...] But when it’s something chronic, and help is just needed.. Well, I won’t expect my children to do that.”*

Parents not expecting long-term personal care is logical since parents do not expect their children to provide care for which their children lack the required skills. Indeed, many parents acknowledged that long-term personal care requires professional care givers. In addition, the legitimate excuses are regarded as very important in this case. Some parents even said that their child has the right to its own life which would be impossible in the case of personal care giving.

Some parents think the provision of care will happen automatically, which does not necessarily imply a normative expectation. These ideas could also be based on their child’s current behaviour or personality.

Box 34.

Mother9: *“He already does it [household chores] spontaneously. You [dad] are still able to, but you do think something like: Well, he’s performing it and..”*

Father9: *“But that’s a sign of: Well, we should help that old man because he’s starting to deteriorate, you know? Look, and that.. I think it’ll just go automatically.”*

On that same note, almost all parental couples thought their child will be willing to help whenever asked but at the same time stress that it has got nothing to do with their own expectations.

Box 35.

Father13: *“Yes, it’s an expectation in that sense, but not that I expect them to do so. I expect it [provision of care] to happen, but I don’t expect them to do so; that they’ll have to do it. Those are two different things.”*

Parents had the same motives for expecting care phase II and III. First of all, some parents mentioned the parent-child relationship to be a reason.

Box 36.

Father11: *“The point is that when parent and child have a good relation, you expect each other.. To help each other whenever there are problems. As far as you’re capable. I mean, we help our son according to our capacity. We’re not going to eat tack in order to pay for his education and his festivities. And that’s not just because he happens to have the same surname. That’s because we have a pleasant relationship.”*

Some parents also mentioned that in general children have a certain responsibility for their parents, or a duty to care towards their parents. And again, some parents mentioned that the upbringing might be a reason to expect the provision of care phase III. As one couple tried to clarify, the upbringing is the reason why children might have the same norms and values as parents, but this is not the equivalent of normative expectations.

Box 37.

Father13: *“Let me put it like this, according to me it’s more a value than a norm because a norm is defined and something which you implicitly have been taught as a kid in our own upbringing, so therefore it’s a value which you carry with you. And which you’re children also..”*

Mother13: *“But it’s not something you’ll deliberately teach them, like: You have to do this. That’s something which just happens along the way. Then they’ll see it and they’ll notice it. And you’ll see how your children are slowly learning and doing things. To help someone with something. So it’s not a..”*

Father13: *“Norm.”*

There was also another motive which has been mentioned for expecting care phase I; reciprocity. Similarly to phase I, parents explained this either in a functional or affectual manner.

Box 38.

Father12: *“Well, I think like.. We’ve helped our kids when they needed it and then it’s just.. I would be really pleased if they would do that the opposite way around. If they notice: Mom and dad have some issues, they cannot do it themselves, ah let’s just help them. I guess that’s also a little sign of appreciation or love from their side. Something like that. Especially when they offer it themselves.”*

Parents also stated different reasons for *not* expecting the provision of care phase III. First of all, parents often talked about the presence of the welfare state. Especially concerning long-term personal care, parents said that they rather opt for formal care instead of informal care. Some parents also mentioned other facilities which can keep them from asking their children to aid. In the case of getting groceries, some parents said that you can use albert.nl in

order to deliver groceries at home. Other parents also mentioned taxi companies in case of transport. Lastly, parents often referred to professionals who could repaint the house, or who could perform other chores, rather than children.

Secondly, parents do not want to burden their children. This is often mentioned simultaneously with the legitimate excuses.

Box 39.

Father10: *“But if I can afford to get it done [painting the house], I will. I won’t ask the children in that case. I mean, I know how much time it takes and how that affects their leisure time, assuming that they will also have their own kids, life and job.”*

Some parents mentioned that they do not want to burden their child in an emotional way either. Not willing to burden children seems to be in line with not expecting long-term care in general. Parental couples often recalled negative experiences with their own parents when they talked about reasons not to expect care giving.

In general, parents do not expect time consuming, long term care of any kind because parents do not expect children to give up their daily activities in order to provide care. However, most parents do seem to expect that their child will do what is necessary in order to keep its parents alive and well. Parents do not say so explicitly, but they have other ways of expressing this.

Box 40.

a. Father2: *“I do expect them [children] to keep giving us attention [...]. And that they make sure that we won’t end up in a carton box on the street.”*

b. Father12: *“Because it would be in case of emergency, so to say. When you don’t have a possibility to solve something in a different way. And if you’d ask him [son] and he would say for example: Have you tried this or that? Yes we did that and it didn’t work. Well, if he doesn’t want to.. that would be..”*

Mother12: *“I would find that very... I would be very disappointed.”*

Father12: *“I would feel resentment towards him.”*

Throughout the interviews, the majority of parental couples said to have the normative expectation that their child will aid in case of need or emergency. Parents did not specify the type of care or even the phase of care when they mention this, but it is likely that it entails all phases and types. The second quote in box 40 is but one example of this expectation.

5.2.4 Non-care expectations

In addition to expectations regarding care, parents also talked about other expectations. These expectations seem to originate from the expectation that their child will lead a happy life of its own. The first one is independence; some parents have the expectation that children will take responsibility for their choices in life. The second expectation was the expectation to be(come) happy. Parents often mention that they would like their child to meet or end up with a nice partner, to acquire a proper job and to be happy. The child’s happiness seems to be more important than the parents’ happiness.

Mother2: *“But if they would go to Australia or the other end of the world [...]. And if you’d become a grandmother, you wouldn’t like that for only a couple of times a year, for example. But I wouldn’t keep them from going, I think.”*

Father2: *“No, obviously not..”*

Mother2: *“If they make that choice, it is apparently what makes them happy. That’s still the idea.”*

Father2: *“Yeah, because basically we say: This is your life, this is your responsibility.”*

Mother2: *“Yes, we haven’t given birth to them in order to provide care for us.”*

Father2: *“No, in that case we should have made a lot more of them *laughs*.”*

Lastly, only a few parents have said that they would like to have or expect grandchildren one day.

5.2.5 Financial support

To begin with, only one couple that has been interviewed said to earn an average income (*modaal*). All the other interviewees had a higher income (*boven modaal*). Parents were asked whether the money they had spent on their child’s education, or perhaps other efforts, would influence their expectations regarding future care. Fourteen out of sixteen parental couples said that the two were not connected at all. Some parents reacted rather appalled by this question about reciprocity.

a. Father10: *“So if he would regard that to be an obligation, like: Dad paid so now I need to repay that. I’d probably say: But that’s not the reason I did that. In other words: You don’t know me well enough. I would rather feel like he insulted me.. Yes, I would consider that to be an insult if he would think of me like that.. That I would have ulterior motives.”*

b. Father14: *“No bullocks. No, no. Why? At least, I don’t think so. You do stuff for your kids because you have kids. But it should never be the case, at least I don’t think so and neither does [my wife], that that has to be repaid, absolutely not.”*

Four couples said that paying their child’s tuition fee is part of parental obligations towards children; something which you are supposed to do as a parent. This normative idea is probably due to the fact that people choose to have children nowadays. Indeed, some parents explicitly said that if money would have been an issue, they should not have opted for children. However, a couple of parents did say they could imagine their expectations would be different when they would have to work one’s fingers to the bone in order to pay for their child’s education.

One couple said that paying tuition fee did affect their expectations in a slight way. However, these parents argued that paying tuition fee is only part of making sure your child will become happy. Vice versa they would expect the same.

Interviewer: *“Paying for your son’s tuition fee, does that have any consequences for your future expectations?”*

Man16: *“Only a tiny bit.”*

Mother16: *“Well, I wanted to say, actually it does, but that doesn’t have to do with.. Look, we support him based on the tight family relationships.”*

Man16: *“It’s your child.”*

Mother16: *“Yes, your child, so you want, apart from what you want, that your child is pleased. That’s just what you want, that he’s pleased and becomes happy. Therefore we’ll do what we’re capable of. And that’s actually what you expect the other way around as well. That’s what it comes down to.”*

Another couple said that it did not influence their expectations but that they do expect their child to aid financially if that would happen to be necessary.

5.2.6 Gender differences

Regarding care phase I, two parental couples said that they do not expect their son to be very considerate towards them because that is just lacking in his nature whereas no parents said this about their daughter.

No gender differences regarding phase II were apparent. And as table 5.1 shows, there are no big gender differences in parents’ expectations regarding phase III either. The only difference which one might notice is the one regarding short-term personal care. However, this has not been asked to every parental couple, which means that no substantial results can be defined with regard to this type of care. Some parents did mention that they would ask their son or son-in-law for chopping a tree or performing other heavy jobs, instead of their daughter. The other way around, a few parents also said that they would rather ask their daughter to do the groceries or to buy new clothes instead of their son.

Interviewer: *“And if you think of chores, like sandpapering window frames or chopping a tree?”*

Father4: *“Yes, I would think off my boys, they are handier in that regard.”*

Interviewer: *“So there would be some gender differences?”*

Fahter4: *“Yes, doing groceries, the boys won’t do that. [Daughter] would do that, more. Shopping, clothes... If I’d say: Well, I need clothes then she might be able to buy that.”*

Parents were asked who they thought to be the best caregivers or care providers for elderly people. One father said that he thought women in general would be the best caregivers. One mother thought daughters to be the best caregivers, which she unfortunately did not have. On the other hand one father said that he thought sons to be the best caregivers. Three parental couples answered that they thought children to be the best caregivers. However, most parents were very clear about their opinion that professionals were the best care providers regardless of their gender.

5.2.7 Taboo on expectations

An interesting finding is that almost all parents had difficulties with the verbs and words; expecting (expectations), obliging (obligations), demanding, supposing, and duty. Some parents used these words interchangeably whereas other mentioned the (slight) differences between them. Either way, parents often seemed to experience a taboo on expectations. This was never mentioned explicitly. At the same time, it does not mean that all parents have expectations even though they said otherwise. However, in a few cases the quotes show that parents actually have certain expectations while their first reaction was denial.

Box 45.

Interviewer: *“When you start forgetting things, or if you’re not mentally capable anymore to arrange certain things, do you expect her [daughter] to arrange that?”*

Mother7: *“If you won’t notice that yourself anymore, yes I think she’ll do that. And not because we expect that, no. But I think that.. I think every parent expects their child to do that, a little bit. At least, I think so.”*

Other quotes clearly show an ambivalent attitude towards expectations and filial obligations.

Box 46.

a. Mother6: *“I think that they [daughters] must, may, must, may, must ask [whether parents need help]. Well, may ask.”*

b. Interviewer: *“Is it a duty to arrange care, being someone’s child?”*

Father6: *“Not like a duty, but it is a responsibility. It is not a duty.”*

Mother6: *“I don’t want to call it a duty, however you do expect it.”*

c. Mother11: *“No I don’t think they [children] are supposed to do that [show interest in parents’ wellbeing]. But somehow I do. In that relationship.. Or yeah, I think it goes a bit automatically. Like: when you have a pleasant relation with your parents then... They were there when you needed them and you’ll be there for them. I do think that just.. how it should be. And if not, that’s very sad, I think.”*

There even seemed to be a normative idea about parental expectations. Three couples explicitly said that being a parent does not entitle you to any expectations regarding your children.

Box 47.

a. Father3: *“You are not allowed to morally demand it [care]. Like some parents have every now and then: But from now on, my children have to take care of me. I don’t agree on that.”*

b. Father1: *“But we don’t think, at least I don’t think, that you are allowed to expect your children to so do [provide care].”*

Certain parents seem to perceive that (their) expectations are equal to a rule or a law. A lot of parents have said that they cannot expect their child to do anything, probably because there is no way of enforcing the desired behaviour.

Box 48.

Interviewer: *“But why do you say: You are not allowed to expect that?”*

Father6: *“I can’t oblige something; I can’t force someone to do something. I can always ask it.”*

Some parents said that they hope that their child is raised with the norms and values which make the child internally motivated to provide care for their parents, without that being an external obligation. One mother said that she thought that people won’t become happy when they are externally obliged to do things. Some parents seem to want affectional feelings to be the motive behind filial care.

Box 49.

Mother3: *“Yes, but it’s also a token of love, that parents take care of their children automatically and that that makes you feel good. You do assume that if there’s anything you can do for your parents, without that being too complicated, that that’s pleasant for the child as well. So that’s, also in active care, an added value.”*

Other couples mention that they appreciate their child’s efforts even more when it is being offered spontaneously instead of the child acting out of filial obligations.

Box 50.

a. Mother13: *“I mean, when you demand it, what’s it worth? You know, that pressure makes a different thing than what is present when you don’t.”*

b. Mother13: *“I think mother’s day is rubbish [...]. I mean [husband]’s mother is very fond of it. So every single year we deliver a bouquet. Then I’m thinking: In that case, what’s the meaning of it?”*

5.2.8 The additional value of filial care

As described in chapter 5.2.7, parents would appreciate filial care especially when their child offers it spontaneously. In this regard, it is also interesting to discuss the additional value of filial care. In general, parents seem to appreciate it more when their children provide care than when others (other relatives, neighbours, friends or professionals) provide care. This is often explained by saying that children are ‘one’s own’ (Dutch: eigen). Some parents also argued that the relation with one’s children is always more special, which is the reason for the additional value of filial care. One couple said the additional value was due to affectional feelings instead of the actual act.

Interviewer: *“Would there be an additional value when children perform care over a professional or neighbour?”*

Father3: *“That would have an additional value. But not because of the care part, but because of the love you share.”*

However, there was a difference between the varying tasks and the extra appreciation when children perform these tasks. Instrumental care, doing groceries and household chores, are not always more appreciated when performed by children than by neighbours or professionals. On the other hand, parents quite often would like their child to handle their finances, which are regarded to be personal and private. Parental couples mentioned often that they trust their children most in this regard, sometimes even more than professionals. The future provision of emotional care by children is often highly appreciated. Parents mentioned that children are closer to them than others. And one couple said that providing emotional care by children would even strengthen the relationship between parents and child which results in more appreciation. Lastly, one couple said that they would value their child arranging care (phase II) because they know their parents best.

5.2.9 Caring activities within the family

It has already been described in this chapter that parents often recalled experiences with their own parents or other relatives when they talked about their own expectations. To be more precise, every single parent has mentioned past or present experiences. In some cases parents recalled examples that they used to indicate that expectations are not desirable and in other cases they used their experiences to indicate that providing care is desirable or even normal and natural.

Even though parents have experiences with their own parents or other relatives who are/were in need of care, they often do not immediately think about a future in which they will be mentally or physically incapable of arranging care. Quite often parents first said not to expect their child to provide a specific type of care, only to realise that it would be much appreciated when the interviewer asked about a future of inability.

Father5: *“I wouldn’t ask [daughter] to do that [household chores] so easily. As long as I’m able to, I’ll do it myself. Or I’m going to pay a Polish guy or, I don’t know, a moonlighter. [...] But let someone else take care of it.”*

Interviewer: *“And what happens when you’re mentally incapable?”*

Father5: *“Well, then..”*

Mother5: *“Yes, then it would be appreciated if she could offer some help.”*

Father5: *“Yes, in that case, it would.”*

Only very few parents said that they had talked with their child(ren) about some of their expectations regarding future care. Apparently, this is not a topic which is discussed often by parents and children.

5.3 What is the variety of feelings of obligation regarding future care among adult children?

Per phase of care, children's perceived parental expectations will be discussed, after which children's own normative ideas will be identified.

5.3.1 Care phase I – Caring about

Regarding care phase I, students have been asked whether they think their parents expect them to visit or keep in touch via other routes. All participants *thought* their parents expect them to do so. However, only a few were sure of this. Additionally, almost all students thought their parents would expect them to be interested in their wellbeing. A few children actually mentioned that their parents probably hope they will, but that they won't explicitly say so.

Box 53.

Interviewer: *“Do you think your parents expect you to worry about their mental and physical health?”*

Daughter2: *“I think they would feel pleased if I did so. And I think that in some way they would expect.. Well, I don't think they would ever confess that, but I think they would at least hope I will.”*

One son said he sincerely does not know whether his parents expect him to care about them when they are still feeling well. However, he said that if his parents might experience health problems, they might expect him to. One daughter mentioned that her mother probably does have such expectations but her father does not.

Students were also asked about their own normative ideas; whether they think children are supposed to visit their parents or worry about their wellbeing. Four students answered that children are supposed to take care of parents in some way, but they did not specify which phase of care this is supposed to be. The other twelve participants all said that they thought children were either supposed to care about (phase I) their parents or were even obliged to do so. One son mentioned that everyone should be interested in each other; it is a trait people should generally have. However, he considered phase II, taking care of parents, to be more important than phase I. His argument was that some persons cannot get along with their parents, so they might visit or call them less frequently, but they still should take care of their parents.

5.3.2 Care phase II – Taking care of

While reported expectations regarding phase I are rather similar, opinions started to differ when expectations concerning care phase II were being discussed. Most children thought their parents will expect them to take care of them but only when certain conditions are met. First of all, children think their parents will not generally expect their child to take care of them unless they are unable to arrange things themselves because of old age or sickness. Secondly, children need to be able to arrange the required service. Finally, children think their parents expect them to provide care when it does not take too much effort. Please note that not all children mentioned all of these prerequisites, some of them mentioned only one whereas one daughter did not mention any of these conditions and just reported that her parents expect her

to take care of them later on. One son answered he really does not know whether his parents expect him to take care of them. However, he summarised that his parents expect him to be there when they need him, which could entail the first three phases of care. Some children mentioned their parents would appreciate it and hope for it, but do not necessarily expect them to. Though, one son said that his parents would be displeased if he would not take care of them.

Box 54.

Son3: *“I expect them to at least hope I will do so [take care of them]. And because of that, they’ll also expect it just a little bit. Although they won’t demand me to, but I think they will feel displeased if I wouldn’t do so.”*

A few students also mentioned that their parents will probably be disappointed if they do not arrange help in times of need.

Taking a look at the normative ideas children have about care phase II, only five of them stated they perceive it to be an obligation to provide this form of care. Five others just stated that providing care in general is something children are supposed to do, but did not specify whether children are always supposed to provide care phase II. The other participants said you should arrange help under certain conditions. The different conditions that were mentioned are: if parents are not able to take care of themselves anymore, if children are suited for it, if children are able and if parents are involved in the decision making process.

5.3.3 Care phase III – Care giving

Discussing perceived expectations of care phase III shows that children expected their parents to be considered with regard to their expectations. Many students think their parents would appreciate it enormously when their children would engage in care giving activities. However, most respondents think their parents expect them to provide care phase III, only if certain conditions are met: parents should not be able anymore to perform the tasks themselves, children should be able (possess the required skills), and children should be living nearby and should have the time to do so which means that they are not busy with their job or their own family; legitimate excuses. This is in line with ideas on parental consideration concerning care phase II. One son and one daughter stated it the other way around; when there are no limiting factors, parents expect their children to provide care phase III.

Box 55.

a. Son7: *“I think that if I’m able to, they’ll expect me to.”*

b. Daughter4: *“Because that’s sort of what we expect in this family. If it doesn’t take too much effort to help another person, you’ll do it.”*

While discussing this phase of care, some students did mention that their parents might not expect them to physically perform the tasks but to take care of it by making sure it gets done by someone else or a specialist (e.g. painter, cleaning lady/man, formal caregiver, etc.). Thus, students mentioned more often that they thought their parents would expect children to take care of them (phase II), while discussing more tangible examples of care. Table 5.2

shows whether sons and daughters thought their parents expect them to perform various kinds of care. Most children who answered their parents do expect them to perform certain tasks, also said these expectations hold true only when the previous mentioned conditions are met.

Table 5.2. Children’s perceived expectations regarding different types of care phase III

Type of Care		Perceived Expectations		
		Phase III		
		Yes	No	Unsure
Administrative/ Financial	Male	3	5	
	Female	6	2	
In/around the house	Male	4	3	1
	Female	3	5	
Groceries and transport	Male	6	2	
	Female	7	1	
Emotional	Male	7		1
	Female	6	2	
Personal temporary ^a	Male	3	1	
	Female	4		
Personal long term	Male		8	
	Female		8	

^a Not all children mentioned or were asked about the possible expectation of the provision of temporary personal care.

Children unanimously agreed on the matter of long-term personal care. This is the only variety of care respondents think their parents do not expect them to provide. One of the reasons behind this perceived expectation is that two of the previously discussed conditions cannot be met: children have legitimate excuses (their own life, job, family) and therefore do not have the time to provide personal care to their parents.

Box 56.

Daughter1: *“I think they’ll realise I’ve got my own life. Of course, your parents are still important but it’s not possible to spend a lot of time giving care and to have your own life as well. Perhaps, I’ve got children for whom I need to care as well. So, I don’t think they [parents] will expect me to work part-time for example, in order to provide personal care.”*

In addition, some children said that they might not possess the skills to provide personal care. However, some students did mention their parents would probably expect them to provide personal care for a short period of time. Not all respondents mentioned this; therefore the number of respondents within this category of the table does not add up to 16.

Looking at students’ normative ideas on care phase III, five children stated there is an obligation to care in the broad sense, without specifying the phase of care. One daughter specifically said that providing care is not an obligation. Another daughter thinks people are only obliged if there is no alternative, for example if parents cannot afford professional help.

The other sons and daughters all said that performing various forms of care was not a complete obligation. These respondents state that you are only obliged if you are living nearby or if you are able to perform certain tasks.

Box 57.

Interviewer: *“Do you think children are supposed to [...] provide care to their parents, in general?”*

Son6: *“Performing care tasks depends on the distance.”*

Interviewer: *“If you would be living in the same area, would it be an obligation to perform certain tasks?”*

Son6: *“In general? Yes.”*

5.3.4 Gender differences

It is interesting that there are some gender differences between the feelings of obligations regarding phase I – ‘caring about’. Only two sons said they (would) feel obliged to keep in touch with their parents, either in the present or in the future, whereas six daughters said so. At the same time, most children do not experience this as a negative feeling.

Box 58.

Interviewer: *“Do you feel obliged to visit your parents?”*

Daughter5: *“Uhm.. Yes.. Actually I do. And it’s not like I think that’s negative or something, but I do just think.. Yes, we’re interested in each other (involved?) and in that case you have to visit every now and then.”*

The underlying reason for this apparent difference between sons and daughters is not clear. Unfortunately, we did not ask the children explicitly how obliged they personally feel regarding ‘taking care of’(phase II) or ‘care giving’ (phase III).

As table 5.2 shows, there are not many obvious differences between sons and daughters with regard to their perceived expectations. The only type of care that substantially differs is aid in financial matters. Even though this is considered to be traditional male care, daughters more often thought their parents will expect them to aid in this type of care than sons do. It should be noted, however, that two daughters had either study or work related to administrative and financial assistance, whereas this was the case for only one son.

Even though the table does not show substantial differences, children did quite often mention differences themselves. The majority of children thought that sons would be asked to mow the lawn or to chop a tree whereas daughters would rather be asked to get groceries or provide emotional support. Nevertheless, a few children also said that their parents would make no distinction in the amount of effort or care they expect their son or daughter to provide.

Interviewer: *“Do you think your parents have different expectations regarding you, your brother and sister? You gave the example of administrative work.”*

Son12: *“Yes, I assume my brother will live close to home. So they’ll probably ask him for those little, short term chores. Finances, if one of the children needs to that, I think they’ll ask me. Helping in the house, as well. At least, if they need one child, I think they’re more likely to ask me. If they’re big chores. Or just all three kids. So there are some differences but.. not regarding the effort. I think they’ll expect or ask the same amount of effort.”*

5.3.5 Taboo on expectations

Five children said, regarding different phases of care, that their parents probably expect their child to provide care but that parents will not admit that or will not explicitly say so (either to the interviewer or to children themselves). Box 53 illustrates this as well.

Interviewer: *“Do your parents expect you to worry about their well-being and health and ask about it?”*

Daughter5: *“Well, I think, they say.. I think they’ll tell you they don’t. Or that they.. No. Obviously they do indirectly but they’ll be like: I don’t want to you to give up anything for us.”*

A couple of children also said that their parents might expect or at least hope that their child will perform care tasks later in life, but they would never demand their children to do so (see box 54 as well). One daughter said that for her the word ‘expectation’ also implied some demands and that her parents told her that they cannot expect her to provide care. Other than that, children did not elaborate on this perceived parental reluctance to expect care.

5.3.6 The additional value of filial care

Students thought their parents would appreciate receiving care in the broad sense even more when their children are providing it. This is explained in two ways: it is easier to ask children for help and it is more pleasant when children are providing care. Asking for help is easier because of the unconditional element in the parent-child relationship: three daughters and one son mentioned that parents know children are always there for them and will help them in times of need. Other students said parents are more likely to have qualms about asking non-relatives than asking relatives. However, the reason behind this feeling was not explained.

Some students had a hard time explaining why parents feel better when their children are providing care. Some said it is because children are really close to them, which some explain as caring most about each other. Another reason for parents favouring care provided by children is that parents could be more ashamed of their health problems or dependence vis-à-vis non-relatives. Yet another reason was mentioned by four sons, who said that the additional value does not lie in performing the actual task itself, but in the extra need that is being satisfied; the need for attention of one’s children.

Interviewer: *“Do your parents prefer their children performing this task?”*

Son3: *“Yes. In that they just like me visiting, that they’ll see me again. And then, it is nice to get things solved. But I’m not sure whether they really favour me dredging the gutter or, I don’t know, an uncle, neighbour, or Polish worker.”*

5.3.7 Caring activities within the family

In nine interviews, students explicitly based some of their perceived expectations on experiences with grandparents. They gave examples of the things their parents did for their grandparents when asked about different phases of care. On the other hand, students rarely said they knew for sure whether their parents expected them to execute certain phases of care or specific tasks. Apparently, this was not a topic which had been discussed previously by the majority of children and their parents.

5.4 What are possible gender differences in the filial motives to provide (future) care?

Students have named various reasons to care for their parents in the future, however no one mentioned the financial care, paying tuition fee, as the sole motive. One daughter said she and her parents talked about the uncertainty of pension funds. She thought she ought to give money to her parents if they would experience economic hardship later in life since they also spend a big amount of money on her. However, most respondents actually said it does not have any consequences for providing future care.

Interviewer: *“Your parents pay for your education. Is that a reason to provide them care in the future?”*

Daughter2: *“No, I don’t think so. I think I find it more important to be there for them and maintain our bond. No, I don’t think it specifically contributes to it.”*

One son even said that he found it self-evident that parents pay for their children’s education, which is the reason it does not have to be reciprocated. Other children pointed out that it can be a motive to provide care, but financial support is part of the bigger picture.

Interviewer: *“Do you think this financial support also has consequences for future care?”*

Son5: *“Sure it does. I don’t want to say: everything needs to be repaid. But since they are doing all sorts of things, both monetary as normal, it is more in general, I can imagine I will think later on: Well, they’ve done so many things for me so I will eventually do things for them. Which shouldn’t be perfectly balanced, but it does contain a form of reciprocity.”*

Reciprocation is mentioned by all students as a reason for their willingness to provide care in the future. However, the word reciprocity is not mentioned explicitly most of the time.

It is also striking to find out that respondents even protested to the idea of perfectly balancing the tasks parents and children do for each other.

Box 64.

Daughter8: *“It is self-evident to help each other. And that is what it is about: helping each other. So I’ll help you some time and you’ll help me some time, it doesn’t have to be perfectly balanced, it just goes the way it goes.”*

Two sons even said that it would be a pity if the only reason to provide care to their parents was because they had to repay them. Two other sons said a reason to help their parents in the future is the fact that they had giving them life. This could also be regarded as a debt to parents which has to be reciprocated.

In addition to reciprocity, all students also mentioned they want to provide care in the future because of affectionate feelings towards parents. Although not every child explicitly said to love his or her parents, they did mention that the bond they experienced with their parents was a reason to provide care. According to some respondents, a reason to reduce or even stop caring activities would be a big argument about, for example, one’s choice of a partner since this could disturb the relationship. Another reason to reduce caring activities is the absence of gratefulness and affection. Students did not mention this reason spontaneously. However, when asked they all stated that it is perceived to be extremely important. Some of them said they still would provide care whereas others said they would take care of it (phase II) instead of performing the caring activities themselves (phase III). A couple of students said that providing care might turn into an obligation when parents do not appreciate their efforts.

Box 65.

Son8: *“Well, if they are incredibly ungrateful, eventually you won’t like it [providing care] as much. If you’re having a bad relationship with your parents and they don’t appreciate anything you do.. Well, then you’re going to do it with more reluctance and it will become a real obligation.”*

Some students have stated that a reason to provide care was that they wanted it themselves or that it made them feel good. However, it remains unclear whether this is due to the affection and gratefulness children receive or because of other reasons.

Two interviewees mentioned they would want to help their parents in the future because they feel obliged to, which is not necessarily perceived in a negative way. In addition, two daughters said a reason to provide care was that you are supposed to help your parents.

Box 66.

Interviewer: *“What are your motives to provide care for your parents?”*

Daughter8: *“I think convention is also a big part of it; you’re supposed to do so.”*

It is striking to see how instrumental motives are not being mentioned. Students have been asked their opinion about a specific situation: a bachelor moves into his parental house to take care of his parents and in exchange he inherits the house when his parents die. The

adversity to the idea of instrumental motives shows in the reactions. Respondents are mostly fine with it as long as the son himself does not initiate the exchange. However, if he would, most children perceive that as strange or wrong. Others are fine with it, but do say that they would not suggest it themselves. In general, children seem to have the feeling that the affectional motives should be more important than instrumental motives.

Box 67.

Daughter5: *“No, I’d find that a strange situation. Like it’s really give-and-take. Like you might be doing it for the wrong reasons. It’s not because you really care about your parents and just want to take care of them, but maybe that you really... It seems to me as if you want the house.”*

In line with this reasoning, all students state they would provide care to their parents if there would be no material reward. On the other hand, even though children are mostly fine with (temporarily) quitting sports and hobbies, practically none of them wanted to give up their job or family life in order to provide care to their parents.

6. Conclusion and Discussion

This study tried to uncover the various attitudes and motives regarding future care provided by adult children to their parents in which special attention was paid to reciprocity within the parents-child relationship. This is an interesting topic because we live in an aging society in which people generally feel that the state is responsible for arranging elderly care. However, because of the rising costs of formal care giving, the Dutch government aims to assign this responsibility to family members. The principle of reciprocity would justify this policy change since parents always took care of their children. When parents get old, the tables are turned and children become the ones who are providing care. Considering the fact that there are less children per family, who will need to work more hours and for a longer period of time, one could expect a shortage of informal care givers as well. Apart from this practical issue, a less tangible issue also arises; is there an actual norm or belief that family members ought to take care of their elderly relatives? Can we logically, or even normatively, expect adult children to take care of their elderly parents later on? And on what ground can we base these expectations?

The qualitative and explorative nature of this study provided rich data. Therefore, this thesis presents a broad spectrum of attitudes and motives and gives an insight in how reciprocity is perceived and how intergenerational solidarity is shaped within parents-child relationships. Moreover, the outcomes of this study can be used to develop a quantitative study in order to produce generalizable results. Since the results section of this thesis gives a proper overview of the various attitudes and motives, this chapter will answer the main research question: How do Dutch university students and their financially supporting parents perceive reciprocity in their relationship, particularly regarding future care? In addition, the most striking findings will be discussed and some remarkable results will be related to each other and to the literature.

6.1 Current perception of reciprocity

According to students, at this point in time, they mostly feel that parents are providing them all forms of solidarity – associational, functional and affectional – whereas students feel they do not always reciprocate the same amount. Parents also reported that children provide practical aid as part of functional solidarity. However, children mainly performed little chores rather than time consuming tasks. Parents did not seem to be upset by this apparent imbalance because most parents realise their child is busy with its study, which is important to parents as well. In addition, it seems that in some cases the willingness to help is what counts rather than the actual performance of tasks. The study of Lowenstein et al. (2007) shows that elderly parents' life satisfaction was positively correlated with affectional solidarity and not so much with functional solidarity provided by their adult children. All respondents said to have a good or positive parents-child relationship. Thus, even at this point in time, parents might not find functional solidarity the most important form of solidarity and they seem to be satisfied with the presence of affectional solidarity. Furthermore, the parents in this study were not disabled or sick which means that there is not yet a necessity of children coming to their aid.

According to students interviewed, in order to maintain the relationship with their parents they primarily express associational solidarity, which often results in sharing information about each other's lives by being interested in each other. Therefore, care phase I seems to be the main form of reciprocation according to adult children. It is interesting that not all parents mentioned this aspect of solidarity being provided by their children. Some parents even showed dissatisfaction with the frequency of contact while others merely said that their child did not often initiate contact. Adult children were quite often aware of the expectation or norm to keep in touch with their parents. Especially daughters said that they should visit their parents more often.

Another aspect of reciprocity, which is hard to categorise as a form of solidarity or phase of care, is the effort students put into their studies. Students often say that the financial aid they receive by parents is not a reason for them to do any additional things for their parents. Although some children said that they would put more effort in their studies because of the financial aid, others said that they are intrinsically motivated to succeed in which financial aid does not make any difference. Interestingly, parents do not always explicitly expect their child to complete its study. Some parents have said it to be of no concern since their child has always put effort in completing its study. However, when hypothetically asked how they would react if their child would not put any effort in its study all parental couples, with one exception, said that they would stop paying for their child's education. This example shows that parents might sometimes be unaware of the expectations they actually have. On the other hand, it could also indicate a taboo on explicit expectations.

The motives students gave for providing care towards parents were quite diverse. Most respondents said reciprocity to be their main motivation whereas other respondents said that they are supposed to help their parents whenever the need arises or that they would even feel obliged. Obviously, these motives are not mutually exclusive. It is very well possible that reciprocity is the underlying motive to provide care, which has turned into a norm – children have to provide care to parents because parents have cared for them – which in turn has led to an internalised obligation – I need to provide care for my parents. In line with this reasoning, those children who reported to provide care because they love their parents could act on the

premise that affectional solidarity, in this case love or affection, needs to be reciprocated as well.

It should be noted that all participants reported to have a good or positive relationship with their parents. This is probably a sampling bias since parents and their child are possibly less likely to participate when they experience a strained relationship. It would be interesting to find out how both parties would feel about expectations and what their underlying motives are in a strained or even dysfunctional relationship.

6.2 Expectations regarding future care

With regard to the future, students have reported that their parents will expect specific phases of care to be provided by them. Almost all adult children thought their parents would expect them to provide care phase I. Indeed, the majority of parents expected their child to keep in touch and to care or worry about them. Both parents' and children's opinions differed regarding care phase II and III. It is interesting that children often thought that their parents expected more than parents actually said to expect. Other studies have also shown that adult children are more sensitive to filial norms than their parents (Klein-Ikkink, 1999) and that in general younger individuals are more sensitive to filial norms than older individuals (>65 years) (Ganong et al., 2009).

Adult children and their parents stated certain conditions under which care in general would be expected. First of all, the legitimate excuses (Finch & Mason, 1993) were mentioned very often: children should be living nearby and should have the time to provide care which means that they are not busy with their job or their own nuclear family. In addition, parents should not be able anymore to perform the tasks themselves and children should be capable of performing these tasks. Possessing the required skills to perform a care task could be regarded as another legitimate excuse. Just like the established legitimate excuses, it is imaginable that the incapability-excuse does not affect someone's moral identity. The other condition, parents being unable to perform tasks themselves, probably originates from the anxiety parents have to burden their children, which is suggested by other researchers as well (Merz et al., 2010; Klein-Ikkink, 1999). In this study, some parents have explicitly said this to be the case while others gave examples of how they did not want their children to experience the same burden they did while caring for their own parents.

A reason for parents' unwillingness to burden their children might be that parents normatively expect their child to be happy and that they seem to favour their child's happiness over their own to a certain degree. This shows when parents said that they would not like their child to move abroad but would not try to stop their child from going either, because moving abroad is what makes the child happy. Moreover, some parents explicitly expected their child to become independent, responsible for its own life and to start a family of its own. This might not always be compatible with the responsibility to perform care phase III, since these are often time-consuming tasks. As the results showed, both parents and children unanimously agreed that it is not desirable to expect children to provide long-term personal care. Concerning this specific type of care, as well as other types within care phase III, parents often mentioned the existence of the welfare state and other formal services that are able to provide the specific type of care that is required. This was often mentioned as a reason not to expect the provision of care phase III by children.

Stuifbergen en Van Delden (2011) argued that within families, there is a generalised norm to care *about* each other but not necessarily to take care *of* each other or to *give* care. In this sample, it looks like adult children mostly agreed on this point; almost all said that one is supposed to care about its parents. Most students also agreed that one is supposed to take care of parents however there were more prerequisites to this norm. Phase III (care-giving) is certainly not part of a generalised norm since some students explicitly mentioned that it is not something adult children are supposed to do. The same general attitude could be found in parents since the majority of couples agreed on an expectation of the provision of care phase I and II by children. However, the normative expectations with regard to the provision of care phase III were less strict, with the clear unanimous exception of the provision of long-term personal care.

Contrary to Stuifbergen en Van Delden's (2011) theory, respondents in this sample quite often felt phase II to be a normative expectation. Perhaps, this phase is too dependent on the first phase of care for being able to detach it from someone's moral responsibility. Especially when we think of cognitively impaired elderly, their children are the ones who will be able to notice the care need and consequently take care of the problem. Tronto (1993) also argued that noticing a care need without acting on it goes against the moral requirement of integrity of care. On the other hand, in line with previous research (Finch & Mason, 1993; Stuifbergen et al., 2010), this study also showed that there is no universal norm that dictates that children should provide care.

If we look beyond the specific phases of care and types of intergenerational solidarity, most children thought their parents expect them to be there in times of need. Indeed, most parents have said that they do normatively expect their child to take action when it is necessary. This does not specify any phase of care but most likely entails the first three phases of care and multiple types of solidarity. According to Eggebeen and Davey (1998), the number of life-changing events (loss of a spouse, substantial drop in income, decline in health, and change in functional status) experienced by parents increased the likelihood of support received from children as well as the amount of time spent on support, suggesting that children are either aware of this normative expectation, or that they at least act when they notice that help is necessary. Parents' expectation of care in need seems a logical consequence of the legitimate excuses and the way that some parents felt like they are unable to demand their children to provide care either now or later in life. Providing assistance in times of need does not necessitate any long-term commitment but it could imply a certain moral obligation to help your parents when they are unable to arrange or execute (care) tasks themselves.

In addition, the fact that both sons and daughters in this sample are well educated and are likely to 'profit' from the legitimate excuses later in life, might be the reason why no substantial gender differences have been found in parental expectations. However, parents might have been more demanding of daughters if they would anticipate their daughters living close by or it is possible that the 'old fashioned' belief of women as naturally inclined care givers is slowly ceasing to exist.

The motives that adult children gave for providing care in the future did not differ from the motives they mentioned to provide care at this point in time; affectionate feelings, reciprocation, and normative considerations. Especially daughters said they would feel obliged to visit their parents. This seems contradictory to the idea that women are more likely

to act out of prescribed altruism (Finch, 1989). Perhaps, well-educated women are more aware of their filial obligations. It was striking that all adult children objected to the idea of instrumental motives. Following the functionalist-normative view on family solidarity, family members should deliver care out of emotional connectedness or a sense of duty. "Paying family care-givers is seen as introducing a self-interest motive into the family modus operandi that stands in contradiction to its basic incentive structure and functional imperative" (Silverstein et al., 2012: 1248). It is possible that instrumental motives do exist but that at the same time an internalised norm prevents both sons and daughters from acting on it or acknowledging it as a motivating factor.

Let us take a closer look at the similarities as well as the differences between this possible taboo on instrumental motives and the possible taboo on parental expectations. Certainly, in the case of filial motives, adult children seem to favour affectionate motives or generalised (in their case retroactive) reciprocity over instrumental motives; parents took care of you, now it is time to take care of them rather than adult children expecting some additional favour in return in the future. Parents in turn seem to expect some phases of care, however they would like their children to come up with that themselves instead of obliging their child to provide that specific phase of care. It is possible that a spontaneous offer of care is regarded by parents as a sign of affectionate feelings towards them. The study conducted by Lowenstein et al. (2007) demonstrated that affectual solidarity provided by children was the most important predictor of elders' life satisfaction. This might be the reason for parents to appreciate the gesture more than the actual performance of care tasks.

Where parents often object to generalised reciprocity, children seem to object to future balanced reciprocation within the parents-child relationship. Perhaps children feel it is not fair to unbalance the parent-child relationship even further. Either way, affectionate feelings should be important according to both children and parents. Thus, apart from a possible automatic reaction to provide care for people that you feel affectionate about, a norm that dictates that you ought to feel affection for your parents can also be prevalent.

Concerning the ambivalence towards expectations, it should be noted that even though the definition of care has been explained at the beginning of the interview, it looks like parents and students still use a rather narrow definition of care that is mostly being used in modern speech; meaning personal care (type III). This could be a reason for an initial rejection of the norm that children ought to provide care for their parents. On the other hand, parents have been asked more specifically about their expectations regarding the different phases of care, which still revealed mixed emotions. However, it might be sensible to rephrase the questions during future research and ask about support or aid in order to avoid the initial denying reaction.

However, not all parents expressed ambivalent attitudes or even a possible taboo towards normative expectations. There were also parents who did expect varying phases of care provided by their children. They based their expectations quite often on the character of their child. When parents mention they expect care because of the personality or character of their child, this could be regarded as the expression of moral capital. Silverstein et al. (2012) argue that parents socialise their children with specific norms and values that obligate them to care for and support their older parents. This might not be a fully conscious process on either side of the dyad. However, some parents said they based their expectations on the upbringing

or on the values of their children, which seems a more conscious expression of the socialisation of their child. In addition, affectionate feelings, responsibility for parents (i.e. filial obligation), and reciprocity were mentioned as well.

The parents who were quite opposed to reciprocity as a motive to expect future care also mentioned that parents are not entitled to anything provided by their children. Nowadays, having children is a choice because of the availability of contraception. It looks like some parents perceive the care for their child to be a parental obligation whereas children do not have any filial obligations in return since it was not the child's decision to be brought in to this world. On the contrary, two children said a reason to provide care for their parents was the fact that they have been given life. Another interesting fact is that all parents earned a relatively high income, with one exception. Even though Ganong and Coleman (2006) concluded that the support granted to children does result in higher expectations, it is possible that the relative sacrifice of paying tuition fee is less in high income families, which is therefore not translated in a high filial debt.

The parents in this sample that said not to have any expectations regarding filial care are not likely to experience negative consequences because of their conviction. In the study conducted by Eggebeen and Davey (1998), parents pointed out the child they expected to provide care in times of need. However, this was not related to the child who actually provided the help or to the hours spent on providing support. Moreover, the study by Lowenstein et al. (2007) found that filial norms were negatively related with life satisfaction. Presumably, parents with high expectations were disappointed with the actual amount of support. Thus, it might be beneficial to parental life satisfaction to have merely implicit expectations or for expectation to be non-existing.

To conclude, in this sample reciprocity has been often mentioned to be an important motive for adult children to provide care. Among the parents, opinions differed. Where some parents clearly said that children have a certain responsibility for their parents and that they should reciprocate some care, other parents were rather opposed to the idea of give-and-take in the parents-child relationship. In this sample, there was *no* universal norm that determines that adult children have to provide care to their elderly parents. This is in line with Finch and Mason (1993), who describe how responsibilities are negotiated rather than seen as fixed rules.

6.3 Policy implications

Because of the rising costs of formal care, the Dutch government assigns more responsibility to healthy family members. However, it is questionable whether the current policy change will have the desired effect. First of all, formal and informal care are complementary forms of care rather than substitutes (Achterberg et al., 1996; Komter, 2005; Luijkx, 2001). Informal care is perceived as less intensive, less obligatory and less burdensome when combined with formal care (Brandt 2009). Therefore, it might not be desirable for the well-being of intergenerational care-givers to reduce the availability of formal care.

In addition, one can wonder what will happen to the labour participation and to the social geography of the country when adult children are obliged to take care of their parents. On the one hand, the Dutch state likes to encourage adults to participate full-time in the labour market and to live in close proximity to their work place. At the same time, these adults ought

to provide care to their parents; two couples of parents who might live in totally different regions.

Apart from a possible scarcity of time and resources that is available for intergenerational care, an unwillingness to comply with this policy might also exist. First of all, parents seem to dislike being at the receiving end of the parent-child dyad. This shows when parents said that they need to be unable to conduct a specific tasks before asking or expecting their children to take care of it. The ideal of staying independent is likely to be a cultural value which is intensified by the welfare state. Certain care-giving activities, especially personal care-giving, are regarded to be the government's or state's responsibility. This study proves this point even though the sample might not be generalizable. This value, being independent, might change over time. However, at this point in time certain parents in this study sample did not want to burden their children in the future by obliging or normatively expecting the provision of filial care. Therefore, it is questionable whether all parents are willing to expect and accept more care provided by their adult children regardless of the policy change. On top of that, all children stated that they also wanted to provide care because of affectionate feelings towards their parents. Most of them even wanted to (temporarily) give up their sporting activities or hobbies. However, none of them was willing to give up his/her job or reduce nuclear family activities because of the care need of their elderly parents. Hopefully, this will not be necessary due to the policy shift in responsibility.

Obviously, this study cannot conclude anything about the enactment of filial norms or parental expectations. Thus, even though some parents might be unwilling to ask or expect their children to provide care, the adult children in this sample were willing, to a certain degree, to provide care later in life.

In line with the study conducted by Lowenstein et al. (2007), this study indicated that affectional solidarity is more important to parents than instrumental solidarity. Therefore, Lowenstein et al. (2007) suggested that the welfare state should have a more central role in providing instrumental help while family members can focus on the affectionate aspect of their specific relationship.

6.4 Recommendations for future research

The parents in this sample were not in need of care during the study. It will be intriguing to find out how this same sample perceives reciprocity and filial obligations when the care-need is present and how parents specifically feel about the phases and types of care that they do or do not receive by then. As parents move across the independent-dependent spectrum, they might adjust their expectations and attitudes regarding filial care.

All participants stated to have a good or positive parents-child relationship. It would be interesting to find out how adult children and their parents feel about reciprocity, filial obligations and affectionate motives in dysfunctional relationships. Perhaps, both parties are more aware of norms or maybe these norms are not shaped in dysfunctional relationships.

Another interesting topic that calls for elaboration is the matter of a possible taboo on parental expectations. To our best of knowledge, no other study has revealed ambivalence towards expectations. This is probably due to the quantitative nature of most studies. Future research could focus on a possible clash between self-interest and altruism aimed at offspring. Other than that, it would be interesting to find out what kind of differences exist between

parents who are openly expecting, not expecting and those showing ambivalence towards expectations.

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Appendix I: Code scheme

In this code scheme, the main theme is mentioned, after which some subcategories are described. For example, the code Solidarity_Affectional, as assigned to the transcripts, has Current Solidarity as the main theme with the subcategory Affectional. And the code Filial Obligations CI is part of the main theme Filial Obligations and the subcategory Care I. The indicators in the table show what kinds of sentences have been coded with which specific code.

I Overview of codes assigned during the analyses

Main theme	Code	Indicators	
		<i>Parent(s)</i>	<i>Child</i>
Current Solidarity	Affectional	Positive or negative emotions or feelings towards child.	Positive or negative emotions or feelings towards parents.
	Associational	Frequency of contact via different channels.	Frequency of contact via different channels.
	Functional	Exchange of resources and/or skills between P and C.	Exchange of resources and/or skills between P and C.
	Normative	Attitudes on filial obligations and roles.	Attitudes on filial obligations and roles.
	Emotional care	Examples of parents providing emotional care to their child.	Examples of parental emotional care towards children.
Future Solidarity	Affectional	Positive or negative emotions or feelings towards children while talking about expectations.	Positive or negative emotions or feelings towards parents while talking about the future.
	Associational	Ideas on frequency and ways of contact in the future.	Ideas on frequency and ways of contact in the future.
	Functional	Exchange of resources and/or skills between P and C in the future.	Exchange of resources and/or skills between P and C in the future.
	Normative	Attitudes on filial obligations and roles while talking about expectations.	Attitudes on filial obligations and roles while talking about the future.
Filial obligations	Care I	Ideas on whether children are expected to keep in touch.	Perceived obligation to visit or keep in touch via other ways.
	Care II	Ideas on whether children are expected to take care of	Perceived obligation to take care of situations when the need arises.

		situations.	
	Care III General	General expectancies of children performing tasks.	Perceived obligation to execute care tasks in general.
	Care III Emotional	Ideas on whether children are expected to provide emotional care.	Perceived obligation to provide emotional care.
	Care III Instrumental	Ideas on whether children are expected to provide instrumental care.	Perceived obligation to provide instrumental care.
	Care III Personal	Ideas on whether children are expected to provide personal care, either short or long term.	Perceived obligation to provide long or short term personal care.
	Expectation to provide care within someone's possibilities	When parents say to expect various phases of care when children are able to or when they are in the possibility to do so and vice versa.	Ideas children have about parents expecting them to provide care when they are able to or not hindered by anything.
	Complete education	Parental expectation/obligation towards their child to complete its study or put an effort into succeeding.	Perceived or explicit obligation to finish the study.
	Current expectations and reciprocity	Things/actions which parents expect their child to do at this point in time.	Things/actions children do at this point in time for their parents.
	Expectation to be happy	Parental ideas/wishes about their child's happy future.	
	Reproduce	Expectation of grandchildren.	A, perhaps perceived, obligation to reproduce.
	Need to comply to parental expectancies		Ideas on why children want to comply with parental expectancies.
	Expectation Independence	Expectations about children becoming independent.	
Main theme	Code	<i>Parent(s)</i>	<i>Child</i>
Motives – for expecting or providing care	Affectional	Positive feelings towards child. Ideas about the positive or warm feelings	Positive emotions or feelings towards parents.

		children would have towards their parents.	
Automatic response	Parents expecting different phases of care to be provided automatically, naturally or unconsciously.	Providing different phases of care automatically, naturally or unconsciously.	
Barriers caused by obligation	Ideas on how feeling obliged might affect the provision of care in a negative way.	Feeling reluctant or negative feelings because of obligations.	
Care state	Concerns the possibilities of formal care and other professionals who can provide help.	Concerns the possibilities of formal care and other professionals who can provide help.	
Disagreement	Fight or disagreement with children.	Fight or disagreement with parents.	
Egocentric considerations	Wanting something because it satisfies one's own needs or improves one's own emotional state.	Wanting or doing something because it satisfies one's own needs or improves one's own emotional state.	
Giving life		Parents have made it possible for a child to live.	
Gratefulness	Ideas on whether or not parents expect gratefulness for raising their child and paying for its tuition fee.	Receiving either tangible gratefulness - thank you's and small gestures - or knowing that parents are grateful.	
Instrumental		Receiving material goods or having to give up on material goods as well as giving up on hobbies.	
Internalised obligation	Parents talking about the obligation their child might feel from within. Parents talking about their own internalised obligation towards grandparents.	Not necessarily a perceived parental expectation but an obligation felt from within.	
Moral consciousness	Ideas on how children have a moral consciousness or duty to provide care.	Feelings or signs of moral issues or thoughts.	

Main theme	Code	<i>Parent(s)</i>	<i>Child</i>
Motives – for expecting or providing care	Anti-reciprocity	Statements/ideas about reciprocity not being a reason to expect care.	Statements/ideas about reciprocity not being a reason to provide care.
	Bad experiences	Unpleasant experience(s) with parents' own parents (GP) and filial obligations.	
	Behaviour	Expectations based on current filial behaviour.	Expectations based on current filial behaviour.
	Care I	Underlying motive is the need for attention – Care phase I.	Underlying motive is the need for attention – Care phase I.
	Confidentiality	Privacy issues and trusting children with sensitive information.	Children are the ones who can be trusted with sensitive information.
	Deliberate choice to ask children	Ideas on how parents try to reduce the amount of care tasks but when they ask their child to do something, which in this case happens rarely, they do expect their child to aid.	
	Distrust	Not trusting children or their partners to do the right thing.	
	Emotional involvement	Ideas on how emotional involvement affects either the care receiver or care giver and their relationship.	
	Independence	Parents would like to be the ones in charge; the ones to make the decisions. Maybe negotiate with children. But without giving up some form of independence.	
	Keep peace	Parents who do not want to make a fuss about children who are unwilling to provide care because	

		they want to maintain a pleasant relationship.	
	(Lack of) skills	Concerns the ability of children to provide specific forms of care.	Concerns the ability of children to provide specific forms of care.
	Loneliness	Parents expecting care when they would be lonely. Parents also talk about their spouse passing away.	
	(No) sacrifice	Statements about not having to give up anything in order to raise their child or to pay for its tuition fee.	
	Onerous	Parents do not want to burden their children by expecting care or by asking for the provision of care.	Parents might feel like a burden or burdening another person.
	P - GP	Relating future situation to current situation with parents' own parents (GP). GP also expected particular things.	Expectations based on experiences between Parent(s) and Grandparent(s).
	Positive feelings towards receiving care	Positive feelings towards care receiving or being able to ask for help or care.	
	Preferences	Relatives are more likely to provide the kind of care which is preferred by care receivers.	Relatives are more likely to provide the kind of care which is preferred by care receivers.
	Preferences Parents	Ideas and preferences parents have with regard to care. Would they like to stay independent or would they like to be taken care of?	
	Responsibility	Being responsible for parents' well-being.	
	Reciprocity	Ideas on repayment of children towards parents. Ideas on equal effort in maintaining contact	Ideas on repayment of children towards parents. Anything parents have done which is

		or in caring activities.	mentioned as a motive to provide care.
	Respect	Mentioning respect towards parents as a reason to provide or expect care in the future.	Mentioning respect towards parents as a reason to provide care in the future.
	Self-respect	Parental ideas regarding being proud or having self-respect that prevents them from accepting care or makes it difficult.	
	Shame	Being vulnerable/sick/dependent is easier in front of children.	Being vulnerable/sick/dependent is easier in front of children.
	Shared norms and values	Being raised in a certain way which would make it likely that children take care of parents later on.	Being raised to act in a certain way. Perceiving things to be normal within the household.
	Shared responsibility	Ideas on how the responsibility to keep in touch is mutual – both children and parents need to put effort in maintaining the relationship.	Ideas on how the responsibility to keep in touch is mutual – both children and parents need to put effort in maintaining the relationship.
	Spontaneous	Child has to act naturally or spontaneously. Not because of some norm or parental expectation.	
Main theme	Code	<i>Parent(s)</i>	<i>Child</i>
Conditions for providing care - Legitimate excuses	Inability parents	Ideas on how their dependence or inability is related to expectancies and normative ideas on caring.	Ideas on how the dependence or inability of parents is related to normative ideas on caring or perceived obligation.
	Proximity	Ideas on how children's proximity is related to expectancies and normative ideas on caring.	Ideas on how proximity to parents is related to normative ideas on caring or obligation.
	Family life	Ideas on how children's own family is related to	Ideas on how children's own family is related to normative ideas on

		expectancies and normative ideas on caring.	caring and obligation.
Accumulating responsibilities	Accumulating responsibilities	Stories of parents providing care to grandparents and the accumulation of responsibility and provision of care tasks.	Ideas on the effect of taking responsibility and performing care tasks.
Additional value children	Additional value children	Ideas on whether it is more or less pleasant to have children performing care tasks and why.	Ideas on the emotional effect it has on parents when children are performing certain care tasks.
Financial care	Financial care	Parental expectations-ideas regarding financial care provided by children in the future.	Willingness to support parents financially in the future.
Gendered care	Gendered care	Ideas on how sons and daughters are better in performing certain tasks.	Ideas on how sons and daughters are better in performing certain tasks.
Guilt	Guilt		Feelings of discomfort or guilt when children are unable or unwilling to perform certain phases of care or care tasks.
Hard to imagine	Hard to imagine	Parents expressing their difficulties to imagine a state in which they would be dependent or in need of care.	
Income category	Income category	Parents stating how much they earn.	
In case of emergency	In case of emergency	Parental ideas/expectations regarding care provided by children during urgent matters or in case of emergency.	
No long term care	No long term care	Adversity regarding long term care provided by children.	
Parental care phase I	Parental care phase I	Examples of parents providing care phase I	Examples of parents providing care phase I

		to children.	to children.
Main theme	Code	<i>Parent(s)</i>	<i>Child</i>
Parental consideration	Parental consideration	Ideas on how legitimate excuses and children's personality relate to expectations. Feelings of disappointment.	Ideas on how parents' expectancies are influenced by legitimate excuses and children's personality. Ideas on parental disappointment.
Parental obligation	Parental obligation	Ideas/attitudes about what parents are obliged/supposed to do for their children.	Ideas/attitudes about what parents are obliged/supposed to do for their children.
Paying tuition fee	Paying tuition fee	Ideas on how financial aid leads to expectations regarding care.	Ideas on how financial aid leads to (perceived) expectations regarding care.
Paradox in expectations	Paradox in expectations	Ideas on how expectations can make people less willing to help/care whereas it is seemingly easier or more fun to provide care to someone without expectations.	
Promoting independence	Promoting independence	Examples of how parents helped in promoting or enhancing the independence of their child.	
Sadness or disappointment	Sadness or disappointment	Sad or disappointed reactions parents have when asked what would happen if their child does not want to provide care.	
Taboo on expectations	Taboo on expectations	Ideas on how one cannot expect their child to perform specific tasks. Negative emotions or feelings towards expectations.	Ideas on parental difficulties in (explicitly) expecting care.
Taboo on instrumental motives	Taboo on instrumental motives		Negative emotions or feelings regarding instrumental motives. (Normative) ideas on this subject.
Unconditional	Unconditional factor	(Normative) ideas on	(Normative) ideas on

factor P – C	P – C	how family is <i>always</i> there for each other, how parents will always support their child, etc.	how family is <i>always</i> there for each other, how parents will always support their child, etc.
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Appendix II: Dutch quotes

Box 1. “Nou, dat is wel iets waar je altijd op terug kan vallen. Vrienden kies je, familie niet, zeggen ze altijd. Dus dat moet er wel altijd zijn en het moet ook goed zijn.”

Box 2. “Ik zie ze in het weekend want ik ga eigenlijk elk weekend naar huis. Mijn vriend die woont ook thuis dus vandaar dat ik sowieso daar heen ga. Misschien was het wel minder geweest als hij daar niet had gewoond.”

Box 3. “Bij mijn moeder is meer gewoon, vaak gewoon leuk, gezellig. En bij mijn vader is het echt, we hebben een redelijk praktische relatie, zeg maar.”

Box 4. “Ja tuurlijk, dat is toch door langs te gaan, te bellen, vragen te stellen, interesse te tonen.”

Box 5. “Als er iets is, zijn ze er altijd voor me. [...]Gewoon op persoonlijk vlak als er iets is, als ik wil praten maar ook gewoon dat we gingen verhuizen.”

Box 6. “[...] maar het is niet zo dat ik hun echt help met iets. Ik voel me bijna egoïstisch.”

Box 7a. “Ja, maar niet perse omdat ze mij iets geven maar gewoon omdat het je ouders zijn. Niet van: Oh ze betalen mijn studie dus ik moet langs gaan, maar gewoon.. Ja het zijn je ouders.”

7b. “[...]echt specifiek niet maar ook gewoon alle dingen doen die mijn ouders vragen, die doe ik wel gewoon omdat zij mij ook ondersteunen en dat ik hier kan wonen. En daar kan ik iets voor terug doen natuurlijk op die manier.”

Box 8. “Ja, ten eerste omdat het gewoon zo hoort. Van dat onverwaandelijke als ze iets vragen dan probeer je dat gewoon in ieder geval te doen. En ten tweede ook natuurlijk gewoon, ja het is gewoon je familie, je houdt gewoon van ze. En ten derde, denk ik ook wel echt dat [...]ze hebben ook zo veel voor mij gedaan dus dan wil je ook wat terug kunnen doen.”

Box 9. “Weet ik niet. Ik vind het wel.. Dat ik denk: ik moet nu echt weer even bij ze langs gaan. Ook omdat ik weet dat zij het jammer vinden om me lang niet te zien. Maar ik vind het zelf ook wel vervelend als ik ze echt een tijd niet zie.”

Box 10. “Ja het is natuurlijk je eigen bloed. Dus het staat natuurlijk heel dicht bij je. En wat je natuurlijk ook, je herkent natuurlijk gewoon jezelf in hun.”

Box 11. “Heel intensief contact is er ook niet. Omdat hij dus steeds, hij woont in [plaats], en steeds minder naar huis komt. Dat vind ik opzich ook wel goed en normaal dat hij zijn eigen leven heeft.”

Box 12a. “En op het moment dat er iets aan de hand is dan zijn wij er gewoon. En ik heb ook tegen haar gezegd: Al is het midden in de nacht, je belt maar. [...]Dat vind ik heel belangrijk, dat kinderen dat weten. Dat ze altijd er van op aan kunnen dat je probeert te helpen als er problemen zijn.”

12b. “Ja het meest belangrijke is er gewoon voor hem te zijn. Dat hij dat weet. Als hij ergens mee zit dat hij ook hier kan komen.”

Box 13. “We hebben ze altijd best wel vrij gelaten en als ze zelf een beslissing moesten nemen, ook met huiswerk maken en dingen die ze buiten school om deden. Alleen wel gezegd van: Nouja, volgens ons is het misschien niet verstandig maar je moet zelf die keuze maken. Maar nu is het zo dat, de oudste twee tenminste, die zijn grotendeels uit zicht. Dus dan weet je niet wat ze allemaal uitspoken. Dus die heb je ook noodgedwongen al vrij moeten laten.”

Box 14. Vader: “Ja, en het [klusjes] zijn geen hele grote dingen in tijd. Het is niet zo dat ze hier soms de ramen gaat lopen lappen.

Moeder: “Nee, maar ik denk als ik het zou vragen, zou ze het doen.”

Box 15. “Ja verwachten is dan weer zo’n zwaar woord. Ja, meer in de sfeer van hopen. We hope dat onze dochter goed werk kan vinden [...]. Maar je kan niet zeggen: Dat verwacht ik van je. Maar dat hoop je wel.”

Box 16a. “Ik wil gewoon dat het een gelukkig mens wordt. Een goed mens. En dat hij het naar zijn zin heeft met wat hij aan het doen is en gaat doen. En dat hij misschien ooit eens een leuke vrouw treft. En ja, gewoon, maar ook niet.. Het hoeft niet perse, het hoeft ook niet.. [...]Maar eens hoop ik dat hij gewoon een beetje huisje, boompje, beestje gaat worden. Dat het gewoon een gezellig, gelukkig mens wordt. Daar gaat het om. Dat is alles wat ik verwacht.”

16b. “Nee, je hoopt dat het een basis is voor een goede toekomst [...] want als zij het goed hebben, hebben wij het ook goed.”

Box 17. Vader: “Nou net als wat ik zeg mijn ouders, of mijn moeder dan, die belde altijd, nou dat zal ik later niet doen. Zo van: kom je nog? Of kom je nog een bakkie doen?”

Moeder: “Een claim leggen. Dus niet claimen.”

Box 18. Moeder: “Ja maar niet met een verwachtingspatroon erachter. Niet zo van: En nu is het donderdag avond dus nu moeten we even contact hebben nee. Vrijblijvend.”

Vader: “Nee maar je verwacht wel dat je met enige regelmaat contact hebt. Even afgezien van wie dan het initiatief komt maar..”

Moeder: “Maar vrijblijvend, niet zo strikt. Van mij.”

Box 19a. “Nou dat zou ik wel heel fijn vinden ja, ik zou het niet eisen. Dat moet uit hem zelf komen. Ik ga niet zeggen: Je moet elke zondag hier komen. Ik zou het wel leuk vinden als hij langs komt.”

19b. “Het zijn dingen die je min of meer verwacht maar die je niet aan de ander op gaat leggen van: He, ik vind dat je wel eens vaker mag bellen. Nee dat moet er vanzelf uitkomen. En als dat er niet uitkomt dan.. Ja, jammer.”

Box 20. “Onze verwachting en hun plicht, dat ligt heel dicht bij elkaar zeg maar. Van hun uit zou je het zien als plicht, en wij zien het als verwachting.”

Box 21a. “[...] Ja het zou me ernstig teleurstellen. Ook wel omdat we, wat ik net zei van: wij staan ook altijd klaar voor ze en dat vind ik niet omdat het hoort, maar dat zijn die sterke familiebanden, vanuit dat doen we het. Dat je gewoon wil dat je kind het naar de zin heeft en dat het goed met hem gaat. En dat zou ik andersom ook denken dat het zo werkt.”

21b. “Pff.. nou toch een beetje respect. [...] Een stukje zorgplicht. Besef dat je 20 jaar opgevoed bent en dat je daar wel wat voor terug mag doen dan. Dat wel. Kijk, als zij wat hebben, staan wij ook altijd voor. Dus dan verwachten we ook dat als wij wat hebben dat zij ook beschikbaar is.”

Box 22. Moeder: “Ik hoop dat dat een beetje bij de normen en waarden van het leven hoort. Dat ze niet verplicht is, maar dat dat..”

Vader: "Dat is fatsoen."

Box 23. Interviewer: "En dan wil ik nog even teruggrijpen of wat u net zei: Ik wil niet dat ze verplicht een uur met hun moeder moeten bellen. Maar zou zoiets wel een verplichting zijn voor de kinderen, om toch wel interesse in u te tonen, later ook?"

Moeder: "Ja kijk, je hoop natuurlijk wel dat ze geïnteresseerd zijn.[...] Ik zit altijd met dat soort dingen naar mijn eigen relatie met mijn eigen moeder te kijken. En dat zit.. en dat wringt altijd aan alle kanten, dat is wel heel erg stroef. Dus daar komt dan dat 'uur met je moeder praten' vandaan."

Box 24. Interviewer: "Dus eigenlijk komt het er op neer dat kinderen een plicht hebben, om hun ouders te helpen, wanneer die ouders echt een legitiem excuus hebben om het niet te kunnen."

Vader: "Ja. Het moet geen gemakszucht zijn, geen luiigheid, niet te beroerd zijn om.. Het moet dus echt nodig zijn."

Box 25. Vader: "Je wilt voor je eigen.. Ook de regie in handen houden."

Moeder: "Nou ik denk inderdaad dat het gewoon gespiegelt is hoe wij dat nu naar hun doen dat verwachten wij zometeen ook terug. Dat we wel gewoon zelf moeten kunnen bedenken wat we willen, ook in hulp."

Box 26. "Nou dat ligt aan [...] het denkniveau, vermogen van mensen ook he? Ik kan me voorstellen dat sommige mensen die wat minder goed kunnen leren daar [hulp organiseren] moeite mee hebben. Ik verwacht dat mijn dochter en de andere jongens die een goede opleiding hebben gehad ook daarin wel hun ding kunnen doen."

Box 27a. Moeder: "Ja maar stel nou dat hij in Amerika woont, hoe stel je je dat dan voor?"

Vader: "Dat hij ervoor zorg draagt dat er in NL iemand is, misschien zijn zus of iemand anders, die dan die zorg voor ons overneemt. Hij moet wel een oogje in het zeil houden."

27b. Moeder: "Ik denk dat als ze een drukke baan hebben en een gezin enzo. Dan zou ik dat niet van mijn kinderen verwachten."

Vader: "Nee maar dan zullen ze samen een oplossing bedenken. Ik bedoel, dat wil niet zeggen dat Wouter aan het schilderen moet. Maar met elkaar zeggen van: Nou, beter overleggen met.. met die schilder komt of je gaat met de schilder.. Maar niet dat je zegt; zoon uh.."

Moeder: "Ja inderdaad in overleg."

Box 28. "Maar eigenlijk verwachten dat ze dat wel doen. Niet zo van, niet als verplichting maar dat ze dat automatisch doen. Dat verwachtingspatroon heb ik van ze."

Box 29a. "Ik vind wel dat er een bepaalde mate van zorgplicht.. Nou zorgplicht, toch wel, ik vind dat je dat wel kan zeggen. Je hebt ook verplichtingen in je leven. [...] Als je zo geleefd hebt ook in je jeugd, als gezin.. En dat de ander wat minder wordt, en het zijn je ouders, dan denk ik toch wel.. Dan ben je min of meer moreel verplichting hebt om je ouders daarin te helpen, ja. Zeker als je merkt dat dat nodig is, ja."

29b. Interviewer: "En op het moment dat u hulp nodig hebt later [...]. Zou u dan verwachten dat uw zoon niet perse die taken uitvoert maar dat hij wel dat regelt voor u?"

Moeder: "Als wij het zelf niet meer kunnen? Ja, want dat is hoe wij het dus bij onze moeders doen. Hij hoeft het niet zelf uit te voeren maar.."

Box 31. "En met klusjes moet je niet bij [zoon] aan komen, geloof ik. Ik geloof niet dat hij zo'n heel handige klusser is. Dat is gewoon een praktisch probleempje."

Box 32. Interviewer: "En wanneer het om een luisterend oor gaat?"

Vader: “Ja, dat is aandacht he? Ja.”

Moeder: “Ja dan wel.”

Box 33. “En natuurlijk als er iets urgents is ofzo dan gaat dat op een laag pitje en dan spring je bij. Dat zou ik denk ik ook wel verwachten. [...]Maar als het dan iets chronisch wordt en er moet gewoon hulp komen omdat er.. Ja, dan ga ik niet verwachten van mijn kinderen dat ze dat doen.”

Box 34. Moeder: “Hij doet het nou al uit zichzelf. Jij kan het nog wel, maar jij hebt zoiets: Joh, hij is het nog aan het doen en..”

Vader: “Maar kijk, dat is een signaal van: Nou we moeten die ouwe een beetje gaan helpen want hij begint achteruit te krabbelen, weet je wel? Kijk, en dat.. Ik denk dat dat gewoon vanzelf gaat.”

Box 35. “Ja, het is in die zin wel een verwachting, maar niet een verwachting dat ik het verwacht van ze. Ik verwacht dat het gaat gebeuren maar ik verwacht het niet ván ze; dat ze het moeten doen. Dat zijn twee verschillende.”

Box 36. “Het gaat erom dat je als ouder en kind een relatie hebt, dan verwacht je dat voor elkaar.. dat je elkaar helpt als er moeilijkheden zijn. Naar vermogen. Ik bedoel, wij gaan.. Wij helpen [zoon] bij zijn studie naar vermogen. Wij gaan niet droog brood zitten eten om hem te laten studeren of te laten feesten. En dat is niet alleen omdat hij toevallig onze achternaam heeft. Dat is omdat we een goede relatie met hem hebben.”

Box 37. Vader: “Laat ik het zo zeggen, voor mijn gevoel is meer een waarde dan een norm want een norm die definieer je en die leg je vast en dit is iets wat wij impliciet ook weer in onze opvoeding mee hebben gekregen, dus het is gewoon een waarde die je mee hebt. En die je aan je kinderen ook..”

Moeder: “Maar die je niet bewust mee geeft in de zin van: Je moet dat. Dat gaat een beetje, gaandeweg gebeurt dat. Dat zien ze het en merken ze het ook. En merk je bij je kinderen dat ze vanzelf ook dingen gaan oppikken en gaan doen. Om iemand te helpen met iets. Dus het is niet een..”

Vader: “Norm.”

Box 38. “Nouja, ik denk van.. Wij hebben onze kinderen geholpen toen zij hulp nodig hadden en dan is het gewoon.. zou ik het heel fijn vinden als zij dat omgekeerd doen. Als zij zien van: Papa of mama die zitten ergens mee, dat kunnen ze niet zelf, ah laat ik ze daar mee helpen. Dat is ook misschien wel een stukje waardering of liefde van hun kant. Zoiets. Zeker als ze het zelf aan bieden.”

Box 39. “Maar dan denk je, als je het kan betalen om te laten doen. Dan zal ik het laten doen, dan zal ik het niet aan de kinderen vragen. Ik bedoel, wetende hoe veel tijd het kost en wat voor aanslag het is op hun vrije tijd, er van uit gaan dat ze dan ook hun eigen kinderen hebben en hun eigen leven en eigen baan.”

Box 40a. “Wat ik wel van ze verwacht is dat ze aandacht blijven geven [...]. En zorgen dat je niet op straat in een kartonnen doos zit.”

40b. Vader: “Omdat het dan in uiterste nood is, zal ik maar zeggen. Dat je echt geen gelegenheid ziet om iets op een andere manier op te lossen. En dat je het dan aan hem vraagt. En hij zou dan bijvoorbeeld reageren van: Heb je dit al geprobeerd of dat of dat? Ja dat hebben we allemaal al gedaan en dat lukt niet. Als hij het dan niet wil, dat is wel..”

Moeder: “Ja dat zou ik wel heel erg.. dan zou ik wel heel erg teleurgesteld zijn.”

Vader: "Dat zou ik hem wel kwalijk nemen."

Box 41. Moeder: "Maarja, als ze natuurlijk naar Australië gaan of ergens aan de andere kant van de wereld [...]. En als je kleinkinderen krijgt, vind je het ook niet leuk dat het maar een paar keer per jaar is bijvoorbeeld. Maar ik zou ze er niet op tegenhouden, denk ik."

Vader: "Nee natuurlijk niet.."

Moeder: "En als zij die keuze maken is dat kennelijk voor hun waar ze het gelukkigst van worden. Dat was nog altijd wel de insteek."

Vader: "Ja want eigenlijk zeggen wij ook wel van: Dit is je eigen leven, dit is je eigen verantwoordelijkheid."

Moeder: "Ja, we hebben ze niet op de wereld gezet om voor ons te gaan zorgen."

Vader: "Nee, dan hadden we er veel meer moeten maken *lacht*."

Box 42a. "Dus als hij dat als een verplichting zou zien van: Pa die heeft betaald en ik moet er nu iets voor terug doen. Eerder dat ik dan zou zeggen: Maar dat is niet de reden dat ik het gedaan heb. Met andere woorden; je kent mij nog niet goed genoeg. Ik zou eerder het idee hebben dat hij me zou beledigen.. Ja, ik zou het als een belediging opvatten als hij zo naar mij zou kijken. Dat ik het met die bijbedoeling gedaan zou hebben."

42b. "Nee, dat is onzin. Nee, nee. Waarom? Vind ik tenminste niet. Je doet iets voor je kinderen omdat je dat voor je kinderen over hebt. Maar dat mag nooit zo zijn, tenminste dat vind ik niet en [mijn vrouw] ook niet, dat zich dat weer terug betaald moet worden, absoluut niet."

Box 43. Interviewer: "Het betalen van uw zoon's studie, heeft dat consequenties voor wat u later van hem verwacht?"

Vader: "Nou hoogstens een heel klein beetje."

Moeder: "Ja ik wou net zeggen, eigenlijk wel, maar dat heeft niet zozeer te maken met.. Kijk wij steunen hem uit die hechte familie relaties."

Vader: "Het is je kind."

Moeder: "Ja je kind dus je wilt gewoon ongeacht wat je wil, dat je kind het fijn heeft. Dat wil je gewoon, dat hij het fijn heeft en gelukkig wordt. En wij doen daarvoor wat in ons vermogen ligt. En je verwacht dat andersom eigenlijk ook. Daar komt het gewoon op neer."

Box 44. Interviewer: "Maar als je kijkt naar de klussen van kozijnen schuren en een boom omhakken?"

Vader: "Ja dan kijk ik eerder naar mijn jongens, die zijn daar wat handiger in."

Interviewer: "Dus in die zin zouden er wel wat man-vrouw verschillen zijn?"

Vader: "Ja, boodschappen doen, dat doen de jongens niet, dat doet.. dat zou [dochter] dan doen, meer. Winkelen, kleren... Als je zegt: Nou ik heb kleren nodig dan zal zij dat misschien wel kunnen kopen."

Box 45. "Als je dat zelf niet meer in de gaten hebt, ja denk wel dat zij dat doet. En niet omdat wij dat verwachten, nee. Maar ik denk dat ja.. dat iedere ouder dat wel een beetje verwacht van zijn kind. Tenminste dat lijkt mij wel."

Box 46a. "Ik vind wel dat hun dat tegen die tijd zouden mogen, moeten, mogen, moeten vragen. Nouja mogen vragen."

46b. Vader: "Niet als een plicht maar wel verantwoording. Het is geen plicht."

Moeder: "Ik wil het geen plicht noemen, maar je verwacht het toch wel."

46c. “Nee, ik vind niet dat ze dat horen te doen. Maar ergens wel een beetje. In die relatie.. Of ja, ik vind het is een beetje automatisme. Van: Als je een goede relatie hebt met je ouders dan.. Zij waren er toen jij ze nodig had en als zij jou nodig hebben dan ben jij er voor hun. Ik denk dat inderdaad wel gewoon.. is hoe het hoort te gaan. En als het niet zo gaat ja, dat is dan wel heel triest, vind ik.”

Box 47a. “En je mag het niet meer moreel eisen wat sommige ouderen nog wel een hebben zo van: Maar nu moeten mijn kinderen maar voor mij zorgen. Dat vind ik ook niet.”

47b. “Maar wij vinden niet, tenminste ik vind niet dat je dat van, zeg maar, je kinderen mag verwachten.”

Box 48. “Ik kan niet iets verplichten, ik kan niet iemand dwingen om iets te doen. Ik kan het altijd vragen.”

Box 49. “ Ja, maar dat is ook een uiting van liefde, dat je als ouder naar je kind toe ook in principe vanzelfsprekend zorgt en dat dat ook een goed gevoel geeft. Ga je er ook van uit dat als je iets voor je ouders kan doen, zonder dat dat dus heel ingewikkeld wordt, dat dat ook voor een kind prettig is om te doen. Dus dat heeft zo’n, ook in de actieve zorg geeft dat toch ook meerwaarde.”

Box 50a. “Ik bedoel, als je het verlangt, wat is het dan waard? Weetje, door die druk krijg je dan een ander iets als dat er is als je gewoon elkaar vrij laat.”

50b. “Moederdag vind ik onzin. [...] Ik bedoel [echtgenoot] zijn moeder die is er zeer op gesteld. Dus wordt ook trouw een bloemetje gebracht, denk ik: Wat stelt het dan voor?”

Box 51. “Het zou wel een meerwaarde hebben. Maar omwille van het niet zorgende deel, je deelt de liefde met elkaar.”

Box 52. Vader: “Nee klopt, maar ik zou het niet gauw bij [dochter] neer leggen dan. Zolang het kan, doe ik het zelf. Of ik huur zelf een pool of weet ik veel wat, een beunhaas. [...] Maar iemand anders dat te laten regelen, uit handen geven..”

Interviewer: “En op het moment dat u misschien niet meer goed bij geest bent?”

Vader: “Ja dan..”

Moeder: “Ja dan zou het wel fijn zijn als [dochter] dan wat hulp zou kunnen bieden.”

Vader: “Ja dan wel.”

Box 53. “Ik denk dat ze het sowieso heel fijn zouden vinden als ik dat zou doen. En ik denk dat ze het in zekere zin ook wel van me zouden.. Nou, ik denk dat ze dat nooit zelf zouden toegeven maar ik denk dat ze het wel een beetje zouden hopen in elk geval.”

Box 54. “[...]verwacht ik ook wel dat zij in ieder geval hopen dat ik dat [verantwoordelijkheid nemen om dingen te regelen] doe. En het daardoor eigenlijk ook wel een beetje gewoon verwachten. Alhoewel hier ook weer voor geldt van: Ja, dat ze het niet zo zullen eisen maar ik denk dat ze het wel jammer zouden vinden als het niet gebeurt.”

Box 55a. “Ik denk als het kan, dan verwachten ze het ook.”

55b. “Want dat is hier in huis wel een beetje de verwachting. Als jij makkelijk dingen voor een ander kan doen, dan doe je dat, ja.”

Box 56. “[...] want ik denk dat zij wel beseffen dat jij gewoon je eigen leven hebt. En natuurlijk, je ouders zijn nog steeds heel belangrijk maar je kan niet zoveel tijd kwijt zijn aan voor hun zorgen en daarnaast ook nog je gewone leven. En dan heb ik straks misschien kinderen waar je ook nog voor moet zorgen. Dus ik denk niet dat ze van mij verwachten dat ik dan, zeg maar, parttime ga werken bijvoorbeeld zodat ik dan voor hun kan gaan zorgen.”

Box 57. Zoon: “Ja, dat 3^e [zorg taken uitvoeren] inderdaad dat hangt dan af van de afstand.”

Interviewer: “Maar wanneer je in dezelve plek woont, zou het dan een plicht zijn om dat soort dingen uit te voeren?”

Zoon: “In het algemeen? Ja.”

Box 58. “Uhm.. Ja.. eigenlijk wel. En dat is niet dat ik dat negatief vind ofzo, maar ik vind wel gewoon.. Ja, zij houden zich ook bezig met mij en ik met hun en dan moet je ook af en toe langs gaan..”

Box 59. Interviewer: “En denk je jouw ouders van jou andere dingen verwachten dan van je broertje en van je zusje? Papierwerk gaf je als voorbeeld.”

Zoon: “Ja, ik heb het vermoeden dat mijn broertje dichter bij huis blijft wonen. Dus dat ze hem dan sneller zouden vragen voor dat soort kleine, korte klusjes. Financieen, als een van de kinderen dat zou moeten dan zouden ze dat aan mij vragen, denk ik. Helpen in huis, denk ik ook wel. Tenminste als ze daar één kind voor nodig zouden hebben, denk ik dat ze sneller mij zouden vragen. Bij grote klussen. Of gewoon aan alledrie de kinderen. Dus er zit wel wat verschil in, maar.. qua inzet niet. Ik denk dat ze van ons allemaal dezelfde inzet verwachten of zouden vragen.”

Box 60a. Interviewer: “En denk je dat je ouders later van je verwachten dat je je echt om hun zal bekommeren, om hun welzijn of hun fysieke gezondheid?”

Dochter: “Ik denk dat ze het sowieso heel fijn zouden vinden als ik dat zou doen. En ik denk dat ze het in zekere zin ook wel van me zouden.., nou ik denk dat ze dat nooit zelf zouden toegeven maar ik denk dat ze het wel een beetje zouden hopen in elk geval.”

60b. “Dochter: Nou, ik denk, ze zeggen.. Ik denk dat ze zeggen tegen jou dat ze dat niet doen. Of dat zij, nee.. Tuurlijk wel indirect maar ze hebben niet zoiets van: Ik wil dat je dingen opgeeft voor ons.”

Box 61. “Ja. Maar ook gewoon in de zin van: dat ik dan gewoon weer een keer langskom, dat ze mij dan weer eens zien. En dat het dan heel fijn dat ook dat ding wordt opgelost. Alleen of ze het nou echt perse een meerwaarde vinden dat ik met mijn handen in de dakgoot sta te baggeren of dat, weet ik veel, een oom of een buurman van drie straten verder of een poolse bouwvakker dat staat te doen, weet ik niet.”

Box 62. “Nee, dat denk ik niet. Ik denk dat het belangrijker is, dat ik het gewoon belangrijk vind, om er voor ze te zijn en die band te onderhouden ofzo. Nee, ik denk niet dat dat specifiek bijdraagt.”

Box 63. “Ja tuurlijk wel want... Ik wil niet zeggen dat het echt zo is: Voor wat, hoort wat. Maar omdat zij nu van alles doen, zowel geldelijk als gewoon. Ja, dan is het meer in het algemeen. Kan ik me voorstellen dat ik later wel zou denken van: Nou ze hebben ook zoveel voor mij gedaan dus doe ik het nu ook voor hun, uiteindelijk. En dat is niet dat dat aan beide kanten onder de streep moet zijn, maar daar zit wel een bepaald: voor wat, hoort wat, in. Dus dat denk ik wel, ja.”

Box 64. “Maar het is gewoon vanzelfsprekend dat je elkaar een beetje helpt. En daar gaat het inderdaad om: dat je elkaar een beetje helpt. Dus ik help jou een keer en jij helpt mij een keer, maar dat hoeven we niet tegen elkaar weg te strepen, dat loopt gewoon zoals het loopt.”

Box 65. “Ja nou, kijk als zij ongelovelijk ondankbaar zijn [...] dan ga je dat natuurlijk wel minder graag doen op een gegeven moment. Als je echte een slechte relatie met je ouders hebt

en alles wat je doet, dat is stank voor dank. Nouja, dan ga je het veel minder graag doen en dan wordt het écht een verplichting.”

Box 66. “Ik denk dat er ook een hele grote mate van conventie bij komt kijken; omdat het zo hoort.”

Box 67. “Nee, dat zou ik eigenlijk een beetje een rare situatie vinden. Alsof het echt zo is, dat je wel echt krijgt van: voor wat, hoort wat, zeg maar. Alsof je het misschien om de verkeerde redenen doet ofzo. Niet dat je echt om je ouders geeft en gewoon goed voor ze wilt zorgen, maar misschien dat je echt.. Het komt een beetje over alsof je dan dat huis wilt ofzo.”